

Access to high-quality services depends crucially on the size, skill mix, geographic distribution and productivity of the health workforce. Health workers, and in particular doctors and nurses, are the cornerstone of health systems.

In 2008, Greece had, by far, the highest number of doctors per capita, with six doctors per 1 000 population, nearly twice the EU average. Following Greece were Austria, Italy and Norway, with four doctors or more per 1 000 population. The number of doctors per capita was the lowest in Turkey, followed by Poland and Romania. Doctor numbers are also relatively low in the United Kingdom and Finland (Figure 3.1.1).

Since 2000, the number of physicians per capita has increased in all European countries, except the Slovak Republic. On average across EU countries, physician density grew at a rate of 1.5% per year, rising from 3.0 doctors per 1 000 population to 3.3. The growth rate was particularly rapid in Turkey, which started from the lowest level in 2000, thereby narrowing the gap with other countries.

The number of doctors also increased rapidly in Ireland, rising by nearly 50% (from 2.2 per 1 000 population in 2000 to 3.2 in 2008). A large part of this increase is due to the recruitment of foreign-trained physicians. The share of foreign-trained physicians in Ireland more than tripled during this period, rising from 11% of all physicians in 2000 to 35% in 2008 (OECD and WHO, 2010). There has also been a substantial rise in the number of students graduating from medical schools in Ireland (OECD, 2010a).

A similar pattern has been observed in the United Kingdom, where the number of doctors went up from 2.0 per 1 000 population in 2000 to 2.6 in 2008, an increase of 30%. The number of new registrations of foreign-trained doctors in the United Kingdom increased to 2003 when it peaked at about 14 000, but has declined since then to just over 5 000 in 2008 (OECD and WHO, 2010). At the same time, the number of new graduates from medical schools in the United Kingdom increased, from about 4 600 in 2003 to 5 600 in 2008, gradually exceeding the number of new registrations of foreign-trained physicians.

In contrast, in France and Italy there was virtually no growth. Following the reduction in the number of new entrants in medical schools during

the 1980s and 1990s, the number of doctors per capita in Italy peaked in 2002, and has declined since then. In France, the number peaked in 2005, and the decline is expected to continue to 2020 (DREES, 2009).

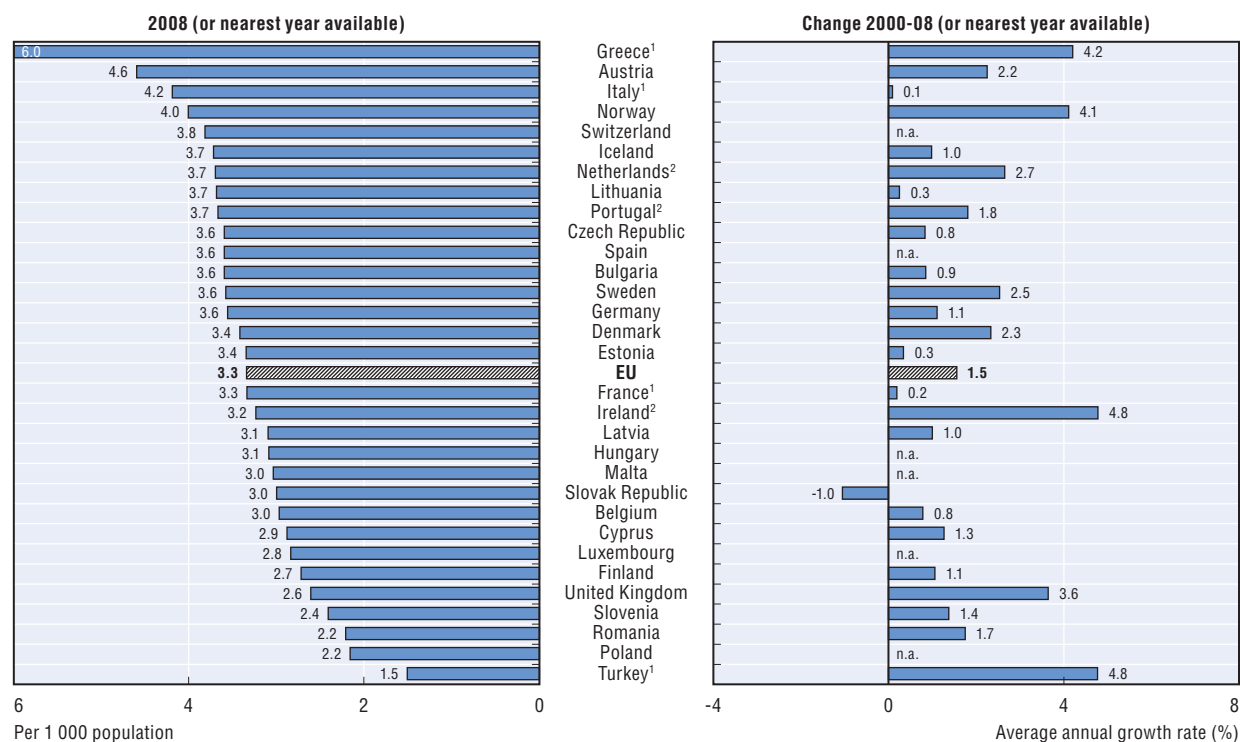
In nearly all countries, the balance between general practitioners and specialists has changed over past decades, with the number of specialists increasing much more rapidly than generalists. As a result, there are more specialists than generalists in all countries, except Romania and Portugal (Figure 3.1.2). A number of reasons explain this trend. There may be less interest in the traditional mode of practice of general/family practitioner and the workload and constraints attached to it. In addition, in many countries, there is a growing remuneration gap between generalists and specialists (Fujisawa and Lafortune, 2008). The slow or negative growth in the number of generalists per capita raises concerns about access to primary care for certain population groups. In response to this shortage, many countries are considering ways to improve the attractiveness of general practice as well as the development of new roles for other health care providers, such as nurses (Delamair and Lafortune, 2010).

#### Definition and deviations

Practising physicians are defined as doctors who are providing care directly to patients. In some countries, the numbers also include doctors working in administration, management, academic and research positions (“professionally active” physicians), adding another 5-10% of doctors. Ireland, the Netherlands and Portugal report all physicians entitled to practice, resulting in an over-estimation.

Not all countries are able to report all physicians as generalists or specialists, and in some countries (*e.g.* the Netherlands), most physicians are not reported in either of these two broad categories. In some countries, data on medical specialty may not be available for interns/residents (physicians in training) or for those working in private practice.

## 3.1.1. Practising physicians per 1 000 population

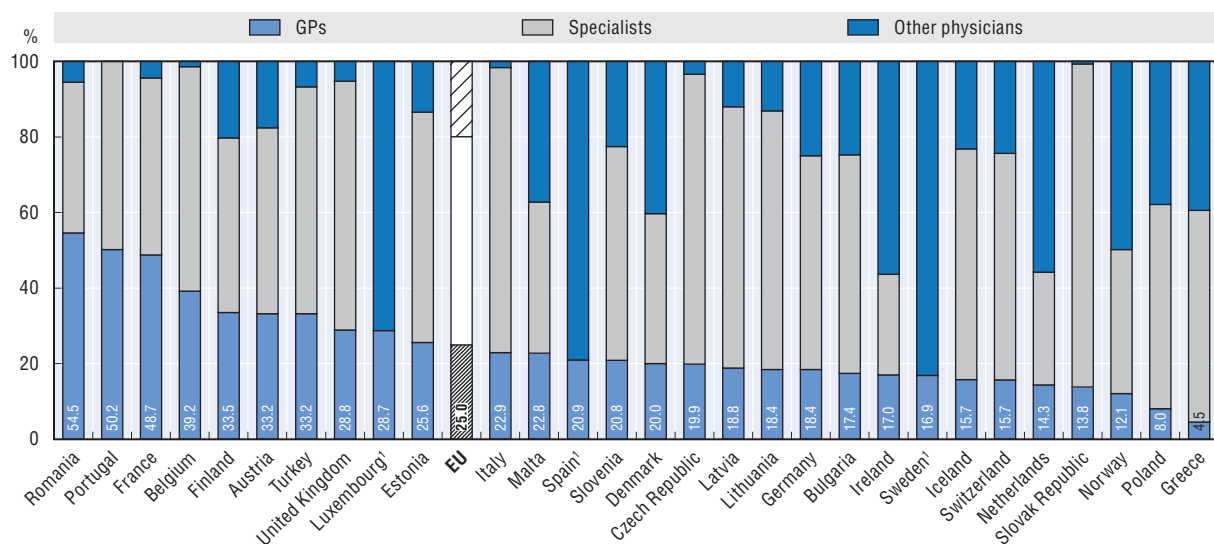


1. Data include not only physicians providing direct care to patients, but also those working in the health sector as managers, educators, researchers, etc. (adding another 5-10% of doctors).
2. Data refer to all physicians who are licensed to practice.

Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932336654>

## 3.1.2. General practitioners, specialists and other physicians as a share of total physicians, 2008 (or nearest year available)



Note: Specialists include paediatricians, obstetricians/gynaecologists, psychiatrists, medical specialists and surgical specialists. Other physicians include interns/residents if not reported in the field in which they are training, and doctors not elsewhere classified.

1. Data are not available for specialists.

Source: OECD Health Data 2010; Eurostat Statistics Database.

StatLink <http://dx.doi.org/10.1787/888932336673>



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