OECD Health Statistics 2019
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 health care 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:
- 2010: Comprehensive data for Australia are unavailable.
- 1984-1990: Medicare provider summary, **Department of Health and Ageing**. Data are for registered providers with at least one annual Medicare claim.
- 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.
- Included are dental and maxillofacial surgeons. According to the Austrian Medical Doctors Act and the Austrian Medical Education Act 2015, dental and maxillofacial surgeons are clearly a medical profession and not a dental profession.
- Excluded are dentists and stomatologists.
- 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.
- Since 2014, 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.

Belgium

Source of data:
- 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.
- 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.

### 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”.

### Czech Republic

**Source of data**: Institute of Health Information and Statistics of the Czech Republic; Registry of Physicians, Dentists and Pharmacists.
Reference period: 31st December.

Coverage:
- 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.
- Since 2003, excluded physicians working in Public Health Stations (administrative offices for public health protection and supervision).
- Until 2003, also included physicians working only in the sector of Education and not providing direct medical care to patients.
- Number of physicians working in the sector of Labour and Social Affairs only estimated for 2004.
- In 2014, data is not available. The Registry of Physicians, Dentists and Pharmacists was legislatively terminated on 31. 12. 2013.


Denmark

Source of data: The Danish Health Data Authority, Labour Register for Health Personnel.
Reference period: 31st December.

Estonia

Source of data:
Reference period:
- Since 2013: November.
Coverage:
- Practising physicians who provide services directly to patients, all health care 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.

- 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 on they include practising only.
- Until 2004, the number of practising physicians was based on their last or main educational qualification (data not available by age group) and specialty.
- Since 2005, the head count distribution is made according to the main occupational activity (data not available by gender and 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

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. Professionally active physicians include physicians with teaching or research as their main employment. However, these physicians are excluded from practising physicians (even though they may have part-time position as a practising physician). From 2009 onwards,
information on practising physicians is estimated with the information from 2014 survey, according to which 91.5% of professionally active physicians are practising physicians. Includes physicians who are under 64 years old.

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), ASIP-SANTE RPPS. 2011 is the first year available for data referring to the concept of “practising physicians”.
Reference period: 31st December.
Coverage:
- Data refer only to practising physicians, either self-employed (“libéraux”) or salaried.
- Data refer to metropolitan France and D.O.M. (overseas departments).
- 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.
Deviation from the definition: Interns and residents are not included.

Germany

Source of data: German Medical Association, Medical practitioner statistics; http://www.gbe-bund.de/ or http://www.beka.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 2015 to 2016, Health Registration and Training Center (ENKK in Hungarian) www.enkk.hu.
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.

- 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: 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) 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.

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 CareProfessionals instead of the Register of Physicians, which no longer exists.

Ireland

Source of data: Department of Health.
Reference Period: end of December.
Coverage: the data covers the following:
Up to 2016:
Family doctors (GPs) registered with the Irish College of General Practitioners - ICGP (plus an estimate of approximately 10% who are not registered with the ICGP). Also included are GPs in training.
- Consultant (specialist) doctors who work exclusively privately.
- A small number of non-consultant hospital doctors working privately. This is estimated from a Workforce Planning survey.
- Consultants and non-consultant hospital doctors working in the public health service.
- A small number of doctors working full-time in the Irish Prison Service.
- Data should be considered an estimate as there may be practising doctors working elsewhere in the health service not covered in the data. Also there may be some overlap amongst GPs in training and non-consultant hospital doctors working in the public health service.

From 2017:
- Family doctors (GPs) registered with the Irish Medical Council of Ireland.

**Israel**

**Source of data:**
- **2012 onwards:** From 2012 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 2012:** Data until 2011 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 2012:**
- 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 2011:**
- 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 2012:** 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 2011:** 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. The number for 2011 is an average of 2010-2012.

**Break in time series:** 2012.
- 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 administrate source; therefore, the source for practising physicians has been changed so it will also be based on administrative sources.

**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**

a) **For General practitioners and General paediatricians practising for the National Health System:**
Reference period: 1st January.
Coverage: 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).

b) For Specialised physicians, Other generalist medical practitioners and General paediatricians not practicing for the National Health System:
Source of data: ISTAT provides data produced by IQVIA Italia- One-Key database. https://www.iqvia.com/
Reference period: 31st December.
Coverage: Data refer to practising physicians.
Estimation method: 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%).

Japan

Coverage:
- Head count data.
- Data consist of physicians working at medical institutions (including those who work as clinical teaching staff at medical school hospitals) and at healthcare facilities for the elderly requiring 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

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

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: Direction de la Santé - Service des statistiques. Register of doctors and health professionals.
Reference period: 31st December.
Coverage/Deviation from definition:
- Stomatologists, dental and maxillofacial surgeons are included. Dentist are not included.
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.
- Excludes non-practising physicians, retired professionals and professionals working abroad.
- Physicians working in laboratories (such as microbiologists, pathologists and haematologists) are not included.
- For interns: only those specialising in general practice in Luxembourg are included
- 2015: adjustment to methodology and definition.

Mexico

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: last Friday before Christmas. Physicians in training: 1 January of year t+1.
Coverage:
- 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.
Note: As from 2014 we adapted this new method to physicians with a specialism and general practitioners. As the license register requires physicians to have been practising in the past five years we did not use the sector of employment in the selection method anymore, as we did until 2014. Research showed this was a better estimate for the required definition of practising. The result is a slight increase of their numbers from 2014 onwards, compared to the previous professionally active definition.

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 practicing 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.

Norway

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

Reference period: 3rd week of November.

Coverage:
- 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.
- 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, Ministry of National Defence and Central Statistical Office.
**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 are included.
- Since 2004 teaching and administration staff is excluded.
- Since 2005 physicians with the primary workplace being private medical offices, stationary social assistance facilities and nursing homes are included.
- Physicians working in prisons are excluded.
**Break in time series:**

**Portugal**

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

**Slovak Republic**

**Source of data:** National Health Information Center. Before 2005: Administrative register of health care professionals.
**Reference period:** 31st December.
**Note:** 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).
**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.

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.

**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 pre-licensed physicians employed within the health-care sector.
  - 100% coverage.
  - Break in time series: From the year of 2016, foreign pre-licensed physicians are not registered which means that they are no longer included in the employment data.

**Switzerland**

Source of data: FSO Federal Statistical Office, Neuchâtel; Swiss Medical Association (FMH), Bern; medical statistics of physicians; yearly census.
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.

**Turkey**

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 have been updated in 2018 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). 2009-2014: Data were previously rolecount - they are now headcount so 2009 onwards data are consistent.
  * General Practitioners (GPs). 2000-2014: General & Personal Medical Services Statistics; 2015 onwards: Primary Care Workforce Tool. (Data as at 30 September each year). Data have been revised for all years. GP Retainers are now included for all years where they were previously excluded.
  * Ophthalmic Medical Practitioners (OMPs). 2000-2017: 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;

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

**Deviation from the definition**:
- **Scotland**: Data exclude Ophthalmic Medical Practitioners.

**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.

- 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**


**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

Brazil

Source: Ministério da Saúde/SGTES/DEGERTS/CONPROF - Conselhos profissionais.

China

Public Health and Social Services > 22-2 Employed Persons in Health Care Institutions.
Deviation from the definition: Data refer to doctors licensed to practice.

Colombia

Sources:
Coverage: National.
Methodology: The estimation of stock considers the inputs (professionals graduates or with recognised diplomas in each period) less withdrawals (adjustments for migration, retirement and death).
Deviation from the definition: Estimation of the stock of practicing physicians, including general practitioners and specialists, who may not be exercising, without distinction of their field of exercise. Data thus include doctors working in areas that do not have direct contact with patients (e.g. physicians working in administration and research).
Estimation: Data presented are estimates.

COSTA RICA

Source: Medical College of Physicians and Surgeons of Costa Rica.

India

Sources:
1995-2017: Ministry of Health and Family Welfare, Directorate General of Health Services, Central Bureau of Health Intelligence. National Health Profile 2018 (and previous editions) - Table 5.1 States/UTs wise Number of doctors possessing recognised medical qualifications (Under I.M.C Act) and registered with State Medical Councils/Medical Council of India, from the year 2010 to 2017, page 217.


**Indonesia**

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

**Methodology:** Data refer to PPSDMK data.

**Further information:**

**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 health care 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**

**Source:** National Department of Health. Health Professions Council of South Africa (HPCSA).

**Methodology:**
- Data include those working in the public or private sector as well as those registered but not working or overseas.
- Data refer to registered medical practitioners.


[http://www.oecd.org/health/health-data.htm](http://www.oecd.org/health/health-data.htm)