

OECD Health Statistics 2019

Definitions, Sources and Methods

Physiotherapists (ISCO-08 code: 2264)

Physiotherapists assess, plan and implement rehabilitative programs that improve or restore human motor functions, maximize movement ability, relieve pain syndromes, and treat or prevent physical challenges associated with injuries, diseases and other impairments. They apply a broad range of physical therapies and techniques such as movement, ultrasound, heating, laser and other techniques.

Inclusion

- Geriatric physical therapist
- Paediatric physical therapist
- Orthopaedic physical therapist
- Physiotherapist

Exclusion

- Podiatrist
- Occupational therapist
- Acupressure therapist
- Hydrotherapist
- Massage therapist
- Physiotherapy technician
- Shiatsu therapist
- Chiropractor
- Osteopath

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 Allied Health 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.
- 2011-2012: **Australian Institute of Health and Welfare 2013**. Allied health workforce 2012. Cat. No. HWL 51. Canberra: AIHW. Also available at <http://www.aihw.gov.au/>.
- 1997-2010: **Australian Bureau of Statistics**. Labourforce SuperTABLE e08 (average of 4 annual surveys). Cat. No. 6291.0.55.003. Data are from the ABS labour force survey, self-enumerated, all persons employed as physiotherapists full-time and part-time. Four annual surveys are averaged to provide a yearly estimate. The survey is based on a multi-stage area sample of private dwellings (currently about 30,000 houses, flats, etc.) and a list sample of non-private dwellings (hotels, motels, etc.), and covers about 0.45% of the population of Australia. These data are based on the Australian Bureau of Statistics' Labour Force Surveys. These data are volatile particularly for small occupations like physiotherapy and can also be affected by changes in sample size.

Coverage:

- From 2013, data exclude physiotherapists with non-practising registration.
- From 2011, data include employed physiotherapists working mainly in clinical practice in Australia. All physiotherapists have to be registered with the Physiotherapy Board of Australia (PBA), in conjunction with the Australian Health Practitioner Regulation Agency, to practice in the physiotherapy profession.

Break in time series:

- From 2011, data are based on estimates derived from the National Health Workforce Data Set (NHWDS). The data set contains information on the demographic and employment characteristics of allied health practitioners registered in Australia in. Data are collected via registration forms and a survey instrument administered by the Australian Health Practitioner Regulation Agency, in conjunction with the annual registration renewal process for physiotherapists. Data prior to 2011 were supplied based on data from the now superseded state and territory dental boards and councils. Comparison of 2011 and later data with data prior to 2011 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 Federal Ministry of Labour, Social Affairs, Health and Consumer Protection**, Hospital statistics.

Reference period: 31st December.

Coverage: Included are physiotherapists employed in hospitals (HP.1).

Deviation from the definition: Physiotherapists working in other settings than hospitals are not included.

Belgium

Source of data: **CTI - INAMI**.

Reference period: 31st December.

Break in time series:

- Data from 2000: Number of physiotherapists with a minimal volume of patient contacts.
- Data up to 1999: Number of physiotherapists who carried out at least one reimbursed medical act during the year.

Canada

Source of data: Health Workforce Database, **Canadian Institute for Health Information (CIHI), Nova Scotia College of Physiotherapists**.

Reference period: The data is as September 1 of the given year.

Coverage:

- Regulatory data was not available from the Northwest Territories and Nunavut, as there were no licensing authorities in these territories.
- 2008 Yukon data was not available.
- 2007-2009 data for Nova Scotia was not available as Nova Scotia College of Physiotherapists was not able to provide record-level data.
- 2014 Prince Edward Island data was not available.
- 2017 Yukon data is not available.
- CIHI's data will differ from provincial and territorial data due to the CIHI collection, processing and reporting methodology. Methodological notes on CIHI's website provide more comprehensive information regarding the collection and comparability of Health Workforce Database data. See <https://www.cihi.ca>

Chile

Source of data: **Ministry of Health** using the as original source the National Register of Individual Health Providers from the **Health Superintendence** (www.superdesalud.cl), which was created by a law-ranking decree of November 2008, progressively installed since 2009, and is henceforth used. Its creation and maintenance are in charge of the Health Superintendence.

- The inscription in the Register has been progressive, and the changes in the figures that can be observed since 2010 are principally due to its progressive extension. The prevision was that this effect remains at least until the end of 2014.

Coverage: Nationwide.

- Data include both public and private sectors.
- The difference between 2010 and 2013 figures is due both to the incorporation in the Register of the new graduates and to the extensibility of the Register.

Deviation from the definition: Data refer only to physiotherapists licensed to practice.

Czech Republic

Source of data: **Institute of Health Information and Statistics of the Czech Republic**; National Health Information System (Annual report on health personnel).

Reference period: 31st December.

Coverage:

- Until 1999, workers working in other central organs not included. Since the year 2000 data covers workers in total health services.
 - Since 2004, data collected on basis of new legislation on non-medical professions (until 2003: rehabilitation workers - only those without university education, including ergotherapists; since 2004: physiotherapists).
 - Double counting of physiotherapists working in more than one health establishment.
 - Data relate to workers working in health establishments. Those working in social establishments are not included.
 - In 2014, complete data are not available. Estimate is calculated from available data for 2014 and data from 2013.
- Break in time series: 2000 and 2004.

Denmark

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

Reference period: 31st December.

Coverage: Data refer to "practising" physiotherapists.

Note: In 2004, many physiotherapists were moved to the industry 'Physiotherapist and occupational therapist' from a lot of small industries that were not selected as likely to provide services directly to patients. The industry 'Physiotherapist and ergotherapist' is selected, and this movement explains the large jump in the number of practising physiotherapist in 2004. There, the numbers before 2004 are underestimated.

Estonia

Source of data: Annual reports, **National Institute for Health Development**, Department of Health Statistics.

Reference period:

- 1980-2012: 31st of December.
- Since 2013: November.

Coverage:

- For 2005-2008, the head count distribution is made according to their main branch occupational activity.
- For 2005-2007, only instructors of physical therapy were included. Since 2008 physiotherapists also were included.
- Until 1996, medical education was only given to rehabilitative care nurses in Estonia. Instructors for curative physical activity with higher education existed (until 1992 also with upper secondary education), but they had no medical education. Since 1996, specialised physiotherapists have been educated. Since 1990, 2nd year sports students could specialise in activity therapy. However, the functions of a physiotherapist were also partly provided by rehabilitative care nurses. For that reason it is difficult to provide data on physiotherapists. Since 2008 the relevant specialities (therapists for curative physical activity, activity therapists, and physiotherapists) are included in the annual report, which enables the capture of the real numbers of practising physiotherapists. The data up to 2007 are underestimated.

Break in time series: 2008 and 2013.

- 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.

Since 2013, occupational therapists are excluded.

Note: The data series for "Practising physiotherapists" 2013-2015 was updated in 2018.

Finland

Source of data: Administrative figures (**National Register of Health Care Professionals**).

Reference period: 31st December.

Coverage:

- The data include all qualified physiotherapists who have passed the general education (until 1994 in Finnish lääkintävoimistelija, since 1994 in Finnish fysioterapeutti). This change affected only the Finnish name of the occupation, not the education itself.

- From 2013 on: The data are based on the Employment Register kept by Statistics Finland. In Finnish Occupational codes the ISCO-08 code 2264 is not in use. Instead it is replaced and followed by the code 3255. This classification also includes code 32591.

Deviation from the definition: Data refer to physiotherapists licensed to practice under retirement age (58-63 years).

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. Répertoire ADELI.

Reference period: 31st December.

Coverage: Data refer to metropolitan France and D.O.M. (overseas departments).

Deviation from the definition: Data refer to active physiotherapists.

Germany

Source of data: **Federal Statistical Office**, Health Labour Accounts 2018; special calculation by the Federal Statistical Office; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31st December.

Coverage:

- Data contain the number of physiotherapists that are actively practising physiotherapy in public and private institutions and provide services directly to patients (head-count data rounded to the nearest thousand.).

- Physiotherapists in terms of the Health Labour accounts of the Federal Statistical Office: Physiotherapists develop treatment plans customised for their patients on the basis of medical prescription and carry out the corresponding physiotherapeutic measures (for example exercise therapy with and without equipment, breath control, electric therapy, heat therapy, massages).

- From 2000 onwards data from Health Labour Accounts have been completely revised. Therefore comparable data before 2000 is not available.

Greece

Source of data: **Hellenic Statistical Authority (EL.STAT.)**.

Reference period: 31st December.

Hungary

Source of data:

- Until 2016, **Hungarian Central Statistical Office** (KSH in Hungarian) www.ksh.hu; Report on personnel of health and social services (up to 1999), Report on personnel of health service (from 2000).

- From 2017, **National Healthcare Service Center** (ÁEEK in Hungarian) www.enkk.hu. Operational register.

Reference period: 31st December.

Coverage: Social services excluded since 2000.

Deviation from definition: For years 1994-2007 data refer to full time equivalents. From 2008, data are head count.

Break in time series: 2000, 2008, 2017

Iceland

Source of data: **The Directorate of Health and The Icelandic Association of Physiotherapists**.

Reference period: 31st December.

Coverage:

- Physiotherapists: Three years of university education leading to a B.S. degree.

- Figures refer to physiotherapists who are members of the Icelandic Association of Physiotherapists.

Estimation method: Figures for 1999 and 2000 are preliminary. Figures for the years 2002-2003 are not available.

Ireland

Source of data: **Irish Society of Chartered Physiotherapists (ISCP)**.

Reference period: As of 30th June.

Break in time series: Since 2008, only practising physiotherapists have been included. Non-practising, overseas and retired physiotherapists are not included. Prior to 2008, the data refer to the number of members of the ISCP.

Israel

Source of data: The data are based on the Labour Force Survey which is conducted routinely by the **Central Bureau of Statistics**.

Methodology:

- The Labour Force Survey includes persons who had worked for at least one hour during the week before the survey, for pay, profit or other consideration.
- From January 2012, the **Central Bureau of Statistics** has made a transition from a quarterly system of measuring labour force characteristics to a new and improved system that better suits the latest international recommendations on employment and unemployment - Monthly Labour Force Survey. 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.
- In 2012 a new Standard Industrial Classification of Economic Activities based on ISIC was implemented as well as a new Standard Classification of Occupations based on ISCO-08. According to this classification there is a specific code for physiotherapists and therefore it is possible to report this data since 2012.
- The classification of occupations is based on the classification of the International Labour Office (ILO):

International Standard Classification of Occupations ISCO 08.

Coverage: The sample of practising physiotherapists 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.

Estimation method: Moving average of three years (numbers for previous, current and next years) was made in order to diminish the fluctuations in the numbers. Therefore the number of practicing physiotherapists for 2013 is an average of 2012-2014.

Further information:

http://www.cbs.gov.il/publications/labour_survey04/labour_force_survey/answer_question_e_2012.pdf and

http://www.cbs.gov.il/publications12/economic_activities11/pdf/e_print.pdf.

Italy

Source of data: **ISTAT, Labour Force Survey**. <http://www.istat.it/it/archivio/8263>.

Reference period: Annual average.

Coverage: Sample survey.

- Deviation from the definition: Data refer to professionally active physiotherapists.

Estimation method: Estimation from the sample survey. Data are affected by the statistical error due to the sample design.

Japan

Data not available.

Korea

Source of data: **Health Insurance Review & Assessment Service**, The State of Medical Institutions, each year.

Further information: <http://stat.kosis.kr/nsieu/index.jsp?hOrg=354>.

Latvia

Source of data:

- Since 2005: **Health Inspectorate of Latvia**; Medical Persons' Register.
- 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.

Lithuania

Source of data: **Health Information Centre of Institute of Hygiene**, data of entire annual survey of health establishments.

Reference period: 31st December

Coverage: There is no such category in Lithuania. Data on Physiotherapists includes:

- doctors of physical medicine and rehabilitation with university education. This number is also included in the total number of physicians.
- specialists with university (but not medical) education working in health care (kyneziotherapists, ergotherapists)
- specialists with college or medical school education: physiotherapist nurses (this number is also included in the total number of nurses), assistants of ergotherapist, assistants of kyneziotherapist, masseurs.

Luxembourg

Source of data: **Direction de la santé**, service des statistiques.

Reference period: 31st December.

Coverage: Practising physiotherapists.

Mexico

Data not available.

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: The last Friday before Christmas.

Deviation from definition: Data refer to professionally active physiotherapists until 2013.

Coverage:

- Until 2013: Data refer to physiotherapists who:

- are licensed to practice;
- live and work in the Netherlands; and
- are active in a health- or social care sector or a health-care related sector.

- From 2014: Data refer to physiotherapists 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.

- List of NACE codes used for health- or social care and healthcare related sectors: NACE v1: 851, 853, 2441, 2442, 331, 5146, 5231, 5232, 5248.2 (opticians), 6022 (part of transport for healthcare), 6602.3, 6602.4 (pension funds part for healthcare occupations), 6603 (part of health insurance funds and companies), 7310.3 (medical and pharmacological research and development), 745 (temporary work companies; very important for nurses, caring personnel and physiotherapists), 7522 (Ministry of Defense, including military hospital), 7523.2 (part of medical personnel for prisons, including prison hospital), 753 (compulsory health care insurance, operations for exceptional medical expenses act), 8022, 8030, 9304, 9305.

- NACE v2: 86, 87, 88, 212, 266, 325, 4646, 4773, 4774, 4778.2, 4932, 6530.3, 6530.9, 6512, 7211.2 + 7219.3 (R&D for health, medical products or pharmaceutical processes), 782, (8412 will be included when NACE v2 is available in SSB; Regulation of the activities of providing health care, education, cultural services and other social services, excluding social security), 8422, 8423.2, 843, 8532, 854, 9313, 9609.

Break in time series: As of 2014, midwives, nurses and physiotherapists are obliged to re-register. The requirement is that they have been practising in the past 5 years. This means that from 2014 onwards the figures are lower than before, and in line with the definition of practising physiotherapists.

New Zealand

Source of data: **Physiotherapy Board of New Zealand**, Annual Reports, 2005/6 to 2017/18.

Reference period: Data relate to 31st March of the year following the year indicated in the series, i.e. 2010 data refer to 1st April 2010 to 31st March 2011, etc.

Coverage:

- To legally practice as a physiotherapist in New Zealand a practitioner must be registered within the general scope of practice: Physiotherapy and hold a current Annual Practising Certificate (APC).
- Headcount.

Norway

Source of data: **Statistics Norway**; Statistics on health-care personnel.

- From 2002 onwards: **Statistics Norway**; Register-based statistics on employment of health-care personnel.
- Up to 2001: **National Board of Health**.

Reference period: 3rd week of November.

Coverage:

- Data up to 2001 show FTE; data from 2002 show head count.
- Include all educated physiotherapists in all industries.

Break in time series: 2002, 2015.

- 2002: comparable time-series cannot be delivered for the years preceding 2002.
- 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, Ministry of National Defence and Central Statistical Office**.

Reference period: 31st December.

Coverage:

Inclusion:

- Since 2001 physiotherapists with master's degree and the degree of the secondary vocational education.
- Since 2005 data from the Ministry of Interior and from the Ministry of National Defence.
- Since 2005 data on physiotherapists working at facilities of stationary social welfare.

Exclusion:

- Since 2005, teaching staff.

Break in time series:

- 2001, 2005, for description see coverage.

Portugal

Source of data: **Statistics Portugal** - Hospital Survey / Official Clinic Survey.

Reference period: 31st December.

Coverage/Deviation from definition: Only data on physiotherapists practising in hospitals and official clinics (some practising in both health establishments and/or in private ambulatory health establishments) are available. Physiotherapists working only in private ambulatory health establishments, including private cabinets, are not included.

Slovak Republic

Source of data: **National Health Information Center**. Data are selected from: “Annual report on structure and number of health professionals in 2009 – 2017”.

Reference period: 31st December.

Slovenia

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

Reference period: 31st December.

Coverage: The number of physiotherapists includes physiotherapists with 2 years of higher education in physiotherapy (out of 14 years of education) and with 3-years of non-university higher education (out of 15 years of education) in physiotherapy (started in school year 1993/94).

Spain

Source of data: **National Statistics Institute**, from the **Register of Physiotherapists Council**.

<http://www.ine.es/jaxi/menu.do?type=pcaxis&path=/t15/p416&file=inebase&L=0>.

Reference period: Data as of December 31.

Coverage:

- Since 2006 physiotherapy is a university degree, not a specialty of nursing. Before, physiotherapy was a specialty of nursing (not compulsory to be registered as physiotherapist, only as nurse); 1721 physiotherapists were reported in 2000.

- Data based on Economically Active Population Survey – practising or professionally active physiotherapists – and referring to CNO-11 codes at 4-digit level (Spanish equivalence of ISCO-08) are not available.

Deviation from the definition: Data refer to all physiotherapists "licensed to practice" registered in the Council of Physiotherapists. They may include some physiotherapists who are not economically active (unemployed, retired).

Sweden

Source of data:

- Before 2002: **Federation of Swedish County Councils**.

- From 2002: **National Board of Health and Welfare**. LOVA-register (change of register-name from former NPS-register).

Validity of the source: Valid from 2002.

Reference period: 1st November.

Coverage:

Before 2002:

- Only physiotherapists employed by the County Councils are included. Privately employed physiotherapists are missing. Sources that are occasionally used for years preceding 2002 exclude the private sector and non-unionized personnel and include personnel employed outside of health care.

From 2002:

- Physiotherapists are defined as licensed physiotherapists registered in NACE-codes that are considered to be within the health-care sector. 2002 was the first year that the profession became a licensed profession.

- 100% coverage.

- The time series is revised annually because the register is a living register which means that certain information like date of death or examination and licence status are updated retroactively.

Switzerland

Data not available.

Turkey

Source of data:

- From 2005 onwards: **General Directorate for Health Services, Ministry of Health**.

Coverage:

- From 2005 onwards: Practising physiotherapists in the MoH, universities, and the private sector are included.

- The increase in physiotherapist in 2007 and 2008 is due to the employment regime of the public health sector in order to respond to the country's needs.

United Kingdom

Source of data:

- **England:** In 2018, the data have been updated since 2009.

* HCHS Physiotherapists - 2000-2008: Non Medical Workforce Census; 2009-2017: NHS Hospital & Community Health Service (HCHS) workforce statistics. (Data as at 30 September each year). The 2009-2014 data were previously rolecount; they are now headcount so 2009-2017 data are consistent.

* General Practice – Physiotherapists - 2015-2017: Primary Care Workforce Tool. (Data as at 30 September each year)

- **Northern Ireland:** Human Resource Management System / Human Resource, Payroll, Travel & Subsistence system, Department of Health, Social Services and Public Safety;

- **Scotland:** Scottish Workforce Information Standard System, Information Services Division, National Services Scotland;

- **Wales:** Welsh Government: <http://gov.wales/statistics-and-research/?topic=Health+and+social+care&lang=en>.
Reference period: 30th September.

Coverage:

- Does not include private sector.

- **Wales:** Includes hospital based staff only.

- **England, Northern Ireland and Scotland:** Includes both hospital and community based physiotherapists.

- **Northern Ireland:** Excludes staff on career breaks and bank staff.

Estimation method:

- **Scotland:** Due to a change in methodology and the introduction of Agenda for Change in 2007, all historic figures have been reviewed and amended.

Break in time series: 2009.

- **England:** The break in the time series in 2009 relates to a change in the collection methodology: HCHS data changed from an annual census collection to monthly workforce statistics from the Electronic Staff Record (ESR).

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

- **England:** From 2015 physiotherapists working in General Practices (about 40) are included.

United States

Source of data: **U.S. Department of Labor. Bureau of Labor Statistics/Occupational Employment Statistics (OES).** <http://www.bls.gov/oes>.

Coverage: National.

- The OES survey covers all full-time and part-time wage and salary workers in US non-farm industries.

- Data are not FTE equivalents. The estimates presented include data for profit and non-profit health service organisations.

- Estimate based on the US standard occupational classification code (SOC) for physical therapist (29-1123).

- The survey does not cover the self-employed, owners and partners in unincorporated firms, household workers or unpaid family workers.

- The OES program conducts a semi-annual mail survey designed to produce estimates of employment and wages for specific occupations.

- Surveys collect data for the payroll period including the 12th day of May or November.

Deviation from the definition: Data match OECD definition.

- The term physical therapist and physiotherapist are interchangeable. The term physical therapist originated in the United States, and physiotherapist has been used in parts of Europe.

Estimation method: National representative sample of the U.S. civilian non-institutionalised population.

Break in time series: No breaks in time series.

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