

OECD Health Statistics 2023

Definitions, Sources and Methods

Practising physicians

Practising physicians provide services for individual patients.

Inclusion

- Practising physicians who have completed studies in medicine at university level (granted by adequate diploma) and who are licensed to practice
- Interns and resident physicians (with adequate diploma and providing services under supervision of other medical doctors during their postgraduate internship or residency in a healthcare facility)
- Salaried and self-employed physicians delivering services irrespectively of the place of service provision
- Foreign physicians licensed to practice and actively practising in the country
- All physicians providing services for patients, including radiology, pathology, microbiology, haematology, hygiene.

Exclusion

- Students who have not yet graduated
- Dentists, stomatologists, dental and maxillofacial surgeons
- Physicians working in administration, research and in other posts that exclude direct contact with patients
- Unemployed physicians and retired physicians
- Physicians working abroad

Note: The number should be at the end of the calendar year.

Sources and Methods

Australia

Source of data:

- 2013 onwards: **Department of Health (DoH)**. NHWDS Medical Practitioners Data. Data request. Also available at <http://hwd.health.gov.au/>. Data are as at the end of the re-registration period for the profession in the reference year.
- 2012: **Australian Institute of Health and Welfare 2014**. Medical workforce 2012. National health workforce series no. 8. Cat. No. HWL 54. Canberra: AIHW. Publication is available at www.aihw.gov.au.
- 2011: **Australian Institute of Health and Welfare 2013**. Medical workforce 2011. National health workforce series no. 3. Cat. No. HWL 39. Canberra: AIHW. Publication is available at www.aihw.gov.au.
- 2010: Comprehensive data for Australia are unavailable.
- 1991-2009: **Australian Institute of Health and Welfare 2011**. Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW (and previous issues). Publications are available at www.aihw.gov.au. Data based on annual re-registrations.
- 1984-1990: Medicare provider summary, **Department of Health and Ageing**. Data are for registered providers with at least one annual Medicare claim.
- 1964-1983: Permail Pty Ltd, as in Grant C & Lapsley HM, 1993. The Australian health care system, 1992. Sydney: School of Health Services management, University of New South Wales (and previous editions). Data are for registered doctors on Permail mailing list.
- 1961: **Australian Bureau of Statistics**. Census results. Data to this date are population census data, and report the

respondent's main occupation during the week. Published in ABS Cat. No. 4346.0, Characteristics of persons employed in health occupations, Australia.

Coverage:

- Data exclude non-practising physicians, retired professionals and professionals working abroad. Include professionals who are foreigners.
- Data report physicians currently working as clinicians, i.e. a medical practitioner who is involved in the diagnosis and/or treatment of patients, including recommended preventative action and spends most of their weekly working hours engaged in a clinical practice. Data include general practitioners/primary care practitioners, hospital non-specialists, specialists, specialists-in-training and other clinicians.
- Data exclude physicians with non-practising registration.
- Data exclude administrators, teacher/educators, researchers, public health physicians, occupational health physicians and 'other non-clinicians' i.e. medical practitioners who spend most of their weekly working hours not engaged in clinical practice.
- From 2006, a new category called "other clinicians" has been added by the registrars.

Break in time series:

- Data was not provided by some states in 2010. Data is not available for a national comparison between 2010 and other years.
- Data for 2011 include provisional registrants.
- Data from 2012 exclude provisional registrants.
- From 2011, data are based on estimates derived from the National Health Workforce Data Set (NHWDS). The NHWDS combines data from the National Registration and Accreditation Scheme (NRAS) with health workforce survey data. Before 2010, the AIHW Medical Labour Force Survey was managed by each state and territory health authority. A detailed description of the Medical Workforce Survey 2011, including a summary of changes from the 2009 AIHW Medical Labour Force Survey and data collected, is provided in Appendix A of *Medical workforce 2011* at www.aihw.gov.au/WorkArea/DownloadAsset.aspx?id=60129542629. Comparison of 2011 and later data with 2009 and earlier data should be made with caution.
- From 2013 the NHWDS is held by the Department of Health and the data has minor differences from the previous AIHW holdings due to the method of imputation for survey non-response and enhanced geocoding methods.

Austria

Source of data: **Austrian Medical Association**, Register of Practising Physicians.

Reference period: 31st December.

Coverage:

- Included are domestic and foreign practising physicians who are licensed to practice according to the Austrian legislation and who are registered at the Austrian Medical Association (head count).
- Included are salaried and self-employed practising physicians in different places of service provision (private practices, hospitals, etc.).
- Included are interns and residents under supervision of other medical doctors.
- Excluded are dentists and stomatologists.
- Excluded are dental and maxillofacial surgeons (since 2007).
- Excluded are physicians who do not provide services to individual patients (in pharmaceutical industry, administration, research, etc.).
- Excluded are physicians working abroad, unemployed and retired physicians.

Note:

- Since 2002, legally qualified and approbated foreign physicians are included. They are excluded before 2002.

Break in time series:

- 2007: Since 2007, dental and maxillofacial surgeons are excluded (enclosed up to and including 2006).
- 2013: Since 2013, physicians aged 65 years or more who run their private practice with only few patients and below a considerable income limit have to be registered by the Austrian Medical Association. Up to and including 2012, these physicians were not required to register.

Belgium

Source of data:

- Since 1995: **Institut National d'Assurance Maladie Invalidité**, "Rapport Annuel".

- Before 1995: **Ministry of Social Affairs, Public Health and Environment**, "Données statistiques concernant le corps médical, les dentistes, les vétérinaires et les pharmaciens" (several issues).

Reference period: 31st December.

Coverage:

- Head count data.

- Excludes non-practising physicians, retired professionals and professionals working abroad. Includes professionals who are foreigners.

Deviation from the definition:

- Excludes physicians in training.

- Stomatologists are included in the number of physicians.

Break in time series:

- Data from 1999: Number of physicians with a minimal volume of patient contacts.

- Data up to 1998: Number of physicians who carried out at least one reimbursed medical act during the year.

Canada

Source of data:

- **Canadian Institute for Health Information.**

- **Canadian Post-M.D. Education Register (CAPER).**

- **Canadian Medical Association**, National Physician Survey.

Estimation Method:

- In the National Physician Survey of 2013, 91.4% of physicians other than medical interns and residents reported providing patient care, while 4.7% reported not providing patient care and 3.9% did not respond. After prorating the non-responses, 95.1% of physicians were estimated to provide patient care. This proportion was applied to the number of professionally active physicians in 2013 (77,674) calculated from the Scott's Medical Database at the Canadian Institute for Health Information, resulting in an estimate of 73,875 practising physicians other than medical interns and residents. The number of medical interns and residents in 2013 (12,531), from the Canadian Post-M.D. Education Registry (CAPER), was added to this estimate as all interns and residents were assumed to practice. Overall, 95.8% of professionally active physicians including medical interns and residents were estimated to provide patient care in 2013. This proportion was also applied to the preceding years, back to 2000.

- In the National Physician Survey of 2014, 95.2% of physicians other than medical interns and residents reported providing patient care, while 4.8% reported not providing patient care. The 95.2% proportion was applied to the number of professionally active physicians in 2014 (79,905) calculated from the Scott's Medical Database at the Canadian Institute for Health Information, resulting in an estimate of 76,070 practising physicians other than medical interns and residents. The number of medical interns and residents in 2014 (12,803), from the Canadian Post-M.D. Education Registry (CAPER), was added to this estimate as all interns and residents were assumed to practice. Overall, 95.9% of professionally active physicians including medical interns and residents were estimated to provide patient care in 2014. The National Physician Survey was discontinued in 2015. The 2014 proportion was applied to 2015. The 2000-2012 numbers of practising physicians have been estimated by the OECD Secretariat, based on the annual growth rates available for professionally active physicians.

In the Canadian Medical Association (CMA) Physician Workforce Survey of 2017, 97.0% of physicians other than medical interns and residents reported providing patient care, while 2.8% reported not providing patient care. The 97.0% proportion was applied to the number of professionally active physicians in 2017 (86,644) calculated from the Scott's Medical Database at the Canadian Institute for Health Information, resulting in an estimate of 84,045 practising physicians other than medical interns and residents. The number of medical interns and residents in 2017 (13,168), from the Canadian Post-M.D. Education Registry (CAPER), was added to this estimate as all interns and residents were assumed to practice. Overall, 97.4% of professionally active physicians including medical interns and residents were estimated to provide patient care in 2017. The 2017 proportion was applied to 2016 and 2018.

In the Canadian Medical Association (CMA) Physician Workforce Survey of 2019, 98.1% of physicians other than medical interns and residents reported providing patient care.

- Provisional estimates for practising physicians are not calculated by the Physician Information team at CIHI.

Chile

Data not available. These data exist only for the public sector (not reported in *OECD Health Statistics*). At the national level (public and private), data are available only for "Physicians licensed to practice".

Colombia

Data not available. Data are available for “professionally active” physicians (including also doctors in administrative, academic or research functions, who are not providing direct care to patients).

Costa Rica

Data not available.

Czech Republic

Source of data: **Institute of Health Information and Statistics of the Czech Republic.**

- Till 2013: Registry of Physicians, Dentists and Pharmacists.
- Since 2018: National Registry of Reimbursed Health Services.

Reference period: 31st December.

Coverage:

Registry of Physicians, Dentists and Pharmacists:

- Only employees on payroll are included.
- Until 1999, physicians working in other central organs not included. Since the year 2000 data covers physicians in all health services.
- From 2003 to 2013, excluded physicians working in Public Health Stations (administrative offices for public health protection and supervision).
- Until 2003, physicians working only in the sector of Education and not providing direct medical care to patients were included.
- Number of physicians working in the sector of Labour and Social Affairs only estimated for 2004.
- From 2014 to 2017, data is not available. The Registry of Physicians, Dentists and Pharmacists was legislatively terminated on 31. 12. 2013.

Estimation method: Since 2018, the data refer to the number of practising physicians who are registered with the General Health Insurance Company, the major public health insurance fund in the Czech Republic (the vast majority of practising physicians in the Czech Republic are registered with the General Health Insurance Company).

Break in time series: 2000, 2018.

Denmark

Source of data: **The Danish Health Data Authority**, Labour Register for Health Personnel.

Reference period: 31st December.

Break in time series: 1992. Change in the data collection.

Estonia

Source of data:

- Annual reports, **National Institute for Health Development**, Department of Health Statistics.

https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas_04THressursid_05Tootajad/?tablelist=true.

- 1960-1984 data published by **Statistics Estonia**

(https://andmed.stat.ee/en/stat/Lepetatud_tabelid_Sotsiaalelu.%20Arhiiv_Tervis.%20%20Arhiiv_tervishoiuasutused/TH05).

Reference period:

- 1960-2012: 31st of December.
- Since 2013: November.

Coverage:

- Practising physicians who provide services directly to patients, all healthcare providers included.
- Since 1992, the number does not include medical staff working in research or other areas. The military area has been included since 2010.
- Since 1997, the number of physicians includes resident physicians and interns; before that time interns were not included.

Break in time series: 1985, 1992, 1998 and 2013.

- 1992: The types of institutions included have been changed over the period in question. Until 1991, the data correspond more to professionally active physicians (practising + working in health sector); from 1992 practising only.

- Until 1997, the number of practising physicians was based on their last or main educational qualification (data not available by age group) and specialty. Since 1998, the head count distribution is made according to the main occupational activity (for 1998-2012 data by gender are estimated, but not available by age group).

- The data collection methodology was changed in 2013. Aggregated data collection was replaced with data collection on a personal basis. From 2013, the predominant (main) area of practice is based on an occupation with the highest workload.

Finland

1) 2004 – until present year

Source of data: THL Health Personnel Statistics; **Finnish Institute for Health and Welfare**. The data are based on the Employment Register kept by Statistics Finland.

Reference period: At the end of the calendar year.

Coverage: Practising physicians cover all medical doctors employed in the healthcare field under the occupational title of medical doctor (including generalist medical practitioners, senior practitioners and specialists). This includes individuals providing services through temporary staffing services.

Deviation from the definition: It is not possible to differentiate between physicians working in administration and those working in direct contact with patients and as such, practising physicians include all physicians working in the healthcare field as long as their reported occupational title belongs to the category of medical doctors. It has not been feasible to eliminate dental or maxillofacial surgeons from the coverage.

Estimation method: For the years 2004-2014, the numbers are provisional and values are not accurate due to possible inconsistencies in how occupations are classified in our database.

Break in time series: 2014 (change in data source).

2) 1995-2003

Source of data: **Finnish Medical Association**. The Register of the Finnish Medical Association which is updated by a yearly survey covering all physicians licensed to practice in Finland who are not retired.

Reference period: Mid-March.

Coverage: Physicians are classified according to their main employment. Includes only physicians who are under 64 years old. Practising physicians are defined as those whose main employment is in the healthcare services – hence, physicians working mainly in teaching or research are excluded from practising physicians (even though they may have part-time position as a practising physician).

France

Source of data: **Ministère des Solidarités et de la Santé - Direction de la Recherche, des Études, de l'Évaluation et des Statistiques (DREES)**, Sous-Direction de l'Observation de la Santé et de l'Assurance maladie, Bureau des Professions de santé.

- **From 2011** (01/01/2012): **RPPS** (Répertoire partagé des professionnels de santé). 2011 is the first year available for data referring to the concept of “practising physicians”. Data revision in 2023 (from 2011 to 2021).

- **Before 2011:** **OECD estimates** (see estimation methods below).

Reference period: 31st December year N (approximated by data of January 1st year N+1).

Coverage:

- Data refer only to practising physicians, either self-employed (“libéraux”) or salaried.

- Data refer to metropolitan France and D.R.O.M. (overseas departments and regions).

- All public and private hospitals and clinics are covered.

- Stomatologists and dentists are not included in the number of physicians.

- Interns and residents are not included.

- Doctors who do not provide direct care to patients and for all their activities are excluded.

Deviation from the definition: Interns and residents are not included. In 2020, the number of interns and residents working in public and private hospitals and clinics amounts to 35 000; however, this number includes dentists, mid-

wives, pharmacists and some non-practising medical interns (for instance interns in public health), and excludes some general medicine interns doing training periods in medical practices.

Estimation method: The numbers of practising physicians in 2000-2010 have been estimated by the OECD Secretariat, based on the ratio practising/professionally active in 2011 and the annual growth rates available for professionally active physicians.

Break in time series: Before 2011, data are estimated, since 2011 data are computed from RPPS.

Germany

Source of data: **German Medical Association**, Medical practitioner statistics 2021; <http://www.gbe-bund.de/> or <http://www.baek.de>.

Reference period: 31st December.

Coverage:

- Data contain the number of physicians who are actively practising medicine in public and private institutions and provide services directly to patients (head-count data).
- Included are general practitioners, specialists, interns and resident physicians and foreign physicians licensed to practice and actively practising medicine in the country.
- The data exclude dentists, stomatologists as well as physicians with specialty “dental, oral and maxillofacial surgery”.
- Excluded are qualified physicians working abroad, working in administration, research and industry positions, unemployed and retired physicians and students who have not yet graduated.

Greece

Data not available. It is not feasible to separate unemployed physicians from the available data. For this reason, only data for physicians licensed to practice are available.

Hungary

Source of data:

- Up to 1999: **Ministry of Health**.
- In 2000 and 2001: Data are estimates from the National Institute for Strategic Health Research (ESKI) based on the operational registration of the **Hungarian Medical Chamber** (MOK in Hungarian) www.mok.hu.
- Between 2002 and 2006: Operational registration of the **Hungarian Medical Chamber** (MOK in Hungarian) www.mok.hu.
- From 2007 until 2014: **Office of Health Care Authorisation and Administrative Procedures** (EEKH in Hungarian) www.eekh.hu.
- From 2015 to 2016, **Health Registration and Training Center** (ENKK in Hungarian) www.enkk.hu.
- From 2017 to 2020, **National Healthcare Service Center** (ÁEEK in Hungarian) www.enkk.hu. Full title of the database: Operational register.
- From 2021, **National Directorate General for Hospitals** (OKFŐ in Hungarian) www.enkk.hu. Full title of the database: Operational register.

Reference period: 31st December.

Coverage:

- Head count data. Excludes non-practising physicians, retired professionals and professionals working abroad. Includes professionals who are foreigners.
- Practising physicians (including residents) reported to the National Register of Physicians.
- From 1990: Includes specialists, GPs, family paediatricians, residents, and non-specialised physicians. The report is made according to the 1990 account of the Central Statistical Office “Number of active physicians by sex and specialisation.

Break in time series: 1980, 2000, 2002, 2005, 2007, 2008, 2010, 2015, 2020.

- For the years up to 1979, dentists are included under physicians; from 1980, dentists are not included in the physician series.
- From 2000 to 2006, the registry of physicians was prepared by the Hungarian Medical Chamber (MOK).
- The 2000 data are estimates from National Institute for Strategic Health Research (ESKI).
- In 2005, the Hungarian Medical Chamber (MOK) performed data cleaning in the database to identify more

precisely practising physicians, deleting 3,000 persons due to retirement or death, and about 1,300 persons due to employment abroad or leaving the profession.

- From 2007, the Office of Health Authorisation and Administrative Procedures (EEKH) – unlike in the previous years – provided data not on the basis of last acquired specialisation, but according to the dominant specialisation practiced during medical work.

- In 2008, the Office of Health Care Authorisation and Administrative Procedures significantly revised the data in the registry by calling for refinement, according to the 1997. CLIV. Act.

- In 2010, 2015, 2020: In case of physicians, dentists and pharmacists there is a five-yearly cyclical decrease in the operational registration because of the expiry of the five yearly renewable operational license. In every fifth year (2000, 2005, 2010, 2015, 2020) there was a dropout in the case of those physicians, dentists and pharmacists, who did not request the renewal of their next five year cycle because they did not fulfill their mandatory further training, or they have been retired, or left to a foreign country, left the healthcare sector, or died.

Iceland

Source of data:

- 2016 and onwards: **The Directorate of Health**, Register of Licenced Health Care Professionals.

- 2003-2015: **The Directorate of Health**, Register of Physicians.

- Until 2002: **The Directorate of Health**. Data from inpatient care institutions, health centres and The State Social Security Institute.

Reference period: 31st December.

Coverage:

- Head count data.

- Includes those physicians who are 70 years old or younger with permanent residence in Iceland (Icelanders or foreigners).

- Excludes retired professionals and professionals working abroad.

- Practising physicians - may refer more to professionally active physicians, as these data include non-practising physicians (but this group of non-practising physicians is very small).

- May include a very small number of non-practising physicians.

- The peak in 2001 is due to “change of source and methodology”.

Break in time series:

- Break in series in 2005 is due to a revision of methodology. The methodology was altered in 2009 in such a way that registered domicile is now taken into account when counting the number of physicians, not only permanent residence. Figures for previous years, back to 2005, were revised accordingly.

- Break in series in 2016 is due to revision of methodology and change in data source. The methodology was altered in such a way that registered domicile is no longer taken into account when counting the number of physicians, only permanent residence. The data source is the Register of Licenced Health Care Professionals instead of the Register of Physicians, which no longer exists.

Ireland

Source of data: **Medical Council of Ireland** (<https://www.medicalcouncil.ie/>).

Reference Period: As at end of December.

Coverage:

- The Medical Council regulates medical doctors in the Republic of Ireland. The Council's purpose is to protect the public by promoting and better ensuring high standards of professional conduct and professional education, training and competence among doctors.

- Figures refer to physicians who retained their registration and practiced in last 12 months within the Republic of Ireland on a full-time or part-time basis.

- Figures include a small number of physicians who practiced medicine in the last 12 months and specified they were also working in Healthcare related management and administration. In 2019 this represented less than 0.5% of the total number of physicians.

Break in time series:

- From 2014, data refer to doctors registered with the Medical council of Ireland who, in the last 12 months, have declared themselves practising and who have worked in Ireland either full or part-time.

- Pre-2014: a combination of data sources were used to estimate the number of practising physicians.

Israel

Source of data:

- *2006 onwards:* From 2006 data are based on Physicians License Registry maintained by the Medical Professions Division and the Health Information Division in the **Ministry of Health** and Income tax files – employees and self-employed.

- *Before 2006:* Data until 2005 are based on the Labour Force Survey which is conducted routinely by the **Central Bureau of Statistics** and includes persons who had worked for at least one hour during the week before the survey, for pay, profit or other consideration. Occupation is determined by the type of work performed by the interviewed person at his place of work, without regard to what he studied if his work is not in that field. The classification of occupations is based on the classification of the International Labour Office (ILO): *International Standard Classification of Occupations ISCO 88*.

Coverage:

From 2006:

- Coverage of income tax files is very high. All the employers in the Health Industry with at least 100 workers are checked that they are included in the file. An evaluation of the number of physicians working in the army and military service is added to the total number.

Until 2005:

- Data may include interns who have not yet received a license but report themselves in the survey as working as physicians.

- The sample of practising physicians is relatively small and therefore the data are subject to large variations due to sample errors and wide confidence intervals. Any data analysis should be carried out with caution.

Methodology:

- *From 2006:* Linkage between Physicians license registry and income tax files is performed at the Central Bureau of Statistics. Physicians who have an income of at least 1,000 Israeli Shekel are considered employed and included in the calculations. Practising physicians are employed physicians (employees and self-employed) in the Health Industry.

Estimation method:

- *Until 2005:* Moving average of three years (numbers for previous, current and next years) was made in order to diminish the fluctuations in the numbers. For example, the number of practising physicians in 1996 is an average of 1995-1997

Break in time series: 2006.

- Since 2012 the number of practising physicians based on the Labour force Survey became very high and inconsistent with the other series of physicians based on administrative source; therefore, the source for practising physicians has been changed so it will also be based on administrative sources. Data for previous years (2006-2011) have also been changed so that in all years the method will be the same. The data before 2005 are still based on the Labour Force Survey due to unavailability of Income tax files.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Source of data:

- *For General practitioners and General paediatricians practising for the National Health System:* **Ministry of Health** - General Directorate of digitalisation, health information system and statistics- Office of Statistics.

Publication: “Attività gestionali ed economiche delle ASL e Aziende ospedaliere”, Annuario Statistico del Servizio Sanitario Nazionale - Assetto organizzativo, attività e fattori produttivi del SSN (published annually). Publication available on the website of the Ministry of Health. www.salute.gov.it/statistiche.

- *For Specialised physicians, Other generalist medical practitioners and General paediatricians not practicing for the National Health System:* **IQVIA Italia**- One-Key database. <https://www.iqvia.com/>.

Reference period: 31st December.

Coverage:

- *For General practitioners and General paediatricians practising for the National Health System:* Total survey on all general practitioners and paediatricians practising for the National Health System. General practitioners

provide the first level care to all citizens aged 14 years old and over (consultations, visits, prescription of medicines, and referrals for laboratory tests or specialist visits).

- *For Specialised physicians, Other generalist medical practitioners and General paediatricians not practicing for the National Health System*: Data refer to practising physicians.

Deviation from the definition: None

Estimation method:

- *For Specialised physicians, Other generalist medical practitioners and General paediatricians not practicing for the National Health System*: Data from 2000 to 2011 are estimated. The estimation is based on the proportion between practising physicians and those licensed to practice (about 60-61%).

Break in time series: None

Japan

Source of data: **Ministry of Health, Labour and Welfare**. Statistics of Physicians, Dentists and Pharmacists (published annually until 1981 and every two years from 1982).

Coverage:

- Head count data.

- Data consist of physicians working at medical institutions (including those who work as clinical teaching staff at medical school hospitals), at healthcare facilities for the elderly requiring long-term care, and at integrated facility for medical and long-term care. Data include foreign physicians licensed to practice. Data exclude physicians working in the areas such as industry, research and administration, physicians working abroad, and not-acting physicians.

- Data include doctors-in-training.

Korea

Source of data: **Health Insurance Review & Assessment Service**, Healthcare resources by provider.

Coverage:

- Head count data.

- Includes physicians who work in the private & public medical institutions.

- Includes interns and resident physicians.

- Includes Korean oriental medicine doctors.

- Excludes physicians who do not work in the fields of medical activities (i.e., who work in administration, management and research sectors).

- Excludes physicians working abroad.

- Excludes retired physicians.

- Excludes unemployed physicians.

Latvia

Source of data:

- Since 2005: **Health Inspectorate of Latvia**; Register of Medical Practitioners and Medical Support Staff.

- 2004 and earlier: **Health Statistics and Medical Technologies State Agency**; Statistical Report No.17 "Report About Medical Staff".

Reference period: 31 December.

Break in time series:

- 2005: change in data source.

- The decrease in 2001 may be due to a methodological change.

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments. Report "Health Statistics of Lithuania", available from <http://www.hi.lt/health-statistic-of-lithuania.html>. Available on Official Statistics Portal of Statistics Lithuania <http://osp.stat.gov.lt/en>.

Reference period: 31st December.

Coverage:

- The number of practising physicians at the end of the year includes all professionally active physicians working in health system, excluding physicians working in administration, health education and research, hygiene physicians, epidemiologists.
- Interns and resident physicians are included.

Luxembourg

Source of data: **Ministère de la Santé**. Register of doctors and health professionals.

Reference period: 31st December.

Coverage:

Until 1999:

- Includes physicians working in administration and research.
- Retired physicians are not included. However, the end of activity of self-employed physicians is often noted with some time lag.

From 2000:

- Head count data.
- Includes professionals who are foreigners and interns specialising in general practice in Luxembourg.
- For interns: only those specialising in general practice in Luxembourg are included.
- Excludes non-practising physicians, retired professionals and professionals working abroad.
- Excludes physicians working in laboratories (such as microbiologists, pathologists and haematologists).

Deviation from definition: Stomatologists, dental and maxillofacial surgeons are included. Dentist are not included.

Break in time series: 2000 and 2015.

- 2015: adjustment to methodology and definition.

Mexico

Source of data: **Ministry of Health**. Bulletin of Health Information and Statistics. National Health System, Vol. 1, "Human and material health resources", 1990 to 2002. For 2003 to 2021, data are taken from the National Health Information System (SINAIS). In the case of the private sector, for 2002 to 2021 the data are taken from the **National Institute of Statistics and Geography** (INEGI). National Survey on Medical units with Inpatient Hospital Services.

Coverage:

- Head count data. Excludes non-practising physicians, retired professionals and professionals working abroad. Includes professionals who are foreigners. Includes interns and residents.
- The data presented include public and private human resources from the health sector.
- In the case of private providers, personnel on the payroll and personnel in special agreement are included.
- Some double counting may occur as physicians can work in the public and private sector simultaneously.
- The decrease in 2000 and 2001 is mainly due to the reduction in the number of positions in the private sector.

Netherlands

Source of data: Data based on **BIG register** (register of (para)medical professions) and **SSB database** (micro-integrated database of **Statistics Netherlands** with data from municipal register, tax register, social security, business register).

Reference period:

- 2012 and later: last Friday before Christmas.
- 1999-2011: last Friday of September.
- Physicians in training: 1 January of year t+1.

Coverage:

- 2018 and later: Data refer to physicians who are licensed to practice, and live and work in the Netherlands. Their license requires that they have been practising in the past five years. We make an extra selection that they earn an income. In contrast to data from 2014 to 2017 physicians without specialisation are included without selection of sector of employment. This selection was no longer necessary because of compulsory re-registration of these physicians without specialisation.
- Up to 2018: Data refer to physicians with specialization (including General practitioners, as they have to have a post generalist education and training), who are licensed to practice, and live and work in the Netherlands. .We

make an extra selection that they earn an income. Physicians without specialisation are only included if they work in healthcare or social work (section Q of NACE) or in healthcare related industries.

Break in time series: 2018.

- In 2018 there was a re-registration of physicians without speciality, and therefore we changed the method and did not need to use a sector of employment selection for this group anymore. The net change is hardly visible in the data.

New Zealand

Source of data: Estimated figures based on responses from the **NZ Medical Council Workforce Survey** and the number of doctors on the **NZ Medical Council Register**.

Coverage:

- These figures meet the OECD exclusion requirement, i.e. they do not include "physicians licensed to practice but who are not economically active (e.g. unemployed or retired) due to various reasons and physicians working abroad".
- The figures are an estimation of the actual number of practising physicians. The estimated figures were calculated by summing the number of doctors working four or more hours per week in medicine, divided by the survey response rate. The survey response rate was calculated by summing the number of survey respondents divided by the total number of registered doctors with an annual practicing certificate as at 31 March.
- Doctors who respond to the survey are considered to be "practising" if they are working four or more hours per week in medicine.
- Doctors who indicated they were working in administration, research or other posts that exclude direct contact with patients are excluded from the figure for "Practising Physicians".
- Head count data.
- Any type of activity (such as osteopathy, geriatric...) is included as long as the individual is working as a physician, GP or specialist.
- Physicians and GPs: Stomatologists, osteopaths, geriatricians are included.
- The data include all physicians who work in NZ irrespective of their country of qualification or ethnicity. Doctors are included as part of the medical practitioner workforce either when they become graduates, in the seventh (or subsequent) year of working in medicine in New Zealand or when an overseas graduate receives provisional or full registration to work medically in New Zealand.
- To be included in the survey, the doctor has to be working four or more hours per week in medicine. However, medicine may not be his/her primary source employment; for example, he/she may teach.
- Definition of Physicians: To participate in the survey, a doctor has to be included on the Register of Medical Practitioners and either have graduated as a doctor in NZ or met the overseas criteria set out by the Medical Council of New Zealand.

- Both interns and residents are included in NZ figures for practising physicians. 'Interns' in New Zealand are generally understood to be doctors in their first year as a doctor following graduation who work under the overall supervision of an intern supervisor. After this initial year, they generally get a general scope of practice (full registration). The term 'residents' most closely matches doctors in vocational training in New Zealand.

Break in time series: 2015 change in methodology: The NZ Medical Council Workforce survey shifted from a mail to an online format. This transition has improved response rate and additionally potentially improved data accuracy.

Break in time series: 2014. Change in methodology for data from 2014 onwards. Figures are based on responses from the NZ Medical Council Workforce Survey, adjusted for the response rate for that year, to give an estimate of the total workforce in each category. In 2019, historical figures for 2014 to 2016 were adjusted to ensure consistency with 2017 and 2018 data.

Break in time series: 2020. Physicians whose main work is in medical administration are excluded, but there is insufficient data to exclude physicians whose main work is in research, or other work not involving patient contact. Up to 2019 the final end-of-year figures were supplied directly by the Medical Council of New Zealand. From 2020 the final figures are calculated by the Ministry of Health based on Medical Register data at the end of June supplied by the Medical Council. There is a slight discrepancy between the two time series because of the difference in the time of year when the data was extracted.

Norway

Source of data: **Statistics Norway**. Statistics on health-care personnel. See www.ssb.no/hesospers_en/.

- From 2002: Administrative registers.
- Earlier years: **The Norwegian Medical Association.**

Reference period: 3rd week of November.

Coverage:

- 1991-1994 data cover practising physicians under 70 years old.
 - 1994-2001 data cover practising physicians under 67 years old.
 - 2002-2008 data include all personnel within HP1-HP3.
 - 2009-2012: Because of national registration and quality, it is also chosen to include physicians in HP4.
 - Retired professionals and professionals working abroad are excluded and foreign professionals are included.
- Specialists in dental surgery are excluded.

Break in time series: 2002, 2009, 2015.

- 2002 due to change in source.
- 2009: Because of national registration and quality, it is also chosen to include physicians in HP4.
- As from 2015, the register-based employment statistics will be based on a new data source for employees. Until the end of 2014, the main data source was The Central Register on Employers and Employees (EE register), produced by the Norwegian Labour and Welfare Organisation (NAV). In 2015, this reporting to NAV was coordinated with the reporting of earnings and personnel data to the Tax Administration and Statistics Norway. This common reporting system is called “a-ordningen” (the a-system).

Poland

Source of data: **Ministry of Health, Ministry of Interior and Administration, Ministry of National Defence and Statistics Poland.**

- Until 2017: survey of medical personnel based on reports provided by healthcare units and doctor’s practices.
- From 2019: estimates based on administrative sources, i.e. register of licensed physicians (Polish Chamber of Physicians), files provided by Social Insurance Institution and registers of healthcare establishments including doctors’ practices.

Reference period: 31st December.

Coverage:

- Physicians are assigned to practising or professionally active physicians based on the primary workplace.
- Since 2003 data from the Ministry of National Defence and the Ministry of Interior and Administration are included.
- Since 2004 teaching and administration staff is excluded.
- Since 2005 physicians with the primary work place being private medical offices, stationary social assistance facilities and nursing homes are included.
- Physicians working in prisons are excluded.

Break in time series:

- 2003, 2004 and 2005. See coverage notes above for description.
- 2019: The new calculation method based on administrative sources provides more robust results. The data until 2018 are underestimated due to high non-response rates in the survey.

Portugal

Data not available. (Data available only for all physicians licensed to practice.)

Slovak Republic

Source of data: **National Health Information Center.**

Reference period: 31st December.

Break in time series: As of 2005, data are only available for professionally active physicians. Suitable data source for providing “practising” concept is under development.

Slovenia

Source of data: **National Institute of Public Health, Slovenia;** National Health Care Providers Database.

Reference period: 31st December.

Coverage:

- Practising physicians are those working in the health-care sector (primary, secondary and tertiary care), including public health institutes and health insurance funds.
- The National Health Care Providers Database is a registry with total (100 %) coverage of health workers.

Spain

Source of data: **National Statistics Institute (INE). Labour Force Survey** (several issues).

https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176918&menu=ultiDatos&idp=1254735976595.

Reference period: Annual average. Three-year moving averages (e.g. data reported in 1996 is an average of 1995-1997).

Coverage:

- Up to 2010, the data include "physicians and odontologists" from the National Occupations Classification (CNO-94 Spain, code 212) on 3 digit level. The information on 4 digit level is not available. The CNO-94 code 212 is the Spanish equivalence of ISCO-88 codes 2221 (medical doctors) and 2222 (dentists). It is not possible to separate "physicians and odontologists" on 3 digit level.
- From 2011 onwards the data are classified according to CNO-11 Spain, code 211. The CNO-11 code 211 is the Spanish equivalence of ISCO-08 code 221 (medical doctors). Dentists are not included in the 'practising' figures since 2011.
- The 'Practising' data correspond to physicians whose activity (NACE) is within the health sector. The number of practising physicians was obtained by calculating the number of physicians employed in the health sector according to NACE rev.2 (chapter Q) since 2009, and similarly with NACE Rev.1 and NACE Rev.1.1 before 2009.
- Medical interns/residents are included in the data on health employment if they worked at least one hour in return for remuneration during the week prior to the interview (Survey reference week).
- Data analysis over time should be carried out with caution. Data are obtained from a survey and fluctuations in the data can occur for a number of reasons, one of them being the sampling errors. These variations can lead to false assumptions about trends. We advise users of time series data to carefully explore the relevant issues before drawing any conclusions about the reasons for year-on-year changes.
- During the **first quarter of 2005** various changes have been introduced into the **Economically Active Population Survey**:

1. New variables have been included in accordance with Eurostat (Statistical Office of the European Communities) requirements, set forth in Regulation 2257/2003.
2. A centralised procedure has been implemented for the process of the telephone interviews.
3. With the goal of further standardising the survey process, the questions of the questionnaire have been reformulated.

- In **2021** various changes have been introduced into the **Economically Active Population Survey**:

1. New variables have been included in accordance with Eurostat (Statistical Office of the European Communities) requirements, set forth in Regulation (EU) 2019/1700 of the European Parliament and of the Council of 10 October 2019.
2. The data referring to CNO-11 codes at 4-digit level are available
3. The target population is extended to people aged 15 years and older.
4. Introduction of the CAWI (web interviews) for second and subsequent interviews.

Deviation from the definition: Data include dentists until 2010.

Estimation method: In 2014, data series have been updated with Spanish population figures imported from Census 2011 and recalculated by using three-year moving averages in order to reduce the large year-to-year fluctuations in data derived from the LFS. The number reported in 1996 is an average of 1995-1997; the number for 2012 is an average of 2011-2013.

Break in time series: 2011.

- Data include dentists until 2010, and exclude them from 2011.

Sweden

Source of data: **National Board of Health and Welfare**, LOVA-register (change of register-name from former NPS-register).

Reference period: 1st November.

Coverage:

- Head count data. Excludes non-practising physicians, retired professionals and professionals working abroad. Includes professionals who are foreigners.
- Physicians include all persons with a Swedish physician's license and native-trained pre-licensed physicians employed within the health-care sector.
- Foreign-trained physicians without a Swedish license are not registered as physicians when undertaking clinical training as part of the licensing process. They are therefore not included in employment data before receiving a Swedish license.
- 100% coverage for licensed practising physicians until year 2020.
- The entire time series has been revised in 2023.

Switzerland

Source of data: **Swiss Medical Association (FMH)**, Bern; Medical Statistics of Physicians; yearly census.

Reference period: Data as of December 31.

Coverage: Full coverage, based on survey data.

Estimation method: From 2003 until 2007, the number of practicing physicians is estimated by using its average ratio to professionally active physicians in later years.

Break in time series: 2008. Since 2008, the data refer to practising physicians.

Türkiye

Data not available. Data are available for “professionally active” physicians (including also doctors in administrative, academic or research functions, who are not providing direct care to patients).

United Kingdom

Source of data:

- **England:** Up to 1999: NHS Digital, General & Personal Medical Services Statistics, and Medical & Dental Workforce Census. Data since 2000 as follows:

* Hospital and Community Health Services (HCHS) Doctors. 2000-2008: Medical & Dental Workforce Census; 2009 onwards: NHS Hospital & Community Health Service (HCHS) workforce statistics. (Data as at 30 September each year). Data from 2009 are headcount.

* General Practitioners (GPs). 2000-2014: General & Personal Medical Services Statistics; 2015 onwards: Primary Care Workforce Tool. (Data as at 30 September each year). GP Retainers are included.

* Ophthalmic Medical Practitioners (OMPs). 2000-2019: Ophthalmic Workforce Data. (Data as at 31 December each year).

- **Northern Ireland:** Hospital staff from Human Resource Management System / Human Resource, Payroll, Travel & Subsistence system, DHSSPS, GP staff from Medlist, Business Services Organisation;

- **Scotland:** Information Services Division, Medical and Dental Census, GP Contractor Database, Scottish Workforce Information Standard System, GP staff from NPCCD database. Public Health Scotland up 2020.

Standard System (SWISS). From November 2021, the SWISS data is reported from the NHS Scotland data warehouse. <https://turasdata.nes.nhs.scot/about-our-data-and-reports/methods/nhsscotland-workforce-data-warehouse/> GP staff from NPCCD database. Public Health Scotland.

- **Wales:** Welsh Government: <http://gov.wales/statistics-and-research/?topic=Health+and+social+care&lang=en>.

Reference period: Data as at 30th September, unless otherwise stated.

Coverage:

- Data cover National Health Service staff only.
- Data exclude dental staff, optometrists/opticians, and locum staff.
- **Northern Ireland:** Data exclude bank staff, research fellows, clinical assistants and hospital/medical practitioners (who will likely already have been counted as General Practitioners on Medlist). Data from 2000 exclude staff on career breaks. The UK equivalent to interns and residents, i.e. foundation doctors and specialty registrars, are included in the data.

Deviation from the definition:

- **Scotland:** Data exclude Ophthalmic Medical Practitioners.

- **England and Wales:** Data from 2020 exclude Ophthalmic Medical Practitioners. This is because that separate collection is not currently scheduled to take place for 2020. This is due to issues around a change in the data source so those data are not available and there are questions around if any data will be available for the ophthalmic workforce and precisely what it will include if it does take place. Given these OMP data are less than 200 staff out of an England Physician workforce of around 170,000 we have not marked this as a break in the time series but it should be noted. This applies for Wales too, NHS Digital used to conduct that collection on their behalf and include the Wales figures separately within our annual submission (although there were less than 5 of these OMPs in Wales in 2019).

Estimation method:

- Raw numbers of Physicians up to 1989 for Great Britain have been increased pro-rata by the OECD Secretariat to provide appropriate numbers for the UK, enabling the correct computation of density and percentage of total health employment figures using the UK population and health employment data stored within the database.

Break in time series: 1971, 1979, 1987, 1990, 2009, 2015.

- There are breaks in the physician's series at 1971 and 1979. Physician's figures from 1960 to 1970 are derived from the OPCS (now ONS) Annual Abstract of Statistics issues for those years. 1971 to 1989 calculated by Department of Health. Data from 1971 to 1979 correspond to figures in table D6 of the OECD 'Measuring Health Care 1960-1983: Expenditure, costs and performance' volume (OECD Social Policy Studies no.2, 1985). From 1987 onwards, dental staff in GB are excluded. They include hospital and community health medical staff and general medical practitioners. Before 1987, they included general medical practitioners and hospital medical staff only.

- Data prior to 2000 exclude a small number of Ophthalmic Medical Practitioners (400 to 800).

- In 2010, physicians time series have been re-submitted from 2000 to include a small number of Ophthalmic Medical Practitioners for England & Wales that had previously not been counted. This represents 400 to 800 additional physicians.

- **England:** There are breaks in the time series in 2009 and 2015 which relate to changes in the collection methodology: 2009 - HCHS data changed from an annual census collection to monthly workforce statistics from the Electronic Staff Record (ESR). 2015 - GP data changed from an annual census collection to a quarterly collection from the Primary Care Workforce Tool (PCWT).

- **England:** Up to 2008, data are based on rolecount; since 2009, they are based on headcount.

United States

Source of data: **American Medical Association (AMA)**/Department of Physician Practice and Communication Information, Division of Survey and Data Resources, Used with the permission of AMA. Distribution of Physicians in the United States, 1970; Physician distribution and medical licensure in the U.S., 1975; Physician Characteristics and Distribution in the U.S., various editions. AMA Physician Masterfile unpublished data for 2014 and later.
<http://www.ama-assn.org/>.

Coverage:

- Head count data. Excludes non-practising physicians, retired professionals and professionals working abroad. Includes professionals who are foreigners.

- Includes active medical doctors (M.D.).

- Active practising physicians include MDs and DOs who have office-based or hospital-based practices.

- Data include residents and interns in medicine.

- Data exclude dentists and stomatologists, as well as physicians who work in administration, research and industry.

- Data include full-time and part-time physicians.

- Includes active MDs, only excluding those working in administration, research, and industry.

Deviation from the definition: Data match OECD definition. Calculation methods match OECD definition.

Estimation method: Annual census.

Break in time series:

- From data year 2003, data include Federal and non-Federal physicians.

NON-OECD ECONOMIES

Argentina

Source: The World Health Organization (WHO), Global Health Observatory (GHO), Indicator “Medical doctors.” https://apps.who.int/gho/data/node.main.HWFGRP_0020?lang=en (accessed 29 June 2023).

Bulgaria

Source of data: National Statistical Institute, Exhaustive annual survey.

Reference period: 31st December.

Coverage: All physicians (head counts) who worked on a basic labour contract in outpatient and inpatient establishments, as well as those who practice in other health establishments - centres for emergency medical care, centres for transfusion haematology, homes for medical and social care for children, Hygiene-epidemiological inspections and others. Physicians with maxillo-facial surgery speciality are excluded.

2004-2012 data for practicing physicians are revised. The revision was done in order to provide harmonised data and physicians with maxillo-facial surgery speciality are excluded from the total number of practicing physicians. In accordance with Bulgarian’s legal framework, before 2004 this category (maxillo-facial surgery) did not exist.

Break in time series:

2010 – break in time series in respect to the territorial distribution of physicians as well as distribution of physicians by practiced specialty.

Since 2018, there is a change of the methodology in respect to the counting of practicing physicians and dentists. The changes have been made in aim to avoid double counting and to increase the quality of information.

2010-2017 data for practicing physicians are revised in accordance with the methodological amendments from 2018 as follows:

- medical practitioners working in practices that serve more than one municipality or district are included in the total number but not distributed by municipalities or by district;
- physicians working in specialized practices under a contract with the NHIF are allocated to the specialty they are practiced. Those who practice more than one specialty are included in the total but not allocated by specialty.

Brazil


Source of data: Ministério da Saúde, Cadastro Nacional de Estabelecimentos de Saúde (CNES).

Coverage: The entire national territory.

Further information: <http://tabnet.datasus.gov.br/cgi/deftohtm.exe?cnes/cnv/prid02br.def>.

China

Source: Ministry of Health. China Statistical Yearbook, various years.
Public Health and Social Services > 22-2 Statistics on Health Personnel.

 **Deviation from the definition:** Data refer to licensed physicians.

Further information: <http://www.stats.gov.cn/sj/ndsj/2022/indexeh.htm>.

Croatia

Source of data: Croatian Institute of Public Health, National Register of Health Care Providers.

Reference period: Status on December 31st

Coverage: Public and private health sectors included. Private medical practitioners have been included since 1993.


Break in time series: Maxillofacial surgeons were included up to 2008.

India

Sources:

1995-2019: Ministry of Health and Family Welfare, Directorate General of Health Services, Central Bureau of Health Intelligence. *National Health Profile 2020* (and previous editions) - Table 5.1.1. *State/UT wise Number of Doctors Possessing Recognised Medical Qualifications (Under I.M.C Act) Registered With State Medical Councils/Medical Council of India from the year up to 2010 to 2019 (As on 31st December of concerned year)*, page 342.

1990-1994: Ministry of Health and Family Welfare, Directorate General of Health Services, Central Bureau of Health Intelligence. Health information of India 2000-2001.

 **Deviation from the definition:** Data refer to the number of doctors registered with the relevant professional council.

Further information:

<http://www.indiaenvironmentportal.org.in/files/file/National%20Health%20Profile%202020.pdf>.

Indonesia

Sources:

2013 onwards: **The World Health Organization (WHO), Global Health Observatory (GHO)**, Indicator “Medical doctors.” https://apps.who.int/gho/data/node.main.HWFGRP_0020?lang=en (accessed 29 June 2023).

Until 2012: **Ministry of Health, Indonesia Health Profile 2013** (and previous editions).

Methodology: Data refer to PPSPDMK data.

Further information:

2013: <http://www.depkes.go.id/downloads/Profil%20Indonesia%202013%20tabel%20asli.pdf>.

2012: http://www.depkes.go.id/downloads/Profil%20Kesehatan_2012%20%284%20Sept%202013%29.pdf.

Peru

Source: **The World Health Organization (WHO), Global Health Observatory (GHO)**, Indicator “Medical doctors.” https://apps.who.int/gho/data/node.main.HWFGRP_0020?lang=en (accessed 29 June 2023).

Romania

Source of data: **National Institute of Statistics**, the activity of the sanitary and healthcare network – annual survey performed by NIS.

Reference period: data as of 31st December.

Coverage:

- The data cover all sanitary physicians from public and private (including not for profit private units) sector.
- Physicians (ISCO/COR 2221) are defined as the persons who have completed studies in medicine at the university level and who are licensed to practice. Physicians’ tasks include: medical or surgical treatment for diagnosed illness of patients, conducting medical examination, making diagnosis and giving treatment diagnosed illnesses, disorders or injuries, establish curative and preventive medical measurement, relished reports and participate to scientific communication in medical field.
- The physicians who work in education field as teachers, physicians from health insurance field or that work in other institutions involved in the administration of the healthcare system (e.g. public health institutes), are not included as practising physicians.
- Were excluded from physicians: students, unemployed physicians in health field, retired physicians that are not still working, and physicians working abroad, physicians working in sales field even if they work in medical sales (ex. medical drugs).

Deviation from the definition:


- Between 1999 and 2006, physicians working in administration, research and in other posts that exclude direct contact with patients could not be totally excluded. Beginning with 2007 non-practicing physician could be identified and in 2010 a distinction was added to the healthcare questionnaire in order to identify active medical personnel.
- Until 2019, data includes oral and maxillofacial surgeons.


Break in the series: 2019 - Beginning with 2019, oral and maxillofacial surgeons were excluded from the number of practicing physicians.

Russian Federation

Source: **Federal State Statistics Service (ROSSTAT)**, Forms of Federal Statistical Survey № 1-zdrav (1.5.1.) “Information on the quantity of medical personnel by specialties”.

Coverage: Data include practicing physicians working in all healthcare institutions, belonging to different administrative entities (state, ministries and large private companies), excluding small health companies (with less than 15 working persons).

 **Break in time series in 2014:** Since 2014, the Russian Federation includes Krime Federal Okrug (Crimea).

 **Break in time series in 2011** due to deviation from the definition, as data exclude dentists, sanitarian doctors and physicians working on administrative posts.

Note: This document, as well as any data and any map included herein, are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.


South Africa

Sources:

2015 onwards: **The World Health Organization (WHO), Global Health Observatory (GHO)**, Indicator “Medical doctors.” https://apps.who.int/gho/data/node.main.HWFGRP_0020?lang=en (accessed 29 June 2023).

Up until 2014: **National Department of Health**. Health Professions Council of South Africa (HPCSA).

<http://www.hpcsa.co.za/Publications/Statistics>.

 **Deviation from the definition:** Data refer to the number of medical practitioners (including specialists) registered with the relevant professional council.

- Data include those working in the public or private sector as well as those registered but not working or overseas.

Further information:

https://indicators.hst.org.za/Human%20Resources/Health%20Personnel/sahr_281/IND?start=start.

© OECD, *OECD Health Statistics 2023*. July 2023.

<http://www.oecd.org/health/health-data.htm>