

The delivery of safe, high-quality medical services requires among other things an adequate number of physicians. OECD countries display very different levels in the number of physicians. In 2005, the density of physicians in Turkey (1.5 per 1 000 inhabitants) was half the OECD average, while Greece had 5 practising physicians per 1 000 inhabitants (Figure 26.1).

The variation in the number of physicians among OECD countries is an indicator of the services provided by physicians. Even though other components of health systems (such as nurse practitioners and tele-health technology) can substitute for physicians, the variation in the number of physicians reflects differences in the design and territorial management of the health system.

Disparities in the number of physicians among regions within the same country, gives an indication of the accessibility of health services. In 2005, the regional variation in the number of physicians was the widest in the United States and the Czech Republic. In both countries the large variation is due to the fact that the national capital region has a high density of practising physicians, compared to the other regions. In the United States, the District of Columbia has a physician density three times higher than the country average, while the density in the region of Prague (the Czech Republic) is two times higher than the country average. A more balanced regional distribution in the number of physicians is observed in New Zealand, Japan and Poland (Figure 26.2).

As expected, the density of physicians is greater in regions with a prevalence of urban population due to the concentration of higher order services (such as surgery and specialised practitioners) in metropolitan centres. A positive correlation between the number of physicians and the share of population in urban regions is found in 19 out of 21 countries. The highest values are observed in Greece, the Slovak Republic, Germany and Sweden (Figure 26.3).

Definition

The number of physicians is the number of general practitioners and specialists, actively practicing medicine in a region during the year, in both public and private institutions.

The Spearman correlation coefficient measures the strength and direction of the relationship between two variables, in this case the density of physicians and the share of population in predominantly urban (PU), intermediate (IN) or predominantly rural (PR) regions. A value close to zero means no relationship (see Annex C for formula).

Source

OECD Regional Database, <http://dotstat/wbos/>, theme: Regional Statistics.

See Annex B for data sources and country related metadata.

OECD Health Database, <http://dotstat/wbos/>, National practicing physicians.

Reference years and territorial level

2005; TL2

Japan and the Netherlands 2004; Portugal and Turkey 2003; Iceland and Switzerland 2002; the United Kingdom 2000.

No regional data available for Denmark, Finland, Ireland and Korea.

Figure notes

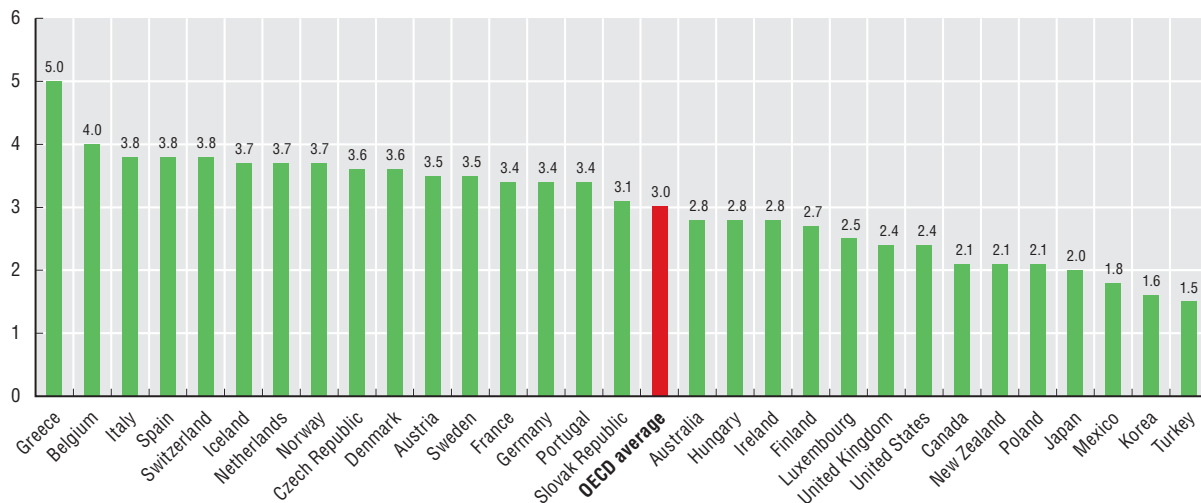
Figure 26.1: Source: OECD Health Database. Denmark, Japan and the Slovak Republic 2004.

Figure 26.3: For each country three correlations are run between the regional physician density and the share of regional population living in PU, IN and PR regions.

26. HEALTH RESOURCES: NUMBER OF PHYSICIANS

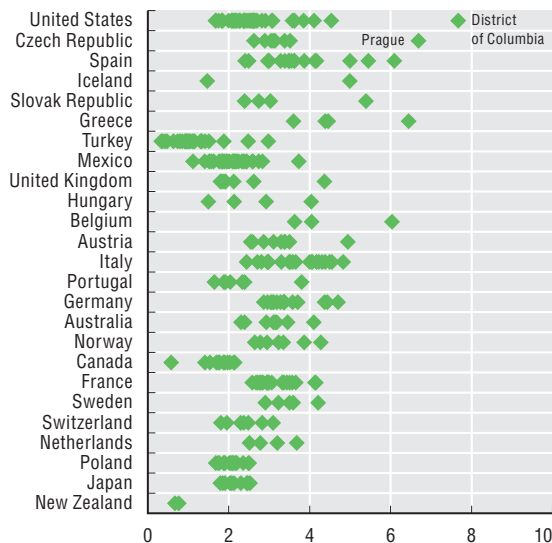
26.1 Practicing physicians, density per 1 000 inhabitants, 2005

The number of active physicians in Greece is double that of Luxembourg and almost triple that of Turkey.



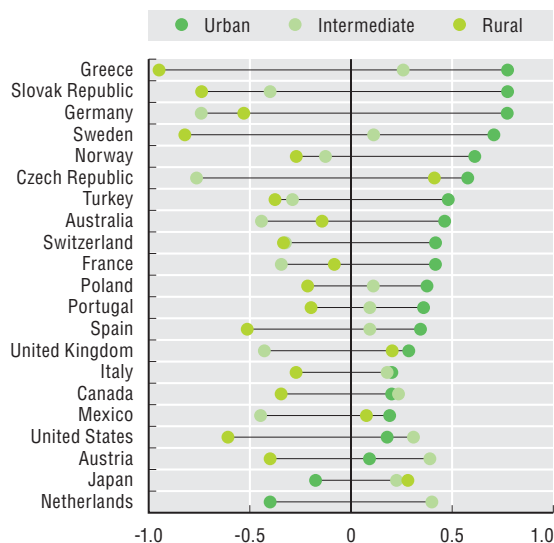
26.2 Range in TL2 regional number of physicians per 1 000 inhabitants, 2005

The regional variation in the number of physicians is largest in the United States and the Czech Republic.

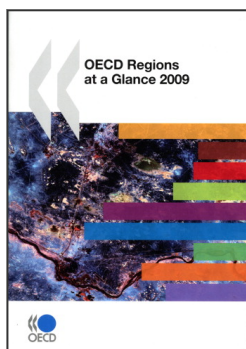


26.3 Spearman correlation coefficient between regional physician density and population share by regional type, 2005 (TL2)

The density of physicians is greater in urban than in rural regions.



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