

# OECD Health Statistics 2025

## 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:

- Up to 2018: **Austrian Federal Ministry of Social Affairs, Health, Care and Consumer Protection**, Hospital Statistics.
- From 2019 onwards: **Statistics Austria** (Austrian National Public Health Institute (GÖG), Health Professions Registry).

Reference period: 31<sup>st</sup> December.

Coverage:

- Up to 2018 only physiotherapists employed in hospitals (HP.1) are included.
- From 2019 onwards: Included are all registered freelance physiotherapists and all registered employed physiotherapists in hospitals, convalescent homes, rehabilitation facilities, extramural care centres, doctors' practices, long-term care facilities, mobile care, or care for the disabled. Excluded are:
  - Non-registered physiotherapists
  - Registered physiotherapists, who are not yet employed after training
  - As physiotherapists registered jobseekers
  - As physiotherapists registered volunteers
  - As physiotherapists registered pensioners
  - Registered physiotherapists working in research or educational institutions, tissue banks, industrial companies, or other non-healthcare institutions

Deviation from the definition:

- Physiotherapists in other settings than hospitals are not included until 2018.

Estimation method: Whether a person working in the care sector works with patients or not is not explicitly recorded. However, the settings in which a person works are registered. It can be assumed that all freelancers always work with patients and that all employees in industry, education, research and in areas such as tissue banking or biomedical analysis do not work with patients. In an estimation model, the distribution of attitudes specified in the professional register is assigned to the professionals.

Break in time series:

- 2019: Change in data source and methodology in 2019.

## Belgium

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

Reference period: 31<sup>st</sup> December.

Coverage:

Deviation from the definition:

Estimation method:

Break in time series: 2000, 2018.

- 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.
- 2018: Physiotherapists working exclusively for nursing homes not included.

## 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:

- Workforce data are shown. The term workforce refers to only those registrants who were employed in the profession at the time of annual registration.
- Regulatory data is not available from the Northwest Territories and Nunavut, as there is no licensing authorities in these territories.
- 2014 Prince Edward Island workforce data was not available.
- 2007-2009 and 2019 workforce data for Nova Scotia was not available as Nova Scotia College of Physiotherapists was not able to provide record-level data.
- Quebec workforce data was not available in 2019.
- Yukon workforce data was not available in 2008 and 2017-2019.
- In Quebec, there are 2 types of physiotherapy professionals: physiotherapists and physical rehabilitation therapists. Only physiotherapists are included in Quebec's data.
- 2018 Nova Scotia & Quebec physiotherapists' counts were used as estimates of the 2019 counts, as 2019 Nova Scotia and Quebec physiotherapists' data was not available.
- In 2020, there was a resubmission of historical data (2007-2019): data for all years now include physiotherapists whose employment status is either "*Employed*", "*Employed, on leave*" or "*Employed-unspecified*". The employment status "*Employed, on leave*" pertains to registrants who are employed (i.e., have an employer or a place of practice) but are currently on leave (e.g., parental leave, leave of absence).
- 2021 and 2022 counts for Yukon Professionally Active physiotherapists were not available, their 2016 data were used as estimates.
- Starting in 2023, CIHI revised its methodology for imputing missing values in data for 2023 and subsequent years. This change may have an impact on the trends. As a result, comparisons with data for previous years should be made with caution.
- 2023 counts for Yukon was estimated by multiplying 2016 professionally active physiotherapists data by the growth rate of licensed to practice physiotherapists data compound annually, as their 2017-2023 data was not available.
- Please note that statistics reported by CIHI may differ from those reported by others, even though the source of the data (i.e., annual registration forms) is the same. Differences may be attributed to differences in the population of reference, the collection period and/or CIHI's data exclusion criteria and editing and processing methodologies. For more information, refer to Physiotherapists in Canada, 2023 — Methodology Notes on CIHI's website : Physiotherapists in Canada, 2023 — Methodology Notes (<https://www.cihi.ca/sites/default/files/document/physiotherapists-in-canada-2023-meth-notes-en.pdf>).

## 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](http://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.

## Colombia

### Source of data:

- From 2012 onwards: Calculations by the Direction of Human Talent Development in Health, **Ministry of Health and Social Protection**.

- 2001-2011: (Ruiz, 2008), Health Human Resources in Colombia - 2008. Balance, skills, and foresight. Center of Studies for Development and Ministry of Social Protection (now the Ministry of Health and Social Protection) - 2009.

Coverage: National.

Methodology: The estimation of stock considers the inputs (professionals graduates or with recognized diplomas in each period) and fewer withdrawals (adjustments for migration, retirement, and death).

Deviation from the definition: Estimation of the stock of practising physiotherapists, who may not be exercising, without distinction of their field of exercise. Data thus include physiotherapists working in areas that do not have direct contact with patients (e.g., physiotherapists working in administration and research).

Estimation: Data presented are estimates.

## Costa Rica

Data not available.

## Czechia

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

Reference period: 31<sup>st</sup> 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 personnel 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.

Deviation from the definition:

Estimation method:

Break in time series: 2000, 2004, 2022

## Denmark

Source of data: **The Danish Health Data Authority**, Registered Health Professionals, the Danish Register for Evaluation of Marginalisation, The Danish Civil Registration System.

Reference period: 31<sup>st</sup> December.

Coverage: Data refer to "practising" physiotherapists. 1992-2023

Break in time series: 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.

Deviation from the definition:

Estimation method:

Break in time series: 2022 change in the data collection

## Estonia

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

Reference period:

- 2005-2012: 31<sup>st</sup> 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.

Deviation from the definition:

Estimation method:

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.

## Finland

### 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 and the Register on Qualified Health Care Personnel kept by **VALVIRA, the National Supervisory Authority for Welfare and Health**.

Reference period: At the end of the calendar year.

Coverage: All licensed physiotherapists who are employed under the occupational title of “Physiotherapists and occupational therapists” (code 3226, years 2004-2009) or under the occupational title of “Physiotherapy technicians and assistants” (code 3255, 2010-).

Deviation from Definition

Estimation method:

Break in time series:

### 1990-2003:

Source of data: **VALVIRA. National Supervisory Authority for Welfare and Health**. Register on Qualified Health Care Personnel.

Deviation from definition: Data refers to licensed physiotherapists instead of practising physiotherapists.

As any acquired licenses do not expire, even upon retirement, this data includes only individuals under the age of 65 to better reflect the actually available work force.

Total hospital employment

#### Total and breakdown between the following categories:

- ☐ Physicians
- ☐ Professional nurses and midwives
- ☐ Healthcare assistants
- ☐ Other health service providers
- ☐ Other staff.

#### Units:

## 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

- **Up to 2015: Répertoire ADELI.**

- **Since 2016: RPPS (Répertoire Partagé des Professionnels de Santé)**, with a weight applied for salaried physiotherapists working in hospitals in order to correct the lack of registration of the RPPS on this particular field. The margins come from the SAE (Statistique Annuelle des Établissements, DREES).

Reference period: 31<sup>st</sup> December year N (approximated by data of January 1<sup>st</sup> year N+1 for RPPS)

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

Deviation from the definition: Data refer to active physiotherapists. Physiotherapists not providing direct care to patients cannot be excluded.

Estimation method: The margin data for 2020 are not available due to the Covid-crisis. As a consequence, the data for 2020 is an estimate calculated using the average correction rate for the salaried physiotherapists in hospitals for 2019 and 2021.

Break in time series: In 2016, there is a break in the series due to the change in the data source (ADELI before 2016, RPPS since 2016). Revision of RPPS chain in 2022 to correct for the underreporting of employed physiotherapists (data from 2016 to 2021 has been corrected). The lower value in 2016 in the RPPS compared to Adeli in 2015 is due to a difference in registration modes in Adeli and RPPS. In Adeli (used until 2015), some professionals' cessations of activity are not recorded, whereas the registration in RPPS stems from the registration to the medical order (compulsory for liberal professionals and not free of charge).

## Germany

Source of data: **Federal Statistical Office**, Health Labour Accounts January 2025; special calculation by the Federal Statistical Office; <http://www.destatis.de> or <http://www.gbe-bund.de>.

Reference period: 31<sup>st</sup> 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.

Deviation from the definition:

Estimation method:

Break in time series:

## Greece

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

Reference period: 31<sup>st</sup> December.

Coverage: The physiotherapists, based on the data derived from the Pan-Hellenic Association of Physiotherapists concerning its registered members.

Deviation from the definition:

Estimation method:

Break in time series:

## Hungary

Source of data:

- Until 2016, **Hungarian Central Statistical Office** (KSH in Hungarian) [www.ksh.hu](http://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](http://www.enkk.hu), Operational register.
- From 2021, **National Directorate General for Hospitals** (OKFŐ in Hungarian) [www.okfo.gov.hu](http://www.okfo.gov.hu), Operational register.

Reference period: 31st December.

Coverage:

- Social services excluded since 2000.
- The Operational register (used from 2017) includes the healthcare professionals who provide services directly to patients and are entitled to do this activity without supervision. The requirements for the renewal of the registration give the effect that the register does not include healthcare professionals who are working in administration, management, research and in other posts excluding direct contact with patients, or who are unemployed or retired, or working abroad.

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

Estimation method:

Break in time series: 2000, 2008, 2017 (change in data source).

## 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.

Deviation from the definition:

Estimation method: Figures for 1999 and 2000 are estimates.

Break in time series:

## Ireland

Source of data:

- From 2018: **CORU** - Ireland's multi-profession health regulator (<https://www.coru.ie/>).
- Pre-2018 **Irish Society of Chartered Physiotherapists (ISCP)** (<https://www.iscp.ie/>).

Reference period:

- From 2018: Figures refer to as at end of December.
- Pre-2018: Figures refer to as at end of June.

Coverage:

- Figures from 2018 rely on the Physiotherapists Registration Board (PRB) register which opened on 30 September 2016. Since the register was established, there has been a two-year transitional period for applicants. Time from application to registration can take up to 3 years.
- The PRB register includes those applying as Physiotherapists (Irish and internationally qualified) and also Irish qualified Physical Therapists. Registrants may not necessarily be practising.
- Information for 2017 & 2018 refers to Physiotherapists Registration Board Registrants & Applicants.

Deviation from the definition:

Estimation method:

Break in time series:

- From 2018: A new register for physiotherapists was established (Physiotherapists Registration Board (PRB) register) and is the new data source for reporting this variable.
- From 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 survey population is the permanent population of the State of Israel aged 15 and over, including residents of Israeli localities in the Judea and Samaria region, new immigrants and forced immigrants - from the moment they arrive in Israel, and permanent residents who have been abroad for less than a year continuously. The survey population does not include tourists and temporary residents who have been in Israel for less than a year continuously. The survey sample is a sample of apartments. Approximately 12,000 apartments are sampled each month.

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. 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.

Further information:

[http://www.cbs.gov.il/publications/labour\\_survey04/labour\\_force\\_survey/answer\\_question\\_e\\_2012.pdf](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](http://www.cbs.gov.il/publications12/economic_activities11/pdf/e_print.pdf).

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:

- Until 2022: **ISTAT, Labour Force Survey**. <http://www.istat.it/it/archivio/8263>.
- Since 2023: **ISTAT Integrated Data System on Health Personnel**.

Reference period: two-year moving averages (year t is the average of the years t, t-1, e.g. year 2016 is the average of 2015 and 2016 data). Since 2021 annual data.

Coverage: Until 2022: Sample survey.

Deviation from the definition: Until 2022: Data refer to professionally active physiotherapists. Since 2023: data refer to practicing physiotherapists.

Estimation method:

- Until 2022: Estimation from the sample survey. Data are affected by the statistical error due to the sample design.
- Since 2023: Data for the last year are provisional: except for data on professionals employed in the private sector, for other professionals (public sector employees, non-employees in the public and private sector) an estimate is made on the basis of the changes observed in years t-1 and t-2.

Break in time series:

- Since 2021 the Labour Force Survey, in compliance with Regulation (EU) 2019/1700, incorporated the change in the definition of “employed”.
- 2023: due to changes in data source.

## Japan



Data not available.

## Korea

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

## 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.

Coverage:

Deviation from the definition:

Estimation method:

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: 31<sup>st</sup> December.

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

- specialists with university education working in health care (kyneziotherapists, ergotherapists).
- specialists with college or medical school education: assistants of ergotherapist, assistants of kineziotherapist.

During the years due to changes in reporting forms and quality of the reporting the number of physiotherapists is fluctuating slightly. During the last years, the number of physiotherapists is increasing significantly especially working in private practice.

Deviation from the definition:

Estimation method:

Break in time series:

## Luxembourg

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

Reference period: 31<sup>st</sup> December.

Coverage: Practising physiotherapists.

Deviation from the definition:

Estimation method:

Break in time series:

## 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.

Coverage:

- 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.
- 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.
- 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 Defence, 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.

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

Estimation method:

Break in time series:

- 2019: Re-registration effect. Since 2014, midwives, nurses and physiotherapists are obliged to re-register. The requirement is that they have been practising in the past 5 years.
- 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.
- 2023 Re-registration effect. Since 2014, midwives, nurses and physiotherapists are obliged to re-register. The requirement is that they have been practising in the past 5 years.

## New Zealand

Source of data: **Physiotherapy Board of New Zealand**, Annual Reports, 2005/6 to 2023/2420/2.

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

Headcount for 2023: In 2022, the licensing process for international-qualified physiotherapists was changed. This has made it easier for practitioners who are registered by authorities that have been identified as having requirements aligned with New Zealand to become licenced to in New Zealand, resulting in an above average increase for this year.

## 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: 3<sup>rd</sup> week of November.

Coverage:

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

Deviation from the definition:

Estimation method:

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 and Administration, Ministry of National Defence and Statistics Poland.**

- From 2022: calculations based on administrative sources, i.e. register of licensed physiotherapists (Polish Chamber of Physiotherapists), files provided by Social Insurance Institution and registers of health care establishments including private practices.

Reference period: 31<sup>st</sup> 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.

Deviation from the definition:

Estimation method:

Break in time series:

- 2001, 2005, for description see coverage.
- 2022: The new calculation method based on administrative sources, providing more robust results. The data until 2021 are underestimated due to high non-response rates in the survey.

## Portugal

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

Reference period: 31<sup>st</sup> December.

Coverage:

From 2019 onwards: Data not available, due to the beginning of administrative data collection and absence of administrative data on physiotherapists. We are currently analyzing the possibility of estimating the number of practicing physicians using the Labour Force Survey.

1999-2018: 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.

Deviation from the definition:

1999-2018: Physiotherapists working only in private ambulatory health establishments, including private cabinets, are not included.

Estimation method:

Break in time series:

## Slovak Republic

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

Data are selected from: “Annual report on structure and number of health professionals in 2009 – 2023”.

Reference period: 31<sup>st</sup> December.

Coverage:

Deviation from the definition:

Estimation method:  
Break in time series:

## Slovenia

Source of data: **National Institute of Public Health, Slovenia**; National Health Care Providers Database.  
Reference period: 31<sup>st</sup> 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).

Deviation from the definition:

Estimation method:  
Break in time series:

## Spain

Source of data:

- From 2006 to 2021: **National Statistics Institute**, from the **Register of Physiotherapists Council**.  
[https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica\\_C&cid=1254736176781&menu=ultiDa tos&idp=1254735573175](https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176781&menu=ultiDa tos&idp=1254735573175).

- Since 2022: **National Statistics Institute (INE). Labour Force Survey** (several issues).

Reference period:

- From 2006 to 2021: Data as of December 31.

- Since 2022: Annual average. Three-year moving averages (e.g., data reported in 2022 is an average of 2021-2023).

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 equivalent of ISCO-08) are available since 2022.

- From 2022 onwards the data are classified according to CNO-11 Spain, code 2152. The CNO-11 code 2152 is the Spanish equivalent of ISCO-08 code 2264 (physiotherapist).

- The data correspond to physiotherapists whose activity (NACE) is within the health sector. The number of practising physiotherapists was obtained by calculating the number of physiotherapists employed in the health sector according to NACE rev.2 (chapter Q) since 2021.

- 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.

Deviation from the definition:

- From 2006 to 2021: 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).

Estimation method: Since 2022: data are calculated 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 2022 is an average of 2021-2023.

Break in time series:

- Data are from physiotherapists "licensed to practice" registered in the Council of Physiotherapists until 2021 and practising physiotherapists as described above from 2022.

## Sweden

Source of data:

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

- From 2002: **National Board of Health and Welfare**. LOVA-register.

*Validity of the source:* Valid from 2002.

Reference period: 1<sup>st</sup> 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.

- Full coverage.

Deviation from the definition:

Estimation method:

Break in time series:

## Switzerland

Data not available.

## Türkiye

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

Reference period: 31<sup>st</sup> December.

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.

Deviation from the definition:

Estimation method:

Break in time series: 2018.

- In 2018, the used database for health personnel has been changed. This new source keeps the data as person-based. Health personnel data were collected from health facilities as health facility-based before 2018.

## United Kingdom

Source of data:

- **England:**

\* HCHS Physiotherapists - 2000-2008: Non Medical Workforce Census; 2009 onwards: NHS Hospital & Community Health Service (HCHS) workforce statistics. (Data as at 30 September each year). The data from 2009 are headcount.

\* General Practice – Physiotherapists - 2015 onwards: Primary Care Workforce Tool / National Workforce Reporting Service (Data as at 30 September each year)

- **Northern Ireland:** Human Resource Management System / Human Resource, Payroll, Travel & Subsistence system, Department of Health.

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

- **Wales:** Welsh Government: : Staff directly employed by the NHS | GOV.WALES

(<https://www.gov.wales/staff-directly-employed-nhs>).

Reference period: 30<sup>th</sup> September.

- **Wales:** data for 2018 onwards at 31 December.

Coverage:

- Does not include private sector.

- **Wales:** Includes hospital based staff only. From 2018 only qualified staff included.

- **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.
- **Northern Ireland:** A new method of calculating headcount has been introduced for 2023 onwards.

## 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 therapists (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 a physiotherapist has been used in parts of Europe.

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

Break in time series: 2020 breaks in time series. Due to features of the OEWS methodology, the May 2020 estimates do not fully reflect the impact of the COVID-19 pandemic. Because five of the six survey panels used to produce the estimates date from before the COVID-19 pandemic, only the most recent (May 2020) survey panel will reflect changes in occupational proportions related to the pandemic. In addition, because the OEWS employment estimates are benchmarked to the average of QCEW employment for November 2019 and May 2020, the estimates will reflect only part of the pandemic's impact on employment as of May 2020. Although the May 2020 QCEW data reflect the early employment effects of the COVID-19 pandemic, the November 2019 QCEW employment data precede the COVID-19 pandemic, and therefore do not reflect its impact. As a result of the pandemic, response rates for the November 2019 and May 2021 panels were lower in some areas. Lower response rates may negatively affect data availability and data quality.

- For more information about the impact of the COVID-19 pandemic on OEWS, see the [https://www.bls.gov/oes/2020/may/oes\\_tec.htm](https://www.bls.gov/oes/2020/may/oes_tec.htm) and the BLS OEWS COVID-19 impact statement (<https://www.bls.gov/covid19/effects-of-covid-19-pandemic-on-occupational-employment-and-wage-statistics.htm>).

## NON-OECD ECONOMIES

### Bulgaria

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

Reference period: 31<sup>st</sup> December.

Coverage: All physiotherapists (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.

Data for the whole period are revised according to the ISCO-08. Code 2264 is used.

Deviation from the definition:

Estimation method:

Break in time series: 2000. Up to 1999 data refers to all physiotherapists (head count) working in municipal health establishments. Since 2000 data include all physiotherapists (head count) working on a basic labour contract in inpatient and outpatient health establishments as well as other health establishments.

## Croatia

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

Reference period: Status on December 31<sup>st</sup>.

Coverage: Public and private health sectors included.

Deviation from the definition:

Estimation method:

Break in time series: Private physiotherapists have been included since 1993.

## Cyprus

Source of data: **Statistical Service of Cyprus.** Up to 2013, data available only for the Public Sector, from the Public Hospitals and Health Centers. From 2014 onwards, data covering both the Public and Private Sectors from the Pancyprian Association of Physiotherapists.

Reference period: 31<sup>st</sup> December.

Coverage: Complete coverage.

Deviation from the definition:

Estimation method:

Break in time series: Up to 2013, numbers of physiotherapists refer to personnel employed in the public sector only. From 2014 onwards, the figures refer to the total number of practising physiotherapists (retired and others not treating patients are excluded).

## Romania

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

Reference period: data as of 31<sup>st</sup> December.

Coverage: The data cover public and private sector.

-The physiotherapists who work in education field as teachers and physiotherapists 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 physiotherapists.

- Excluding: students, unemployed physiotherapists in health field, retired physiotherapists not still working and physiotherapists working abroad, physiotherapists working in sales field.

Deviation from the definition:

Estimation method:

Break in time series:

© OECD, *OECD Health Statistics 2025*. July 2025.

<https://www.oecd.org/en/data/datasets/oecd-health-statistics.html>