

## Medical graduates

The number of new medical graduates in a given year reflects to a large extent government decisions taken a few years earlier on the number of students admitted in medical schools (so-called *numerus clausus* policies). Since 2000, most OECD countries have increased the number of students admitted to medical education in response to concerns about current or possible future shortages of doctors (OECD, 2016), but large variations remain across countries.

In 2015, there were on average about 12 new medical graduates per 100 000 population across OECD countries (Figure 8.8). This proportion was highest in Ireland at 24 new medical graduates per 100 000. At the other end, Israel and Japan had the lowest number of new medical graduates relative to their population. In Ireland, the number of medical graduates increased strongly in 2013 due at least partly to the opening of new Graduate Entry Programmes a few years earlier, allowing students with an undergraduate degree in another discipline to obtain a medical degree in four years only.

In Israel, the low number of domestic medical graduates is compensated by the high number of foreign-trained doctors. About one-third of foreign-trained doctors in Israel are people who were born in Israel but have pursued their study abroad before coming back. The situation is quite different in Japan, where there are very few foreign-trained doctors. Since 2008, the Japanese government decided to increase intakes in medical education in response to current and projected shortages of doctors; however, this policy has not yet translated into an increase in the number of medical graduates.

The expansion of the *numerus clausus* in many of the OECD countries over the past fifteen years has resulted in an increase in the number of medical graduates, although they are occurring at varying paces (Figure 8.9). Australia has shown the fastest rate of increase in the number of medical graduates, growing by 2.7 times between 2000 and 2015. While most of this growth reflects an increase in the number of domestic students, it should be noted that this figure also reflects a growing number of international students in medical schools in Australia.

In the United Kingdom, the number of medical graduates doubled between 2000 and 2015, reflecting an effort to increase the domestic supply and rely less on foreign-trained doctors. While there was a slight decrease in the number of graduates from 2013, in 2016 the government announced the intent to provide funding for additional 1 500 students to meet the growing demand for care (Department of Health, 2016). By contrast, there has been a continued slow-down in the growth in number of medical graduates in the Netherlands (ACMMP, 2014).

In France, the number of medical graduates increased steadily since 2006 following a large increase in the *numerus clausus* between 2000 and 2006. However, the number of graduates is expected to stabilize in the coming years, as admission quotas have remained fairly stable over the past

few years. Spain showed a slight decline in the number of medical students until 2012, when the numbers have begun to increase rapidly again, growing by 36% between 2012 and 2015.

In the United States, the increase in admission intakes to medical schools also took place after 2005, and the number of medical graduates has shown a gradual increase over the past decade, which included a growing number of American students who study abroad (notably in Caribbean countries), with the intention of coming back to complete their post-graduate training and practice in the United States. This is expected to create additional pressures to increase the number of residency posts to allow both domestic graduates and foreign-trained US national graduates to complete their post-graduate training.

There has also been a strong rise in the number of medical graduates in the Czech Republic and Poland. This increase since around 2009 can be explained partly by the growing number of international students choosing these countries to pursue their medical studies. International students accounted for about 30% of all medical graduates in the Czech Republic in recent years. The internationalisation of medical education combined with migration makes it more challenging for national governments to set their own domestic policies (OECD, 2016).

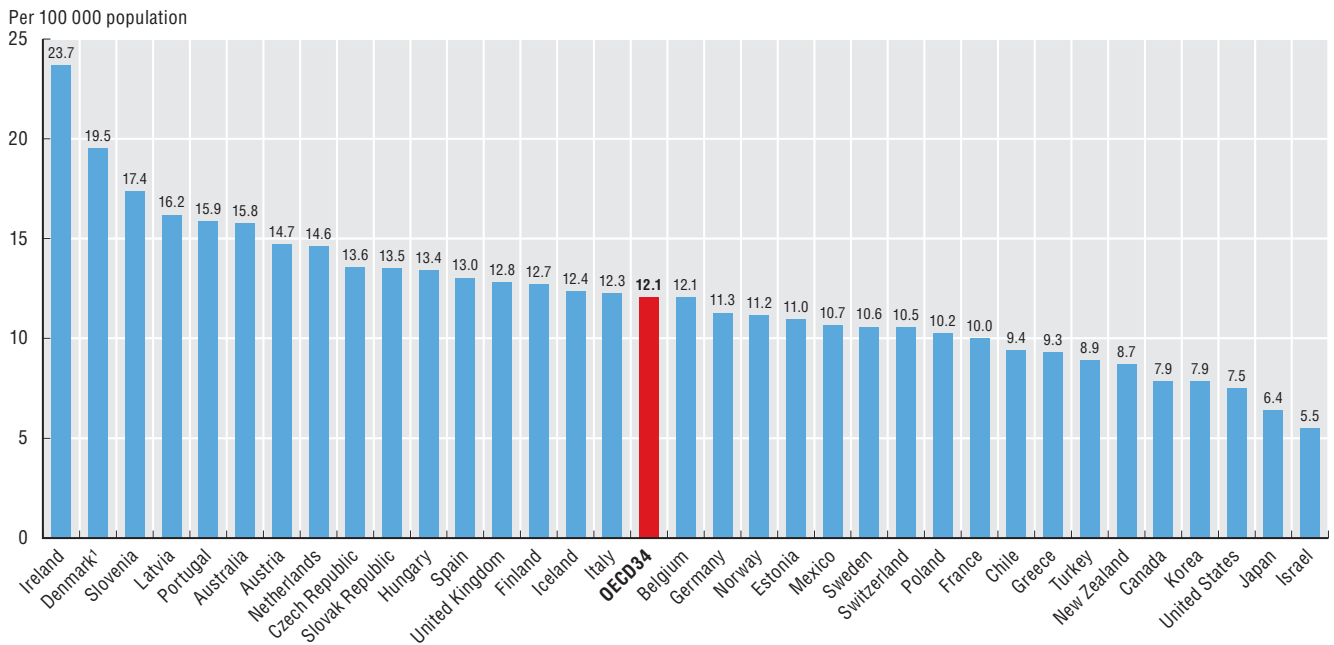
### Definition and comparability

Medical graduates are defined as the number of students who have graduated from medical schools in a given year. The data for Australia, Austria and the Czech Republic include foreign graduates, but other countries may exclude them. In Denmark, the data refer to the number of new doctors receiving an authorisation to practice, which may result in an over-estimation if these include a certain number of foreign-trained doctors.

### References

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8.8. Medical graduates, 2015 (or nearest year)

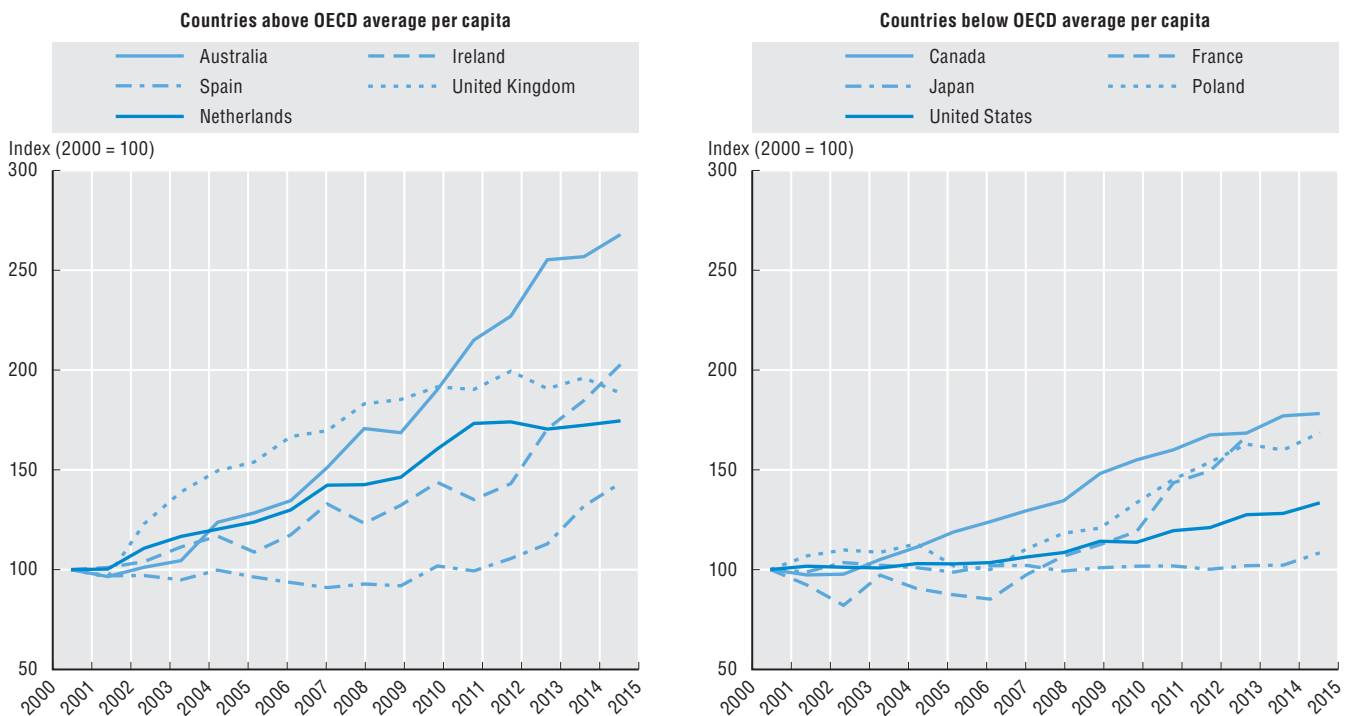


1. In Denmark, the number refers to new doctors receiving an authorisation to practice, which may result in an over-estimation if these include foreign-trained doctors.

Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604666>

8.9. Evolution in the number of medical graduates, selected OECD countries, 2000 to 2015 (or nearest year)



Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604685>



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