



OSKA healthcare sector study: family medicine

In the next ten years, around half of the current practicing family doctors will be retired from the profession and in need of replacement. To ensure the sustainability of primary healthcare, fundamental changes in the field are needed, including support for collaboration between healthcare institutions.

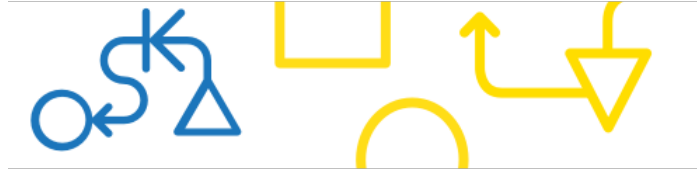
The medical community as a whole is ageing, but the proportion of working family doctors over 65 has grown much faster over the last decade than the that of doctors as a whole. Family doctors generally continue working after reaching official retirement age. Between 2019 and 2022, their average age of retirement was 71.

Given the average number of patients per directory, the number of patients belonging to the directories of family doctors of retirement age is now likely to be around 385,000.

The number of applicants to family medicine residencies has increased over time, but the open spots are usually not filled. The estimated number of residents completing their family medicine residency between 2024 and 2033 is 284, of whom about 250 will be professionally employed in Estonia.

The number of primary healthcare graduates does not meet the necessary requirements to replace staff leaving the profession due to age, and there will inevitably not be enough qualified staff to maintain the primary healthcare system in its current form.

- Nearly two-thirds (64%) of family doctors, more than three-quarters (79%) of specialised doctors working in primary healthcare, one-third (34%) of nurses and midwives and nearly one-fifth (22%) of general practitioners are aged 55 and over and will reach retirement age in the next ten years.
- Family doctors over 65 generally continue working after the official retirement age – between 2019 and 2022, the median age of retirement from the profession was 71.
- Assuming that the same trend continues in the future, almost half (49%, or around 420) of the currently practicing family doctors will be retired and in need of replacement in ten years' time. However, the projected training supply from family medicine residency between 2024 and 2033 is estimated at only 255 doctors.
- In the context of a significantly high replacement demand, increasing the supply of training for family doctors to the extent necessary to maintain the current employment rates and structure over a ten-year period is not realistic. To this end, more than 50 students should graduate each year from 2028 onwards (and all graduates should also go on to work in family medicine). As such, when forecasting the number of family doctors in 2033, we should assume that it is realistic to cover about 60% of the replacement need, which would result in a roughly 20% decline in the employment of family doctors over the next ten years – from 860 to 690 (-170).



There is not enough qualified labour to maintain the family healthcare system in its current form. In the context of a shrinking medical community, it is essential to support collaboration between healthcare institutions and the implementation of new models of practice. The requirements are:

- greater involvement of GPs and nurses. The number of nurses in primary healthcare has grown by nearly half over the past decade and is projected to continue to do so, but at a much slower pace. In 2023, the average number of nurses in family medicine was 2.4 per practice, but in 10 years that number should be 3;
- more efficient use of the workforce to ensure that family doctors, general practitioners, family nurses and other primary care team members provide services fitting their training;
- the systematic introduction of digital solutions that support modern work processes in family medicine centres;
- the location-based convergence of family doctors into collaborative institutions or health centres, integrated into a wider regional network;
- more freedom of choice being given to collaborative group health centres, with substantive cooperation between family doctors.

The studies for the OSKA skills and labour demand monitoring and forecasting system are conducted by the Estonian Qualifications Authority (SA Kutsekoda) with funding from the European Social Fund.