

5. HEALTH WORKFORCE

Doctors by age, sex and category

Beyond the overall number of doctors, the age and gender composition of the medical workforce and the mix between different categories of doctors also have important implications on the supply of medical services. The ageing of doctors in OECD countries has, for many years, raised concerns that there may not be sufficient new recruits to replace them, although there is evidence that the retirement of doctors often only occurs gradually and that their retirement age is increasing (Pong, 2011). The rising share of female doctors may affect the overall supply of medical services, as women tend to work fewer hours than men, although it appears that working time preferences are becoming more similar among new generations of men and women doctors. The growing imbalance in favour of greater specialisation over general medicine raises concerns in many countries about access to primary care for all the population.

In 2013, on average across OECD countries, one-third of all doctors were over 55 years of age, up from one-fifth in 2000 (Figure 5.3). While these doctors might be expected to retire over the next ten years, a growing number of doctors continue to practice after 65 years. In Israel and Italy, almost half (49%) of all doctors were over 55 years of age in 2013, but in Israel this high share may be due partly to the fact that these numbers relate to all doctors licensed to practice (and some of them may no longer be practicing). By contrast, only about 15% of doctors in the United Kingdom and Korea were aged over 55 due to large numbers of new graduates entering medical practice over the past decade (see the indicator on medical graduates).

Pension reforms, as well as a possible greater willingness and capacity of many doctors to work longer, are likely to have a significant impact on future replacement needs. Several OECD countries have reformed their pension systems and increased the retirement age to take into account longer life expectancy. While few studies have examined the impact of these pension reforms specifically on doctors, it is likely that they will prolong working lives after age 65 in the coming years.

In 2013, 45% of doctors on average across OECD countries were women, up from 38% in 2000 and 29% in 1990 (Figure 5.4). At least half of all doctors now are women in 10 countries. By contrast, only about one-in-five doctors in Japan and Korea were women in 2013.

The balance between generalists and specialists has changed over the past few decades, with the number of specialists increasing much more rapidly, raising concerns in many countries about shortages of general practitioners. On average across OECD countries, generalists made up only about 30% of all physicians in 2013; there were more than two specialists for every generalist (Figure 5.5). Medical specialists greatly outnumber generalists in Central and Eastern European countries and in Greece. Some countries such as France, Canada and Australia have been able to

maintain a more equal balance between specialists and generalists. In Ireland and Portugal, most generalists are not really general practitioners, but rather non-specialist doctors working in hospitals or other settings. In some countries such as the United States, general internal medicine doctors are categorised as specialists although their practice is often very similar to that of general practitioners, resulting in some underestimation of the capacity to provide generalist care.

In most OECD countries, specialists earn more than general practitioners, providing financial incentives for doctors to specialise (see indicator on the remuneration of doctors). In response to concerns about shortages of general practitioners, many countries have taken steps to improve the number of training places in general medicine. For example, in France, about 50% of all post-graduate medical training places are reserved for general medicine (DREES, 2014). In Canada, the number of post-graduate training places in family medicine more than doubled between 2000 and 2013, as part of a national effort to strengthen access to primary care for the whole population (CAPER, 2015). However, for these training policies to have lasting effects on the composition of the medical workforce, they need to be complemented by other measures to improve the employment and remuneration conditions of general practitioners in order to attract and retain a sufficient number of new doctors.

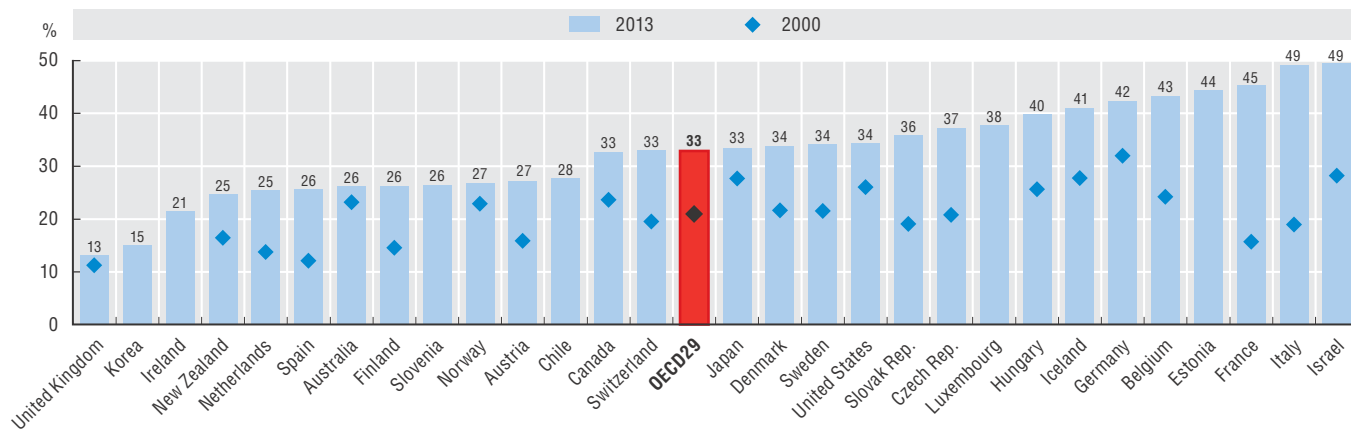
Definition and comparability

The definition of doctors is provided under the previous indicator. In some countries, the data are based on all doctors licensed to practice, not only those practising (e.g., Ireland and Portugal). Not all countries are able to report all their physicians in the two broad categories of specialists and generalists. This may be due to the fact that specialty-specific data are not available for doctors in training or for those working in private practice.

References

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- Pong, R.W. (2011), *Putting Up the Stethoscope for Good?*, CIHI, available at www.cihi.ca.

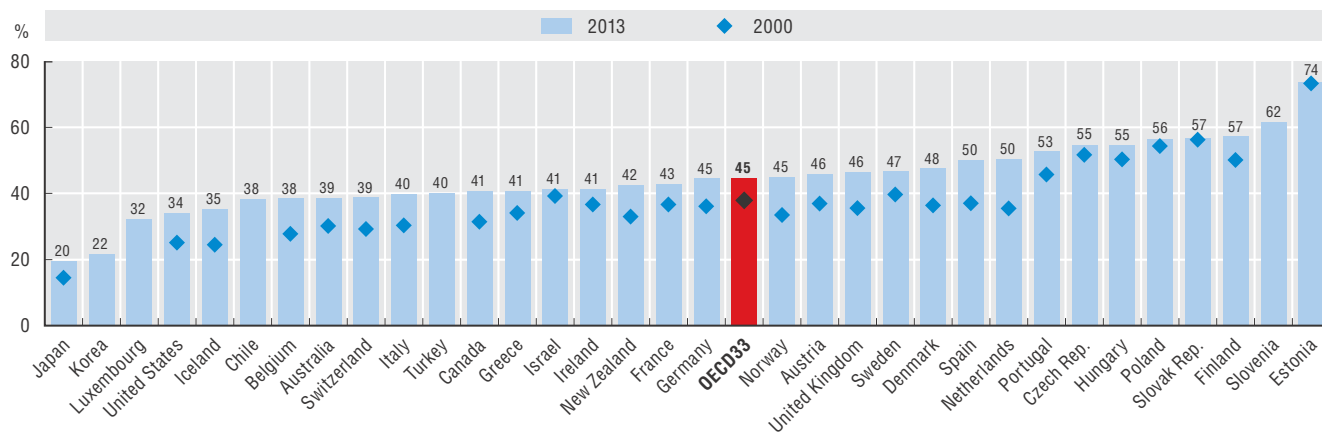
5.3. Share of doctors aged 55 years and over, 2000 and 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280883>

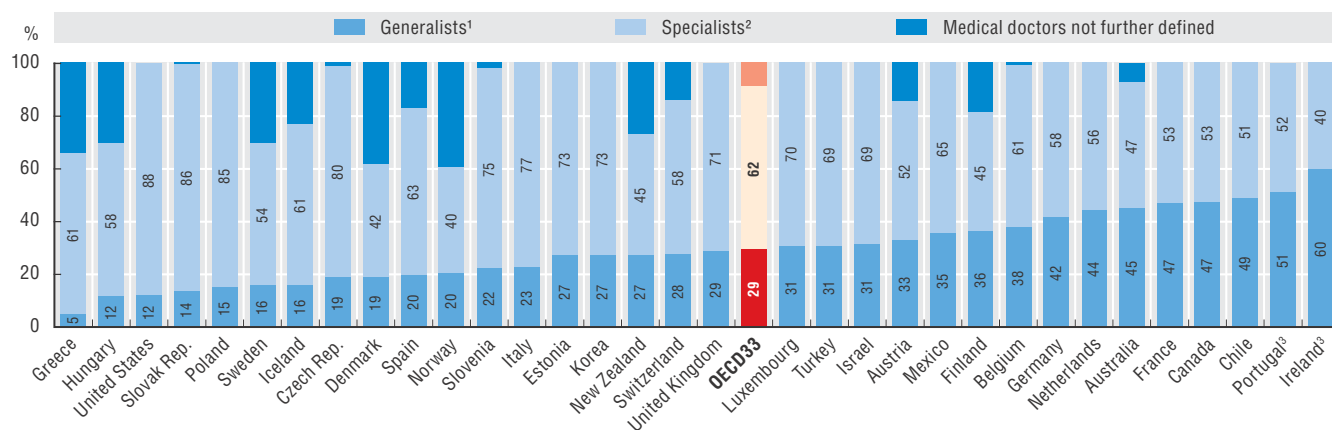
5.4. Share of female doctors, 2000 and 2013 (or nearest year)



Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280883>

5.5. Generalists and specialists as a share of all doctors, 2013 (or nearest year)



1. Generalists include general practitioners/family doctors and other generalist (non-specialist) medical practitioners.
 2. Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical, surgical and other specialists.
 3. In Ireland and Portugal, most generalists are not GPs ("family doctors"), but rather non-specialist doctors working in hospitals or other settings. In Portugal, there is some double-counting of doctors with more than one speciality.

Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

Information on data for Israel: <http://oe.cd/israel-disclaimer>

StatLink <http://dx.doi.org/10.1787/888933280883>



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