Doctors (by age, sex and category)

In 2019, more than one-third of all doctors in OECD countries were over 55 years of age, up from one-fifth in 2000 (Figure 8.5). The share of doctors over 55 increased in all countries between 2000 and 2019, although this share has stabilised in some countries, with the entry of many new young doctors in the profession in recent years and the progressive retirement of the baby-boom generation of doctors.

Some countries have seen a rapid ageing of their medical workforce over the past two decades. Italy, where the share of doctors aged 55 and over increased from about 20% in 2000 to 56% in 2019, is the most striking example. No fewer than 20% of all doctors in Italy were aged 65 and over in 2019. In France, there has also been a rapid increase in the share of doctors aged 55 and over since 2000, and 14% of doctors in 2019 (one in seven) were aged 65 and over. Other countries such as Israel, Latvia, Hungary, Belgium and Spain have also seen a rapid ageing of their medical workforce (Figure 8.5).

Ageing of the medical workforce is a concern, as doctors aged 55 and over can be expected to retire in the following decade. Proper health workforce planning is required to ensure that a sufficient number of new doctors will become available to replace them, given that it takes about ten years to train new doctors. At the same time, it is important to take into account changes in retirement patterns of doctors, and to note that many may continue to practise beyond age 65, full time or part time, if the working conditions are adequate and if pension systems do not provide a disincentive for them to do so (OECD, 2016[8]).

The proportion of female doctors has increased in all OECD countries over the past two decades, and female doctors are on average younger than male doctors. In 2019, almost half of all doctors in OECD countries were female. This ranged from about three-quarters in Latvia and Estonia to less than one-quarter in Japan and Korea (Figure 8.6). The share of female doctors increased particularly rapidly from 2000 in the Netherlands, Spain, Denmark and Norway, where women accounted for more than half of all doctors in 2019. This increase has been driven by growing numbers of young women enrolling in medical schools, as well as the progressive retirement of more commonly male generations of doctors. Female doctors tend to work more in general medicine and medical specialties like paediatrics, and less in surgical specialties.

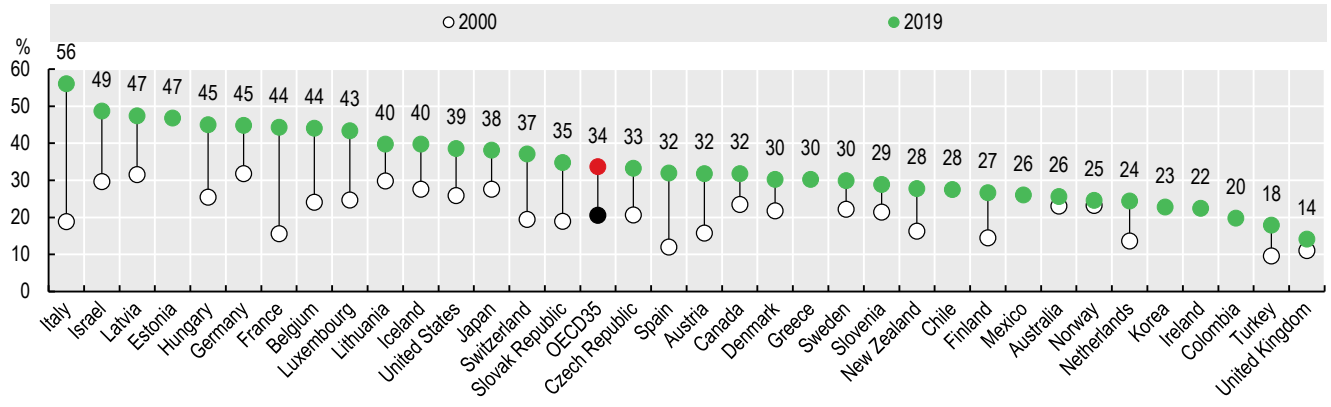
GPs (family doctors) represented less than one-quarter (23%) of all physicians on average across OECD countries in 2019, ranging from around half in Portugal, Canada and Chile to just 6% in Greece and Korea (Figure 8.7). However, the number of GPs is difficult to compare across countries owing to variation in the ways doctors are categorised. For example, in the United States and Israel, general internal medicine doctors often play a role similar to that of GPs in other countries, yet they are categorised as specialists. General paediatricians who provide general care to children are also considered specialists in all countries, so they are not considered GPs. In many countries, GPs play a key role in guaranteeing good access to health care, managing chronic conditions and keeping people out of hospital (see indicator “Avoidable hospital admissions” in Chapter 6).

Many countries have taken steps to increase the number of training places in general medicine in response to concerns about shortages of GPs. For example, in France, nearly 40% of all new postgraduate training places since 2017 have been in general medicine – a much higher proportion than in nearly all other OECD countries. In Canada, the number of residents who completed their training in general medicine in 2019 was almost equal to those completing training in all medical and surgical specialties combined. However, in many countries, it remains a challenge to attract a sufficient number of medical graduates to fill all the available training places in general medicine, given the lower perceived prestige and remuneration (see indicator “Remuneration of doctors”).

Definition and comparability

The data for most countries refer to practising doctors, defined as doctors providing care directly to patients. In some countries, the data are based on all doctors licensed to practise, not only those practising (Chile, Greece and Portugal; and also Israel and New Zealand for doctors by age and gender). Not all countries are able to report all their physicians in the two broad categories of specialists and generalists. This may be because specialty-specific data are not available for doctors in training or for those working in private practice. A distinction is made in the generalists category between GPs (family doctors) and non-specialist doctors working in hospitals or other settings. In Switzerland, general internal medicine doctors and other generalists are included under GPs.

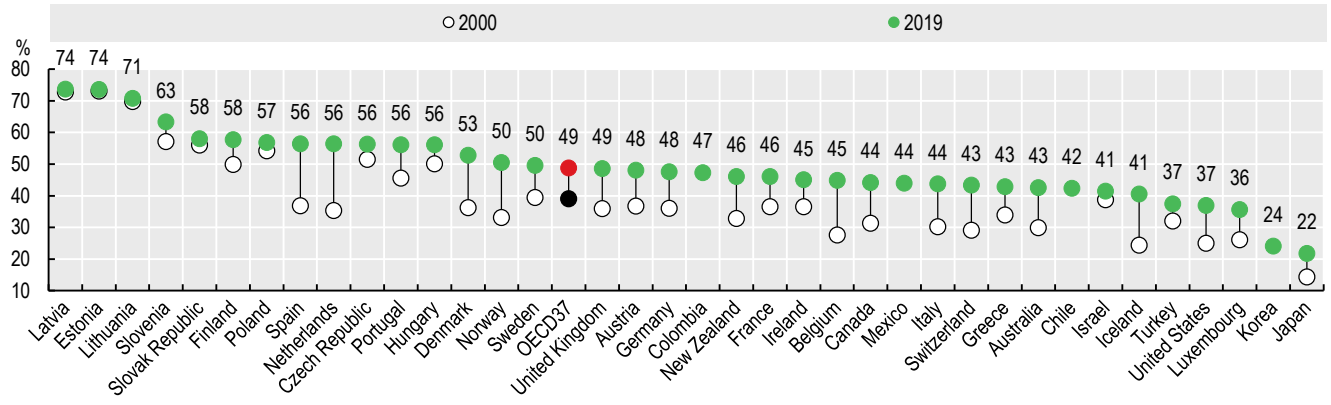
Figure 8.5. **Share of doctors aged 55 and older, 2000 and 2019 (or nearest year)**



Source: OECD Health Statistics 2021.

StatLink https://stat.link/j1ya9v

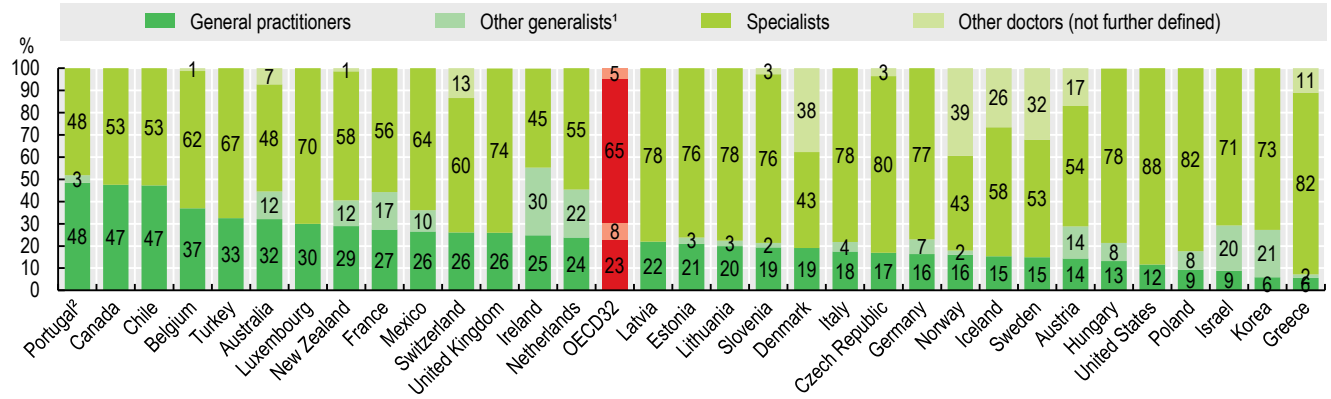
Figure 8.6. **Share of female doctors, 2000 and 2019 (or nearest year)**



Source: OECD Health Statistics 2021.

StatLink https://stat.link/y3p0fe

Figure 8.7. **Share of different categories of doctors, 2019 (or nearest year)**



1. Includes non-specialist doctors working in hospitals and recent medical graduates who have not yet started postgraduate specialty training. 2. In Portugal, only about 30% of doctors employed by the public sector work as GPs in primary care – the other 70% work in hospitals.
Source: OECD Health Statistics 2021.

StatLink https://stat.link/c6qlsd