

**DIRECTORATE FOR EMPLOYMENT, LABOUR AND SOCIAL AFFAIRS
HEALTH COMMITTEE**

OECD Health Data National Correspondents

**ASSESSMENT OF RESULTS OF JOINT QUESTIONNAIRE BETWEEN OECD, EUROSTAT AND
WHO (EUROPE) ON HEALTH WORKFORCE STATISTICS (WITH A FOCUS ON DOCTORS)**

OECD Conference Centre, 2 André Pascal, Paris 16th, France

To be held on 11-12 October 2012

Starting at 14:30 on the first day and ending at 17:00 on the second day

Contact: Gaëlle Balestat, Email: gaelle.balestat@oecd.org, Tel: +(33-1) 45 24 17 45

JT03326993

Complete document available on OLIS in its original format

This document and any map included herein are without prejudice to the status of or sovereignty over any territory, to the delimitation of international frontiers and boundaries and to the name of any territory, city or area.

NOTE BY THE SECRETARIAT

1. This paper reviews some of the results of the third round of the joint questionnaire between the OECD, Eurostat and WHO (European office) on non-monetary health care statistics, focussing on the data collection on doctors. The third round of the joint questionnaire was launched in mid-December 2011, and the countries submitted their data between end of February and April 2012. The data validation work was shared between the OECD, Eurostat and WHO-Europe, with each organisation taking the lead for a designated set of countries, and the two others providing additional support and comments where needed.

2. This paper assesses the progress that has been achieved in the availability and comparability of data focussing on the data collection on doctors. It reviews the availability and comparability of data based on the three concepts used in the joint questionnaire (practising, professionally active, licensed to practice), as well as by different categories of doctors following the slight amendments introduced in the 2012 joint questionnaire. The results from the 2012 joint data collection on doctors show that some countries have been able to fill previous data gaps for at least one of the three concepts, increasing further data availability for each concept. Progress has also been achieved by some countries in filling previous data gaps in the data collection related to different categories of doctors, and in improving the comparability of these data. Still, further progress would be desirable in at least three areas:

- Those countries that still have data gaps on the number of practising and professionally active doctors are encouraged to explore possible sources and methods to fill these gaps.
- Those countries which still allocate a large share of their doctors to the category “Medical doctors not further defined” are also encouraged to identify sources and methods to allocate them to the other more specific categories.
- Some countries may improve their data submission on “generalist medical practitioners” by distinguishing more clearly “general practitioners/family doctors” from “other generalist/non-specialist doctors”.

3. The three international organisations are not proposing any change to the data collection on doctors in 2013, with one specific exception. In response to the request from several countries, the three organisations propose to move “occupation medicine doctors” from “other specialists not elsewhere classified” to the “medical group of specialists”.

4. National correspondents are invited to:

- **COMMENT** on their experience with filling the 2012 joint questionnaire on doctors, in particular any issues they faced in allocating doctors by category;
- **COMMENT** more specifically on the prospects of filling any persisting data gaps in reporting data on practising and/or professionally active doctors, or to indicate whether it may be acceptable to use some agreed-upon method to fill key persisting data gaps.
- **AGREE** on the reallocation of “occupational medicine” to “medical group of specialists”.

TABLE OF CONTENTS

NOTE BY THE SECRETARIAT	2
INTRODUCTION	4
1. AVAILABILITY AND COMPARABILITY OF DATA ON TOTAL NUMBER OF PHYSICIANS BASED ON THE THREE CONCEPTS.....	4
2. AVAILABILITY AND COMPARABILITY OF DATA ON PHYSICIANS BY CATEGORIES.....	9
Annex A. Comparison of 2011 and 2012 data collections on physicians by categories	15
Annex B. Sources and methods for generalist medical practitioners (extracts from <i>OECD Health Data 2012</i>).....	18
Annex C. Sources and methods for “Medical doctors not further defined” (extracts from <i>OECD Health Data 2012</i>).....	22

Tables

Table 1. Comparing data on physicians practising, professionally active and licensed to practice	6
Table 2. Number of physicians per 1 000 population, OECD countries, 2000 to 2011	8
Table 3. Physicians by categories, as a percentage of the total number of physicians, 2010.....	12

Figures

Figure 1. Physicians by categories, as a percentage of the total number of physicians, 2010	13
Figure 2. Number of generalist medical practitioners per 1000 population, 2010.....	14

Boxes

Box 1: Definitions of physicians “practising”, “professionally active” and “licensed to practice”	5
Box 2: Definitions of categories of physicians in the 2012 joint questionnaire.....	10

INTRODUCTION

5. The joint questionnaire on non-monetary health care statistics between the OECD, Eurostat and WHO Regional Office for Europe, launched in 2010, includes a data collection on health workers, covering doctors, nurses, midwives and other health care providers. The purpose of the data collection is to provide a minimum dataset that can be used to compare the number of health care workers across countries and over time. This evaluation of the third round of the joint data collection which was carried out in 2012 focuses on doctors. It reviews in particular the results of the data collection following the amendments to some of the specifications regarding different categories of doctors that were implemented this year.

6. There are concerns in many OECD countries regarding both the overall number of doctors and the composition of the physician workforce (for instance, whether there are sufficient general practitioners to provide primary care for all the population outside hospital).

7. The questions “how many doctors are there in country X?” and “how many doctors are there in different specialties?” are simple in principle, but in practice they are often not easy to respond to at a national level, and it is even more difficult to get comparable responses to these questions at the international level. The response to each of these two questions will depend on which doctors are included/excluded overall and in different categories, and the use of different data sources will also often provide different numbers (with different degree of accuracy and reliability).

8. This evaluation of the results from the 2012 joint data collection reviews the availability and comparability of data on doctors in relation to:

1. The three concepts used to get some measure of the overall number of doctors (“practising”, “professionally active” and “licensed to practice”);
2. Different categories of doctors (general practitioners and the other categories collected in the joint questionnaire).

1. AVAILABILITY AND COMPARABILITY OF DATA ON TOTAL NUMBER OF PHYSICIANS BASED ON THE THREE CONCEPTS

9. The data collection for doctors (as well as for nurses and other categories of health professionals) in the joint questionnaire is structured around three concepts: “practising”, “professionally active” and “licensed to practice”. The definitions of these three concepts are noted in Box 1.

Box 1: Definitions of physicians “practising”, “professionally active” and “licensed to practice”

Practising physicians	Professionally active physicians	Physicians licensed to practice
Practising physicians provide services directly to patients.	Professionally active physicians include practising physicians and other physicians for whom their medical education is a prerequisite for the execution of the job.	Physicians licensed to practice include practising and other (non-practising) physicians who are registered and entitled to practice as health care professionals.
<u>Inclusion</u> <ul style="list-style-type: none"> - Persons who have completed studies in medicine at university level (granted by adequate diploma) and who are licensed to practice - Interns and resident physicians (with adequate diploma and providing services under supervision of other medical doctors during their postgraduate internship or residency in a health care facility) - Salaried and self-employed physicians delivering services irrespectively of the place of service provision - Foreign physicians licensed to practice and actively practising in the country 	<u>Inclusion</u> <ul style="list-style-type: none"> - Physicians who provide services directly to 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 	<u>Inclusion</u> <ul style="list-style-type: none"> - Physicians who provide services directly to patients - Physicians for whom their medical education is a prerequisite for the execution of the job - Physicians for whom their medical education is NOT a prerequisite for the execution of the job - Physicians licensed to practice but who due to various reasons are not economically active (e.g. unemployed or retired) - Physicians working abroad
<u>Exclusion</u> <ul style="list-style-type: none"> - Students who have not yet graduated - Dentists and stomatologists / dental surgeons - Physicians working in administration, research and in other posts that exclude direct contact with patients - Unemployed physicians and retired physicians - Physicians working abroad 	<u>Exclusion</u> <ul style="list-style-type: none"> - Dentists and stomatologists/dental surgeons - Physicians who hold a post / job under which medical education is not required - Unemployed physicians and retired physicians - Physician working abroad 	<u>Exclusion</u> <ul style="list-style-type: none"> - Dentists and stomatologists/dental surgeons

10. Table 1 shows that all 34 OECD countries were able to report data on the number of doctors for at least one of these three concepts: 27 countries reported the number of practising physicians, 24 the number of professionally active physicians, and 23 the number of all physicians licensed to practice. Among the 7 countries that did not provide data for practising physicians, 5 reported at least the number of professionally active. The remaining 2 countries (Chile and Portugal) provided only the number of physicians licensed to practice. 14 countries were able to report the data according to the three concepts.

11. Table 1 highlights in bold the progress that has been achieved in many countries in filling data gaps for these three concepts between the first wave of the joint data collection in 2010 and the third wave in 2012: 8 countries have been able to fill previous data gaps over this two-year period, either by using new data sources or some estimation methods to provide reasonable estimates. France provides the example of a country that has been able to report for the first time in 2012 the number of practising physicians, using data which has become available following the launch of a new directory of health professionals (*Répertoire Partagé des Professions de Santé*) providing more detail on physician activities. Luxembourg and Sweden have also been able to report for the first time in 2012 data for professionally active physicians, and are now among the group of countries that are providing data for the three concepts.

Table 1. Comparing data on physicians practising, professionally active and licensed to practice

		Total Physicians per 1 000 population			Comparison Difference in %		
		P	PA	LP	PA/P	LP/P	LP/PA
Australia	2009	3.08	3.31	3.78	7%	23%	14%
Austria	2010	4.78					
Belgium	2010	2.92		4.87		67%	
Canada	2010		2.37	2.54			7%
Chile	2010			1.43			
Czech Rep.	2010	3.58					
Denmark	2009	3.48	3.72	5.40	7%	55%	45%
Estonia	2010	3.24		4.29		32%	
Finland	2008	2.72	3.07	4.36	13%	60%	42%
France	2011	3.06	3.31		8%		
Germany	2010	3.73	4.08	5.37	9%	44%	32%
Greece	2010		6.13				
Hungary	2010	2.87		4.85		69%	
Iceland	2010	3.60	3.60	6.75	0%	88%	88%
Ireland	2010		3.13	4.21			35%
Israel	2009	3.45	3.45	4.44	0%	29%	29%
Italy	2009	3.68	4.10	6.10	11%	66%	49%
Japan	2010	2.23	2.30		3%		
Korea	2010	1.99		2.44		23%	
Luxembourg	2010	2.77	3.11	4.25	12%	53%	37%
Mexico	2010	2.03					
Netherlands	2009		2.92	3.75			28%
New Zealand	2010	2.61	2.63	3.07	1%	18%	17%
Norway	2010	4.07	4.83	5.59	19%	37%	16%
Poland	2010	2.18	2.38	3.52	9%	61%	48%
Portugal	2010			3.82			
Slovak Rep.	2007	3.00	3.15		5%		
Slovenia	2010	2.43	2.51		3%		
Spain	2010	3.78	4.05	4.85	7%	28%	20%
Sweden	2009	3.80	3.99	5.92	5%	56%	48%
Switzerland	2010	3.81	3.87		2%		
Turkey	2010		1.69				
UK	2010	2.71					
USA	2010	2.44	2.57	3.19	5%	31%	24%
Average		3.11	3.34	4.30	7%	47%	34%

P: Practising physicians. PA: Professionally active physicians. LP: Physicians licensed to practice.

Note: Data in bold signal gaps that have been filled between the 2010 and 2012 data collection.

Source: OECD Health Data 2012.

12. Among the group of countries that are reporting data for more than one concept, Table 1 shows that the number of professionally active physicians is higher than the number of practising physicians by 7% on average across OECD countries. This ranges from no or very little difference in Iceland, Israel, New Zealand and Switzerland, to a difference of 19% in Norway. This large gap in Norway may be explained by the fact that professionally active physicians include not only those working in the health sector but also

those working in other sectors in jobs which may not require a medical education (hence it is closer to a broader definition of “economically active”). The gap is also quite large in Finland (13%). In Finland, physicians with teaching or research as their main employment activity are excluded from practising physicians, even though they may be practising (i.e., providing care to patients) on a part-time basis.

13. As expected, the number of physicians licensed to practice exceeds by a greater margin the number of practising physicians, by nearly 50% on average in OECD countries. This varies from a difference of 20-25% in Australia, Korea and New Zealand to over 60% in Belgium, Hungary, Iceland, Italy and Poland. In Belgium, the difference can be explained partly by the fact that the data for practising general practitioners are based on some minimum volume of activities, thereby reducing significantly the total number of practising doctors (by about 35-40%). In some countries (e.g., Israel and Italy), the use of different sources may explain the large variations between the concepts.

14. Three issues remain regarding the data collection on physicians based on these three concepts:

1. As has just been noted, in some countries, the use of different data sources for the three series reduces data consistency. This is especially the case when one of the series is based on a source that provides fluctuating data from year-to-year (e.g., in Israel, the use of the Labour Force Survey provides fluctuating data on practising physicians, while the data on professionally active physicians is based on a more stable physician registry).
2. In several countries, there are one or several breaks in the time series, which make it difficult (if not impossible) for data users to do trend analysis. Table 2 shows that while over 20 countries have provided series for doctors which do not include any break over the period 2000-2010 (or 2011), the data for 9 countries include at least one break. While breaks in series may occur with the use of new and better data sources or estimation methods, they limit seriously the usefulness of the time series. The guidelines for the joint data collection suggest a number of methodological approaches that countries might use to overcome breaks in time series. National correspondents are strongly encouraged to revise the time series at least back to 2000 in those countries where there are breaks in recent years.
3. Although progress has been achieved by several countries in filling data gaps on these three concepts, there remain data gaps for some countries which limit the possibility to compare the data based on each concept. It is important to fill the remaining gaps, in particular for the key concept of “practising” physicians. Two approaches may be considered to fill the remaining data gaps: i) the first (and preferred) option would be for those countries with persisting gaps to look for other potential data sources or estimation methods that would allow them to submit data on practising physicians, as some countries have been able to do in recent years; ii) the second option would be for the international organisations, with the agreement of countries, to use some estimation methods to fill persisting data gaps for this key concept. For example, data gaps on practising physicians in those countries which report professionally active physicians may be filled by applying the average difference between the number of practising physicians and professionally active across all countries that are reporting both (a 7% difference according to Table 1).

15. Countries that have persisting data gaps on practising physicians are invited to share any information on whether they have any plans to be able to fill these gaps in the coming years (through the use of new data sources or estimation methods), or to indicate whether it may be acceptable to them to use some agreed-upon estimation method to fill some of the key gaps.

Table 2. Number of physicians per 1 000 population, OECD countries, 2000 to 2011

		2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011
Australia	P	2.5	2.5	2.5	2.6	2.7	2.8	2.8	3.0	3.0	3.1	..	..
Austria	P	3.9	4.0	4.0	4.1	4.2	4.3	4.5	4.5	4.6	4.7	4.8	..
Belgium	P	2.8	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	2.9	..
Canada	PA	2.1	2.1	2.1	2.1	2.1	2.2	2.2	2.2	2.3	2.3	2.4	..
Chile	LP	..	..	..	..	..	..	..	..	..	..	1.4	1.6
Czech Republic	P	3.4 b	3.4	3.5	3.5	3.5	3.6	3.6	3.6	3.5	3.6	3.6	..
Denmark	P	2.9	2.9	3.0	3.1	3.2	3.3	3.4	3.4	3.4	3.5	..	..
Estonia	P	3.3	3.2	3.1	3.2	3.2	3.2 b	3.2	3.3	3.3	3.3	3.2	..
Finland	PA	2.9	2.9	2.9	2.9	3.0	3.0	3.0	3.0	3.1	3.1	3.3 b,e	..
France	PA	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3	3.3 b	3.3	3.3 b
Germany	P	3.3	3.3	3.3	3.4	3.4	3.4	3.5	3.5	3.6	3.6	3.7	..
Greece	PA	4.3	4.4	4.6	4.7	4.9	5.0	5.4	5.6	6.0	6.1	6.1	..
Hungary	P	2.7 b,e	2.9	3.2 b	3.3	3.3	2.8 b	3.0	2.8 b	3.1 b	3.0	2.9	..
Iceland	P	3.4	3.5	3.6	3.6	3.6	3.6 b	3.6	3.6	3.6	3.7	3.6	3.6
Ireland	PA	..	..	..	..	..	..	2.7 e	2.8 e	2.9 e	3.1 e	3.1 e	3.4 e
Israel	P	3.4	3.1	3.3	3.4	3.4	3.3	3.0	3.4	3.4	3.5	3.5	3.0
Italy	PA	4.2	4.4	4.4	4.1	4.2	3.8	3.7	3.8	4.1	4.1	3.9	..
Japan	P	1.9	..	2.0	..	2.0	..	2.1	..	2.2	..	2.2	..
Korea	P	1.3	1.4	1.5	1.6	1.6	1.6	1.7	1.7	1.9	1.9	2.0	2.0
Luxembourg	P	2.2 b	2.2	2.3	2.4	2.4	2.6	2.6	2.7	2.7	2.7	2.8	3.0
Mexico	P	1.6	1.5	1.5	1.6	1.7	1.8	1.9	2.0	2.0	2.1	2.0	..
Netherlands	PA	2.4	2.5	2.6	2.6	2.7	2.7	2.8	2.8	2.9	2.9	..	..
New Zealand	P	2.2	2.2	2.1	2.2	2.2	2.1	2.3	2.3	2.5	2.6	2.6	..
Norway	P	3.4	3.5	3.3 b	3.3	3.4	3.6	3.8	3.9	4.0	4.0	4.1	..
Poland	P	2.2	2.3	2.3	2.4 b	2.3 b	2.1 b	2.2	2.2	2.2	2.2	2.2	..
Portugal	LP	3.1	3.2	3.2	3.2	3.3	3.4	3.4	3.5	3.6	3.7	3.8	..
Slovak Republic	PA	3.4	3.4	3.3	3.3	3.3	3.0 b	3.2	3.2 b	3.4	3.3	3.3	..
Slovenia	P	2.2	2.2	2.2	2.3	2.3	2.4	2.4	2.4	2.4	2.4	2.4	..
Spain	P	3.3	3.1	3.0	3.3	3.4	3.8 b	3.6	3.7	3.5	3.5	3.8	4.1
Sweden	P	3.1	3.2	3.3	3.4	3.4	3.5	3.6	3.7	3.7	3.8	..	..
Switzerland	PA	3.5 b	3.5	3.6	3.7 b	3.8	3.8	3.9	3.9	3.9	3.9	3.9	..
Turkey	PA	1.3	1.3	1.3	1.4	1.3	1.3	1.5	1.6	1.6	1.7	1.7	..
United Kingdom	P	2.0	2.0	2.1	2.2	2.3	2.4	2.5	2.5	2.6	2.7	2.7	2.8 e
United States	P	2.3	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	2.4	..

P: Practising physicians. PA: Professionally active physicians. LP: Physicians licensed to practice.

b: Break in time series. e: Estimate.

Source: OECD Health Data 2012.

2. AVAILABILITY AND COMPARABILITY OF DATA ON PHYSICIANS BY CATEGORIES

16. The data collection on different categories of doctors is important to analyse the composition of the physician workforce in different countries and over time, but it is difficult because there is no international standard classification of medical professions/specialties. The data collection in the joint questionnaire is based as much as possible on the International Standard Classification of Occupations (ISCO-08), developed and maintained by the International Labour Office (ILO), which includes all occupations in the economy but with a limited degree of specifications for each occupation. ISCO-08 includes only two broad categories of doctors - General Medical Practitioners (code 2211) and Specialist Medical Practitioners (code 2212) – as well as a third category (Medical doctors not further defined, code 2210) which, according to ILO recommendations, should be used only as a last recourse if no information is available to allocate doctors in one of the two broad categories.

17. The 2012 joint questionnaire included some amendments to the data collection on physicians by categories with the aim to make it more consistent with the ISCO-08 classification while adding further specifications. Three changes were made:

- 1) A split between “general practitioners” (or family doctors) and “other generalist (non specialist) medical practitioners” has been introduced under the broad category “General Medical Practitioners” to distinguish more clearly the number of “general practitioners” (“family doctors”) from other generalists/non-specialists where possible;
- 2) A new sub-category “Other specialists not elsewhere classified” has been included under “Specialist Medical Practitioners” to make the joint data collection more consistent with ISCO-08 by narrowing down the last category of “Medical doctors not further defined”;
- 3) The definition of the last category “Medical doctors not further defined” has been narrowed down by the creation of the two new subcategories on “other generalists” under “General Medical Practitioners” and “other specialists” under “Specialist Medical Practitioners”; it should only be used now if some doctors cannot be classified in the other more specific categories.

18. The common module now includes three broad categories of doctors (corresponding to the three broad categories in ISCO-08), along with two subcategories under “General Medical Practitioners” and six subcategories under “Specialist Medical Practitioners” as described below. Box 2 provides key excerpts of the definitions used to distinguish doctors for these categories/subcategories.

- Generalist medical practitioners (ISCO-08 code: 2211)
 - General practitioners
 - Other generalist (non-specialist) medical practitioners
- Specialist medical practitioners (ISCO-08 code: 2212)
 - General paediatricians
 - Obstetricians and gynaecologists
 - Psychiatrists
 - Medical group of specialists
 - Surgical group of specialists
 - Other specialists not elsewhere classified
- Medical doctors not further defined (ISCO-08 code: 2210)

Box 2: Definitions of categories of physicians in the 2012 joint questionnaire

1) Generalist medical practitioners (ISCO-08 code: 2211) do not limit their practice to certain disease categories or methods of treatment, and may assume responsibility for the provision of continuing and comprehensive medical care to individuals, families and communities.

1a) General practitioners (or “family doctors”) assume responsibility for the provision of continuing and comprehensive medical care to individuals, families and communities.

Inclusion: General practitioners, District medical doctors – therapists, Family medical practitioners (“family doctors”), Medical interns or residents specialising in general practice

Exclusion: Paediatricians, Other generalist (non-specialist) medical practitioners

Note: Although in some countries ‘general practice’ and ‘family medicine’ may be considered as medical specialisations, these occupations should always be classified here.

1b) Other generalist medical practitioners do not limit their practice to certain disease categories or methods of treatment.

Inclusion: Generalist/non-specialist practitioners working in hospital or in other settings, Medical interns or residents without any area of specialisation yet

Exclusion: General practitioners (“family doctors”), Paediatricians

2) Specialist medical practitioners (ISCO-08 code: 2212) diagnose, treat and prevent illness, disease, injury, and other physical and mental impairments in humans, using specialised testing, diagnostic, medical, surgical, physical and psychiatric techniques, through application of the principles and procedures of modern medicine. They specialise in certain disease categories, types of patient or methods of treatment and may conduct medical education and research in their chosen areas of specialisation.

Note: Medical interns and residents training as specialist practitioners (except general practice) are included here. Although in some countries ‘stomatology’ may be considered as a medical specialisation, stomatologists should be included in dentists.

2a) Paediatricians deal with the development, care, and diseases of children.

Inclusion: Medical interns or residents specialising in paediatrics

Exclusion: Paediatric specialties (e.g. child psychiatry, child/paediatric surgery, child/paediatric gynaecology, paediatric cardiology, paediatric oncology, etc.)

2b) Obstetricians specialise in pregnancy and childbirth. **Gynaecologists** are concerned with the functions and diseases specific to women and girls, especially those affecting the reproductive system.

Inclusion: Child/paediatric gynaecology, Reproduction medicine, Genetics, Medical interns or residents specialising in obstetrics and gynaecology

2c) Psychiatrists are medical doctors who specialise in the prevention, diagnosis and treatment of mental illness. They have post-graduate training in psychiatry and may also have additional training in a psychiatric specialty.

Inclusion: Psychiatry, Neuropsychiatry, Adult and geronto-psychiatry, Child psychiatry, Psychiatry - addictive disorders / diseases, Social psychiatry, Psychiatric rehabilitation, Medical interns or residents training in these psychiatric specialties

Exclusion: Psychologists

2d) Medical specialists are doctors who specialise in the diagnosis and non-surgical treatment of physical disorders and diseases.

Inclusion: Internal medicine, Cardiology, Endocrinology, Gastroenterology, Pulmonology, Respiratory medicine, Oncology, Gynaecologic oncology, Immunology, Rheumatology, Neurology, Oto-rhino-laryngology, Radiology, Infectious diseases, Microbiology-bacteriology, Haematology, Dermatology, Pathology, Medical interns or residents training in these specialties

2e) Surgical specialists are doctors who specialise in the use of surgical techniques to treat disorders and diseases.

Inclusion: General surgery, Neurological surgery, Plastic surgery, Orthopaedics, Ophthalmology, Urology, Other types of surgery, Anaesthesiology, Intensive care, Accident and emergency medicine, Medical interns or residents training in these specialties

Exclusion: Dental surgery, Oral and maxillofacial surgery

2f) Other specialists not elsewhere classified

Inclusion: Occupational medicine, Community medicine (including hygiene, epidemiology and assessment medicine), Other specialists not elsewhere classified, Medical interns or residents training in these other specialties

3) Medical doctors not further defined (ISCO-08 code: 2210)

Inclusion: Medical practitioners who cannot be classified in the other categories, Medical interns or residents who cannot be classified in the other categories

19. In 2012, almost all OECD countries have completed the table on physicians by categories for at least one year. Japan is the only country which cannot distinguish any generalist from specialists, because all generalists hold one or more specialties. Spain has been able for the first time to report data by categories of physicians, although data on specialists cover only those working in hospital.

20. Table 3 summarises the results of the 2012 data collection for year 2010 (or the latest year available). While in most countries the sum of the different categories adds up perfectly to the total, the data still do not add up for 5 countries. In most of these countries (Austria, Portugal, and Scotland in the United Kingdom), this is not a new problem and reflects a certain amount of double-counting of physicians who have more than one specialty. To avoid such double-counting, the guidelines for the joint questionnaire propose to use one of the following two criteria to report each doctor once only: 1) their predominant (main) area of practice; or 2) the last specialty for which they have received registration. In Spain, there is a large under-reporting of different specialist medical practitioners because the data currently available only cover those working in hospital, as already noted.

21. Nearly half of OECD countries have been able to provide data for the new breakdown between general practitioners (family doctors) and other generalists/non-specialists under the broader “Generalist medical practitioners” category. In many countries, this has involved distinguishing more clearly general practitioners (family doctors) responsible for providing continuous care to individuals/families from other generalists/non-specialists working in hospital or other settings. In some countries (e.g., Germany, Ireland, Norway and Poland), the revision has involved reallocating some doctors who were previously reported in the last category “Medical doctors not further defined” to the new subcategory “other generalists/non-specialists” under “Generalist Medical Practitioners”. This re-allocation has helped to reduce the number of doctors previously unallocated to the “not further defined” category and increase the number of generalists in these countries. In some other countries, the number of other generalists/non-specialists reported is 0, indicating that all “generalist medical practitioners” are general practitioners (family doctors).

22. However, in several countries (Belgium, Canada, Chile, France, Iceland, Mexico, Sweden and the United States), the same figure has been reported in the broad category “Generalist medical practitioners” and more specific subcategory “General practitioners”, leaving the new category “Other generalist (non-specialist) medical practitioners” empty. This gap may be interpreted in two ways: 1) there are no other generalists/non-specialists in the country, so the figure should be 0 (as Spain and Luxembourg have done); or 2) it is not possible for them to clearly distinguish “General practitioners” from “other generalists/non-specialists”, although in these countries most “Generalist medical practitioners” are considered to be “General practitioners”. This latter situation reflects the case for France, as noted in the *Sources and Methods* (see Annex B). To reflect this over-estimation in the number of “General practitioners”, the data for France has been reported with a “d” code. The current ambiguity for other countries will need to be clarified in the next round of data collection in 2013.

23. In 2012, some countries (e.g., Finland, Turkey and the United Kingdom) have also re-allocated some of the specialist practitioners from the last category of “Medical doctors not further defined” to either some of the well-defined subcategories under “Specialist medical practitioners” or the new subcategory of “Other specialists not elsewhere classified”, thereby reducing the number of doctors allocated in the last category.

24. As expected, one of the main results of the new data collection specifications has been to reduce substantially the number of doctors reported in the last category of “Medical doctors not further defined” in those countries that have revised their data submission. Still, the share of doctors reported in this last category continues to be high in certain countries. In some countries, this reflects the fact that the data submission has not been revised yet (e.g., Denmark, Greece, Hungary). In other countries (Austria,

Finland, New Zealand, Sweden and Switzerland), this is mainly related to the fact that there is missing information concerning the areas of specialisation of interns and residents (physicians in training), so they are all allocated to the category “Medical doctors not further defined” (see Annex C).

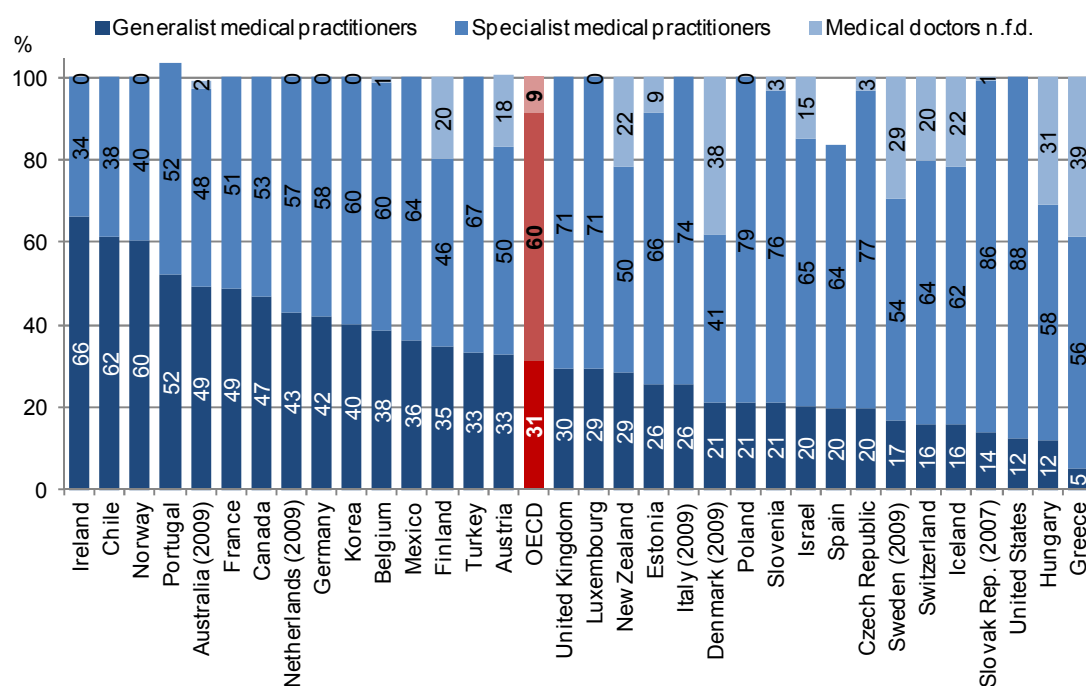
Table 3. Physicians by categories, as a percentage of the total number of physicians, 2010

		Generalist medical practitioners			Specialist medical practitioners							Medical doctors n.f.d.	Sum
		Total	GPs	Other generalists	Total	General paediatricians	Obstetricians, gynaeco	Psychiatrists	Medical specialists	Surgical specialists	Other specialists		
Australia (2009)	P	49.4	38.0	11.4	48.1	2.7	3.0	5.0	17.3	20.0	..	2.0	99.4
Austria	P	33.0	16.2	16.7	50.1	3.1	4.1	3.1	20.4	18.5	1.0	17.6	100.7
Belgium	P	38.4	38.4	..	60.2	4.2	4.2	6.1	27.1	18.6	..	1.4	100.0
Canada	PA	47.0	47.0	..	53.0	3.7	3.0	6.5	23.0	15.2	1.5	..	100.0
Chile	LP	61.6	61.6	..	38.4	5.1	4.4	1.5	12.3	14.2	0.9	..	100.0
Czech Republic	P	19.6	..	..	77.1	3.4	7.0	3.9	39.3	23.6	..	3.3	100.0
Denmark (2009)	P	21.0	..	..	41.1	1.9	2.7	4.9	16.6	15.0	..	37.9	100.0
Estonia	P	25.7	22.8	3.0	65.5	3.9	5.9	4.2	25.3	21.8	4.5	8.7	100.0
Finland	PA	34.5	..	..	46.0	3.4	3.1	6.2	18.3	13.2	1.8	19.5	100.0
France	PA	48.7	48.7	..	51.3	3.4	3.7	6.5	20.4	13.2	4.0	..	100.0
Germany	P	42.0	17.7	24.3	58.0	3.8	5.2	5.4	22.1	20.4	1.2	0.0	100.0
Greece	PA	4.9	..	..	56.5	4.7	4.0	2.6	29.2	15.9	0.0	38.7	100.0
Hungary	P	11.7	..	..	57.6	9.3	4.3	3.7	27.3	13.0	..	30.8	100.0
Iceland	P	15.8	15.8	..	62.5	1.4	3.1	6.2	30.9	19.8	1.1	21.7	100.0
Ireland	LP	66.3	13.5	52.8	33.7	1.4	1.1	3.5	11.2	7.9	1.2	0.0	100.0
Israel	PA	20.3	7.6	12.7	65.0	9.3	5.6	5.1	26.1	16.7	2.1	14.6	100.0
Italy (2009)	P	25.7	20.9	4.8	74.3	3.5	5.6	4.8	32.9	22.6	4.9	..	100.0
Japan	P	..	..	..	..	5.6	3.6	5.0	..	..	..	..	..
Korea	P	40.1	22.4	17.8	59.9	4.7	5.3	2.7	20.6	22.8	3.8	0.0	100.0
Luxembourg	P	29.5	29.5	0.0	70.6	5.9	5.4	7.1	29.9	22.0	0.3	0.0	100.0
Mexico	P	36.2	36.2	..	63.8	7.3	7.9	0.5	32.6	6.9	8.6	..	100.0
Netherlands (2009)	PA	43.1	24.5	18.6	56.9	3.0	2.6	6.8	20.0	11.6	13.0	0.0	100.0
New Zealand	P	28.6	..	..	49.5	3.5	2.8	5.4	20.4	17.5	..	21.9	100.0
Norway	P	60.5	20.3	40.2	39.5	3.4	2.7	5.4	14.5	11.9	1.6	0.0	100.0
Poland	P	21.0	9.5	11.5	79.0	5.7	6.2	3.6	39.5	22.1	1.9	0.0	100.0
Portugal	LP	52.1	13.0	39.1	51.5	3.9	3.8	2.7	20.8	15.4	4.9	..	103.6
Slovak Rep. (2007)	P	13.8	..	..	85.5	6.8	6.9	3.8	44.3	23.8	..	0.7	100.0
Slovenia	P	21.0	18.0	2.9	75.8	9.8	6.6	4.3	30.3	19.8	4.9	3.3	100.0
Spain	P	19.9	19.9	0.0	63.6	3.6	2.7	2.1	15.8	18.2	21.2	..	83.5
Sweden (2009)	P	16.6	16.6	..	53.9	2.7	3.9	5.6	21.7	16.2	3.7	29.5	100.0
Switzerland	P	15.9	..	..	64.0	4.4	4.5	11.3	26.7	17.1	..	20.0	100.0
Turkey	PA	33.3	..	..	66.7	5.2	5.4	2.2	27.5	22.7	3.8	..	100.0
United Kingdom	P	29.6	..	..	70.8	5.5	4.3	7.1	23.1	26.9	4.0	..	100.4
United States	P	12.3	12.3	..	87.7	9.6	5.5	5.8	28.2	15.7	22.9	..	100.0

Source: OECD Health Data 2012.

25. Figure 1 shows in a visual way the share of doctors in each of the three broad categories that are used for the data collection following the changes implemented in the 2012 data collection. The share of “generalist medical practitioners” varies a lot across countries, from a low of 5% in Greece and 12% in Hungary and the United States, to a high of over 50% in Ireland, Chile, Norway and Portugal (although there is some double-counting in Portugal). In Greece and Hungary, a large share of doctors is not allocated to the two main broad categories and is therefore undefined. In the United States (and probably also in other countries), general internal medicine doctors are categorised under the “medical group of specialists” although their practice can be very similar to that of general practitioners, explaining at least partly why the share of “generalist medical practitioners” is very low.

Figure 1. Physicians by categories, as a percentage of the total number of physicians, 2010



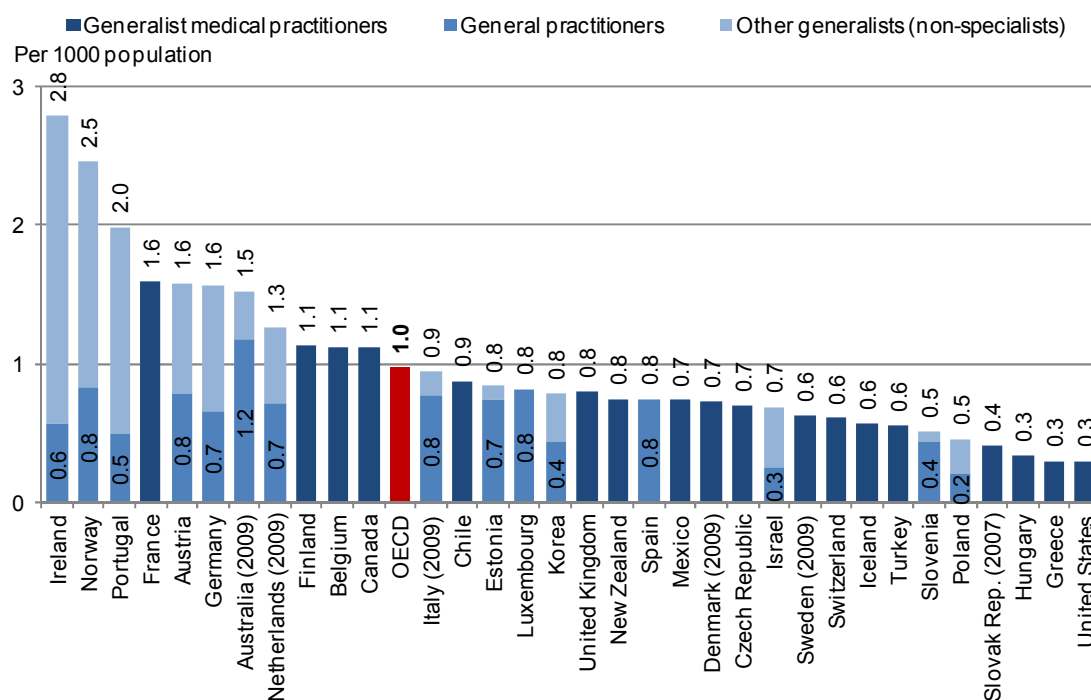
Source: OECD Health Data 2012.

26. Figure 2 shows the more detailed breakdown of “general medical practitioners” between “general practitioners” (family doctors) and “other generalists/non-specialists” on a per capita basis, in those 15 countries that have provided this breakdown. (Other countries are also included, but without the breakdown). The composition of “general medical practitioners” varies a lot. In those countries which report the highest number of “general medical practitioners” per capita (e.g., Ireland, Norway and Portugal), most of these practitioners are “other generalists/non-specialists”, and only a minority are “general practitioners” (family doctors).

27. It is interesting to note that there is less variation across countries in the number of GPs per capita across the 15 countries that have provided the breakdown between “General practitioners” and “Other generalist (non-specialist) medical practitioners” than for the broader category of all “Generalist medical practitioners”. The number of GPs per 1 000 population in many of these countries is between 0.5 and 1. The highest number is 1.2 GP per 1000 population in Australia, and the lowest is 0.2 in Poland.

28. It would be useful for other countries to also distinguish “General practitioners” from “Other generalists” to the extent possible in the next round of the joint data collection.

Figure 2. Number of generalist medical practitioners per 1000 population, 2010



Source: OECD Health Data 2012.

29. Annex A provides further detail on the revisions that countries have made to their data submissions following the changes in the data collection specifications by categories of physicians in 2012.

Medical specialists: The case of occupational medicine

30. Many countries have expressed a preference to reallocate “occupational medicine doctors” from the category “other specialists not elsewhere classified” to the category “medical group of specialists”. While the number of occupational medicine doctors tends to be relatively small in most countries, this reallocation would have the advantage of narrowing further the number of medical specialists to be reported in the “other specialists n.e.c.”. The three international organisations support this reallocation.

Annex A. Comparison of 2011 and 2012 data collections on physicians by categories

		Data collection 2011			Data collection 2012				
		General practice	Sum of specialties	Other cat. n.e.c.	Generalist medical practitioners			Specialist med. pract.	Med. doctors n.f.d.
					Total	GPs	Other gen.		
Australia	2007	31533	29836	1283	31533	..	..	29836	1283
	2008	31931	30675	1511	31931	..	..	30675	1511
	2009	..	..	..	33384	25707	7677	32487	1328
Austria	2007	12725	18241	6885	12725	6351	6374	18658	6468
	2008	12735	18624	7153	12735	6389	6346	19031	6746
	2009	12979	19093	7330	12979	6481	6498	19498	6925
	2010	13198	19662	7444	13219	6507	6712	20103	7059
Belgium	2007	12336	18059	473	12336	12336	..	18059	473
	2008	12273	18566	442	12273	12273	..	18566	442
	2009	12286	18852	440	12286	12286	..	18852	440
	2010	..	..	..	12228	12228	..	19153	434
Canada	2007	34761	37092	1050	34761	34761	..	38142	..
	2008	35957	38120	1078	35957	35957	..	39198	..
	2009	37232	40239	1152	37232	37232	..	41391	..
	2010	..	..	..	38032	38032	..	42863	..
Chile	2007	1371	9689	10722	..	..	..	..	..
	2008	1081	10132	11034	..	..	..	..	..
	2009	1094	10510	11146	..	..	..	..	..
	2010	..	..	..	15066	15066	..	9389	..
	2011	..	..	..	14873	14873	..	12450	..
Czech Rep.	2007	7320	..	..	7320	..	..	..	..
	2008	7332	28360	1229	7332	..	..	28360	1229
	2009	7366	28724	1261	7366	..	..	28724	1261
	2010	..	..	..	7369	..	..	29045	1247
Denmark	2007	3759	7483	7335	3759	..	..	7483	7335
	2008	3685	7579	7561	3685	..	..	7579	7561
	2009	..	..	..	4047	..	..	7900	7285
Estonia	2007	1142	2683	545	1142	940	202	2866	362
	2008	1147	2724	598	1147	960	187	2924	398
	2009	1101	2686	591	1101	956	145	2881	396
	2010	..	..	..	1116	987	129	2842	378
Finland	2007	5351	7446	3282	5351	..	..	7683	3045
	2008	5455	7530	3302	5455	..	..	7775	3057
	2009	5453	7661	3373	5453	..	..	7913	3121
	2010	..	..	..	6045	..	..	8055	3420
France	2007	103914	99326	8282	103914	103914	..	107608	..
	2008	104225	99866	8387	104225	104225	..	108254	..
	2009	103349	98888	8486	103349	103349	..	107374	..
	2010	103262	100340	8530	103262	103262	..	108870	..
	2011	..	..	..	101896	101896	..	113635	..
Germany	2007	54348	163116	70718	121565	54348	67217	166617	0
	2008	53719	165529	72881	123068	53719	69349	169061	0
	2009	53549	169399	74887	124837	53549	71288	172998	0
	2010	..	..	..	128090	53876	74214	177003	0
Greece	2007	3499	36805	21903	3499	..	..	36805	21903
	2008	3057	37902	26836	3057	..	..	37902	26836
	2009	3124	38755	27151	3124	..	..	38755	27151
	2010	..	..	..	3391	..	..	39101	26773
Hungary	2007	..	..	..	..	..	..	..	..
	2008	..	..	..	..	..	..	..	..

DELSA/HEA/HD(2012)2

		Data collection 2011			Data collection 2012				
		General practice	Sum of specialties	Other cat. n.e.c.	Generalist medical practitioners			Specialist med. pract.	Med. doctors n.f.d.
					Total	GPs	Other gen.		
	2009	3543	18846	7887	3543	..	..	18846	7887
	2010	..	..	..	3353	..	..	16513	8820
Iceland	2007	188	697	242	188	188	..	708	231
	2008	187	712	259	186	186	..	724	248
	2009	186	717	264	185	185	..	728	254
	2010	182	703	261	181	181	..	716	249
	2011	..	..	..	184	184	..	698	239
Ireland	2007	2317	3237	11318	13726	2317	11409	3134	0
	2008	2341	3737	11663	14446	2341	12105	3281	0
	2009	2449	4199	11520	12150	2449	9701	6003	0
	2010	2534	4718	11586	12475	2534	9941	6346	0
	2011	..	..	..	12479	3309	9170	6316	0
Israel	2007	5150	15683	4492	5150	1763	3387	16221	3954
	2008	5197	15881	4478	5197	1828	3369	16431	3928
	2009	5258	16064	4534	5258	1893	3365	16631	3967
	2010	5288	16346	4369	5288	1975	3313	16906	3804
	2011	..	..	..	5305	2044	3261	17468	3308
Italy	2007	46961	..	..	..	46961	..	..	..
	2008	46510	..	..	..	46510	..	..	..
	2009	46051	153514	3301	56789	46209	10580	164446	..
	2010	..	..	..	..	45878	..	..	..
Korea	2007	34854	47657	1953	33901	19741	14160	50563	0
	2008	37900	50540	2092	36774	20556	16218	53758	0
	2009	39683	52755	2234	38424	21509	16915	56248	0
	2010	..	..	..	39435	21987	17448	58858	0
	2011	..	..	..	39982	22296	17686	61388	0
Luxembourg	2007	392	872	29	392	392	0	901	0
	2008	397	903	31	397	397	0	931	0
	2009	395	923	32	395	395	0	954	0
	2010	..	..	..	414	414	0	992	0
	2011	..	..	..	424	424	0	1010	0
Mexico	2007	72423	134522	..	73188	73188	..	134956	..
	2008	74832	138490	..	75216	75216	..	139127	..
	2009	80476	139084	..	80646	80646	..	140049	..
	2010	..	..	..	81715	81715	..	143844	..
Netherlands	2007	11496	21231	13217	19597	11163	8434	26166	0
	2008	11741	21653	13744	20436	11456	8980	26766	0
	2009	..	..	..	20813	11841	8972	27499	0
New Zealand	2007	3332	5299	1074	3332	..	..	5299	1074
	2008	3628	5847	1020	3628	..	..	5847	1020
	2009	3554	5908	1644	3554	..	..	5908	1644
	2010	3265	5654	2493	3265	..	..	5654	2493
Norway	2007	2252	7071	803	10835	3838	6997	7521	0
	2008	3901	7380	7807	11502	3901	7601	7586	0
	2009	3909	7449	8070	11636	3909	7727	7792	0
	2010	..	..	..	12027	4036	7991	7863	0
Poland	2007	6225	..	..	..	6225	..	..	..
	2008	8498	62670	11229	17092	8498	8594	65305	0
	2009	7838	63892	11083	16937	7838	9099	65876	0
	2010	..	..	..	17484	7918	9566	65717	0
Portugal	2007	18802	19450	3094	18802	4985	13817	19772	..
	2008	19538	19940	3176	19538	5055	14483	20094	..
	2009	20221	20409	3338	20221	5160	15061	20583	..

		Data collection 2011			Data collection 2012				
		General practice	Sum of specialties	Other cat. n.e.c.	Generalist medical practitioners			Specialist med. pract.	Med. doctors n.f.d.
					Total	GPs	Other gen.		
	2010	21170	20933	3285	21170	5273	15897	20956	..
Slovak Rep.	2007	2236	13857	108	2236	..	..	13857	108
Slovenia	2007	999	3310	505	999	820	179	3558	257
	2008	998	3404	452	998	832	166	3648	208
	2009	1017	3491	407	1017	857	160	3737	161
	2010	..	..	..	1044	898	146	3773	162
Spain	2007	31590	..	..	31590	31590	0	99004	..
	2008	33349	..	..	33349	33349	0	104154	..
	2009	33958	..	..	33958	33958	0	107631	..
	2010	..	..	..	34620	34620	0	110755	..
Sweden	2007	5654	16973	10860	5659	5659	..	18341	9639
	2008	5734	17280	11369	5735	5735	..	18595	10098
	2009	..	..	..	5879	5879	..	19050	10428
Switzerland	2007	4005	..	..	4005	..	..	..	..
	2008	4581	17520	7093	4581	..	..	17520	7093
	2009	4683	18394	6603	4683	..	..	18394	6603
	2010	..	..	..	4748	..	..	19083	5972
Turkey	2007	36316	65892	6194	36316	..	..	72086	..
	2008	37600	69935	5616	37600	..	..	75551	..
	2009	37980	75590	5071	37980	..	..	80661	..
	2010	..	..	..	41077	..	..	82370	..
UK	2007	44873	100396	6936	44873	..	..	107332	..
	2008	46497	104360	7565	46497	..	..	111925	..
	2009	49184	109196	7217	49184	..	..	116413	..
	2010	48605	111775	6754	49947	..	..	119586	..
	2011	..	..	..	51227	..	..	121951	..
USA	2007	90820	479199	162215	90820	90820	..	641414	..
	2008	91325	483501	166041	91325	91325	..	649542	..
	2009	92322	488247	168997	92322	92322	..	657244	..
	2010	..	..	..	92560	92560	..	660012	..

Source: OECD Health Data 2012.

Annex B. Sources and methods for generalist medical practitioners (extracts from *OECD Health Data 2012*)

	General Practitioners	Other generalist (non-specialist) medical practitioners
Australia	AIHW , Medical labour force 2009. <u>Coverage</u> : Primary care practitioners, i.e. practitioners engaged in general practice or in the primary care of patients. This category includes practitioners recognized by Medicare as VRGPs, RACGP Fellows, RACGP trainees and other medical practitioners whose main practice is un-referred patient attendances. Education required is 5-6 year degree plus a 1-year internship.	AIHW , Medical labour force 2009. <u>Coverage</u> : Data include hospital non-specialists.
Austria	Austrian Medical Chamber . <u>Coverage</u> : Data include general practitioners who run a private practice ("Ärzte für Allgemeinmedizin mit Ordination"). Interns ("Turnusärzte") are excluded. Medical interns/residents cannot be separated by specialisation or progress of training.	Austrian Medical Chamber . <u>Coverage</u> : Data include general practitioners who do not run a private practice ("Ärzte für Allgemeinmedizin ohne Ordination"), mainly general practitioners in hospitals. From 1995, data include "Wohnsitzärzte", i.e. freelancing general practitioners without private practice. Interns ("Turnusärzte") are excluded. Medical interns/residents cannot be separated by specialisation or progress of training.
Belgium	Institut National d'Assurance Maladie Invalidité , Rapport Annuel.	Data not available.
Canada	CIHI (SMDB); Canadian Post-M.D. Education Register (CAPER) . <u>Coverage</u> : 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 minimum 2-year residency training before certification as a Family Physician (there is no more certification as a General Practitioner). Data 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. The distinction between general practitioner and specialist interns/residents is based on programs of post-MD training.	Data not available.
Chile	Health Superintendence , National Registry of Individual Health Providers. <u>Coverage</u> : Data include General Practitioners and Family Doctors as well as "Destination and Education Cycle" physicians (i.e. recent graduates working as general practitioners in areas of Chile where there is need of professionals), irrespective of their workplace (ambulatory or hospital settings). Medical interns and residents are included.	Data not available.
Czech Republic	Institute of Health Information and Statistics of the Czech Republic , Registry of Physicians, Dentists and Pharmacists. <u>Coverage</u> : Practising GPs for adults and GPs for children and adolescents are counted as General Practitioners.	
Denmark	National Board of Health , Labour Register for Health Personnel. (General practitioner is recognised as a specialty since 1994.)	
Estonia	National Institute for Health Development , Annual reports. <u>Coverage</u> : family doctors and therapists.	National Institute for Health Development , Annual reports. <u>Coverage</u> : general/non specialists practitioners.
Finland	Finnish Medical Association , survey. <u>Coverage</u> : All physicians working in primary care are classified as generalist medical practitioners regardless of their specialty. (The remaining specialist physicians are classified according to their last specialty. The unspecialised physicians not working in primary care and the physicians currently specialising are classified as "Medical doctors not further defined".)	

DELSA/HEA/HD(2012)2

	General Practitioners	Other generalist (non-specialist) medical practitioners
France	DREES , Répertoire Partagé des Professionnels de Santé. <u>Coverage:</u> GPs and non-specialist practitioners are included in the data. They can be salaried (in hospitals or other institutions such as nursing homes, etc.), self-employed or both. They may also report specific skills (e.g. allergology, sports medicine) or practice as homeopath or acupuncturist. Physicians with a foreign (non-EEA) degree who are allowed to practice in hospitals and registered at the French National Medical Council, but without a specialty recognised in France, are included in these data. Interns and residents are not included.	Data not available.
Germany	German Medical Association , Medical practitioner statistics. <u>Coverage:</u> Data include physicians with specialty "general medicine", physicians without any specialty in the ambulatory sector, general practitioners ("Praktischer Arzt") and interns/residents.	German Medical Association , Medical practitioner statistics. <u>Coverage:</u> Data include physicians without any specialty in in-patient care sector, and interns/residents.
Greece	Athens Medical Association and Pireas Medical Association , Annual Doctors and Dentists survey.	
Hungary	Office of Health Care Authorisation and Administrative Procedures. <u>Coverage:</u> Residents are excluded.	
Iceland	The Directorate of Health , The Register of Physicians. <u>Coverage:</u> Physicians in training are not included.	Data not available. (Some practitioners may be included within the category "Medical doctors not further defined".)
Ireland	Irish College of General Practitioners. <u>Coverage:</u> Number of GP's registered with the Irish College of General Practitioners (ICGP). The ICGP estimate that approximately 90% of GP's in Ireland are registered with them. Since 2011, data include physicians in training.	Medical Council of Ireland. <u>Coverage:</u> Data include physicians registered by the Medical Council of Ireland who have entered and maintained their name as fully registered doctors in the Register of Medical Practitioners. The majority of doctors in this category are those registered in the Register of Medical Practitioners General Division. General registration is specifically for medical practitioners who have not completed specialist training and do not occupy an individually numbered, identifiable postgraduate training post. Also included are interns, supervised doctors and those registered in the Visiting EEA Division.
Israel	Ministry of Health , Physician License Registry; Israeli Medical Association. <u>Coverage:</u> Data include specialists in family medicine and residents in family medicine who are working in the HMO's (Health Maintenance Organizations).	Ministry of Health , Physician License Registry; Israeli Medical Association. <u>Coverage:</u> Data include non-specialist GPs who are working in the HMO's (Health Maintenance Organizations).
Italy	Ministry of Health – D.G. of Health Information System , annual publication. <u>Coverage:</u> General practitioners provide the first level care to all citizens aged 14 and over (consultations, visits, prescription of medicines, and referrals for laboratory tests or specialist visits). Physicians in training are excluded.	ISTAT (from CEGEDIM DENDRITE). <u>Coverage:</u> Interns/residents are included in the data. Medical interns and residents who have completed a basic medical university education and are undertaking postgraduate clinical training can provide services as generalist medical practitioners in the private sector only (not in the National Health Service).
Japan	Data not available. (In Japan, physicians are not separated into GPs and specialists.)	
Korea	Health Insurance Review & Assessment Service , National Health Insurance Statistical Yearbook. <u>Coverage:</u> Data include family medical practitioners, general medical doctors working in clinics, and Korean oriental medicine doctors working in clinics.	Health Insurance Review & Assessment Service , National Health Insurance Statistical Yearbook. <u>Coverage:</u> Data include general medical doctors working in hospitals, medical interns and residents in hospitals, and Korean oriental medicine doctors working in hospitals.
Luxembourg	Direction de la Santé , Register of doctors and health professionals. <u>Coverage:</u> Interns are included.	Direction de la Santé , Register of doctors and health professionals.
Mexico	Ministry of Health , Bulletin of Health Information and Statistics. <u>Coverage:</u> Data include general practitioners and medical interns who have completed a basic medical university education and who are undertaking postgraduate clinical training.	Data not available.

	General Practitioners	Other generalist (non-specialist) medical practitioners
Netherlands	Ministry of Health, Welfare and Sport , BIG register; Statistics Netherlands , SSB database. <u>Coverage:</u> Data refer to GP's with the specialty "general practice".	Ministry of Health, Welfare and Sport , BIG register; Statistics Netherlands , SSB database. <u>Coverage:</u> This category refers to "Arts niet in opleiding tot specialist" (Physician not in training for a specialty). This is calculated as a remainder: total active physicians minus all active physicians with a specialty (including GP's) minus all active physicians in training for a specialty.
New Zealand	NZ Medical Council Workforce Survey . <u>Coverage:</u> The following NZ workforce survey 'work type' categories have been used for this indicator: General practice, Primary care, Accident and medical practice.	
Norway	Statistics Norway , Register-based statistics. <u>Coverage:</u> Data are based on personnel fulfilling one of the following criteria: - Physicians with a general practice contract; - Last specialisation in general practice.	Statistics Norway , Register-based statistics. <u>Coverage:</u> Data are based on personnel fulfilling one of the following criteria: - Non-specialists; - Not classified as a general practitioner. Interns and residents training for a specialty cannot be identified as specialists, and therefore are included in this category.
Poland	Ministry of Health, Ministry of Interior and Administration, Ministry of National Defence . <u>Coverage:</u> Physicians with grade II specialisation, physicians with title of specialist in family medicine and physicians undergoing training in this specialty. <u>Note:</u> Grade I and grade II specialisations were granted when the previous system was in force. Obtaining a grade II specialisation is equivalent to the current title of specialist.	Ministry of Health, Ministry of Interior and Administration, Ministry of National Defence . <u>Coverage:</u> Physicians with Grade I specialisation in any specialty, interns and physicians without specialisation. <u>Note:</u> Grade I and grade II specialisations were granted when the previous system was in force. The grade I specialisation is not equivalent to the title of specialist and has no counterpart in the current system of specialised training.
Portugal	Statistics Portugal and Portuguese Medical Association . <u>Coverage:</u> The denomination for the physicians included in this category was/is: - from 1983-1995: Generalists (Generalistas); - from 1996 onwards: General and Family Medicine (Medicina Geral e Familiar).	Statistics Portugal and Portuguese Medical Association . <u>Coverage:</u> Data include non-specialised physicians.
Slovak Republic	National Health Information Center , Register of Health Professionals. <u>Coverage:</u> Physicians whose main area of practice is in general care.	
Slovenia	Institute of Public Health of the Republic of Slovenia , National Health Care Providers Database.	Institute of Public Health of the Republic of Slovenia , National Health Care Providers Database.
Spain	Ministry of Health, Social Services and Equity , SIAP. <u>Coverage:</u> Data include physicians working in health care centres of National Health System. Interns and residents who are training to become GPs (3 years is required to qualify as GP) are included.	Ministry of Health, Social Services and Equity , SIAP.
Sweden	National Board of Health and Welfare , NPS register. <u>Coverage:</u> Data include physicians whose latest specialty is in family medicine.	Data not available.
Switzerland	Federal Statistical Office; Swiss Medical Association (FMH) . <u>Coverage:</u> Data also include "practitioner medical doctors", to be understood as GPs without FMH postgraduate qualification (specialisation). Interns and residents are not included.	
Turkey	Ministry of Health , General Directorate of Personnel. <u>Coverage:</u> Since 2006, the number of general practitioners in Turkey contains family physicians, GPs and family medicine residents. - A GP is a general practitioner in medicine who has had 6-year basic medical education. GPs are physicians without any specialty education. - A Family Physician (Doctor) is a medical professional who received 3-year Family Medicine residency training after graduation from a 6-year medical faculty. - A Family Medicine Resident (Assistant) is a medical professional who is undergoing a 3-year Family Medicine residency training after graduation from a 6-year medical faculty.	
United Kingdom	<u>England:</u> The Information Centre for Health and Social Care ; <u>Scotland:</u> Information Services Division, Scottish Workforce Information Standard System ; <u>Wales:</u> Welsh Assembly Government ; <u>Northern Ireland:</u> General Practitioners from Medlist, Business Services Organisation , General Medicine hospital doctors from Human Resource Management System, Department of Health, Social Services & Public Safety .	

DELSA/HEA/HD(2012)2

	General Practitioners	Other generalist (non-specialist) medical practitioners
United States	<p>American Medical Association. <u>Coverage:</u> Data include all general practitioners/family medicine doctors dedicated to patient care: office based physicians, residents/fellows, and physician staff. Resident medical officers are included in each category, interns are only included in the 'Generalist medical practitioners'/'General practitioners' categories and whenever possible elsewhere.</p>	Data not available.

Annex C. Sources and methods for “Medical doctors not further defined” (extracts from *OECD Health Data 2012*)

		% of med. doctors n.f.d. in total number of physicians, 2010 (or nearest year)	Sources and methods (extracts)
Australia	P	2.0	AIHW , Medical labour force 2009. <u>Coverage:</u> Medical administration, occupational medicine, pain medicine, palliative care, public health medicine, rehabilitation medicine and other.
Austria	P	17.6	Austrian Medical Chamber . <u>Coverage:</u> Physicians in training ("Turnusärzte").
Belgium	P	1.4	Institut National d'Assurance Maladie Invalidité , Rapport Annuel.
Canada	PA	..	-
Chile	LP	..	-
Czech Republic	P	3.3	Institute of Health Information and Statistics of the Czech Republic , Registry. <u>Coverage:</u> Assessment medicine, Epidemiology, General and communal hygiene, Hygiene and epidemiology, Hygiene of children and youth, Nutrition hygiene, Occupational medicine, Clinical biochemistry, Clinical pharmacology, Public health care, Maxillo-facial surgery, all other specialties.
Denmark	P	37.9	National Board of Health , Labour Register for Health Personnel.
Estonia	P	8.7	National Institute for Health Development , Annual reports.
Finland	PA	19.5	Finnish Medical Association , survey. <u>Coverage:</u> Unspecialised physicians not working in primary care and physicians currently specializing.
France	PA	..	-
Germany	P	0.0	-
Greece	PA	38.7	Athens Medical Association and Pireas Medical Association , Annual survey.
Hungary	P	30.8	Office of Health Care Authorisation and Administrative Procedures .
Iceland	P	21.7	The Directorate of Health , The Register of Physicians. <u>Coverage:</u> Physicians without a specialisation.
Ireland	LP	0.0	-
Israel	PA	14.6	Ministry of Health , Physician License Registry. <u>Coverage:</u> Medical doctors (general) without any specialty who are not working in HMO's (Health Maintenance Organizations).
Italy	P	..	-
Japan	P	..	-
Korea	P	0.0	-
Luxembourg	P	0.0	-
Mexico	P	..	-
Netherlands	PA	0.0	-
New Zealand	P	21.9	NZ Medical Council Workforce Survey . <u>Coverage:</u> The following NZ workforce survey 'work type' categories have been used: House officer, Not answered, Other.
Norway	P	0.0	-
Poland	P	0.0	-
Portugal	LP	..	-
Slovak Republic	P	0.7	National Health Information Center , Register of Health Professionals. <u>Coverage:</u> Occupational medicine, forensic medicine, epidemiology, clinical pharmacology, radiopharmaceutical technology, galenical pharmacy, pharmaceutical control and drugs quality assurance, clinical pharmacy, laboratory medicine, osteodensitometry, clinical occupational medicine and clinical toxicology, and other specialties.
Slovenia	P	3.3	Institute of Public Health of the Republic of Slovenia , National Health Care Providers Database.
Spain	P	..	-
Sweden	P	29.5	National Board of Health and Welfare , NPS register. <u>Coverage:</u> Physicians in training.
Switzerland	P	20.0	Federal Statistical Office; Swiss Medical Association (FMH) . <u>Coverage:</u> Physicians in training. (Physicians completing their postgraduate medical education (resident medical officers) in training and specialising to become recognised GPs or specialists from the FMH represent about 97% of all medical doctors not further defined).
Turkey	PA	..	-
UK	P	..	-
USA	P	..	-