This article presents an overview of European Union (EU) statistics on physicians. It provides information on specialist healthcare personnel, as well as data pertaining to the number and ratio of graduates in this field (note that all physicians need to possess a degree in medicine). Physicians are licensed to provide services to patients as consumers of healthcare, including: giving advice, conducting medical examinations and making diagnoses; applying preventive medical methods; prescribing medication and treating diagnosed illnesses; giving specialised medical or surgical treatment. Physicians are split into two broad occupational groups:

- generalist medical practitioners, which can, in turn, be divided into:
  - general practitioners (GPs); and
  - other generalist medical practitioners;

- specialist medical practitioners, which can, in turn, be subdivided into:
  - medical specialists (doctors specialising in the diagnosis and non-surgical treatment of physical disorders and diseases);
  - surgical specialists (doctors who specialise in the use of surgical techniques to treat disorders and diseases).

This article is one of a set of statistical articles concerning healthcare resources in the EU which forms part of an online publication on health statistics.

Healthcare personnel

For physicians, Eurostat collects data for three concepts:

- 'practising', in other words, physicians providing services directly to patients;
- 'professionally active', in other words, 'practising' physicians plus physicians for whom their medical education is a prerequisite for the execution of their job;
- 'licensed', in other words, physicians who are registered and entitled to practise as physicians.

In this article preference is given to the concept of 'practising' physicians which is also used for the European core health indicator (ECHI) on practising physicians. For some EU Member States data are not available for this concept and therefore data are presented for one of the alternative concepts instead: footnotes indicate these exceptions in each table and figure.

There were approximately 1.8 million physicians working in the EU

In 2017, there were approximately 1.8 million practising physicians in the EU-28 (2016 data for Denmark and
Sweden; 2014 data for Finland; data for Slovakia refers to professionally active physicians; data for Czechia, Greece and Portugal refer to physicians who are licensed to practice). The highest overall numbers of practising physicians were recorded in the largest EU Member States: Germany (351 000, equivalent to 19.0 % of the EU-28 total), followed at some distance by Italy (242 000), France (211 000), the United Kingdom (186 000) and Spain (181 000). Together, these five Member States accounted for close to two thirds (63.3 %) of the total number of practising physicians in the EU-28. The next highest number of practising physicians was in Poland, 90 000, equivalent to 4.9 % of the EU-28 total.

Table 1: Physicians, by speciality, 2017

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<th>General practitioners</th>
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<th>General internists and hospitalists</th>
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Note: practising physicians except Slovakia, North Macedonia and Turkey (professionally active physicians), Czechia, Greece and Portugal (physicians licensed to practice).

(*) 2016

General practitioners includes also other generalist medical practitioners.

(1) Except for the total and for generalist medical practitioners only includes physicians working in hospitals.

(2) Medical group of specialists: physicians working in laboratories (such as microbiologists, pathologists and haematologists) are excluded.

(3) Total: 2014. All remaining data are for 2015 and professionally active physicians.

(4) Except for the total physicians licensed to practice.

(5) Except for the total excludes physicians in training.

Source: Eurostat (online data codes: hlth_rs_prs1 and hlth_rs_spec)

Greece had the highest number of physicians per 100 000 inhabitants

On the basis of a comparison in relation to population numbers, Greece (physicians licensed to practice) recorded the highest number of physicians among the EU Member States, at 607 per 100 000 inhabitants in 2017. This was considerably higher than in any of the other EU Member States; Austria (518) and Portugal (498 physicians licensed to practise) had the next highest ratios and along with Lithuania (456) were the only other Member States to record over 450 physicians per 100 000 inhabitants. By contrast, there were fewer than 300 practising physicians.
physicians per 100 000 inhabitants in four Member States, including Luxembourg, Romania and the United Kingdom (where rates were above 280 physicians per 100 000 inhabitants), as well as Poland, where the lowest ratio was recorded (238 physicians per 100 000 inhabitants).

The ratio of the number of physicians to the number of inhabitants rose in each of the EU Member States between 2012 and 2017.

The number of physicians per 100 000 inhabitants increased in each of the EU Member States between 2012 and 2017 (see Figure 1; incomplete data for the Netherlands and Finland). Note that these increases could result from a higher absolute number of physicians or from a smaller total number of inhabitants and that in Estonia, Cyprus, Luxembourg, Hungary and the United Kingdom there were also breaks in the time series.

The largest relative increase for this ratio was recorded in Cyprus, where the number of practising physicians rose from 302 per 100 000 inhabitants to 387 per 100 000 inhabitants (an overall increase of 28.2 %), but it should be noted that there was a break in series; Malta and Slovenia also recorded increases of more than 20 % during the period under consideration. By contrast, the number of physicians relative to the total number of inhabitants was almost unchanged in Spain, Slovakia, Sweden (2012-2016) and Latvia, with overall increases of less than 2.0 %. In general, these figures should be viewed within the context of demographic ageing, whereby a higher proportion of the EU’s population is living longer and the elderly account for a growing share of the total number of inhabitants, thereby leading to increased demands for health and social care services.

In a small majority of EU Member States there were more medical specialists than general medical practitioners.
Generalist medical practitioners 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. By contrast, medical specialists include doctors who specialise in the diagnosis and non-surgical treatment of physical disorders and diseases, for example specialists in internal medicine, cardiology, oncology and radiology, whereas surgical specialists include doctors who specialise in the use of surgical techniques to treat disorders and diseases, for example, specialists in general surgery, neurological surgery, plastic surgery, anaesthesiology as well as accident and emergency medicine.

A closer examination of the data in Table 1 reveals that in 2017 there were approximately 371 000 general practitioners (GPs) across the EU (no detailed data by specialism for Czechia or Slovakia; 2016 data for Denmark and Sweden; 2015 data for Finland; data for Greece and Portugal refer to physicians who are licensed to practice; data for Finland refer to professionally active physicians). Contrary to the overall figures for the total number of physicians, the highest number of GPs was recorded in France (60 000), followed by Germany (58 000) and the United Kingdom (50 000). The share of GPs in the total number of physicians was relatively high in the United Kingdom (26.8 %) and France (28.5 %), with greater concentrations of GPs (relative to the total number of physicians) recorded in Luxembourg (30.0 %), Belgium (37.0 %), Finland (37.4 %; 2014 data) and Portugal (47.3 %).

In 2017, there were six EU Member States where the most common specialisation was GPs: Belgium, Denmark, France, Luxembourg, Portugal and Finland. Among these, the highest ratio of GPs relative to the overall population was recorded in Portugal (263 physicians licensed to practice per 100 000 inhabitants), followed by France (142), Finland (125; 2015 data; note that this value includes also other generalist medical practitioners), Belgium (114), Luxembourg (90) and Denmark (80; 2016 data; note that this value includes also other generalist medical practitioners). By contrast, there were more medical specialists and/or surgical specialists in the remaining 20 Member States for which data are available (no data by specialism for Czechia or Slovakia). In 2017, the highest ratios for medical and for surgical specialists were both recorded in Greece (262 and 132 physicians licensed to practice per 100 000 inhabitants) followed by Lithuania and Italy for medical specialists (163 and 144 per 100 000 inhabitants) and by Germany, Bulgaria, Lithuania, Cyprus and Austria and for surgical specialists (each with more than 100 per 100 000 inhabitants).

A widespread — but not uniform — increase in the ratio of specialists to generalists

Figure 2 shows the development of the ratio of specialist to generalist physicians for three reference periods (data for Czechia, Greece and Portugal refer to physicians who are licensed to practice and data for Finland refer to professionally active physicians; incomplete data for Czechia, Cyprus, Hungary and Malta; no data for Slovakia). Note that specialists for this analysis include not only medical and surgical specialists, but also other specialist physicians such as paediatricians, gynaecologists, obstetricians and psychiatrists.
Apart from Ireland and Portugal (physicians licensed to practice), there were more specialist physicians than generalist physicians in 2017 in each of the EU Member States. Over time there has been a widespread — but not uniform — movement towards more specialist physicians relative to generalist physicians. In a majority of the EU Member States there was an increase in the ratio of the number of specialists relative to the number of generalists between the years shown in Figure 2. In relative terms, this was particularly clear in Ireland, Croatia and Romania (note that each of these had at least one break in series during the period under consideration). By contrast, there were five Member States where there was a decline in the ratio of specialists to generalists — Lithuania and the Netherlands (both of which had a break in series), Slovenia, Portugal and Latvia.

Italy had the highest share of physicians aged 55 years and over

There has been a rapid ageing of the (healthcare) workforce across much of the EU as the baby-boom generation has started to reach retirement age. This is reflected in the estimated share of physicians who were aged 55 years and over, which rose from 28 % in 2007 to 38 % by 2017; this comparison is based on information for 21 EU Member States which accounted for 85 % of all physicians in 2017; it also uses alternative reference periods for some countries to complete the data set. The share of physicians aged 55 years and over in the total number of physicians was within the range of 43-48 % in Hungary, Luxembourg, Cyprus, Belgium, Germany, France, Estonia and Latvia, while a majority of all physicians in Bulgaria (51 %) and Italy (55 %) were aged 55 years and over. In most of the remaining EU Member States for which data are available, the relative importance of this age group in the total number of physicians was between one and two fifths, with only the United Kingdom
More than two thirds of the total number of physicians in Latvia, Estonia, Romania and Lithuania were women.

The analysis presented in Figure 4 shows that there were considerable differences between EU Member States with respect to the share of physicians accounted for by each of the sexes. Between 2007 and 2017 the proportion of female physicians in the total number of physicians generally rose. By 2017, a slight majority (15) of the EU Member States reported that they had a higher number of female (rather than male) physicians (2016 data for Denmark, Poland and Sweden; 2015 data for Finland; no recent information for Czechia). In Croatia and Slovenia, more than three fifths of all physicians were women; in Romania and the Baltic Member States, this share passed two thirds, with peaks in Estonia and Latvia (both 74 %). By contrast, the highest share of male physicians (64 %) was recorded in Luxembourg, while relatively high shares for men were also recorded in Cyprus (62 %), as well as Malta, Greece, Italy and Belgium (all within the range of 57-59 %).
Table 2 provides further information in relation to the number of medical doctors who were employed in hospitals; note that these data refer to the number of physicians directly employed by a hospital and physicians with service contracts (for example, self-employed physicians employed to treat hospital patients); note that there are no data available for Luxembourg, Sweden or the United Kingdom. Medical doctors employed in hospitals accounted for just over four fifths (83 %) of the total number of physicians in France, close to three quarters (73 %) in Denmark (2016 data), at least two thirds in Estonia (69 %) and Lithuania (67 %) and just under two thirds in Malta (66 %). By contrast, medical doctors employed in hospitals accounted for around one quarter of the total number of physicians in Cyprus (24 %) and Belgium (also 24 %; 2016 data); elsewhere among the EU Member States the share ranged from 36 % to 62 %.

In 2017, the highest absolute number of medical doctors employed in hospitals was recorded in Germany (196 000), ahead of France (175 000), Italy (131 000) and Spain (108 000), and followed at some distance by Poland, with 40 000 medical doctors employed in hospitals (note there are no data available for the United Kingdom).
Although only a partial set of information is available for 23 EU Member States (see Table 2 for data availability), this shows that with the exceptions of Greece and Poland the number of medical doctors employed in hospitals increased between 2007 and 2017. In absolute terms, the highest increases in doctor numbers were recorded in Germany (an additional 51 000 hospital doctors), France (18 000 more) and Spain (15 000 more); note that there is a break in series for both France and Spain. In relative terms, the fastest growth rates were recorded in Malta, Hungary, Cyprus, Germany and Slovenia, where the number of medical doctors employed in hospitals increased by at least 35 % overall during the period under consideration (note that there is a break in series for Cyprus).

The availability of data converted into full-time equivalent (FTE) units indicates that physicians working in hospitals generally worked close to full-time: among the 15 EU Member States with data available for 2017 (or another recent year), the ratio between the data in head counts and that in full-time equivalents was 81 % or higher, except in France where it was notably lower at 75 %. As such, despite Germany having some 12 % more medical doctors employed in hospitals than France when measured as a head count, after converting to full-time equivalents the number in Germany was around 30 % higher.

A comparison between 2007 and 2017 for the number of medical doctors employed in hospitals expressed in full-time equivalents confirmed the pattern of an increase (as observed for the data based on head counts). In 14 of the 16 EU Member States for which data are available (see Table 2 for data availability), the number of doctors in full-time equivalents increased between 2007 and 2017, the two exceptions being Finland (2007-2015; 2017-2015).

Table 2: Medical doctors employed in hospitals, 2007, 2012 and 2017

Source: Eurostat (hlth_rs_prshp1)
note that there is a break in series) and Estonia (note that there is also a break in series). The number of doctors as measured in full-time equivalents grew by at least 12 % overall in the remaining 14 Member States; more rapid growth was recorded in Hungary and Cyprus (note that there is a break in series), as their number of medical doctors increased by more than one third overall during the period under consideration, while the fastest growth was in Malta where the increase was just over two thirds (68 %).

The final three columns in Table 2 show the number of medical doctors employed in hospitals in full-time equivalents calculated as a ratio per 100 000 inhabitants. In general, this number ranged between 126 and 259 medical doctors per 100 000 inhabitants in 2017 (see Table 2 for data availability), with Cyprus and Belgium (2016 data) recording values less than the lower limit of this range and Denmark and Lithuania recording values above it (peaking in Lithuania at 344 full-time equivalent medical doctors employed in hospitals per 100 000 inhabitants).

Health graduates

Some EU Member States face concerns over a lack of supply in relation to the expected future number of physicians available to their healthcare workforces and this has led some to promote measures designed to encourage more students to follow medical degrees.

Figure 5 provides information on the number of medical doctors graduating per 100 000 inhabitants. In 2017, there were an estimated 13.3 medical doctors graduating in the EU-28 for every 100 000 inhabitants. The highest ratios were recorded in Malta (32.9 medical graduates per 100 000 inhabitants), Ireland (24.9), Romania (23.5) and Denmark (21.5; 2016 data); most of the remaining EU Member States for which data are available (no recent data for Slovakia) recorded ratios of 10.0-20.0 graduates per 100 000 inhabitants, although France (2016 data) recorded a ratio that was under 10.0 and no medical students graduated in Cyprus or Luxembourg.
A comparison between 2007 and 2017 shows that the number of medical doctors graduating per 100 000 inhabitants rose in nearly all of the EU Member States (incomplete data for Slovakia); note that in some Member States this may have reflected a fall in the total population as opposed to an increase in the number of graduates. In relative terms, the biggest increases were recorded in Latvia (note that there is a break in series), Slovenia and Bulgaria, Lithuania, Malta and Belgium. The only Member States to report a lower ratio of medical graduates to population in 2017 than in 2007 were Austria and Greece (2016 compared with 2007).

Figure 5: Graduates — medical doctors, 2007, 2012 and 2017 (per 100 000 inhabitants)

Source: Eurostat (hlth_rs_grd)

Source data for tables and graphs

- Physicians: tables and figures

Data sources

Key concepts

Practising physicians provide services directly to patients. They include people who have completed studies in medicine at university level and who are licensed to practice, be they salaried or self-employed, irrespective of the place of service provision. Unemployed physicians, retired physicians and students who have yet to graduate are excluded, as are physicians working in administration, research and other posts that exclude direct contact with patients.

Employment data cover the number of health care staff (head counts) and the number of full-time equivalent (FTE) persons directly employed in hospitals (both general and specialised hospitals); the self-employed working in hospitals are also included, for example, those working with service contracts as non-employed health professionals. Data on medical graduates for any given year cover the number of students who have graduated...
in medicine from medical faculties or similar institutions. The data exclude those who have graduated in pharmacy, dentistry/stomatology, or public health and epidemiology, as well as individuals who have completed post-graduate studies or training in medicine.

**Healthcare resources**

Statistics on healthcare resources (such as personnel and medical equipment) are documented in this **background article** which provides information on the scope of the data, its legal basis, the methodology employed, as well as related concepts and definitions. Common definitions have been agreed between Eurostat, the OECD and the World Health Organisation (WHO) with respect to the employment of various health care professionals. Three main concepts are used to present this data; Eurostat gives preference to the concept of 'practising' physicians:

- *practising*, in other words, health care professionals providing services directly to patients;
- *professionally active*, in other words, 'practising' professionals plus health care professionals for whom their medical education is a prerequisite for the execution of their job;
- *licensed*, in other words, health care professionals who are registered and entitled to practise as health care professionals.

Data on physicians are classified according to the **International Standard Classification of Occupations (ISCO)**; they are defined under ISCO 08 as code 221:

- 221 Medical doctor;
- 2211 Generalist medical practitioner;
- 2212 Specialist medical practitioner.

For country specific notes, please refer to these background information documents:

- physicians;
- health personnel employed in hospitals;
- health graduates.

**Symbols**

Note on tables:

- a colon ':' is used to show where data are not available;
- a dash '–' is used to show where data are not applicable/relevant.

**Context**

Some health professionals seek jobs in other EU Member States: aside from the potential benefits for the individuals concerned, their movement can help rectify labour market imbalances between countries. **Directive 2005/36/EC** on the recognition of professional qualifications provides an EU-wide legal framework enabling Member States to recognise each other’s qualifications. A range of health professionals — including doctors — enjoy automatic recognition, in other words, if they are a certified practitioner in their home country then they are automatically entitled to practice anywhere else in the EU. The directive defines basic medical training as comprising a total of at least six years of university study or 5 500 hours of theoretical and practical training.

In the coming decades, population ageing is expected to be a major challenge for the EU’s health sector. The demand for healthcare will probably increase substantially as a result of an ageing population and at the same time the proportion of the people in work will probably decline. As a result, there could be staff shortages in certain medical specialisations or geographic areas. In 2017, nearly two fifths of all doctors in the EU were aged 55 years and over. According to the European Commission’s Directorate-General for Health and Food Safety, more than 60 000 doctors (or 3.2 % of the workforce) are expected to leave the profession each year during the period 2018-2020.
An action plan for the EU health workforce seeks to help EU Member States tackle this challenge, by: improving workforce planning and forecasting; anticipating future skills’ needs; improving the recruitment and retention of health professionals; mitigating the negative effects of migration on health systems. The plan is part of the broader strategy ‘Towards a job-rich recovery’ (COM(2012) 173).

Other articles

Online publications

- Health in the European Union — facts and figures
- Disability statistics

Healthcare human and physical resources

- Nursing and caring professionals
- Dentists, pharmacists and physiotherapists
- Beds
- Medical technology

Methodology

- Healthcare non-expenditure

General health statistics articles

- Health statistics introduced
- Health statistics at regional level
- The EU in the world — health

Main tables

- Health (t_hlth)

Health care (t_hlth_care)

Database

- Health (hlth)

Health care (hlth_care)
  - Health care resources (hlth_res)
  - Health care staff (hlth_staff)
    - Health personnel employed in hospital (hlth_rs_prshp1)
    - Physicians by medical speciality (hlth_rs_spec)
    - Physicians by sex and age (hlth_rs_phys)
    - Health graduates (hlth_rs_grd)

Dedicated section

- Health
Methodology

- **Healthcare resources** (ESMS metadata file — hlth_res)

External links

European Union, OECD and WHO

- European Commission — Directorate-General for Health and Food Safety — European core health indicators (ECHI)
- European Commission — Directorate-General for Health and Food Safety — Health workforce
- OECD — Health policies and data
- WHO Global Health Observatory (GHO) — Health systems
- World Health Organisation (WHO) — Health workforce

Other external links

- European Association of Senior Hospital Physicians
- The European Union of General Practitioners (UEMO)
- The Standing Committee of European Doctors (CPME)