

# OECD Health Statistics 2025

## Definitions, Sources and Methods

### Professionally active physicians

**Professionally active physicians** include practising physicians and other physicians for whom their medical education is a prerequisite for the execution of the job.

#### Inclusion

- Physicians who provide services for individual patients
- Physicians working in administration and management positions requiring a medical education
- Physicians conducting research into human disorders and illness and preventive and curative methods
- Physicians participating in the development and implementation of health promotion and public health laws and regulations
- Physicians preparing scientific papers and reports

#### Exclusion

- Dentists, stomatologists, dental and maxillofacial surgeons
- Physicians who hold a post / job under which medical education is not required
- Unemployed physicians and retired physicians
- Physician working abroad

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

### Sources and Methods

#### Australia

##### Source of data:

- 2013 onwards: **Department of Health (DoH)**. NHWDS Medical Practitioners Data. Data request. Also available at <http://hwd.health.gov.au/>. Data are as at the end of the re-registration period for the profession in the reference year.
- 2012: **Australian Institute of Health and Welfare 2014**. Medical workforce 2012. National health workforce series no. 8. Cat. No. HWL 54. Canberra: AIHW. Also available at [www.aihw.gov.au](http://www.aihw.gov.au).
- 2011: **Australian Institute of Health and Welfare 2013**. Medical workforce 2011. National health workforce series no. 3. Cat. No. HWL 39. Canberra: AIHW. Also available at [www.aihw.gov.au](http://www.aihw.gov.au).
- 2010: Comprehensive data for Australia are unavailable.
- 1997-2009: **Australian Institute of Health and Welfare 2011**. Medical labour force 2009. AIHW bulletin no. 89. Cat. no. AUS 138. Canberra: AIHW (and previous issues). Also available at [www.aihw.gov.au](http://www.aihw.gov.au). Data based on annual re-registrations.

##### Coverage:

- Data report registered medical practitioners who are currently employed in medicine, i.e. as a clinician, administrator, teacher/educator, researcher, and other non-clinician. Data exclude those on extended leave and those looking for work.
- Data exclude physicians with non-practising registration.

##### 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.
- From 2012, data 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](http://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

Data not available.

## Belgium

Data not available.

## Canada

### Source of data:

- **Canadian Institute for Health Information.**
- **Canadian Post-M.D. Education Register (CAPER).**

### Coverage:

- Head count data. Excludes retired and semi-retired professionals and professionals working abroad. Includes non-practising physicians and professionals who are foreigners.
- Professionally active physician counts from 1988 to the current year reflect the summation of data from two distinct data sources: 'active physicians' (see SMDB below) include family medicine (includes general practitioners and specialists in family medicine and emergency family medicine) and specialist physicians from the **Scott's Medical Database (SMDB)** at the Canadian Institute for Health Information; and intern and resident (post-Medical Degree (M.D.) trainees) counts from the **Canadian Post MD Education Registry (CAPER)**. These counts may overstate the number of physicians because CAPER data for interns and residents include physicians who are simultaneously recorded on SMDB as 'active' physicians. Prior to 1988, professionally active physician counts represent a summation of physician counts from SMDB and intern and resident data collected from provincial sources (CAPER did not exist as a data source until 1988).
- **SMDB Specific Notes:** The data reflects figures as of December 31<sup>st</sup> of a given year and includes the total number of 'active' civilian physicians in clinical and non-clinical (i.e. administration, research, teaching and industry positions) practice. Physicians are counted as active if they have a Medical Degree, are registered with a jurisdictional medical college, do not work for the military and have a valid mailing address. Data exclude non-registered physicians who requested that their information not be published as of December 31<sup>st</sup> of the reference year. Specialists include physicians who have an MD degree, have completed residency training programs and passed certification exams administered by the Royal College of Physicians and Surgeons of Canada (RCPSC) or the Collège des médecins du Québec (CMQ). General practitioners include physicians who have a Medical Degree and have completed either a 1-year internship for certification in General Practice (General Practitioner) before 1992 or have a certification in Family Medicine or Emergency Family Medicine. As of 1992, a policy was implemented that requires a minimum of 2-years residency training before certification as a Family Physician (there is no more certification as a General Practitioner). SMDB Family Medicine counts also include "non-certified" specialists, physicians who are licensed as specialists within their jurisdictions but who have not (yet) been certified by the

specialty certification authorities noted above. The exceptions to this last inclusion are in Saskatchewan, Newfoundland and Labrador (starting in 2004); in Nova Scotia, New Brunswick and the Yukon (starting in 2007); in Quebec (from 2009 to 2018); in Prince Edward Island (starting in 2009); and in Alberta (starting in 2010). In these jurisdictions, non-certified specialists are recorded as specialists in their specialty of practice. Detailed data tables and methodological notes concerning SMDB are available free for download at <https://www.cihi.ca/en/physicians>.

Deviation from the definition: Unemployed physicians may be included in SMDB counts.

- **CAPER Specific Notes:** Data for medical interns and residents is from the Canadian Post-M.D. Education Registry (CAPER). The CAPER data excludes foreign medical residents and fellows training in Canada by Visa and Canadian fellows. Physician fellows receive medical training beyond regular Canadian M.D. certification. In Canada, the term “intern” referred to post-MD trainees who did a one-year rotating internship after completing their MD program. After the internship, the trainees would typically enter a residency program or go into licensed practice. 1993 was the last year in which Canada had any post-MD trainees enrolled in a rotating internship program. Canadian resident physicians who received their MD degree outside of Canada are included in the count of practising physicians. The distinction between general practitioner and specialist interns/residents is based on programs of post-MD training.

- Provisional estimates for medical residents are not calculated by the Physician Information team at CIHI. Break in time series: 1988.

## 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 “Physician 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**.

- 1990-2011: (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.

Estimation method:

- 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).

- Estimation of the stock of practising 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).

- The data presented are estimates.

- The 2002-2020 series is recalculated to reflect changes in some data corresponding to one of the sources for the estimates of the records of the Colombian Ministry of National Education.

- The estimates considered the December 2020 cutoff of social security contributions through the Integrated Contribution Payment Plan (Planilla Integrada de Liquidación de Aportes -PILA).

- The figure for the year 2021 is provisional because the corresponding figures are to be revised based on updates from various sources the statistics from finished subjects/graduates issued by the Ministry of National Education from the National System of Higher Education Information-SNIES

(<https://snies.mineducacion.gov.co/portal/ESTADISTICAS/Bases-consolidadas/>).

## Costa Rica

Data not available.

## Czechia

Data not available.

## 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: 1980-2023

Deviation from the definition:

Estimation method:

Break in time series: 1992. Change in the data collection, 2022 change in the data collection.

## Estonia

Data not available.

## Finland

### 1) 2004 - until present year

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

Reference period: At the end of the calendar year.

Coverage: Professionally active physicians include all licensed physicians employed at the end of the given year in health and welfare fields (NACE 86-88), higher education (NACE P85.4) or fields linked to medical research (NACE C21, M72.1) – and licensed physicians working in any other field under the occupational title of medical doctor. Physicians whose most recent specialisation is in dental or maxillofacial surgery have been excluded. Includes physicians under the age of 64 years.

Deviation from the definition: Physicians working in research, training or other fields under a different occupational title (e.g. researcher, lecturer or professor) are not included – even if their medical education is a prerequisite for the job. No distinction has been made between licensed and non-licensed, as the definition is based on the occupational title. Professional physicians might include medical students working under supervision.

Estimation method:

Break in time series: 2004 – due to a change in data source

### 2) 1995-2003

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

Reference period: Mid-March.

Coverage: Physicians are classified according to their main employment. Concerns professionally active physicians. Includes physicians under the age of 64 years.

## France

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

- **Until 2010** (01/01/2011) : **Répertoire ADELI**, DREES.

- **From 2011** (01/01/2012) : **RPPS** (Répertoire partagé des professionnels de santé). Data revision in 2023 (from 2011 to 2021).

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

Coverage:

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

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

- All public and private hospitals and clinics are covered.

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

- Before 2020: Interns and residents are not included.

Deviation from the definition: Before 2020, interns and residents are not included. Interns and residents have only been required to register since 2018. There was then a ramp-up period, and the data is considered reliable starting from 2020.

Estimation method:

Break in time series:

- In 2009 (01/01/2010), there is a break in the series for physicians because of a change in the statistical methodology. Therefore, the evolution between 2008 and 2009 must not be interpreted as a decrease in the number of professionals. (The change in methodology had an impact of about -1.3% on the number of doctors in metropolitan France in 2009).
- In 2011 (01/01/2012), there is a new break in the time series because of the change in the data source.
- Before 2020, interns and residents are not included. Since 2020, interns and residents are included.

## Germany

Source of data: **German Medical Association**, Medical practitioner statistics 2023; <http://www.gbe-bund.de> or <http://www.baek.de>.

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

Coverage:

- Data contain the number of practising physicians and physicians for whom their medical education is a prerequisite for the execution of the job, e.g. physicians working in administration, research and industry positions (head-count data).
- The data exclude dentists, stomatologists as well as physicians with specialty “dental, oral and maxillofacial surgery”.
- Excluded are qualified physicians working abroad, unemployed, and retired physicians and students who have not yet graduated.

Deviation from the definition:

Estimation method:

Break in time series:

## 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

Data not available.

## Iceland

Source of data:

- 2016 and onwards: **The Directorate of Health**, Register of Licenced Health Care Professionals.
- 2003-2015: **The Directorate of Health**, Register of Physicians.
- Until 2002: **The Directorate of Health**. Data from inpatient care institutions, health centres and The State Social Security Institute.

Reference period: 31<sup>st</sup> 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.
- May include a very small number of non-practising physicians.

Deviation from the definition:

Estimation method:

Break in time series:

- Break in series in 2005 is due to revision of methodology. The methodology was altered in 2009 in such a way that registered domicile is now taken into account when counting the number of physicians, not only permanent residence. Figures for previous years, back to 2005, were revised accordingly.
- Break in series in 2016 is due to revision of methodology and change in data source. The methodology was altered in such a way that registered domicile is no longer taken into account when counting the number of physicians, only permanent residence. The data source is the Register of Licenced Health Care Professionals instead of the Register of Physicians, which no longer exists.

## Ireland

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

Reference period: As at end of December.

Coverage:

- Figures relate to physicians who retained registration, practiced in last 12 months within the Republic of Ireland on a full-time or part-time basis and are intending on not practising of within the next year and their area of practice will not involve engagement with patients.

Deviation from the definition:

Estimation method:

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

Break in time series:

- Figures are not available from 2014 onwards.

## Israel

Source of data: The data are based on the Physicians License Registry maintained by the Medical Professions Division and the Health Information Division in the **Ministry of Health**, for which the demographic information and date of death are periodically updated from the Population Registry at the Ministry of Interior.

Reference period: End of the year.

Coverage:

- Data are for licensed physicians under 67 years old (including residents), which is the retirement age in Israel since the early 2000's. The data include only physicians with valid licenses at the end of each reference year.
- Physicians working abroad or working in other fields than health cannot be excluded from the data. In 2008, 11.3% of the physicians licensed to practice (recorded in the Physicians License Registry) were not resident in Israel for more than 12 months. In 2012 – 10.1%, in 2013 – 9.4%, in 2014 and 2015 – 9.2% and in 2016 – 9.3% of the physicians licensed to practice were not resident in Israel for more than 12 months.
- At the beginning of the 1990s, there was a large immigration wave from the Former USSR countries to Israel which included a large number of physicians who received a license to work in Israel.

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 2020: **ISTAT, Labour Force Survey**. <http://www.istat.it/it/archivio/8263>.
- Since 2021: **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: 31<sup>st</sup> of December.

Coverage: Until 2020 - Sample survey. Professionally active physicians are individuals who have indicated that they work as a physician and for whom their medical education is a prerequisite for the execution of the job. Physicians providing services directly to patients and physicians not providing services to patients (working in administration, research, and public health) are both included.

Deviation from the definition: Until 2020: medical interns and residents are excluded. Since 2021: None.

Estimation method: Until 2020: Estimation from the sample survey. Data are affected by the statistical error due to the sample design. Data are reported as two-year moving averages. 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: 2021: change in data source. The Integrated Data System on Health Personnel provides more accurate data, exhaustive and compliant with the definition. Previous data were missing most of interns and resident doctors (both doctors training in one of the fifty medical specializations and doctors training as general practitioners, about 60-70 thousand physicians). This explains the strong increase in the number of physicians in 2021.

## Japan

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

Coverage:

- Head count data.
- Data consist of physicians working at medical institutions (including those working as clinical teaching staff at medical school hospitals), healthcare facilities for the elderly requiring long-term care and integrated facility for medical and long-term care, and physicians working in the areas such as education, research, administration, occupational health and other public health fields. Data exclude physicians working abroad and not acting physicians. Data include, however, foreign physicians licensed to practice.
- Data include doctors-in-training.

## Korea

Data not available.

## 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:

- The decrease in 2006 is due to changes in physicians' registration (procedure for establishing, supplementing, and maintaining the register of medical practitioners).
- 2005: Change in data source.
- The decrease in 2001 may be due to a methodological change.

## Lithuania

Source of data: **Health Information Centre of Institute of Hygiene,** data of entire annual survey of health establishments. Report "Health Statistics of Lithuania", available <https://www.hi.lt/sveikatos-statistikos-leidiniai/#--lietuvos-sveikatos-statistika>. Available on Official Statistics Portal of Statistics Lithuania <http://osp.stat.gov.lt/en>.

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

Coverage:

- The number of professionally active physicians at the end of the year includes all active physicians working in health care, public health, health administration, health education and research institutions (public or private), including health care institutions under other ministries than the Ministry of Health. Interns and residents, i.e., physicians in postgraduate training, are also included.

- The number of physicians excludes physicians working in social institutions (nursing homes belonging to social sector, the number of these physicians is very small), physicians working outside the country; physicians on the retired list and not practising or unemployed; physicians working outside health services, e.g., employed in industry, etc.

Note: The increase in the number of physicians in 2023 is partly due to better data reporting from private health care institutions.

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:

- Head count data.

- Excludes non-practising physicians and professionals working abroad. Retired physicians are excluded. However, the end of activity of self-employed physicians is often noted with some time lag.

- Includes professionals who are foreigners.

Deviation from the definition: Includes stomatologists, dental and maxillofacial surgeons.

Estimation method:

Break in time series: 2015 (adjustment to methodology and definition).

## 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 the municipal register, tax register, social security, and business register).

Coverage:

- Data refer to physicians who:

- are licensed to practice;

- live and work in the Netherlands;

- for employees: are active in a health- or social care sector or a health-care related sector; or

- for self-employed specialists: are economically active (their license requires that they have been practising – not necessarily fulltime – in the past five years).

- List of NACE codes used for health- or social care and health-care 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 fund part for health care 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:

Estimation method:

Break in time series:

As from 2014 we adapted a 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. Research showed this was a better estimate for the required definition of practising. We have ended the old estimate of professionally active from 2014 onwards and continue with the new practising 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 due to various reasons are not economically active (e.g. unemployed or retired) and physicians working abroad)".
- The figures are an estimation of the actual number of professionally active 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 and in other posts that exclude direct contact with patients are included in the figure for "Professionally Active Physicians".
- Head count data.
- Any type of activity (such as osteopathy, geriatric...) is included as long as the individual is working as a physician, GP or specialist.
- Physicians and GPs: Stomatologists, osteopaths, geriatricians are included.
- The data include all physicians who work in NZ irrespective of their country of qualification or ethnicity. Doctors are included as part of the medical practitioner workforce either when they become graduates, in the seventh (or subsequent) year of working in medicine in New Zealand or when an overseas graduate receives provisional or full registration to work medically in New Zealand.
- To be included in the survey, the doctor has to be working four or more hours per week in medicine. However, medicine may not be his/her primary source employment; for example, he/she may teach.
- Definition of Physicians: To participate in the survey, a doctor has to be included on the Register of Medical Practitioners and either have graduated as a doctor in NZ or met the overseas criteria set out by the Medical Council of New Zealand.
- Both interns and residents are included in NZ figures for practising physicians. 'Interns' in New Zealand are generally understood to be doctors in their first year as a doctor following graduation who work under the overall supervision of an intern supervisor. After this initial year, they generally get a general scope of practice (full registration). The term 'residents' most closely matches doctors in vocational training in New Zealand.

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

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

Break in time series: 2020. Up to 2019 the final end-of-year figures were supplied directly by the Medical Council of New Zealand. From 2020 the final figures are calculated by the Ministry of Health based on Medical Register data at the end of June supplied by the Medical Council. There is a slight discrepancy between the two time series because of the difference in the time of year when the data was extracted.

## Norway

Source of data: **Statistics Norway**; Statistics on health-care personnel. Administrative registers. See [www.ssb.no/hesospers\\_en/](http://www.ssb.no/hesospers_en/).

Reference period: 3<sup>rd</sup> week of November.

Coverage: 2008-dd: Excludes non-practising physicians, retired professionals and professionals working abroad. The figures include professionals who are foreigners. All professionally active physicians in all industries; also, physicians for whom their medical education is NOT a prerequisite for the execution of the job.

Deviation from the definition:

Estimation method:

Break in time series: 2015.

- 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 2019: calculations based on administrative sources, i.e. register of licensed physicians (Polish Chamber of Physicians), files provided by Social Insurance Institution and registers of health care establishments including doctors' practices

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

Coverage: Until 2018 physicians are categorised as practising or professionally active physicians based on the primary workplace.

- Practising physicians.

- Physicians for whom the primary workplace is a university, units of state or local self-government administration or the National Health Fund are included.

- Since 2010 physicians working in social security funds are included.

Deviation from the definition:

Estimation method:

Break in time series: 2010.

- 2019: The new calculation method based on administrative sources provides more robust results. The data until 2018 are underestimated due to high non-response rates in the survey.

## Portugal

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

## Slovak Republic

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

- From 2005 onwards: Annual Report M (MZ SR) 1- 01 on structure and number of health professionals.

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:

- Professionally active physicians include practising physicians working in the health-care sector and physicians working at HP4, 6.1, 6.3-6.9 and HP7 providers.

- The National Health Care Providers Database is a registry with total (100 %) coverage of health workers.

Deviation from the definition: Oral surgery and Maxillo-facial surgery are included. Data represent number of doctors. In 2023 there were 1.711 surgical group of specialists – 18 of which were maxillofacial and oral surgeons (1% of total).

## Spain

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

[https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica\\_C&cid=1254736176918&menu=ultiDatos&idp=1254735976595](https://www.ine.es/dyngs/INEbase/es/operacion.htm?c=Estadistica_C&cid=1254736176918&menu=ultiDatos&idp=1254735976595).

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

Coverage:

- The data set for professionally active physicians, nurses and pharmacists has been updated with better estimates in 2010. In this way, all the series follow the methodological definition. Before the correction, some figures were in line with the definition of ‘economically active professionals’ whose values could include unemployed professionals.
- The number of professionally active physicians was obtained by calculating the number of physicians employed in the health sector as well as in remaining sectors of NACE rev.2 since 2009, and similarly with NACE Rev.1 and NACE Rev.1.1 before 2009. Thus, the ‘Professionally active’ data correspond to physicians regardless of NACE sector where they are working.
- 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).
- 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 equivalent 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 equivalent of ISCO-08 code 221 (medical doctors). Dentists are not included in the ‘professionally active’ figures since 2011.
- Data analysis over time should be carried out with caution. Data are obtained from a survey and fluctuations in the data can occur for a number of reasons, one of them being the sampling errors. These variations can lead to false assumptions about trends. We advise users of time series data to carefully explore the relevant issues before drawing any conclusions about the reasons for year-on-year changes.
- During the **first quarter of 2005** various changes have been introduced into the **Economically Active**

**Population Survey:**

1. New variables have been included in accordance with Eurostat (Statistical Office of the European Communities) requirements, set forth in Regulation 2257/2003.
  2. A centralised procedure has been implemented for the process of the telephone interviews.
  3. With the goal of further standardising the survey process, the questions of the questionnaire have been reformulated.
- In **2021** various changes have been introduced into the **Economically Active Population Survey:**
1. New variables have been included in accordance with Eurostat (Statistical Office of the European Communities) requirements, set forth in Regulation (EU) 2019/1700 of the European Parliament and of the Council of 10 October 2019.
  2. The data referring to CNO-11 codes at 4-digit level are available.
  3. The target population is extended to people aged 15 years and older.
  4. Introduction of the CAWI (web interviews) for second and subsequent interviews.

Deviation from the definition: Data include dentists until 2010.

Estimation method: In 2024, data series from 2020 onwards have been updated with Spanish population figures imported from Census 2021 and recalculated by using three-year moving averages in order to reduce the large year-to-year fluctuations in data derived from the LFS. In 2014, data series have been updated with Spanish population figures imported from Census 2011 and recalculated by using three-year moving averages in order to reduce the large year-to-year fluctuations in data derived from the LFS. The number reported in 1996 is an average of 1995-1997; the number for 2012 is an average of 2011-2013.

Break in time series: 2011.

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

## Sweden

Source of data: **National Board of Health and Welfare**, LOVA-register.

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

Coverage:

- In addition to the NACE-codes used to identify practicing physicians the NACE-codes are used to identify professionals:

75.1 - Public authorities.

80.3 - Higher education establishments.

- Physicians include all persons with a Swedish physician's license and native-trained pre-licensed physicians employed within the health-care sector and in the NACE-code areas above.

- Foreign-trained physicians without a Swedish license are not registered as physicians when undertaking clinical training as part of the licensing process. They are therefore not included in employment data.

- Full coverage for licensed practising physicians.

## Switzerland

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

Reference period: Data as of December 31.

Coverage: Full coverage, based on survey data.

Deviation from the definition:

Estimation method:

Break in time series:

- 1989: No clear explanation was found in the documents of the FMH.

- 2000: The time series starting 2000 also includes active physicians who are not members of the Swiss Medical Association.

- 2003: The time series starting in 2003 includes active physicians with EU citizenship residence in Switzerland whose diploma and postgraduate qualification have been officially recognised according to the bilateral agreements between Switzerland and the European Union.

## Türkiye

Source of data:

- From 2000 onwards: **General Directorate for Health Services, Ministry of Health.**

- Up to 1999: **Health Statistics Yearbook - Ministry of Health.**

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

Coverage:

- All sectors (Ministry of Health, University, Private and Other) are included.

- Others (other public establishments and local administrations) have been included since 2006. MoND-affiliated facilities have been included since 2012.

- Practitioners who are retired or work abroad are not included. However, practitioners acting as managers are included.

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

Data not available.

## United States

Source of data: **American Medical Association** (AMA)/Physician Characteristics and Distribution in the US, various editions. AMA Physician Masterfile unpublished data for 2014 and later. Used with the permission of AMA. <http://www.ama-assn.org/>.

Coverage:

- Head count data. These physicians are currently engaged in patient care or other professional activity for a minimum of 20 hours per week. Other professional activity includes administration, medical teaching, research, and other activities.

Included:

- Active medical doctors (M.D.).
- Residents and clinical fellows in medicine.

Excluded:

- Physicians who are retired, semiretired, working part-time, not practicing, or are classified as inactive.
- Dentists and stomatologists/dental surgeons.
- Physicians who hold a post/job under which medical education is not required.
- Unemployed physicians.
- Physicians working abroad.

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

Estimation method: Annual census.

## NON-OECD ECONOMIES

### Bulgaria

Source of data: **Bulgarian Medical Association**, Medical register.

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

Coverage: According to the national legislation all physicians who are professionally active in Bulgaria have to be included in the Medical Register at the Bulgarian Medical Association.

Deviation from the definition:

Estimation method:

Break in time series:

### Croatia

Data not available.

### Cyprus

Source of data:

**Statistical Service of Cyprus; Public Sector Administrative Sources and Cyprus Medical Association (CYMA) and Cyprus Medical Council (Ministry of Health).**

In order for a physician to be authorised to practice in Cyprus year he/she has to renew his/her registration with CYMA on an annual basis. In order for CYMA to issue the license to practise, the physician's qualifications (degree) have to be validated from the Cyprus Medical Council. Hence, the combination of data from these two registers provides almost complete coverage.

Annual survey on "Health and Hospital Statistics".

For the years 1985, 1987, 1995 and 2000 figures were obtained from the Census of Doctors, Dentists and Clinics.

Reference period: 31st of December of the reference year.

Coverage:

The data covers the Government Controlled Area of the Republic of Cyprus, both Public and Private Sectors. Complete coverage. The figures refer to practising physicians, as well as physicians fully activated at the administration of public hospitals.

Deviation from the definition:

Deviation up to 2013 due to the fact that maxillofacial surgeons were included.

From 2014 no deviation exists.

As regards the Public Sector, the number of physicians employed by the Government.

As regards the Private Sector, based on information obtained from the Pancyprian Medical Association, it has been assumed that none of the physicians of the Private Sector deals exclusively with research or administration; all of them provide services directly to patients.

Estimation method:

Actual data except for year 2009, when the number has been estimated according to the annual increase on the number of physicians in previous years.

Break in time series: A break in series occurs in 2014 due to the fact that the maxillofacial surgeons have been excluded from the number of physicians in order to be included in the number of dentists, according to the revised definitions. For previous years, the maxillofacial surgeons were included in the physicians.

## 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:

- From 1970 to 1998, data refer only to the public sector.
- From 1999, the data cover all physicians from public and private sector.
- Physicians (ISCO/COR 2221) are defined as the persons who have completed studies in medicine at the university level and who are licensed to practice. Physicians' tasks include: medical or surgical treatment for diagnosed illness of patients, conducting medical examination, making diagnosis, and giving treatment diagnosed illnesses, disorders, or injuries, establish curative and preventive medical measurement, relished reports and participate to scientific communication in medical field.
- The number of professionally active physicians include: physicians from health insurance field or that work in other institutions involved in the administration of the healthcare system (e.g., public health institutes),
- The number of professionally active physicians doesn't include: physicians who work in education field as teachers, medical students, unemployed physicians in health field, retired physicians that are not still working, physicians working abroad, physicians working in sales field even if they work in medical sales (ex. medical drugs).
- Until 2019, data includes oral and maxillofacial surgeons. Beginning with 2019, oral and maxillofacial surgeons were excluded from the number of practicing physicians.

Estimation method:

Break in the series:

- 1999.
- 2019 - Beginning with 2019, oral and maxillofacial surgeons were excluded from the number of practicing physicians.

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