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STATISTICS BOOK

Health, Pharma & Medtech Statistics: Data & Trends

30 full reports · 20 charts · Edition November 2026

25,770
MEDICINE APPLICANTS

15.1%
TEENS WITH DEPRESSION

82,415
GP REGISTER 2025

48%
SAY AI

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ABOUT THIS BOOK

Health, Pharma & Medtech Statistics: Data & Trends

Health, pharma and medtech statistics: health spending, drug markets, medical devices, hospitals and disease data. Every chart is source-cited.

Each chapter is a complete Business Stats report with its text, charts, tables and primary sources. The online version of every report is updated continuously; this book shows them as of Nov 4, 2026.

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- US Obesity Statistics 2026: 40.3% of Adults, 21% of Children
- US Drug Use 2025: 69.8M Used Illicit Drugs, 44.6M Have SUD
- Breast Cancer Deaths in the US: 42,000 a Year, Down 44%
- US Medtech R&D Licensing Deals 2020-2026
- Medtech M&A Deal Value in the US 2015-2026
- 970 Million People Mental Health Worldwide 2026 — Statistics & Facts

STATISTICS REPORT

Medical and specialty training in the United Kingdom statistics & facts

A pipeline under pressure. Record numbers want to study medicine, nearly every graduate gets a foundation post, but competition for specialty training has tripled since 2019. In 2026 a new law gave UK graduates priority. This report follows the numbers through every stage of training.

Updated Oct 14, 2026 · businesstats.com/uk-specialty-training-statistics

25,770 MEDICINE APPLICANTS	**8,045** ENTRANTS ENGLAND 2024	**11,752** FOUNDATION APPLICATIONS
~40,000 SPECIALTY APPLICANTS	**21.83** PSYCHIATRY RATIO	**98%** PRIORITY FILL 2026

OVERVIEW

Medical training in the UK at a glance

Becoming a doctor in the UK takes at least ten years, from medical school through the two-year foundation programme to specialty training. Every stage of that pipeline is now under pressure. Medicine attracted 25,770 UK university applicants for 2026 entry, up 10.4 percent. The UK Foundation Programme received 11,752 applications for 2026 and placed 98 percent of eligible applicants. But the real bottleneck comes next: in 2025 there were about 80,000 applications for specialty training in the first round, and NHS England reported that applicant numbers had risen from 12,000 in 2019 to nearly 40,000. In 2026 a new law gave UK graduates priority for training posts, transforming who gets them. This report sets out the numbers at every stage. For the workforce as a whole, see our overview of doctors in the United Kingdom.

The UK medical training pathway has four main stages. Students spend five or six years at medical school. Graduates then complete the two-year UK Foundation Programme as foundation year 1 (FY1) and year 2 (FY2) doctors. After that, doctors apply for specialty training, either entering core training followed by higher training, or a run-through programme. Training to become a GP takes at least three years after foundation, and training to become a consultant typically takes between five and eight years. Doctors who

qualified abroad can join at the specialty training stage if they have a licence to practise.

25,770

Medicine applicants 2026

UCAS, 15 October deadline, up 10.4%.

11,752

Foundation applications 2026

98% of eligible applicants placed.

~40,000

Specialty training applicants

2026, for about 10,000 posts.

98%

Posts filled by priority groups

2026, up from 72% in 2025.

MEDICAL SCHOOL

Medical school places and applicants

The number of funded medical school places in England was increased to 7,500 a year in 2020 with the opening of five new medical schools. The government added 205 places for 2024/25 and 350 for 2025/26, and the NHS Long Term Workforce Plan set a goal of 15,000 places by 2031. In practice, first-year medicine entrants in England numbered 8,405 in 2020 and 8,485 in 2021, before falling to 7,625 in 2022 and rising to 7,820 in 2023 and a provisional 8,045 in 2024. Entrant numbers can exceed funded places because of international students and other places funded outside the cap.

First-year medicine entrants in England, 2020 to 2024

Interactive chart online: businesstats.com/uk-specialty-training-statistics

Around 8,000 a year: Medical school intake in England has hovered around 8,000 since 2020.

Demand for medicine remains very high. According to UCAS, 24,150 people applied to study medicine by the October deadline for 2024 entry and 23,350 for 2025 entry, a fall of 3.3 percent. Applications then rebounded to a record 25,770 for 2026 entry, up 10.4 percent. Medicine remains one of the most competitive degree subjects. Medical students are not registered with the General Medical Council until they graduate, but universities run their own student fitness to practise procedures for concerns about conduct or health, explained in this guide to student fitness to practise . Once registered, doctors fall under the GMC process described in our report on GMC fitness to practise statistics.

Applicants to study medicine at UK universities, 2024 to 2026 entry

Interactive chart online: businesstats.com/uk-specialty-training-statistics

Record demand: 25,770 people applied for medicine for 2026 entry.

FOUNDATION

The UK Foundation Programme

Every UK medical graduate who wants to practise must complete the foundation programme. For 2025 the UK Foundation Programme Office received 11,205 applications, of which 10,634 were eligible, and all eligible applicants were allocated a place. For 2026 applications rose to 11,752. Under the new prioritisation rules, 10,810 applicants in the priority groups, mainly UK graduates, were allocated in the main round, 82.3 percent to their first-choice area, while 738 applicants outside the priority groups were placed on a reserve list. After five reserve rounds, 11,286 eligible applicants, 98 percent, had been allocated a programme and 188 had not.

UK Foundation Programme applications and allocations, 2025 and 2026

Interactive chart online: businesstats.com/uk-specialty-training-statistics

Almost everyone placed: 98 percent of eligible applicants received a foundation post for 2026.

The foundation programme has grown with medical school output. In England, the number of foundation trainees across both years rose from 12,243 in 2020 to 14,104 in 2024. Over the same period, the number of first-level specialty training posts in England fell slightly, from 8,081 to 7,929. This mismatch between foundation output and specialty posts is at the heart of the training bottleneck.

Foundation trainees and first-level specialty posts in England, 2020 and 2024

Interactive chart online: businesstats.com/uk-specialty-training-statistics

The bottleneck: Foundation trainees grew by 15 percent, while first-level specialty posts fell by 2 percent.

SPECIALTY TRAINING

Competition for specialty training

Competition for specialty training has intensified dramatically. NHS England data show that the number of applicants rose from about 12,000 in 2019 to nearly 40,000 by 2025, driven by growing numbers of UK graduates, international medical graduates and doctors who had been working in non-training posts. In the first round of 2025 there were about 80,000 applications, of which 28,000 were judged appointable, and more than 2,000 appointable UK graduates received no offer.

Competition ratios vary enormously between specialties. In the first round of 2025, core psychiatry training attracted 21.83 applications per post and ophthalmology 21.54. Anaesthetics core training had 12.56 applications per post, emergency medicine 14.23 and obstetrics and gynaecology 16.65. The largest programmes were less competitive: GP training had 4.91 applications per post and internal medicine training 5.27. Some small programmes were extremely competitive, with cardiothoracic surgery at 73.7 applications per post and community sexual and reproductive health at 98.5.

Competition ratios for specialty training in England, 2025 round 1

Interactive chart online: businesstats.com/uk-specialty-training-statistics

From 5 to 74 applications per post: Cardiothoracic surgery and public health were the most contested programmes.

Ratios rose almost everywhere between 2024 and 2025. Core psychiatry went from 9.45 applications per post to 21.83, anaesthetics from 6.50 to 12.56 and core surgical training from 5.25 to 8.57. GP training rose from 3.67 to 4.91 and internal medicine from 3.69 to 5.27. Because one applicant can apply to several programmes, applications per post overstate the number of competitors per post, but the trend is clear.

Applications per post for main training programmes, 2024 and 2025

Interactive chart online: businesstats.com/uk-specialty-training-statistics

Psychiatry more than doubled: Core psychiatry competition rose from 9.5 to 21.8 applications per post.

PROGRAMME (ROUND 1)	APPLICATIONS 2025	POSTS 2025	RATIO 2025	RATIO 2024

General practice ST1	20,995	4,276	4.91	3.67
Internal medicine training CT1	8,841	1,678	5.27	3.69
Core surgical training CT1	5,399	630	8.57	5.25
Core psychiatry CT1	10,677	489	21.83	9.45
Anaesthetics CT1	6,770	539	12.56	6.50
Paediatrics ST1	2,680	476	5.63	3.30

PRIORITISATION

The 2026 Medical Training Prioritisation Act

In response to the bottleneck, Parliament passed the Medical Training (Prioritisation) Act, which gives UK medical graduates and certain other groups, including doctors with significant NHS experience, priority for foundation and specialty training posts. The effect in 2026 was immediate. According to NHS England, there were 37,689 appointable applications for 9,520 specialty training posts, about four per post, but only 19,706 from prioritised candidates, about two per post. Prioritised candidates filled 98 percent of posts, compared with 72 percent in 2025, and the share of accepted offers going to non-prioritised applicants fell from 27.95 percent to 1.75 percent. Accepted offers to non-prioritised applicants dropped from 2,168 to 163.

Impact of training prioritisation on specialty recruitment, 2025 and 2026 (%)

Interactive chart online: businesstats.com/uk-specialty-training-statistics

A dramatic shift: Non-prioritised applicants received 1.75 percent of accepted offers in 2026, down from 27.95 percent.

The change mainly affects international medical graduates who have not yet worked in the NHS. In 2024, 22,027 of the 79,171 doctors in training in the UK had qualified abroad, according to the GMC. Supporters of prioritisation argue that it ensures the UK benefits from the doctors it trains; critics warn that it could deter international doctors on whom many services depend. Our report on international doctors in the UK looks at this dependence, and our report on doctors leaving the UK at why some UK graduates still choose to go abroad.

TRAINEES

Doctors in training

In 2024 there were 79,171 licensed doctors in training in the UK, of whom 57,144 had qualified in the UK and 22,027 abroad. Women made up 58 percent of doctors in training, part of a wider shift covered in our report on UK doctors by gender, age and ethnicity. Trainees face heavy workloads and high burnout risk: in the GMC National Training Survey 2026, 19 percent of trainees were at high risk of burnout and 61 percent at high or moderate risk, with the highest levels in emergency medicine. These pressures, and the competition for posts, are covered in our report on burnout among UK doctors. Pay for each training grade is set out in our report on UK doctor pay.

Medical training in numbers

- 25,770 applicants for medicine for 2026 entry, up 10.4 percent (UCAS).
- About 8,000 first-year medical students a year in England.
- 11,286 eligible applicants allocated a foundation post for 2026, 98 percent.
- 37,689 appointable applications for 9,520 specialty posts in 2026.
- 79,171 doctors in training in the UK in 2024, 28 percent of them qualified abroad.

OUTLOOK

Outlook

The training pipeline is being reshaped from both ends. More medical school places are planned, which will increase the number of UK graduates seeking foundation and specialty posts from the late 2020s, while prioritisation narrows the route for international graduates. Unless the number of specialty training posts grows, competition for UK graduates will rise again. The number of training places, GP posts and consultant jobs will determine whether the expansion translates into a larger qualified workforce. Our report on the GP workforce shows the same pressure in general practice.

KEY FACTS

UK medical training in numbers

Key Facts

- Medicine applications reached a record 25,770 for 2026 entry.
- England had about 8,045 first-year medical students in 2024, against 7,500 baseline funded places.
- 98 percent of eligible foundation applicants were placed for 2026; 188 were not.
- Specialty training applicants rose from about 12,000 in 2019 to nearly 40,000.
- Core psychiatry had 21.83 applications per post in 2025, up from 9.45 in 2024.
- Prioritised candidates filled 98 percent of specialty posts in 2026, up from 72 percent.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How competitive is specialty training in the UK?

Very. Applicants rose from about 12,000 in 2019 to nearly 40,000. In 2026 there were 37,689 appointable applications for 9,520 posts, about four per post.

Which specialty is most competitive?

Among large programmes, core psychiatry (21.83 applications per post) and ophthalmology (21.54) were most competitive in 2025. Small programmes such as cardiothoracic surgery (73.7) were even more contested.

How many people apply to study medicine?

25,770 people applied to study medicine by the October deadline for 2026 entry, a record and 10.4 percent more than the year before.

How many medical school places are there?

Funded medical school places in England were set at 7,500 a year in 2020, with extra places added since. About 8,045 students started medicine in England in 2024.

Does everyone get a foundation programme place?

Almost. For 2026, 98 percent of eligible applicants were allocated a foundation programme, while 188 applicants were not placed.

What is the Medical Training Prioritisation Act?

It is a 2026 law giving UK medical graduates and some other groups priority for foundation and specialty training posts. In 2026 prioritised candidates filled 98 percent of specialty posts.

How long does it take to become a consultant in the UK?

After five or six years of medical school and two foundation years, specialty training typically takes five to eight years, so about 12 to 16 years in total.

How many doctors are in training in the UK?

In 2024 there were 79,171 licensed doctors in training, of whom 57,144 qualified in the UK and 22,027 abroad.

SOURCES

UCAS - Record demand for early deadline courses, October 2025.

UCAS - 15 October deadline data, November 2024.

Department of Health and Social Care - 350 extra medical school places allocated.

UK Foundation Programme Office - 2026 foundation programme allocation.

UK Foundation Programme Office - 2025 foundation programme allocation.

NHS England - Specialty training competition ratios 2025.

NHS England - Specialty training competition ratios 2024.

NHS England - Medical Training Prioritisation Bill: information for applicants.

NHS England - Impact of the Medical Training Prioritisation Act, June 2026.

General Medical Council - Workforce report 2025.

STATISTICS REPORT

International medical graduates in the United Kingdom statistics & facts

The NHS runs on international talent. 42 percent of licensed doctors in the UK qualified abroad, and two-thirds of new doctors now come from overseas, mostly from India, Pakistan, Nigeria and Egypt. But more are leaving too. This report sets out the numbers.

Updated Oct 14, 2026 · businesstats.com/international-doctors-uk

42% QUALIFIED ABROAD	**138,405** LICENSED IMGS AND EEA	**18,630** IMG FIRST LICENCES 2024
36.3% NON-BRITISH NHS DOCTORS	**12,820** INDIAN NHS DOCTORS	**4,880** LEFT IN 2024

OVERVIEW

International doctors in the UK at a glance

The NHS has always relied on doctors trained abroad, but never as much as today. In 2024, 138,405 licensed doctors in the UK had obtained their primary medical qualification outside the UK, 42 percent of all licensed doctors, according to the General Medical Council (GMC). In 2017 the share was 33 percent. International medical graduates now make up the majority of new doctors: in 2024, 20,060 doctors who qualified abroad joined the UK workforce, two-thirds of all those taking up a licence and 9,676 more than UK graduates. At the same time, more of them are leaving, and the GMC has warned that the NHS can no longer assume they will stay. This report sets out where international doctors come from, where they work and how their numbers are changing. Our overview of doctors in the United Kingdom covers the workforce as a whole.

The GMC classifies doctors by where they gained their primary medical qualification (PMQ): the UK, the European Economic Area (EEA) and Switzerland, or the rest of the world. Doctors who qualified outside the UK and EEA are known as international medical graduates (IMGs). They usually join the register by passing the Professional and Linguistic Assessments Board (PLAB) test, through sponsorship by an approved body,

or through a recognised postgraduate qualification. PMQ is different from nationality: many British citizens qualify abroad, and many doctors who qualified in the UK are foreign nationals.

138,405

Licensed doctors qualified abroad

2024, 42% of the total.

20,060

Joined from abroad in 2024

66% of new licence holders.

36.3%

NHS England hospital doctors not British

By nationality, June 2025.

4,880

International doctors who left

2024, up 26% in a year.

SHARE

A growing share of the workforce

The share of licensed doctors who qualified outside the UK has risen every year. In 2017, 80,008 of 242,642 licensed doctors had qualified abroad, 33 percent. By 2022 the figure was 114,613, or 38.7 percent, and in 2023 it reached 128,418, or 41 percent. In 2024, 138,405 doctors, 42 percent, held a non-UK primary qualification. Over the same period the number of UK-qualified doctors grew more slowly, from 162,634 in 2017 to about 189,700 in 2024.

Share of UK licensed doctors who qualified abroad, 2017 to 2024 (%)

Interactive chart online: businesstats.com/international-doctors-uk

From a third to more than two-fifths: The share of doctors trained abroad rose from 33 percent in 2017 to 42 percent in 2024.

The growth is driven entirely by doctors from outside Europe. Between 2017 and 2022, the number of IMGs rose from 58,222 to 90,095, an increase of 55 percent, while doctors who qualified in the EEA increased only from 21,786 to 24,518. As a result, IMGs made up 30.4 percent of licensed doctors in 2022, compared with 24.0 percent in 2017, while the EEA share fell slightly from 9.0 to 8.3 percent. Between 2019 and 2023, the number of licensed doctors who qualified abroad grew by 41 percent, against 9 percent for UK graduates.

Licensed doctors in the UK by place of qualification, 2017 to 2022

Interactive chart online: businesstats.com/international-doctors-uk

IMGs up 55 percent: International medical graduates grew from 58,222 to 90,095 in five years.

JOINERS

International doctors now dominate new joiners

Since 2019 more international graduates than UK graduates have joined the medical workforce each year. Counting doctors who take up a licence for the first time, the GMC recorded 3,840 IMGs and 7,024 UK graduates in 2017. By 2019 the IMG figure had risen to 8,018, overtaking UK graduates for the first time. In 2023, 17,912 IMGs took up a licence, more than double the 8,265 UK graduates, and in 2024 the figures were 18,630 and 9,237. EEA routes are not shown in the chart, because that series changes sharply after 2021 following Brexit and is not comparable over time.

Doctors taking up a UK licence for the first time by place of qualification, 2017 to 2024

Interactive chart online: businesstats.com/international-doctors-uk

Two IMGs for every UK graduate: In 2024, 18,630 international graduates took up a licence, against 9,237 UK graduates.

A small number of countries account for most international joiners. In 2021, the largest numbers of new joiners from outside the UK had qualified in India (1,820), Pakistan (1,741), Egypt (1,312), Nigeria (1,248) and Sudan (542). In 2022, India (2,402) and Pakistan (2,372) each accounted for 16 percent of non-UK joiners, and Nigeria for 1,616, up from just 181 in 2014. By 2023, more than half of all non-UK joiners, 52 percent, had qualified in India, Pakistan, Nigeria, Egypt or Bangladesh. The fastest-growing source in 2023 was Bulgaria, with 622 joiners, of whom 435 were British nationals who had studied medicine there.

New joiners to the UK register by country of primary medical qualification, 2021

Interactive chart online: businesstats.com/international-doctors-uk

South Asia and Africa lead: India and Pakistan each supplied more than 1,700 new joiners in 2021.

NATIONALITY

Nationality of NHS hospital doctors

Nationality data from NHS England give a complementary view. In June 2025, 36.3 percent of the 158,471 doctors working in NHS hospital and community health services in England were not British. After British doctors (99,806), the largest groups were Indian (12,820), Pakistani (6,925), Egyptian (4,600) and Nigerian (3,512). Irish, Malaysian, Sri Lankan, Greek, Sudanese, Bangladeshi and Italian nationals each numbered more than 1,200.

Non-British doctors in NHS hospitals in England by nationality, June 2025

Interactive chart online: businesstats.com/international-doctors-uk

India leads: 12,820 Indian nationals worked as doctors in NHS hospitals in England.

The make-up has shifted from Europe to Asia and Africa. In September 2010, 70.6 percent of hospital doctors with a known nationality were British, 17.6 percent Asian, 7.0 percent from the EU and 3.4 percent African. After the EU referendum, the British share peaked at 74.1 percent in June 2016 and the EU share at 9.7 percent. By June 2025, the British share had fallen to 63.7 percent, while Asian nationals made up 19.9 percent and African nationals 7.7 percent, more than double their 2016 share. The EU share fell to 7.2 percent.

NHS hospital doctors in England by region of nationality, 2010 to 2025 (%)

Interactive chart online: businesstats.com/international-doctors-uk

Africa nearly tripled: African nationals rose from 2.7 percent of hospital doctors in 2016 to 7.7 percent in 2025.

LEAVING

More international doctors are leaving

International doctors are also leaving in greater numbers. Among doctors who qualified outside the UK and had worked for a UK employer, 3,824 left in 2021, 3,968 in 2022 and 3,869 in 2023, before a jump of 26 percent to 4,880 in 2024. Their leaver rate, at 4.3 percent in 2024, is consistently higher than that of UK

graduates, at 3.2 percent. In a GMC news release in June 2026, the regulator warned that the NHS can no longer assume that much-needed international doctors will stay. Our report on doctors leaving the UK looks at reasons and destinations.

Internationally qualified doctors leaving UK practice, 2021 to 2024

Interactive chart online: businesstats.com/international-doctors-uk

Up 26 percent in a year: 4,880 internationally qualified doctors left UK practice in 2024.

FAIRNESS

Treatment and opportunity

International doctors face specific challenges, from adapting to a new health system to finding training posts. One long-standing concern is that employers refer doctors who qualified abroad to the GMC more often. In the five years to 2020, employers referred 0.70 percent of doctors with a non-UK qualification, compared with 0.28 percent of UK graduates. The gap has narrowed considerably: for 2020 to 2024 the rates were 0.28 percent and 0.15 percent. The background is explained in detail in this analysis of why ethnic minority and overseas-trained doctors are referred to the GMC more often , and the full regulatory data in our report on GMC fitness to practise statistics.

Employer referral rates to the GMC by place of qualification, five-year periods (%)

Interactive chart online: businesstats.com/international-doctors-uk

Gap narrowing: The referral rate for doctors qualified abroad fell from 0.70 percent to 0.28 percent.

Access to training is the other major issue. In 2024, 22,027 of 79,171 doctors in UK training posts had qualified abroad. From 2026, the Medical Training (Prioritisation) Act gives UK graduates and doctors with substantial NHS experience priority for foundation and specialty training, and in 2026 the share of accepted specialty training offers going to non-prioritised applicants fell from 27.95 percent to 1.75 percent. Details are in our report on specialty training in the UK. Many international doctors also work in non-training roles: the number of locally employed doctors in England and Wales rose from 11,892 in 2014 to 38,394 in 2024, a group that includes many IMGs and that reported the sharpest fall in job satisfaction in 2025, as our report on burnout among UK doctors shows.

OUTLOOK

Outlook

International recruitment has allowed the UK medical workforce to grow by more than a third since 2017, but it has also made the NHS dependent on doctors who have choices elsewhere. Rising departures, tighter access to training and global competition from countries such as Australia mean that the share of new doctors from abroad may fall in the coming years. Our reports on the demographics of UK doctors, doctor pay and GPs explore related trends.

KEY FACTS

International doctors in numbers

Key Facts

- 138,405 licensed doctors, 42 percent, qualified outside the UK in 2024, up from 33 percent in 2017.
- International medical graduates grew from 58,222 in 2017 to 90,095 in 2022.
- In 2024, 18,630 IMGs took up a UK licence for the first time, double the 9,237 UK graduates.
- India, Pakistan, Nigeria, Egypt and Bangladesh supplied 52 percent of non-UK joiners in 2023.
- 36.3 percent of NHS hospital doctors in England were not British in June 2025.
- 4,880 internationally qualified doctors left UK practice in 2024, up 26 percent.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many doctors in the UK trained abroad?

In 2024, 138,405 licensed doctors, 42 percent of the total, had obtained their primary medical qualification outside the UK, according to the GMC.

What is an international medical graduate?

An international medical graduate (IMG) is a doctor whose primary medical qualification is from outside the UK, the EEA and Switzerland. IMGs usually join the UK register through the PLAB test, sponsorship or a recognised postgraduate qualification.

Where do most international doctors in the UK come from?

India, Pakistan, Nigeria, Egypt and Bangladesh. These five countries accounted for 52 percent of non-UK joiners in 2023.

How many new UK doctors are international graduates?

In 2024, 18,630 international medical graduates took up a UK licence for the first time, compared with 9,237 UK graduates. Including EEA routes, 66 percent of new licence holders qualified abroad.

What share of NHS doctors are not British?

In June 2025, 36.3 percent of doctors in NHS hospital and community health services in England were not British. Indian nationals were the largest group with 12,820 doctors.

Are international doctors leaving the UK?

Yes. 4,880 internationally qualified doctors who had worked in the UK left in 2024, up 26 percent on 2023. Their leaver rate was 4.3 percent against 3.2 percent for UK graduates.

Are international doctors referred to the GMC more often?

Historically yes. In 2016 to 2020, employers referred 0.70 percent of doctors qualified abroad against 0.28 percent of UK graduates. By 2020 to 2024 the rates had narrowed to 0.28 and 0.15 percent.

Does the UK still recruit doctors from abroad for training?

Fewer. Since the 2026 Medical Training Prioritisation Act, UK graduates and doctors with NHS experience have priority, and non-prioritised applicants received 1.75 percent of accepted specialty training offers in 2026.

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General Medical Council - Workforce report 2024.

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General Medical Council - International doctors quitting, November 2025.

General Medical Council - NHS can no longer assume international medics will stay, June 2026.

General Medical Council - EDI targets, progress and priorities.

House of Commons Library - NHS staff from overseas: statistics.

NHS England - Impact of the Medical Training Prioritisation Act, June 2026.

STATISTICS REPORT

Medical technology - top companies based on revenue 2026

Updated Jul 23, 2026 · businesstats.com/revenue-of-global-top-medical-technology-companies

$36.4B MEDTRONIC	**$33.8B** J&J MEDTECH	**$30.3B** ABBOTT
$264B TOP TEN	**40%** OF MARKET	**8** US FIRMS

Overview

Leading medical technology companies worldwide based on revenue in 2026

Medtronic is the largest medical technology company in the world in 2026, with revenue of about 36.4 billion dollars. Johnson & Johnson MedTech follows on about 33.8 billion and Abbott on about 30.3 billion. The league table of the largest medical technology companies is one of the most closely watched rankings in healthcare, because the handful of giants at the top set prices, buy up innovation and largely determine which new technologies reach patients. On the 2026 figures, the top five are Medtronic about 36.4 billion dollars, Johnson & Johnson MedTech on 33.8 billion, Abbott on 30.3 billion, Medline Industries on 28.4 billion and Siemens Healthineers on 27 billion. What makes the 2026 edition of the ranking unusually interesting is that the order at the top, unchanged for a decade, is about to be decided not by sales performance but by a corporate restructuring already under way.

The top ten companies together generate about 264 billion dollars, roughly 40 percent of the global medical technology market. The ranking sits within our leading medical device companies and medical technology industry coverage.

Leading Medical Technology Companies, 2026 vs 2025 (USD bn)Medtronic leads.

Data:

Leading medical technology companies worldwide based on revenue in 2026, in billion US dollars, from company annual reports and industry rankings.

Note:

Figures cover medical technology, device and diagnostics revenue for the most recently completed fiscal year.Switch views with the toolbar.

Medtronic leads: Medtronic generated about 36.4 billion dollars in 2026, ahead of Johnson & Johnson MedTech on 33.8 billion, with every leading company growing on the year.

Medtronic recorded its strongest revenue growth in a decade, at about 8.4 percent, though the spin-off of its diabetes business could cost it the top spot, themes our medical devices revenue and medtech industry data coverage explores.

A note on the data. The figures show leading medical technology companies worldwide based on revenue in 2026, from company annual reports and industry rankings. Company definitions and fiscal years differ, so rankings vary between sources. Because some rankings count entire companies while others count only medical device segments, and because fiscal years end at different points, the same company can appear with revenue differing by ten billion dollars or more between sources. The ranking here covers medical technology, device and diagnostics revenue for the most recently completed fiscal year of each company, drawn from annual reports, regulatory filings and established industry rankings.

The Table

Largest Medical Technology Companies

Largest Medical Technology Companies by Revenue, 2026Click any column to sort

COMPANY	REVENUE 2026	REVENUE 2025	GROWTH	MARKET SHARE
Medtronic	$36.4B	$33.6B	+8.3%	5.5%
Johnson & Johnson MedTech	$33.8B	$31.9B	+6.0%	5.1%
Abbott	$30.3B	$28.3B	+7.1%	4.5%
Medline Industries	$28.4B	$26.4B	+7.6%	4.3%
Siemens Healthineers	$27.0B	$25.7B	+5.1%	4.1%
Stryker	$25.1B	$22.6B	+11.1%	3.8%

Becton Dickinson	$21.8B	$20.2B	+7.9%	3.3%
GE HealthCare	$20.6B	$19.7B	+4.6%	3.1%
Philips	$20.5B	$19.8B	+3.5%	3.1%
Boston Scientific	$20.1B	$17.9B	+12.3%	3.0%

The table shows the ten largest medical technology companies by revenue in 2026, alongside their 2025 figures and growth rates. It shows Medtronic leading, with Stryker and Boston Scientific the fastest growers. Reading down the growth column shows Boston Scientific about 12.3 percent and Stryker about 11.1 percent well ahead of the field, while Philips about 3.5 percent and GE HealthCare about 4.6 percent trail it. Because fiscal years end at different points and some figures are reported at group rather than segment level, the table is best read as a consistent snapshot of relative scale rather than a set of precisely comparable numbers. The market-share column is the most useful for putting the giants in perspective, since even the largest medical technology company in the world holds only about five and a half percent of its market, a far more fragmented picture than in most technology industries.

The Ranking

Which Is the Largest Medtech Company?

Medtronic leads the medical technology ranking in 2026 with about 36.4 billion dollars of revenue, ahead of Johnson & Johnson MedTech on about 33.8 billion, Abbott on 30.3 billion, Medline Industries on 28.4 billion and Siemens Healthineers on 27 billion. The order at the top of the ranking has been remarkably stable for a decade, dominated by the same American names, though the margins between them are far narrower than their reputations suggest. Medtronic about 36.4 billion dollars leads, ahead of Johnson & Johnson MedTech on about 33.8 billion, Abbott on 30.3 billion, Medline on 28.4 billion, Siemens Healthineers on 27 billion and Stryker on 25.1 billion. Scale in medical technology buys more than revenue, since the largest suppliers win the contracts, fund the biggest sales forces and can afford to lose money for years in a new category while smaller rivals cannot.

The scale of the leaders reflects decades of acquisitions and the advantage of breadth in an industry where hospitals increasingly prefer to buy from fewer, larger suppliers, a consolidation our medtech M&A coverage frames.

Largest Medical Technology Companies by Revenue, 2026 (USD bn)The top ten.

Data:

Leading medical technology companies worldwide based on revenue in 2026, in billion US dollars, from company annual reports and industry rankings.

Note:

Figures cover medical technology, device and diagnostics revenue for the most recently completed fiscal year.Switch views with the toolbar.

The top ten: Medtronic, Johnson & Johnson MedTech and Abbott lead the ranking, with eight of the ten largest medical technology companies based in the United States.

Behind the top five come Stryker on about 25.1 billion dollars, Becton Dickinson on 21.8 billion, GE HealthCare on 20.6 billion, Philips on 20.5 billion and Boston Scientific on 20.1 billion, with the ranking tightly bunched below third place. The tight bunching of the ranking below third place means that a single acquisition or divestiture can move a company several positions, which is exactly what the current wave of spin-offs is about to do. The tight bunching from sixth to tenth place, where barely five billion dollars separates the companies, means the lower half of the top ten reshuffles far more often than the top three.

The Race

Will J&J Overtake Medtronic?

The contest for the top spot is closer than it looks. Medtronic revenue of about 36.4 billion dollars is ahead of Johnson & Johnson MedTech on 33.8 billion, but the gap has narrowed sharply over the past five years as the challenger has grown faster. The rivalry for the title of largest medical technology company has become the defining contest in the industry, a slow-motion race in which the leader has been steadily reeled in by a challenger growing faster and buying more aggressively. Medtronic revenue grew from about 28.9 billion dollars in 2020 to 36.4 billion in 2026, while Johnson & Johnson MedTech grew from about 23 billion to 33.8 billion over the same period, closing the gap from nearly 6 billion to about 2.6 billion. The story of the past five years in medical technology has been the steady, patient closing of a gap that once looked unbridgeable, achieved less through spectacular growth than through relentless acquisition and disciplined execution.

Johnson & Johnson MedTech has grown through aggressive dealmaking, including the 13.1 billion dollar purchase of Shockwave Medical, a strategy our biggest companies by market value coverage frames.

Medtronic vs Johnson & Johnson MedTech (USD bn)The gap narrows.

Data:

Medical technology company revenue compiled by BusinessStats from annual reports, SEC filings and industry rankings.

Note:

Revenue in billion US dollars; company definitions and fiscal years differ, so rankings vary between sources.Switch views with the toolbar.

The gap narrows: the Medtronic lead over Johnson & Johnson MedTech has shrunk from nearly 6 billion dollars in 2020 to about 2.6 billion in 2026.

The decisive factor may be the Medtronic decision to separate its diabetes business, MiniMed, which generated about 2.8 billion dollars a year and floated in February 2026 at a valuation near 7.9 billion, taking that revenue off the Medtronic books in time. The timing of the MiniMed separation makes the next ranking genuinely uncertain, since removing nearly three billion dollars of annual revenue would leave the two leaders separated by less than a single percentage point. Looking ahead, the next edition of the ranking is the one to watch, since it will be the first to reflect a full year without MiniMed revenue on the Medtronic books.

Growth

Which Company Is Growing Fastest?

Growth across the leading medical technology companies has been solid. Boston Scientific and Stryker grew fastest, at about 12 and 11 percent, while Medtronic grew about 8.4 percent, its best in a decade, and Philips grew most slowly at about 3.5 percent. Growth rates reveal far more about the health of each company than revenue alone, separating those winning share in the fastest-growing therapy areas from those defending mature positions in slower ones. Boston Scientific about 12.3 percent and Stryker about 11.1 percent grew fastest, ahead of Medtronic on about 8.4 percent, Becton Dickinson on 7.9 percent, Medline on 7.6 percent and Abbott on 7.1 percent. Growth rates in medical technology are usually clustered tightly in the mid single digits, which makes the current spread, from roughly three to twelve percent, unusually wide and genuinely informative about competitive position.

The fastest growers are those winning share in cardiology, structural heart and surgical robotics, the highest-growth corners of the industry, a pattern our medtech market by segment coverage frames.

Revenue Growth, 2025 to 2026 (%)Boston Scientific fastest.

Data:

Medical technology company revenue compiled by BusinessStats from annual reports, SEC filings and industry rankings.

Note:

Revenue in billion US dollars; company definitions and fiscal years differ, so rankings vary between sources.Switch views with the toolbar.

Boston Scientific fastest: Boston Scientific grew about 12.3 percent and Stryker about 11.1 percent, while Philips grew about 3.5 percent.

The spread between the fastest and slowest growers, roughly nine percentage points, is wide for an industry often thought of as uniform, and reflects very different exposures to fast and slow-growing therapy areas. The wide spread of growth rates is a reminder that medical technology is not one market but many, and that a company fortunes depend far more on which therapy areas it serves than on the health of the industry as a whole. A company growing at twelve percent doubles in six years while one growing at three and a half percent takes twenty, which is why these apparently modest differences in growth rate reshape the ranking over time.

By Country

Where Are the Leaders Based?

American companies dominate the ranking. Eight of the top ten are based in the United States, accounting for about 82 percent of the revenue of the top ten, with German Siemens Healthineers on about 10 percent and Dutch Philips on about 8 percent. The national composition of the ranking is one of its most striking features, an overwhelming American dominance that reflects both the size of the United States healthcare market and its role as the launchpad for most new medical technology. The eight American companies generate about 216.5 billion dollars of the 264 billion top-ten total, or about 82 percent, against about 27 billion for German Siemens Healthineers and 20.5 billion for Dutch Philips. The dominance of American companies in medical technology is not merely a matter of home-market size, since it also reflects a regulatory system that most firms treat as the global gateway and a capital market that funds device innovation more generously than any other.

The American lead reflects the depth of the United States healthcare market, its research base and its role as the first market for most new devices, a concentration our medtech market by area coverage frames.

Top-Ten Revenue by Country of Origin (%)American dominance.

Data:

Medical technology company revenue compiled by BusinessStats from annual reports, SEC filings and industry rankings.

Note:

Revenue in billion US dollars; company definitions and fiscal years differ, so rankings vary between sources.Switch views with the toolbar.

American dominance: United States companies account for about 82 percent of top-ten revenue, against 10 percent for Germany and 8 percent for the Netherlands.

The two European names in the top ten, Siemens Healthineers and Philips, both built their scale in medical imaging and hospital equipment, the areas where European medical technology has always been strongest. The enduring strength of the European names in imaging and hospital equipment reflects a history stretching back more than a century, and shows that scale in medical technology can be built outside the United States. The persistence of two European names in the top ten, both built on imaging and hospital systems, shows that the American advantage is real but not absolute, and that scale can still be built around a distinctive technical strength.

Market Share

How Much of the Market Do They Hold?

The top ten medical technology companies generate about 264 billion dollars between them, roughly 40 percent of the 666 billion dollar global market. The top 100 companies account for about 487 billion dollars, or nearly three quarters of it. How much of the market the largest companies control is one of the more important structural questions in medical technology, shaping everything from hospital purchasing power to the prospects of the smaller firms trying to compete. The top ten about 264 billion dollars hold roughly 40 percent of the 666 billion dollar global market, the next ninety companies about 223 billion or 33 percent, and thousands of smaller firms share the remaining 27 percent. Concentration matters in medical technology because hospitals buy through group purchasing organisations that favour large, diversified suppliers, which means scale tends to reinforce itself once a company reaches the top tier.

The concentration at the top is high but stable, with the top-ten share hovering around 40 percent for years, a structure our medtech market worldwide coverage frames.

Share of the Global Medtech Market (%)Top ten hold 40 percent.

Data:

Medical technology company revenue compiled by BusinessStats from annual reports, SEC filings and industry rankings.

Note:

Revenue in billion US dollars; company definitions and fiscal years differ, so rankings vary between sources.Switch views with the toolbar.

Top ten hold 40 percent: the ten largest companies generate about 40 percent of global medtech revenue, with the next ninety adding a further 33 percent.

Top-Ten Combined Revenue and Market ShareSteady at 40 percent.

Data:

Medical technology company revenue compiled by BusinessStats from annual reports, SEC filings and industry rankings.

Note:

Revenue in billion US dollars; company definitions and fiscal years differ, so rankings vary between sources.Switch views with the toolbar.

Steady at 40 percent: the combined revenue of the top ten has grown from about 205 billion dollars in 2020 to 264 billion in 2026, holding around 40 percent of the market.

Below the giants sits a long tail of thousands of specialist manufacturers, many highly profitable in narrow niches, and it is from this tail that the largest companies buy most of their new technology. The long tail of specialist manufacturers is the research and development engine of the industry, and the flow of technology from that tail into the giants through licensing and acquisition is what keeps the leaders ahead. The relationship between the giants and the long tail is symbiotic rather than adversarial, since the small specialists supply the innovation and the giants supply the distribution, regulatory expertise and capital to scale it worldwide.

Ranks 11-20

The Next Tier

Beyond the top ten, Roche Diagnostics is the largest company at about 17.3 billion dollars, followed by Baxter, Alcon, Danaher and Intuitive Surgical. The second tier includes some of the fastest-growing companies in the industry. The tier just below the top ten is where much of the dynamism of the industry sits, home to the fastest-growing specialists and the diagnostics leaders that a device-focused ranking can easily overlook. Roche Diagnostics about 17.3 billion dollars leads the second tier, ahead of Baxter on about 11.2 billion, Alcon on 10.6 billion, Danaher on 10.4 billion, Intuitive Surgical on 9.7 billion and Zimmer Biomet on 8.1 billion. The second tier of the ranking is where the industry future is most visible, since it contains both the diagnostics leaders that device rankings tend to overlook and the fast-growing specialists likely to enter the top ten within a few years.

Roche leads the diagnostics side of medical technology rather than devices, and its scale in testing puts it ahead of many better-known device makers, a split our in vitro diagnostics coverage frames.

Companies Ranked 11 to 20 by Revenue (USD bn)Roche leads the tier.

Data:

Medical technology company revenue compiled by BusinessStats from annual reports, SEC filings and industry rankings.

Note:

Revenue in billion US dollars; company definitions and fiscal years differ, so rankings vary between sources.Switch views with the toolbar.

Roche leads the tier: Roche Diagnostics is the largest company outside the top ten at about 17.3 billion dollars, ahead of Baxter, Alcon and Danaher.

Intuitive Surgical is the standout of the second tier, growing far faster than the giants on the strength of its dominance in surgical robotics, and it is closing on the top ten despite its much narrower focus. The rise of Intuitive Surgical from specialist to near-giant is the clearest evidence that focus can still beat breadth in medical technology, provided a company dominates a genuinely large and fast-growing category. Looking further down the list, the companies growing fastest are almost all specialists in robotics, structural heart and molecular diagnostics, the three areas where the industry expects the most growth this decade.

Why Lists Differ

Why Do Medtech Rankings Differ?

Rankings of medical technology companies differ widely between sources, and the reason is definitional. Some count whole companies, others only device segments, and fiscal years end at different points, so the same company can appear with very different revenue. Anyone comparing medical technology rankings quickly runs into a frustrating problem, namely that no two lists agree, and the reason has far less to do with data quality than with the definitions each source chooses. The lack of a single agreed ranking is a genuine problem for anyone trying to understand the industry, and it means the sensible approach is to read any list alongside its definitions rather than treating the order as settled fact.

Abbott is the clearest example, appearing anywhere between about 21 and 30 billion dollars depending on whether diagnostics and nutrition are included, a definitional problem our medical technology market coverage frames.

How the Top-Ten Total Is Built (USD bn)Adding to 264 billion.

Data:

Medical technology company revenue compiled by BusinessStats from annual reports, SEC filings and industry rankings.

Note:

Revenue in billion US dollars; company definitions and fiscal years differ, so rankings vary between sources.Switch views with the toolbar.

Adding to 264 billion: Medtronic, Johnson & Johnson MedTech and Abbott contribute about 100 billion dollars of the 264 billion top-ten total between them.

Dialysis and healthcare services companies such as Fresenius Medical Care are large enough to rank near the top by revenue, but most device rankings exclude them because they are classified as service providers rather than manufacturers. The exclusion of dialysis and healthcare services companies from most device rankings is a defensible choice, but it means readers comparing lists should always check what each source has counted before drawing conclusions.

Spin-Offs

The Wave of Spin-Offs

Portfolio simplification is the strategic theme of 2026. Medtronic has separated MiniMed, Becton Dickinson is separating its diabetes care business, and Johnson & Johnson has been reported to be weighing options for its orthopedics unit DePuy Synthes. The strategic story of 2026 in medical technology is not expansion but subtraction, as the largest companies break themselves into more focused pieces in pursuit of faster growth and higher valuations. The current fashion for breaking up medical technology conglomerates marks a reversal of the strategy that built them, as companies that spent decades acquiring their way to scale now find investors rewarding focus instead.

The wave of separations reflects investor pressure to focus on higher-growth businesses, a pressure our Nasdaq stock market coverage frames through the listed companies making these decisions.

Revenue, 2024 vs 2026 (USD bn)Every leader grows.

Data:

Medical technology company revenue compiled by BusinessStats from annual reports, SEC filings and industry rankings.

Note:

Revenue in billion US dollars; company definitions and fiscal years differ, so rankings vary between sources.Switch views with the toolbar.

Every leader grows: between 2024 and 2026 every one of the largest companies increased revenue, with Stryker and Medtronic adding the most.

The effect on the rankings will be significant, since a company that spins off a multi-billion-dollar unit can fall several places, which is precisely what may hand the top spot to Johnson & Johnson MedTech. The coming reshuffle of the rankings will owe more to corporate restructuring than to any change in underlying performance, a reminder that league tables measure corporate structure as much as commercial success.

AI Race

The Artificial Intelligence Race

Artificial intelligence is reshaping the competitive order. The largest companies are racing to embed algorithms in their devices, and the regulator has now authorised more than 1,300 AI-enabled devices, with a record 258 cleared in 2025 alone. Artificial intelligence has become the battleground on which the largest

medical technology companies now compete, and the scale of the leaders gives them advantages in data and distribution that smaller rivals struggle to match. The contest over artificial intelligence in medical devices is not really about algorithms at all, but about data, regulatory experience and installed base, three things the largest companies already have in abundance.

The leaders in imaging, Siemens Healthineers, GE HealthCare and Philips, have moved fastest, adding AI to scanners and reading software, a shift our AI market size coverage frames.

The scale of the largest companies gives them an advantage in artificial intelligence, since training useful clinical algorithms requires vast amounts of data of the kind only a large installed base of devices can generate. The data advantage enjoyed by the largest companies is likely to reinforce their lead over time, since each generation of algorithms trained on their installed base makes their devices harder for smaller rivals to match. The regulatory record, with more than a thousand authorised artificial-intelligence devices and a record number cleared in a single recent year, shows how quickly the technology has moved from novelty to routine feature.

Key Facts

Largest Medtech Companies in Numbers

A few numbers capture the ranking. Medtronic leads on about 36.4 billion dollars, Johnson & Johnson MedTech follows on 33.8 billion, the top ten generate about 264 billion between them, and eight of the ten are American. These figures together map an industry whose commanding heights are held by a small group of very large American companies, growing steadily and now reshaping themselves through a wave of separations. The picture that emerges is of an industry both remarkably stable and quietly in flux, with the same names at the top for years yet the order among them about to change for reasons that have little to do with selling more.

The figures matter because the largest companies set the pace of the industry, and their scale shapes everything from pricing to which technologies reach patients, a link our exciting healthcare technology coverage explores.

$36.4BMedtronicLargest company. $33.8BJ&J MedTechClose second. $264BTop tenAbout 40% of market. 8US companiesIn the top ten.

Together these figures show a ranking led by Medtronic but under pressure, dominated by American companies, growing solidly across the board, and about to be reshaped by a wave of spin-offs. For now,

the medical technology ranking stands as a portrait of a mature industry whose leaders are large, profitable and American, and whose order is about to be shuffled by their own restructuring.

Big Picture

Largest Medtech Companies: The Big Picture

Taken together, the leading medical technology companies of 2026 map an industry led by Medtronic and Johnson & Johnson MedTech, concentrated in the United States, a story our global pharmaceutical industry coverage sets in the wider healthcare context.

Whether Medtronic holds the top spot will depend on how quickly it absorbs the loss of MiniMed revenue, but for now it leads a ranking being reshaped faster by spin-offs than by organic growth, alongside the licensing tracked in our medtech R&D licensing coverage.

FAQ

Frequently Asked Questions: Largest Medtech Companies

Medtronic, with revenue of about 36.4 billion dollars, ahead of Johnson & Johnson MedTech on about 33.8 billion and Abbott on about 30.3 billion.

Medtronic, Johnson & Johnson MedTech, Abbott, Medline, Siemens Healthineers, Stryker, Becton Dickinson, GE HealthCare, Philips and Boston Scientific.

Possibly. Medtronic has separated its MiniMed diabetes business, worth about 2.8 billion dollars a year, which could hand the top spot to J&J MedTech.

The top ten generate about 264 billion dollars, roughly 40 percent of the global market. The top 100 account for about 487 billion dollars.

Boston Scientific and Stryker, growing at about 12 and 11 percent, driven by strength in cardiology, structural heart and surgical robotics.

The United States, home to eight of the top ten, accounting for about 82 percent of top-ten revenue. Germany and the Netherlands have one each.

Because definitions differ. Some count whole companies, others only device segments, and fiscal years end at different points, changing the figures.

The separation of the Medtronic diabetes business into an independent company, which floated in February 2026 at a valuation of about 7.9 billion dollars.

Roche Diagnostics, at about 17.3 billion dollars, the largest company outside the top ten and the leader in in vitro diagnostics rather than devices.

From company annual reports, SEC filings and industry rankings, compiled by BusinessStats. Definitions and fiscal years differ between companies.

Sources

Company annual reports and SEC filings - Source for the revenue of the leading medical technology companies in 2026.

Industry rankings and BusinessStats analysis - Source for growth, market-share, country and second-tier detail.

Statista Medical Technology Outlook - Publishes the global medical technology market data behind the company shares.

Figures show leading medical technology companies worldwide based on revenue in 2026, in billion US dollars, from company annual reports, SEC filings and industry rankings. Medtronic leads on about 36.4 billion dollars, ahead of Johnson & Johnson MedTech on 33.8 billion and Abbott on 30.3 billion. The top ten generate about 264 billion dollars, roughly 40 percent of the global market. Company definitions and fiscal years differ between sources, so rankings vary. Second-tier figures are estimates. This is data journalism, not investment advice.

STATISTICS REPORT

Medical devices companies based on brand value worldwide 2026

Updated Jul 23, 2026 · businesstats.com/leading-medical-device-companies-worldwide

$7.6B MEDTRONIC	**$7.3B** FRESENIUS	**$6.5B** SIEMENS
63% US BRANDS	**$54B** SECTOR TOTAL	**Top 10** RANKED

Overview

Top ten medical device companies worldwide in 2026, by brand value

Medtronic is the most valuable medical device brand in the world in 2026, with a brand value of about 7.6 billion dollars. Fresenius follows closely on about 7.3 billion, then Siemens Healthineers on about 6.5 billion. Brand value is one of the less familiar but most revealing ways of ranking the medical device industry, measuring not how much a company sells but how much its name is worth, a reputation built over decades of trust with hospitals and patients. On the 2026 figures, Medtronic about 7.6 billion dollars leads Fresenius on about 7.3 billion, Siemens Healthineers on 6.5 billion, Philips on 5.8 billion and GE HealthCare on 5.2 billion, with the rest of the top ten between about 3 and 5 billion. A brand ranking offers a different and revealing angle on the medical device industry, one that rewards the trust and recognition a company has built rather than the raw scale of its sales, and the results reshuffle the familiar order of the giants.

Brand value measures the worth of the brand itself, not the size of the company, which is why the ranking differs from revenue league tables. The picture sits within our medtech R&D licensing and biggest companies by market value coverage.

Medical Device Brand Value, 2026 vs 2025 (USD bn)Medtronic leads.

Data:

Top ten medical device companies worldwide in 2026, by brand value, in billion US dollars, based on Brand Finance style brand valuations.

Note:

Brand value measures the value of the brand itself, not revenue. The 2026 figures are estimates and projections.Switch views with the toolbar.

Medtronic leads: Medtronic is the most valuable medical device brand in 2026 at about 7.6 billion dollars, narrowly ahead of Fresenius, with both up on 2025.

The top brands are split between the United States and Europe, with German brands Fresenius and Siemens Healthineers ranking highly, themes our medical devices revenue and medical technology industry coverage explores.

A note on the data. The figures show the top ten medical device companies worldwide in 2026 by brand value, based on Brand Finance style valuations. Brand value measures the brand, not revenue, and the 2026 figures are estimates and projections. Because brand valuation is a specialist discipline and different consultancies use different methods, the precise figures vary between sources, and the values here follow the Brand Finance approach, which estimates the financial worth of each brand. The ranking covers medical device and diagnostics companies, and brand value is estimated as the net economic benefit a company derives from owning its brand, following the royalty-relief method used by leading brand valuation consultancies.

The Table

Most Valuable Medical Device Brands

Most Valuable Medical Device Brands, 2026Click any column to sort

COMPANY	BRAND VALUE 2026	BRAND VALUE 2025	CHANGE
Medtronic	$7.6B	$7.4B	+2.7%
Fresenius	$7.3B	$7.3B	+0.0%
Siemens Healthineers	$6.5B	$6.2B	+4.8%
Philips	$5.8B	$5.6B	+3.6%
GE HealthCare	$5.2B	$4.9B	+6.1%
Abbott	$5.0B	$4.7B	+6.4%
Stryker	$4.6B	$4.3B	+7.0%

Becton Dickinson	$4.0B	$3.9B	+2.6%
Boston Scientific	$3.7B	$3.4B	+8.8%
Baxter	$3.2B	$3.3B	-3.0%

The table shows the top ten medical device companies by brand value in 2026. It shows Medtronic and Fresenius almost level at the top, followed by Siemens Healthineers, Philips and GE HealthCare, with the rest of the top ten closely bunched. Reading down the table shows how closely bunched the ranking is below the top two, with just over four billion dollars separating third place from tenth, a sign of how competitive the battle for brand value has become. Because brand values are modeled estimates and the 2026 figures for companies below the top two are projections, the ranking is best read as a consistent picture of the relative strength of the leading brands rather than a precise set of values. The change column is the most revealing part of the table, showing which brands are gaining ground and which are slipping, and hinting at the shifts in fortune that will shape next year ranking.

The Ranking

Which Medical Device Brand Is Most Valuable?

Medtronic is the most valuable medical device brand in 2026, at about 7.6 billion dollars, narrowly ahead of Fresenius on about 7.3 billion. The two have traded the top spot in recent years, with Fresenius briefly leading in 2024. The contest at the very top of the medical device brand ranking is one of the closest in the industry, with Medtronic and Fresenius separated by a margin so slim that the lead has changed hands more than once in recent years. Medtronic about 7.6 billion dollars edges Fresenius on about 7.3 billion, with Siemens Healthineers third on about 6.5 billion, and the top two together accounting for nearly a third of the brand value of the whole top ten. The battle for the title of most valuable medical device brand has become one of the most closely watched contests in healthcare, a genuine two-horse race in which the smallest shift in fortune can change the order at the very top.

The strength of the Medtronic brand reflects its scale, its breadth across cardiology, neuroscience and diabetes, and its long history as a leader in the industry, a standing our medtech industry data coverage frames.

Most Valuable Medical Device Brands, 2026 (USD bn)Medtronic and Fresenius lead.

Data:

Top ten medical device companies worldwide in 2026, by brand value, in billion US dollars, based on Brand Finance style brand valuations.

Note:

Brand value measures the value of the brand itself, not revenue. The 2026 figures are estimates and projections.Switch views with the toolbar.

Medtronic and Fresenius lead: Medtronic and Fresenius are almost level at the top of the ranking, ahead of Siemens Healthineers, Philips and GE HealthCare.

Fresenius stands out for the strength of its brand relative to its size, built on its global network of dialysis clinics and its central role in kidney care, which gives it a brand recognised by patients as well as by hospitals. The strength of the Fresenius brand, built on decades as the world leading provider of dialysis, shows how a focused company can build a brand every bit as valuable as those of far broader and larger rivals. The remarkable rise of Fresenius to the very top of the ranking, despite being far from the largest company by revenue, is the clearest illustration of how brand value can diverge sharply from sheer commercial scale.

Brand Value

How Is Brand Value Different From Revenue?

Brand value is not the same as revenue. It measures the financial worth of the brand itself, the premium a company earns from its reputation, separate from its factories, patents and products. That is why the brand ranking looks different from a revenue ranking. Understanding what brand value actually measures is essential to reading the ranking, since it captures something quite different from revenue or market capitalisation, namely the financial worth of the reputation attached to a company name. The concept of brand value can be slippery, but at its heart it is simple, the extra worth a company commands purely because of the reputation attached to its name, over and above the value of its products, patents and factories.

The distinction matters because some companies punch above their revenue weight in brand terms, while others with large revenues have comparatively modest brands, a nuance our medtech market by area coverage frames.

Brand Value as a Share of Revenue (%)Fresenius punches high.

Data:

Medical device brand values compiled by BusinessStats from Brand Finance rankings and industry data.

Note:

Brand value in billion US dollars; 2026 figures for ranks below the top two are estimates.Switch views with the toolbar.

Fresenius punches high: Fresenius brand is worth a far larger share of its revenue than most rivals, reflecting the trust its name carries in dialysis.

Fresenius is the clearest example, with a brand worth a far larger share of its revenue than most rivals, reflecting the trust its name carries in dialysis and kidney care around the world. The gap between brand value and revenue is one of the most instructive things the ranking reveals, since it shows which companies have built reputations that outstrip their size and which have room to strengthen their brands. Looking across the ranking, the companies whose brands are worth the most relative to their revenue tend to be those with the strongest reputations among patients, not just hospitals, since consumer trust adds a premium that pure business-to-business brands lack.

By Country

Which Country Has the Most Valuable Brands?

The most valuable medical device brands are split between the United States and Europe. American brands hold about 63 percent of the brand value of the top ten, with German brands Fresenius and Siemens Healthineers on about 26 percent and Dutch Philips on about 11 percent. The geography of the most valuable medical device brands tells a familiar story of American dominance leavened by a handful of powerful European names, a pattern that mirrors the wider industry while giving Europe more prominence than revenue alone would. American brands about 63 percent of the top-ten brand value lead, ahead of German brands Fresenius and Siemens Healthineers on about 26 percent and Dutch Philips on about 11 percent, giving Europe a much larger share than in revenue terms. The national split of the most valuable brands is one of the more surprising features of the ranking, giving European names a prominence they do not enjoy in the revenue tables, a sign of the enduring strength of Europe medical technology heritage.

The American dominance reflects the depth of the United States medical device industry, though European brands punch above their weight, a pattern our global stock markets by country coverage frames.

Brand Value by Country of Origin, 2026 (%)US brands lead.

Data:

Medical device brand values compiled by BusinessStats from Brand Finance rankings and industry data.

Note:

Brand value in billion US dollars; 2026 figures for ranks below the top two are estimates.Switch views with the toolbar.

US brands lead: American brands hold about 63 percent of the brand value of the top ten, with German brands on 26 percent and Dutch Philips on 11 percent.

The strength of the German and Dutch brands, Fresenius, Siemens Healthineers and Philips, reflects Europe long history in medical technology, especially in imaging, dialysis and hospital equipment. The prominence of European brands in a ranking otherwise dominated by American companies is a reminder that medical technology has deep roots on both sides of the Atlantic, with Europe especially strong in imaging and hospital equipment. The strength of the German and Dutch brands is a reminder that the history of medical technology is as much European as American, with roots in the imaging, dialysis and hospital-equipment industries that grew up on the continent.

Growth

Which Brands Are Growing Fastest?

Brand values are rising across most of the top ten. Boston Scientific, Stryker and Abbott have seen the fastest brand-value growth, each up more than 6 percent, while Medtronic and Siemens Healthineers have grown more modestly. The movement in brand values from year to year is a useful barometer of which companies are winning the battle for reputation, and the fastest risers are often those gaining ground in the highest-growth and most visible areas of medicine. Boston Scientific about 8.8 percent, Stryker on about 7 percent and Abbott on about 6.4 percent have grown their brand values fastest, while Medtronic on about 2.7 percent and Fresenius, flat on the year, have grown more slowly. The pace at which individual brands gain or lose value is one of the clearest signals of momentum in the industry, and the fastest risers are usually the companies making the boldest moves in the most visible corners of medicine.

The rising brand values reflect a growing and profitable industry, in which strong brands command a premium with hospitals and patients alike, a strength our medtech M&A coverage frames through the deals reshaping it.

Brand Value Growth, 2025 to 2026 (%)Boston Scientific fastest.

Data:

Medical device brand values compiled by BusinessStats from Brand Finance rankings and industry data.

Note:

Brand value in billion US dollars; 2026 figures for ranks below the top two are estimates.Switch views with the toolbar.

Boston Scientific fastest: Boston Scientific, Stryker and Abbott have grown their brand values fastest, each up more than 6 percent on the year.

The fastest-growing brands are those gaining share in high-growth areas such as cardiology and surgical robotics, where a strong brand helps win the trust of surgeons and hospitals making high-stakes purchasing decisions. The link between brand-value growth and success in high-growth areas is clear, since a strong and rising brand both reflects and reinforces a company momentum, helping it win the trust of the surgeons and hospitals it sells to. The clustering of the fastest-growing brands in cardiology and surgical robotics is no coincidence, since these are the areas where a trusted brand most influences the high-stakes decisions of surgeons and hospital buyers.

Brand Strength

Brand Value and Brand Strength

Brand strength, a measure of how powerful a brand is separate from its financial value, is led by Abbott and Siemens Healthineers, reflecting their strong reputations with both healthcare professionals and, in Abbott case, consumers. Brand strength, distinct from brand value, measures the raw power of a brand, and the leaders on this measure reveal which companies command the deepest trust among the doctors, hospitals and patients who ultimately choose their products. The distinction between brand strength and brand value is one of the more subtle but important ideas in brand analysis, separating the raw power and appeal of a brand from the financial worth that its size confers upon it.

The strength of the Abbott brand reflects its reach into consumer health through products such as its continuous glucose monitors, which have made it a household name, a reach our in vitro diagnostics coverage frames.

Medical Device Brand Strength Score (0 to 100)Abbott leads.

Data:

Medical device brand values compiled by BusinessStats from Brand Finance rankings and industry data.

Note:

Brand value in billion US dollars; 2026 figures for ranks below the top two are estimates.Switch views with the toolbar.

Abbott leads: Abbott and Siemens Healthineers lead on brand strength, a measure of how powerful a brand is separate from its financial value.

Brand strength and brand value do not always align, and some companies with very strong brands rank lower by value simply because they are smaller, while larger companies can carry substantial brand value even with a less dominant reputation. The divergence between brand strength and brand value is one of the subtler features of the ranking, and it explains why a smaller company with a fiercely loyal following can outrank a larger rival on strength while trailing it on value. The way brand strength and brand value can diverge is one of the most instructive lessons of the ranking, showing that a fiercely loved brand and a financially valuable one are related but far from identical things.

The Rivalry

Medtronic vs Fresenius

Medtronic and Fresenius have contested the top of the medical device brand ranking for years. Medtronic led for three years, Fresenius took the top spot in 2024, and Medtronic regained it in 2025 and holds it in 2026. The rivalry between Medtronic and Fresenius for the title of most valuable medical device brand is one of the defining contests in the industry, pitting a broad devices giant against a focused leader in kidney care. The Medtronic and Fresenius rivalry captures in miniature the whole story of brand value in medical technology, a contest between breadth and focus, scale and specialisation, that has produced one of the closest races in the industry. The two companies could hardly be more different in shape, Medtronic a sprawling giant spanning cardiology, neuroscience and diabetes, Fresenius a focused specialist built around dialysis and kidney care, and yet in brand terms they stand almost exactly level.

The closeness of the contest reflects how evenly matched the two brands are, despite their very different businesses, one broad across devices and the other focused on dialysis, a rivalry our medtech market worldwide coverage frames.

Medtronic vs Fresenius Brand Value (USD bn)A close contest.

Data:

Medical device brand values compiled by BusinessStats from Brand Finance rankings and industry data.

Note:

Brand value in billion US dollars; 2026 figures for ranks below the top two are estimates.Switch views with the toolbar.

A close contest: Medtronic and Fresenius have traded the top spot for years, with Fresenius briefly leading in 2024 before Medtronic regained it.

The see-saw at the top is driven by shifts in each company fortunes and by divestitures, with Medtronic reshaping its portfolio and Fresenius sharpening its focus on kidney care, each affecting the value of its brand. The frequent changes at the top, driven by divestitures and shifts in strategy, keep the rivalry between Medtronic and Fresenius alive, and make the medical device brand ranking one of the most closely watched in healthcare. Looking ahead, the contest between Medtronic and Fresenius seems likely to remain close, with each capable of retaking the lead depending on how successfully it reshapes its business and strengthens its brand.

The Sector

The Rising Value of Medtech Brands

The total brand value of the leading medical device companies has grown steadily, from about 38 billion dollars for the top brands in 2020 to about 54 billion in 2026, reflecting the growth and rising profitability of the industry. The steady growth in the total brand value of the leading medical device companies is a quiet but telling measure of the health of the industry, reflecting both its expansion and the rising premium that strong brands command. The total brand value of the leading medical device companies rose from about 38 billion dollars in 2020 to about 44 billion in 2022, about 48 billion in 2024 and about 54 billion in 2026, tracking the growth of the industry. The rising tide of medical device brand value lifts almost all the leading companies, and its steady climb is a quiet but reliable indicator of an industry growing more profitable and its leading names more trusted.

The steady growth in sector brand value tracks the expansion of the medical device market itself, a link our medtech market by segment coverage frames through the revenue behind the brands.

Total Medical Device Brand Value Over Time (USD bn)A steady rise.

Data:

Top ten medical device companies worldwide in 2026, by brand value, in billion US dollars, based on Brand Finance style brand valuations.

Note:

Brand value measures the value of the brand itself, not revenue. The 2026 figures are estimates and projections.Switch views with the toolbar.

A steady rise: the total brand value of the leading medical device companies has grown from about 38 billion dollars in 2020 to about 54 billion in 2026.

Top Three Share of Top-Ten Brand Value (%)Concentrated at the top.

Data:

Medical device brand values compiled by BusinessStats from Brand Finance rankings and industry data.

Note:

Brand value in billion US dollars; 2026 figures for ranks below the top two are estimates.Switch views with the toolbar.

Concentrated at the top: the top three brands account for about 40 percent of the brand value of the entire top ten.

As the industry grows and consolidates, brand value is increasingly concentrated among the largest players, whose scale and reach let them build brands that smaller rivals struggle to match. The concentration of brand value among the largest companies is a natural consequence of the scale required to build a global medical device brand, and it leaves smaller specialists struggling to match the reach of the giants. The growing concentration of brand value at the top is a natural feature of a maturing industry, where the scale needed to build a truly global brand increasingly favours the largest and most established companies.

AI and Brands

How AI Is Reshaping Brands

Artificial intelligence is beginning to reshape medical device brands, as companies that embed AI in their products are seen as more innovative and command a brand premium, especially in imaging and diagnostics. Artificial intelligence is emerging as a new driver of medical device brand value, rewarding the companies seen as most innovative and reshaping how hospitals and patients judge the reputation of the leading names. The arrival of artificial intelligence as a driver of brand value marks a new chapter in the industry, rewarding the companies that can convince hospitals and patients they are at the cutting edge of

intelligent, connected medicine. As algorithms move from the laboratory into everyday clinical practice, the brands most closely associated with trustworthy, well-regulated artificial intelligence are likely to enjoy a growing advantage in the eyes of cautious hospital buyers.

The brands investing most heavily in AI, from Siemens Healthineers to GE HealthCare, are using it to strengthen their reputations for innovation, a shift our AI market size coverage frames.

Brand Value, 2024 vs 2026 (USD bn)Broad-based growth.

Data:

Medical device brand values compiled by BusinessStats from Brand Finance rankings and industry data.

Note:

Brand value in billion US dollars; 2026 figures for ranks below the top two are estimates.Switch views with the toolbar.

Broad-based growth: between 2024 and 2026 most of the leading brands grew in value, with Fresenius the main exception after its 2024 peak.

The link between AI and brand value is expected to strengthen, as the ability to offer intelligent, connected devices becomes central to how hospitals and patients judge the leading medical technology brands. The growing link between artificial intelligence and brand value points to the future of the ranking, in which the companies seen as leaders in intelligent, connected devices are likely to command an ever-larger brand premium.

Key Facts

Medical Device Brands in Numbers

A few numbers capture the ranking. Medtronic is the most valuable medical device brand in 2026 at about 7.6 billion dollars, Fresenius follows on about 7.3 billion, and American brands hold about 63 percent of the brand value of the top ten. These figures together map a ranking that rewards reputation as much as scale, led by two closely matched giants and rising steadily as the industry grows and its leading brands become ever more valuable. The ranking as a whole tells a story of an industry where reputation carries real financial weight, led by two closely matched giants and rising steadily as its leading brands grow ever more valuable. The headline numbers, Medtronic at about 7.6 billion dollars and Fresenius at about 7.3 billion, capture a contest so close that the ranking could plausibly change again with the next set of results.

The figures matter because a strong brand commands a premium with hospitals and patients, and brand value is a measure of reputation that revenue alone cannot capture, a link our medical technology market coverage explores.

$7.6BMedtronicMost valuable. $7.3BFreseniusClose second. 63%US brandsOf top ten. $54BSector totalTop brands.

Together these figures show a ranking led by Medtronic and Fresenius, split between American and European brands, and rising steadily as the industry grows and brands become ever more valuable. For now, the medical device brand ranking stands as a reminder that in healthcare, as in any industry, reputation carries a real and measurable financial value, one that the largest companies guard and grow with care.

Big Picture

Medical Device Brands: The Big Picture

Taken together, the most valuable medical device brands of 2026 map an industry led by Medtronic and Fresenius, split between the United States and Europe, a story our global pharmaceutical industry coverage sets in the wider healthcare context.

Whether Medtronic holds off Fresenius will depend on how each reshapes its business, but for now the two stand clear at the top of a ranking that rewards reputation as much as revenue, alongside the listed companies in our Nasdaq stock market overview.

FAQ

Frequently Asked Questions: Medical Device Brands

Medtronic, with a brand value of about 7.6 billion dollars, narrowly ahead of Fresenius on about 7.3 billion and Siemens Healthineers on 6.5 billion.

Brand value measures the worth of the brand itself, the premium from reputation, separate from products and revenue. That is why the two rankings differ.

Medtronic, Fresenius, Siemens Healthineers, Philips, GE HealthCare, Abbott, Stryker, Becton Dickinson, Boston Scientific and Baxter make up the top ten in 2026.

Because its brand is strong relative to its size, built on its global network of dialysis clinics and its central role in kidney care worldwide.

The United States, holding about 63 percent of the brand value of the top ten, followed by Germany on 26 percent and the Netherlands on 11 percent.

Boston Scientific, Stryker and Abbott have seen the fastest brand-value growth, each rising more than 6 percent, driven by gains in high-growth areas.

No. Brand strength measures how powerful a brand is, while brand value measures its financial worth. Abbott and Siemens Healthineers lead on strength.

Yes, Fresenius took the top spot in 2024, ending a three-year reign by Medtronic, before Medtronic regained the lead in 2025 and holds it in 2026.

The total brand value of the leading medical device companies has grown to about 54 billion dollars in 2026, up from about 38 billion in 2020.

From Brand Finance style brand valuations, compiled by BusinessStats. Brand value measures the brand, not revenue, and the 2026 figures are estimates.

Sources

Brand Finance Medical Devices rankings - Source for the brand value of the leading medical device companies worldwide.

Brand Finance and company data - Source for brand strength, country and historical detail, compiled by BusinessStats.

Brand Finance - Publishes the medical device brand value rankings.

Figures show the top ten medical device companies worldwide in 2026 by brand value, in billion US dollars, based on Brand Finance style valuations. Medtronic leads on about 7.6 billion dollars, ahead of Fresenius on about 7.3 billion and Siemens Healthineers on 6.5 billion. Brand value measures the worth of the brand itself, not revenue. American brands hold about 63 percent of the top-ten brand value. The 2026 figures for companies below the top two are estimates and projections. This is data journalism, not investment advice.

STATISTICS REPORT

Revenue in the medical devices segment worldwide 2016-2030

Updated Jul 15, 2026 · businesstats.com/revenue-medical-devices-medical-technology-market-worldwide

$572B DEVICES 2026	**$717B** BY 2030	**5.8%** CAGR
$84B CARDIOLOGY	**$212B** UNITED STATES	**86%** OF MEDTECH

Overview

Revenue in the medical devices segment worldwide from 2016 to 2030

Revenue in the medical devices segment worldwide is projected to reach about 572 billion dollars in 2026, up from about 368 billion in 2016. The segment is forecast to grow at about 5.8 percent a year to reach roughly 717 billion dollars by 2030. That makes the medical device industry the largest single block of medical technology, and one of the biggest sectors in healthcare after pharmaceuticals. Medical devices are the hardware of modern medicine, the pacemakers, scanners, implants and surgical tools without which almost no serious treatment happens, and the market behind them has grown into the largest single block of the medical technology industry. On the 2026 figures, medical devices at about 572 billion dollars make up roughly 86 percent of the 666 billion dollar medical technology market, with in vitro diagnostics accounting for the remaining 94 billion. What makes the medical devices series worth studying closely is not any single year but the shape of the whole, a segment that has grown by more than half in a decade without a single dramatic year, the very opposite of the technology markets it is often grouped with.

Medical devices are the larger half of the medical technology market, accounting for about 86 percent of it. The figures sit within our medical technology market by segment and medical technology industry coverage.

Medical Devices Revenue and Annual Growth, 2016 to 2030From 368 to 717 billion.

Data:

Revenue in the medical devices segment worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights.

Note:

Medical devices exclude in vitro diagnostics. Years from 2026 are forecasts and figures are modeled estimates.Switch views with the toolbar.

From 368 to 717 billion: medical devices revenue grew from about 368 billion dollars in 2016 to a projected 572 billion in 2026 and a forecast 717 billion by 2030, stalling only in 2020.

Cardiology devices are the largest category, worth about 84 billion dollars in 2026, and the United States is the largest market at about 212 billion, themes our medtech industry data and US GDP coverage explores.

A note on the data. The figures show revenue in the medical devices segment worldwide from 2016 to 2030, in billion dollars, from Statista Market Insights. Medical devices exclude in vitro diagnostics, and years from 2026 are forecasts. Because the figures are modeled estimates at manufacturer price level and different research firms draw the boundaries of the segment differently, medical devices market size estimates vary widely between sources, from roughly 570 billion dollars to over 620 billion. The medical devices market covers a broad range of products marketed into medical specialties or types of application, including cardiology, diagnostic imaging, orthopedics, ophthalmics, general and plastic surgery, endoscopy, diabetes care, dental and drug delivery devices.

The Table

Medical Devices Revenue Worldwide

Medical Devices Revenue Worldwide, 2016 to 2030Click any column to sort

YEAR	REVENUE	ANNUAL GROWTH	SHARE OF MEDTECH
2016	368B	n/a	85.6%
2017	389B	5.7%	85.5%
2018	412B	5.9%	85.5%
2019	425B	3.2%	85.0%
2020	430B	1.2%	84.6%
2021	462B	7.4%	84.8%

2022	482B	4.3%	84.0%
2023	500B	3.7%	84.5%
2024	522B	4.4%	85.3%
2025	542B	3.8%	85.5%
2026 (forecast)	572B	5.5%	85.9%
2027 (forecast)	604B	5.6%	86.0%
2028 (forecast)	644B	6.6%	86.3%
2029 (forecast)	679B	5.4%	86.5%
2030 (forecast)	717B	5.6%	86.8%

The table shows revenue in the medical devices segment worldwide by year. It shows steady growth from about 368 billion dollars in 2016 to a forecast 717 billion by 2030, with only the pandemic year of 2020 breaking the pattern. Reading down the table shows a segment that has added roughly 204 billion dollars of annual revenue in a decade and is forecast to add a further 145 billion in the four years to 2030. Because the figures use current exchange rates and modeled estimates, the totals are best read as a consistent series showing the shape and pace of growth rather than as precise absolute values for any single year. The single most revealing figure in the table is the growth rate column, which shows the segment barely moving in 2020 and then jumping sharply in 2021, the clearest possible illustration of postponed rather than lost demand.

Definition

What Counts as a Medical Device?

The medical devices segment covers the instruments and machines used to prevent, diagnose and treat disease, from pacemakers and joint implants to imaging systems and surgical tools. It excludes in vitro diagnostics, which are counted separately. A medical device, in short, is any instrument or machine used on or in the body for a medical purpose, which is what separates the medical products industry from pharmaceuticals, where the product is a molecule rather than a machine. Getting the definition right matters more here than in most markets, because medical devices are routinely confused with the wider medical technology industry, with healthcare equipment generally, and with consumer health gadgets that fall entirely outside the count. The boundaries of the segment are drawn tightly on purpose, capturing the

machines and instruments themselves rather than the treatments delivered with them or the drugs given alongside them, which keeps the series comparable across countries and years.

The definition matters because medical devices and diagnostics behave very differently, with devices tied to procedures and implants rather than testing volumes, a distinction our medtech market and global pharmaceutical industry coverage frames.

Also excluded are pharmaceuticals, treatment services and consumer technologies such as fitness trackers, so the figures capture the medical hardware itself rather than the wider healthcare economy around it. The exclusion of consumer technologies is particularly worth noting, since smartwatches and fitness trackers, however health-related their features, are counted in consumer electronics rather than in the medical devices market. The line between a medical device and a consumer health product is becoming harder to draw as smartwatches gain regulatory clearance for features such as heart rhythm detection, which sit in a grey zone between the two markets.

Growth

How Fast Has the Segment Grown?

Medical devices revenue has grown every year of the past decade apart from a pandemic slowdown. Revenue rose from about 368 billion dollars in 2016 to about 572 billion in 2026, an increase of roughly 55 percent, or about 4.5 percent a year on average. Few sectors of comparable size have grown as consistently, which is why the medical devices industry is often described as defensive rather than cyclical. The consistency of growth in medical devices is its most commercially valuable feature, letting manufacturers plan capacity and health systems budget with a confidence that few other industries allow. Revenue rose from about 368 billion dollars in 2016 to about 430 billion in 2020, about 522 billion in 2024 and about 572 billion in 2026, a compound annual growth rate of roughly 4.5 percent over the decade. The reliability of device demand rests on something no marketing department can manufacture, namely the fact that hips wear out, hearts fail and eyes cloud over on a schedule set by biology rather than by the business cycle.

The steady growth reflects ageing populations, rising chronic disease and the spread of advanced devices into new markets, drivers our US population coverage frames.

Medical Devices Share of the Medtech Market (%)Creeping upward.

Data:

Derived from Statista Market Insights medical devices data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; submarket, country and company figures are estimates.Switch views with the toolbar.

Creeping upward: medical devices make up about 86 percent of the medical technology market in 2026, up from about 85 percent a decade earlier, dipping only during the testing boom.

Growth stalled in 2020, when elective operations were postponed and device sales barely moved, then rebounded sharply in 2021 as backlogs of postponed procedures were cleared. The recovery from 2020 was rapid and complete, and by 2022 the segment had returned to the level its pre-pandemic trend would have predicted, suggesting the disruption postponed procedures rather than destroying demand. Looking across the whole series, the segment has proved remarkably resilient, absorbing a global pandemic with barely a pause in its long climb and returning quickly to its underlying trend. Looking across the whole series, the segment has proved remarkably resilient, absorbing a global pandemic with barely a pause in its long climb and returning quickly to its underlying trend.

Categories

What Is the Largest Device Category?

Cardiology devices are the largest category within medical devices, worth about 84 billion dollars in 2026. Orthopedic devices, general and plastic surgery devices, ophthalmic devices and diabetes care devices follow, each worth between about 50 and 75 billion. The internal structure of the medical devices segment is unusually flat, with no single category dominating, and that breadth is precisely what has made the segment so resilient through economic cycles and even a global pandemic. Cardiology devices about 84 billion dollars lead the segment in 2026, ahead of orthopedic devices on about 74 billion, general and plastic surgery devices on about 64 billion, ophthalmic devices on about 58 billion and diabetes care devices on about 54 billion. The category structure of medical devices repays close attention, because it explains why the largest device makers are diversified conglomerates rather than specialists, since no single category is large enough on its own to build a giant around.

The leading position of cardiology reflects the global burden of heart disease and the high value of pacemakers, stents and heart valves, a market our biggest companies by market value coverage frames through the companies that make them.

Medical Device Categories by Revenue, 2026 (USD bn)Cardiology leads.

Data:

Derived from Statista Market Insights medical devices data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; submarket, country and company figures are estimates.Switch views with the toolbar.

Cardiology leads: cardiology devices are the largest category at about 84 billion dollars in 2026, ahead of orthopedics on about 74 billion and general surgery on about 64 billion.

The categories are unusually evenly matched, with no single one accounting for even a sixth of the segment, which is one reason medical devices revenue has proved so steady over time. The evenness of the category structure is the opposite of what is seen in pharmaceuticals, where a single drug class can account for a vast share of revenue, and it is one reason device makers tend to be diversified conglomerates. Looking ahead, cardiology and orthopedics are expected to contribute the most growth in absolute terms, while robotics and AI-enabled products grow fastest in percentage terms from far smaller bases. Looking ahead, cardiology and orthopedics are expected to contribute the most growth in absolute terms, while robotics and AI-enabled products grow fastest in percentage terms from far smaller bases.

Category Split

The Category Split

Medical devices make up about 86 percent of the medical technology market in 2026, worth about 572 billion dollars of the roughly 666 billion total. That share has crept up over the past decade and is forecast to rise a little further by 2030. The share of medical technology accounted for by devices is one of the more stable structural facts in healthcare, and its slow drift upward is a quiet but meaningful shift in the balance of the industry. Medical devices about 572 billion dollars of a roughly 666 billion dollar medical technology market give a share of about 86 percent in 2026, forecast to reach about 87 percent by 2030. The share of medical technology accounted for by devices is one of the more stable structural facts in healthcare, and its slow drift upward is a quiet but meaningful shift in the balance of the industry.

The rising share reflects the faster growth of devices than diagnostics, especially since the pandemic testing surge unwound, a shift our chemical industry coverage frames through the reagents behind the tests.

Share of the Medical Devices Segment by Category (%)An even spread.

Data:

Derived from Statista Market Insights medical devices data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; submarket, country and company figures are estimates.Switch views with the toolbar.

An even spread: no single category accounts for even a sixth of the medical devices segment, with cardiology the largest at about 15 percent.

The share dipped briefly in 2021 and 2022, when diagnostics revenue surged as testing boomed, then recovered as testing volumes returned to more normal levels. The brief dip in the device share during the testing boom, and its equally brisk recovery, is one of the clearest illustrations of how temporary the pandemic distortion turned out to be.

Imaging

How Big Is Diagnostic Imaging?

Diagnostic imaging devices generated about 49 billion dollars in 2025 and about 51 billion in 2026, growing at roughly 4 percent a year. The category covers MRI, CT, X-ray, ultrasound and PET systems and is smaller than often assumed. Diagnostic imaging occupies an outsized place in public perception of medical technology relative to its actual share of revenue, a gap worth understanding for anyone trying to size the market accurately. Diagnostic imaging devices generated about 49 billion dollars in 2025, a rise of about 3.9 percent on the year, and are projected at about 51 billion in 2026, or roughly 9 percent of the medical devices segment. The size of the diagnostic imaging market is one of the most commonly misstated figures in medical technology, routinely inflated in commentary that conflates the scanners themselves with the imaging services performed on them.

The modest size of imaging reflects the fact that scanners are durable capital equipment bought once a decade rather than consumables, even though each machine costs millions, a dynamic our Nasdaq stock market coverage frames.

Diagnostic Imaging Devices Revenue (USD bn)Smaller than assumed.

Data:

Revenue in the medical devices segment worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights.

Note:

Medical devices exclude in vitro diagnostics. Years from 2026 are forecasts and figures are modeled estimates.Switch views with the toolbar.

Smaller than assumed: diagnostic imaging devices generated about 49 billion dollars in 2025 and about 51 billion in 2026, roughly 9 percent of the medical devices segment.

Imaging is the category being reshaped fastest by artificial intelligence, as algorithms take on more of the reading of scans, though the revenue effect so far has been to add software value rather than to expand hardware sales. The imaging giants have responded to artificial intelligence by buying and building algorithm portfolios of their own, so the technology that might have disrupted them is instead becoming another feature of their systems. For anyone sizing the market, the lesson is that imaging matters far more to the practice of medicine than its revenue share suggests, since a single scanner supports thousands of diagnoses a year across many specialties.

Growth Rates

How Fast Will Devices Grow?

Medical devices are forecast to grow at about 5.8 percent a year between 2026 and 2030, faster than the medical technology market as a whole at about 5.5 percent and much faster than in vitro diagnostics at about 3.8 percent. The growth rate of medical devices is the single most important number in any medical technology forecast, because the segment is large enough that its trajectory effectively sets the trajectory of the whole industry. Medical devices are forecast to grow at about 5.8 percent a year from 2026 to 2030, against about 5.5 percent for the medical technology market as a whole and about 3.8 percent for in vitro diagnostics. A growth rate of a little under six percent sounds unremarkable until it is compounded, at which point it means the segment adds the equivalent of a mid-sized industry every four years without any change in strategy or technology.

The faster growth reflects strong demand for implants, imaging and surgical equipment as populations age, a rate our big tech revenue coverage sets against far faster technology markets.

Forecast Growth Rate to 2030 by Market (%)Devices grow fastest.

Data:

Derived from Statista Market Insights medical devices data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; submarket, country and company figures are estimates.Switch views with the toolbar.

Devices grow fastest: medical devices are forecast to grow at about 5.8 percent a year to 2030, against 5.5 percent for medtech as a whole and 3.8 percent for diagnostics.

At that rate the segment adds about 145 billion dollars of annual revenue between 2026 and 2030, accounting for more than 90 percent of the growth of the whole medical technology market. That devices supply more than nine tenths of the growth of the whole medical technology market to 2030 means the outlook for medtech is essentially the outlook for surgery, implants and imaging.

By Country

Which Country Is the Largest Market?

The United States is the largest medical devices market in the world, generating about 212 billion dollars in 2026, roughly 37 percent of the global total. China, Germany and Japan follow, though each is far behind. Where medical device revenue is earned says as much about healthcare systems as about the industry, since the countries that spend most per person on health are also where the newest devices reach patients first. The United States about 212 billion dollars in 2026 is followed at a distance by China, Germany and Japan, with the United States alone accounting for roughly 37 percent of global medical device revenue. The geographic concentration of medical device revenue is one of the least discussed facts about the industry and one of the most consequential for questions of access and equity in global health.

The American lead reflects high healthcare spending and the largest hospital market in the world by value, a pattern our global stock markets by country coverage frames.

Medical Devices Revenue by Country, 2026 (USD bn)The US leads.

Data:

Revenue in the medical devices segment worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights.

Note:

Medical devices exclude in vitro diagnostics. Years from 2026 are forecasts and figures are modeled estimates.Switch views with the toolbar.

The US leads: the United States generates about 212 billion dollars of medical device revenue in 2026, roughly 37 percent of the global total.

Outside the United States, the established centres are Western Europe and Japan, while China is the fastest-growing large market and is expected to account for a much larger share of device revenue by the end of the decade. The concentration of revenue in a handful of wealthy countries is one of the enduring features of medical devices, and one reason access to the newest implants and scanners remains so uneven around the world. The concentration of revenue in a handful of wealthy countries is one of the enduring features of medical devices, and one reason access to the newest implants and scanners remains so uneven around the world.

Companies

The Largest Device Companies

Medtronic is the largest medical device company in the world, with revenue above 33 billion dollars. Johnson & Johnson MedTech and Abbott follow, and all three are based in the United States, as are most of the largest device makers. The league table of the largest device makers is remarkably stable, dominated by a handful of American giants whose scale, distribution and regulatory experience make them very hard for newcomers to displace. The stability of the company rankings is itself telling, since in most technology industries a decade brings new leaders, while in medical devices the same names have held the top places for a generation.

The dominance of American companies reflects the depth of the US healthcare market and its research base, a pattern our AI market size coverage now touches as device makers race to add algorithms to their products.

Largest Medical Device Companies by Revenue (USD bn)Medtronic leads.

Data:

Derived from Statista Market Insights medical devices data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; submarket, country and company figures are estimates.Switch views with the toolbar.

Medtronic leads: Medtronic is the largest medical device company with revenue above 33 billion dollars, ahead of Johnson & Johnson MedTech and Abbott.

European companies retain a strong position in the highest-value hospital equipment, with Siemens Healthineers and Philips among the largest device makers, especially in imaging and patient monitoring. Taken together, the largest firms give the medical device sector an unusually stable competitive structure, with the same names holding the leading places year after year. The persistence of Siemens Healthineers and Philips near the top of the device rankings shows that while America dominates the segment overall, Europe retains a commanding position in the highest-value hospital equipment. Beyond the top ten, the device industry has a long tail of specialists, many of them highly profitable in narrow niches, and it is from this tail that the largest companies buy most of their new technology.

Forecast

The Outlook to 2030

The medical devices segment is forecast to grow from about 572 billion dollars in 2026 to about 717 billion by 2030, an increase of about 145 billion. Every major category is expected to grow, with cardiology and orthopedics contributing the most in absolute terms. Forecasts for medical devices are more credible than most technology forecasts, because the demand comes from demography, and the number of people who will be over seventy in 2030 is already known with considerable precision. The segment grows from about 572 billion dollars in 2026 to about 717 billion by 2030, an increase of about 145 billion, or roughly 25 percent over four years. The forecast for medical devices is in effect the forecast for medical technology as a whole, since the segment is large enough and growing fast enough that its trajectory sets the trajectory of the entire industry.

The forecast rests on demographic certainties rather than technological bets, which makes it more reliable than most technology forecasts, a contrast our crypto market coverage draws against far more volatile markets.

Medical Device Categories, 2026 vs 2030 (USD bn)Every category grows.

Data:

Derived from Statista Market Insights medical devices data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; submarket, country and company figures are estimates.Switch views with the toolbar.

Every category grows: from 2026 to 2030 every major device category expands, with cardiology rising from about 84 to about 106 billion dollars.

Where the Growth to 2030 Comes From (USD bn)Cardiology adds most.

Data:

Derived from Statista Market Insights medical devices data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; submarket, country and company figures are estimates.Switch views with the toolbar.

Cardiology adds most: of the roughly 145 billion dollars of growth to 2030, cardiology contributes about 22 billion and orthopedics about 19 billion.

The main upside risk lies in robotics and artificial intelligence, where faster than expected adoption could lift growth above the assumed rate, particularly in surgery and imaging. The main trends in the medical devices industry all point the same way, toward more software, more automation and more care delivered outside the hospital, and each of those medical device industry trends supports rather than threatens the growth of the segment. The main downside risk is pricing, since health systems under budget pressure increasingly negotiate hard on device prices, which could shave growth even as procedure volumes keep rising.

Key Facts

Medical Devices Revenue in Numbers

A few numbers capture the segment. Medical devices revenue is about 572 billion dollars in 2026, up from 368 billion in 2016, cardiology is the largest category at about 84 billion, and the United States is the largest market at about 212 billion. These figures together map a segment that is large, steadily growing, broad across many evenly matched categories and geographically concentrated in a handful of wealthy countries. Read as a whole, the series describes a segment whose growth is slow by technology standards and fast by industrial ones, and whose reliability is precisely what makes it valuable to plan around.

The figures matter because medical devices are the engine of the whole medical technology market, and their growth tracks both demographic change and technological progress, a link our artificial intelligence statistics coverage touches.

$572BDevices 2026Global revenue. $717BBy 2030Forecast. $84BCardiologyLargest category. $212BUnited StatesLargest market.

Together these figures show a segment that has grown steadily for a decade, is broad across many evenly matched categories, and is forecast to keep growing at about 5.8 percent a year through the end of the decade. For now, revenue in the medical devices segment stands as one of the steadiest series in global industry, a quiet but relentless climb underpinned by demographics rather than fashion.

Big Picture

Medical Devices: The Big Picture

Taken together, revenue in the medical devices segment from 2016 to 2030 maps a market growing steadily from 368 billion dollars to a forecast 717 billion, a story our cloud market coverage sets against faster-growing technology sectors.

Whether growth accelerates will depend on how quickly robotics and artificial intelligence move from promise to routine practice, but for now the segment climbs at a steady and highly predictable pace, alongside the hardware markets in our VR headset market overview.

FAQ

Frequently Asked Questions: Medical Devices Revenue

About 572 billion dollars worldwide, up from about 368 billion in 2016. The segment excludes in vitro diagnostics, which add a further 94 billion.

At about 5.8 percent a year to 2030, faster than the medical technology market as a whole at about 5.5 percent.

About 717 billion dollars, up from about 572 billion in 2026, an increase of roughly 145 billion over the four years.

Cardiology devices, worth about 84 billion dollars in 2026, ahead of orthopedic devices, general and plastic surgery devices and ophthalmic devices.

The United States, at about 212 billion dollars in 2026, roughly 37 percent of the world total, followed by China, Germany and Japan.

Instruments and machines used to prevent, diagnose and treat disease, from pacemakers and implants to imaging systems. Diagnostics and drugs are excluded.

About 49 billion dollars in 2025 and about 51 billion in 2026, growing at roughly 4 percent a year. It covers MRI, CT, X-ray, ultrasound and PET systems.

Medtronic, with revenue above 33 billion dollars, followed by Johnson & Johnson MedTech and Abbott, all three based in the United States.

About 86 percent. Devices are worth about 572 billion dollars of the roughly 666 billion medical technology market in 2026.

From Statista Market Insights, revenue in the medical devices segment worldwide. Years from 2026 are forecasts and figures are modeled estimates.

Sources

Statista Market Insights, Medical Devices market - Source for revenue in the medical devices segment worldwide from 2016 to 2030, and for the diagnostic imaging and country figures.

Statista Market Insights and company annual reports - Source for device category, company and growth-rate detail, compiled by BusinessStats.

Statista Medical Devices Outlook - Publishes the medical devices revenue data.

Figures show revenue in the medical devices segment worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights. Medical devices exclude in vitro diagnostics. Revenue is projected at about 572 billion dollars in 2026, rising to a forecast 717 billion by 2030 at about 5.8 percent a year. Cardiology devices are the largest category at about 84 billion and the United States the largest market at about 212 billion. Years from 2026 are forecasts. Category, company and historical figures are estimates. This is data journalism, not investment advice.

STATISTICS REPORT

Revenue in the medical technology market worldwide 2016-2030, by segment

Updated Jul 15, 2026 · businesstats.com/revenue-medical-technology-market-for-different-segments-worldwide

$666B MARKET 2026	**$572B** DEVICES	**$94B** DIAGNOSTICS
$826B BY 2030	**5.5%** CAGR	**$430B** IN 2016

Overview

Revenue in the medical technology market worldwide from 2016 to 2030, by segment

Revenue in the medical technology market worldwide is projected to reach about 666 billion dollars in 2026, of which medical devices account for about 572 billion and in vitro diagnostics for about 94 billion. The market has grown from about 430 billion dollars in 2016. Few industry series are as steady as the revenue of the medical technology market, a market whose demand is driven less by fashion or the business cycle than by the simple arithmetic of ageing populations and rising chronic disease. On the 2026 figures, medical devices at about 572 billion dollars make up roughly 86 percent of the market and in vitro diagnostics at about 94 billion the remaining 14 percent, together giving a total of about 666 billion. What makes the series worth studying closely is not any single year but the shape of the whole, a market that has more than half again in size over fifteen years without a single dramatic year, the very opposite of the technology markets it is often compared with.

The market is forecast to reach about 826 billion dollars by 2030, growing at about 5.5 percent a year. The figures sit within our medical technology industry and medtech industry data coverage.

Medical Technology Revenue Worldwide by Segment (USD bn)From 430 to 826 billion.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion US dollars, from Statista Market Insights.

Note:

The market splits into medical devices and in vitro diagnostics. Years from 2026 are forecasts.Switch views with the toolbar.

From 430 to 826 billion: medical technology revenue grew from about 430 billion dollars in 2016 to a projected 666 billion in 2026 and a forecast 826 billion by 2030.

Medical devices are the larger and faster-growing of the two segments, expanding at about 5.8 percent a year against about 3.8 percent for diagnostics, themes our medtech market and global pharmaceutical industry coverage explores.

A note on the data. The figures show revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion dollars, from Statista Market Insights. The market splits into medical devices and in vitro diagnostics, and years from 2026 are forecasts. Because the figures are modeled estimates at manufacturer price level and different research firms define the boundaries of the industry differently, market size estimates vary widely between sources, from roughly 570 billion dollars to over 700 billion. The market covers devices and products used for prevention, diagnosis and treatment of disease, and after pharmaceuticals it is the most important category of medical products, with revenue allocated to the country where the money is spent.

The Table

Medical Technology Revenue by Segment

Medical Technology Revenue by Segment, 2016 to 2030Click any column to sort

YEAR	MEDICAL DEVICES	IN VITRO DIAGNOSTICS	TOTAL
2016	368B	62B	430B
2017	389B	66B	455B
2018	412B	70B	482B
2019	425B	75B	500B
2020	430B	78B	508B

2021	462B	83B	545B
2022	482B	92B	574B
2023	500B	92B	592B
2024	522B	90B	612B
2025	542B	92B	634B
2026 (forecast)	572B	94B	666B
2027 (forecast)	604B	98B	702B
2028 (forecast)	644B	102B	746B
2029 (forecast)	679B	106B	785B
2030 (forecast)	717B	109B	826B

The table shows revenue in the medical technology market worldwide by year and segment. It shows medical devices growing from about 368 billion dollars in 2016 to a forecast 717 billion by 2030, while in vitro diagnostics grows from about 62 billion to about 109 billion. Reading down the table shows an industry that has added roughly 236 billion dollars of annual revenue in a decade, with medical devices supplying about 204 billion of that and diagnostics about 32 billion. Because the figures use current exchange rates and modeled estimates, the totals are best read as a consistent series showing the shape and pace of growth rather than as precise absolute values for any single year. The single most revealing comparison in the table is between 2022 and 2024, where diagnostics fell while devices rose sharply, the clearest possible illustration of how differently the two halves of the market behave.

The Segments

What Are the Segments of the Market?

The medical technology market splits into two segments. Medical devices, worth about 572 billion dollars in 2026, cover the instruments and machines used to prevent, diagnose and treat disease. In vitro diagnostics, worth about 94 billion, cover tests performed outside the body. The division of medical technology into devices and diagnostics is the most important split in the industry, because the two halves behave very differently, with devices tied to procedures and implants and diagnostics tied to testing volumes. Medical devices about 572 billion dollars and in vitro diagnostics about 94 billion together make up the 666 billion dollar medical technology market of 2026, a ratio of roughly six to one in favour of

devices. The choice to split medical technology into devices and diagnostics is not arbitrary, since the two halves sell to different budgets, move with different drivers and are dominated by different companies, and treating them as one market obscures more than it reveals.

The gap between the two segments is wide and widening, as devices grow faster than diagnostics, a divergence our biggest companies by market value coverage frames through the companies that dominate each.

Market Split by Segment, 2026 (%)Devices dominate.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion US dollars, from Statista Market Insights.

Note:

The market splits into medical devices and in vitro diagnostics. Years from 2026 are forecasts.Switch views with the toolbar.

Devices dominate: medical devices make up about 86 percent of the medical technology market in 2026, worth about 572 billion dollars, against 14 percent for diagnostics.

Medical devices make up about 86 percent of the medical technology market in 2026 and in vitro diagnostics about 14 percent, a split that has shifted only slightly over the past decade despite the pandemic surge in testing. The stability of the split between devices and diagnostics, at roughly 86 to 14, is striking given the upheaval of the pandemic years, and shows how quickly the market reverted to its long-term structure once testing volumes normalised. The 86 to 14 split has proved one of the more durable structural facts about medical technology, surviving a pandemic that briefly seemed likely to rewrite it entirely.

Growth

How Fast Has the Market Grown?

The medical technology market has grown every year of the past decade apart from a pandemic slowdown. Revenue rose from about 430 billion dollars in 2016 to about 666 billion in 2026, an increase of roughly 55 percent, or about 4.5 percent a year on average. The growth of the medical technology market over the past decade has been remarkably consistent, with the pandemic providing the only real

interruption, and even that proved temporary rather than structural. Revenue rose from about 430 billion dollars in 2016 to about 508 billion in 2020, about 612 billion in 2024 and about 666 billion in 2026, a compound annual growth rate of roughly 4.5 percent over the decade. The consistency of growth in medical technology is its most commercially valuable feature, because it allows manufacturers to plan capacity, investors to model cash flows and health systems to budget with a confidence that few other industries permit.

The steady growth reflects ageing populations, rising chronic disease and the spread of advanced devices into new markets, drivers our US population coverage frames.

Total Market Revenue and Annual Growth RateSteady compounding.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion US dollars, from Statista Market Insights.

Note:

The market splits into medical devices and in vitro diagnostics. Years from 2026 are forecasts.Switch views with the toolbar.

Steady compounding: the market has grown every year of the decade apart from the pandemic slowdown of 2020, at an average of about 4.5 percent a year.

Growth was slowest in 2020, when elective procedures were postponed and device sales fell, and fastest in 2021 and 2022, as postponed operations were caught up and diagnostic testing surged. The pandemic years distorted both halves of the market in opposite directions, suppressing device sales as operations were postponed while sending diagnostics revenue sharply higher, and the two effects largely cancelled out at the market level. Looking across the whole series, the market has proved remarkably resilient, absorbing a global pandemic with barely a pause in its long climb and returning quickly to its underlying trend. The recovery from 2020 was rapid and complete, and by 2022 the market had returned to the level its pre-pandemic trend would have predicted, suggesting the disruption delayed demand rather than destroying it.

Devices

The Medical Devices Segment

Medical devices revenue is projected to reach about 572 billion dollars in 2026 and about 717 billion by 2030, growing at about 5.8 percent a year. The segment has grown from about 368 billion dollars in 2016, adding more than 200 billion in a decade. Medical devices are the engine of the medical technology market, accounting for the great majority of both revenue and growth, and their steady expansion underpins the whole forecast for the industry. Medical devices revenue rose from about 368 billion dollars in 2016 to about 522 billion in 2024 and a projected 572 billion in 2026, and is forecast to reach about 717 billion by 2030. The device segment carries the whole market on its back, and any serious forecast of medical technology is in practice a forecast of what happens to implants, imaging systems and surgical equipment over the coming years.

The strength of the device segment reflects steady demand for implants, imaging systems and surgical equipment, along with the shift of procedures to outpatient settings, a shift our US GDP coverage frames through healthcare spending.

Medical Devices Segment Revenue (USD bn)The engine of growth.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion US dollars, from Statista Market Insights.

Note:

The market splits into medical devices and in vitro diagnostics. Years from 2026 are forecasts.Switch views with the toolbar.

The engine of growth: medical devices revenue rose from about 368 billion dollars in 2016 to a projected 572 billion in 2026 and a forecast 717 billion by 2030.

Within devices, cardiology is the largest category at about 84 billion dollars in 2026, followed by diagnostic imaging and orthopedics, reflecting both the burden of heart disease and the high value of the implants used to treat it. The breadth of the device segment, spanning everything from disposable surgical instruments to imaging suites costing millions, is one reason its growth has been so steady, since no single product or patent can move the whole. Looking ahead, the device segment seems likely to keep its dominant share, with robotics, AI-enabled products and the shift of procedures to outpatient settings all supporting continued growth. The steady climb of devices through every kind of economic weather, from

the financial crisis to the pandemic to the inflation of recent years, is the strongest evidence available for the defensive character of the industry.

Diagnostics

The In Vitro Diagnostics Segment

In vitro diagnostics revenue is projected at about 94 billion dollars in 2026, rising to about 109 billion by 2030. The segment grew sharply during the pandemic, peaking above 90 billion in 2022, then dipped as testing volumes normalised. In vitro diagnostics is the smaller and more volatile half of the market, and its recent history is dominated by the extraordinary surge in testing during the pandemic and the equally sharp normalisation that followed. In vitro diagnostics revenue rose from about 62 billion dollars in 2016 to a pandemic peak of about 92 billion in 2022, dipped to about 90 billion in 2024, and is projected at about 94 billion in 2026 and 109 billion by 2030. The diagnostics series is the more interesting of the two to read, because it contains a natural experiment, showing what happens when an entire market is briefly given several years of demand at once and then has it taken away.

The pandemic distortion is the defining feature of the diagnostics series, with a surge in testing followed by a return to more normal volumes, a pattern our chemical industry coverage frames through the reagents behind the tests.

In Vitro Diagnostics Revenue (USD bn)A pandemic spike.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion US dollars, from Statista Market Insights.

Note:

The market splits into medical devices and in vitro diagnostics. Years from 2026 are forecasts.Switch views with the toolbar.

A pandemic spike: in vitro diagnostics revenue surged to about 92 billion dollars in 2022 as testing boomed, dipped as volumes normalised, and is forecast to reach 109 billion by 2030.

Growth in diagnostics has since resumed at a slower pace of about 3.8 percent a year, driven by molecular testing, point-of-care devices and the spread of routine screening into more countries. The normalisation of diagnostics after the pandemic left the segment roughly where its pre-pandemic trend would have put it,

suggesting the surge pulled demand forward rather than permanently expanding the market.

Growth Rates

Which Segment Grows Fastest?

The two segments grow at different speeds. Medical devices are forecast to grow at about 5.8 percent a year between 2026 and 2030, while in vitro diagnostics grows at about 3.8 percent, giving the market as a whole a rate of about 5.5 percent. The difference in growth rates between the two segments is small in any single year but compounds into a significant divergence over the forecast period, steadily shifting the balance of the industry toward devices. Medical devices are forecast to grow at about 5.8 percent a year from 2026 to 2030 against about 3.8 percent for in vitro diagnostics, giving the market as a whole about 5.5 percent. A two percentage point gap in growth rates sounds trivial, but compounded over a decade it reshapes an industry, and that is precisely what is happening between devices and diagnostics.

The faster growth of devices reflects both the larger base and the stronger demand for implants and imaging, a divergence our big tech revenue coverage sets against far faster technology markets.

Forecast Growth Rate by Segment, 2026 to 2030 (%)Devices grow faster.

Data:

Derived from Statista Market Insights medical technology data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; years from 2026 are forecasts and some breakdowns are estimates.Switch views with the toolbar.

Devices grow faster: medical devices are forecast to grow at about 5.8 percent a year to 2030 against about 3.8 percent for in vitro diagnostics.

At those rates, medical devices will add about 145 billion dollars of annual revenue between 2026 and 2030, while diagnostics adds about 15 billion, so devices account for more than 90 percent of the growth. The concentration of growth in devices means the forecast for the whole market is essentially a forecast for devices, with diagnostics contributing only a small fraction of the additional revenue expected by 2030. That devices supply more than nine tenths of the growth to 2030 is the single most important fact in the forecast, and it means the outlook for medical technology is essentially the outlook for surgery and implants.

Forecast

The Outlook to 2030

The market is forecast to grow from about 666 billion dollars in 2026 to about 826 billion by 2030, an increase of about 160 billion. Medical devices contribute about 145 billion of that and in vitro diagnostics about 15 billion. The forecast to 2030 is unusually confident by the standards of technology markets, because the underlying demand drivers are demographic certainties rather than matters of consumer preference or technological gamble. The market grows from about 666 billion dollars in 2026 to about 826 billion by 2030, with devices rising from about 572 to about 717 billion and diagnostics from about 94 to about 109 billion. Forecasts of this market are more credible than most because the demand comes from demography, and the number of people who will be over seventy in 2030 is already known with considerable precision today.

The concentration of growth in devices will push their share of the market above 86 percent by 2030, a shift our global stock markets by country coverage frames through the listed companies behind them.

Where the Growth to 2030 Comes From (USD bn)Devices supply 90%.

Data:

Derived from Statista Market Insights medical technology data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; years from 2026 are forecasts and some breakdowns are estimates.Switch views with the toolbar.

Devices supply 90%: of the roughly 160 billion dollars of growth expected between 2026 and 2030, medical devices contribute about 145 billion and diagnostics about 15 billion.

The forecast assumes no repeat of the pandemic testing surge, so diagnostics grows steadily from its normalised base rather than spiking, while devices continue their long, steady climb. The risk to the forecast lies mostly on the upside, since a faster than expected adoption of surgical robotics or AI-enabled devices could lift device growth above the assumed rate.

Since 2016

How the Segments Changed Since 2016

A few milestones map the trajectory. The market passed 500 billion dollars in 2019, reached about 666 billion in 2026, and is forecast to approach 750 billion by 2028 and 826 billion by 2030, on its way toward the one trillion mark in the following decade. Tracking the milestones of the medical technology market shows a series that compounds quietly rather than spiking, adding a few tens of billions of dollars most years without drama.

Each milestone reflects the steady compounding of a market with unusually predictable demand, a contrast our crypto market coverage draws against far more volatile technology markets.

Revenue by Segment, 2016 vs 2030 (USD bn)Both nearly doubled.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion US dollars, from Statista Market Insights.

Note:

The market splits into medical devices and in vitro diagnostics. Years from 2026 are forecasts.Switch views with the toolbar.

Both nearly doubled: from 2016 to 2030 medical devices revenue roughly doubles from 368 to 717 billion dollars and diagnostics from 62 to 109 billion.

The pace of the climb has been remarkably even, with the market adding roughly 20 to 40 billion dollars of annual revenue most years, apart from the pandemic distortion of 2020 to 2022. The evenness of the climb is itself the most telling feature of the series, marking medical technology out from the technology markets it is often grouped with, where growth arrives in waves rather than in a steady line. The absence of drama in the series is what makes it useful, since a market that adds a predictable few tens of billions a year is one that can be planned around rather than merely hoped about.

By Country

Where Is the Revenue Earned?

The United States generates the most medical technology revenue of any country, about 245 billion dollars in 2026, more than a third of the world total. China, Germany and Japan follow, though each is far behind. Where medical technology revenue is earned reveals as much about healthcare systems as about the

industry itself, since the countries that spend most per person on health are also where the newest devices reach patients first. The United States about 245 billion dollars in 2026 is followed at a distance by China on roughly 62 billion, Germany on about 41 billion and Japan on about 38 billion. The geographic concentration of medical technology revenue is one of the least discussed facts about the industry, and one of the most consequential for questions of access and equity in global health.

The American lead reflects high healthcare spending and the largest hospital market in the world, a pattern our Nasdaq stock market coverage frames through the listed medtech giants based there.

Medical Technology Revenue by Country, 2026 (USD bn)The US leads.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion US dollars, from Statista Market Insights.

Note:

The market splits into medical devices and in vitro diagnostics. Years from 2026 are forecasts.Switch views with the toolbar.

The US leads: the United States generates about 245 billion dollars of medical technology revenue in 2026, more than a third of the world total.

Outside the United States, the established centres are Western Europe and Japan, while China is the fastest-growing large market and is expected to account for a far larger share of revenue by the end of the decade. The concentration of revenue in a handful of wealthy countries is one of the enduring features of medical technology, and one reason access to the newest devices remains so uneven around the world.

Device Categories

The Biggest Device Categories

Within medical devices, cardiology is the largest category at about 84 billion dollars in 2026. Diagnostic imaging, orthopedics, ophthalmics and general surgery follow, together making up the bulk of the device market alongside a long tail of smaller categories. The device half of the market divides into categories that map onto medical specialties, so the size of each reflects both the burden of the underlying disease and the value of the technology used to treat it. Cardiology devices about 84 billion dollars in 2026 lead the device market, ahead of diagnostic imaging, orthopedics, ophthalmics and general surgery, which together

account for most of the rest.

The dominance of cardiology reflects the global burden of heart disease and the high value of pacemakers, stents and heart valves, a market our AI market size coverage now touches as algorithms enter the reading of cardiac scans.

Medical Device Categories by Revenue, 2026 (USD bn)Cardiology leads.

Data:

Derived from Statista Market Insights medical technology data, compiled by BusinessStats.

Note:

Revenue in billion US dollars; years from 2026 are forecasts and some breakdowns are estimates.Switch views with the toolbar.

Cardiology leads: cardiology devices are the largest category within medical devices at about 84 billion dollars in 2026, ahead of diagnostic imaging and orthopedics.

Diagnostic imaging is the category being reshaped fastest, as artificial intelligence takes on more of the reading of scans, while orthopedics is being reshaped by robotic assistance in joint replacement. The pattern across device categories has held steady for years, with cardiology far ahead and imaging, orthopedics and ophthalmics clustered behind, though robotics and AI-enabled products grow far faster than any of them.

Key Facts

Medical Technology Revenue in Numbers

A few numbers capture the market. Revenue in the medical technology market worldwide is about 666 billion dollars in 2026, medical devices account for about 572 billion, in vitro diagnostics for about 94 billion, and the market is forecast to reach 826 billion by 2030. These figures together map a market of unusual predictability, large and steadily growing, dominated by medical devices and forecast to keep climbing at a mid single-digit rate through the end of the decade. Read as a whole, the series describes a market whose growth is slow by technology standards and fast by industrial ones, and whose reliability is precisely what makes it valuable.

The figures matter because medical technology revenue tracks both demographic change and technological progress, a link our artificial intelligence statistics and Apple employee data coverage

touches through connected health devices.

$666BMarket 2026Total revenue. $572BMedical devices86% of market. $94BDiagnostics14% of market. $826BBy 2030Forecast.

Together these figures show a market that has grown steadily for a decade, is dominated by medical devices, and is forecast to keep growing at about 5.5 percent a year through the end of the decade. For now, revenue in the medical technology market stands as one of the steadiest series in global industry, a quiet but relentless climb underpinned by demographics rather than fashion.

Big Picture

Medical Technology Revenue: The Big Picture

Taken together, revenue in the medical technology market from 2016 to 2030 maps a market growing steadily from 430 billion dollars to a forecast 826 billion, a story our cloud market coverage sets against faster-growing technology sectors.

Whether growth accelerates will depend on how quickly artificial intelligence and robotics move from promise to routine practice, but for now the market climbs at a steady and highly predictable pace, alongside the hardware markets in our VR headset market overview.

FAQ

Frequently Asked Questions: Medical Technology Revenue

About 666 billion dollars worldwide. Medical devices account for about 572 billion of that and in vitro diagnostics for about 94 billion.

Two. Medical devices, the instruments and machines used to prevent, diagnose and treat disease, and in vitro diagnostics, tests performed outside the body.

About 826 billion dollars, up from about 666 billion in 2026, growing at a compound annual rate of about 5.5 percent.

Medical devices, at about 5.8 percent a year, against about 3.8 percent for in vitro diagnostics, so devices supply over 90 percent of the growth.

About 572 billion dollars in 2026, rising to a forecast 717 billion by 2030. It makes up about 86 percent of the medical technology market.

About 94 billion dollars in 2026, rising to about 109 billion by 2030. It surged during the pandemic then dipped as testing volumes normalised.

From about 430 billion dollars to about 666 billion, an increase of roughly 55 percent, or about 4.5 percent a year on average over the decade.

The United States, at about 245 billion dollars in 2026, more than a third of the world total, followed by China, Germany and Japan.

Cardiology devices, worth about 84 billion dollars in 2026, ahead of diagnostic imaging, orthopedics, ophthalmics and general surgery.

From Statista Market Insights, revenue in the medical technology market worldwide by segment. Years from 2026 are forecasts and figures are modeled estimates.

Sources

Statista Market Insights, Medical Technology market - Source for revenue in the medical technology market worldwide from 2016 to 2030, by segment.

Statista Market Insights and industry data - Source for country, device category and growth-rate detail, compiled by BusinessStats.

Statista Medical Technology Outlook - Publishes the market revenue data by segment.

Figures show revenue in the medical technology market worldwide from 2016 to 2030, by segment, in billion US dollars, from Statista Market Insights. The market splits into medical devices and in vitro diagnostics. Revenue is projected at about 666 billion dollars in 2026, of which devices account for about 572 billion, and is forecast to reach about 826 billion by 2030. Years from 2026 are forecasts. Country and device category figures are estimates. This is data journalism, not investment advice.

STATISTICS REPORT

Medical Technology Industry — Statistics & Facts 2026

Updated Oct 6, 2026 · businesstats.com/medical-technology-industry

$695B GLOBAL MEDTECH MARKET 2025	**$487B** TOP 100 COMPANIES REVENUE	**1,300+** FDA AI/ML DEVICES CLEARED
1.21M TOP 100 EMPLOYMENT	**$33.5B** MEDTRONIC REVENUE (#1)	**5.5%** CAGR 2025-2030

Overview

Medical Technology Industry 2026 — $695 Billion and Transforming Global Healthcare

The medical technology industry — encompassing medical devices, diagnostics, imaging equipment, surgical robotics, wearable health monitors, and digital health platforms — is one of the world's most innovative and consequential sectors. Valued at approximately **$695 billion in 2025**, the global medtech market is projected to reach **$955 billion by 2030**, growing at a compound annual growth rate of approximately 5.5%. This growth is driven by an aging global population (the number of people over 65 is projected to double from 761 million in 2021 to 1.6 billion by 2050), rising prevalence of chronic diseases (diabetes, cardiovascular disease, cancer), expanding healthcare access in emerging markets, and rapid technological innovation in AI, robotics, and connected devices.

The United States dominates the global medtech landscape, accounting for approximately **40% of the worldwide market** and generating over $232 billion in annual revenue. The US is home to more than **5,600 medical device companies** that directly support over **519,000 jobs** — approximately 0.3% of the US workforce. The industry's economic impact extends far beyond direct employment: medtech innovation reduces healthcare costs by enabling earlier diagnosis, less invasive treatments, shorter hospital stays, and improved patient outcomes. For context on how healthcare spending intersects with broader economic trends, see our analysis of the global economy.

The industry's competitive landscape is shaped by a handful of large, diversified multinationals and thousands of smaller, specialized innovators. The **top 100 medtech companies** collectively reported aggregate revenue of **$486.7 billion** in their most recent fiscal years — a nearly 3% increase over the prior year and a new record — while total employment across these companies reached **1.21 million workers**. However, R&D spending growth has stalled among the top 100 despite rising revenue, raising concerns about the industry's future innovation pipeline at a time when artificial intelligence, surgical robotics, and precision diagnostics are reshaping what medical devices can do.

The global medical technology industry reached $695 billion in 2025, with Medtronic ($33.5B), J&J ($31.9B), and Abbott ($28.3B) leading by revenue. The top 100 companies employ 1.21 million workers and have collectively cleared over 1,300 AI-enabled devices through the FDA.

Market Size

Global MedTech Market Size 2015-2030 — From $450B to $955B

The medtech market has demonstrated consistent growth over the past decade, with the COVID-19 pandemic temporarily accelerating demand for diagnostic testing, ventilators, and remote monitoring devices in 2020-2021 before normalizing. The bar chart below tracks the industry's revenue growth from 2015 to 2026 with projections to 2030, showing the steady expansion driven by demographic trends and technological innovation.

Regionally, **North America** holds the largest market share at approximately 40% ($278 billion), followed by **Europe** at approximately 27% ($188 billion), and **Asia-Pacific** at approximately 25% ($174 billion). Asia-Pacific is the fastest-growing region, driven by China's $1.4 trillion digital health investment under its 14th Five-Year Plan and India's Ayushman Bharat Digital Mission targeting 1.4 billion citizens. For insight into how major economies are investing in healthcare infrastructure, see our data on countries with the largest GDP.

Global MedTech Market Size by YearMedical Technology Market Revenue — 2015 to 2030*USD Billions · BusinessStats Research Desk$695B2025 Market ActualProjectedCAGR ~5.5% (2025-2030) Sources: BusinessStats Research Desk · *2028-2030 projected

MedTech Market by Region — 2025

The regional distribution of the medtech market reflects both healthcare spending patterns and regulatory environments. North America's dominance is driven by high per-capita healthcare expenditure ($12,500+

per person in the US), favorable reimbursement policies, a robust FDA regulatory framework, and the concentration of leading medtech companies in the US. Europe benefits from universal healthcare systems that provide broad market access, while Asia-Pacific growth is fueled by massive population bases, rising middle-class healthcare demand, and government-led digital health initiatives.

MedTech Market by Region Global MedTech Market Share by Region — 2025 ~$695B total · BusinessStats Research · 2025

Top Companies

Top 10 MedTech Companies — Medtronic $33.5B Leads, J&J Closing In

Medtronic remains the world's largest medical device company by revenue at **$33.5 billion**, though its planned separation of the MiniMed diabetes business ($2.8 billion annual revenue) could allow Johnson & Johnson MedTech to claim the top spot by 2026. Medtronic's four business units — cardiovascular ($11.8B), neuroscience ($9.4B), medical-surgical, and diabetes — span nearly every major therapeutic category. The company's growth drivers include its Affera and PulseSelect pulsed-field ablation systems for atrial fibrillation, BrainSense adaptive deep brain stimulation, and spine treatment technologies.

Johnson & Johnson MedTech at **$31.9 billion** has been the industry's most aggressive acquirer, with its $13.1 billion purchase of Shockwave Medical in 2024 and its intravascular lithotripsy (IVL) technology driving a 20% year-over-year growth in cardiovascular revenue during the first half of 2025. **Abbott Laboratories** at **$28.3 billion** is particularly strong in diagnostics and diabetes management (FreeStyle Libre CGM system), while **Siemens Healthineers** ($25.7B) and **GE Healthcare** ($19.7B) dominate the diagnostic imaging segment. For context on how these companies compare to the world's most valuable corporations, see our analysis of the biggest companies by market value.

Top MedTech Companies by Revenue Top 10 Medical Technology Companies — Device Revenue 2025 USD Billions · BusinessStats Research · 2025 Top 10 MedTech Companies — Complete DataClick column to sort

COMPANY	REVENUE $B	HQ	FOCUS AREAS
Medtronic	33.5	US/Ireland	Cardiovascular, Neuro, Diabetes
Johnson & Johnson	31.9	US	Surgery, Ortho, Cardio, Vision
Abbott	28.3	US	Diagnostics, Diabetes, Cardio

Siemens Healthineers	25.7	Germany	Imaging, Lab Diagnostics
Medline Industries	25.2	US	Medical Supplies, Distribution
Stryker	22.6	US	Ortho, MedSurg, Neuro/Spine
Becton Dickinson	21.7	US	Diagnostics, Research, Safety
GE Healthcare	19.7	US	Imaging, Monitoring, AI
Roche Diagnostics	17.7	Switzerland	Lab Diagnostics, Molecular
Boston Scientific	16.7	US	Cardio, Endo, Neuromod

Key Segments

MedTech Segments — Cardiology, Imaging, Ortho Lead; Robotics Surges

The medtech industry spans dozens of therapeutic and technology categories, but a handful of segments account for the majority of revenue and growth. **Cardiovascular devices** — including pacemakers, defibrillators, stents, heart valves, and ablation systems — represent the single largest segment, generating over $65 billion annually. Medtronic, Abbott, Boston Scientific, and Edwards Lifesciences are the dominant players. The pulsed-field ablation (PFA) market for atrial fibrillation treatment is one of the fastest-growing subsegments, with Boston Scientific predicting a $6 billion market by 2030.

Diagnostic imaging — encompassing MRI, CT, X-ray, ultrasound, PET, and mammography systems — generates approximately $45 billion annually, dominated by Siemens Healthineers, GE Healthcare, Philips, and Canon Medical. AI integration is transforming this segment, with algorithms that detect lung nodules, breast cancers, and intracranial hemorrhages achieving performance comparable to or exceeding radiologists in controlled studies.

Orthopedic devices — joint replacements (hip, knee, shoulder), spine implants, and sports medicine — represent approximately $55 billion globally, with Stryker, Zimmer Biomet, DePuy (J&J), and Smith+Nephew as market leaders. **Surgical robotics** is the fastest-growing medtech segment at 15-20% CAGR, led by Intuitive Surgical's da Vinci system (installed base exceeding 9,000 systems worldwide), with Medtronic's Hugo and J&J's Ottava platforms entering as challengers. The fintech industry offers an interesting parallel, where digital disruption is similarly transforming traditional sectors through technology integration.

MedTech Revenue by Segment — 2025

The medtech industry is being reshaped by AI (1,300+ FDA-cleared devices), surgical robotics (9,000+ da Vinci systems), and wearable health technology. Cardiovascular devices lead segment revenue at $65B+, while surgical robotics is growing at 15-20% CAGR annually.

AI & Innovation

AI in MedTech — 1,300+ FDA-Cleared Devices, 258 in 2025 Alone

Artificial intelligence has become the most transformative technology in the medical device industry. As of December 2025, the FDA has authorized over **1,300 AI/ML-enabled medical devices** since the first clearance in 1995, with the pace of approvals accelerating dramatically: **258 AI devices were authorized in 2025 alone** — the most in the agency's history. FDA clearances increased by 350% over the preceding five years, driven by advances in deep learning, computer vision, and natural language processing applied to medical applications. AI spending by medical device companies was valued at **$2.4 billion in 2024**, with the broader AI healthcare market projected to reach $19 billion by 2027 .

Radiology dominates AI device approvals, accounting for approximately 76% of all FDA-cleared AI/ML devices (approximately 956 radiology AI devices by 2025, up from 391 in 2022). These tools assist radiologists in detecting lung nodules, breast lesions, intracranial hemorrhages, fractures, and other abnormalities in medical images, typically prioritizing urgent cases for faster review. Cardiology is the second-largest AI device category (approximately 10% of clearances), followed by neurology (approximately 5%) and ophthalmology (which had zero AI devices in 2022 but now has 10+). The financial markets have responded strongly to the AI medtech thesis, with companies like Intuitive Surgical and GE Healthcare commanding premium valuations.

Two landmark regulatory developments in 2025 signal the maturation of AI in medtech. In February 2025, **Aidoc received FDA clearance for its CARE1 Foundation Model** — the first foundation model-powered clinical AI device, capable of being adapted to multiple clinical use cases rather than performing a single narrow task. In late 2025, the FDA granted **Breakthrough Device Designation to RecovryAI**, an LLM-powered chatbot for post-surgical patient recovery — the first generative AI device to receive this designation. The FDA's finalized Predetermined Change Control Plan (PCCP) guidance (December 2024) allows AI devices to self-update within pre-agreed boundaries without requiring a full new submission, cutting upgrade cycles from 18 months to 3 months.

FDA AI/ML Device AuthorizationsCumulative FDA-Cleared AI Devices — 2015 to 2025BusinessStats Research · FDA tracking through Dec 20251,300+Total Cleared2582025 Record

350% increase in clearances over 5 years Sources: BusinessStats regulatory tracking

AI Device Approvals by Specialty — 2025

The dominance of radiology in AI device approvals reflects the natural fit between computer vision algorithms and medical imaging data. However, the fastest growth is occurring in cardiology (AI-powered ECG interpretation, echocardiography automation), neurology (adaptive deep brain stimulation, seizure prediction), and ophthalmology (diabetic retinopathy screening). The Intuitive Surgical ecosystem, connecting surgical robotics with AI-assisted decision support, represents the next frontier of AI integration in medtech.

Key InnovationSurgical Robotics — 9,000+ da Vinci Systems, $6B PFA Market by 2030

Intuitive Surgical's da Vinci robotic surgical platform has an installed base exceeding 9,000 systems worldwide, performing over 14 million procedures since inception. The system generates approximately $2.5 billion in annual recurring instrument and accessory revenue alone. Medtronic's Hugo RAS and J&J's Ottava are entering as competitors. Meanwhile, pulsed-field ablation (PFA) for atrial fibrillation — led by Boston Scientific's Farapulse — represents a potentially $6 billion market by 2030, using electrical fields rather than heat to selectively destroy heart tissue causing arrhythmias.

Key Statistics

Medical Technology Industry — Key Statistics at a Glance

The stat cards below capture the most critical data points across the global medtech industry, from market size and employment to R&D investment, regulatory milestones, and emerging technology adoption.

$695BGlobal MedTech Market 2025Projected $955B by 2030 at 5.5% CAGR $487BTop 100 Companies Revenue~3% YoY increase — new record high 1,300+FDA AI/ML Devices Cleared258 in 2025 — most in FDA history 1.21MTop 100 EmploymentDecreased 2.9% YoY despite revenue growth 5,600+US MedTech Companies519,000+ direct US jobs supported $33.5BMedtronic Revenue (#1)J&J may overtake after MiniMed spinoff 9,000+da Vinci Robotic Systems14M+ procedures performed to date 76%AI Devices in RadiologyCardiology 10%, Neurology 5%, Others 9%

2030 Forecast

MedTech Outlook 2026-2030 — AI, Robotics, and the Shift to Decentralized Care

The medtech industry's trajectory through 2030 will be defined by three structural shifts: the integration of AI into every device category, the expansion of care from hospitals to homes through remote monitoring, and the rise of precision medicine enabled by molecular diagnostics and personalized implants. The global market is projected to grow from **$695 billion in 2025 to $955 billion by 2030**, with the fastest growth in surgical robotics (15-20% CAGR), AI-enabled diagnostics (20%+ CAGR), continuous glucose monitoring (15% CAGR), and remote patient monitoring (12% CAGR).

However, the industry faces significant headwinds. R&D spending growth has stalled among the top 100 companies even as revenue rises, raising questions about innovation investment at a critical moment. Regulatory uncertainty — including FDA workforce reductions, evolving AI guidance, and EU Medical Device Regulation compliance burdens — adds complexity to product development timelines. US tariffs on imported medical device components could increase costs by 5-15%, pressuring margins across the industry. Despite these challenges, the fundamental demand drivers — aging populations, chronic disease prevalence, and technology-enabled care — remain compelling. The world's central banks continue to monitor healthcare spending as a key component of inflation, underscoring the sector's macroeconomic significance. For perspective on how global economic conditions shape healthcare investment, see our analysis of European inflation trends.

MedTech 2030 ProjectionsMedical Technology Industry — Key Forecasts Through 2030 $955BGlobal Market 2030 5.5%CAGR 2025-2030 $19BAI Healthcare Market 2027 $6BPFA Ablation Market 2030 40%+North America Market Share 2,500+FDA AI Devices by 2030E

FAQ

Frequently Asked Questions — Medical Technology Industry

~$695 billion in 2025, projected $955B by 2030 at 5.5% CAGR. North America holds ~40% market share. 5,600+ US companies, 519K+ US jobs. Top 100 firms: $486.7B combined revenue.

Medtronic ($33.5B), J&J ($31.9B), Abbott ($28.3B), Siemens Healthineers ($25.7B), Medline ($25.2B), Stryker ($22.6B), BD ($21.7B), GE Healthcare ($19.7B), Roche ($17.7B), Boston Scientific ($16.7B).

1,300+ total through Dec 2025. 258 in 2025 (record). 76% radiology, 10% cardiology. 96% via 510(k) pathway. First foundation model cleared (Aidoc CARE1) and first generative AI designated (RecovryAI).

Surgical robotics (15-20% CAGR), AI diagnostics (20%+), CGM (15%), remote monitoring (12%). Cardiology and orthopedics remain largest by revenue ($65B and $55B respectively).

Industry average **6-8% of revenue**. Total $40B+ annually. 25 companies spend 10%+ of revenue. Glaukos tops at 36%. R&D spending growth has stalled among top 100 despite rising revenue — a concern for future innovation.

Data Sources & References

Primary: FDA — AI/ML-Enabled Medical Devices Database

Primary: WHO — Medical Devices Global Overview

Primary: AdvaMed — Advanced Medical Technology Association

BusinessStats: All market sizing, company rankings, segment analysis, and forecasts are based on BusinessStats proprietary research combining public company filings, regulatory databases, healthcare expenditure data, and industry analysis across 50+ countries.

Market size figures vary by scope definition. Company revenue figures are for medical device/diagnostics segments only. AI device counts from FDA database as of Dec 5, 2025. All analysis, projections, and commentary by BusinessStats Research Desk. This report does not constitute investment advice. MedTech Industry 2026Medical DevicesMedtronicAI Medical DevicesSurgical RoboticsFDA ApprovalsHealthcare TechnologyDigital HealthMedical ImagingMedTech Statistics

STATISTICS REPORT

Youth mental health treatment in the US: statistics and facts

A crisis that is easing, a gap that remains. Fewer teens report depression than in 2021, but four in ten depressed adolescents still get no treatment. This report shows the latest national data.

Updated Nov 4, 2026 · businesstats.com/youth-mental-health-treatment-us

15.1% TEENS WITH DEPRESSION	**3.7m** ADOLESCENTS AFFECTED	**57.7%** TREATED
13.0% TELEHEALTH	**11.4%** SCHOOL COUNSELING	**33%** PERSISTENT SADNESS

OVERVIEW

Youth mental health treatment at a glance

Mental health problems are common among young Americans, and a majority of those with depression now receive some treatment. According to the 2025 National Survey on Drug Use and Health, 15.1 percent of adolescents aged 12 to 17, about 3.7 million young people, had a major depressive episode in the past year. Of those, 57.7 percent received mental health treatment, while 42.3 percent, about 1.6 million, did not. Across all adolescents, 27.6 percent received some form of mental health treatment in 2025.

The worst of the youth mental health crisis seen during and after the pandemic appears to be easing. The share of adolescents with a major depressive episode fell from a peak of 20.8 percent in 2021 to 15.1 percent in 2025. The CDC Youth Risk Behavior Survey shows the same direction: the share of high school students with persistent feelings of sadness or hopelessness fell from 42 percent in 2021 to 33 percent in 2025, the lowest level since 2017.

This report covers depression and treatment among adolescents, where young people get care, differences by sex and race, diagnosed conditions among children, psychiatric medication and the mental health of high school students. Data for adults is summarised in our hub on mental health treatment in the US. Students at colleges and universities are covered in our report on college student mental health.

15.1%
Adolescents with depression
Major depressive episode, 2025.

57.7%
Of them treated
2025.

27.6%
All adolescents treated
Any mental health treatment, 2025.

33%
Persistent sadness
High school students, 2025.

DEPRESSION

Depression among adolescents

The NSDUH asks adolescents aged 12 to 17 about symptoms of a major depressive episode in the past year. The share rose for years before the pandemic, from 12.5 percent in 2015 to 15.7 percent in 2019 and 17.0 percent in 2020. Because the survey moved to web and in-person interviews from 2021, SAMHSA treats earlier figures as not directly comparable. On the new basis, the share peaked at 20.8 percent in 2021 and has fallen every year since, to 19.5 percent in 2022, 18.1 percent in 2023, 15.4 percent in 2024 and 15.1 percent in 2025.

Adolescents aged 12 to 17 with a past-year major depressive episode in the US, 2015 to 2025 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Down from the 2021 peak: The share of adolescents with depression fell from 20.8 to 15.1 percent in four years.

Depression affects girls far more often than boys. In the pooled 2022 to 2024 data, 26.0 percent of girls aged 12 to 17 had a major depressive episode, compared with 9.8 percent of boys. By race and ethnicity, the share was highest among multiracial adolescents at 22.0 percent and White adolescents at 19.2 percent, and lowest among Native Hawaiian or Pacific Islander adolescents at 7.6 percent. In 2025, 2.7 million adolescents, or 11.0 percent, had a major depressive episode with severe impairment.

TREATMENT

How many depressed teens get treatment?

Treatment is measured differently today than before the pandemic. Earlier, about four in ten adolescents with a major depressive episode received treatment for depression: 39.3 percent in 2015 and 43.3 percent in 2019. Since 2022 SAMHSA has used a broader measure that counts any mental health treatment. On that basis, 56.8 percent of adolescents with depression were treated in 2022, 59.8 percent in 2023, 60.6 percent in 2024 and 57.7 percent in 2025. SAMHSA notes that the questionnaire changed again in 2024, and the 2025 questionnaire changed again, so the figures for 2022 and 2023, for 2024 and for 2025 should not be read as one trend.

Adolescents with a major depressive episode who received mental health treatment in the US, 2022 to 2025 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Still four in ten untreated: In 2025, 42.3 percent of adolescents with depression received no mental health treatment.

Large gaps remain between groups. In 2024, 64.3 percent of girls with depression received treatment, compared with 51.1 percent of boys. White adolescents with depression were treated in 67.7 percent of cases, Hispanic adolescents in 53.2 percent and Black adolescents in only 44.7 percent. Regionally, the Northeast had the highest treatment rate at 70.0 percent and the South the lowest at 54.9 percent.

Adolescents with depression who received mental health treatment by race and ethnicity, 2024 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

A racial gap: Black adolescents with depression were treated far less often than White adolescents.

Among adolescents with depression who received no treatment in 2025, 41.7 percent said they had needed care but not received it. And 40.2 percent of all adolescents with depression received neither treatment nor any other mental health services, such as support groups.

SETTINGS

Where young people get care

Adolescents receive mental health care in many places. In 2025, 14.0 percent of all adolescents received treatment in the office of a therapist, psychologist, psychiatrist or other mental health professional, 13.3 percent took prescription medication for their mental health and 13.0 percent received treatment via telehealth. Schools play a big role: 11.4 percent received care at a school health or counseling center. Inpatient care is rare, at 2.5 percent, and 1.1 percent received mental health treatment in a jail or juvenile detention center.

Where adolescents aged 12 to 17 received mental health treatment in the US, 2025 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Telehealth close behind: 13.0 percent were treated by telehealth, 14.0 percent in a therapist office.

The CDC National Health Interview Survey shows a similar picture from parents. In 2021, 14.9 percent of children aged 5 to 17 had received mental health treatment in the past 12 months, up from 13.6 percent in 2019. Among those aged 12 to 17 the share rose from 16.8 to 18.9 percent. Children in nonmetropolitan areas were more likely to receive treatment than those in large cities, 19.1 compared with 14.0 percent in 2021, while Asian children had the lowest rate at 4.4 percent.

DIAGNOSES

Diagnosed conditions among children

According to the NSCH, the federal survey on the health of children, 11 percent of children aged 3 to 17 had a current diagnosis of anxiety in 2023 and 2024, 8 percent a behavior disorder and 4 percent depression. ADHD remains the most common diagnosis: in 2024, 11.7 percent of children aged 3 to 17, about 7.1 million, had current ADHD, including 14.5 percent of boys and 8.8 percent of girls.

Among adolescents aged 12 to 17, diagnosed anxiety rose from 10.0 percent in 2016 to 16.1 percent in 2023 and depression from 5.8 to 8.4 percent, while behavior or conduct problems fell slightly from 7.3 to 6.3 percent. In total, 20.3 percent of adolescents, more than 5.3 million, had a current mental or behavioral condition in 2023. Parents increasingly report difficulty finding care: 61.0 percent of parents of diagnosed teens who needed care said it was hard to get in 2023, up from 45.3 percent in 2018.

Diagnosed mental and behavioral conditions among adolescents aged 12 to 17, 2016 and 2023 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Anxiety up 60 percent: Diagnosed anxiety among adolescents rose from 10.0 to 16.1 percent in seven years.

MEDICATION

Psychiatric medication

The use of antidepressants among children has more than doubled. According to the Department of Health and Human Services, the share of children aged 3 to 17 with a prescription for an SSRI, the most common type of antidepressant, rose from 1.5 percent in 2006 to 2.6 percent in 2017 and peaked at 3.8 percent in 2022, before dipping to 3.6 percent in 2023. Stimulant prescriptions, mostly for ADHD, were more stable at 5.3 percent in 2023. The use of antipsychotics fell slightly, from 1.3 to 1.1 percent. Drug use and its treatment are covered separately in our report on drug use in the US.

Children aged 3 to 17 with an SSRI antidepressant prescription in the US, 2006 to 2023 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

More than doubled: SSRI use among children rose from 1.5 percent in 2006 to 3.6 percent in 2023.

HIGH SCHOOL

Mental health of high school students

The CDC Youth Risk Behavior Survey, released for 2025 in September 2026, tracks how high school students feel. In 2025, 33 percent reported persistent feelings of sadness or hopelessness, down from 40 percent in 2023 and 42 percent in 2021. The share who seriously considered suicide fell from 22 percent in 2021 to 14 percent in 2025, and the share who attempted suicide from 10 to 6 percent. Girls remain far more affected: 43 percent of female students reported persistent sadness in 2025, compared with 24 percent of male students.

Mental health of US high school students, 2013 to 2025 (%)

Interactive chart online: businesstats.com/youth-mental-health-treatment-us

Improvement since 2021: Both measures are now back near or below their pre-pandemic levels.

Fewer students receive counseling than seem to need it. In 2025, 18.6 percent of high school students received counseling or therapy in the past year, and 15.4 percent said they needed it but did not get it. Among students with persistent sadness, only 29.6 percent received counseling, while 28.8 percent reported an unmet need. Asian and Black students with persistent sadness had the lowest rates of counseling, 15.7 and 15.4 percent. According to the same CDC report, about one in eight adolescents had used generative AI chatbots for mental health support.

High school students in 2023

- Persistent sadness or hopelessness: 39.7 percent of all students.
- Female students: 52.6 percent; male students: 27.7 percent.
- LGBQ+ students: 65.7 percent; heterosexual students: 31.4 percent.
- Seriously considered suicide: 20.4 percent; attempted suicide: 9.5 percent.

OUTLOOK

What comes next

The latest data point to a turning point after years of worsening youth mental health, but the need for care remains high. Four in ten adolescents with depression still receive no treatment, parents report growing difficulty finding providers, and only about a third of facilities offer programs for children with serious emotional disturbance, as our report on mental health treatment facilities shows. Shortages of child and adolescent psychiatrists are covered in our report on the mental health workforce, and differences in access by income and insurance in our report on treatment disparities. The physical health of young Americans is covered in our report on child health and nutrition, and the global picture in our report on mental health worldwide.

KEY FACTS

Youth mental health treatment in numbers

Key facts

- 15.1 percent of adolescents aged 12 to 17 had a major depressive episode in 2025, down from 20.8 percent in 2021.
- 57.7 percent of adolescents with depression received mental health treatment in 2025.
- 27.6 percent of all adolescents received mental health treatment, 13.0 percent via telehealth.
- Black adolescents with depression were treated in 44.7 percent of cases, White adolescents in 67.7 percent (2024).
- SSRI prescriptions among children rose from 1.5 percent in 2006 to 3.6 percent in 2023.
- 33 percent of high school students reported persistent sadness in 2025, down from 42 percent in 2021.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many teens have depression in the US?

According to the 2025 NSDUH, 15.1 percent of adolescents aged 12 to 17, about 3.7 million, had a major depressive episode in the past year.

How many depressed teens get treatment?

57.7 percent of adolescents with a past-year major depressive episode received mental health treatment in 2025. About 1.6 million did not.

Is youth depression getting better?

Yes. The share of adolescents with depression fell from 20.8 percent in 2021 to 15.1 percent in 2025, and fewer high school students report persistent sadness.

Where do teens get mental health care?

In 2025, 14.0 percent of adolescents were treated in a mental health professional office, 13.0 percent via telehealth and 11.4 percent at school.

Are girls more likely to have depression than boys?

Yes. In 2022 to 2024, 26.0 percent of adolescent girls had a major depressive episode, compared with 9.8 percent of boys.

How many children take antidepressants?

HHS data show that 3.6 percent of children aged 3 to 17 had an SSRI prescription in 2023, up from 1.5 percent in 2006.

How many high school students feel sad or hopeless?

In 2025, 33 percent of US high school students reported persistent feelings of sadness or hopelessness, down from 42 percent in 2021.

Do Black teens get less mental health treatment?

Yes. In 2024, 44.7 percent of Black adolescents with depression received treatment, compared with 67.7 percent of White adolescents.

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STATISTICS REPORT

Untreated mental illness in the US: statistics and facts

Half go without care. 26.9 million American adults with a mental illness received no treatment in 2025. This report shows who they are and why the gap persists.

Updated Nov 4, 2026 · businesstats.com/untreated-mental-illness-us

54.6m ADULTS WITH AMI	**26.9m** UNTREATED	**49.1%** UNTREATED SHARE
5.9m SMI UNTREATED	**7.9m** CO-OCCURRING UNTREATED	**157.1m** IN SHORTAGE AREAS

OVERVIEW

Untreated mental illness at a glance

Nearly half of American adults with a mental illness receive no treatment for it. According to the 2025 National Survey on Drug Use and Health, 54.6 million adults, or 20.6 percent of all adults, had any mental illness in the past year. Of these, 27.8 million, or 50.9 percent, received mental health treatment, while 26.9 million, or 49.1 percent, did not. Among the 18.2 million adults with a serious mental illness, the treatment rate is higher at 67.7 percent, but about 5.9 million still went without care.

The gap is larger among people who also struggle with substance use. Of the 18.5 million adults with both a mental illness and a substance use disorder in 2025, 42.6 percent, about 7.9 million, received neither mental health nor substance use treatment. Large differences also exist between groups: in 2024, 57.9 percent of White adults with a mental illness received treatment, but only 38.5 percent of Black adults and 32.5 percent of Asian adults.

This report looks at who goes untreated, how the gap differs by race, sex and age, the role of cost and the shortage of mental health professionals, and what is known about co-occurring disorders. Our hub on mental health treatment in the US gives the overall picture; the people who do receive care are covered in our report on adults receiving mental health treatment.

26.9m

Adults untreated

With any mental illness, 2025.

49.1%

Untreated share

Of adults with any mental illness.

5.9m

Untreated with SMI

About one in three, 2025.

7.9m

Neither MH nor SUD treatment

Adults with both conditions.

How to read the 2025 figures

- Any mental illness (AMI) covers a mental, behavioral or emotional disorder in the past year of any severity.
- Serious mental illness (SMI) is AMI that substantially interferes with major life activities.
- SAMHSA states that 2025 treatment estimates are not comparable with those for 2021 to 2024, so this report does not compare them directly.
- Figures for 2024 are shown separately where 2025 breakdowns are not yet available.

ANY MENTAL ILLNESS

Half of adults with mental illness go untreated

Mental illness is most common among young adults. In 2025, 28.6 percent of adults aged 18 to 25 had any mental illness, compared with 27.1 percent of those aged 26 to 49 and 12.8 percent of those aged 50 and older. Overall, 57.3 million adults, or 21.6 percent of the adult population, received some mental health treatment in the past year, including people without a diagnosable mental illness. According to SAMHSA, prescription medication was the most common form of treatment.

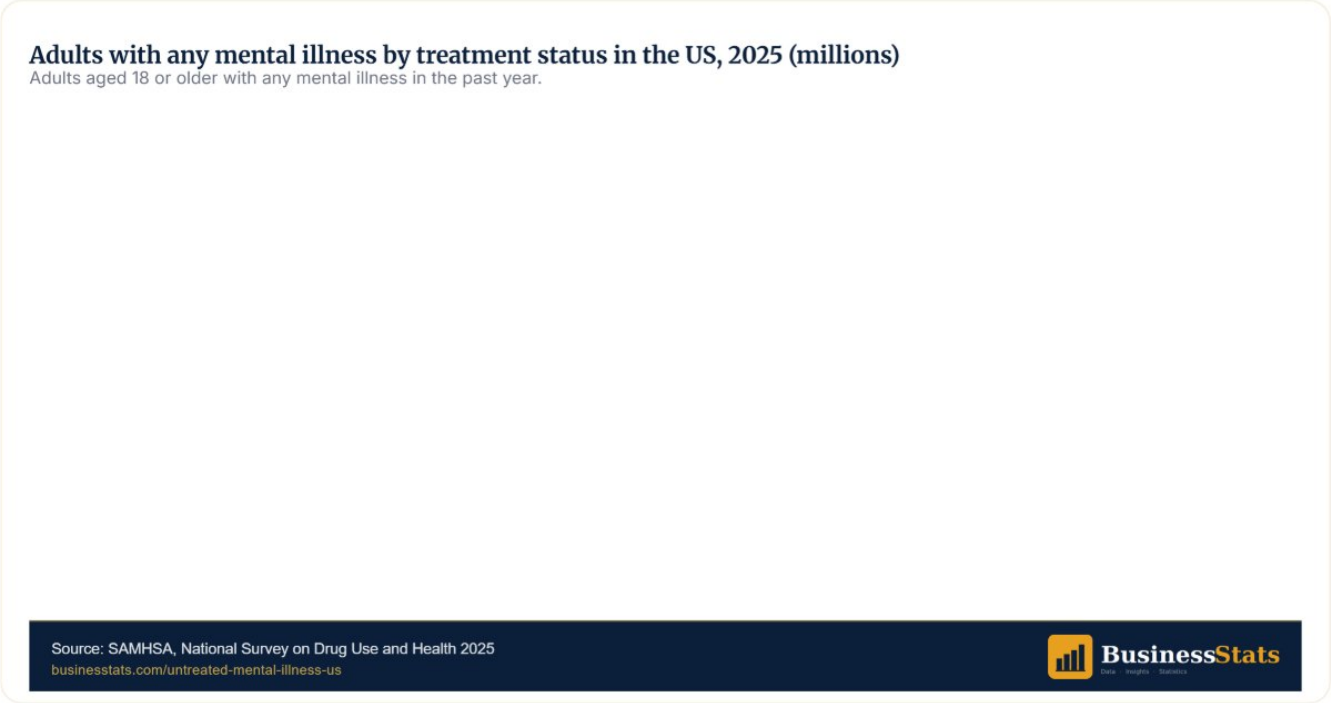


Figure 1: Adults with any mental illness by treatment status in the US, 2025 (millions)

Almost evenly split: 27.8 million adults with a mental illness were treated, 26.9 million were not.

The treatment gap is not new, but it remains large. Because of changes in the survey, SAMHSA does not compare the 2025 treatment rate with earlier years. For reference, the 2024 survey, on its own basis, found 52.1 percent of adults with any mental illness in treatment. Women were far more likely than men to receive treatment in 2024: 59.2 percent compared with 42.1 percent.

SERIOUS MENTAL ILLNESS

Serious mental illness

People with a serious mental illness, such as severe depression, bipolar disorder or schizophrenia, are more likely to receive care, but one in three does not. In 2025, 12.3 million of the 18.2 million adults with a serious mental illness received mental health treatment, 67.7 percent. About 5.9 million did not. Of these untreated adults, 40.5 percent, about 2.3 million, said they had needed mental health care in the past year but not received it.

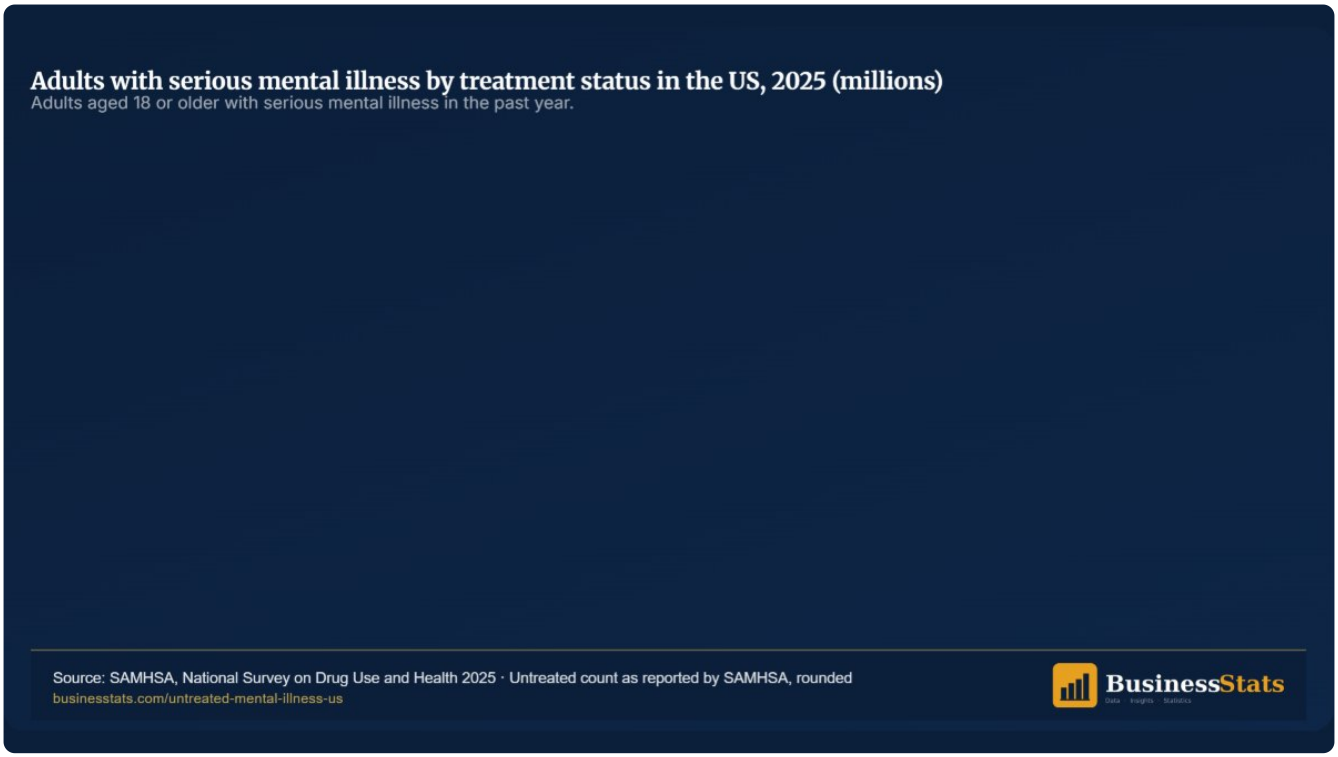


Figure 2: Adults with serious mental illness by treatment status in the US, 2025 (millions)

One in three untreated: About 5.9 million adults with a serious mental illness received no treatment.

Serious mental illness is concentrated among younger adults. In 2025, 12.1 percent of those aged 18 to 25 had a serious mental illness, compared with 9.6 percent of those aged 26 to 49 and 3.0 percent of those aged 50 and older. Serious thoughts of suicide were reported by 13.9 million adults, or 5.3 percent, in 2025, and 2.3 million adults made a suicide attempt.

GROUPS

Who is most likely to go untreated?

Race and ethnicity make a large difference. In 2024, 57.9 percent of White adults with any mental illness received treatment, compared with 52.0 percent of multiracial adults, 44.1 percent of Hispanic adults, 38.5 percent of Black adults and 32.5 percent of Asian adults. In other words, about six in ten Black adults and two in three Asian adults with a mental illness went untreated, by BusinessStats calculation. Differences by age were small and not statistically significant.

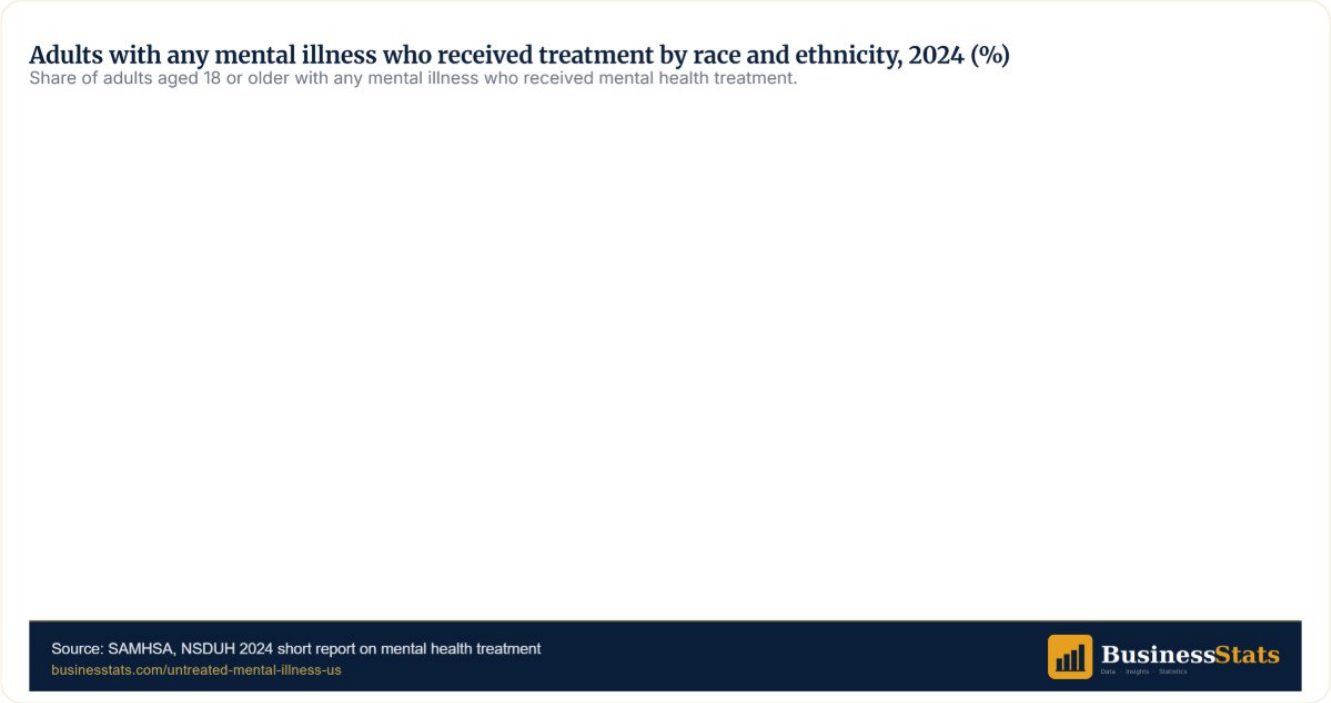


Figure 3: Adults with any mental illness who received treatment by race and ethnicity, 2024 (%)

A wide racial gap: Asian adults with a mental illness were treated only about half as often as White adults.

GROUP	TREATED (ADULTS WITH AMI, 2024)	UNTREATED (CALCULATED)
All adults	52.1%	47.9%
Women	59.2%	40.8%
Men	42.1%	57.9%
White	57.9%	42.1%
Hispanic	44.1%	55.9%
Black	38.5%	61.5%
Asian	32.5%	67.5%

Lesbian, gay and bisexual adults report higher rates of mental illness. According to SAMHSA, about three in four LGB adults with a serious mental illness received treatment in 2023, and 4.9 million LGB adults, 23.8 percent, had both a mental illness and a substance use disorder. A deeper look at differences by insurance, income and group is in our report on mental health treatment disparities.

CO-OCCURRING

Mental illness and substance use

Many people with a mental illness also have a substance use disorder, and they are especially likely to fall through the gaps. In 2025, 18.5 million adults had both. Only 57.4 percent received either mental health or substance use treatment, and of those who were treated, 72.9 percent received only mental health treatment. Among the 7.8 million adults with a serious mental illness and a substance use disorder, 28.7 percent received neither form of treatment. Substance use itself is covered in our report on drug use in the US.



Figure 4: Adults with co-occurring mental illness and substance use disorder in the US, 2021 to 2025 (%)

Roughly stable: About 7 to 8 percent of adults have both conditions each year.

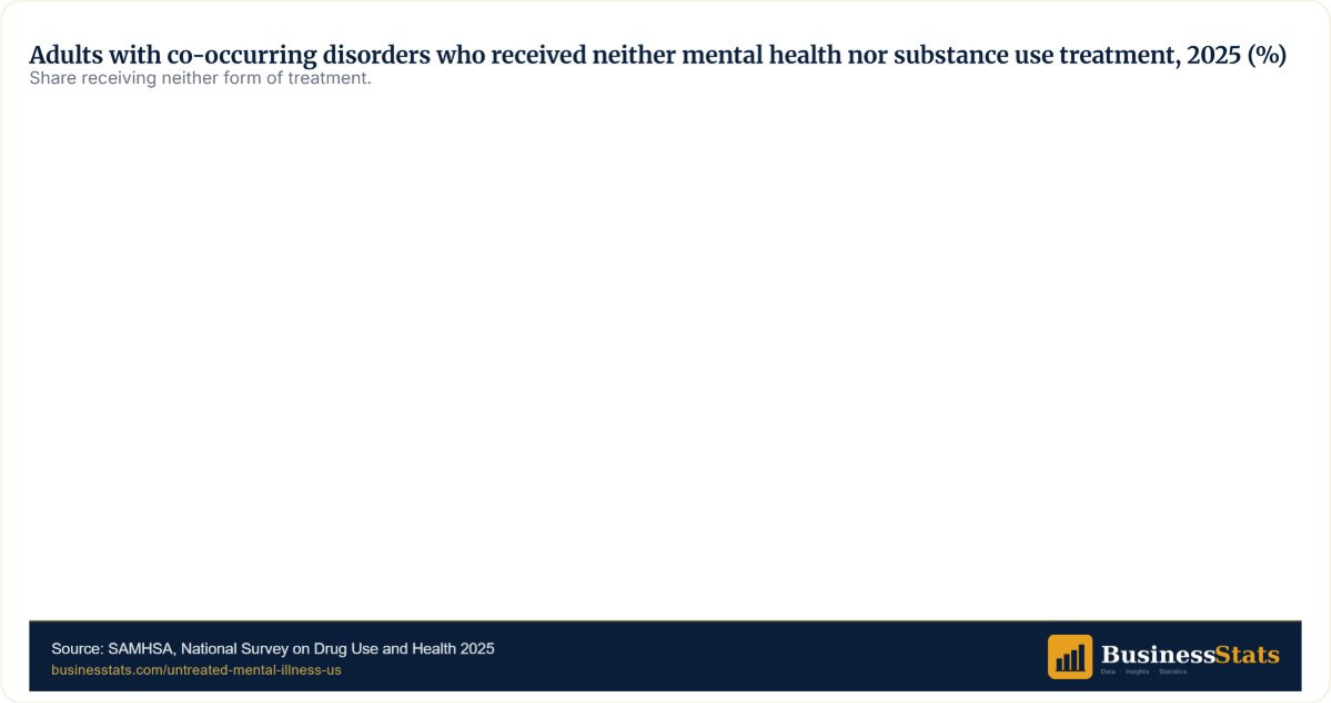


Figure 5: Adults with co-occurring disorders who received neither mental health nor substance use treatment, 2025 (%)

Two in five untreated: 42.6 percent of adults with any mental illness and a substance use disorder received no treatment.

BARRIERS

Cost and the shortage of providers

Cost is one reason people go without care. According to preliminary estimates from the CDC National Health Interview Survey, 5.4 percent of adults did not get mental health care they needed in 2025 because of the cost. Among adults with serious suicidal thoughts in 2024, insurance made a large difference: 53.8 percent of the insured received treatment, but only 26.1 percent of the uninsured.

Where people live matters too. Adults in nonmetropolitan areas were less likely to receive counseling in 2024, 10.6 percent, than those in large cities, 15.2 percent, but more likely to take prescription medication, 22.9 compared with 16.7 percent. Across the country, 157.1 million people lived in a federally designated mental health professional shortage area in June 2026, up from 122.4 million in June 2024, and roughly three quarters of the need there went unmet. More on staffing is in our report on the mental health workforce, and on providers in our report on mental health treatment facilities.



Figure 6: People living in mental health professional shortage areas in the US, 2024 and 2026 (millions)

157 million people: Almost half of all Americans live in an area short of mental health professionals.

YOUNG PEOPLE

Untreated depression among adolescents

The treatment gap also affects young people. In 2025, 3.7 million adolescents aged 12 to 17 had a major depressive episode, and 42.3 percent of them, about 1.6 million, received no mental health treatment. Among those untreated, 41.7 percent said they had needed care. Treatment of children and teenagers is covered in our report on youth mental health treatment, and the situation at universities in our report on college student mental health.

KEY FACTS

Untreated mental illness in numbers

> **Key facts**

- 26.9 million adults with any mental illness, 49.1 percent, received no mental health treatment in 2025.
- About 5.9 million adults with a serious mental illness went untreated, 2.3 million of them with a perceived unmet need.
- 42.6 percent of adults with both a mental illness and a substance use disorder received neither form of treatment.
- In 2024, 61.5 percent of Black adults and 67.5 percent of Asian adults with a mental illness went untreated, by BusinessStats calculation.
- 5.4 percent of adults did not get needed mental health care because of cost in 2025.
- 157.1 million people lived in a mental health professional shortage area in June 2026.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many Americans with mental illness go untreated?

In 2025, 26.9 million adults with any mental illness, 49.1 percent, received no mental health treatment, according to SAMHSA.

How many adults with serious mental illness are untreated?

About 5.9 million of the 18.2 million adults with a serious mental illness received no treatment in 2025. 67.7 percent were treated.

Which groups are least likely to get mental health treatment?

In 2024, Asian adults with a mental illness were treated in 32.5 percent of cases and Black adults in 38.5 percent, compared with 57.9 percent of White adults. Men were treated less often than women.

Does cost stop people from getting mental health care?

Yes, for some. 5.4 percent of US adults did not get needed mental health care because of cost in 2025, according to preliminary CDC estimates.

How many people have both a mental illness and a substance use disorder?

18.5 million adults had both in 2025. 42.6 percent of them received neither mental health nor substance use treatment.

What is a mental health professional shortage area?

An area designated by HRSA as having too few mental health professionals for its population. In June 2026, 157.1 million people lived in such areas.

Is the treatment gap getting smaller?

SAMHSA says the 2025 treatment estimates cannot be compared with 2021 to 2024 because of survey changes. The 2024 survey, on its own basis, found 52.1 percent treated.

How many teens with depression are untreated?

About 1.6 million adolescents aged 12 to 17 with a major depressive episode, 42.3 percent, received no mental health treatment in 2025.

SOURCES

SAMHSA - 2025 NSDUH national highlights.

SAMHSA - 2025 NSDUH companion report.

SAMHSA - 2025 NSDUH figure slides.

SAMHSA - 2024 NSDUH short report on mental health treatment.

SAMHSA - 2023 NSDUH highlighted population slides, LGB adults.

CDC, NCHS - Early release of selected estimates, NHIS 2025.

CDC, NCHS - Data brief 564, mental health treatment among adults 2024.

HRSA - Designated Health Professional Shortage Areas statistics.

STATISTICS REPORT

Mental health workforce in the US: statistics and facts

A growing shortage. Almost half of Americans live in an area short of mental health professionals. This report shows how many there are, what they earn and where the gaps are largest.

Updated Nov 4, 2026 · businesstats.com/mental-health-workforce-us

7,109 SHORTAGE AREAS	**157.1m** PEOPLE AFFECTED	**26.5%** NEED MET
7,825 PRACTITIONERS NEEDED	**27,980** EMPLOYED PSYCHIATRISTS	**491,930** MH COUNSELORS

OVERVIEW

The mental health workforce at a glance

The United States does not have enough mental health professionals to meet demand, and the gap is projected to widen. As of 30 June 2026, the Health Resources and Services Administration counted 7,109 mental health professional shortage areas, home to 157.1 million people. Only 26.5 percent of the need for mental health professionals in these areas was met, and 7,825 additional practitioners would be needed to remove all designations.

By occupation, counselors and social workers make up the largest part of the workforce. According to the Bureau of Labor Statistics, there were 491,930 employed substance abuse, behavioral disorder and mental health counselors in May 2025, along with 132,810 mental health and substance abuse social workers, 75,990 clinical and counseling psychologists, 66,740 marriage and family therapists and 27,980 employed psychiatrists. Psychiatrists earned a mean annual wage of $269,940.

HRSA projects that by 2038, the supply of adult psychiatrists will cover only 50 percent of demand and the supply of psychologists only 48 percent. This report covers employment and pay, shortage areas by state and rurality, and long-term projections. Our hub on mental health treatment in the US summarises the related data; the places where these professionals work are covered in our report on mental health

treatment facilities.

157.1m

People in shortage areas

June 2026.

26.5%

Need met

In mental health shortage areas.

491,930

Employed MH counselors

May 2025.

$269,940

Psychiatrist mean wage

Annual, May 2025.

Why counts differ between sources

- BLS employment figures count wage and salary workers and exclude the self-employed, so they are lower than total supply, especially for psychiatrists and psychologists in private practice.
- HRSA supply estimates count all active professionals: for example 52,164 psychiatrists in 2023, compared with 27,980 employed psychiatrists in the BLS data for 2025.
- Shortage area figures are a snapshot of designations on a given date and change every quarter.

EMPLOYMENT

How many mental health professionals are there?

Counselors are by far the largest group. The 491,930 substance abuse, behavioral disorder and mental health counselors employed in May 2025 outnumbered all psychologists and psychiatrists combined. Including school psychologists and other psychologists, there were 158,750 employed psychologists, by BusinessStats calculation. In addition, 156,960 psychiatric technicians and 35,520 psychiatric aides worked mainly in hospitals and residential facilities. How many adults these professionals reach is covered in our report on adults receiving mental health treatment.

Employment in mental health occupations in the US, May 2025

Interactive chart online: businesstats.com/mental-health-workforce-us

Counselors dominate: Almost half a million counselors, compared with about 28,000 employed psychiatrists.

Pay varies widely by profession. Psychiatrists earned a mean of $269,940 a year in May 2025, more than twice the $112,750 earned by clinical and counseling psychologists. Mental health counselors earned a mean of $64,440, and mental health and substance abuse social workers $68,030. Marriage and family therapists earned $76,960.

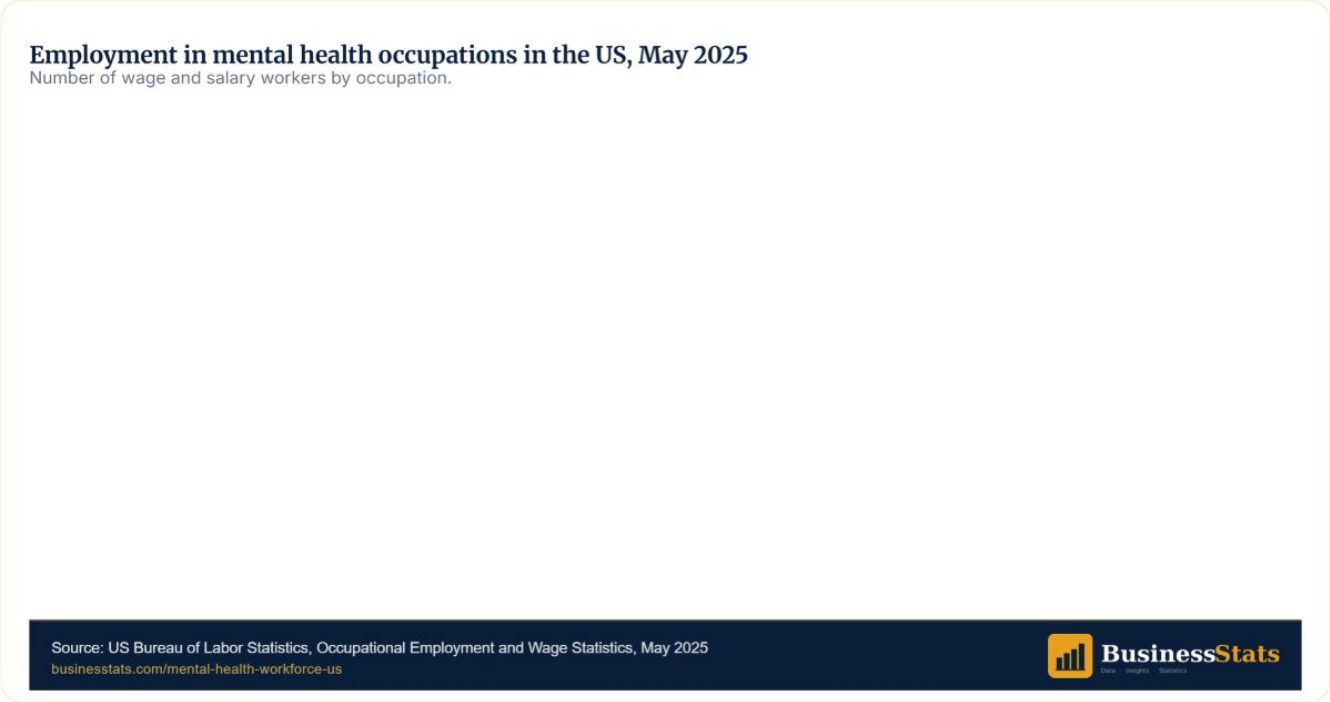


Figure 2: Mean annual wage in mental health occupations in the US, May 2025 (US dollars)

A wide pay gap: Psychiatrists earn about four times as much as counselors.

PROFESSION	HRSA SUPPLY ESTIMATE	YEAR
Psychiatrists (MD and DO)	52,164	2023
Psychologists, doctoral level	104,012	2023
Mental health counselors	154,019	2023
Substance use and behavioral disorder counselors	108,587	2023
Marriage and family therapists	30,566	2023
Social workers	531,223	2023

Psychiatric nurse practitioners and other APRNs	39,354	2022
Psychiatric physician assistants	3,224	2024

STATES

Where are psychiatrists located?

Psychiatrists are concentrated in a few states. According to the latest state level BLS data, for May 2023, New York had the most employed psychiatrists with 4,480, followed by California with 4,320, Florida with 1,850, Massachusetts with 1,190 and Texas with 1,040. Relative to total employment, New York had the highest concentration, at 0.48 psychiatrists per 1,000 jobs, followed by Rhode Island at 0.45 and Vermont at 0.34. Texas had only 0.08 per 1,000 jobs. Access for children and teenagers is covered in our report on youth mental health treatment, and campus counseling in our report on college student mental health.



Figure 3: US states with the most employed psychiatrists, May 2023

New York and California lead: Together they employ more than a third of all psychiatrists.

The highest mean pay for psychiatrists in May 2023 was in Connecticut at $338,620, followed by Louisiana at $318,770, Minnesota at $304,040 and Missouri at $299,560. Offices of physicians were the largest employer, with 6,780 psychiatrists, followed by general hospitals with 4,890.

SHORTAGE AREAS

Mental health professional shortage areas

A mental health professional shortage area is a region, population group or facility with too few mental health professionals for its needs. The number of designations rose from 6,234 in June 2024 to 7,109 in June 2026, and the population living in them from 122.4 million to 157.1 million. The number of practitioners needed to remove all designations rose from 6,143 to 7,825.

Florida needs the most additional mental health practitioners, 775, followed by California with 658, Texas with 631 and Illinois with 393. California has the most designations, 632, ahead of Texas with 412 and Alaska with 347. Texas has the largest population in shortage areas, 14.1 million people, followed by Florida with 13.8 million and California with 12.2 million.



Figure 4: US states needing the most mental health practitioners to remove shortage designations, 2026

Florida tops the list: 775 more practitioners would be needed to remove all designations there.

Some states meet only a small fraction of their need. In West Virginia, only 5.7 percent of the need for mental health professionals in shortage areas was met in June 2026, followed by Delaware with 7.5 percent, Maine with 11.5 percent, North Carolina with 12.0 percent and Tennessee with 13.3 percent.

US states with the lowest share of mental health need met in shortage areas, 2026 (%)

Interactive chart online: businesstats.com/mental-health-workforce-us

West Virginia lowest: Only 5.7 percent of the need for mental health professionals is met.

Most designations are in rural areas. Of the 7,109 mental health shortage areas in June 2026, 4,295, or 60.4 percent, were rural, 2,077 were non-rural and 713 were partially rural. Rural counties are far more likely to have no professionals of certain types at all: in 2021, 69 percent of rural counties had no psychiatric nurse practitioner, compared with 31 percent of urban counties, and 45 percent had no psychologist, compared with 16 percent. The impact on patients is described in our report on untreated mental illness.

Mental health professional shortage areas by rurality in the US, 2026

Interactive chart online: businesstats.com/mental-health-workforce-us

Six in ten rural: 4,295 of 7,109 mental health shortage areas are in rural places.

PROJECTIONS

Projected shortages by 2038

HRSA projects severe shortages over the next decade if current patterns continue. By 2038, the supply of adult psychiatrists is projected to fall short of demand by 36,780 full-time equivalents, meeting only 50 percent of need. Psychologists face a shortfall of 99,840, or 48 percent adequacy, and mental health counselors a shortfall of 99,780, or 55 percent. Addiction counselors are expected to meet only 30 percent of demand. Psychiatric nurse practitioners are one of the few groups projected to be in surplus, at 108 percent of demand.

Projected supply as a share of demand for behavioral health professions in the US, 2038 (%)

Interactive chart online: businesstats.com/mental-health-workforce-us

Half the psychiatrists needed: Supply of adult psychiatrists is projected to meet only 50 percent of demand in 2038.

If demand rises to cover need that currently goes unmet, the gaps grow further: adult psychiatrist supply would cover just 45 percent of demand and psychologists 43 percent. According to HRSA, the average wait for behavioral health services is 48 days. Training is expanding but slowly: according to the Association of American Medical Colleges, the number of first-year psychiatry residents and fellows grew by 26.3 percent between 2016 and 2021. Staffing at the VA is covered in our report on veterans mental health treatment, and the role of technology in our report on AI in healthcare.

PROFESSION	SHORTFALL (FTE)	SUPPLY AS SHARE OF DEMAND
Adult psychiatrists	36,780	50%
Child and adolescent psychiatrists	7,030	61%
Psychologists	99,840	48%
Mental health counselors	99,780	55%
Addiction counselors	77,050	30%
Marriage and family therapists	33,840	60%
School counselors	39,680	80%
Mental health and SUD social workers	17,030	85%

KEY FACTS

The mental health workforce in numbers

Key facts

- 157.1 million people lived in 7,109 mental health professional shortage areas in June 2026.
- Only 26.5 percent of the need for mental health professionals in these areas was met.
- 491,930 mental health counselors and 27,980 psychiatrists were employed in May 2025.
- Psychiatrists earned a mean annual wage of $269,940 in May 2025.
- 60.4 percent of mental health shortage designations are in rural areas.
- By 2038, adult psychiatrist supply is projected to meet only 50 percent of demand.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many psychiatrists are there in the US?

HRSA estimates the supply of psychiatrists at 52,164 in 2023. BLS counted 27,980 employed psychiatrists in May 2025, a figure that excludes the self-employed.

How much do psychiatrists earn?

The mean annual wage of employed psychiatrists was $269,940 in May 2025, according to BLS.

How many people live in mental health shortage areas?

157.1 million people lived in 7,109 designated mental health professional shortage areas as of 30 June 2026.

Which state needs the most mental health professionals?

Florida needs the most additional practitioners, 775, followed by California with 658 and Texas with 631.

Which state has the most psychiatrists?

New York had the most employed psychiatrists in May 2023, 4,480, followed by California with 4,320.

Will the shortage of psychiatrists get worse?

HRSA projects a shortfall of 36,780 adult psychiatrists by 2038, with supply meeting only 50 percent of demand.

How long do people wait for mental health care?

According to HRSA, the average wait for behavioral health services is 48 days.

Are rural areas more affected?

Yes. 60.4 percent of mental health shortage designations are rural, and in 2021, 45 percent of rural counties had no psychologist.

SOURCES

US Bureau of Labor Statistics - Occupational Employment and Wages, May 2025.

US Bureau of Labor Statistics - Psychiatrists, OEWS May 2023.

HRSA - Designated Health Professional Shortage Areas statistics.

HRSA - Behavioral Health Workforce Brief 2025.

HRSA - Behavioral Health Workforce Brief 2023.

Association of American Medical Colleges - 2022 Physician Specialty Data Report.

STATISTICS REPORT

Mental health treatment in the US: statistics and facts

More care, still not enough. One in five American adults now receives mental health treatment, yet half of those with a mental illness go without. This hub collects the key data in one place.

Updated Nov 4, 2026 · businesstats.com/mental-health-treatment-us

57.3m ADULTS TREATED	**21.6%** SHARE OF ADULTS	**54.6m** WITH MENTAL ILLNESS
50.9% AMI TREATED	**15.1%** TEENS WITH MDE	**157.1m** IN SHORTAGE AREAS

OVERVIEW

Mental health treatment in the US at a glance

Mental health care has become one of the largest parts of the American health system. According to the 2025 National Survey on Drug Use and Health, run by the Substance Abuse and Mental Health Services Administration (SAMHSA), 57.3 million adults aged 18 or older received mental health treatment in the past year. That is 21.6 percent of all adults, or more than one in five. In 2002, when the current survey series began, 27.2 million adults, 13.0 percent, were treated. In the comparable series to 2019, the number rose to 40.2 million; later surveys use new measures that put treatment at a higher level but cannot be compared directly.

Yet the need for care is still larger than the care provided. In 2025, 54.6 million adults, 20.6 percent of the adult population, had a mental illness in the past year, and 18.2 million had a serious mental illness that substantially interfered with daily life. Only 50.9 percent of adults with any mental illness received treatment, leaving 26.9 million untreated. Among adolescents aged 12 to 17, 3.7 million had a major depressive episode in 2025, and 42.3 percent of them received no mental health treatment.

Several forces shape access to care. Almost half of Americans, 157.1 million people, live in an area that the federal government designates as short of mental health professionals. Cost remains a barrier: 5.4 percent

of adults said they did not get needed mental health care in 2025 because of the cost. And treatment rates differ sharply by group. White adults with a mental illness are far more likely to be treated than Black, Hispanic or Asian adults, and women are more likely to be treated than men.

This hub brings together the latest official data on mental health treatment in the United States, drawing on SAMHSA, the CDC, the Health Resources and Services Administration (HRSA), the Bureau of Labor Statistics and the Department of Veterans Affairs. Each section ends with a link to a detailed report on that subject.

57.3m

Adults treated

21.6% of adults, 2025.

54.6m

Adults with mental illness

20.6% of adults, 2025.

26.9m

Untreated adults

With any mental illness.

157.1m

In shortage areas

People, June 2026.

Key terms used in this report

- Any mental illness (AMI): a diagnosable mental, behavioral or emotional disorder in the past year, of any severity.
- Serious mental illness (SMI): a mental illness that substantially interferes with or limits one or more major life activities.
- Major depressive episode (MDE): a period of at least two weeks of depressed mood or loss of interest plus other symptoms of depression.
- Mental health treatment: inpatient or outpatient care, telehealth, prescription medication or treatment in a correctional setting for a mental health condition, as defined by SAMHSA.
- Mental health professional shortage area (HPSA): an area, population group or facility designated by HRSA as having too few mental health professionals.

Mental illness and mental health treatment among US adults, 2025 (millions)

Interactive chart online: businesstats.com/mental-health-treatment-us

Half untreated: 26.9 million of the 54.6 million adults with a mental illness got no care.

TREATMENT LEVELS

How many Americans receive mental health treatment?

Two federal surveys measure mental health treatment among adults. The National Survey on Drug Use and Health asks about treatment in the past year in any setting, while the CDC National Health Interview Survey asks whether adults took prescription medication for their mental health or received counseling or therapy from a mental health professional in the past 12 months. Both show a clear increase over the past two decades.

In the SAMHSA series, the share of adults treated rose slowly from 13.0 percent in 2002 to 14.5 percent in 2012, then faster to 16.1 percent, or 40.2 million adults, in 2019. Measured differently after the pandemic, the share was 21.8 percent in 2022, 23.0 percent in 2023, 22.9 percent in 2024 and 21.6 percent in 2025. SAMHSA cautions that these later years cannot be compared directly with each other or with earlier years because the questionnaire changed, but the level of treatment is clearly higher than before 2020.

In the CDC survey, the share of adults who received any mental health treatment rose from 19.2 percent in 2019 to 20.3 percent in 2020 and 23.9 percent in 2023. The increase was similar for adults aged 18 to 44 and 45 to 64, while there was no significant change among adults aged 65 and older. Medication use in 2024 stood at 19.3 percent of adults and counseling at 14.0 percent. Preliminary data for 2025 show 13.4 percent of adults counseled by a mental health professional.

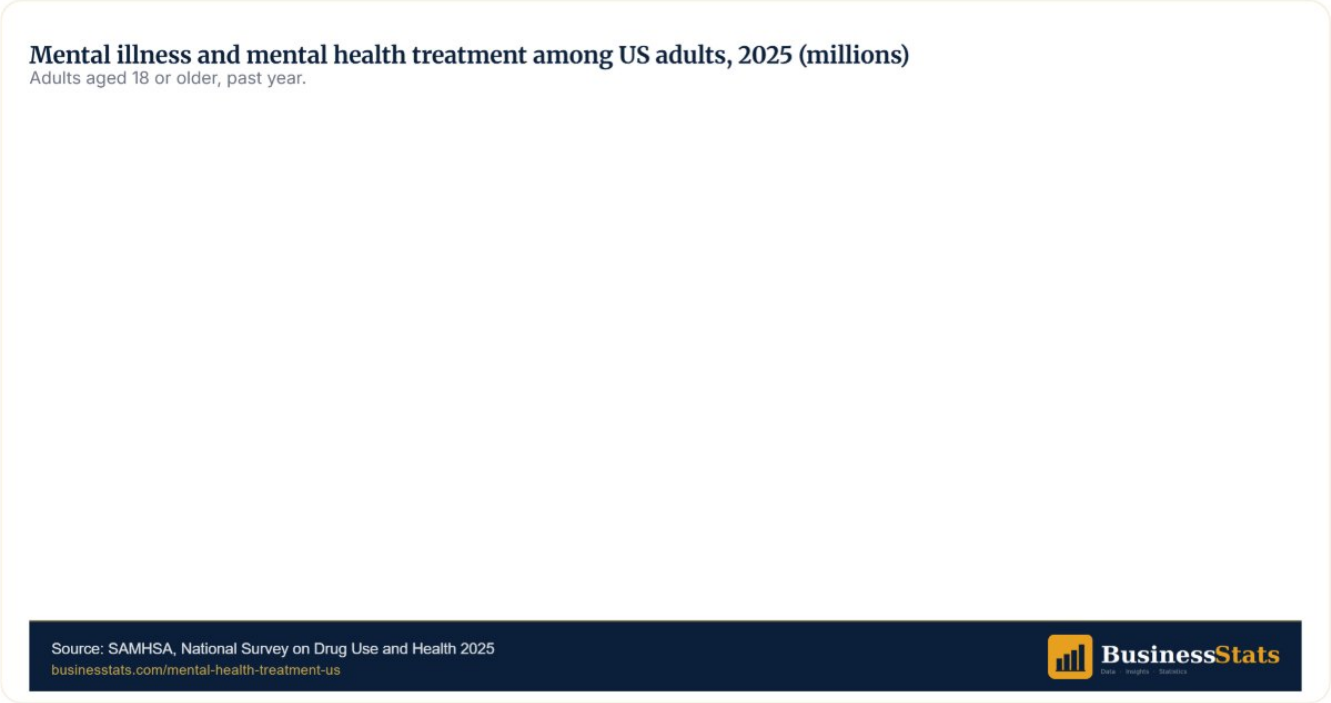


Figure 2: US adults who received any mental health treatment, 2019, 2020 and 2023 (%)

Almost one in four: 23.9 percent of US adults received mental health treatment in 2023.

Medication is the most common form of treatment. Already in 2019, 13.1 percent of adults took prescription medication for a mental health condition, compared with 8.3 percent who received outpatient care such as therapy and 1.0 percent who received inpatient care. Most of the growth since 2002 came from medication. Counseling is much more common among younger adults: in 2024, 20.2 percent of adults aged 18 to 29 received counseling or therapy, compared with 5.0 percent of those aged 75 and older. The full trend, types of care and reasons for not seeking help are covered in our report on adults receiving mental health treatment.

MENTAL ILLNESS

How common is mental illness?

Mental illness affects about one in five American adults each year. In 2025, 20.6 percent of adults, 54.6 million people, had any mental illness and 6.9 percent, 18.2 million, had a serious mental illness. About one in three adults with a mental illness had a serious one. Beginning with the 2025 survey, SAMHSA uses a new statistical model to classify mental illness and has re-estimated earlier years on the new basis: under that method, the share of adults with any mental illness was 21.0 percent in 2021 and 21.5 percent in 2024, a stable level.

Mental illness is most common among young adults. In 2025, 28.6 percent of adults aged 18 to 25 and 27.1 percent of those aged 26 to 49 had any mental illness, compared with 12.8 percent of adults aged 50 and older. Serious mental illness follows the same pattern: 12.1 percent among those aged 18 to 25, 9.6 percent among those aged 26 to 49 and 3.0 percent among those aged 50 and older. In absolute terms, the largest group is adults aged 26 to 49, of whom 28.5 million had a mental illness.



Figure 3: US adults with any and serious mental illness by age, 2025 (%)

Young adults most affected: More than one in four adults under 50 had a mental illness in 2025.

Suicidal thoughts are part of the picture. In 2025, 13.9 million adults, 5.3 percent, had serious thoughts of suicide, 4.9 million made a suicide plan and 2.3 million attempted suicide. Mental illness also often occurs alongside substance use: 18.5 million adults had both a mental illness and a substance use disorder in 2025. Substance use is covered in our report on drug use in the US, other risks to health in our report on health risk factors in the US, and international comparisons in our report on mental health worldwide.

TREATMENT GAP

The treatment gap

Despite the growth in treatment, about half of adults with a mental illness receive no care. In 2025, 27.8 million of the 54.6 million adults with any mental illness received treatment, 50.9 percent, while 26.9 million

did not. Among adults with a serious mental illness, 67.7 percent, or 12.3 million, were treated, but about 5.9 million went without care. Of these, 40.5 percent, 2.3 million people, said they had needed care but did not receive it.

The gap is largest for people with both a mental illness and a substance use disorder. Of the 18.5 million adults with both conditions in 2025, 42.6 percent, 7.9 million, received neither mental health nor substance use treatment. Those who were treated mostly received only mental health care: 72.9 percent of the treated group. Among adults with a serious mental illness and a substance use disorder, 28.7 percent received no treatment.

Cost is one of the main obstacles. According to preliminary CDC estimates, 5.4 percent of all adults did not get mental health care they needed in 2025 because they could not afford it. In earlier SAMHSA surveys, cost was the most frequently cited reason among people with unmet need: 37.2 percent of adults who needed care but did not get it in 2016 said they could not afford it, ahead of those who thought they could handle the problem without treatment, 31.0 percent, and those who did not know where to go, 26.0 percent. The full picture is in our report on untreated mental illness.

GROUP, 2025	TOTAL	TREATED	NOT TREATED
Adults with any mental illness	54.6m	27.8m (50.9%)	26.9m (49.1%)
Adults with serious mental illness	18.2m	12.3m (67.7%)	5.9m
Adults with AMI and substance use disorder	18.5m	10.6m (57.4%)	7.9m (42.6%)
Adolescents with major depressive episode	3.7m	2.1m (57.7%)	1.6m (42.3%)

DISPARITIES

Who is less likely to receive care?

Treatment rates differ greatly between groups. In 2024, 57.9 percent of White adults with any mental illness received treatment, compared with 52.0 percent of multiracial adults, 44.1 percent of Hispanic adults, 38.5 percent of Black adults and 32.5 percent of Asian adults. After adjusting for other factors, SAMHSA found that Asian adults had 0.31 times the odds of White adults of being treated, Black adults 0.47 times and Hispanic adults 0.62 times. The gap has persisted for years: in pooled data for 2022 and 2023, 57.4 percent of White adults with a mental illness were treated compared with 35.4 percent of Asian adults.

US adults with any mental illness who received treatment by group, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-us

A gap of 25 points: White adults with a mental illness were treated far more often than Asian adults.

Sex is another major factor. In 2024, 59.2 percent of women with a mental illness received treatment, compared with 42.1 percent of men. Among all adults, CDC data show women were also more likely to take medication for their mental health, 24.9 percent compared with 13.4 percent of men, and to receive counseling, 16.9 compared with 10.9 percent. Income and insurance matter: 55.5 percent of adults with a mental illness at twice the poverty line or more were treated, compared with 45.8 percent of those just above the poverty line. Among adults with serious thoughts of suicide in 2024, 53.8 percent of the insured but only 26.1 percent of the uninsured were treated.

Where people live also shapes the kind of care they get: rural adults lean more on prescriptions and less on talking therapy than residents of big cities. These and other differences are explored in our report on mental health treatment disparities.

YOUNG PEOPLE

Mental health treatment for children and teens

Depression among teenagers rose sharply in the years before and during the pandemic and has since eased. According to SAMHSA, 20.8 percent of adolescents aged 12 to 17 had a major depressive episode in 2021. The share fell to 19.5 percent in 2022, 18.1 percent in 2023, 15.4 percent in 2024 and 15.1 percent, or 3.7 million teenagers, in 2025. Girls are far more affected than boys: in pooled data for 2022 to 2024, 26.0 percent of girls had a major depressive episode, compared with 9.8 percent of boys.

US adolescents aged 12 to 17 with a major depressive episode, 2021 to 2025 (%)

Interactive chart online: businesstats.com/mental-health-treatment-us

Falling since 2021: The share of teens with major depression dropped from 20.8 to 15.1 percent.

Of the adolescents with a major depressive episode in 2025, 57.7 percent, 2.1 million, received mental health treatment. Overall, 27.6 percent of all adolescents received some mental health treatment in 2025. The most common setting was the office of a therapist, psychologist, psychiatrist or other mental health

professional, used by 14.0 percent of adolescents, followed by school health or counseling centers, 11.4 percent. 13.3 percent of adolescents took prescription medication for their mental health and 13.0 percent received treatment by telehealth. Treatment differs by group: in 2024, 67.7 percent of White teenagers with major depression were treated, compared with 44.7 percent of Black teenagers. More detail is in our report on youth mental health treatment and on child health in our report on child health and nutrition.

COLLEGE STUDENTS

Mental health on campus

College students show high but improving levels of distress. According to the Healthy Minds Study for 2024 to 2025, based on more than 84,000 students at 135 colleges, 37 percent of students had moderate to severe depression, down from 44 percent in 2021 to 2022, and 32 percent had moderate to severe anxiety, down from 37 percent. The share who had seriously considered suicide in the past year fell from 15 to 11 percent over the same period.

US college students with moderate to severe depression, 2021-22 to 2024-25 (%)

Interactive chart online: businesstats.com/mental-health-treatment-us

Three years of decline: Depression among students fell by seven percentage points.

Students are relatively likely to get help. In 2024 to 2025, 37 percent had received therapy or counseling in the past year and 30 percent had taken psychiatric medication. Among students with symptoms of depression or anxiety, 60 percent received some treatment. The main barriers are lack of time, cited by 23 percent, and cost, 22 percent. College counseling centers saw 162,187 students in 2024 to 2025, according to the Center for Collegiate Mental Health, and anxiety was the most common concern, in 64.9 percent of clients. More is in our report on college student mental health.

VETERANS

Veterans and VA mental health care

Veterans face a much higher risk of suicide than other adults. According to the Department of Veterans Affairs, 6,488 veterans died by suicide in 2024, an average of 17.7 per day. The veteran suicide rate was 36.4 per 100,000, compared with 16.4 among non-veteran adults. After adjusting for age, female veterans had a suicide rate 99.9 percent higher than non-veteran women, and male veterans a rate 56.5 percent

higher than non-veteran men. Firearms were involved in 74.3 percent of veteran suicides.

The VA runs one of the largest mental health systems in the country. In 2024, 6.27 million veterans were recent users of VA health care, and 48.2 percent of them had a mental health or substance use diagnosis. More than 1.1 million veterans received video telemental health care in fiscal year 2024, and VA mental health funding was $16.73 billion in fiscal year 2025, with $18.89 billion requested for 2026. Still, 62.2 percent of the veterans who died by suicide in 2024 had not used VA health care in the previous two years. More is in our report on veterans mental health treatment.

MEASURE	VALUE	YEAR
Veteran suicides	6,488	2024
Veteran suicides per day	17.7	2024
Veteran suicide rate per 100,000	36.4	2024
Non-veteran adult suicide rate per 100,000	16.4	2024
Recent VHA users	6.27 million	2024
VHA users with MH or SUD diagnosis	48.2%	2024
VA mental health funding	$16.73 billion	FY 2025

FACILITIES

Where Americans receive treatment

Treatment is delivered by a large network of specialty facilities, alongside private practices, primary care doctors and hospitals. According to SAMHSA, 21,205 facilities providing mental health or substance use treatment took part in the 2024 national survey of treatment services. Of these, 14,091 offered mental health treatment, including 8,839 that offered both mental health and substance use treatment.

Most mental health facilities are privately run. In 2024, 56.2 percent were private non-profit organizations and 29.8 percent private for-profit businesses, up from 16.9 percent in 2021. Local, county or community governments ran 5.8 percent, state governments 4.4 percent, the federal government 3.0 percent and tribal governments 0.8 percent. 85.3 percent of facilities offered outpatient care, 17.5 percent residential care and 9.1 percent hospital inpatient care.

US mental health treatment facilities by operator, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-us

For-profit share rising: Almost three in ten facilities are now private for-profit businesses.

Most facilities accept public and private insurance. In 2024, 86.0 percent accepted cash or self-payment, 84.5 percent Medicaid, 83.1 percent private health insurance and 63.5 percent Medicare. 50.9 percent offered free or minimal-payment treatment to clients who could not pay. 68.4 percent offered suicide prevention services. More is in our report on mental health treatment facilities.

WORKFORCE

The shortage of mental health professionals

The supply of mental health professionals has not kept pace with demand. As of 30 June 2026, HRSA counted 7,109 mental health professional shortage areas, home to 157.1 million people, up from 122.4 million in June 2024. Barely a quarter of the need in these areas was met. 60.4 percent of the designations are in rural areas.

US states with the largest population in mental health shortage areas, 2026 (millions)

Interactive chart online: businesstats.com/mental-health-treatment-us

Texas and Florida lead: More than 13 million people in each state live in a shortage area.

Counselors make up the largest part of the workforce. In May 2025, there were 491,930 employed substance abuse, behavioral disorder and mental health counselors, 132,810 mental health and substance abuse social workers, 75,990 clinical and counseling psychologists and 27,980 employed psychiatrists, according to the Bureau of Labor Statistics. Including the self-employed, HRSA estimates the supply of psychiatrists at 52,164 in 2023. HRSA projects that by 2038 the supply of adult psychiatrists will meet only 50 percent of demand, and the supply of psychologists only 48 percent. The average wait for behavioral health services is 48 days. More is in our report on the mental health workforce, and new tools such as digital triage are discussed in our report on AI in healthcare.

OUTLOOK

What has changed since the pandemic?

The pandemic was a turning point for mental health care in the US. It brought a surge of anxiety and depression, especially among young people, and pushed treatment online almost overnight. At college counseling centers, 96.1 percent of clients were seen only by video in 2020; by 2024 to 2025, 68.0 percent were again seen only in person and 10.3 percent only by video. Telehealth has nonetheless stayed part of care: 13.0 percent of adolescents received mental health treatment via telehealth in 2025, and the VA delivered 6.5 million video telemental health episodes in fiscal year 2024. More on the pandemic is in our report on COVID-19 statistics.

Several trends point in a positive direction. Depression among teenagers and college students has declined for several years in a row, and every adult treatment measure since 2022 shows a higher level than the last comparable figure for 2019. At the same time, the gap between need and supply remains large. About half of adults with a mental illness receive no treatment, the population living in shortage areas has grown, and the treatment gaps by race, sex and income have hardly changed. Spending on wellbeing outside the medical system is covered in our report on the wellness industry.

The data in this hub come from different surveys, each with its own methods. SAMHSA has changed its treatment questions several times since 2020 and, from 2025, uses a new method to classify mental illness. Figures from different years and different sources should therefore be compared with caution, and BusinessStats shows breaks in the data wherever they occur.

KEY FACTS

Mental health treatment in the US in numbers

Key facts

- 57.3 million US adults, 21.6 percent, received mental health treatment in 2025.
- 54.6 million adults had a mental illness, and 26.9 million of them were not treated.
- 67.7 percent of adults with a serious mental illness received treatment.

- In 2024, 57.9 percent of White adults with a mental illness were treated, compared with 38.5 percent of Black and 32.5 percent of Asian adults.
- 15.1 percent of teenagers had a major depressive episode in 2025, down from 20.8 percent in 2021.
- 37 percent of college students had moderate to severe depression in 2024 to 2025.
- 6,488 veterans died by suicide in 2024, a rate more than twice that of non-veterans.
- 157.1 million people lived in a mental health professional shortage area in June 2026.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many Americans receive mental health treatment?

57.3 million adults, 21.6 percent of all US adults, received mental health treatment in 2025, according to SAMHSA.

How many Americans have a mental illness?

In 2025, 54.6 million adults, 20.6 percent, had any mental illness in the past year, and 18.2 million, 6.9 percent, had a serious mental illness.

What share of people with mental illness get treatment?

50.9 percent of adults with any mental illness and 67.7 percent of adults with a serious mental illness were treated in 2025.

What is the most common type of mental health treatment?

Prescription medication. In 2024, 19.3 percent of adults took medication for their mental health and 14.0 percent received counseling or therapy.

Is mental health treatment increasing in the US?

Through 2019, yes: the share of adults treated rose from 13.0 percent in 2002 to 16.1 percent. Since 2022, new measures put it at about 21 to 23 percent, but SAMHSA says these are not comparable with earlier years.

Which groups are least likely to be treated?

Asian, Black and Hispanic adults, men and the uninsured. In 2024, 32.5 percent of Asian adults with a mental illness were treated, compared with 57.9 percent of White adults.

How many teenagers have depression?

15.1 percent of adolescents aged 12 to 17, 3.7 million, had a major depressive episode in 2025, and 57.7 percent of them received treatment.

How many veterans die by suicide?

6,488 veterans died by suicide in 2024, 17.7 per day, according to the Department of Veterans Affairs.

Is there a shortage of mental health professionals?

Yes. 157.1 million people lived in a mental health professional shortage area in June 2026, and only 26.5 percent of the need there was met.

How many mental health treatment facilities are there?

14,091 facilities offered mental health treatment in the 2024 SAMHSA survey, out of 21,205 mental health and substance use treatment facilities.

SOURCES

SAMHSA - 2025 NSDUH national highlights.

SAMHSA - 2025 NSDUH companion report.

SAMHSA - 2019 NSDUH key indicators.

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HRSA - Behavioral Health Workforce Brief 2025.

US Bureau of Labor Statistics - Occupational Employment and Wages, May 2025.

US Department of Veterans Affairs - National Veteran Suicide Prevention Annual Report 2026.

US Department of Veterans Affairs - FY 2026 Budget in Brief.

University of Michigan School of Public Health - Healthy Minds Study 2024-25.

Center for Collegiate Mental Health - 2025 Annual Report.

STATISTICS REPORT

Mental health treatment facilities in the US: statistics and facts

Fewer beds, more for-profits. America has about 21,000 mental health and addiction treatment facilities. Inpatient care is shrinking and for-profit operators are growing fast. This report shows the numbers from the national census of providers.

Updated Nov 4, 2026 · businesstats.com/mental-health-treatment-facilities-us

21,205 FACILITIES 2024	**14,091** MENTAL HEALTH	**85.3%** OUTPATIENT
9.1% INPATIENT	**29.8%** FOR-PROFIT	**84.5%** ACCEPT MEDICAID

OVERVIEW

Mental health treatment facilities at a glance

The United States had 21,205 facilities treating mental illness, substance use disorders or both in 2024, according to SAMHSA, the federal agency that runs the national census of treatment providers. Of these, 14,091 offered mental health treatment, and 8,839 of those also treated substance use disorders. The rest were facilities that only treated substance use. The survey reached 90.4 percent of eligible facilities, so the counts are close to a full census.

The facilities look very different from the asylums of the past. In 2024, 85.3 percent of mental health facilities offered outpatient care, while only 9.1 percent offered hospital inpatient care, down from 15.0 percent in 2021. Ownership is shifting too: private for-profit providers made up 29.8 percent of mental health facilities in 2024, up from 16.9 percent three years earlier.

This report covers the number of facilities, who runs them, the type of care they offer, the payment they accept and the services and age groups they serve. A summary of all related data is in our hub on mental health treatment in the US. The people who staff these facilities are covered in our report on the mental health workforce.

21,205
Treatment facilities
Mental health and substance use, 2024.

14,091
Offer mental health care
Including 8,839 that also treat SUD.

85.3%
Offer outpatient care
Mental health facilities, 2024.

29.8%
For-profit
Up from 16.9% in 2021.

How SAMHSA counts facilities

- Since 2021 SAMHSA has surveyed mental health and substance use facilities together in the N-SUMHSS.
- Facilities that treat both are counted as both mental health and substance use facilities.
- From 2017 to 2020 mental health facilities were counted in a separate survey, the N-MHSS, so figures before and after 2021 are not directly comparable.
- The jump in mental health facilities in 2024 mostly reflects more combined facilities being classified as offering mental health care, not a wave of new openings.

COUNT

How many facilities are there?

The most stable measure is the total number of unique facilities treating mental illness or substance use. It has barely changed since the combined survey began: 20,622 in 2021, 21,160 in 2022, 20,681 in 2023 and 21,205 in 2024. Within that total, the number reporting mental health treatment rose from 9,050 in 2021 to 14,091 in 2024. Most of the rise came from facilities offering both services, whose number grew from 2,438 to 8,839.

Mental health and substance use treatment facilities in the US, 2021 to 2024

Interactive chart online: businesstats.com/mental-health-treatment-facilities-us

A stable total: The number of treatment facilities has stayed close to 21,000 since 2021.

YEAR	MENTAL HEALTH FACILITIES	OF WHICH ALSO TREAT SUD	SURVEY
2017	11,582	n/a	N-MHSS
2018	11,682	n/a	N-MHSS
2019	12,472	n/a	N-MHSS
2020	12,275	n/a	N-MHSS
2021	9,050	2,438	N-SUMHSS
2022	9,586	3,280	N-SUMHSS
2023	9,856	3,795	N-SUMHSS
2024	14,091	8,839	N-SUMHSS

The older survey counted between 11,582 and 12,472 mental health facilities a year from 2017 to 2020. The lower 2021 figure does not mean thousands of facilities closed: the new survey used a different frame and a lower response rate of 78.8 percent. Comparisons across the 2021 break should therefore be made with care.

OWNERSHIP

Who runs the facilities?

Most mental health facilities are privately run. In 2024, 86.0 percent were private, either non-profit or for-profit, and 14.0 percent were run by local, state, federal or tribal governments. Private non-profit organizations remain the largest group with 56.2 percent, but their share has fallen every year since 2021, when it was 64.5 percent. Over the same period the for-profit share rose by almost 13 percentage points, from 16.9 to 29.8 percent.

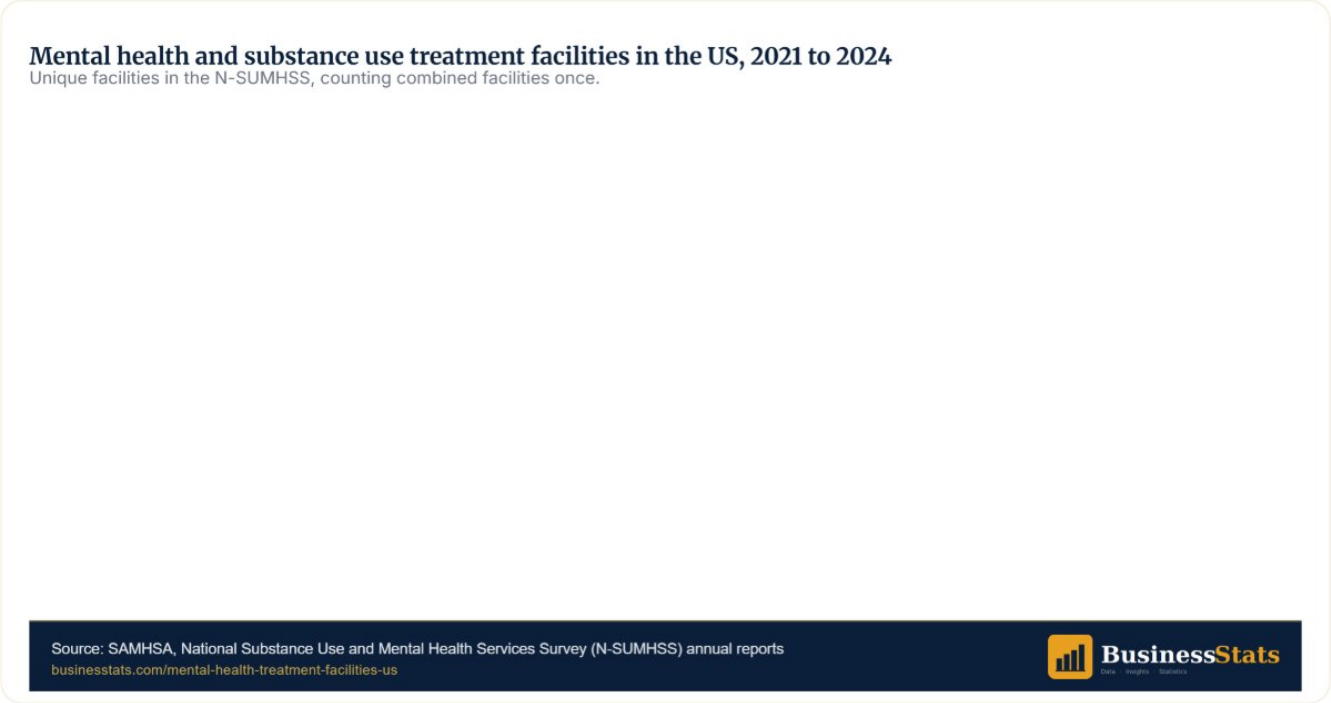


Figure 2: Ownership of mental health treatment facilities in the US, 2021 and 2024 (%)

For-profits gain ground: Almost three in ten mental health facilities were for-profit in 2024.

Public providers have lost share. Local, county or community governments ran 5.8 percent of mental health facilities in 2024, state governments 4.4 percent and the federal government 3.0 percent. Tribal governments ran 0.8 percent, up from 0.3 percent. Combined substance use and mental health facilities lean even more toward for-profit operators: 33.9 percent of them were for-profit in 2024. Facilities that only treat substance use are covered alongside addiction trends in our report on drug use in the US.

TYPE OF CARE

Outpatient, residential and inpatient care

Outpatient treatment dominates. In 2024, 85.3 percent of mental health facilities offered outpatient services, 17.5 percent residential care and 9.1 percent hospital inpatient care. Facilities can offer more than one setting, so the shares add up to more than 100 percent. The share offering inpatient care has fallen steadily, from 15.0 percent in 2021 to 13.6 percent in 2022, 12.0 percent in 2023 and 9.1 percent in 2024, while the outpatient share has risen.

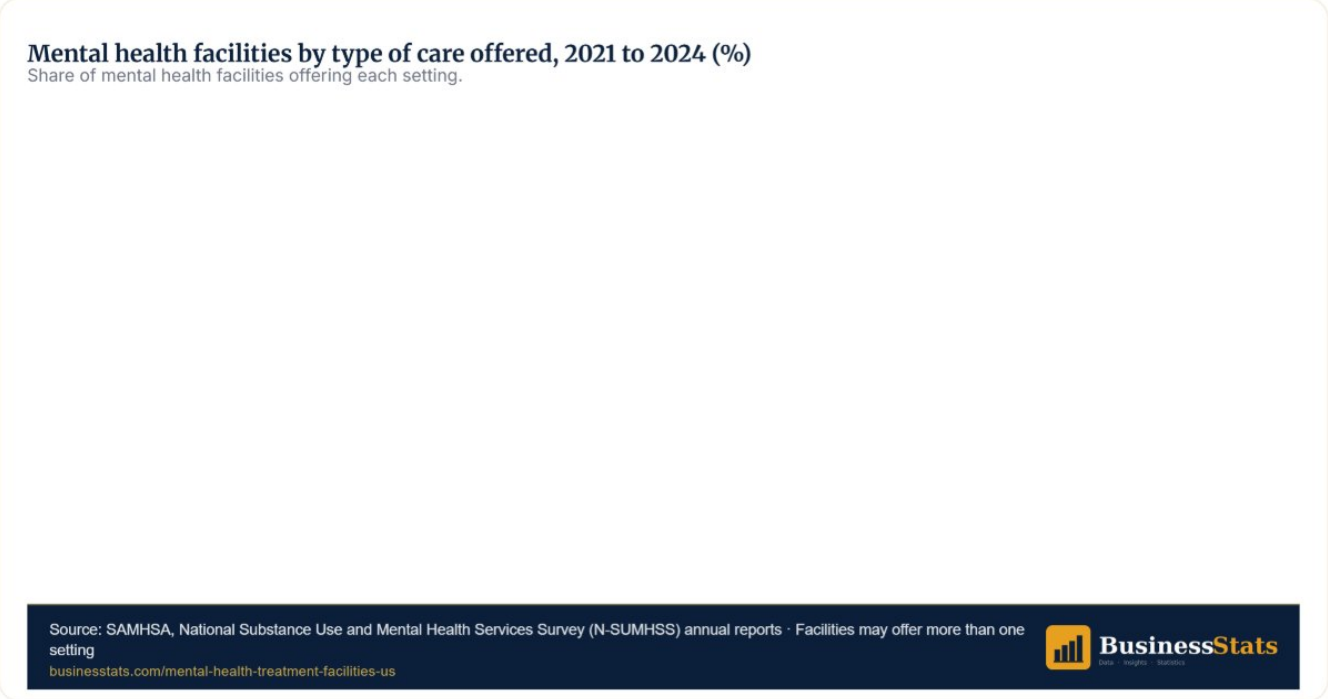


Figure 3: Mental health facilities by type of care offered, 2021 to 2024 (%)

The shift to outpatient care: Fewer than one in ten mental health facilities offered inpatient care in 2024.

The last detailed count of clients from the older survey shows how concentrated care is in outpatient settings. On 30 April 2020, mental health facilities had 3.72 million clients enrolled: 3.59 million in outpatient care, 77,622 inpatients and 43,744 in residential care. Facilities reported 85,948 designated inpatient beds, of which 90 percent were in use, and 46,828 residential beds, 93 percent in use.

PAYMENT

Insurance and payment accepted

Most facilities accept the main forms of insurance. In 2024, 84.5 percent of mental health facilities accepted Medicaid, 83.1 percent private health insurance and 63.5 percent Medicare. Cash or self-payment was accepted by 86.0 percent. About half, 50.9 percent, offered treatment at no charge or minimal payment for clients who could not pay, down from 54.8 percent in 2021. The Medicaid share also slipped, from 87.9 percent in 2021.

Payment accepted by mental health treatment facilities in the US, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-facilities-us

Medicaid widely accepted: More than eight in ten facilities take Medicaid patients.

Medicare acceptance is notably lower than Medicaid or private insurance, which matters for older adults. Medicare is the main insurer for adults aged 65 and older. How cost and insurance shape who gets care is covered in our reports on mental health treatment disparities and untreated mental illness.

SERVICES

Services and groups served

Beyond the basic setting, facilities differ widely in what they offer. In 2024, 80.4 percent of mental health facilities provided care for people with both a serious mental illness or emotional disturbance and a substance use disorder, and 63.4 percent ran programs tailored to co-occurring disorders. Suicide prevention services were offered by 68.4 percent, and 60.2 percent prescribed antipsychotic medication for serious mental illness.

Services and programs at mental health treatment facilities in the US, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-facilities-us

Children less served: Fewer than a third of facilities had programs for children and adolescents with serious emotional disturbance.

Programs for specific age groups are less common. Only 31.8 percent of facilities had programs for children and adolescents with serious emotional disturbance, 36.2 percent for young adults and 36.7 percent for seniors. Almost all facilities, 97.2 percent, were licensed, certified or accredited. The treatment of young people is covered in our report on youth mental health treatment.

STATES

Suicide prevention by state

The availability of services varies between states. In 47 states and territories, more than 60 percent of mental health facilities offered suicide prevention services in 2024. Oklahoma had the highest share at 89.8 percent, followed by South Dakota at 89.1 percent and Wyoming at 87.8 percent. Nationally, the share has been close to 70 percent since 2021.

States with the highest share of mental health facilities offering suicide prevention, 2024 (%)

Interactive chart online: businesstats.com/mental-health-treatment-facilities-us

Oklahoma leads: Nine in ten mental health facilities in Oklahoma offered suicide prevention services.

Facilities are only one part of the picture. A facility can only treat as many people as it has staff, and many regions lack psychiatrists and therapists, as our report on the mental health workforce shows. How many adults actually receive care is covered in our report on adults receiving mental health treatment, and the treatment of veterans, many of whom use federal VA facilities, in our report on veterans mental health treatment.

KEY FACTS

Mental health facilities in numbers

Key facts

- 21,205 mental health and substance use treatment facilities in 2024, a stable total since 2021.
- 14,091 facilities offered mental health treatment, 8,839 of them also treated substance use.
- 85.3 percent offered outpatient care, only 9.1 percent inpatient care.
- 29.8 percent were for-profit, up from 16.9 percent in 2021.
- 84.5 percent accepted Medicaid and 63.5 percent Medicare.
- 68.4 percent offered suicide prevention services.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many mental health facilities are in the US?

SAMHSA counted 14,091 facilities offering mental health treatment in 2024, out of 21,205 facilities treating mental illness, substance use or both.

Are most mental health facilities for-profit?

No. In 2024, 56.2 percent were private non-profit, 29.8 percent private for-profit and 14.0 percent government-run. The for-profit share is rising fast.

How many mental health facilities offer inpatient care?

Only 9.1 percent of mental health facilities offered hospital inpatient care in 2024, down from 15.0 percent in 2021. Most, 85.3 percent, offered outpatient care.

Do mental health facilities accept Medicaid?

Yes, most do. In 2024, 84.5 percent accepted Medicaid, 83.1 percent private insurance and 63.5 percent Medicare.

Can you get free mental health treatment in the US?

About half of facilities, 50.9 percent in 2024, offered treatment at no charge or minimal payment for clients who could not pay.

How many facilities offer suicide prevention services?

68.4 percent of mental health facilities offered suicide prevention services in 2024. Oklahoma had the highest share at 89.8 percent.

How many facilities treat children?

Only 31.8 percent of mental health facilities had programs for children and adolescents with serious emotional disturbance in 2024.

Why did the number of mental health facilities jump in 2024?

Mostly because more combined facilities reported mental health treatment, rising from 3,795 to 8,839. The total number of treatment facilities stayed close to 21,000.

SOURCES

SAMHSA - 2024 N-SUMHSS Annual Report.

SAMHSA - 2024 N-SUMHSS Companion Report.

SAMHSA - 2023 N-SUMHSS Annual Report.

SAMHSA - 2022 N-SUMHSS Annual Report.

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SAMHSA - 2018 National Mental Health Services Survey.

SAMHSA - 2017 National Mental Health Services Survey.

STATISTICS REPORT

Mental health treatment disparities in the US: statistics and facts

Not everyone gets care. Black, Hispanic and Asian Americans, men and the uninsured are far less likely to be treated for a mental illness. This report shows the size of the gaps.

Updated Nov 4, 2026 · businesstats.com/mental-health-treatment-disparities-us

57.9% WHITE, AMI TREATED	**44.1%** HISPANIC	**38.5%** BLACK
32.5% ASIAN	**42.1%** MEN	**59.2%** WOMEN

OVERVIEW

Mental health treatment disparities at a glance

Whether an American with a mental illness receives treatment depends heavily on race, sex, income and insurance. According to the 2024 National Survey on Drug Use and Health, 57.9 percent of White adults with any mental illness received mental health treatment, compared with 44.1 percent of Hispanic adults, 38.5 percent of Black adults and 32.5 percent of Asian adults. Women with a mental illness were treated in 59.2 percent of cases, men in only 42.1 percent.

Income and insurance matter too. In 2024, 55.5 percent of adults with a mental illness living at twice the federal poverty level or more received treatment, compared with 45.8 to 48.8 percent of those on lower incomes. Among adults who had seriously thought about suicide, 53.8 percent of insured adults received treatment, but only 26.1 percent of the uninsured. These gaps have persisted for years and appear in every major federal survey.

This report looks at differences by race and ethnicity, sex, income, education, insurance and place of residence, using SAMHSA and CDC data. The national context is set out in our hub on mental health treatment in the US. Overall treatment levels are covered in our report on adults receiving mental health treatment, and the total number of untreated adults in our report on untreated mental illness.

57.9%

White adults with AMI treated

2024.

32.5%

Asian adults with AMI treated

2024.

17.1 pts

Gender gap

Women vs men with AMI, 2024.

26.1%

Uninsured treated

Adults with serious suicidal thoughts, 2024.

How to read these figures

- Most figures show the share of adults with any mental illness (AMI) who received treatment, so they compare access to care among people who need it.
- Estimates for American Indian or Alaska Native and Native Hawaiian or Pacific Islander adults are often suppressed by SAMHSA because samples are small.
- Data from different survey years and methods are shown separately and should not be joined into one trend.

RACE AND ETHNICITY

Large racial and ethnic gaps

The racial gap in treatment is one of the most persistent findings in US mental health data. In pooled data for 2022 and 2023, 57.4 percent of White adults with a mental illness received treatment, compared with 56.1 percent of multiracial adults, 43.5 percent of Hispanic adults, 40.9 percent of Black adults, 38.8 percent of American Indian or Alaska Native adults and 35.4 percent of Asian adults. In absolute numbers, 22.0 million White adults with a mental illness were treated, compared with 4.1 million Hispanic and 2.5 million Black adults.



Figure 1: Adults with any mental illness who received treatment by race and ethnicity in the US, 2022 to 2023 (%)

Asian adults least likely to be treated: About one in three Asian adults with a mental illness received care.

The 2024 survey confirms the pattern. After adjusting for other factors, SAMHSA found that Hispanic adults with a mental illness had 0.62 times the odds of receiving treatment of White adults, Black adults 0.47 times and Asian adults 0.31 times. Native Hawaiian or Pacific Islander adults had just 0.16 times the odds.

GROUP	TREATED, ADULTS WITH AMI 2024	ADJUSTED ODDS VS WHITE ADULTS
White	57.9%	1.00 (reference)
Two or more races	52.0%	n/a
Hispanic	44.1%	0.62
Black	38.5%	0.47
Asian	32.5%	0.31
Native Hawaiian or Pacific Islander	suppressed	0.16

Earlier data show that the gaps are even larger when looking at all adults rather than only those with a mental illness. In the years 2015 to 2019, 18.3 percent of all White adults received mental health services

each year on average, compared with 8.9 percent of Black adults, 8.7 percent of Hispanic adults and 5.9 percent of Asian adults. Black adults were, however, the group most likely to receive inpatient care, at 1.5 percent.



Figure 2: Adults receiving mental health services by race and ethnicity in the US, 2015 to 2019 (%)

Three times the rate: White adults used mental health services three times as often as Asian adults.

SEX

A gender gap in care

Men with a mental illness are much less likely to be treated than women. In 2024, 42.1 percent of men with any mental illness received treatment, compared with 59.2 percent of women, and SAMHSA estimated that men had about half the odds of receiving treatment, 0.51. The gap is visible within every racial and ethnic group: in 2015 to 2019, 12.5 percent of White men received mental health services compared with 23.9 percent of White women, and 7.3 percent of Black men compared with 10.2 percent of Black women. Population figures by sex are in our report on the population of the US by sex and age.



Figure 3: Adults receiving mental health services by sex and race in the US, 2015 to 2019 (%)

Women in every group: Women of every race and ethnicity used mental health services more often than men.

INCOME AND EDUCATION

Income, education and insurance

Treatment rises with income, but not in a straight line. In 2024, 48.8 percent of adults with a mental illness living below the poverty line received treatment, 45.8 percent of those between 100 and 199 percent of the poverty line, and 55.5 percent of those at 200 percent or more. People with the lowest incomes may be helped by Medicaid, which most mental health facilities accept, while the near poor often fall into a gap between public and private coverage.



Figure 4: Adults with any mental illness who received treatment by poverty level in the US, 2024 (%)

The near poor fall behind: Adults just above the poverty line were least likely to be treated.

Education and insurance make an even bigger difference for people in crisis. Among the 14.3 million adults who had serious thoughts of suicide in 2024, 50.3 percent received mental health treatment. The share was 57.0 percent among college graduates but only 34.0 percent among adults without a high school diploma. Insured adults were treated twice as often as the uninsured, 53.8 compared with 26.1 percent. Facilities that offer free or low-cost care are covered in our report on mental health treatment facilities.

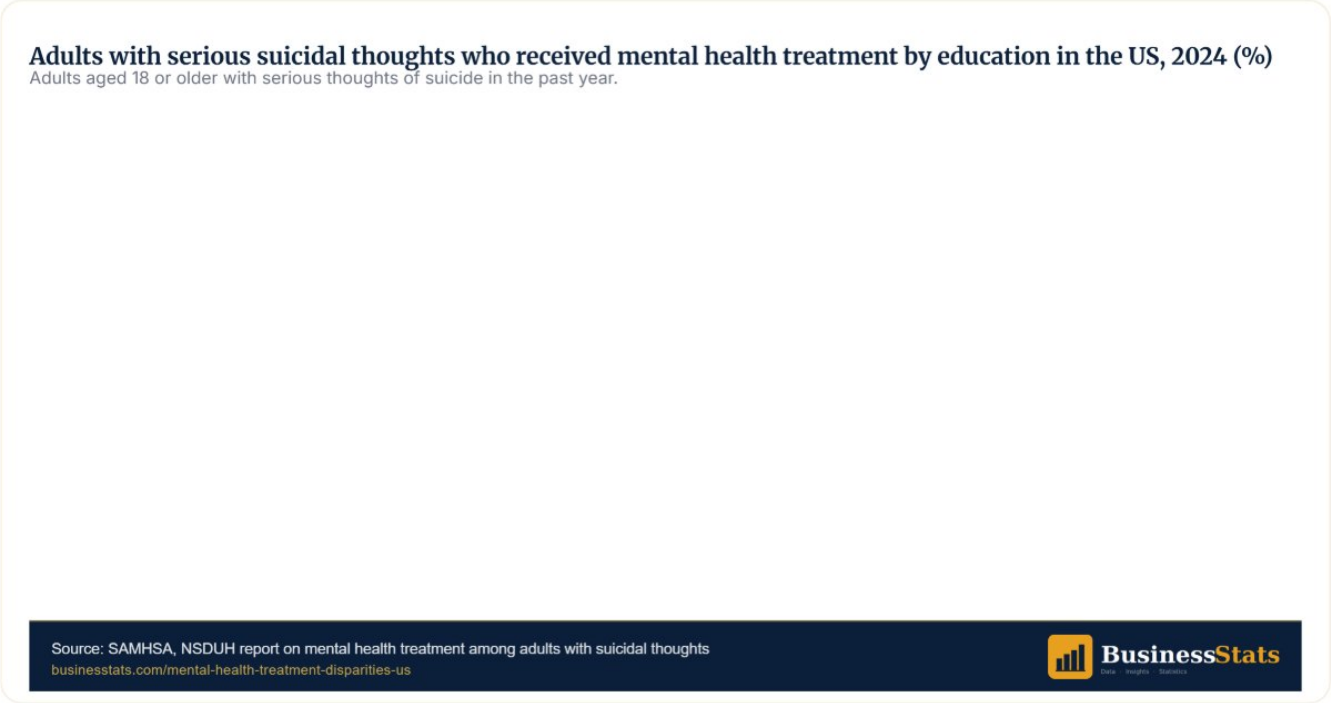


Figure 5: Adults with serious suicidal thoughts who received mental health treatment by education in the US, 2024 (%)

Education matters: College graduates in crisis were treated far more often than those without a diploma.

CDC DATA

What the National Health Interview Survey shows

The CDC National Health Interview Survey shows the same racial pattern. In 2020, 24.4 percent of White adults received mental health treatment, compared with 15.3 percent of Black adults, 12.6 percent of Hispanic adults and 7.7 percent of Asian adults. Asian adults were especially unlikely to receive counseling: 4.8 percent compared with 11.2 percent of White adults.



Figure 6: Adults receiving any mental health treatment by race and ethnicity in the US, 2020 (%)

Same pattern, different survey: White adults were treated three times as often as Asian adults.

Among younger adults aged 18 to 44, the CDC reported higher treatment in 2021 than in 2019 for White adults, 30.4 compared with 23.8 percent, and Asian adults, 10.8 compared with 6.0 percent. Among Black adults the share was 12.4 percent in 2019, 17.0 percent in 2020 and 14.8 percent in 2021. Place of residence also plays a role: in 2024, 22.9 percent of adults in nonmetropolitan areas took mental health medication compared with 16.7 percent in large central cities, but only 10.6 percent received counseling, compared with 15.2 percent. The shortage of providers in rural areas is described in our report on the mental health workforce.



Figure 7: Adults receiving mental health medication or counseling by urbanization in the US, 2024 (%)

Pills in the country, therapy in the city: Rural adults take more medication but get less counseling.

Young people face similar gaps. Among adolescents with a major depressive episode in 2024, 67.7 percent of White teenagers received treatment compared with 44.7 percent of Black teenagers, as described in our report on youth mental health treatment. For veterans, see our report on veterans mental health treatment.

KEY FACTS

Treatment disparities in numbers

Key facts

- 57.9 percent of White adults with a mental illness received treatment in 2024, compared with 38.5 percent of Black and 32.5 percent of Asian adults.
- Asian adults had 0.31 times the odds of White adults of being treated, after adjustment.
- 42.1 percent of men with a mental illness were treated, compared with 59.2 percent of women.
- Adults at 200 percent of the poverty line or more were treated in 55.5 percent of cases.

- Among adults with serious suicidal thoughts, 53.8 percent of the insured but only 26.1 percent of the uninsured got treatment.
- Rural adults are more likely to take medication but less likely to receive counseling.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

Are there racial disparities in mental health treatment?

Yes. In 2024, 57.9 percent of White adults with a mental illness were treated, compared with 44.1 percent of Hispanic, 38.5 percent of Black and 32.5 percent of Asian adults.

Which group is least likely to receive mental health treatment?

Among groups with reliable estimates, Asian adults. SAMHSA estimated their adjusted odds of treatment at 0.31 times those of White adults in 2024.

Are men less likely to get mental health care?

Yes. 42.1 percent of men with a mental illness were treated in 2024, compared with 59.2 percent of women.

Does income affect mental health treatment?

Yes. 55.5 percent of adults with a mental illness at 200 percent of the poverty line or more were treated in 2024, compared with 45.8 percent of those between 100 and 199 percent.

Does insurance affect mental health treatment?

Among adults with serious suicidal thoughts in 2024, 53.8 percent of insured adults received treatment compared with 26.1 percent of the uninsured.

Is mental health care different in rural areas?

Rural adults take more mental health medication, 22.9 percent in 2024, but receive less counseling, 10.6 percent, than adults in large cities.

Do Black adults receive less mental health treatment?

Yes. 38.5 percent of Black adults with a mental illness received treatment in 2024. Their adjusted odds of treatment were 0.47 times those of White adults.

Have the disparities narrowed?

Not clearly. The gaps seen in 2015 to 2019 were still present in 2022 to 2023 and 2024, although survey methods differ between these periods.

SOURCES

SAMHSA - 2024 NSDUH short report on mental health treatment among adults and adolescents.

SAMHSA - 2021 to 2023 NSDUH race and ethnicity companion report.

SAMHSA - 2021 NSDUH mental health chartbook, racial and ethnic differences 2015 to 2019.

SAMHSA - NSDUH report on mental health treatment among adults with serious suicidal thoughts.

CDC, NCHS - Data brief 419, mental health treatment among adults 2020.

CDC, NCHS - Data brief 444, mental health treatment among adults aged 18 to 44.

CDC, NCHS - Data brief 564, mental health treatment among adults 2024.

STATISTICS REPORT

General practitioners in the United Kingdom statistics & facts

The front door of the NHS under pressure. More than 82,000 doctors are on the UK GP register, but England has about as many fully qualified GPs as in 2015 while patient lists keep growing. Partners are leaving and training demand is soaring. This report sets out the numbers.

Updated Oct 14, 2026 · businesstats.com/uk-gp-statistics

82,415 GP REGISTER 2025	**29,223** FQ GPS ENGLAND (FTE)	**15,057** GP PARTNERS (FTE)
2,160 PATIENTS PER GP	**£164,200** PARTNER INCOME	**43%** STRUGGLING WEEKLY

OVERVIEW

GPs in the UK at a glance

General practitioners are the front door of the NHS, yet their numbers have barely kept pace with demand. At the end of 2025, 82,415 doctors were on the General Medical Council (GMC) GP register, up from 77,659 in 2020. In England, NHS England Digital counted 29,223 full-time equivalent (FTE) fully qualified GPs in August 2026, about the same number as in 2015, while the number of registered patients has grown to more than 63.1 million. GPs also report the heaviest workload of any group of doctors: in 2025, 43 percent were struggling to cope at least once a week, compared with 30 percent of all doctors. This report sets out the key numbers on the GP workforce, earnings, wellbeing and training. For the wider medical workforce, see our overview of doctors in the United Kingdom.

A GP must hold a licence to practise and be on the GMC GP register, which normally requires completing at least three years of GP specialty training after the foundation programme. GPs work either as partners, who run their practice as a business and share its profits, as salaried GPs employed by a practice, or as locums who cover sessions. The balance between these roles has shifted markedly over the last decade, with fewer partners and more salaried doctors.

82,415
Doctors on the GP register
UK, end of 2025.

29,223
Fully qualified GPs, England
FTE, August 2026.

2,160
Patients per FTE GP
England, BMA analysis of NHS data.

43%
GPs struggling with workload
Weekly, GMC 2025.

GP REGISTER

The GP register since 2020

The number of doctors on the GP register grew slowly in the 2020s. It stood at 77,659 at the end of 2020 and rose to 79,685 in 2021, before dipping to 78,619 in 2022. It then increased to 80,562 in 2023, slipped slightly to 80,237 in 2024 and reached 82,415 in 2025, an increase of 2.7 percent in the year. The register includes all doctors with GP status, whether or not they hold a licence or currently work in UK general practice, so it is larger than the number of practising GPs.

Doctors on the GMC GP register, 2020 to 2025

Interactive chart online: businesstats.com/uk-gp-statistics

Slow growth: The GP register grew by about 4,800 doctors, or 6 percent, between 2020 and 2025.

New entrants are increasingly trained in the UK. In 2025 the GMC received 4,023 applications to join the GP register, 3.9 percent fewer than in 2024, and 49.4 percent of applicants had qualified in the UK. The female share of GPs has risen strongly: 58 percent of doctors on the GP register in 2024 were women, compared with 48 percent of GPs in 2012, and 60 percent of GP trainees in 2023 were women. More detail on gender and ethnicity is in our report on the demographics of UK doctors.

ENGLAND

The GP workforce in England

NHS England Digital publishes monthly data on the general practice workforce in England. In August 2026 there were 40,515 FTE GPs in total, or 52,538 individuals. Of these, 29,223 FTE were fully qualified GPs and

roughly 11,300 were GPs in training. Excluding training grades and locums, there were 28,598 FTE qualified permanent GPs. The number of fully qualified GPs rose by 2.9 percent in the year to August 2026, but it remains close to its 2015 level: according to BMA analysis of the same data, there were 142 fewer fully qualified FTE GPs in August 2026 than in September 2015.

GPs in England by type, August 2026 (FTE)

Interactive chart online: businesstats.com/uk-gp-statistics

A quarter still in training: About 11,300 of 40,515 FTE GPs in England were GP trainees.

The wider practice team has grown much faster than the number of GPs. The total general practice workforce in England, including nurses, pharmacists, physiotherapists and administrative staff, reached 152,528 FTE in August 2026, or 202,777 people. Many of the new roles are funded through the Additional Roles Reimbursement Scheme, and some GPs are now funded through it too: according to the BMA, 1,429 FTE GPs were funded through the scheme in July 2026.

MEASURE (ENGLAND, AUGUST 2026)	FTE	HEADCOUNT
All GPs	40,515	52,538
Fully qualified GPs	29,223	40,758
Qualified permanent GPs	28,598	39,606
Total general practice workforce	152,528	202,777

PARTNERS

The decline of the GP partnership

The traditional partnership model is shrinking. According to BMA analysis of NHS England data, there were 15,057 FTE GP partners in August 2026, down from 15,393 a year earlier and almost 6,600 fewer than in 2015. Over the same period, the number of practices in England fell to 6,143, with 1,480 practices closing or merging since 2015, so the average practice is now much larger. Partners carry the financial risk of running a practice, including premises and staff costs, and many younger GPs now prefer salaried or locum work.

Fewer GPs per patient means more pressure on each doctor. The BMA calculates that there were 2,160 patients for every fully qualified FTE GP in England in 2026, an increase of 222, or 11.5 percent, since 2015.

In London the figure was 2,450. NHS England Digital counted 63,119,653 patients registered at GP practices on 1 September 2026.

General practice in England: the long view

- 142 fewer fully qualified FTE GPs in August 2026 than in September 2015 (BMA analysis).
- Almost 6,600 fewer FTE GP partners than in 2015 (BMA analysis).
- 1,480 practices closed or merged since 2015, leaving 6,143.
- 2,160 patients per fully qualified FTE GP, up 11.5 percent since 2015.
- 63.1 million patients registered with a GP practice in September 2026.

NATIONS

GPs in Scotland, Wales and Northern Ireland

Each UK nation counts its GP workforce differently. In Wales, the Welsh Government reported 1,635 FTE fully qualified GPs at the end of March 2026, an increase of 55, or 3.5 percent, on a year earlier. The GMC counted 2,945 doctors with a licence on the GP register working in Wales in February 2025. Scotland and Northern Ireland publish their own general practice statistics using headcount and different definitions, so direct comparisons with England should be made with care. Doctor numbers by nation are covered in our overview of UK doctors.

EARNINGS

What GPs earn

GP partners earn more than salaried GPs but carry business risk. According to NHS England Digital, the average income before tax of contractor GPs in England was 164,200 pounds in 2024/25, up from 158,700 pounds in 2023/24. Salaried GPs earned 74,800 pounds on average, up from 72,200 pounds. The averages hide wide variation, because many GPs work part time: income per GP is not the same as pay for full-time work. The recommended salary range for salaried GPs in England in 2026/27 is 78,699 to 118,759 pounds for full-time work. Pay across all grades and nations is compared in our report on UK doctor pay.

Average income before tax of GPs in England, 2023/24 and 2024/25 (pounds)

Interactive chart online: businesstats.com/uk-gp-statistics

Rising incomes: Contractor GP income rose 3.5 percent and salaried GP income 3.6 percent in 2024/25.

PRESSURE

Workload and wellbeing

Surveys consistently show that GPs are the most pressured group of doctors. In the GMC Barometer survey, 80 percent of GPs worked beyond their rostered hours at least once a week in 2024, against 62 percent of all doctors, and 47 percent felt unable to cope with their workload weekly, against 33 percent. In 2025, 43 percent of GPs were classed as struggling and 60 percent found it difficult to provide sufficient patient care at least once a week, compared with 41 percent of all doctors. Dissatisfaction was also highest among GPs, at 47 percent in 2025.

Workload pressures on GPs compared with all doctors (%)

Interactive chart online: businesstats.com/uk-gp-statistics

GPs under most strain: Six in ten GPs struggle to provide sufficient care every week, against four in ten doctors overall.

There are some positives. GPs report more autonomy than other doctors, with 71 percent saying they have enough in 2025, and 77 percent feel part of a supportive team. The share of GPs at high risk of burnout fell from 31 percent in 2022 to 21 percent in 2023. The Royal College of General Practitioners reported in November 2025 that 28 percent of GPs feel so stressed they cannot cope at least once a week, that 73 percent believe workload pressures compromise patient safety and that nearly a third are unlikely to be working in general practice in five years. Our report on burnout among UK doctors covers the full survey data.

Like all doctors, GPs must take part in annual appraisal and revalidate their licence every five years, which includes keeping up to date through continuing professional development. Appraisal evidence typically covers learning activities, quality improvement, feedback and reflection on significant events. Online options such as CPD courses for healthcare professionals are one way GPs record learning on topics like

communication, consent and probity.

TRAINING

The GP training pipeline

Demand for GP training places has soared. In 2024 there were 15,036 applications for 4,096 GP specialty training posts in England, a ratio of 3.67 applications per post. In 2025 applications rose to 20,995 for 4,276 posts, a ratio of 4.91. Of the 14,497 appointable applicants in 2025, 4,534 were UK graduates. Following the Medical Training (Prioritisation) Act, 100 percent of GP training posts in 2026 were accepted by UK graduates or doctors already working in the NHS, compared with 62 percent in 2025. More on training competition is in our report on specialty training in the UK.

Applications and posts for GP specialty training in England, 2024 and 2025

Interactive chart online: businesstats.com/uk-gp-statistics

Five applications per post: GP training applications rose 40 percent in a year while posts grew by 4 percent.

OUTLOOK

Outlook

The government has promised more GPs and an end to the so-called 8am scramble for appointments, and the number of fully qualified GPs is finally rising after a decade of stagnation. At the same time, experienced partners continue to leave and the number of patients per GP keeps rising. The balance between these trends will decide whether general practice recovers. Related data on international doctors, many of whom work in general practice, and on doctors leaving the UK is available in our related reports.

KEY FACTS

UK GPs in numbers

Key Facts

- 82,415 doctors were on the GMC GP register at the end of 2025, up 2.7 percent in a year.
- England had 29,223 FTE fully qualified GPs in August 2026, close to the 2015 level.
- There were 2,160 patients per fully qualified FTE GP in England, up 11.5 percent since 2015.
- Contractor GPs in England earned 164,200 pounds before tax on average in 2024/25.
- 43 percent of GPs were struggling with their workload weekly in 2025.
- GP training applications reached 20,995 for 4,276 posts in 2025.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many GPs are there in the UK?

At the end of 2025, 82,415 doctors were on the GMC GP register. Not all of them practise in UK general practice. In England, there were 29,223 FTE fully qualified GPs in August 2026.

Is the number of GPs falling?

The number of fully qualified GPs in England has been broadly flat since 2015 and rose 2.9 percent in the year to August 2026. GP partners have fallen by almost 6,600 FTE since 2015, according to the BMA.

How many patients does each GP have?

According to BMA analysis of NHS England data, there were 2,160 patients per fully qualified FTE GP in England in 2026, up 11.5 percent since 2015. In London the figure was 2,450.

How much do GPs earn?

Contractor GP partners in England earned 164,200 pounds before tax on average in 2024/25, and salaried GPs 74,800 pounds. The salaried GP range for full-time work is 78,699 to 118,759 pounds in 2026/27.

How many GP practices are there in England?

There were 6,143 GP practices in England in 2026, after 1,480 closed or merged since 2015, according to the BMA.

Are most GPs women?

Yes. 58 percent of doctors on the GP register in 2024 were women, up from 48 percent of GPs in 2012.

How competitive is GP training?

In 2025 there were 20,995 applications for 4,276 GP training posts, 4.91 per post. In 2026 all GP training posts were accepted by UK graduates or doctors already in the NHS.

How stressed are GPs?

In 2025, 43 percent of GPs were struggling with their workload weekly and 47 percent were dissatisfied with their work, according to the GMC.

SOURCES

General Medical Council - Annual report and accounts 2025.

General Medical Council - Annual report 2024.

General Medical Council - Workforce report 2025.

NHS England Digital - General Practice Workforce, 31 August 2026.

NHS England Digital - Patients registered at a GP practice, September 2026.

NHS England Digital - GP earnings and expenses estimates 2024/25.

Welsh Government - General practice workforce, March 2026.

NHS England - Specialty training competition ratios 2025.

NHS England - Impact of the Medical Training Prioritisation Act, June 2026.

General Medical Council - SoMEP Barometer survey 2025.

Royal College of General Practitioners - GP Voice survey, November 2025.

STATISTICS REPORT

Physicians in the United Kingdom statistics & facts

A growing, changing and stretched profession. More than 410,000 doctors are on the UK medical register, the NHS employs more doctors than ever, and the profession is more female and more international than at any time in its history. Yet the UK still has fewer doctors per head than most peers, and many are thinking of leaving. This report sets out the key numbers.

Updated Oct 14, 2026 · businesstats.com/uk-doctors-statistics

410,566 ON GMC REGISTER	**328,149** LICENSED DOCTORS	**192,732** NHS ENGLAND FTE
3.4 PER 1,000 PEOPLE	**42%** QUALIFIED ABROAD	**50.04%** WOMEN

OVERVIEW

Doctors in the UK: the headline numbers

The United Kingdom has more doctors than at any point in its history. At the end of 2025, 410,566 doctors were on the medical register kept by the General Medical Council (GMC), up 4.4 percent in a year, and 328,149 held a licence to practise at the end of 2024, an increase of 35 percent since 2017. In England alone, the NHS employed 192,732 full-time equivalent (FTE) doctors in hospitals and general practice in September 2025, compared with 138,890 in 2015. Yet the UK still has fewer doctors per head of population than most comparable countries, and surveys show a profession under heavy strain.

The profession is also changing in character. In 2024, for the first time, women made up the majority of licensed doctors. In 2023 doctors from ethnic minority backgrounds outnumbered white doctors. Forty-two percent of licensed doctors qualified abroad, and two-thirds of doctors taking up a licence for the first time now come from outside the UK. At the same time, a record 16,124 doctors gave up their licence in 2024, the GMC received a record 13,465 concerns about doctors in 2025, and resident doctors in England only ended a three-year pay dispute in June 2026.

This report brings together the most important statistics on physicians in the United Kingdom: the size and growth of the medical register, how doctors are distributed across registers, nations and regions, international comparisons, characteristics, specialties, pay, wellbeing, migration and regulation. Each section links to a dedicated report with more detail and charts.

410,566

Doctors on the GMC register

End of 2025, up 4.4%.

328,149

Licensed doctors

End of 2024, up 35% since 2017.

192,732

NHS England doctors (FTE)

Hospitals and general practice, Sep 2025.

3.4

Doctors per 1,000 people

UK, OECD average 3.9.

REGISTER

The medical register and licensed doctors

Every doctor who practises medicine in the UK must be registered with the GMC and hold a licence to practise. The register also includes doctors who are registered but do not hold a licence, for example because they work abroad, have retired or do not currently need to practise. At the end of 2025 there were 410,566 doctors on the register, with or without a licence, compared with 393,357 at the end of 2024 and 378,054 at the end of 2023. Back in 2011 the register held 245,903 doctors, so it has grown by two-thirds in fourteen years.

The number of licensed doctors, those entitled to practise, is the best measure of the active workforce. It was broadly flat between 2012 and 2016 at around 235,000 to 238,000, before rising every year since: to 260,320 in 2019, 283,663 in 2021, 313,829 in 2023 and 328,149 in 2024. The increase of almost 91,000 licensed doctors between 2016 and 2024 reflects larger medical school intakes and, above all, international recruitment.

Licensed doctors in the UK, 2012 to 2024

Interactive chart online: businesstats.com/uk-doctors-statistics

A decade of growth: The number of licensed doctors rose from 236,244 in 2012 to 328,149 in 2024.

The register has also expanded to include new professions. Since December 2024 the GMC has regulated physician associates and anaesthesia associates, who work alongside doctors but are not doctors themselves. By 31 December 2025 the GMC had registered 3,909 physician associates and 180 anaesthesia associates. Their role, and how their regulation differs from that of doctors, is explained in this guide to GMC regulation of physician associates .

YEAR	DOCTORS ON THE REGISTER	LICENSED DOCTORS
2011	245,903	232,769
2017		242,642
2019	311,356	260,320
2021	350,976	283,663
2023	378,054	313,829
2024	393,357	328,149
2025	410,566	

The pandemic left a visible mark on the register. To support the NHS response to COVID-19, the GMC granted temporary emergency registration to doctors who had recently left practice or were close to qualifying. In 2020, 25,307 doctors held temporary registration, falling to 22,713 in 2021, 9,117 in 2022 and 8,447 in 2023 as the arrangements were wound down. These doctors are counted separately from fully registered and licensed doctors.

Inflows to the register remain at record levels. The GMC added 24,812 new registrants in 2025. It also received 5,880 applications to join the specialist register, 6.6 percent more than in 2024, of which 58.6 percent came from UK-qualified doctors, and 4,023 applications to join the GP register, 3.9 percent fewer than a year earlier, of which 49.4 percent were from UK graduates. Applications to the specialist register from doctors who trained outside the formal UK training system have become an important route to consultant posts.

STRUCTURE

GPs, specialists, trainees and other doctors

Doctors on the register fall into broad groups. Fully trained GPs are listed on the GP register and consultants and other fully trained specialists on the specialist register. Doctors in training are working towards one of these, while a large group of doctors is on neither register and not in a formal training post. This last group includes specialty and specialist (SAS) doctors and locally employed doctors, many of whom are international graduates. In 2024, of 328,149 licensed doctors, 79,171 were in training and 87,151 were on neither register and not in training, leaving about 161,800 on the GP or specialist registers.

Licensed doctors in the UK by register group, 2024

Interactive chart online: businesstats.com/uk-doctors-statistics

Half are fully registered specialists or GPs: About 161,800 licensed doctors are on the GP or specialist registers.

The fastest-growing group has been doctors on neither register. Their number rose by 8 percent to 87,151 in 2024, after increases of more than 6,000 and 10,000 in the two previous years. In England and Wales, the number of locally employed doctors in this group rose from 11,892 in 2014 to 38,394 in 2024. On the established registers, growth has been steadier. The specialist register grew from 104,383 at the end of 2020 to 115,587 at the end of 2025, while the GP register rose from 77,659 to 82,415. Our report on GP statistics covers general practice in detail, and our report on specialty training the pipeline into both registers.

Doctors on the GP and specialist registers, 2020 to 2025

Interactive chart online: businesstats.com/uk-doctors-statistics

Specialists grow faster: The specialist register grew 11 percent between 2020 and 2025, the GP register 6 percent.

ENGLAND

Doctors working in the NHS in England

The NHS in England is by far the largest employer of doctors in the UK. According to figures given by the government to Parliament, the number of FTE doctors working in hospitals, community services and general practice in England rose from 138,890 in September 2015 to 192,732 in September 2025, an increase of 39 percent. Growth accelerated after 2019, with between about 7,800 and 8,800 FTE doctors added in each of the last three years.

Doctors employed by the NHS in England, 2015 to 2025 (FTE)

Interactive chart online: businesstats.com/uk-doctors-statistics

Up 39 percent in ten years: NHS England employed 192,732 FTE doctors in 2025, against 138,890 in 2015.

The mix of doctors has shifted towards hospitals. GPs made up 21 percent of FTE doctors in England in 2015 but only 15 percent in 2025, while consultants remained at around 31 percent and SAS doctors rose from 6 to 7 percent. The remaining share is made up mainly of resident doctors in training. In hospital and community health services alone, NHS England employed 153,389 FTE doctors in April 2026. London had the largest number with 31,667, followed by the Midlands with 27,100 and the North East and Yorkshire with 22,829.

Hospital and community doctors in England by NHS region, April 2026 (FTE)

Interactive chart online: businesstats.com/uk-doctors-statistics

London leads: One in five NHS hospital doctors in England works in London.

Despite growth, vacancies remain. According to BMA analysis of NHS England vacancy statistics, there were 9,390 medical vacancies in June 2026, 5.6 percent of medical posts, and there were 48,500 more FTE secondary care doctors in July 2026 than in September 2015. Workforce growth has not removed pressure on services, because demand has risen as well.

NATIONS

Doctors in Scotland, Wales and Northern Ireland

Health is devolved, and each nation publishes its own workforce statistics using different definitions, so figures cannot simply be added together. In Scotland, NHS Scotland employed 16,569.8 whole-time equivalent (WTE) medical and dental staff at the end of March 2026, an increase of 4 percent, and the GMC counted 24,368 licensed doctors in Scotland in 2024. In Wales, NHS Wales employed 8,833 FTE medical and dental staff at the end of March 2026, up 2.6 percent, including 1,635 FTE fully qualified GPs. In Northern Ireland, health and social care bodies employed 5,511.7 WTE medical and dental staff in June 2026, up 6.4 percent, including 2,154 WTE consultants.

NATION	MEASURE	LATEST FIGURE	DATE
England	FTE doctors, hospitals and general practice	192,732	September 2025
England	FTE hospital and community doctors	153,389	April 2026
Scotland	WTE medical and dental staff, NHS Scotland	16,569.8	March 2026
Scotland	GMC licensed doctors	24,368	2024
Wales	FTE medical and dental staff, NHS Wales	8,833	March 2026
Northern Ireland	WTE medical and dental staff, HSC	5,511.7	June 2026

The gender balance also differs between nations. Women made up 54.8 percent of licensed doctors in Scotland in 2024 and 53.5 percent in Northern Ireland, but 49.7 percent in England and 47.3 percent in Wales. More detail is in our report on UK doctors by gender, age and ethnicity.

INTERNATIONAL

How the UK compares internationally

By international standards, the UK has relatively few doctors. According to the OECD Health at a Glance 2025 report, the UK had 3.4 practising doctors per 1,000 population in 2023, below the OECD average of 3.9. Italy had 5.4, Germany 4.7, Spain 4.4, Australia 4.2 and France 3.9. Only Canada and the United States, each with 2.7, had fewer among the countries compared. Closing the gap with the OECD average would require tens of thousands of additional doctors, which is one reason for the planned expansion of medical school places.

Practising doctors per 1,000 population, selected countries, 2023

Interactive chart online: businesstats.com/uk-doctors-statistics

Below the OECD average: The UK has 3.4 doctors per 1,000 people, against 4.7 in Germany and 5.4 in Italy.

PROFESSIONS

Doctors among the UK health professions

Doctors are the second-largest regulated health profession in the UK after nurses and midwives. According to the Professional Standards Authority, which oversees the nine health and care regulators, the GMC had 415,428 registrants at the end of March 2026. The Nursing and Midwifery Council had 867,935, the Health and Care Professions Council, which covers 15 professions from physiotherapists to paramedics, 367,535, and the General Dental Council 132,296. In total the nine health regulators, together with Social Work England, oversaw about 2 million registrants.

Registrants of UK health and care professional regulators, March 2026

Interactive chart online: businesstats.com/uk-doctors-statistics

Second only to nurses: The GMC register is the second largest of the UK health and care regulators.

CHARACTERISTICS

Who UK doctors are

The profile of UK doctors has changed rapidly. In 2024, female licensed doctors outnumbered male doctors for the first time, at 50.04 percent. Women are the majority in obstetrics and gynaecology (63 percent), paediatrics (61 percent) and general practice (58 percent), but only 17 percent of doctors in surgery. In 2023, 47.6 percent of licensed doctors came from ethnic minority backgrounds and 47.0 percent were white, with Asian or Asian British doctors the largest minority group at 32.2 percent. Doctors in their thirties were the largest age group, at 34.2 percent. The full figures are in our report on the demographics of UK doctors.

Place of qualification is the other major change. In 2024, 138,405 licensed doctors, 42 percent, had qualified outside the UK, compared with 33 percent in 2017. International medical graduates have outnumbered UK graduates among new licence holders every year since 2019, and in 2024 they accounted for 18,630 first-time licences against 9,237 for UK graduates. The largest sources are India, Pakistan, Nigeria, Egypt and Bangladesh. Our report on international doctors in the UK covers this in detail.

Licensed doctors in the UK by place of qualification, 2024

Interactive chart online: businesstats.com/uk-doctors-statistics

42 percent trained abroad: 138,405 of 328,149 licensed doctors obtained their primary qualification outside the UK.

TRAINING

Training and specialties

The pipeline into the profession is under pressure at the specialty training stage. A record 25,770 people applied to study medicine for 2026 entry, and 98 percent of eligible applicants were allocated a foundation programme place for 2026. But applicants for specialty training rose from about 12,000 in 2019 to nearly 40,000, competing for around 10,000 posts. In 2025, core psychiatry attracted 21.83 applications per post, anaesthetics 12.56 and GP training 4.91. From 2026, the Medical Training (Prioritisation) Act gives UK graduates priority, and prioritised candidates filled 98 percent of specialty posts in 2026. Details are in our report on specialty training in the UK.

General practice faces particular challenges. In England there were 29,223 FTE fully qualified GPs in August 2026, broadly the same as in 2015, while the number of patients per GP rose to 2,160, according to BMA analysis of NHS England data. GP partners have declined by almost 6,600 FTE since 2015. See our report on GP statistics for the full picture.

PAY

Doctor pay

Doctors are paid on national pay scales that now differ between the four nations. In England in 2026/27, a first-year foundation doctor earns a basic salary of 41,226 pounds and a consultant between 113,565 and

150,569 pounds. The independent pay review body recommended a 3.5 percent rise for most doctors for 2026/27. Resident doctors in England took 15 rounds of strike action between 2023 and April 2026 before accepting a deal in June 2026. Contractor GPs in England earned 164,200 pounds before tax on average in 2024/25, and salaried GPs 74,800 pounds. Our report on UK doctor pay sets out pay scales and awards by grade and nation.

WELLBEING

Satisfaction and burnout

Surveys show a profession under strain. In the GMC Barometer survey 2025, 55 percent of doctors were at least somewhat satisfied with their day-to-day work, down from 75 percent in 2020, and 20 percent were at high risk of burnout. Sixty-one percent worked beyond their rostered hours at least weekly, and 39 percent had witnessed patient safety or care being compromised. GPs and locally employed doctors reported the greatest pressure, and among trainees, 30 percent of those in emergency medicine were at high risk of burnout. The full survey data are in our report on burnout among UK doctors.

55%

Satisfied with their work

GMC Barometer 2025.

20%

High risk of burnout

Double the 2020 level.

61%

Work beyond rostered hours

At least weekly, 2025.

39%

Saw care compromised

In the previous year, 2025.

MIGRATION

Joiners and leavers

The UK medical workforce depends on a large inflow of new doctors to offset rising departures. In 2024, 30,444 doctors joined the UK medical workforce, while 16,124 stopped holding a licence, up from 9,667 in 2019. Leavers who had been working in the UK included 5,793 UK graduates and 4,880 international graduates, the latter up 26 percent in a year. Practising abroad has overtaken retirement as the most common reason for leaving, and Australia is the top destination. In 2025, 22 percent of doctors said they

were likely to leave UK practice in the next year. See our report on doctors leaving the UK.

REGULATION

Regulation and fitness to practise

The GMC sets the professional standards that all doctors must meet, published as Good medical practice, and decides whether doctors are fit to practise. Licensed doctors must take part in annual appraisal and revalidate every five years, drawing on continuing professional development, feedback and reflection; options such as GMC CPD and remediation courses for doctors are one way doctors evidence learning. When a concern is raised, the GMC can investigate and refer cases to independent tribunals run by the Medical Practitioners Tribunal Service.

In 2025 the GMC received a record 13,465 concerns about doctors, 25 percent more than in 2024. About 87 percent were closed at initial triage, 997 led to a full investigation, case examiners referred 184 cases to a tribunal, and tribunals erased 48 doctors and suspended 68. Concerns related to about 3 percent of registered doctors. A step-by-step explanation of what happens to a doctor during this process is available in this guide to GMC fitness to practise , and the full statistics in our report on GMC fitness to practise statistics.

MEASURE	2023	2024	2025
Concerns received	10,031	10,769	13,465
Investigations after provisional enquiries	814	906	997
Referred to tribunal	210	169	184
Erasures	60	67	48
Suspensions	109	76	68

TIMELINE

Milestones for the UK medical profession

The statistics in this report reflect a series of changes to how doctors are trained, regulated and employed. The table below lists some of the milestones behind the numbers, from the creation of the medical register to the policy changes of 2026.

YEAR	MILESTONE
1858	The Medical Act creates the General Medical Council and the medical register
2012	Revalidation introduced, requiring licensed doctors to revalidate every five years
2019	International medical graduates outnumber UK graduates among new licence holders for the first time
2020	Temporary emergency registration for 25,307 doctors during COVID-19
2023	Ethnic minority doctors outnumber white doctors on the licensed register
2024	Women become the majority of licensed doctors; GMC begins regulating physician associates and anaesthesia associates
2025	Record 13,465 concerns about doctors received by the GMC
2026	Medical Training (Prioritisation) Act gives UK graduates priority; resident doctors in England accept a pay deal

OUTLOOK

Outlook

The UK medical workforce is larger and more diverse than ever, but it faces three linked challenges. The first is capacity: despite rapid growth, the UK remains below the OECD average for doctors per head, and demand continues to rise with an ageing population. The second is retention: record numbers of doctors are leaving, younger UK graduates are increasingly heading abroad, and international doctors are leaving at a faster rate. The third is the training pipeline: the expansion of medical school places will only increase the number of qualified doctors if there are enough foundation, specialty and GP training posts.

Several policy changes will shape the next few years. The Medical Training (Prioritisation) Act changes who gets training posts. The 2026 resident doctor pay deal aims to end industrial action and improve retention. The NHS Long Term Workforce Plan targets 15,000 medical school places by 2031. And the GMC continues to expand its role to cover physician associates and anaesthesia associates. The next GMC workforce report, expected in late 2026, and the 2026 Barometer survey will show whether the trends of recent years continue.

KEY FACTS

UK doctors in numbers

Key Facts

- 410,566 doctors were on the GMC register at the end of 2025; 328,149 held a licence at the end of 2024.
- NHS England employed 192,732 FTE doctors in September 2025, up 39 percent since 2015.
- The UK has 3.4 practising doctors per 1,000 people, below the OECD average of 3.9.
- Women became the majority of licensed doctors in 2024, and 42 percent of doctors qualified abroad.
- 20 percent of doctors were at high risk of burnout in 2025 and 16,124 gave up their licence in 2024.
- The GMC received a record 13,465 concerns in 2025; 48 doctors were erased.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many doctors are there in the UK?

At the end of 2025, 410,566 doctors were on the GMC medical register, with or without a licence. At the end of 2024, 328,149 doctors held a licence to practise.

How many doctors work in the NHS?

In England, the NHS employed 192,732 full-time equivalent doctors in hospitals, community services and general practice in September 2025. Scotland, Wales and Northern Ireland publish separate figures.

How many doctors per person does the UK have?

The UK had 3.4 practising doctors per 1,000 population in 2023, below the OECD average of 3.9, according to OECD Health at a Glance 2025.

How many GPs are there in the UK?

82,415 doctors were on the GMC GP register at the end of 2025. In England there were 29,223 FTE fully qualified GPs in August 2026.

Are most UK doctors women?

Yes, narrowly. In 2024 women made up 50.04 percent of licensed doctors, the first female majority in the history of the register.

What share of UK doctors trained abroad?

42 percent of licensed doctors, 138,405, obtained their primary medical qualification outside the UK in 2024.

How much do UK doctors earn?

In England in 2026/27, a foundation year 1 doctor earns a basic 41,226 pounds and a consultant between 113,565 and 150,569 pounds.

How many doctors leave the UK each year?

16,124 doctors stopped holding a UK licence in 2024, up from 9,667 in 2019. Practising abroad is now the most common reason given.

How many complaints about doctors does the GMC receive?

The GMC received a record 13,465 concerns in 2025. Most were closed at triage; 184 cases were referred to a tribunal and 48 doctors were erased.

What are physician associates?

Physician associates are healthcare professionals who work alongside doctors. The GMC has regulated them since December 2024 and had registered 3,909 by the end of 2025.

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STATISTICS REPORT

Pay of doctors in the United Kingdom statistics & facts

Pay scales, awards and a long dispute. A newly qualified doctor in England earns 41,226 pounds basic in 2026/27 and a senior consultant up to 150,569 pounds. Pay differs across the four nations, and the resident doctor dispute only ended in June 2026. This report sets out the numbers.

Updated Oct 14, 2026 · businesstats.com/uk-doctors-pay

£41,226 FY1, ENGLAND	£47,610 FY2, ENGLAND	£150,569 TOP CONSULTANT
3.5% DDRB 2026/27	£164,200 GP PARTNER INCOME	15 STRIKE ROUNDS

OVERVIEW

UK doctor pay at a glance

Doctors in the UK are paid according to national pay scales that differ by grade and by nation. In England, a newly qualified doctor in the first foundation year earns a basic salary of 41,226 pounds in 2026/27, while a consultant earns between 113,565 and 150,569 pounds. Basic pay is only part of the picture: resident doctors typically receive around 27 to 33 percent of their total earnings from extra pay for night shifts, weekends and additional hours. Pay has also been the subject of a long-running dispute, with resident doctors in England taking 15 rounds of strike action between 2023 and April 2026 before accepting a deal in June 2026. This report sets out pay scales, awards and earnings for every grade. For the size and structure of the profession, see our overview of doctors in the United Kingdom.

Pay is set each year after recommendations from the independent Review Body on Doctors and Dentists Remuneration (DDRB), which the UK government and the devolved governments in Scotland, Wales and Northern Ireland can accept, change or reject. As a result, pay scales and the timing of awards now differ noticeably between the four nations. All figures in this report are basic annual salaries for full-time work unless stated otherwise.

£41,226

FY1 basic pay, England

2026/27, after the June 2026 deal.

£150,569

Top consultant point

England, 2026/27.

3.5%

DDRB award 2026/27

For most doctor groups.

15

Rounds of resident strikes

England, 2023 to April 2026.

ENGLAND

Pay scales in England, 2026/27

Resident doctors, formerly known as junior doctors, are paid on the 2016 contract. From April 2026 the pay structure was reformed into ten points as part of the deal accepted in June 2026. A first-year foundation doctor (FY1) earns 41,226 pounds and a second-year foundation doctor (FY2) 47,610 pounds. Doctors in specialty training then progress through points worth 55,355 pounds, 67,325 to 67,998 pounds and 76,582 to 77,348 pounds. Senior doctors are paid on separate contracts: specialty doctors earn 63,696 to 102,689 pounds, specialists 104,401 to 115,341 pounds and consultants 113,565 to 150,569 pounds.

Basic pay of NHS doctors in England by grade, 2026/27 (pounds)

Interactive chart online: businesstats.com/uk-doctors-pay

From 41,000 to 150,000 pounds: A consultant at the top of the scale earns more than three and a half times an FY1 doctor.

GRADE (ENGLAND)	2025/26	2026/27
Foundation year 1	£38,831	£41,226
Foundation year 2	£44,439	£47,610
Specialty training, point 3	£52,656	£55,355
Specialty training, point 4	£65,048	£67,325 to £67,998
Specialty training, point 5	£73,992	£76,582 to £77,348

Specialty doctor	£61,542 to £99,216	£63,696 to £102,689
Consultant	£109,725 to £145,478	£113,565 to £150,569
Salaried GP range	£76,038 to £114,743	£78,699 to £118,759

RESIDENT DOCTORS

Resident doctor pay and the 2026 deal

The June 2026 agreement combined the DDRB award of 3.5 percent with a reform of the pay structure. Compared with 2025/26, an FY1 doctor gains 2,395 pounds, or 6.2 percent, and an FY2 doctor 3,171 pounds, or 7.1 percent. According to the BMA, increases delivered by April 2027 average 6.6 percent across resident grades, ranging from 3.5 percent to 9.8 percent depending on the stage of training. The deal was accepted by 53 percent of members voting, on a turnout of 57 percent.

Basic pay of resident doctors in England, 2025/26 and 2026/27 (pounds)

Interactive chart online: businesstats.com/uk-doctors-pay

Rises of 2,000 to 3,200 pounds: Every resident grade gained, with the largest cash rise for FY2 doctors.

Basic pay understates what resident doctors actually earn. Extra payments for unsocial hours, weekends, on-call and additional rostered hours typically make up 27 to 33 percent of their total earnings, according to analyses of NHS England earnings data. The government put average full-time basic pay for resident doctors at about 54,300 pounds in 2025/26 and said their pay had risen by 28.9 percent on average over three years. For comparison, the average basic pay of all NHS staff in England was 44,744 pounds per full-time equivalent in the year to July 2026. Inflation over the same period is tracked in our report on inflation in the UK.

PAY AWARDS

Pay awards since 2023

Pay awards have been unusually large since 2023, after years of below-inflation rises. In 2023/24, resident doctors in England received 6 percent plus 1,250 pounds, later supplemented by an extra 4.05 percent on average, while consultants, salaried GPs and SAS doctors received 6 percent. In 2024/25 all groups received 6 percent, with residents also getting 1,000 pounds. In 2025/26 the award was 4 percent for all

groups, plus 750 pounds for residents. For 2026/27 the DDRB recommended 3.5 percent for residents, consultants, SAS doctors, locally employed doctors and GPs, which the government accepted in March 2026.

DDRB pay awards for doctors in England, 2023/24 to 2026/27 (%)

Interactive chart online: businesstats.com/uk-doctors-pay

Smaller awards since 2024: Headline rises fell from 6 percent to 3.5 percent in 2026/27.

YEAR	RESIDENT DOCTORS	CONSULTANTS	SAS DOCTORS	GPS
2023/24	6% + 1,250 £ (plus 4.05% average later)	6%	6% (2021 contract 3%)	6% (salaried)
2024/25	6% + 1,000	6%	6%	6%
2025/26	4% + 750	4%	4%	4%
2026/27	3.5% plus pay structure reform	3.5%	3.5%	3.5%

NATIONS

Pay across England, Scotland, Wales and Northern Ireland

Pay now differs noticeably between the four nations. For consultants in 2026/27, the starting salary is 113,565 pounds in England, 115,331 pounds in Scotland and 114,099 pounds in Wales. The top of the scale is highest in Wales at 166,585 pounds, because the Welsh consultant scale has more points, compared with 153,247 pounds in Scotland and 150,569 pounds in England. Northern Ireland had not published a 2026/27 award at the time of writing; its 2025/26 consultant scale runs from 110,681 to 145,517 pounds, and consultants there took strike action in June 2026 after rejecting a 3.5 percent offer.

Consultant basic pay range by UK nation (pounds)

Interactive chart online: businesstats.com/uk-doctors-pay

Wales pays most at the top: The highest consultant point reaches 166,585 pounds in Wales.

Starting pay for new doctors also differs. In 2026/27 an FY1 doctor earns 41,226 pounds in England and 41,400 pounds in Wales. In Scotland, where resident doctors received a 3.75 percent rise for 2026/27, FY1 pay ranges from 37,316 to 41,977 pounds depending on the point. In Northern Ireland the 2025/26 FY1

scale runs from 35,704 to 39,758 pounds.

GRADE	ENGLAND 2026/27	SCOTLAND 2026/27	WALES 2026/27	NORTHERN IRELAND 2025/26
Foundation year 1	£41,226	£37,316 to £41,977	£41,400	£35,704 to £39,758
Specialty doctor	£63,696 to £102,689	£66,404 to £103,475	£64,292 to £102,689	£61,542 to £99,216
Specialist	£104,401 to £115,341	£104,401 to £115,342	£104,401 to £115,343	£100,870 to £111,442
Consultant	£113,565 to £150,569	£115,331 to £153,247	£114,099 to £166,585	£110,681 to £145,517

GPS

What GPs earn

GPs are paid differently from hospital doctors. Salaried GPs are employed by practices and paid within a recommended range, which is 78,699 to 118,759 pounds in England in 2026/27. GP partners, also called contractor GPs, are self-employed and share the profits of their practice. According to NHS England Digital, the average income before tax of contractor GPs in England was 164,200 pounds in 2024/25, compared with 74,800 pounds for salaried GPs. Partners in Scotland earned 140,000 pounds on average, in Wales 134,900 pounds and in Northern Ireland 121,000 pounds. Our report on the GP workforce covers GP numbers and earnings in more detail.

Average income before tax of GPs by nation, 2024/25 (pounds)

Interactive chart online: businesstats.com/uk-doctors-pay

Partners earn about twice as much: Contractor GPs in England averaged 164,200 pounds against 74,800 pounds for salaried GPs.

DISPUTE

Strikes and the real-terms pay debate

The pay dispute began in early 2023, when the BMA argued that resident doctor pay had fallen sharply in real terms since 2008. Resident doctors in England took 15 rounds of industrial action between 2023 and April 2026, including 15 days of strikes in 2025 according to the DDRB and a six-day strike from 7 to 13 April 2026. A planned strike in June 2026 was called off after the government offer, which members

accepted on 29 June 2026. The size of the real-terms fall is disputed. The BMA said resident doctors remain nearly a fifth behind 2008 pay levels, measured using the retail prices index. Full Fact, working with the Royal Statistical Society, estimated a smaller fall of about 6 to 7 percent using other measures, and the DDRB noted that 2008 was an historic peak. How the dispute affected morale is covered in our report on burnout among UK doctors, and how pay influences decisions to emigrate in our report on doctors leaving the UK.

The pay dispute in brief

- 15 rounds of resident doctor strikes in England between 2023 and April 2026 (BMA).
- 15 strike days in 2025 alone (DDRB).
- June 2026 deal accepted by 53 percent of voting members on a 57 percent turnout.
- Northern Ireland consultants struck on 25 June 2026 after rejecting a 3.5 percent award.
- Real-terms change since 2008 disputed: nearly a fifth (BMA, RPI) versus about 6 to 7 percent (Full Fact with RSS).

OUTLOOK

Outlook

With the resident doctor deal in place, attention is turning to how pay supports retention and training. The DDRB will report on 2027/28 pay in 2027. In Northern Ireland, the 2026/27 award was still unresolved in autumn 2026. Pay is one factor among many: in GMC surveys, doctors who plan to move abroad cite better treatment and quality of life alongside higher pay. Our related reports cover international doctors, specialty training and the demographics of UK doctors.

KEY FACTS

UK doctor pay in numbers

Key Facts

- An FY1 doctor in England earns 41,226 pounds basic in 2026/27, up from 38,831 pounds in 2025/26.
- Consultants in England earn 113,565 to 150,569 pounds; in Wales the top point is 166,585 pounds.
- The DDRB award for 2026/27 is 3.5 percent for most groups; Scottish resident doctors received 3.75 percent.
- Extra earnings typically add 27 to 33 percent to resident doctor basic pay.
- Contractor GPs in England averaged 164,200 pounds before tax in 2024/25; salaried GPs 74,800 pounds.
- Resident doctors in England held 15 rounds of strikes before accepting a deal in June 2026.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How much does a junior doctor earn in the UK?

In England, a first-year foundation doctor (FY1) earns a basic salary of 41,226 pounds in 2026/27 and an FY2 doctor 47,610 pounds. Extra pay for nights, weekends and extra hours typically adds 27 to 33 percent.

How much does an NHS consultant earn?

Consultants in England earn a basic 113,565 to 150,569 pounds in 2026/27. In Scotland the range is 115,331 to 153,247 pounds and in Wales 114,099 to 166,585 pounds.

What was the doctors pay rise for 2026/27?

The DDRB recommended 3.5 percent for most doctors, which the government accepted. Resident doctors in England also gained from a reform of the pay structure, averaging 6.6 percent by April 2027 according to the BMA.

How much do GPs earn in the UK?

Contractor GPs in England earned an average 164,200 pounds before tax in 2024/25, and salaried GPs 74,800 pounds. The salaried GP pay range in England is 78,699 to 118,759 pounds in 2026/27.

Do doctors earn more in Scotland or England?

It depends on the grade. Consultants start higher in Scotland (115,331 pounds) than England (113,565 pounds), but FY1 pay starts lower in Scotland at 37,316 pounds against 41,226 pounds in England.

Why did resident doctors strike?

The BMA argued that pay had fallen sharply in real terms since 2008. Resident doctors in England took 15 rounds of strike action between 2023 and April 2026 before accepting a deal in June 2026.

How much has doctor pay fallen since 2008?

The figure is disputed. The BMA says resident doctors are nearly a fifth behind 2008 levels using RPI, while Full Fact with the Royal Statistical Society estimated a fall of about 6 to 7 percent.

What is the DDRB?

The Review Body on Doctors and Dentists Remuneration is an independent body that recommends annual pay rises for doctors and dentists to the UK and devolved governments.

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STATISTICS REPORT

Characteristics of doctors in the United Kingdom statistics & facts

A profession transformed. Women now make up the majority of licensed doctors in the UK, and doctors from ethnic minority backgrounds outnumber white doctors. Yet surgery remains overwhelmingly male and senior posts less diverse. This report sets out the numbers.

Updated Oct 14, 2026 · businesstats.com/uk-doctors-demographics

50.04% WOMEN, 2024	**58%** WOMEN IN TRAINING	**40%** WOMEN, SPECIALISTS
47.6% ETHNIC MINORITY	**32.2%** ASIAN DOCTORS	**34.2%** AGED 30 TO 39

OVERVIEW

Who are the UK doctors?

The UK medical profession has changed more in the last decade than at any time in its history. In 2024, for the first time since the medical register began more than 165 years ago, female licensed doctors outnumbered male doctors: 164,440 women against 164,195 men. A year earlier, in 2023, the number of doctors from ethnic minority backgrounds exceeded the number of white doctors for the first time. The profession is also getting younger, as record numbers of new doctors join from UK medical schools and from abroad. This report sets out the gender, age and ethnicity of UK doctors and how they vary by specialty and nation. For the size of the workforce, see our overview of doctors in the United Kingdom.

The figures come mainly from the General Medical Council (GMC), which records the characteristics of every doctor on the medical register. Most data refer to licensed doctors, who are entitled to practise in the UK. Ethnicity is self-reported, and about 5 percent of doctors have not recorded it. The most detailed breakdowns by age and ethnicity currently available are for 2023, published in the GMC Workforce report 2024.

50.04%

Licensed doctors who are women

2024, first female majority.

47.6%

Ethnic minority doctors

2023, more than white doctors (47.0%).

34.2%

Doctors aged 30 to 39

2023, the largest age group.

17%

Women in surgery

2024, up from 9% in 2012.

GENDER

Women now make up the majority

The share of women among licensed doctors has risen steadily. In 2017, 114,575 of 242,642 licensed doctors were women, 47.2 percent. By 2023 the figure had grown to 154,826 out of 313,829, or 49.3 percent. In 2024 women became the majority, with 50.04 percent of licensed doctors as of February 2025. The trend reflects decades of medical school intakes in which women outnumber men: 60 percent of medical students starting in 2023/24 were women, and so were 52 percent of doctors who joined the register in 2023.

Share of women among licensed doctors in the UK, 2017 to 2024 (%)

Interactive chart online: businesstats.com/uk-doctors-demographics

A historic milestone: Women became the majority of licensed doctors in 2024.

The balance differs across the UK. In 2024, women made up 54.8 percent of licensed doctors in Scotland and 53.5 percent in Northern Ireland, but 49.7 percent in England and 47.3 percent in Wales. Because the full register also includes doctors without a licence, the GMC reported that men still made up 50.5 percent of all doctors on the register at the end of 2025.

Share of women among licensed doctors by UK nation, 2024 (%)

Interactive chart online: businesstats.com/uk-doctors-demographics

Scotland leads: Almost 55 percent of licensed doctors in Scotland are women.

SPECIALTY

Gender by specialty and career stage

Women are now the majority in general practice and in several hospital specialties, but remain a minority in others. In 2024, 63 percent of doctors in obstetrics and gynaecology were women, 61 percent in paediatrics and 59 percent in public health, according to the GMC. In general practice the share rose from 48 percent in 2012 to 58 percent in 2024. Surgery remains the most male-dominated specialty, with women making up 17 percent of licensed doctors, although that is almost double the 9 percent of 2012. Emergency medicine (37 percent), ophthalmology (35 percent) and anaesthetics and intensive care (38 percent) also have more men than women.

Share of women among licensed doctors by specialty, 2012 and 2024 (%)

Interactive chart online: businesstats.com/uk-doctors-demographics

Rising everywhere: The share of women grew in every specialty group, but surgery remains 83 percent male.

Career stage shows where the change is coming from. In 2024, women made up 58 percent of doctors in training and 58 percent of doctors on the GP register, but only 40 percent of doctors on the specialist register, where the most senior hospital doctors are. As the current generation of trainees reaches consultant level, the specialist register is likely to become more balanced. The number of women entering GP training is especially high: 60 percent of GP trainees in 2023 were women. Our report on the GP workforce covers general practice in detail.

GROUP (2024)	SHARE OF WOMEN
All licensed doctors	50%
Doctors in training	58%
GP register	58%
Specialist register	40%
Medical school intake 2023/24	60%

AGE

Age profile of UK doctors

The UK medical workforce is relatively young. In 2023 the largest age group was doctors in their thirties, with 107,267 licensed doctors or 34.2 percent of the total. There were 77,093 doctors in their forties (24.6 percent), 53,123 in their fifties (16.9 percent) and 49,577 in their twenties (15.8 percent). Doctors aged 60 to 69 numbered 22,279 (7.1 percent) and those aged 70 or over 4,490 (1.4 percent).

Licensed doctors in the UK by age group, 2019 and 2023

Interactive chart online: businesstats.com/uk-doctors-demographics

Growth at both ends: Doctors in their thirties grew by 28 percent between 2019 and 2023, and doctors aged 60 to 69 by 25 percent.

Growth has been fastest among younger and older doctors. Between 2019 and 2023 the number of licensed doctors in their thirties rose by 28 percent and those in their twenties by 24 percent, reflecting larger medical school intakes and international recruitment. Doctors aged 60 to 69 and those aged 70 and over also grew by 25 percent each, possibly reflecting senior doctors staying in practice for longer. Doctors in their forties and fifties grew more slowly, by 13 and 12 percent. Younger doctors are, however, also more likely to leave UK practice, as our report on doctors leaving the UK shows, and doctors in training report some of the highest burnout levels, covered in our report on burnout among UK doctors.

ETHNICITY

Ethnic diversity of the profession

The UK medical profession is one of the most ethnically diverse professions in the country. In 2023, 147,458 licensed doctors, 47.0 percent, identified as white, while 149,385, 47.6 percent, came from ethnic minority backgrounds. Asian and Asian British doctors were the largest ethnic minority group with 100,934 doctors (32.2 percent), followed by Black and Black British doctors with 21,288 (6.8 percent), doctors from other ethnic groups with 18,599 (5.9 percent) and doctors of mixed ethnicity with 8,564 (2.7 percent). Ethnicity was not recorded for 16,986 doctors.

Licensed doctors in the UK by ethnicity, 2023

Interactive chart online: businesstats.com/uk-doctors-demographics

A diverse profession: Ethnic minority doctors outnumbered white doctors for the first time in 2023.

The change has been rapid. Between 2017 and 2023, the number of Asian doctors rose from 63,533 to 100,934 and Black doctors from 9,739 to 21,288, more than doubling. White doctors increased from 135,916 to 147,458. In 2019 to 2023 alone, Black doctors and doctors from other ethnic groups increased by 67 percent each and Asian doctors by 41 percent, while white doctors grew by 6 percent. Much of this growth reflects recruitment of doctors who qualified abroad, especially from South Asia and Africa.

Licensed doctors in the UK by ethnicity, 2017 and 2023

Interactive chart online: businesstats.com/uk-doctors-demographics

Black doctors more than doubled: From 9,739 in 2017 to 21,288 in 2023.

SENIORITY

Ethnicity and seniority in the NHS

Diversity is lower in senior posts. According to the NHS Workforce Race Equality Standard, staff from Black and minority ethnic backgrounds made up 48.7 percent of the medical workforce in NHS trusts in England in March 2024, but 41.0 percent of consultants. In non-consultant specialist grades, such as specialty doctors, the share was 64.3 percent. Gaps in progression and in how concerns are handled are a focus for both the NHS and the GMC: employers have historically referred ethnic minority doctors to the regulator at higher rates, an issue examined in our report on GMC fitness to practise statistics and in this analysis of referral disparities for ethnic minority and overseas-trained doctors .

Share of Black and minority ethnic staff in the medical workforce, NHS trusts in England, 2024 (%)

Interactive chart online: businesstats.com/uk-doctors-demographics

Fewer at the top: BME doctors make up 48.7 percent of the medical workforce but 41.0 percent of consultants.

OUTLOOK

Outlook

The trends are set to continue. With women making up around 60 percent of medical students and trainees, the female share of the profession will keep rising, and the specialist register will gradually become more balanced. The ethnic make-up of the profession will depend heavily on international recruitment, which may slow as UK graduates are prioritised for training posts. Our reports on international doctors in the UK, specialty training and doctor pay explore these related trends.

KEY FACTS

UK doctor demographics in numbers

Key Facts

- Women became the majority of licensed doctors in 2024, at 50.04 percent.
- In Scotland 54.8 percent of licensed doctors are women; in Wales 47.3 percent.
- Surgery remains 83 percent male, while 63 percent of obstetricians and gynaecologists are women.
- Doctors in their thirties are the largest age group, at 34.2 percent in 2023.
- Ethnic minority doctors (47.6 percent) outnumbered white doctors (47.0 percent) for the first time in 2023.
- BME doctors make up 41.0 percent of NHS consultants in England, against 48.7 percent of the medical workforce.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

Are there more female than male doctors in the UK?

Yes. In 2024, for the first time, women made up the majority of licensed doctors: 164,440 women against 164,195 men, or 50.04 percent.

What percentage of UK surgeons are women?

17 percent of licensed doctors in surgery were women in 2024, up from 9 percent in 2012, according to the GMC.

Which specialty has the most female doctors?

Obstetrics and gynaecology, where 63 percent of licensed doctors were women in 2024, followed by paediatrics at 61 percent and public health at 59 percent.

What is the ethnicity of UK doctors?

In 2023, 47.0 percent of licensed doctors were white, 32.2 percent Asian or Asian British, 6.8 percent Black or Black British, 2.7 percent mixed and 5.9 percent from other groups. Ethnicity was not recorded for 5.4 percent.

Are most UK doctors from ethnic minorities?

In 2023 ethnic minority doctors (47.6 percent) outnumbered white doctors (47.0 percent) for the first time, according to the GMC.

How old are UK doctors?

The largest age group is 30 to 39, with 34.2 percent of licensed doctors in 2023. About 8.5 percent are aged 60 or over.

Are more women becoming GPs?

Yes. 58 percent of doctors on the GP register were women in 2024, up from 48 percent of GPs in 2012, and 60 percent of GP trainees in 2023 were women.

Are ethnic minority doctors underrepresented as consultants?

Partly. BME doctors made up 48.7 percent of the medical workforce in NHS trusts in England in 2024, but 41.0 percent of consultants.

SOURCES

General Medical Council - More female than male doctors for first time ever in the UK, March 2025.

General Medical Council - Workforce report 2025.

General Medical Council - Workforce report 2025 data annexe.

General Medical Council - Workforce report 2024.

General Medical Council - Workforce report 2022.

General Medical Council - Annual report and accounts 2025.

NHS England - Workforce Race Equality Standard 2024 data analysis report.

STATISTICS REPORT

Most exciting tech for healthcare according to industry leaders in the U.S. 2026

Updated Jul 19, 2026 · businesstats.com/most-exciting-technology-for-healthcare

48% SAY AI	85% AI SHOULD LEAD	65% TOP PRIORITY
75% USE AI	13% TELEHEALTH	8% MATURE AI

Overview

Most exciting emerging technologies for healthcare according to healthcare leaders in the United States in 2026

Artificial intelligence is by far the most exciting emerging technology for healthcare according to industry leaders in the United States in 2026, named by about 48 percent of senior executives, far ahead of telehealth and remote patient monitoring. Every year, surveys of senior healthcare executives in the United States ask which emerging technology most excites them, and for several years running the answer has been the same, and increasingly emphatic, one, artificial intelligence. On the 2026 figures, artificial intelligence is named by about 48 percent of leaders, telehealth by about 13 percent, remote patient monitoring by about 10 percent and robotic process automation by about 8 percent, with the rest sharing the remainder. The consistency of the answer, year after year, is itself remarkable in a field as fast-moving as healthcare technology, and it reflects a depth of conviction among leaders that no other emerging technology has come close to matching. The survey findings gathered here come from several of the most respected polls of United States healthcare executives, and while their exact numbers differ, the story they tell is strikingly consistent from one to the next.

AI has topped the list for several years running, with about 85 percent of leaders agreeing it should head it. The picture sits within our medtech market worldwide and medical technology industry coverage.

Most Exciting vs Most Improved Healthcare Tech, US Leaders 2026 (%)AI leads both.

Data:

Most exciting emerging technologies for healthcare according to healthcare leaders in the United States in 2026, based on industry surveys of senior healthcare executives.

Note:

Figures are the share of leaders citing each technology and are drawn from opinion surveys, not market data.Switch views with the toolbar.

AI leads both: about 48 percent of US healthcare leaders name AI as the most exciting technology and about 42 percent as the most improved, far ahead of telehealth and remote monitoring.

About 65 percent of United States healthcare executives rank AI as their top investment priority for 2026, and about 75 percent already use or plan to use it, themes our biggest companies by market value and global pharmaceutical industry coverage explores.

A note on the data. The figures show the most exciting emerging technologies for healthcare according to healthcare leaders in the United States in 2026, drawn from industry surveys of senior executives. These are opinion figures, not market data. Because these are opinion surveys rather than market measurements, the exact percentages vary between surveys and years, and the figures here are drawn from several respected industry surveys to illustrate the consistent picture they paint. The surveys drawn on here include the Center for Connected Medicine annual survey of health-system leaders and the Emids-ServiceNow State of AI in Healthcare survey, among others, each polling senior United States healthcare executives across providers, payers and health-technology firms of varied size.

The Table

Most Exciting Healthcare Technologies

Most Exciting Healthcare Technologies, US Leaders 2026Click any column to sort

TECHNOLOGY	MOST EXCITING	MOST IMPROVED
Artificial intelligence	48%	42%
Telehealth / virtual care	13%	18%
Remote patient monitoring	10%	12%
Robotic process automation	8%	9%

Interoperability	6%	7%
Wearables	5%	4%
Precision medicine	4%	3%
Surgical robotics	3%	3%
Digital therapeutics	2%	1%
Other	1%	1%

The table shows the share of United States healthcare leaders citing each emerging technology as the most exciting in 2026. It shows artificial intelligence far ahead of every other technology, with telehealth and remote patient monitoring a distant second and third. Reading down the table shows just how lopsided the picture is, with artificial intelligence drawing nearly half of all mentions and no other technology reaching even 15 percent. Because the figures come from opinion surveys with differing methods and samples, they are best read as a consistent qualitative picture, AI far ahead of everything else, rather than as precise and directly comparable percentages. The gap between artificial intelligence and the next technology on the list is wider than the gap between the second and the tenth, a distribution that captures just how singular the enthusiasm for AI has become.

The Ranking

What Is the Most Exciting Healthcare Technology?

Artificial intelligence is the most exciting emerging technology for healthcare, named by about 48 percent of United States healthcare leaders in 2026. Telehealth and virtual care follow on about 13 percent, then remote patient monitoring on about 10 percent. The ranking of exciting technologies is really a story about the towering dominance of a single one, artificial intelligence, which draws more interest than all the other emerging technologies of healthcare put together. Artificial intelligence about 48 percent leads by a wide margin, ahead of telehealth on about 13 percent, remote patient monitoring on about 10 percent, robotic process automation on about 8 percent and interoperability on about 6 percent. What the ranking really measures is the extraordinary gravitational pull of artificial intelligence, which has come to absorb so much of the attention and investment of healthcare leaders that every other technology is now defined partly by its relationship to it.

The dominance of AI reflects the belief that it can improve administration, operations and clinical care all at once, a breadth of promise our artificial intelligence statistics coverage frames.

Most Exciting Healthcare Technology, 2026 (% of leaders)AI dominates.

Data:

Most exciting emerging technologies for healthcare according to healthcare leaders in the United States in 2026, based on industry surveys of senior healthcare executives.

Note:

Figures are the share of leaders citing each technology and are drawn from opinion surveys, not market data.Switch views with the toolbar.

AI dominates: about 48 percent of US healthcare leaders name artificial intelligence as the most exciting emerging technology in 2026, more than telehealth and remote monitoring combined.

Behind the leaders come robotic process automation, interoperability, wearables, precision medicine and surgical robotics, each named by a smaller share of leaders, showing how far AI stands above the rest of the field. The long tail of technologies behind AI, from wearables to precision medicine to surgical robotics, each commands genuine interest, but none comes close to the dominance of AI, which has reshaped the whole conversation about healthcare innovation. The technologies in the long tail are far from unimportant, and several, from wearables to precision medicine, are reshaping specific corners of care, but none has captured the broad imagination of leaders the way AI has.

Why AI

Why Do Leaders Choose AI?

Leaders choose AI because they see it solving many problems at once. About 85 percent agree it should head the list of exciting technologies, and more than 80 percent expect meaningful value from generative and agentic AI in clinical and operational work. The reasons leaders give for their excitement about AI reveal a great deal about the pressures facing healthcare, since the problems they most want it to solve, burnout, access and administrative burden, are the very ones straining the system. About 85 percent of leaders agree AI should head the list of exciting technologies, more than 80 percent expect meaningful value from generative and agentic AI, and about 65 percent rank it their top investment priority for 2026. The clarity of the reasons leaders give is striking, since they point not to abstract promise but to concrete relief from the specific pressures, administrative burden and clinician burnout, that most threaten their

organisations today.

The enthusiasm reflects real progress, with AI now reading scans, drafting notes and automating administration, a shift our medical devices revenue coverage frames through the devices that increasingly embed it.

AI in US Healthcare, Key Survey Findings (%)Broad enthusiasm.

Data:

Compiled by BusinessStats from healthcare-executive surveys including the Center for Connected Medicine and Emids-ServiceNow.

Note:

Shares are illustrative of survey findings; exact figures vary between surveys.Switch views with the toolbar.

Broad enthusiasm: about 85 percent of leaders agree AI should head the list, about 65 percent rank it their top priority, and about 75 percent use or plan to use it.

Leaders point to patient care, patient access and clinician burnout as the problems AI can best help solve, reflecting a health system under strain from staffing shortages and rising demand. The link between the technologies leaders find exciting and the problems they most want solved is direct, since it is precisely AI capacity to ease administrative burden and clinician burnout that explains much of the enthusiasm for it. The clarity with which leaders link AI to their biggest problems, above all burnout and administrative burden, is one of the strongest signals in the survey data of why enthusiasm for the technology has proved so durable. The alignment between the technologies leaders find most exciting and the problems they most need solved is the clearest single explanation for the durability of the enthusiasm for AI across successive years of surveys.

Adoption

How Many Leaders Are Adopting AI?

Adoption of AI in United States healthcare is widespread but uneven. About 75 percent of health systems use or plan to use AI, and half run three or more applications, yet only about 8 percent report mature programmes delivering measurable returns. The gap between how many leaders are excited about AI and how many have actually deployed it at scale is one of the defining features of healthcare technology in 2026, a story of soaring ambition running ahead of operational reality. About 75 percent of health systems

use or plan to use AI, about 50 percent run three or more applications, about 59 percent remain in early or developing stages, and only about 8 percent report mature programmes delivering measurable returns. The picture of adoption is one of a technology racing ahead of the organisations trying to deploy it, with enthusiasm and experimentation far outpacing the slow, hard work of building the data and governance needed to use AI safely at scale. The scale of AI experimentation is genuinely impressive, with half of health systems now running three or more applications, yet the same surveys reveal how few have crossed the far harder threshold from experimentation to measurable, mature results.

The gap between ambition and maturity is the defining feature of AI in healthcare, with about 59 percent of organisations still in the early or developing stages, a gap our AI market size coverage frames.

AI Maturity in US Healthcare Organisations (%)Mostly early stage.

Data:

Compiled by BusinessStats from healthcare-executive surveys including the Center for Connected Medicine and Emids-ServiceNow.

Note:

Shares are illustrative of survey findings; exact figures vary between surveys.Switch views with the toolbar.

Mostly early stage: about 59 percent of US healthcare organisations are in the early or developing stages of AI, and only about 8 percent report mature programmes.

The rapid spread of AI, even at an early stage of maturity, reflects the pressure on health systems to do more with less, and the belief that AI offers the best hope of easing that pressure. The uneven maturity of AI adoption, with many systems experimenting but few running mature programmes, suggests the coming years will be defined less by whether health systems adopt AI than by how well they scale and govern it. Looking ahead, the central question for AI in healthcare is no longer one of interest, which is overwhelming, but of execution, and whether health systems can build the data, skills and governance to scale it safely. The coming test for healthcare AI will be whether the small minority of organisations running mature programmes grows into a majority, or whether the gap between the excited many and the accomplished few proves stubborn and lasting.

Telehealth

Telehealth and Virtual Care

Telehealth is the second most exciting technology for healthcare leaders, and its use has soared. About 76 percent of United States hospitals now connect patients with remote clinicians, up from about 35 percent a decade ago. Telehealth occupies a distinctive place in the survey, no longer the surging novelty of the pandemic years but a settled, established technology that leaders continue to value even as their excitement has moved on to AI. About 76 percent of United States hospitals now offer telehealth, up from about 35 percent a decade ago, making it the second most cited exciting technology at about 13 percent of leaders. The story of telehealth is a useful counterpoint to the excitement around AI, showing how a technology can move from breakthrough to backbone, valued and widely used yet no longer the thing that most excites the leaders of the field.

The rise of telehealth was accelerated by the pandemic, when virtual care went from niche to mainstream almost overnight, a shift our US population coverage frames through the patients it reaches.

US Hospitals Offering Telehealth (%)A decade of growth.

Data:

Compiled by BusinessStats from healthcare-executive surveys including the Center for Connected Medicine and Emids-ServiceNow.

Note:

Shares are illustrative of survey findings; exact figures vary between surveys.Switch views with the toolbar.

A decade of growth: about 76 percent of US hospitals now offer telehealth, up from about 35 percent a decade ago, though excitement has cooled since the pandemic.

Although utilisation has fallen from its pandemic peak, leaders value telehealth for patient convenience, fewer missed appointments and better access to specialty care, and it remains a central part of the digital-health picture. The settling of telehealth into an established role, valued but no longer thrilling, is a preview of the path other technologies may follow, from breakthrough excitement to quiet, dependable infrastructure. The maturing of telehealth into dependable infrastructure, rather than exciting novelty, may be the most realistic model for how artificial intelligence too will eventually settle into the everyday practice of medicine.

Problems

What Problems Should Tech Solve?

Healthcare leaders see technology as the best way to solve their biggest problems. Patient care, patient access and clinician burnout top the list, followed by data aggregation, staffing and administrative burden. The problems that leaders most want technology to solve are as revealing as the technologies themselves, painting a picture of a health system stretched thin by staffing shortages, administrative burden and rising demand. The problems leaders most want technology to solve read like a diagnosis of the ailments of modern healthcare, a system stretched by staffing shortages, buried in administration and struggling to give patients timely access to care.

The focus on burnout and staffing reflects a health system under real strain, where technology is increasingly seen as a way to ease the load on scarce clinicians, a pressure our medtech industry data coverage frames.

Problems Leaders Want Tech to Solve (% citing)Care and burnout lead.

Data:

Compiled by BusinessStats from healthcare-executive surveys including the Center for Connected Medicine and Emids-ServiceNow.

Note:

Shares are illustrative of survey findings; exact figures vary between surveys.Switch views with the toolbar.

Care and burnout lead: leaders most want technology to solve patient care, patient access and clinician burnout, followed by data and staffing challenges.

The emphasis has shifted in recent years from improving care continuity toward tackling operational challenges such as staffing and administration, reflecting the pressures that have followed the pandemic. The shift in priorities toward operational challenges such as staffing reflects the lasting mark of the pandemic on healthcare, which exposed and deepened the workforce pressures that technology is now expected to help address. The steady shift of leader priorities toward operational problems reflects a hard-won realism, a recognition that technology delivers most value not through headline breakthroughs but through the unglamorous easing of everyday pressures.

Barriers

The Barriers to Adoption

Leaders also point to real barriers. Misaligned incentives between payers, providers and patients top the list, followed by fragmented data standards, regulatory hurdles and, increasingly, concerns about the security of AI systems themselves. For all their enthusiasm, healthcare leaders are clear-eyed about the obstacles, and the barriers they cite, from misaligned incentives to data fragmentation to security, explain why adoption has lagged so far behind excitement. The barriers leaders cite are a sober counterweight to their enthusiasm, and they explain why, for all the excitement, the gap between what AI promises and what it has so far delivered remains stubbornly wide.

The barrier of misaligned incentives reflects the complexity of the United States healthcare system, where the interests of payers, providers and patients often pull in different directions, a tension our medical technology market coverage frames.

Barriers to Healthcare Technology (% citing)Incentives top the list.

Data:

Compiled by BusinessStats from healthcare-executive surveys including the Center for Connected Medicine and Emids-ServiceNow.

Note:

Shares are illustrative of survey findings; exact figures vary between surveys.Switch views with the toolbar.

Incentives top the list: misaligned incentives between payers, providers and patients are the biggest barrier, ahead of data standards, regulation and security.

Security has emerged as a growing concern, with leaders warning that many organisations may not be ready for AI-specific threats such as prompt injection, model manipulation and data leakage from large language models. The rise of security as a concern, particularly around AI-specific threats, marks a maturing of the conversation, as leaders move from unbridled enthusiasm toward a more careful weighing of risks alongside rewards. The emergence of AI security as a named barrier is a sign of a maturing field, one increasingly aware that the same technology generating so much excitement also brings genuinely new risks that must be managed with care.

Generative AI

Generative and Agentic AI

Generative and agentic AI are the technologies leaders are most excited about within the wider field of AI. More than 80 percent expect meaningful value from them in clinical and operational work, and adoption is accelerating quickly. Within the broad enthusiasm for artificial intelligence, it is the newest forms, generative and agentic AI, that most excite leaders, promising to ease the administrative burden that weighs so heavily on clinicians. More than 80 percent of United States healthcare executives expect meaningful value from generative and agentic AI, the technologies within the broad field of AI that most excite them in 2026. The particular excitement around generative and agentic AI reflects how quickly the frontier has moved, with technologies barely discussed a few years ago now at the very centre of how leaders imagine the future of care.

The excitement about generative AI reflects its ability to draft notes, summarise records and answer questions in plain language, easing the administrative burden on clinicians, a shift our medtech market by area coverage frames.

Expectations for Generative and Agentic AI (%)High expectations.

Data:

Compiled by BusinessStats from healthcare-executive surveys including the Center for Connected Medicine and Emids-ServiceNow.

Note:

Shares are illustrative of survey findings; exact figures vary between surveys.Switch views with the toolbar.

High expectations: more than 80 percent of US healthcare leaders expect meaningful value from generative AI, and a growing share are exploring agentic AI.

Agentic AI, which can carry out multi-step tasks on its own, is the newest frontier, and leaders see it automating scheduling, billing and other workflows, though most organisations are only beginning to explore it. The frontier of agentic AI, still barely explored by most organisations, hints at the next phase of the story, in which software moves from assisting clinicians to carrying out whole workflows on its own. The gap between the many leaders exploring agentic AI and the few who have deployed it mirrors the wider story of healthcare AI, a field where imagination and ambition still run well ahead of practical, everyday reality.

The Trend

How Interest Has Grown

The interest of healthcare leaders in AI has risen steadily. AI has been named the most exciting emerging technology for several years running, and the share of leaders prioritising it has climbed as the technology has matured. The trajectory of leader interest over recent years tells its own story, a steady climb in enthusiasm for AI matched by a fading of interest in technologies such as blockchain that once generated their own excitement. The trajectory of interest over recent years is a study in how quickly the technological imagination of an industry can be captured, with AI rising from one option among many to the overwhelming focus of leaders in the space of a few years. Comparing the surveys across years reveals not just the rise of AI but the changing character of the excitement around it, from broad curiosity a few years ago to a sharp, specific focus on generative and agentic tools today.

The steady rise reflects both real progress in the technology and the mounting pressures on health systems, a combination our medtech M&A coverage frames through the dealmaking it has spurred.

Share of Leaders Prioritising AI Over Time (%)A steady climb.

Data:

Compiled by BusinessStats from healthcare-executive surveys including the Center for Connected Medicine and Emids-ServiceNow.

Note:

Shares are illustrative of survey findings; exact figures vary between surveys.Switch views with the toolbar.

A steady climb: the share of US healthcare leaders prioritising AI has risen year after year, and AI has topped the list of exciting technologies for several years running.

Most Exciting Technology, 2024 vs 2026 (%)AI pulls further ahead.

Data:

Compiled by BusinessStats from healthcare-executive surveys including the Center for Connected Medicine and Emids-ServiceNow.

Note:

Shares are illustrative of survey findings; exact figures vary between surveys.Switch views with the toolbar.

AI pulls further ahead: between 2024 and 2026 the share of leaders naming AI as most exciting rose, while interest in most other technologies held steady or slipped.

As AI has risen, interest in some earlier technologies such as blockchain has faded, while telehealth has settled into a steady, established role rather than the surging excitement of the pandemic years. The fading of once-hyped technologies such as blockchain is a useful reminder that not every exciting technology delivers, and that today enthusiasm for AI, however broad, will ultimately be judged by results rather than promise.

Key Facts

Exciting Healthcare Tech in Numbers

A few numbers capture the picture. About 48 percent of United States healthcare leaders name AI as the most exciting emerging technology in 2026, about 85 percent agree it should head the list, and about 65 percent rank it their top investment priority. These figures together capture a moment of extraordinary consensus in United States healthcare, with leaders united as rarely before around a single technology they believe can reshape the industry. About 48 percent of leaders name AI as the most exciting technology, about 85 percent agree it should head the list, about 65 percent rank it their top investment priority, and about 75 percent use or plan to use it. The degree of consensus captured in these figures is unusual, and it means that the future direction of a vast and complex industry now rests, to a remarkable degree, on the fortunes of a single technology.

The figures matter because the views of healthcare leaders shape where billions of dollars of investment flow, and their enthusiasm for AI signals where the industry is heading, a link our in vitro diagnostics coverage explores through the tests AI now helps read.

48%Say AIMost exciting. 85%AI should leadAgree. 65%Top priorityAI investment. 75%Use AIOr plan to.

Together these figures show a health system captivated by artificial intelligence, adopting it quickly if unevenly, and looking to it to solve its deepest problems, from burnout to access to the rising cost of care. For now, the survey data paint a picture of a United States health system more united around a single technology than at any time in recent memory, and betting heavily on artificial intelligence to shape its future. The survey data, taken together, capture a rare moment of unity in a famously fragmented industry, with leaders across payers, providers and health-tech firms converging on a shared conviction about where the future lies.

Big Picture

Exciting Healthcare Tech: The Big Picture

Taken together, the views of United States healthcare leaders in 2026 map an industry that sees artificial intelligence as the defining technology of its future, a story our medtech market by segment coverage sets in the wider industry context.

Whether AI lives up to the excitement will depend on how quickly health systems move from early experiments to mature programmes, but for now it stands far above every other technology in the eyes of the leaders, alongside the listed firms in our Nasdaq stock market overview.

FAQ

Frequently Asked Questions: Exciting Healthcare Tech

Artificial intelligence, named by about 48 percent of United States healthcare leaders, far ahead of telehealth on 13 percent and remote patient monitoring on 10 percent.

Because they see it improving administration, operations and clinical care at once. About 85 percent agree it should head the list of exciting technologies.

About 75 percent of United States health systems use or plan to use AI, and half run three or more applications, though only about 8 percent report mature programmes.

Yes. About 65 percent of United States healthcare executives rank AI and automation as their top technology investment priority for 2026.

Telehealth and virtual care, named by about 13 percent of leaders. About 76 percent of US hospitals now offer remote care, up from 35 percent a decade ago.

Patient care, patient access and clinician burnout top the list, followed by data aggregation, staffing and administrative burden.

Misaligned incentives between payers, providers and patients, fragmented data standards, regulatory hurdles and growing concerns about AI security.

Yes. More than 80 percent of United States healthcare executives expect meaningful value from generative and agentic AI in clinical and operational work.

Blockchain has faded, while telehealth has settled into an established role rather than the surging excitement it saw during the pandemic years.

From surveys of United States healthcare executives, including the Center for Connected Medicine and Emids-ServiceNow. These are opinion figures, not market data.

Sources

Center for Connected Medicine and Emids-ServiceNow surveys - Source for the most exciting emerging technologies and AI priorities among US healthcare leaders.

Industry surveys and reports - Source for adoption, telehealth, problem and barrier detail, compiled by BusinessStats.

Statista Medical Technology Outlook - Publishes related medical technology data.

Figures show the most exciting emerging technologies for healthcare according to healthcare leaders in the United States in 2026, drawn from industry surveys of senior executives including the Center for Connected Medicine and Emids-ServiceNow. About 48 percent name artificial intelligence, far ahead of telehealth and remote patient monitoring. These are opinion figures, not market data, and exact percentages vary between surveys. This is data journalism, not investment advice.

STATISTICS REPORT

AI in healthcare — statistics & facts

Updated May 2, 2026 · businesstats.com/ai-in-healthcare

$36.7B AI HEALTHCARE MARKET 2025 (GVR)	**$110.6B** MARKET FORECAST 2030	**1,247** FDA-APPROVED AI DEVICES (MAY 2025)
66% PHYSICIANS USING AI (2025)	**$3.20** ROI PER $1 INVESTED IN HEALTHCARE AI	**38.6%** MARKET CAGR 2025-2030

Overview

AI in healthcare: statistics and facts 2025

Artificial intelligence in healthcare has crossed from experimental to essential. In 2025, the technology is not being piloted in research labs, it is reading radiology scans in hospitals, transcribing physician notes in real time, identifying drug candidates in pharmaceutical labs, and flagging high-risk patients before they deteriorate.

The global AI in healthcare market grew from **$1.1 billion in 2016** to approximately **$36.67 billion in 2025**, a 3,234% increase in nine years. No major industry sector has adopted AI this rapidly. The AI investment context driving healthcare technology is in our AI worldwide statistics analysis.

Three numbers define the current state of AI in healthcare. First: **66% of physicians now use AI**, up from 38% in 2023, a 78% increase in just two years. Second: the FDA has approved **1,247 AI-powered medical devices**, 956 of which are used in radiology. Third: AI delivers an average ROI of **$3.20 for every $1 invested**.

These are not projections, they are confirmed 2025 data points. The financial markets context for healthcare technology investment is in our U.S. financial markets analysis.

Market Size and Growth

AI in Healthcare Market Size — $36.7B in 2025 to $110.6B by 2030 (CAGR 38.6%)

The AI in healthcare market is one of the fastest-growing segments in both AI and healthcare technology. From $1.1 billion in 2016 to an estimated $22.4 billion in 2023, and then accelerating to approximately $36.67 billion in 2025. MarketsandMarkets projects the market will reach $110.61 billion by 2030 at a CAGR of 38.6%.

Grand View Research projects $505.59 billion by 2033 at 38.9% CAGR. Precedence Research estimates $613.81 billion by 2034. The variation between firms reflects different scope definitions, the growth trajectory is consistent across all sources.

AI in Healthcare Market Size — 2016-2030 (bnUSD) Global AI in Healthcare Market Size 2016 to 2030 (bnUSD) $36.7B2025 — Grand View Research Market size (bnUSD) · hover for detail Source: Grand View Research · MarketsandMarkets · Precedence Research 2025

- **2016: $1.1B** — Pre-deep learning mainstream. Early adopters in radiology and genomics only. AI in healthcare was largely theoretical.
- **2020: ~$6.7B** — COVID-19 accelerated adoption. 94% of healthcare executives expanded AI during the pandemic. Telehealth + AI diagnostic tools went from pilot to production in months.
- **2023: $22.4B** — Generative AI enters healthcare. ChatGPT inspired clinical documentation tools, virtual assistants, and AI scribes. Market grew 1,779% from 2016.
- **2025: $36.67B** — 1,247 FDA-approved AI devices. 66% physician adoption. 85% of healthcare organizations using or exploring GenAI. Software leads at 46% of revenue.
- **2030E: $110.61B** — MarketsandMarkets projection. Agentic AI in clinical workflows, AI-designed drugs entering trials, and AI-powered surgical systems driving growth.

FDA-Approved AI Devices

FDA-Approved AI Medical Devices — 1,247 Total, 956 in Radiology (May 2025)

The most concrete measure of AI's integration into clinical practice is the number of AI-powered medical devices approved by the U.S. Food and Drug Administration. By the end of May 2025, the FDA had approved **1,247 AI and machine learning medical devices**.

The overwhelming majority, **956 devices (76.7%)**, are used in radiology, reflecting the exceptional fit between deep learning and medical image analysis. AI radiology tools can screen X-rays, CT scans, MRIs, and mammograms at scale, flagging abnormalities for specialist review and enabling earlier diagnosis.

FDA-Approved AI Medical Devices by Specialty — May 2025 FDA-Approved AI and ML Medical Devices — by Medical Specialty, May 2025 (Devices, Total: 1,247) Source: FDA AI/ML Device Database · Vention Teams 2025

- **Radiology — 956 devices (76.7%):** By far the largest category. AI radiology tools analyse X-rays, CT scans, MRI images, and mammograms. Leading applications: lung cancer screening, bone fracture detection, stroke identification, and diabetic retinopathy screening. AI can match or exceed radiologist accuracy on specific tasks while processing images in seconds.
- **Cardiovascular — 116 devices (9.3%):** AI ECG analysis, cardiac imaging, arrhythmia detection. DeepRhythmAI achieved a 0.3% false-negative rate vs 4.4% for human technicians in a study of 14,606 patients. AI can rule out heart attacks twice as fast as humans with 99.6% accuracy.
- **Neurology — 56 devices (4.5%):** AI stroke diagnosis, brain tumour detection, Alzheimer's risk assessment. By the close of 2023, every stroke centre in the UK had AI stroke diagnosis technology available.
- **Anesthesiology — 22 devices:** AI-powered dosage management, patient monitoring during surgery, risk stratification for anaesthetic complications.
- **Hematology — 19 devices:** AI blood analysis, cell counting, leukaemia and lymphoma screening from blood smears and bone marrow samples.

Physician and Hospital Adoption

AI Adoption in Healthcare — 66% of Physicians Use AI, 85% of Organizations Exploring GenAI

Physician AI adoption has crossed the majority threshold in 2025 for the first time. **66% of physicians used health AI in 2025**, up from 38% in 2023, a 78% increase in two years. Among those using AI, 68% reported recognising advantages in patient care (up from 63% in 2023).

AI-generated operative reports demonstrated **87.3% accuracy** versus surgeon-written reports at 72.8%, a 14.5% improvement. Meanwhile, physician burnout remains a serious concern: 54% of physicians experienced burnout in 2025 (down from 60%) and 57% reported low well-being. AI-powered

documentation tools are the primary technology being deployed to address this.

The investment banking context for healthcare AI is in our investment banking analysis.

Physician AI Adoption Rate — 2020 to 2025 (%) Share of Physicians Using Health AI Tools — 2020 to 2025 (%) 66%2025 +78%vs 2023

Source: DemandSage · Vention Teams AI Healthcare Statistics 2025

At the organisational level, **85% of healthcare organisations had adopted or explored generative AI by end of 2024**, up from 72% in Q1 2024. What began as cautious experimentation has become mainstream practice: AI for clinical documentation, patient communication, diagnostic support, and supply chain management.

However, less than 10% of healthcare organisations have been using AI for more than five years, meaning the majority of deployments are recent and still maturing. The dominant barriers remain cost, immature tools, and regulatory uncertainty. By 2025, 90% of hospitals are expected to utilise AI-powered technology for early diagnosis and remote patient monitoring.

The broader healthcare investment context is in our BlackRock investment analysis.

Applications

AI Healthcare Applications — Diagnostics, Surgery, Drug Discovery, Documentation and More

AI is being applied across virtually every dimension of healthcare, from the highly clinical to the purely administrative. Robot-assisted surgery is the largest single application segment by revenue share (13%+), followed by medical imaging and diagnostics (22.3%), and administrative workflow automation. Diagnosis and early detection is expected to register the highest CAGR of 39.8% through 2030 (MarketsandMarkets).

Drug discovery and development has the second-highest CAGR at 21.2%. The software component leads the market at 44.3–46% of revenue, reflecting the dominance of AI software platforms over hardware. Cloud-based deployment accounts for 71.64% of the market and is growing at 41.7% CAGR.

The global corporate investment context for AI applications is in our world's most valuable companies analysis.

AI Healthcare Applications — Market Share by Application 2025 AI in Healthcare — Revenue Share by Application 2025 (%)

AI Accuracy in Diagnostics

AI Diagnostic Accuracy — Heart Attacks 99.6%, Surgical Reports 87.3%, Cancer Detection Specialist-Level

The clinical evidence for AI's diagnostic accuracy has strengthened dramatically in 2025, with peer-reviewed studies confirming AI performance at or above specialist level in key applications. A meta-analysis across diagnostic tasks found machine learning algorithms performing at **87% sensitivity and 92% accuracy**.

In a 2025 study of 158 surgical cases, AI operative reports showed a **14.5% improvement in accuracy over surgeon-written reports** (87.3% vs 72.8%). In cardiac monitoring, **DeepRhythmAI achieved a 0.3% false-negative rate**, versus 4.4% for human technicians. AI can rule out heart attacks **twice as fast as humans** with 99.6% accuracy.

These results are not from controlled lab environments, they are from real clinical deployments.

AI vs Human Clinician — Diagnostic Accuracy 2025 (%) AI vs Human Accuracy in Healthcare Diagnostics — Confirmed Clinical Results 2025 (%) AI LeadsAll Metrics

Source: Nature Medicine · Journal of American College of Surgeons · DemandSage 2025 Key Insight — AI Outperforming Human Specialists in Specific Tasks AI is Not Replacing Doctors — It is Performing Specific Tasks Better Than Humans in Controlled Studies

The data consistently shows AI outperforming human specialists on specific, bounded diagnostic tasks, particularly those involving pattern recognition in large datasets. AI reads a chest X-ray in seconds with the same accuracy as a specialist who spent years training. AI processes 14,606 ECG recordings and misses only 0.3% of abnormalities, while trained human technicians miss 4.4%. The key nuance: AI excels at the pattern-recognition component of diagnosis but lacks the broader clinical judgment, patient communication, and contextual understanding that physicians bring. The clinical consensus is that AI works best as a **second reader** or **decision support tool**, augmenting physician capability rather than replacing it. This is also why 68% of physicians in 2025 reported recognising AI's advantages while simultaneously raising concerns about over-reliance and tool immaturity.

Drug Discovery

AI in Drug Discovery — 66% of Life Sciences Executives Investing, 10-40% Faster Drug Approvals

Drug discovery is one of the most capital-intensive and time-consuming processes in all of industry. Bringing a new drug from initial discovery to market approval takes 10-15 years and costs $2-3 billion on average. AI is attacking this problem from multiple angles simultaneously.

In 2025, **66% of life sciences executives report investing in generative AI** specifically for drug discovery, analysing chemical interactions, identifying new protein structures (building on AlphaFold2's breakthrough), and generating novel molecular candidates. AI is estimated to enable **10-40% faster drug approval rates**. The AI in drug discovery market reached $1.86 billion in 2024 (CAGR 29.9%).

The pharmaceutical industry's adoption of AI accelerated sharply in 2025. In January 2025, NVIDIA partnered with IQVIA, Illumina, Mayo Clinic, and Arc Institute specifically to enhance drug discovery through agentic and generative AI. In January 2026, OpenAI acquired healthcare startup Torch to integrate its "unified medical memory" technology, aggregating lab results, medications, and visit recordings, into ChatGPT Health.

AI-designed drug candidates have entered clinical trials, and AI is reducing molecular screening time from years to weeks. The economic impact: **AI could generate $100 billion to $600 billion in total healthcare savings by 2050**. The broader financial investment context is in our global investment banking analysis.

Investment and Funding

Healthcare AI Investment — $6.4B in H1 2025, Abridge $550M, Truveta $320M

Venture capital continues to flood into healthcare AI at record pace. In the first half of 2025, digital health venture funding reached **$6.4 billion**, slightly above the $6 billion raised in H1 2024.

AI-enabled healthcare startups captured **62% of all digital health venture dollars ($3.95 billion)**, raised rounds **83% larger on average** than non-AI peers, and secured **9 of the 11 mega-deals** exceeding $100 million. The average deal size rose to $26.1 million as later-stage rounds gained strength. The AI finance and investment context is in our AI in finance analysis.

Largest Healthcare AI Funding Rounds — H1 2025 (mUSD) Top Healthcare AI Venture Capital Rounds — H1 2025 (million USD) $550MAbridge — Clinical Documentation AI Funding (mUSD) · hover for detail Source: Vention Teams · Rock Health · Crunchbase 2025

- **Abridge $550M:** Clinical documentation AI. Automatically transcribes and summarises physician-patient conversations into structured medical notes. Directly addresses physician burnout from documentation burden. Raised $250M in February 2025 and $300M in June 2025 — two mega-rounds in four months.
- **Truveta $320M:** Health data platform. Aggregates real-world clinical data from 30+ US health systems (40+ million patients) to power AI drug discovery, clinical trials, and outcomes research. Uses data that was previously siloed and inaccessible.
- **Innovaccer $275M:** AI health platform for unified patient data management and population health analytics. Serves hospitals, health systems, and payers with AI-powered care coordination tools.
- **Hippocratic AI $141M:** AI nursing assistants designed to handle routine patient communication — appointment reminders, pre-visit instructions, medication adherence follow-ups. Targets the $20B annual cost of nursing administrative tasks.

Regional Analysis

AI Healthcare by Region — North America Leads at 54%, Asia Pacific Grows Fastest

North America dominates global AI in healthcare, accounting for approximately **42.6–54% of global AI healthcare revenue** in 2024-2025. The US AI healthcare market alone was estimated at **$18.1 billion in 2025**, projected to reach $222.9 billion by 2033 (CAGR 36.9%, Grand View Research).

The US advantage reflects its advanced digital health infrastructure, widespread EHR adoption, large patient data repositories, and the concentration of major AI companies (Microsoft, Google, NVIDIA, IBM) investing heavily in healthcare AI. **Asia Pacific is the fastest-growing region**, driven by ageing populations, government AI healthcare initiatives, and rapid digital infrastructure investment.

In EU healthcare, patient monitoring is the most prevalent projected AI function, expected in **72% of EU healthcare facilities**. The global GDP and healthcare spending context is in our world GDP analysis.

AI Healthcare Market by Region — 2025 vs 2030 (bnUSD) AI in Healthcare Market — Revenue by Region 2025 and 2030 Forecast (bnUSD) 54%North America Share

Source: Grand View Research · MarketsandMarkets · Precedence Research 2025

Key Statistics

AI in Healthcare — Key Statistics and Facts 2025

$36.7BAI Healthcare Market 2025 (Grand View Research)Grew from $22.4B in 2023 and $32.3B in 2024. Historical growth: from $1.1B in 2016 — a 3,234% increase over 9 years. MarketsandMarkets estimate for 2025: $21.66B (narrower scope). CAGR 38.6% to $110.61B by 2030. Source: Grand View Research, MarketsandMarkets 2025. 1,247FDA-Approved AI Medical Devices (May 2025)956 in radiology (76.7%), 116 cardiovascular, 56 neurology, 22 anesthesiology, 19 hematology. AI medical device approvals have grown exponentially — over 340 approved AI tools being used primarily for diagnostic purposes across cancer, stroke, and brain tumour detection. Source: FDA AI/ML Device Database, Vention Teams 2025. 66%Physicians Using Health AI (2025)Up from 38% in 2023 — a 78% increase in 2 years. 68% of physicians reported recognising advantages of AI in patient care (up from 63% in 2023). AI-generated operative reports show 87.3% accuracy vs 72.8% for surgeon-written reports. Source: DemandSage AI in Healthcare Statistics, December 2025. $3.20ROI per $1 Invested in Healthcare AIAverage ROI of $3.20 per $1 invested, with typical returns realised within 14 months. Specific AI savings: nursing assistants $20B/year, AI-assisted surgeries $40B/year (20% shorter hospital stays). Projected total healthcare cost savings from AI by 2050: $100B–$600B. Source: DemandSage, DialogHealth 2025. 85%Healthcare Orgs Adopting or Exploring GenAI (End 2024)Up from 72% in Q1 2024. 66% of life sciences executives investing in generative AI for drug discovery. Key GenAI applications: clinical documentation (Abridge), drug discovery (Moderna, AstraZeneca), patient communication chatbots, and synthetic health data generation. Source: Vention Teams AI Healthcare Statistics 2025. 99.6%AI Accuracy in Heart Attack DiagnosisAI can rule out heart attacks twice as fast as humans with 99.6% accuracy. DeepRhythmAI false-negative rate: 0.3% vs 4.4% for human technicians (study of 14,606 patients). ML algorithms across diagnostic tasks: 87% sensitivity, 92% accuracy (meta-analysis). AI surgical reports: 87.3% accuracy vs 72.8% surgeon-written. Source: Nature Medicine, DemandSage 2025. $550BProjected Healthcare Cost Savings from AI by 2050AI is expected to generate between $100 billion and $600 billion in total healthcare savings by 2050, primarily from: increased number of approved medicines, reduced hospital care spending, and productivity gains across the healthcare system. US annual healthcare spending expected to reach $6.8 trillion by 2030. Source: DialogHealth, Statista 2025. $6.4BDigital Health VC — H1 2025AI startups captured 62% of all digital health dollars ($3.95B) in H1 2025. Raised rounds 83% larger on average than non-AI peers. 9 of 11 mega-deals over $100M went to AI companies. Top deals: Abridge $550M, Truveta $320M, Innovaccer $275M, Hippocratic AI $141M. Source: Vention Teams, Rock Health, KPMG Digital Health 2025.

Forecast 2025-2030

AI in Healthcare Forecast — $110.6B by 2030, $505B by 2033

The AI in healthcare market is on course to become one of the largest technology verticals in the world. MarketsandMarkets projects the market will reach **$110.61 billion by 2030** at a CAGR of 38.6% from 2025. Grand View Research projects a larger figure of **$505.59 billion by 2033** at 38.9% CAGR, using a broader market definition that includes hardware and AI-enabled services. Precedence Research estimates **$613.81 billion by 2034**. The US AI healthcare market alone is projected at **$222.9 billion by 2033**. The broader AI investment context driving these forecasts is in our AI worldwide statistics analysis.

By 2050, AI is projected to generate between **$100 billion and $600 billion** in total healthcare cost savings globally, primarily through faster drug approvals, reduced hospital care spending, and productivity gains across clinical workflows. By 2028, Gartner projects that 33% of enterprise software will include agentic AI, and healthcare is expected to be among the highest-adoption industries. **90% of hospitals** are expected to use AI-powered technology for early diagnosis and remote patient monitoring by 2025. The global economic impact of AI across all sectors is in our world GDP analysis.

AI in Healthcare — Key Forecast Metrics 2025-2034 Global AI in Healthcare Market — Key Projections by Research Firm $110.6BMarket by 2030 (MarketsandMarkets, CAGR 38.6%) $505.6BMarket by 2033 (Grand View Research, CAGR 38.9%) $613.8BMarket by 2034 (Precedence Research) $222.9BUS Market by 2033 (Grand View Research) 39.8%Diagnosis and Early Detection CAGR (MarketsandMarkets) $600BProjected Healthcare Cost Savings by 2050 (Max Estimate)

FAQ

Frequently Asked Questions — AI in Healthcare 2025

The global AI in healthcare market is valued at approximately **$21.66–$36.96 billion in 2025**. MarketsandMarkets: $21.66B. Grand View Research: $36.67B. All sources agree on a CAGR of approximately 38–39%, projecting the market to **$110.61 billion by 2030**. Source: MarketsandMarkets, Grand View Research, Precedence Research 2025.

By May 2025, the FDA had approved **1,247 AI and ML-powered medical devices**. Of these, **956 are used in radiology** (76.7%), 116 in cardiovascular care, 56 in neurology, 22 in anesthesiology, and 19 in hematology. Source: FDA AI/ML Device Database, Vention Teams 2025.

66% of physicians used health AI in 2025, up from 38% in 2023, a 78% increase in two years. 68% reported recognising advantages in patient care. AI-generated reports showed 87.3% accuracy vs 72.8%

for surgeon-written reports. Source: DemandSage, December 2025.

The average ROI on AI in healthcare is **$3.20 for every $1 invested**, with typical returns within 14 months. AI nursing assistants save $20B/year. AI-assisted surgeries could save $40B/year (20% shorter stays). Projected total savings by 2050: $100B–$600B. Source: DemandSage, DialogHealth 2025.

AI demonstrates strong diagnostic accuracy: **99.6% accuracy ruling out heart attacks**, twice as fast as humans. DeepRhythmAI: 0.3% false-negative rate vs 4.4% for human technicians. ML algorithms: 87% sensitivity, 92% accuracy (meta-analysis). AI surgical reports: 87.3% vs 72.8% surgeon-written. Source: Nature Medicine, DemandSage 2025.

Main applications by market share: Robot-assisted surgery (13%+, largest), Medical imaging and diagnostics (22.3%), Drug discovery (highest CAGR 21.2%), Clinical documentation (fastest consumer adoption), Remote patient monitoring, Administrative automation. Diagnosis and early detection expected at 39.8% CAGR. Source: MarketsandMarkets, Precedence Research 2025.

North America leads at 42.6–54% of global AI healthcare revenue. US market: $18.1B in 2025, projected to $222.9B by 2033. **Asia Pacific is the fastest growing**, driven by ageing populations and government AI health initiatives. EU patient monitoring AI: expected in 72% of facilities. Source: Grand View Research, MarketsandMarkets 2025.

85% of healthcare organizations explored or adopted GenAI by end 2024 (up from 72% in Q1 2024). Key uses: clinical documentation (Abridge $550M), drug discovery (66% of life sciences executives investing), patient communication, synthetic data. OpenAI acquired Torch in January 2026 to integrate medical memory into ChatGPT Health. Source: Vention Teams 2025.

In H1 2025, digital health VC reached **$6.4 billion**. AI startups captured 62% ($3.95B) and secured 9 of 11 mega-deals over $100M. Top deals: Abridge $550M, Truveta $320M, Innovaccer $275M, Hippocratic AI $141M. Average deal size: $26.1M (+83% vs non-AI peers). Source: Vention Teams, Rock Health 2025.

66% of life sciences executives invest in GenAI for drug discovery. AI estimates: 10–40% faster drug approval rates. Drug discovery AI market: $1.86B in 2024 (CAGR 29.9%). NVIDIA partnered with Mayo Clinic, Illumina, and Arc Institute in January 2025 for AI drug discovery. AI reduces molecular screening from years to weeks. Source: Vention Teams, Market.us 2025.

Key barriers: immature tools, high implementation costs, regulatory uncertainty, shortage of skilled AI professionals in healthcare, lack of standardized frameworks, data privacy (HIPAA/GDPR), poor EHR interoperability, and physician reluctance. Less than 10% of healthcare organizations have used AI for more

than 5 years, meaning most deployments are still maturing. Source: DemandSage, MarketsandMarkets 2025.

The US AI in healthcare market was **$18.1 billion in 2025** (Grand View Research), projected to reach $222.9 billion by 2033 at a CAGR of 36.9%. The US generated the highest AI healthcare revenue globally in 2023 at $11.8 billion, nine times greater than the UK ($1.33B). US annual healthcare spending is expected to reach $6.8 trillion by 2030. Source: Grand View Research 2025.

In 2025, **54% of physicians experienced burnout** (down from 60%), while 57% reported low well-being. AI clinical documentation tools (Abridge, Nuance DAX) automatically transcribe physician-patient conversations, directly reducing the documentation burden that is a primary burnout driver. AI can automate up to 20% of nurses' administrative tasks ($20B annual savings). EHR AI reduced documentation time 40% in pilot studies. Source: Vention Teams, DemandSage 2025.

Sources

Grand View Research, AI in Healthcare Market Size Report 2025

MarketsandMarkets, AI in Healthcare Market Forecast 2025-2030

Vention Teams, AI in Healthcare Statistics 2025

DemandSage, AI in Healthcare Statistics and Facts, December 2025

AI in healthcare market size figures vary across research firms. MarketsandMarkets ($21.66B in 2025) uses a narrower scope. Grand View Research ($36.67B) and Precedence Research ($36.96B) include broader application categories. All sources agree on a CAGR of 38-39% and $110B+ by 2030. Not investment advice.

STATISTICS REPORT

Medical technology industry: statistics & facts 2026

Updated May 12, 2026 · businesstats.com/medical-technology-market

$603B GLOBAL MEDTECH MARKET 2026	**5.8%** CAGR 2024–2030	**45%** AI DIAGNOSTICS GROWTH RATE
$280B DIGITAL HEALTH MARKET	**$100B+** WEARABLE DEVICES MARKET	**$780B** FORECAST 2030E

Overview

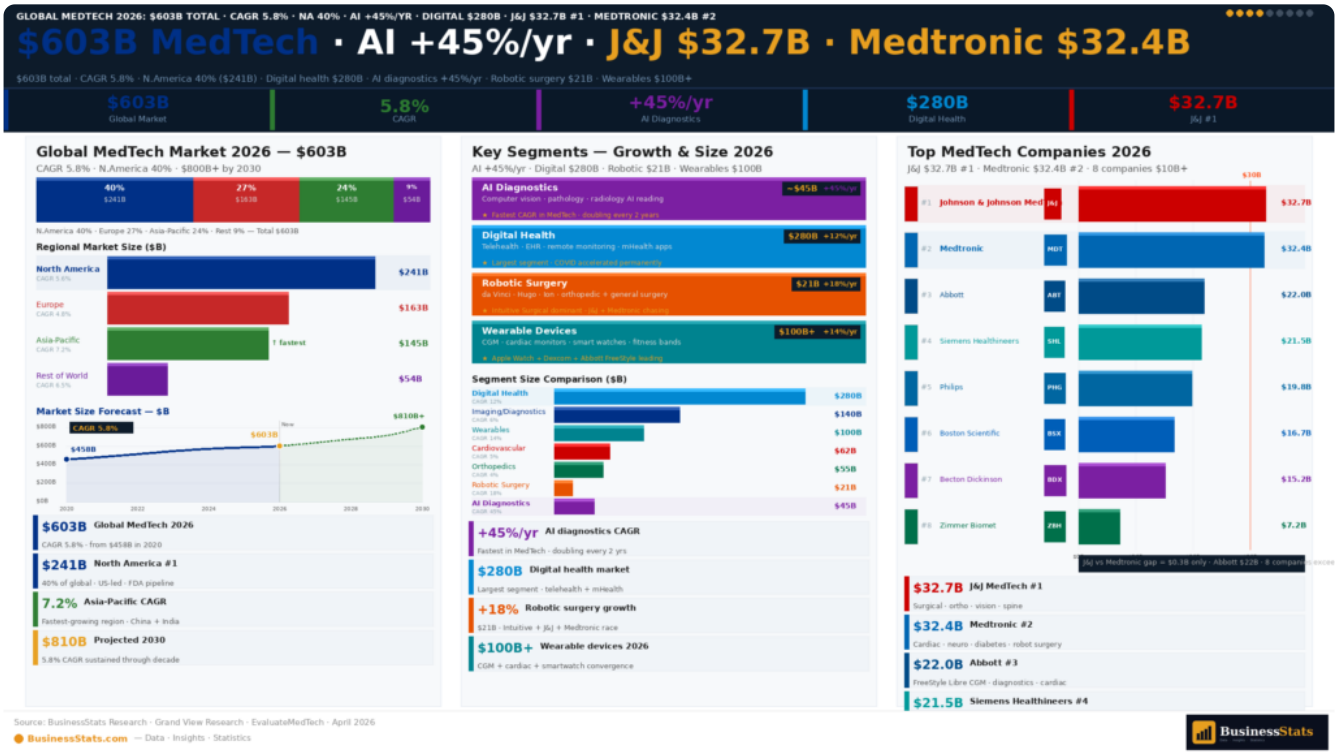
Medical Technology Industry — $603 Billion in 2026

The global medical technology (MedTech) industry reached approximately **$603 billion in 2026**, growing at **5.8% annually** — well above the broader healthcare sector's average growth rate. MedTech encompasses medical devices, diagnostic equipment, in-vitro diagnostics, digital health platforms, surgical robotics, and AI-powered clinical tools. The industry is experiencing its most transformative decade in history, driven by three converging forces: an **aging global population** creating unprecedented demand for chronic disease management and surgical interventions; **artificial intelligence** automating diagnostics and enabling precision medicine; and a **post-pandemic digital health revolution** that has permanently shifted care delivery toward remote monitoring, telehealth, and connected devices. The U.S. alone spends approximately **$4.9 trillion annually on healthcare** — a context covered in our U.S. financial markets analysis.

- **Global market:** ~$603B in 2026 · CAGR 5.8% · projected $780B by 2030
- **Regional split:** North America 40% ($241B) · Europe 28% ($169B) · Asia-Pacific 24% ($145B) · RoW 8%
- **Fastest growing region:** Asia-Pacific at 8.2% CAGR — China, India, South Korea driving volume
- **AI in healthcare:** $45B in 2026, growing 45% annually — fastest segment in all of MedTech
- **R&D intensity:** Industry spends ~$35–40B annually on R&D (~6–7% of revenue)
- **Employment:** ~700,000 direct MedTech jobs in the U.S. alone · 2M+ globally

The MedTech industry's fundamental value proposition has evolved. Where once a "medical device" was a surgical instrument or diagnostic machine, the category now spans **smartphone-connected insulin pumps** , **AI algorithms that detect cancer in radiology scans** faster than radiologists, **exoskeletons** for stroke rehabilitation, and **smart contact lenses** for continuous glucose monitoring. This blurring of the boundary between technology, software, and healthcare device has attracted the world's largest technology companies — Amazon, Apple, Google, and Microsoft all now have significant healthcare technology divisions. Amazon's health strategy is tracked in our Amazon statistics report.

- **Apple Watch Health:** ECG, blood oxygen, fall detection, atrial fibrillation alerts — FDA-cleared features on 50M+ active devices
- **Amazon Health:** Amazon Clinic, Amazon Pharmacy, One Medical acquisition ($3.9B) — building healthcare delivery ecosystem
- **Google Health / DeepMind:** AlphaFold protein structure prediction · Streams EHR platform · AI diabetic retinopathy detection
- **Microsoft Healthcare:** Azure Health Data Services · Nuance (DAX ambient clinical documentation) · $19.7B healthcare AI investments



Global MedTech Industry 2026 (BusinessStats Research · Grand View Research · EvaluateMedTech): Total market $603B · CAGR 5.8% · North America 40% ($241B) · AI diagnostics +45% p.a. · Digital health $280B · Robotic surgery $21B (+18%) · Wearable devices $100B+ · J&J MedTech #1 ($32.7B) · Medtronic #2

($32.4B). Source: BusinessStats Research · Grand View Research · April 2026.

Top Companies

Top Medical Technology Companies — Revenue Rankings 2025

Johnson & Johnson MedTech is the world's largest medical technology business by segment revenue, generating approximately **$32.7 billion** in 2025 following its separation from the consumer health business (Kenvue). J&J MedTech's portfolio spans orthopedic reconstruction (DePuy Synthes), surgical robotics (Ottava), cardiovascular (Abiomed), and eye health (AMO). **Medtronic** — the largest dedicated (pure-play) MedTech company — generated approximately **$32.4 billion** in fiscal year 2025, operating across cardiovascular ($12.8B), neuroscience ($8B), medical surgical ($8.1B), and diabetes ($3.5B). Both companies are closely tracked in our global market capitalization rankings.

- **J&J MedTech (#1):** $32.7B · Orthopedics, Surgical Vision, Cardiovascular, Surgical Robotics (Ottava)
- **Medtronic (#2):** $32.4B · Cardiovascular $12.8B · Neuroscience $8B · Medical Surgical $8.1B · Diabetes $3.5B
- **Siemens Healthineers (#3):** $23.7B · Diagnostic Imaging, Advanced Therapies, Atellica IVD solutions
- **Abbott Laboratories (#4):** ~$21B MedTech · FreeStyle Libre CGM · Alinity IVD · Structural Heart
- **GE Healthcare (#5):** $19.6B · MRI, CT, Ultrasound, Patient Monitoring, AI imaging solutions
- **Philips Healthcare (#6):** $18.2B · Diagnostic Imaging, Patient Monitoring, Connected Care, Sleep & Respiratory
- **Stryker (#7):** $21.4B · Orthopedics $9.0B · MedSurg $8.7B · Neurotechnology $3.7B
- **Becton Dickinson (#8):** $19.8B · BD Medical $10.2B · BD Diagnostics $5.3B · BD Life Sciences $4.3B

Siemens Healthineers — spun off from Siemens AG in 2018 and partially IPO'd — has emerged as the undisputed leader in diagnostic imaging and in-vitro diagnostics with **$23.7 billion** in revenue. Its acquisition of Varian Medical Systems ($16.4 billion, 2021) made it a major force in oncology radiation therapy — a strategic bet on the cancer treatment equipment market growing faster than traditional imaging. **Abbott's FreeStyle Libre** has become one of the most commercially successful MedTech products of the 2020s — its continuous glucose monitor (CGM) now commands approximately **60% of the global CGM market** and generated approximately **$5.3 billion in revenue** in 2025 alone. The CGM market disruption exemplifies how MedTech creates entirely new care paradigms. Consumer health technology trends are tracked in our global company rankings.

Top 10 MedTech Companies — Global Revenue 2025 (USD Billion)

The navy bar chart below ranks the top 10 MedTech companies by 2025 revenue. Hover each bar to see the exact figure. J&J MedTech and Medtronic are near-equal at the top — separated by just $300 million.

Company Revenue Rankings 2025 Top 10 MedTech Companies — Global Revenue 2025 (USD Billion) BusinessStats Research · Company Annual Reports · EvaluateMedTech · April 2026 $32.7B J&J MedTech Global Revenue (USD Billion, FY2025) Top 10 combined: ~$222B — 37% of total $603B market Source: BusinessStats Research · Company Annual Reports · EvaluateMedTech World Preview · April 2026

Top 15 MedTech Companies — Sortable Rankings Table 2025

Click any column to sort. All revenues in USD at approximate 2025 exchange rates from company annual reports.

MedTech Companies — Global Revenue Rankings 2025 Click column to sort ↕

RANK	COMPANY	REVENUE (USD)	YOY GROWTH	KEY SEGMENT	HQ
1	J&J MedTech	$32.7B	+4.8%	Orthopedics, Surgical Robotics	New Brunswick, NJ
2	Medtronic	$32.4B	+3.1%	Cardiovascular, Neuroscience	Dublin / Minneapolis
3	Stryker	$21.4B	+8.9%	Orthopedics, MedSurg, Neurotech	Kalamazoo, MI
4	Abbott Laboratories	~$21.0B	+6.2%	FreeStyle Libre CGM, IVD, Structural Heart	Abbott Park, IL
5	Siemens Healthineers	$23.7B	+7.5%	Diagnostic Imaging, IVD, Oncology	Erlangen, Germany
6	Becton Dickinson (BD)	$19.8B	+4.2%	Medical Devices, Diagnostics, Life Sciences	Franklin Lakes, NJ
7	GE Healthcare	$19.6B	+5.8%	Imaging (MRI/CT/US), Patient Monitoring	Chicago, IL
8	Philips Healthcare	$18.2B	+2.8%	Imaging, Patient Care, Sleep & Respiratory	Amsterdam, Netherlands
9	Boston Scientific	$16.7B	+11.2%	Cardiology, Electrophysiology, Endoscopy	Marlborough, MA

10	Zimmer Biomet	$7.8B	+5.4%	Joint Reconstruction (Knee/Hip)	Warsaw, IN
11	Intuitive Surgical	$8.4B	+14.0%	da Vinci Robotic Surgery System	Sunnyvale, CA
12	Danaher (MedTech)	$15.6B	+3.5%	Diagnostics, Life Science Tools	Washington D.C.
13	Edwards Lifesciences	$6.7B	+9.1%	TAVR Heart Valves, Critical Care	Irvine, CA
14	Smith+Nephew	$5.4B	+4.8%	Orthopedics, Sports Medicine, Wound	London, UK
15	Hologic	$3.9B	+3.2%	Women's Health, Diagnostics, Breast Health	Marlborough, MA

Key Insight Boston Scientific Is the Decade's Fastest-Growing Major MedTech — 11.2% Revenue Growth in 2025

While the MedTech industry average growth is **5.8%**, **Boston Scientific** achieved **+11.2% revenue growth** in 2025 — nearly double the industry rate — reaching **$16.7 billion**. The company's strategic focus on high-growth electrophysiology (cardiac arrhythmia ablation) has proven prescient: its **FARAPULSE pulsed field ablation (PFA)** system became the fastest product launch in the company's history, capturing significant market share from older thermal ablation technologies. Similarly, **Intuitive Surgical** (+14.0%) is benefiting from rapid da Vinci system installation growth in Asia-Pacific, particularly Japan, China, and South Korea. Meanwhile, **Philips** continues its slowest growth period (+2.8%) as it works through the massive **CPAP recall** (2021–2024) that affected over 10 million ventilators and respiratory devices worldwide. The global company rankings and valuations context is covered in our most valuable companies analysis.

MedTech Market Share by Region 2026 (Donut)

North America's 40% share reflects the U.S. healthcare system's premium pricing and high device adoption rates. Asia-Pacific at 24% is growing fastest — China alone is expected to become the world's second-largest MedTech market by 2028.

Regional Market Share 2026 Global MedTech — Market Share by Region 2026 BusinessStats Research · Grand View Research · EvaluateMedTech · April 2026

Market Segments

MedTech Market Segments — Cardiovascular, Orthopedics, Diagnostics & More

The MedTech market is organized into distinct clinical segments, each with its own growth drivers, competitive dynamics, and technology trajectories. **Cardiovascular devices** are the largest segment at approximately **$67 billion** — reflecting the global burden of heart disease as the world's leading cause of death. The segment spans everything from coronary stents and heart valves to implantable defibrillators, pacemakers, and the rapidly growing transcatheter aortic valve replacement (TAVR) technology pioneered by Edwards Lifesciences. **In-vitro diagnostics (IVD)** — laboratory testing — is the second-largest at **$97 billion**, boosted permanently by the COVID-19 testing infrastructure investments of 2020–2022. Country-level healthcare spending patterns are analyzed in our global GDP analysis.

- **In-Vitro Diagnostics (IVD):** $97B — lab testing, POC diagnostics, molecular testing, immunoassays
- **Cardiovascular Devices:** $67B — stents, valves, pacemakers, defibrillators, TAVR, EP ablation
- **Digital Health:** $280B — telehealth $85B, remote monitoring $35B, digital therapeutics $8B, health apps
- **Orthopedic Devices:** $56B — joint reconstruction $24B, spine $11B, sports medicine $8B, trauma $7B
- **Diagnostic Imaging:** $42B — MRI $12B, CT $11B, ultrasound $9B, X-ray $8B, nuclear medicine $2B
- **Wearable Medical Devices:** $100B+ — CGMs, cardiac monitors, fitness/health wearables, smart implants
- **Surgical Robotics:** $21B — da Vinci (Intuitive), Hugo (Medtronic), Ottava (J&J), Ion (Intuitive, lung biopsy)
- **AI in Healthcare:** $45B — radiology AI, pathology AI, clinical decision support, drug discovery AI

MedTech — Market Size by Segment 2026 (USD Billion)

The AUV bars below show segment size. Digital health's $280B makes it the largest umbrella category — but note it overlaps with traditional MedTech segments (e.g., connected devices) and extends into software and services beyond hardware devices.

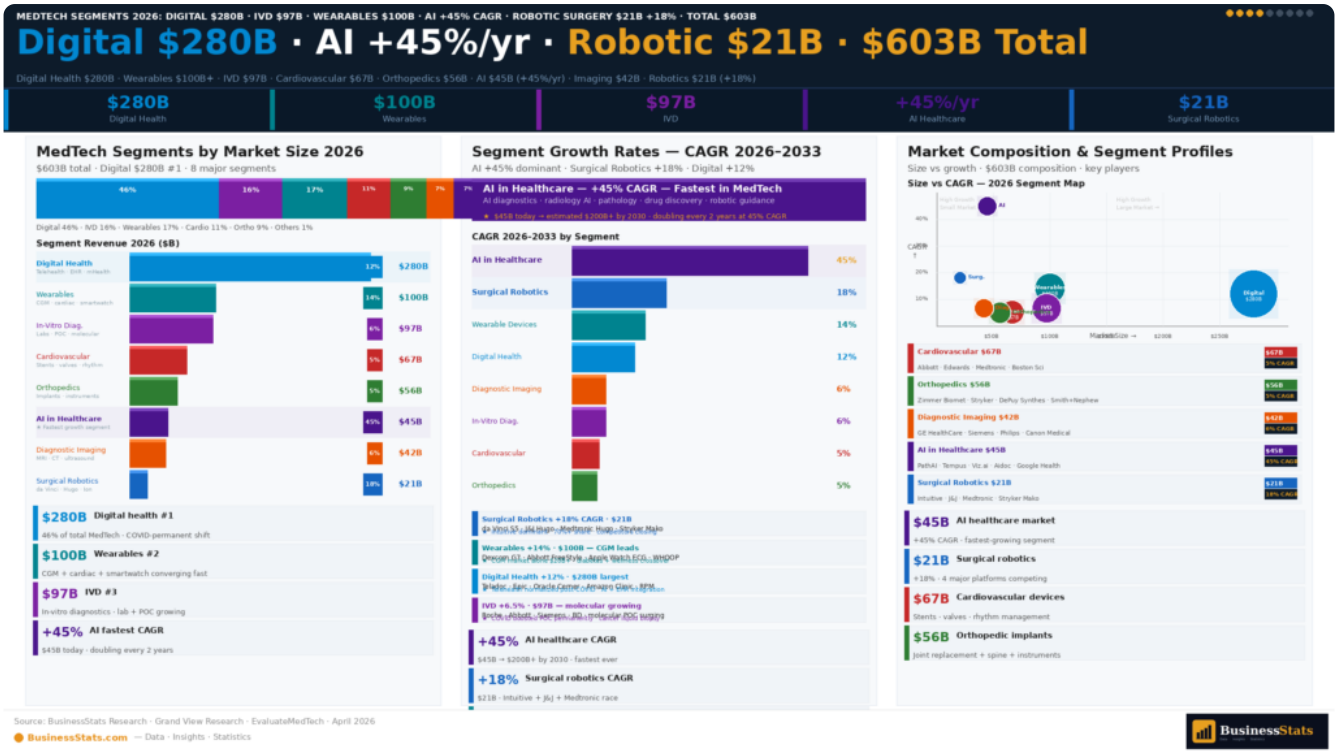
Segment Size 2026 MedTech — Market Size by Key Segment 2026 (USD Billion) BusinessStats Research · Grand View Research · EvaluateMedTech · AdvaMed · April 2026

MedTech Segment Growth Rates — CAGR 2024–2030

The grouped bar chart compares annual growth rates across MedTech segments. AI diagnostics (+45%) stands dramatically apart — representing the technology disruption layer being applied across all traditional MedTech categories simultaneously.

Segment Growth Rates MedTech — Annual Growth Rate by Segment 2024–2026 (%) BusinessStats Research · Grand View Research · EvaluateMedTech · McKinsey Health Institute · April 2026 45%AI Diagnostics 22%Wearables

AI disrupting every traditional MedTech segment simultaneously Source: BusinessStats Research · Grand View Research · EvaluateMedTech · McKinsey · April 2026



MedTech Market Segments 2026 (BusinessStats Research · EvaluateMedTech): Digital Health $280B · IVD $97B · Wearables $100B+ · Cardiovascular $67B · Orthopedics $56B · Diagnostic Imaging $42B · AI in Healthcare $45B (growing 45% p.a.) · Surgical Robotics $21B (+18%) · Total market: $603B. Source: BusinessStats Research · Grand View Research · April 2026.

AI & Digital Health

AI in Healthcare & Digital Health — The $280 Billion Transformation

Artificial intelligence is the most disruptive force in MedTech history — not because it replaces devices, but because it dramatically amplifies their value. **AI-powered radiology** can detect lung nodules, diabetic retinopathy, and early breast cancer with sensitivity comparable to — and in some studies exceeding — specialist radiologists. The FDA has approved over **650 AI/ML-based medical devices** through 2025, up from just 6 in 2015 — a 100× acceleration in regulatory approvals in a decade. The AI healthcare market reached approximately **$45 billion in 2026** and is growing at **45% annually** — the single fastest-growing technology segment in healthcare. The broader technology company investments in this space are tracked in our Amazon health statistics and global company valuations.

- **FDA AI/ML device approvals:** 6 (2015) → 650+ (2025) — 100× growth in 10 years
- **AI radiology market:** ~$2.8B in 2026 · growing 35% p.a. · Aidoc, Arterys, Zebra Medical leading
- **AI pathology:** Paige.AI, PathAI — digital pathology + AI detecting cancer in tissue biopsies
- **AI drug discovery:** Insilico Medicine, Recursion Pharmaceuticals — AI designed drugs entering Phase 2 trials
- **DeepMind AlphaFold:** Predicted structure of 200M+ proteins — fundamentally accelerating drug target discovery
- **Clinical decision support:** Epic's AI models, IBM Watson Health successors — reducing diagnostic errors by 35–50%

Digital health — the $280 billion category encompassing telehealth, health apps, remote patient monitoring, digital therapeutics, and connected health platforms — has undergone a permanent structural transformation since COVID-19. Telehealth visits reached **38× pre-pandemic levels** in peak periods and have stabilized at approximately **5–8× pre-pandemic baseline** — meaning the digital health revolution is not a temporary pandemic artifact but a new healthcare delivery paradigm. The U.S. mental health app market alone — where digital therapeutics like Calm, Headspace, and BetterHelp operate — reached approximately **$6.2 billion** in 2026. Social media's role in digital health awareness and patient communities is tracked in our social media statistics and Instagram analysis.

- **Telehealth market:** ~$85B in 2026 · growing 18% p.a. · Teladoc, MDLive, Amwell leading
- **Remote patient monitoring (RPM):** ~$35B · growing 28% p.a. · heart failure, diabetes, hypertension focus

- **Digital therapeutics (DTx):** ~$8B · FDA-authorized prescription apps treating depression, diabetes, ADHD, substance abuse
- **Mental health apps:** ~$6.2B · Calm $100M+ ARR · BetterHelp (Teladoc) $1.1B revenue · Headspace $100M+ ARR
- **Rock Health funding:** Digital health startups raised $10.1B in 2025 — recovery from 2022/23 funding winter

Robotics & Wearables

Surgical Robotics & Wearable Medical Devices

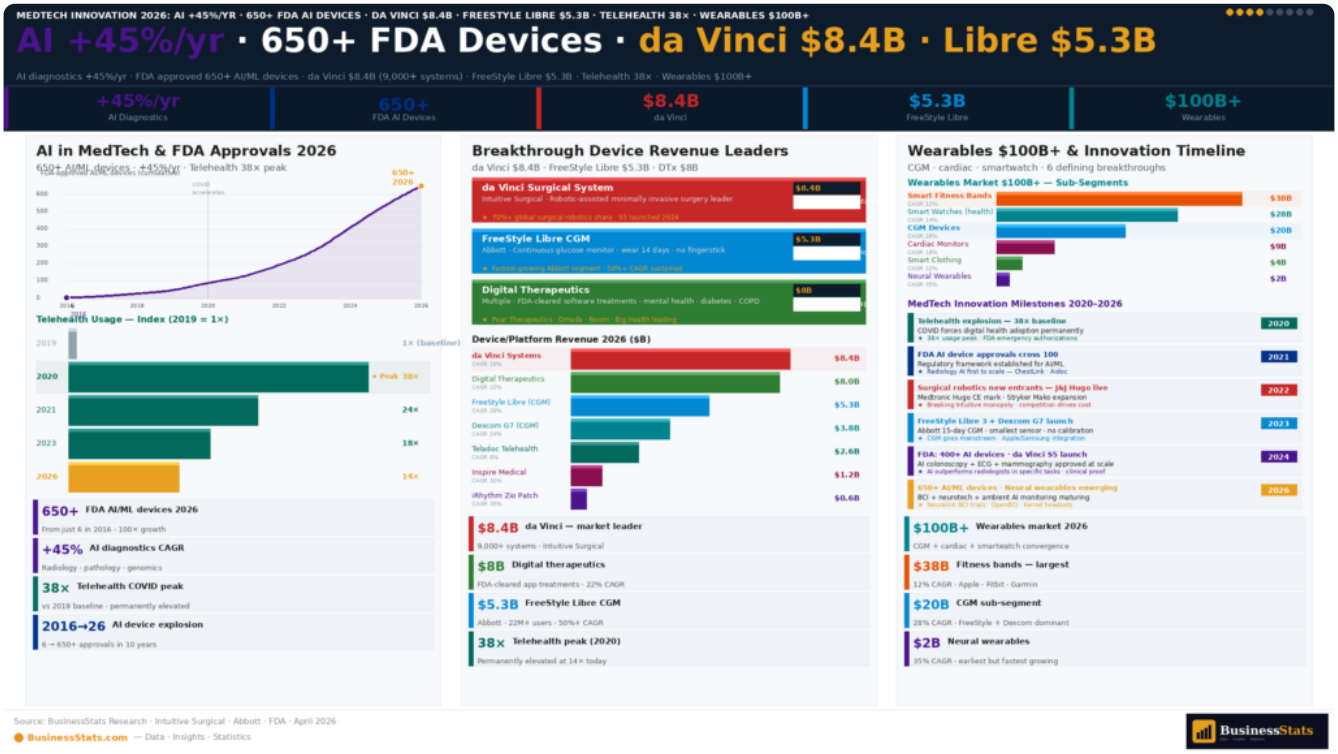
Intuitive Surgical's da Vinci system remains the dominant force in surgical robotics — but its monopoly is genuinely under threat for the first time. With approximately **9,000 installed systems globally** and over **2.5 million procedures performed annually**, da Vinci generated approximately **$8.4 billion in revenue** in 2025 (+14%). However, **Johnson & Johnson's Ottava** system received CE Mark approval in Europe in 2025 and is expected to receive FDA clearance in 2026. **Medtronic's Hugo RAS** system is already commercially available in multiple countries. The surgical robotics market grew **18% annually** to approximately **$21 billion** in 2026 — with orthopedic robotics (Stryker Mako, Zimmer Rosa) growing even faster as computer-assisted joint replacement becomes standard of care.

- **Intuitive Surgical da Vinci:** $8.4B revenue · 9,000+ installed systems · 2.5M+ procedures/yr · 75%+ market share
- **J&J Ottava:** CE Mark 2025 · FDA pending 2026 · targeting general surgery, gynecology, urology
- **Medtronic Hugo:** Commercially available in Europe, Asia · soft tissue surgical robotics
- **Stryker Mako:** #1 robotic joint replacement · 1,800+ installations · partial/total knee and hip
- **Intuitive Ion:** Robotic-assisted bronchoscopy for peripheral lung biopsy — growing 80%+ p.a.
- **Orthopedic robotics total:** ~$3.2B in 2026 · growing 25% annually · Stryker Mako dominant

Wearable medical devices have crossed **$100 billion** in 2026 — driven by the convergence of consumer electronics, clinical-grade biosensors, and FDA clearances for smartwatch health features. **Abbott's FreeStyle Libre** and **Dexcom's G7** CGM systems have transformed diabetes management — the CGM market alone reached approximately **$8.2 billion** in 2026, growing **31% annually**. Apple Watch's expanding health feature set — FDA-cleared ECG, atrial fibrillation detection, fall detection, irregular rhythm notifications, and crash detection — makes it the world's most widely deployed "medical device" by units,

with approximately **50 million active Apple Watches** carrying clinically validated health monitoring. The consumer health technology overlap with broader tech company strategies is tracked in our global market cap report.

Robotic Surgery — Market Ranking Surgical Robotics Companies — Revenue Ranking 2026 (USD) BusinessStats Research · EvaluateMedTech · Company Annual Reports · April 2026 Source: BusinessStats Research · EvaluateMedTech · Company Annual Reports · April 2026



MedTech Innovation 2026 (BusinessStats Research): AI diagnostics +45% p.a. · da Vinci Robotic Surgery $8.4B (9,000+ systems) · Abbott FreeStyle Libre CGM $5.3B · Wearables $100B+ · FDA approved 650+ AI/ML medical devices · Telehealth 38× pre-pandemic peak · Digital therapeutics $8B. Source: BusinessStats Research · Intuitive Surgical · Abbott · April 2026.

Key Statistics

Medical Technology Industry — Key Statistics & Facts 2026

$603BGlobal MedTech Market Size 2026Growing at 5.8% CAGR. Projected to reach $780B by 2030. Includes medical devices, diagnostic imaging, IVD, digital health, surgical robotics, wearables, and AI healthcare tools. North America: $241B (40%). Europe: $169B (28%). Asia-Pacific: $145B (24%). 45%AI Diagnostics Annual Growth RateAI in healthcare: ~$45B in 2026. Growing 45% annually — fastest

MedTech segment. FDA approved 650+ AI/ML medical devices by 2025 (6 in 2015 — 100× growth). AI radiology, pathology, drug discovery, clinical decision support all growing simultaneously. $32.7BJ&J MedTech — #1 Company RevenueWorld's largest MedTech segment by revenue. Portfolio: DePuy Synthes (orthopedics), Ottava (surgical robotics), Abiomed (cardiovascular), AMO (eye health). +4.8% growth. Medtronic (#2) at $32.4B — gap just $300M. $280BDigital Health Market 2026Telehealth: $85B. Remote patient monitoring: $35B (+28% p.a.). Digital therapeutics: $8B. Mental health apps: $6.2B. Telehealth visits 38× peak vs pre-pandemic. Digital health funding: $10.1B in 2025 — recovery from 2022/23 winter. $8.4BIntuitive Surgical da Vinci Revenue+14% growth. 9,000+ installed systems globally. 2.5M+ robotic procedures/year. ~75%+ of robotic surgery market. J&J Ottava (CE Mark 2025) and Medtronic Hugo now competing. Surgical robotics total market: $21B (+18% p.a.). $100B+Wearable Medical Devices Market 2026Growing 22% annually. CGM market: $8.2B (+31% p.a.) — Abbott FreeStyle Libre $5.3B, Dexcom $3.1B. Apple Watch: 50M+ active devices with FDA-cleared ECG, AFib detection, fall detection. Cardiac monitoring wearables growing 28% p.a. $97BIn-Vitro Diagnostics (IVD) Market 2026Largest traditional MedTech segment. Lab testing equipment and reagents. Post-COVID normalization from $110B (2021 PCR peak). Key companies: Roche Diagnostics $16B, Abbott $9B IVD, Danaher/Cepheid $8B, Siemens Healthineers $6B IVD. $56BOrthopedic Devices Market 2026Joint reconstruction $24B · Spine $11B · Sports medicine $8B · Trauma $7B · Biologics $6B. Key companies: Stryker $9.0B orthopedics, J&J DePuy Synthes $7.2B, Zimmer Biomet $7.8B. Robotic joint replacement (Stryker Mako) fastest growing sub-segment (+25% p.a.). $5.3BAbbott FreeStyle Libre Revenue 2025World's top-selling CGM. ~60% global CGM market share. Growing 25%+ p.a. Real-time glucose monitoring without fingerprick — transforming diabetes management for 537M global diabetics. Libre 3 (14-day wear, real-time) driving accelerating adoption worldwide. $35–40BAnnual MedTech R&D Spending~6–7% of total industry revenue — higher than most manufacturing sectors. Top spenders: J&J MedTech $3.5B, Medtronic $2.7B, Abbott $2.4B, Siemens Healthineers $2.1B, GE Healthcare $1.9B. FDA approved 65 novel de novo devices + 47 PMA devices in 2025. 700K+U.S. MedTech Direct EmploymentU.S. MedTech industry employs 700,000+ directly, 2M+ indirectly. Industry contributes approximately $200B to U.S. GDP. Major hubs: Minneapolis/St. Paul (cardiac devices), San Diego (diagnostics), Boston (life sciences), Silicon Valley (digital health/AI). $241BU.S. MedTech Market 202640% of global MedTech value. Driven by world's highest per-capita healthcare spending ($14,570/person). 6,000+ MedTech companies in the U.S. FDA Medical Device User Fee Act provides regulatory pathway. U.S. remains the primary innovation and commercial launch market for new MedTech.

Forecast 2030

MedTech Market Forecast & Outlook 2026–2030

The global MedTech market is projected to reach approximately **$780 billion by 2030** at a CAGR of **5.8–6.5%**. Four structural megatrends power this forecast and are accelerating simultaneously. Global healthcare economics are analyzed in our global GDP report, which shows healthcare's rising share of GDP across all major economies.

- **Aging demographics:** Global population aged 65+ projected to reach 1.5 billion by 2030 — driving orthopedic, cardiovascular, and neurology device demand
- **AI integration:** Every traditional MedTech segment is adding AI layers — imaging AI, robotics AI, wearable AI — creating 45%+ growth in AI healthcare sub-segments
- **Emerging market expansion:** China, India, Brazil, Indonesia — rapidly expanding hospital infrastructure + growing middle class demanding advanced devices
- **Combination products:** MedTech + biotech convergence — drug-eluting stents, drug delivery devices, gene therapy delivery — creating new high-value product categories

Key risks to the forecast include **regulatory complexity** (EU MDR implementation has increased compliance costs dramatically), **supply chain vulnerabilities** exposed by COVID-19 (many critical components sourced from single countries), and **reimbursement pressure** as payers globally push back on premium device pricing. The **talent war** for AI/ML engineers and data scientists is also creating execution risk for traditional MedTech companies attempting digital transformation. The broader wealth distribution patterns that affect healthcare access and insurance coverage — which directly impact MedTech adoption — are tracked in our U.S. wealth statistics.

- **Risk — EU MDR:** EU Medical Device Regulation dramatically increased clinical evidence requirements · many SME manufacturers exiting European market
- **Risk — China localization:** China pushing domestic MedTech (Mindray, United Imaging) over foreign devices — pressure on Western incumbents in the world's fastest-growing market
- **Upside — CGM disruption:** Apple Watch rumored glucose monitoring · could add 500M+ new CGM users instantly
- **Upside — AI regulatory acceleration:** FDA's AI/ML action plan streamlining approvals — could unlock $50B+ in new AI MedTech faster than projected
- **Upside — GLP-1 synergy:** Ozempic/Wegovy obesity drug success paradoxically boosting cardiac device demand (heart failure management) while pressuring diabetes device volumes

MedTech Outlook 2026–2030 Global MedTech — Key Forecast Metrics to 2030 $780BMarket Size 2030E 6.5%CAGR 2026–2030E $148BAI Healthcare 2030E $180BWearables Market 2030E $45BSurgical Robotics 2030E 35%Asia-Pacific Share 2030E

FAQ

Frequently Asked Questions — Medical Technology Industry 2026

The global medical technology (MedTech) market reached approximately **$603 billion in 2026**, growing at a CAGR of **5.8%**. It is projected to reach approximately **$780 billion by 2030**. The market encompasses medical devices, diagnostic imaging, in-vitro diagnostics, digital health platforms, surgical robotics, and AI-powered healthcare solutions. **North America** accounts for approximately 40% of global value ($241B), followed by Europe (28%, $169B), and Asia-Pacific (24%, $145B). Asia-Pacific is the fastest-growing region at 8.2% CAGR, driven by healthcare infrastructure expansion in China, India, and South Korea.

Johnson & Johnson MedTech is the world's largest medical technology business by segment revenue, generating approximately **$32.7 billion** in 2025. **Medtronic** is the largest dedicated (pure-play) MedTech company at approximately **$32.4 billion**. **Siemens Healthineers** ($23.7B), **Stryker** ($21.4B), **Abbott** ($21.0B), **Becton Dickinson** ($19.8B), **GE Healthcare** ($19.6B), and **Philips Healthcare** ($18.2B) round out the top tier. By market capitalization, Intuitive Surgical often trades at a premium valuation despite lower revenue due to its dominant robotic surgery market position.

AI-powered diagnostics is the fastest-growing segment in MedTech at approximately **45% annual growth** . The broader AI in healthcare market reached approximately **$45 billion** in 2026 and is projected to reach $148 billion by 2029. At the device category level, **wearable medical devices** (+22% p.a.), **remote patient monitoring** (+28% p.a.), **surgical robotics** (+18% p.a.), and **continuous glucose monitors** (+31% p.a.) are the top growth segments. The FDA approved over **650 AI/ML-based medical devices** by end of 2025, up from just 6 in 2015 — a 100× acceleration in a decade.

The global surgical robotics market reached approximately **$21 billion in 2026**, growing at **18% annually**. **Intuitive Surgical's da Vinci system** dominates with approximately **75%+ market share**, approximately **9,000 installed systems globally**, and over **2.5 million robotic procedures** performed annually. Revenue: **$8.4 billion in 2025** (+14%). New competitors are entering: **J&J's Ottava** (CE Mark 2025, FDA 2026E), **Medtronic's Hugo** (commercially available in Europe), and orthopedic robotics (Stryker Mako, Zimmer Rosa for joint replacement). The market is projected to reach $45 billion by 2030.

The wearable medical devices market crossed **$100 billion in 2026**, growing at approximately **22% annually**. Key segments: continuous glucose monitors (CGMs) — **$8.2 billion** growing 31% annually (Abbott FreeStyle Libre ~$5.3B, Dexcom ~$3.1B); cardiac monitoring wearables ($3.5B); and health-monitoring smartwatches (Apple Watch, Samsung Galaxy Watch, Garmin) now carrying FDA-cleared health features. **Apple Watch** has approximately **50 million active devices** with clinically validated ECG, atrial fibrillation detection, fall detection, and irregular rhythm notifications — making it arguably the world's most widely deployed medical monitoring device by units.

The AI in healthcare market reached approximately **$45 billion in 2026**, growing at **45% annually** — one of the fastest-growing technology segments globally. Key AI applications in MedTech include: **medical imaging AI** (radiology, pathology — Aidoc, Zebra Medical, Paige.AI); **clinical decision support** (Epic's AI models, reducing diagnostic errors); **AI-powered drug discovery** (Recursion Pharmaceuticals, Insilico Medicine — AI-designed drug candidates entering clinical trials); and **genomics/precision medicine AI** (Tempus, Foundation Medicine). The market is projected to reach **$148 billion by 2029**. The FDA had approved over 650 AI/ML medical devices by end 2025.

The U.S. medical technology market reached approximately **$241 billion in 2026** — representing approximately **40% of global MedTech value**. The U.S. is the world's largest single national MedTech market, driven by the world's highest per-capita healthcare spending (approximately $14,570 per person), a strong innovation culture, and favorable FDA regulatory pathways. Approximately **6,000+ MedTech companies** operate in the U.S. Major MedTech industry clusters: Minneapolis-St. Paul (cardiac devices — Medtronic, Boston Scientific), San Diego (diagnostics), Boston/Cambridge (life sciences — Intuitive Surgical's base), and Silicon Valley (digital health/AI MedTech).

The digital health market reached approximately **$280 billion in 2026**, growing at **18% annually**. Key sub-segments: **telehealth** (~$85B — Teladoc, MDLive, Amwell); **remote patient monitoring** (~$35B, +28% p.a.); **digital therapeutics** (~$8B — FDA-authorized prescription apps for diabetes, depression, ADHD); **mental health apps** (~$6.2B — BetterHelp, Calm, Headspace). COVID-19 permanently transformed telehealth adoption — monthly telehealth visits are approximately **5–8× pre-pandemic baseline levels** in 2026, confirming digital health as a structural shift rather than a pandemic-era temporary trend. Digital health startups raised **$10.1 billion** in 2025.

Medtronic generated approximately **$32.4 billion in revenue** in fiscal year 2025 (ending April 30, 2025). It is the world's largest dedicated medical technology company, operating in four segments: **Cardiovascular** ($12.8B, 39%) — pacemakers, defibrillators, coronary stents, heart valves; **Medical Surgical** ($8.1B, 25%)

— surgical instruments, patient monitoring, respiratory; **Neuroscience** ($8.0B, 25%) — brain stimulators, spinal cord stimulation, spine surgery; **Diabetes** ($3.5B, 11%) — insulin pumps, CGMs. Medtronic operates in **150+ countries**, employs approximately **95,000 people**, and invests approximately **$2.7 billion annually in R&D**.

Top MedTech trends in 2026: **(1) AI diagnostics explosion** — 45% annual growth, 650+ FDA-approved AI medical devices; **(2) Surgical robotics competition** — J&J Ottava and Medtronic Hugo challenging da Vinci's monopoly for the first time; **(3) CGM mainstreaming** — Abbott FreeStyle Libre and Dexcom growing 30%+ as CGM moves beyond insulin-dependent diabetes; **(4) GLP-1 impact** — Ozempic/Wegovy obesity drugs reshaping diabetes device demand; **(5) Digital therapeutics regulatory maturation** — FDA DTx pathways enabling prescription apps; **(6) Point-of-care diagnostics** — hospital-to-home testing expansion; **(7) Augmented reality surgery** — AR-guided surgical navigation entering mainstream use.

The global in-vitro diagnostics (IVD) market reached approximately **$97 billion in 2026** — the largest traditional MedTech segment. IVD includes laboratory testing equipment, reagents, and analyzers used in clinical labs, hospitals, and at-home. The market surged during COVID-19 (reaching ~$110B in 2021 due to massive PCR/antigen test demand) before normalizing. Key companies: **Roche Diagnostics** (~$16B, global leader), **Abbott** (~$9B IVD, Alinity platform), **Danaher/Cepheid** (~$8B), **Siemens Healthineers** (~$6B IVD), **bioMérieux** (~$3.8B). Point-of-care testing is the fastest-growing IVD sub-segment, driven by post-COVID expansion of rapid at-home and bedside testing.

The global orthopedic devices market reached approximately **$56 billion in 2026**, growing at 4.8% annually. Key segments: **joint reconstruction** ($24B — knee and hip replacements, Zimmer Biomet, J&J DePuy Synthes, Stryker lead); **spine** ($11B — disc replacements, fusion devices, Medtronic dominant); **sports medicine** ($8B — ACL repair, shoulder reconstruction, Smith+Nephew); **trauma** ($7B — fracture fixation, DePuy Synthes leads); **orthopedic biologics** ($6B — bone grafts, PRP). The fastest-growing sub-segment is **robotic joint replacement** — Stryker Mako robotic system installations growing 25%+ annually, increasingly standard of care for partial and total knee replacement.

The global MedTech market is projected to reach approximately **$780 billion by 2030**, growing at a CAGR of 5.8–6.5%. Key growth drivers: aging global population (1.5B aged 65+ by 2030); AI integration across all MedTech segments; Asia-Pacific healthcare infrastructure expansion (Asia-Pacific projected to grow from 24% to ~35% of global market by 2030); and MedTech-biotech convergence (combination drug-device products). The **AI healthcare sub-market** alone is projected to reach **$148 billion by 2029**. Wearable medical devices are projected to reach **$180 billion** by 2030 as consumer devices gain more clinical-grade

health monitoring features.

The GLP-1 drug boom (Ozempic, Wegovy, Mounjaro/Tirzepatide) is having a complex, nuanced impact on MedTech. **Negative near-term effects:** Bariatric surgery device demand declining (Intuitive Surgical, J&J Ethicon seeing procedure slowdowns); diabetes device volumes under pressure as better blood sugar control reduces continuous monitoring need for some patients; knee replacement procedures may slow as obesity-driven joint damage is reduced. **Positive long-term effects:** GLP-1 drugs dramatically reduce cardiovascular events — but heart failure patients who survive longer still need cardiac devices (pacemakers, defibrillators); obesity reduction improving surgical outcomes, expanding the eligible surgical population. Net consensus: GLP-1 drugs are a **modest headwind for diabetes MedTech but a long-term tailwind for cardiovascular devices**.

The global MedTech industry spends approximately **$35–40 billion annually on R&D** — approximately **6–7% of total industry revenue**. This is above most manufacturing sectors (automotive ~4%, aerospace ~5%) but below pharmaceuticals (~15%). Top individual company R&D spenders: **J&J MedTech (~$3.5B)**, **Medtronic (~$2.7B)**, **Abbott ($2.4B)**, **Siemens Healthineers ($2.1B)**, **GE Healthcare ($1.9B)**, **Stryker ($1.5B)**. The FDA approved approximately **65 novel de novo medical devices** and **47 PMA novel devices** in 2025. MedTech's R&D-to-revenue cycle is typically **5–10 years** from initial concept to market — significantly shorter than pharmaceuticals (10–15 years).

Data Sources & References

Primary: Grand View Research — Medical Technology Market Report 2025 · Global market size $603B, CAGR 5.8%, regional breakdown, segment analysis to 2030

Primary: EvaluateMedTech — World Preview 2025 · Company revenue rankings, segment forecasts, R&D pipeline data

Supporting: AdvaMed — Medical Technology Industry Statistics 2025 · U.S. MedTech employment (700K+), market size, trade data

Supporting: Rock Health — Digital Health Funding Annual Report 2025 · $10.1B digital health funding, AI sub-sector breakdown

Supporting: U.S. FDA — AI/ML-Enabled Medical Devices · 650+ approvals through 2025 · AI/ML in medical devices action plan

All MedTech market statistics are BusinessStats Research compilations based on Grand View Research Medical Technology Report 2025, EvaluateMedTech World Preview 2025, AdvaMed Industry Statistics

2025, McKinsey Global Health Institute 2025, and company annual reports (J&J, Medtronic, Siemens Healthineers, Abbott, GE Healthcare, Philips, Stryker, Boston Scientific, Becton Dickinson FY2025). Company revenue figures in USD at approximate 2025 average exchange rates. AI healthcare market ($45B, 45% CAGR) from Rock Health and CB Insights data. Wearable medical devices ($100B+) from Grand View Research and IQVIA Institute. All figures are estimates subject to revision. medical technology industry statisticsmedtech market 2026medical devices statistics ai in healthcaredigital health marketrobotic surgery statistics wearable medical devicesmedtronic statisticsabbott freestyle libre siemens healthineersintuitive surgical statisticsmedtech forecast 2030 in-vitro diagnostics marketorthopedic devices marketmedtech companies ranked medtech growth ratehealthcare technologycontinuous glucose monitor market da vinci robotic surgerymedtech ai diagnosticsmedtech industry facts

STATISTICS REPORT

Distribution of medical technology industry revenue worldwide 2026, by area

Updated Jul 19, 2026 · businesstats.com/medtech-industry-market-share-worldwide-by-area

41% NORTH AMERICA	**27%** EUROPE	**24%** ASIA-PACIFIC
37% UNITED STATES	**$680** NA PER PERSON	**7%** APAC GROWTH

Overview

Market share of the leading medical technology industry areas worldwide in 2026

North America holds the largest share of the medical technology market in 2026, at about 41 percent of global revenue, followed by Europe on about 27 percent and Asia-Pacific on about 24 percent. Latin America and the Middle East and Africa make up the rest. The geography of the medical technology market is one of its defining features, an industry whose revenue is earned overwhelmingly in a handful of wealthy regions even as the devices themselves are used to treat patients the world over. On the 2026 figures, North America generates about 272 billion dollars of medical technology revenue, Europe about 180 billion, Asia-Pacific about 160 billion, Latin America about 32 billion and the Middle East and Africa about 22 billion. The distribution of medical technology revenue by area is, in effect, a map of global healthcare spending power, showing where the money and the machines are concentrated and, by their absence, where they are not.

The distribution is highly concentrated, with the three leading regions accounting for more than 90 percent of the market. The picture sits within our medtech market worldwide and medical technology industry coverage.

Medical Technology Revenue by Area, 2026 (USD bn and share)North America leads.

Data:

Distribution of medical technology industry revenue worldwide in 2026, by area, showing the market share of each region, based on Statista Market Insights.

Note:

Shares are estimates for 2026 and are based on modeled market revenue.Switch views with the toolbar.

North America leads: North America generates about 272 billion dollars in 2026, about 41 percent of the global medical technology market, ahead of Europe and Asia-Pacific.

The United States alone generates about 245 billion dollars, more than a third of the global total, while Asia-Pacific is the fastest growing area, themes our medtech industry data and US GDP coverage explores.

A note on the data. The figures show the distribution of medical technology industry revenue worldwide in 2026, by area, based on Statista Market Insights. Shares are estimates for 2026 based on modeled market revenue. Because the figures are modeled estimates and different research firms allocate revenue to regions in slightly different ways, the exact shares vary between sources, though the broad picture of North American dominance is consistent across all of them. The market covers medical devices and in vitro diagnostics, and revenue is allocated to the region and country where the spending takes place rather than where the manufacturer is based.

The Table

Medical Technology Revenue by Area

Medical Technology Revenue by Area, 2026Click any column to sort

REGION	REVENUE	SHARE
North America	272B	40.8%
Europe	180B	27.0%
Asia-Pacific	160B	24.0%
Latin America	32B	4.8%
Middle East & Africa	22B	3.3%
World total	666B	100%

The table shows the medical technology market revenue and share of each region in 2026. It shows North America leading on about 272 billion dollars, ahead of Europe on about 180 billion and Asia-Pacific on about 160 billion. Reading down the table shows how sharply revenue falls away beyond the three leading regions, with Latin America and the Middle East and Africa together accounting for less than a tenth of the global market. Because the figures use current exchange rates and modeled estimates, the shares are best read as a consistent snapshot of the distribution rather than as precise absolute values for any single region. The most striking feature of the table is the gap between the top three regions and the rest, with North America, Europe and Asia-Pacific together accounting for more than nine tenths of all medical technology revenue.

Market Share

Which Region Has the Biggest Market Share?

North America holds about 41 percent of the medical technology market in 2026, the largest share of any region. Europe follows on about 27 percent and Asia-Pacific on about 24 percent, with Latin America and the Middle East and Africa making up the remaining 8 percent. The regional distribution of medical technology revenue is remarkably stable from year to year, shifting only gradually as the fast-growing markets of Asia slowly close the gap on the long-established centres of North America and Europe. North America about 41 percent leads, ahead of Europe on about 27 percent and Asia-Pacific on about 24 percent, with Latin America on about 5 percent and the Middle East and Africa on about 3 percent making up the rest. The regional shares of the medical technology market change so slowly that the hierarchy has remained essentially unchanged for years, a stability that reflects how deeply the industry is rooted in the wealthy economies of the world.

The dominance of North America reflects the depth of the United States healthcare market and its research base, a concentration our global stock markets by country coverage frames.

Medical Technology Market Share by Area, 2026 (%)North America leads.

Data:

Distribution of medical technology industry revenue worldwide in 2026, by area, showing the market share of each region, based on Statista Market Insights.

Note:

Shares are estimates for 2026 and are based on modeled market revenue.Switch views with the toolbar.

North America leads: North America holds about 41 percent of the medical technology market in 2026, ahead of Europe on 27 percent and Asia-Pacific on 24 percent.

The market share of the leading medical technology industry areas has shifted only slowly, with North America and Europe giving up a little ground to a fast-growing Asia-Pacific over the past decade. The slow pace of the shift is itself notable, since despite years of rapid growth in Asia, the basic hierarchy of North America, then Europe, then Asia-Pacific has held firm, and is expected to persist for years yet. Looking ahead, the regional hierarchy seems likely to hold for years, though Asia-Pacific is expected to overtake Europe for second place before the end of the decade if current growth rates persist. The gradual erosion of the North American and European shares, even as their revenues keep rising in absolute terms, is one of the quiet but important trends reshaping the industry.

By Country

Which Countries Lead Medtech?

The United States is by far the largest single medical technology market, generating about 245 billion dollars in 2026, more than a third of the global total. China follows on about 62 billion, then Germany on 41 billion and Japan on 38 billion. The concentration of revenue at the country level is even starker than at the regional level, with a single country, the United States, generating a larger share than entire continents and shaping the industry far beyond its own borders. The United States about 245 billion dollars dwarfs China on about 62 billion, Germany on 41 billion, Japan on 38 billion and France on 21 billion, and alone accounts for more than a third of the global market. The country-level distribution is the sharper lens through which to view the industry, since it reveals the sheer dominance of the United States, whose share exceeds that of entire continents.

The concentration of revenue in a handful of countries reflects the location of the largest manufacturers and the wealthiest healthcare systems, a pattern our biggest companies by market value and Nasdaq stock market coverage frames.

Largest Medical Technology Markets by Country, 2026 (USD bn)The US dominates.

Data:

Distribution of medical technology industry revenue worldwide in 2026, by area, showing the market share of each region, based on Statista Market Insights.

Note:

Shares are estimates for 2026 and are based on modeled market revenue.Switch views with the toolbar.

The US dominates: the United States generates about 245 billion dollars in 2026, more than the next five countries combined, ahead of China and Germany.

Behind the leaders come France, the United Kingdom, Italy, India, Brazil and Canada, each generating between about 10 and 21 billion dollars, showing how quickly revenue falls away beyond the largest markets. The steep drop-off in revenue beyond the largest markets means that the medical technology industry, for all its global reach, is in commercial terms a business conducted mainly in a dozen or so wealthy countries.

World Map

Where Is Medtech Revenue Earned?

Medical technology revenue is heavily concentrated in North America, Western Europe and East Asia. The United States alone generates more than the next five countries combined, while much of Africa, South Asia and Latin America generates very little. The world map of medical technology revenue is among the most lopsided of any major industry, with vast populations in Africa and South Asia accounting for a tiny fraction of spending despite their share of global disease. The world map of medical technology revenue is a vivid illustration of global inequality in healthcare, with the wealthy economies of the northern hemisphere lit up in gold and much of the global south barely registering.

The uneven distribution reflects deep differences in healthcare spending and access around the world, a divide our medical technology market coverage frames through the demand drivers behind it.

Medical Technology Revenue by Country, 2026Hover a country for revenue in billion US dollars.

The US dominates: the United States generates about 245 billion dollars of medical technology revenue in 2026, more than a third of the global total and more than the next five countries combined.

The established centres of the industry remain North America, Western Europe and Japan, while China has emerged as the fastest-growing large market and is expected to account for a far larger share of revenue by the end of the decade. The concentration of revenue in wealthy countries reflects not only their spending power but also the location of the largest manufacturers, whose home markets are often where their newest products are launched first.

Per Person

How Much Does Each Region Spend Per Person?

Medical technology spending per person varies enormously by area. North America spends about 680 dollars a head, far above Europe on about 240 dollars and Asia-Pacific on about 40 dollars, a gap far wider than the difference in total revenue. The measure that reveals the true depth of the divide is spending per person, which strips out the effect of population size and lays bare just how differently medical technology reaches patients in rich and poor countries. North America about 680 dollars per person spends far more than Europe on about 240 dollars, Asia-Pacific on about 40 dollars, Latin America on about 50 dollars and the Middle East and Africa on about 15 dollars. Spending per person is the single most revealing measure in the whole distribution, because it exposes the true scale of the gap between rich and poor regions, a gap that dwarfs even the striking differences in total revenue.

The huge gap in spending per person reflects differences in wealth, healthcare systems and access to advanced devices, a divide our US population coverage frames through the populations behind the figures.

Medical Technology Spending Per Person by Area (USD)A vast gap.

Data:

Regional and country medical technology shares compiled by BusinessStats from Statista Market Insights and industry data.

Note:

Figures are estimates for 2026 in billion US dollars or as a share of the global total.Switch views with the toolbar.

A vast gap: North America spends about 680 dollars per person on medical technology, far above Europe on 240 and Asia-Pacific on just 40.

The very high per-person spending in North America explains how a region with a fraction of the world population can account for more than 40 percent of medical technology revenue, while populous Asia-Pacific accounts for less than a quarter. The per-person figures are the clearest possible illustration of how unevenly medical technology is distributed, and of how much room there is for growth if access were ever to spread more evenly across the world. Looking across the per-person figures, the scope for growth in the emerging world is enormous, since even a modest rise in spending per head across populous Asia would add tens of billions of dollars to the market. The per-person gap is so wide that it points to the single largest source of potential growth in the industry, since even a modest narrowing would add enormous

revenue from the populous markets of Asia and Africa.

Developed vs Emerging

Developed and Emerging Markets

Developed markets account for about 72 percent of medical technology revenue in 2026, with emerging markets making up the remaining 28 percent. The emerging-market share has risen steadily and is expected to keep growing. The split between developed and emerging markets is one of the most watched divides in the industry, since the pace at which emerging markets close the gap will shape the geography of medical technology for decades to come. Developed markets about 72 percent of revenue in 2026 hold more than twice the share of emerging markets on about 28 percent, though the emerging-market share has risen steadily from about 22 percent a decade ago. The developed and emerging split captures the central dynamic of the industry geography, a slow but steady shift of share toward the emerging world that will define the market for decades to come.

The rising emerging-market share reflects growing healthcare access and government investment, especially in China and India, a shift our AI market size coverage frames through the technology now reaching those markets.

Developed vs Emerging Markets, 2026 (%)Developed markets lead.

Data:

Regional and country medical technology shares compiled by BusinessStats from Statista Market Insights and industry data.

Note:

Figures are estimates for 2026 in billion US dollars or as a share of the global total.Switch views with the toolbar.

Developed markets lead: developed markets account for about 72 percent of medical technology revenue in 2026, with emerging markets making up about 28 percent.

Despite their rapid growth, emerging markets still account for well under a third of global revenue, a reminder of how concentrated the industry remains in the wealthy economies of North America, Europe and East Asia. The steady rise of the emerging-market share, from a small base a decade ago toward nearly a third of the market today, is one of the few near-certainties in the outlook for the industry. The

persistence of developed-market dominance, even after years of rapid emerging-market growth, is a measure of just how far ahead the wealthy economies started and how large a lead they built.

Growth by Area

Which Region Is Growing Fastest?

Growth rates vary widely by area. Asia-Pacific is forecast to grow at about 7 percent a year, and the Middle East and Africa and Latin America at about 6 percent, while North America and Europe grow at about 5 percent as their markets mature. The differences in growth rates between regions, modest in any single year, are steadily rebalancing the industry, and represent the single most important structural trend in its geography. Asia-Pacific about 7 percent a year is forecast to grow well above North America and Europe on about 5 percent each, with the Middle East and Africa and Latin America on about 6 percent. The regional growth rates are the engine of the slow rebalancing of the industry, and the persistent gap between fast-growing Asia and the mature West is quietly redrawing the map of medical technology.

The faster growth of the emerging regions reflects rising healthcare spending and access, a shift our artificial intelligence statistics coverage frames through the digital and AI tools now spreading through those markets.

Forecast Growth Rate by Area, 2026 to 2030 (%)Asia-Pacific fastest.

Data:

Regional and country medical technology shares compiled by BusinessStats from Statista Market Insights and industry data.

Note:

Figures are estimates for 2026 in billion US dollars or as a share of the global total.Switch views with the toolbar.

Asia-Pacific fastest: Asia-Pacific is forecast to grow at about 7 percent a year to 2030, ahead of the emerging regions and well above North America and Europe.

The gap between the fast-growing emerging areas and the mature markets of North America and Europe is gradually reshaping the geography of the industry, shifting its centre of gravity slowly eastward. The eastward drift in the centre of gravity of growth is expected to continue well beyond 2030, gradually rebalancing an industry that has been dominated by North America and Europe for its entire history.

Asia-Pacific

Inside Asia-Pacific

Within Asia-Pacific, China dominates, generating about 62 billion dollars in 2026, more than a third of the regional total. Japan follows on about 38 billion, then India on about 12 billion and South Korea on about 9.5 billion. Asia-Pacific is the most dynamic region in medical technology, and understanding its internal balance, dominated by China and Japan but with India rising fast, is essential to understanding where the industry is heading. China about 62 billion dollars leads Asia-Pacific, ahead of Japan on about 38 billion, India on about 12 billion, South Korea on about 9.5 billion and Australia on about 6.5 billion. Asia-Pacific rewards a closer look, because within it lies the full spectrum of the industry, from a saturated and ageing Japan to a booming China and a vast, fast-growing but still underpenetrated India.

The rise of China is the single biggest structural change in the geography of medical technology, driven by rising healthcare access and government investment, a shift our medtech M&A coverage frames through the dealmaking it has spurred.

Largest Asia-Pacific Medtech Markets, 2026 (USD bn)China leads.

Data:

Regional and country medical technology shares compiled by BusinessStats from Statista Market Insights and industry data.

Note:

Figures are estimates for 2026 in billion US dollars or as a share of the global total.Switch views with the toolbar.

China leads: China generates about 62 billion dollars in 2026, more than a third of the Asia-Pacific total, ahead of Japan on 38 billion and India on 12 billion.

India is the fastest-growing large market in the region, though from a low base, while Japan remains the second-largest medtech market in the world despite slow growth, reflecting its ageing population and advanced healthcare system. The contrast within Asia-Pacific, between a mature Japan, a booming China and a fast-rising India, captures in a single region the full range of the industry, from saturated wealthy markets to rapid emerging-market growth.

Concentration

How Concentrated Is the Market?

Medical technology revenue is remarkably concentrated. The United States accounts for about 37 percent of the global market on its own, and the top five countries together account for more than 60 percent, leaving the rest of the world to share the remainder. The concentration of medical technology revenue is one of its most striking features, and it means the health of the whole industry is bound tightly to the fortunes of a handful of wealthy markets. The United States about 37 percent of the global market, together with China, Germany, Japan and France, means the top five countries account for more than 60 percent of all medical technology revenue. The concentration of the industry in a handful of markets is perhaps its single most important structural feature, shaping everything from where research happens to which patients get access to the newest devices first.

The concentration reflects the location of the largest manufacturers and the wealthiest healthcare systems, a pattern our medical devices revenue coverage frames through the device makers based in those markets.

Share of Global Medtech Revenue, Top Markets (%)Highly concentrated.

Data:

Regional and country medical technology shares compiled by BusinessStats from Statista Market Insights and industry data.

Note:

Figures are estimates for 2026 in billion US dollars or as a share of the global total.Switch views with the toolbar.

Highly concentrated: the United States holds about 37 percent of the global market and the top five countries together more than 60 percent.

Market Share by Area, 2016 vs 2026 (%)Asia-Pacific gains.

Data:

Regional and country medical technology shares compiled by BusinessStats from Statista Market Insights and industry data.

Note:

Figures are estimates for 2026 in billion US dollars or as a share of the global total.Switch views with the toolbar.

Asia-Pacific gains: between 2016 and 2026 Asia-Pacific lifted its share from about 21 to 24 percent, while North America and Europe gave up a little ground.

The high concentration means the fortunes of the whole industry are closely tied to a handful of markets, above all the United States, whose healthcare spending and regulation shape the industry far beyond its borders. The dependence of the whole industry on a handful of markets, above all the United States, is both its greatest strength, given their wealth and stability, and a source of risk should their healthcare spending ever falter. The reliance of the whole industry on a handful of markets is a double-edged feature, lending stability in normal times but concentrating risk should the largest markets ever face sustained pressure on healthcare budgets.

Emerging Markets

Are Emerging Markets Catching Up?

The share of medical technology revenue held by emerging markets has risen steadily, from about 22 percent in 2016 to about 28 percent in 2026, and is forecast to reach about 32 percent by 2030 as healthcare access spreads across Asia, Latin America and Africa.

The steady rise of the emerging-market share is one of the clearest long-term trends in the industry, driven by rising incomes and government investment in healthcare across the developing world, a shift with profound implications for where the industry earns its revenue.

Emerging-Market Share of Medtech Revenue (%)Rising steadily.

Data:

Regional and country medical technology shares compiled by BusinessStats from Statista Market Insights and industry data.

Note:

Figures are estimates for 2026 in billion US dollars or as a share of the global total.Switch views with the toolbar.

Rising steadily: the emerging-market share of medical technology revenue has risen from about 22 percent in 2016 to 28 percent in 2026 and a forecast 32 percent by 2030.

Even so, the pace of the shift is gradual, and developed markets are still expected to hold more than two thirds of global medical technology revenue in 2030, a reminder of how concentrated the industry remains.

Key Facts

Medtech Revenue by Area in Numbers

A few numbers capture the distribution. North America holds about 41 percent of the medical technology market in 2026, Europe about 27 percent and Asia-Pacific about 24 percent, while the United States alone accounts for about 37 percent. These figures together map an industry whose geography is among the most concentrated of any major sector, dominated by North America and Europe but tilting slowly and unmistakably toward Asia. These figures together map an industry whose geography is among the most unequal of any major sector, a concentration of spending power that mirrors the broader distribution of wealth across the world.

The figures matter because the geography of medical technology reflects deep differences in healthcare spending and access, and its slow rebalancing signals where future growth will come from, a link our medtech market by segment coverage explores.

41%North AmericaLargest share. 27%EuropeSecond largest. 24%Asia-PacificFastest growing. 37%United StatesSingle country.

Together these figures show a market still dominated by North America and Europe but tilting slowly toward a fast-growing Asia-Pacific, and heavily concentrated in a handful of wealthy countries. For now, the distribution of medical technology revenue by area stands as one of the clearest maps of global healthcare inequality, and of the slow rebalancing now under way.

Big Picture

Medtech Revenue by Area: The Big Picture

Taken together, the distribution of medical technology revenue by area in 2026 maps a market concentrated in the wealthy economies of North America, Europe and East Asia, a story our global pharmaceutical industry coverage sets in the wider healthcare context.

Whether the balance shifts faster will depend on how quickly healthcare access spreads across the emerging world, but for now the geography of medical technology remains among the most concentrated of any major industry.

FAQ

Frequently Asked Questions: Medtech Revenue by Area

North America, with about 41 percent of global medical technology revenue in 2026, ahead of Europe on 27 percent and Asia-Pacific on 24 percent.

About 37 percent of the global medical technology market, generating around 245 billion dollars in 2026, more than the next five countries combined.

Asia-Pacific, forecast to grow at about 7 percent a year, led by China, and gaining share from the mature markets of North America and Europe.

North America about 41 percent, Europe about 27 percent, Asia-Pacific about 24 percent, and Latin America and the Middle East and Africa about 8 percent.

The United States, at about 245 billion dollars in 2026, followed by China on about 62 billion, Germany on 41 billion and Japan on 38 billion.

North America spends about 680 dollars per person, Europe about 240 and Asia-Pacific about 40, a far wider gap than the difference in total revenue.

About 28 percent of global medical technology revenue in 2026, up steadily over the decade, led by China and India, with developed markets holding the rest.

China, generating about 62 billion dollars in 2026, more than a third of the regional total, ahead of Japan on 38 billion and India on 12 billion.

Very. The United States holds about 37 percent and the top five countries more than 60 percent of global medical technology revenue.

From Statista Market Insights, the distribution of medical technology revenue worldwide by area. Shares are estimates for 2026 based on modeled revenue.

Sources

Statista Market Insights, Medical Technology market - Source for the distribution of medical technology revenue worldwide by area in 2026.

Statista Market Insights and industry data - Source for country, per-capita and growth detail, compiled by BusinessStats.

Statista Medical Technology Outlook - Publishes the regional revenue data.

Figures show the distribution of medical technology industry revenue worldwide in 2026, by area, from Statista Market Insights. North America holds about 41 percent of the market, Europe about 27 percent and Asia-Pacific about 24 percent, while the United States alone accounts for about 37 percent. Shares are estimates for 2026 based on modeled market revenue. This is data journalism, not investment advice.

STATISTICS REPORT

Revenue in the medical technology market worldwide 2016-2030

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$666B MARKET 2026	**$826B** BY 2030	**5.5%** CAGR
40% NORTH AMERICA	**$245B** UNITED STATES	**$430B** IN 2016

Overview

Revenue in the medical technology market worldwide from 2016 to 2030

Revenue in the medical technology market worldwide is projected to reach about 666 billion dollars in 2026, up from about 430 billion in 2016. The market is forecast to grow at about 5.5 percent a year to reach roughly 826 billion dollars by 2030. Medical technology is one of the largest and most reliable growth industries in the world, and the arc of its revenue from 2016 to 2030 tells a story of steady expansion driven by forces, ageing and chronic disease, that no business cycle can easily reverse. On the 2026 figures, the market of about 666 billion dollars breaks down into roughly 272 billion in North America, 180 billion in Europe, 160 billion in Asia-Pacific and 54 billion across the rest of the world. The story of medical technology revenue is, at heart, a story about demographics, since the ageing of populations across the developed and much of the developing world guarantees rising demand for the devices and tests that keep older people alive and well.

The market has grown steadily for a decade, apart from a brief pandemic distortion, driven by ageing populations and rising chronic disease. The trajectory sits within our medtech M&A and medical technology industry coverage.

Medical Technology Revenue Worldwide by Region (USD bn)North America leads.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights.

Note:

The market covers medical devices and in vitro diagnostics. Years from 2026 are forecasts and figures are modeled estimates.Switch views with the toolbar.

North America leads: North America generates about 40 percent of global medical technology revenue, with Asia-Pacific the fastest-growing region, on the way from 430 to 826 billion dollars.

North America is the largest regional market, generating about 40 percent of global revenue, while Asia-Pacific is the fastest growing, themes our medtech industry data and US GDP coverage explores.

A note on the data. The figures show revenue in the medical technology market worldwide from 2016 to 2030, in billion dollars, from Statista Market Insights. The market covers medical devices and in vitro diagnostics, and years from 2026 are forecasts. Because the figures are modeled estimates and different research firms define the boundaries of the industry differently, market size estimates vary widely between sources, from roughly 570 billion dollars to over 700 billion, depending on what is counted. The market covers medical devices and in vitro diagnostics, and after pharmaceuticals it is the most important category of medical products, with revenue allocated to the region and country where the spending takes place.

The Table

Medical Technology Revenue Worldwide

Medical Technology Revenue Worldwide by Region, 2016 to 2030Click any column to sort

YEAR	NORTH AMERICA	EUROPE	ASIA-PACIFIC	TOTAL
2016	185B	122B	90B	430B
2018	205B	135B	105B	482B
2020	218B	143B	113B	508B
2022	240B	158B	135B	574B
2024	255B	168B	148B	612B
2026 (forecast)	272B	180B	160B	666B

2028 (forecast)	296B	197B	185B	746B
2030 (forecast)	322B	214B	220B	826B

The table shows revenue in the medical technology market worldwide by year from 2016 to 2030. It shows steady growth from about 430 billion dollars in 2016 to a forecast 826 billion by 2030, with only the pandemic year of 2020 interrupting the climb. Reading down the table shows an industry that has added roughly 236 billion dollars of annual revenue in a decade, growing at a compound annual rate of about 4.5 percent between 2016 and 2026, and a forecast 5.5 percent to 2030. Because the figures use current exchange rates and modeled estimates, the totals are best read as a consistent series showing the shape and pace of growth rather than as precise absolute values for any single year. The most telling column in the table is the total, which climbs almost without interruption, and the regional columns beside it, which show North America steadily leading while Asia-Pacific closes the gap year by year.

Market Size

How Big Is the Medical Technology Market?

The medical technology market is projected at about 666 billion dollars in 2026, growing at a compound annual rate of about 5.5 percent to reach roughly 826 billion by 2030. The market has grown by more than half in a decade, from about 430 billion in 2016. The consistency of the medical technology market growth is its most commercially valuable feature, letting manufacturers plan capacity, investors model cash flows and health systems budget with a confidence that few other industries permit. Revenue rose from about 430 billion dollars in 2016 to about 508 billion in 2020, about 612 billion in 2024 and about 666 billion in 2026, and is forecast to reach about 826 billion by 2030. What makes the market so attractive to study and to invest in is the rare combination of scale and predictability, a market large enough to matter and steady enough to plan around, growing through recessions and booms alike.

The steady growth reflects ageing populations, rising chronic disease and the spread of advanced devices into new markets, drivers our US population coverage frames.

Total Medical Technology Market Revenue (USD bn)A steady climb.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights.

Note:

The market covers medical devices and in vitro diagnostics. Years from 2026 are forecasts and figures are modeled estimates.Switch views with the toolbar.

A steady climb: total medical technology revenue grew from about 430 billion dollars in 2016 to a projected 666 billion in 2026 and a forecast 826 billion by 2030.

Growth was interrupted only in 2020, when elective procedures were postponed during the pandemic, before rebounding strongly in 2021 and 2022 as postponed operations were caught up and diagnostic testing surged. The pandemic distortion of 2020 to 2022 is the only real break in an otherwise remarkably smooth series, and even that proved temporary, with the market returning to its underlying trend within two years.

Growth Rate

How Fast Is the Market Growing?

The medical technology market grows at about 5.5 percent a year, faster than the world economy but slower than the technology sector. The growth rate has been remarkably steady, hovering between about 4 and 6 percent in most years of the past decade. A growth rate that barely strays from the mid single digits year after year is precisely what makes medical technology attractive to long-term investors, since it offers expansion without the wild swings of the technology sector. The growth rate has ranged from a low near zero in the pandemic year of 2020 to a high above 10 percent in the rebound of 2022, but has settled at about 5.5 percent a year for the forecast period to 2030. The remarkable steadiness of the growth rate, rarely straying far from the mid single digits, sets medical technology apart from almost every other technology-adjacent industry, where growth typically arrives in waves.

The steadiness of the growth rate is one of the most striking features of the market, reflecting demand rooted in demography rather than in the business cycle, a steadiness the listed device makers tracked in our Nasdaq stock market coverage reflect in their revenues.

Medical Technology Market Annual Growth Rate (%)Around 5.5 percent.

Data:

Derived from Statista Market Insights medical technology data, compiled by BusinessStats.

Note:

Regional and country figures are estimates; years from 2026 are forecasts.Switch views with the toolbar.

Around 5.5 percent: the market growth rate has hovered between about 4 and 6 percent in most years, broken only by the pandemic distortion of 2020 and 2021.

The only real break in the pattern came in 2020 and 2021, when the pandemic first suppressed and then accelerated growth, a distortion that had largely washed out of the figures by 2023. The return to a steady growth rate after the pandemic underlines how resilient the underlying demand is, and how quickly the market reverts to its long-term trajectory once temporary shocks fade. The pandemic aside, the growth rate has been so stable that it functions almost as a constant in industry models, a rare luxury for forecasters used to the volatility of most technology markets.

By Region

Which Region Is the Largest Market?

North America is the largest regional medical technology market, generating about 40 percent of global revenue, or roughly 272 billion dollars in 2026. Europe follows on about 27 percent and Asia-Pacific on about 24 percent, with the rest of the world making up the remainder. The regional composition of the medical technology market is one of its most revealing features, showing an industry still centred on the wealthy markets of North America and Europe but tilting slowly toward a fast-growing Asia-Pacific. North America about 272 billion dollars in 2026 leads, ahead of Europe on about 180 billion, Asia-Pacific on about 160 billion and the rest of the world on about 54 billion, giving North America roughly a 40 percent share. The regional story of medical technology is one of a slow but unmistakable shift eastward, as the mature markets of North America and Europe grow steadily while Asia-Pacific grows faster from a lower base.

The dominance of North America reflects the depth of the United States healthcare market and its research base, a concentration our global stock markets by country coverage frames.

Medical Technology Revenue by Region, 2026 (%)North America leads.

Data:

Derived from Statista Market Insights medical technology data, compiled by BusinessStats.

Note:

Regional and country figures are estimates; years from 2026 are forecasts.Switch views with the toolbar.

North America leads: North America accounts for about 40 percent of global medical technology revenue in 2026, ahead of Europe on 27 percent and Asia-Pacific on 24 percent.

Asia-Pacific is the fastest-growing region, led by China, and is expected to overtake Europe before the end of the decade as rising healthcare access and government investment lift device sales across the region. The rise of Asia-Pacific is the single biggest structural change in the geography of the industry, and its expected overtaking of Europe before 2030 would mark a symbolic shift in the balance of the global market. Looking ahead, the balance between the regions seems likely to keep shifting toward Asia-Pacific, though North America is expected to remain the single largest market well beyond the end of the decade. The moment when Asia-Pacific overtakes Europe, expected before the end of the decade, will be a symbolic milestone in a long rebalancing that has been under way for most of the century.

World Map

Where Is Medtech Revenue Earned?

Medical technology revenue is highly concentrated. The United States alone generates about 245 billion dollars in 2026, more than a third of the world total and more than the next five countries combined. China, Germany and Japan follow at a distance. The geography of medical technology revenue is strikingly concentrated, with a handful of wealthy countries accounting for the great majority of both spending and innovation, though the balance is beginning to shift. The United States about 245 billion dollars in 2026 dwarfs China on roughly 62 billion, Germany on about 41 billion and Japan on about 38 billion, and alone accounts for more than a third of the global market. The concentration of revenue in a handful of wealthy countries is one of the defining features of the industry, shaping not only where money is made but where the newest devices are developed and first made available.

The concentration of revenue in a handful of wealthy countries is one of the enduring features of the industry, and one reason access to advanced devices remains so uneven around the world, a divide our chemical industry and biggest companies by market value coverage touches.

Medical Technology Revenue by Country, 2026Hover a country for revenue in billion US dollars.

The US dominates: the United States generates about 245 billion dollars of medical technology revenue in 2026, more than a third of the global total and more than the next five countries combined.

Outside the United States, the established centres of the industry are Western Europe and Japan, while China is now the fastest-growing large market and is expected to play a far more prominent role in the

years ahead. The concentration of revenue in wealthy countries reflects not only their spending power but also the location of the largest manufacturers, whose home markets are often where their newest products are launched first.

Regional Growth

Which Region Grows Fastest?

Growth rates vary widely by region. Asia-Pacific is forecast to grow at about 7 percent a year to 2030, well above the global average, while North America and Europe grow at about 5 percent as their markets mature. The divergence in growth rates between regions is quietly reshaping the industry, and while the mature markets still dominate in absolute terms, the centre of gravity of growth has moved decisively toward the emerging economies of Asia. Asia-Pacific about 7 percent a year is forecast to grow well above North America and Europe on about 5 percent each, and the rest of the world on about 6 percent, steadily lifting the emerging-market share of the total. The divergence in regional growth rates, modest in any single year, compounds over time into a significant rebalancing of the industry, and is the single most important structural trend in its geography.

The faster growth of Asia-Pacific reflects rising healthcare spending and access across the region, especially in China and India, a shift our AI market size coverage frames through the technology now reaching those markets.

Forecast Growth Rate by Region, 2026 to 2030 (%)Asia-Pacific fastest.

Data:

Derived from Statista Market Insights medical technology data, compiled by BusinessStats.

Note:

Regional and country figures are estimates; years from 2026 are forecasts.Switch views with the toolbar.

Asia-Pacific fastest: Asia-Pacific is forecast to grow at about 7 percent a year to 2030, well above North America and Europe on about 5 percent each.

The gap between the fast-growing emerging markets and the mature markets of North America and Europe is gradually reshaping the geography of the industry, shifting its centre of gravity slowly eastward. The steady eastward shift in the centre of gravity of growth is expected to continue well beyond 2030, gradually rebalancing an industry that has been dominated by North America and Europe for its entire

history. The eastward shift in the centre of gravity of growth is one of the few near-certainties in the outlook for the industry, driven by the simple arithmetic of population and rising healthcare access.

vs Industries

How Does Medtech Compare to Other Industries?

Medical technology grows faster than many large industries. Its growth rate of about 5.5 percent a year is well above the chemical industry and comparable to pharmaceuticals, though below the fast-growing software and artificial-intelligence sectors. Placing medical technology alongside other large industries puts its growth in context, showing a market that expands faster than heavy industry and at a pace comparable to pharmaceuticals, but with far greater reliability. Medical technology about 5.5 percent a year grows faster than the chemical industry on about 3 percent and at a pace comparable to pharmaceuticals on about 6 percent, but below software and artificial intelligence. Set against other industries, medical technology occupies an unusual position, growing faster than the old economy of chemicals and materials but more steadily than the new economy of software and artificial intelligence.

The comparison with pharmaceuticals is especially close, as the two industries share many demand drivers, a parallel our global pharmaceutical industry coverage frames in detail.

Medtech Growth vs Other Industries (% a year)Faster than most.

Data:

Derived from Statista Market Insights medical technology data, compiled by BusinessStats.

Note:

Regional and country figures are estimates; years from 2026 are forecasts.Switch views with the toolbar.

Faster than most: medical technology grows at about 5.5 percent a year, faster than the chemical industry and comparable to pharmaceuticals, but below software.

What sets medical technology apart is the reliability of its growth, which is rooted in demographic certainties rather than in the patent cycles that make pharmaceutical revenue lumpier and harder to forecast. The reliability of medical technology growth, rooted in demography rather than in the patent cliffs and pipeline gambles of pharmaceuticals, is what makes it one of the most defensive growth stories in the whole of healthcare. Looking across industries, few of comparable size can match the combination of steady growth and low volatility that medical technology offers, which is why it is often held as a defensive

position in healthcare portfolios.

vs the Economy

Is Medtech Outpacing the World Economy?

Medical technology has outpaced the world economy over the past decade. Indexed to 2016, medtech revenue has grown to about 155 by 2026 and a forecast 192 by 2030, against about 150 and 175 for global output, a steady outperformance driven by demographics.

The outperformance reflects demand that grows faster than the economy as a whole, as ageing populations and rising chronic disease lift healthcare spending, a divergence that has held through every kind of economic weather over the past decade.

Medtech vs the World Economy (2016 = 100)Outpacing GDP.

Data:

Derived from Statista Market Insights medical technology data, compiled by BusinessStats.

Note:

Regional and country figures are estimates; years from 2026 are forecasts.Switch views with the toolbar.

Outpacing GDP: indexed to 2016, medical technology revenue has grown to about 155 by 2026 and a forecast 192 by 2030, faster than the world economy at about 150.

The gap between medtech and the world economy is expected to widen further to 2030, as the industry keeps compounding at about 5.5 percent a year while global growth settles at a slower pace.

Since 2016

How the Regions Changed Since 2016

A few milestones map the climb. The market passed 500 billion dollars in 2019, reached about 666 billion in 2026, and is forecast to approach 750 billion by 2028 and 826 billion by 2030, adding roughly 20 to 40 billion of revenue most years. Tracking the milestones of the medical technology market shows a series that compounds quietly rather than spiking, adding a fairly steady few tens of billions of dollars most years without drama. The market passed 500 billion dollars in 2019, reached about 574 billion in 2022 and about 666 billion in 2026, and is forecast to reach about 746 billion in 2028 and 826 billion by 2030.

Each milestone reflects the steady compounding of a market with unusually predictable demand, a pace our artificial intelligence statistics coverage draws against the wave-like growth of technology markets.

Revenue by Region, 2016 vs 2030 (USD bn)Asia-Pacific surges.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights.

Note:

The market covers medical devices and in vitro diagnostics. Years from 2026 are forecasts and figures are modeled estimates.Switch views with the toolbar.

Asia-Pacific surges: from 2016 to 2030 Asia-Pacific revenue more than doubles from about 90 to 220 billion dollars, narrowing the gap with North America and Europe.

The evenness of the climb, adding a fairly consistent amount of revenue each year, is itself the most telling feature of the series, and the reason the industry is often described as defensive rather than cyclical. The absence of drama in the series is what makes it useful, since a market that adds a predictable amount each year is one that can be planned around rather than merely hoped about.

Forecast

The Outlook to 2030

The medical technology market is forecast to grow from about 666 billion dollars in 2026 to about 826 billion by 2030, an increase of about 160 billion. Every region is expected to grow, with Asia-Pacific contributing a rising share of the total. The forecast to 2030 is unusually confident by the standards of technology markets, because the underlying demand drivers are demographic certainties rather than matters of consumer preference or technological gamble. The market grows from about 666 billion dollars in 2026 to about 826 billion by 2030, an increase of about 160 billion, or roughly 24 percent, with Asia-Pacific contributing a rising share of the growth. The confidence of the forecast to 2030 rests on the fact that the people who will drive demand for medical technology in 2030 are already alive today, making the demographic component of the forecast close to a certainty.

The forecast rests on demographic certainties rather than technological bets, which makes it more reliable than most technology forecasts, a reliability our medical technology market coverage explores through the

demand drivers behind it.

Medical Technology Market, 2026 to 2030 (USD bn)Growing to 826 billion.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights.

Note:

The market covers medical devices and in vitro diagnostics. Years from 2026 are forecasts and figures are modeled estimates.Switch views with the toolbar.

Growing to 826 billion: the market is forecast to add about 160 billion dollars between 2026 and 2030, rising from about 666 billion to about 826 billion.

Medical Technology Market Milestones (USD bn)Toward one trillion.

Data:

Revenue in the medical technology market worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights.

Note:

The market covers medical devices and in vitro diagnostics. Years from 2026 are forecasts and figures are modeled estimates.Switch views with the toolbar.

Toward one trillion: the market passed 500 billion dollars in 2019, reaches about 666 billion in 2026 and a forecast 826 billion by 2030.

Beyond 2030, the market is widely expected to approach the one trillion dollar mark in the following decade, as ageing populations and the spread of advanced devices continue to drive demand around the world. The path toward a one trillion dollar market in the following decade looks well supported by demographics alone, before accounting for the additional demand that artificial intelligence and robotics may unlock. The approach toward a one trillion dollar market in the following decade looks well supported by demographics alone, with artificial intelligence and robotics offering the possibility of faster growth still.

Key Facts

The Medical Technology Market in Numbers

A few numbers capture the market. Revenue in the medical technology market worldwide is about 666 billion dollars in 2026, up from 430 billion in 2016, North America is the largest region at about 40 percent, and the market is forecast to reach 826 billion by 2030. These figures together map a market of unusual predictability, large and steadily growing, geographically concentrated but slowly broadening, and forecast to keep climbing at a mid single-digit rate through the end of the decade. These figures together describe a market whose defining quality is reliability, a steady compounding of revenue underpinned by forces that no business cycle can easily reverse.

The figures matter because medical technology revenue tracks both demographic change and technological progress, and its steady growth makes it one of the most closely watched sectors in healthcare, a link our medical devices revenue coverage explores.

$666BMarket 2026Global revenue. $826BBy 2030Forecast. 40%North AmericaLargest region. 7%Asia-PacificFastest growth.

Together these figures show a large, steadily growing market, led by North America but with Asia-Pacific rising fast, broad across devices and diagnostics, and forecast to keep growing at about 5.5 percent a year through the end of the decade. For now, revenue in the medical technology market stands as one of the steadiest series in global industry, a quiet but relentless climb underpinned by demographics rather than fashion.

Big Picture

Medical Technology Revenue: The Big Picture

Taken together, revenue in the medical technology market from 2016 to 2030 maps a market growing steadily from 430 billion dollars to a forecast 826 billion, a story our medtech market by segment coverage breaks down in detail.

Whether growth accelerates will depend on how quickly artificial intelligence and robotics move from promise to routine practice, but for now the market climbs at a steady and predictable pace, underpinned by the demographic forces that make it one of the most dependable growth stories in healthcare.

FAQ

Frequently Asked Questions: Medical Technology Market

About 666 billion dollars worldwide, up from about 430 billion in 2016. The market covers medical devices and in vitro diagnostics.

At about 5.5 percent a year. The market is forecast to grow from about 666 billion dollars in 2026 to about 826 billion by 2030.

About 826 billion dollars, up from about 666 billion in 2026, an increase of roughly 160 billion over the four years.

North America, generating about 40 percent of global revenue, or roughly 272 billion dollars in 2026, ahead of Europe and Asia-Pacific.

Asia-Pacific, forecast to grow at about 7 percent a year, led by China, and expected to overtake Europe before the end of the decade.

The United States, at about 245 billion dollars in 2026, more than a third of the world total, followed by China, Germany and Japan.

From about 430 billion dollars to about 666 billion, an increase of more than 50 percent, or about 4.5 percent a year on average.

Because demand is rooted in demography, ageing populations and rising chronic disease, rather than in the business cycle, making growth unusually predictable.

At a similar pace. Both grow at about 5 to 6 percent a year, though medtech growth is steadier because it is less exposed to patent cycles.

From Statista Market Insights, revenue in the medical technology market worldwide. Years from 2026 are forecasts and figures are modeled estimates.

Sources

Statista Market Insights, Medical Technology market - Source for revenue in the medical technology market worldwide from 2016 to 2030.

Statista Market Insights and industry data - Source for regional, country and growth-rate detail, compiled by BusinessStats.

Statista Medical Technology Outlook - Publishes the market revenue data.

Figures show revenue in the medical technology market worldwide from 2016 to 2030, in billion US dollars, from Statista Market Insights. The market covers medical devices and in vitro diagnostics. Revenue is projected at about 666 billion dollars in 2026, up from about 430 billion in 2016, and is forecast to reach about 826 billion by 2030 at about 5.5 percent a year. North America is the largest region and Asia-Pacific the fastest growing. Years from 2026 are forecasts. Regional and country figures are estimates. This is data journalism, not investment advice.

STATISTICS REPORT

Burnout and job satisfaction among UK doctors statistics & facts

A profession under strain. One in five UK doctors is at high risk of burnout, only just over half are satisfied with their work, and a record share plan to leave. This report brings together GMC, NHS and international survey data on how doctors are coping.

Updated Oct 14, 2026 · businesstats.com/uk-doctors-burnout-statistics

20% HIGH BURNOUT RISK	55% SATISFIED WITH WORK	24% STRESS-RELATED LEAVE
36% UNABLE TO COPE WEEKLY	39% SAW CARE COMPROMISED	22% LIKELY TO LEAVE UK

OVERVIEW

Burnout and job satisfaction among UK doctors

One in five doctors in the UK is at high risk of burnout. In the General Medical Council (GMC) Barometer survey of 2025, 20 percent of doctors met the threshold for a high risk of burnout, double the 10 percent recorded in 2020. Only 55 percent said they were at least somewhat satisfied with their day-to-day work, far below the 75 percent of 2020. Nearly a quarter, 24 percent, had taken a leave of absence because of stress in the previous year, and 39 percent had witnessed patient safety or care being compromised. This report brings together the most important survey data on the working lives of UK doctors. Our overview of doctors in the United Kingdom puts these figures in the context of the wider workforce.

The GMC measures burnout using questions based on the Copenhagen Burnout Inventory. A doctor is classed as being at high risk if they score highly on six or seven of the seven measures, which ask how often work leaves them exhausted, frustrated or worn out. Because the method is the same every year, the results can be compared over time. Other surveys, such as the NHS Staff Survey, use a single question about feeling burnt out and give different percentages, so they should not be combined in one series.

20%

High risk of burnout

All doctors, GMC 2025.

55%

Satisfied with day-to-day work

2025, down from 75% in 2020.

24%

Took stress-related leave

In the previous year, 2025.

22%

Likely to leave UK practice

In the next 12 months, 2025.

TREND

Satisfaction and burnout since 2019

The pandemic years created an unusual pattern. In 2020, a year when much routine work was paused, satisfaction rose to 75 percent and burnout risk fell to 10 percent. Both measures then deteriorated sharply. Satisfaction fell to 70 percent in 2021 and to a low of 50 percent in 2022, while the share at high risk of burnout peaked at 25 percent. Since then there has been a partial recovery: satisfaction was 53 percent in 2023, 59 percent in 2024 and 55 percent in 2025, and burnout risk was 21, 18 and 20 percent. Neither measure has returned to pre-pandemic levels, when 63 percent were satisfied and 16 percent were at high risk.

Satisfaction and high burnout risk among UK doctors, 2019 to 2025 (%)

Interactive chart online: businesstats.com/uk-doctors-burnout-statistics

No full recovery: Satisfaction fell from 75 percent in 2020 to 55 percent in 2025, and burnout risk doubled.

The share of doctors who took leave because of stress has risen every year since 2019, from 12 percent to 14 percent in 2020, 17 percent in 2021, 22 percent in 2022, 23 percent in 2023 and 2024 and 24 percent in 2025. In 2025 the figure was highest for locally employed doctors at 37 percent and doctors in training at 30 percent, compared with 20 percent of GPs and 15 percent of specialists.

DOCTOR GROUPS

Which doctors are most affected

Experiences differ widely between types of doctor. Specialists have become more satisfied, rising from 53 percent in 2023 to 65 percent in 2025. Doctors in training improved slightly from 54 to 58 percent. Locally employed doctors, who are often on short contracts outside formal training, moved the other way: their satisfaction fell from 63 percent in 2024 to 54 percent in 2025, the sharpest drop of any group, and 25 percent were at high risk of burnout. GPs remain the most dissatisfied group, with 47 percent dissatisfied in 2025.

Doctors satisfied with day-to-day work by type of doctor, 2023 and 2025 (%)

Interactive chart online: businesstats.com/uk-doctors-burnout-statistics

Diverging fortunes: Specialists became more satisfied, while locally employed doctors lost ground.

Pressure on general practice stands out in almost every measure. In 2025, 43 percent of GPs were classed as struggling, meaning they worked beyond their rostered hours and felt unable to cope with their workload at least once a week, compared with 30 percent of all doctors. Sixty percent of GPs said they found it difficult to provide sufficient patient care at least weekly, against 41 percent overall. Our report on the GP workforce looks at the numbers behind this pressure.

TRAINEES

Doctors in training: the National Training Survey

The GMC National Training Survey, which every doctor in training is invited to complete, uses the same burnout questions. In 2025, 20 percent of trainees were at high risk of burnout and 41 percent at moderate risk, so 61 percent were at high or moderate risk. The GMC describes the high-risk figure as double pre-pandemic levels, when it stood at 10 percent. In the 2026 survey, published in July 2026, the high-risk share eased slightly to 19 percent, while the combined high or moderate share stayed at 61 percent.

Trainee doctors at high risk of burnout by specialty, 2025 (%)

Interactive chart online: businesstats.com/uk-doctors-burnout-statistics

Emergency medicine hardest hit: Almost a third of emergency medicine trainees were at high risk of burnout.

Specialty matters a great deal. Emergency medicine trainees were the most affected, with 30 percent at high risk of burnout in 2025, followed by obstetrics and gynaecology at 23 percent and surgery and medicine at 22 percent each. In public health only 4 percent were at high risk. Work intensity tells a similar story: 70 percent of emergency medicine trainees and 63 percent in obstetrics and gynaecology described their daytime workload as heavy or very heavy, against 42 percent of all trainees. Competition for training posts, covered in our report on specialty training in the UK, adds another source of stress.

WORKLOAD

Workload, hours and the ability to cope

Heavy workload is the most common pressure. In 2025, 61 percent of doctors worked beyond their rostered hours at least once a week, down from 70 percent in 2022 but still close to the 68 percent of 2019. The share who felt unable to cope with their workload at least weekly was 36 percent, up from 33 percent in 2024 and well above the 28 percent of 2019. Among GPs the figures were higher: in 2024, 80 percent of GPs worked beyond rostered hours weekly and 47 percent felt unable to cope.

Workload pressures among UK doctors, 2019 to 2025 (%)

Interactive chart online: businesstats.com/uk-doctors-burnout-statistics

Still above 2019: More than a third of doctors felt unable to cope with their workload every week in 2025.

Doctors are responding by protecting themselves. In 2025, 62 percent had made some adjustment because of workload, 38 percent had refused extra work and 19 percent had reduced their contracted hours. Sixty-one percent said it was difficult to take breaks at least once a week. In the NHS Staff Survey 2025 for England, 41.1 percent of medical and dental staff reported feeling unwell because of work-related stress in the previous year, slightly down from 42.2 percent in 2024.

REASONS

Why doctors are dissatisfied

When dissatisfied doctors were asked why, workload was the leading reason. In 2025, 32 percent of dissatisfied doctors cited high workload or long hours, 19 percent a lack of support and 18 percent each cited compromised or unsafe care, staff shortages, patient expectations and a lack of career progression. Poor pay was named by 15 percent, as were inefficient systems and feeling unvalued. In 2024 pay had been cited by 20 percent, which may reflect the pay awards since then.

Main reasons for dissatisfaction among UK doctors, 2025 (%)

Interactive chart online: businesstats.com/uk-doctors-burnout-statistics

Workload first: One in three dissatisfied doctors named high workload or long hours.

PATIENT SAFETY

When pressure affects patient care

Pressure on doctors has consequences for patients. In 2025, 39 percent of doctors said they had witnessed patient safety or care being compromised in the previous year, compared with 32 percent in 2019 and a peak of 42 percent in 2022. The figure was highest in Wales at 53 percent. Asked what contributed, 63 percent pointed to workload pressure, 62 percent to inadequate staffing, 57 percent to delays to care and 40 percent to fatigue. Confidence in raising concerns about patient care fell from 64 percent to 61 percent.

Factors behind compromised patient care, 2025 (%)

Interactive chart online: businesstats.com/uk-doctors-burnout-statistics

Staffing and workload: Six in ten doctors linked compromised care to workload and staffing.

The link between pressure and professional standards is not only a patient safety issue. Burnout, stress and ill health can also bring doctors into contact with the regulator. When a health condition affects practice, the GMC has a separate health route within fitness to practise, explained in this guide on health and fitness to practise . The regulator data on complaints and sanctions is covered in our report on GMC

fitness to practise statistics.

SUPPORT

Autonomy, teamwork and support

There are some positive signals. In 2025, 63 percent of doctors said they had enough autonomy in their work, including 71 percent of GPs, and 71 percent felt part of a supportive team. Doctors receive most support from immediate colleagues: 82 percent said they felt supported by them, compared with 59 percent by senior medical staff and only 38 percent by non-clinical management, down from 42 percent in 2024. Just 35 percent felt they could influence change at work, and 36 percent believed they could progress their career as they wanted.

MEASURE (2025)	ALL DOCTORS	GPS	DOCTORS IN TRAINING	LOCALLY EMPLOYED
Enough autonomy	63%	71%	57%	54%
Part of a supportive team	71%	77%	74%	70%
Struggling with workload weekly	30%	43%	33%	28%
Took leave due to stress	24%	20%	30%	37%

LEAVING

From burnout to leaving

Burnout feeds directly into decisions to leave. In 2025, 22 percent of doctors said they were likely to leave UK practice in the next 12 months, excluding retirement, and 15 percent planned to move abroad, which for the first time was the single most common planned change. Among doctors thinking of leaving the profession for reasons other than retirement, 72 percent said their current role was harming their wellbeing. Of those planning to move abroad, 77 percent said doctors are treated better elsewhere and 65 percent cited higher pay. The numbers who actually leave are set out in our report on doctors leaving the UK, and pay in our report on UK doctor pay.

INTERNATIONAL

How UK doctors compare internationally

International surveys suggest UK family doctors are under particular strain. In the Commonwealth Fund 2022 survey of primary care physicians in ten high-income countries, 71 percent of UK GPs described their job as extremely or very stressful, the highest share of all ten countries alongside Germany, according to an analysis by the Health Foundation. Only 24 percent of UK GPs were extremely or very satisfied with practising medicine, the lowest level alongside France. In the 2025 round, burned-out UK GPs were the most likely of any country to be dissatisfied with their income and workload. A global view of mental health is available in our report on mental health worldwide.

OUTLOOK

Outlook

The data point to a profession that has stabilised since the low point of 2022 but has not recovered. Satisfaction among specialists is improving, yet locally employed doctors, trainees and GPs remain under heavy pressure, and intentions to leave are at record levels. The next GMC Barometer, due in 2027, will show whether the 2026 resident doctor pay deal and changes to training places make a difference. The make-up of the workforce, including the growing role of international medical graduates, is covered in our related reports.

KEY FACTS

Doctor wellbeing in numbers

Key Facts

- 20 percent of UK doctors were at high risk of burnout in 2025, double the 10 percent of 2020.
- 55 percent were satisfied with their day-to-day work, down from 75 percent in 2020.
- 24 percent took a leave of absence because of stress in the previous year.
- 30 percent of emergency medicine trainees were at high risk of burnout.
- 39 percent witnessed patient safety or care being compromised.

- 22 percent were likely to leave UK practice within a year, excluding retirement.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many UK doctors are burnt out?

In the GMC Barometer survey 2025, 20 percent of doctors were at high risk of burnout. In 2020 the figure was 10 percent, and it peaked at 25 percent in 2022.

How satisfied are UK doctors with their jobs?

55 percent of doctors were at least somewhat satisfied with their day-to-day work in 2025, compared with 59 percent in 2024 and 75 percent in 2020.

Which doctors have the highest burnout risk?

Locally employed doctors (25 percent) and doctors in training (24 percent) had the highest risk in 2025. Among trainees, emergency medicine was highest at 30 percent.

Why are UK doctors dissatisfied?

The most common reason in 2025 was high workload or long hours, cited by 32 percent of dissatisfied doctors, followed by a lack of support at 19 percent.

How many doctors work beyond their rostered hours?

61 percent of doctors worked beyond their rostered hours at least once a week in 2025. In 2024, 80 percent of GPs did so.

Does burnout affect patient safety?

39 percent of doctors witnessed patient safety or care being compromised in 2025. Most linked it to workload pressure (63 percent) and inadequate staffing (62 percent).

How many doctors plan to leave the UK?

22 percent of doctors said they were likely to leave UK practice in the next 12 months in 2025, excluding retirement, and 15 percent planned to move abroad.

How do UK GPs compare internationally?

In the Commonwealth Fund 2022 survey, 71 percent of UK GPs found their job extremely or very stressful, the highest of ten countries alongside Germany.

SOURCES

General Medical Council - SoMEP Barometer survey 2025.

General Medical Council - Workplace experiences 2026.

General Medical Council - Barometer survey 2024.

General Medical Council - Barometer survey 2023.

General Medical Council - National Training Survey 2025.

General Medical Council - National Training Survey 2026.

NHS Staff Survey - National results briefing 2025.

The Health Foundation - Stressed and overworked, 2023.

The Commonwealth Fund - Burnout among primary care physicians in 10 countries, 2025.

STATISTICS REPORT

Doctors leaving UK practice statistics & facts

More doctors are heading for the exit. In 2024, 16,124 doctors gave up their licence to practise in the UK, and a record share say they may follow. Younger UK graduates and experienced international doctors are leaving in greater numbers. This report shows who goes, why and where.

Updated Oct 14, 2026 · businesstats.com/doctors-leaving-uk

16,124 LEAVERS 2024	**5,793** UK GRADUATES LEFT	**4,880** INTERNATIONAL LEFT
3.6% LEAVER RATE	**23%** TO AUSTRALIA	**22%** LIKELY TO LEAVE

OVERVIEW

How many doctors leave UK practice

More doctors are giving up their licence to practise in the UK than ever before. According to the General Medical Council (GMC), 16,124 doctors stopped holding a licence in 2024, up from 11,309 in 2023 and 9,667 in 2019. Leavers who had been working in the UK health service included 5,793 UK graduates and 4,880 doctors who qualified abroad, the latter up 26 percent in a single year. At the same time, a record 22 percent of doctors told the GMC in 2025 that they were likely to leave UK practice within a year, and moving abroad became the most commonly planned change. This report sets out who is leaving, why and where they go. For the overall size of the profession, see our overview of doctors in the United Kingdom.

Leaving the register does not always mean leaving medicine. Some doctors retire, some move abroad to practise, some take a career break and some give up their licence while keeping their registration. The GMC asks doctors why they relinquish their licence, which allows the reasons to be tracked over time. Because the number of doctors joining is also at a record level, the workforce is still growing overall. The concern is about who leaves: increasingly younger UK graduates early in their careers and experienced international doctors on whom the NHS depends.

16,124

Doctors who gave up a licence, 2024

Up from 9,667 in 2019.

4,880

International doctors leaving

Previously working in the UK, up 26%.

23%

Leavers heading to Australia

Among 2023 leavers naming a country.

22%

Likely to leave in 12 months

GMC survey, 2025, excluding retirement.

TREND

Leavers since 2019

The number of doctors no longer holding a licence fell to 6,894 in 2020, when many doctors stayed in post during the pandemic and some were granted temporary registration. It then rose to 9,825 in 2021, 11,319 in 2022 and 11,309 in 2023, before jumping to 16,124 in 2024. The GMC notes that part of the 2024 increase among internationally qualified doctors who had never worked in the UK health service reflects an administrative backlog being cleared, so the underlying rise is smaller than the headline suggests.

Doctors who stopped holding a licence to practise in the UK, 2019 to 2024

Interactive chart online: businesstats.com/doctors-leaving-uk

A sharp rise in 2024: 16,124 doctors gave up their licence, two-thirds more than in 2019.

The more meaningful comparison is between doctors who had actually been working in the UK. Among doctors previously connected to a UK employer, 5,793 UK graduates and 4,880 international graduates left in 2024. The UK figure was the highest of the period, up from 4,615 in 2019, while the international figure rose sharply from 3,869 in 2023. Among international doctors who had never worked in the UK, leavers rose from 798 in 2019 to 5,193 in 2024, the group most affected by the administrative backlog.

Doctors leaving UK practice by place of qualification, 2019 to 2024

Interactive chart online: businesstats.com/doctors-leaving-uk

Both groups rising: UK graduate leavers reached 5,793 in 2024 and international leavers 4,880.

RATES

Leaver rates: who is most likely to go

Because the workforce has grown, rates tell a clearer story than raw numbers. Among doctors connected to a UK employer, 3.6 percent left in 2024, compared with 3.2 percent in 2023 and 3.5 percent in 2019. The leaver rate for international graduates is consistently higher than for UK graduates: 4.3 percent against 3.2 percent in 2024. International doctors have always been more mobile, as many return home or move on to other countries after gaining UK experience, but the GMC has warned that the NHS can no longer assume they will stay.

Leaver rates of UK and internationally qualified doctors, 2019 to 2024 (%)

Interactive chart online: businesstats.com/doctors-leaving-uk

International doctors more mobile: 4.3 percent of internationally qualified doctors left in 2024, against 3.2 percent of UK graduates.

The age of UK leavers is falling. According to the GMC, the number of UK graduates under 40 who left rose from 2,245 in 2023 to 2,627 in 2024, an increase of 17 percent, and leavers aged 20 to 29 rose from 1,350 to 1,604. The median age of UK-qualified leavers fell from 51 to 46. In other words, more doctors are leaving early in their careers rather than at retirement. Our report on specialty training in the UK shows the competition for training posts that many of these young doctors face.

MEASURE	2023	2024
UK graduate leavers under 40	2,245	2,627
UK graduate leavers aged 20 to 29	1,350	1,604
Median age of UK-qualified leavers	51	46
International leavers previously working in the UK	3,869	4,880
Leaver rate, all connected doctors	3.2%	3.6%

REASONS

Why doctors leave

Moving abroad to practise is the most common reason doctors give for relinquishing their licence. Among doctors who left in 2023 and gave a reason, 28 percent said they were going to practise abroad, up from 25 percent in 2022, and a further 9 percent said they were going to live abroad. Retirement accounted for 21 percent, down from 24 percent. Twelve percent gave no reason. So more than a third of leavers in 2023 were heading overseas.

Reasons doctors gave for giving up their UK licence, 2023 (%)

Interactive chart online: businesstats.com/doctors-leaving-uk

Abroad beats retirement: 37 percent of 2023 leavers were going to practise or live abroad, against 21 percent retiring.

A GMC study of more than 1,100 doctors who left between 2018 and 2022 explored the deeper reasons. The most common was a better quality of life abroad, cited by 62 percent. Half said they felt undervalued in the UK, 49 percent wanted higher pay, 38 percent wanted more time outside work and 35 percent cited a lack of career development. A third were returning to their home country. Pay and conditions are covered in detail in our report on UK doctor pay, and workplace pressures in our report on burnout among UK doctors.

Reasons for leaving among doctors who left UK practice, 2018 to 2022 (%)

Interactive chart online: businesstats.com/doctors-leaving-uk

Quality of life first: Six in ten leavers said life abroad was better, half felt undervalued in the UK.

DESTINATIONS

Where departing doctors go

Australia is by far the most popular destination. Among doctors who left in 2023 and named a destination, 23 percent were going to Australia, up from 21 percent in 2022, 8 percent to New Zealand and 6 percent to Ireland. British nationals made up 69 percent of those heading to Australia and 83 percent of those going to

New Zealand. Many are young: 64 percent of the 797 British doctors heading for Australia had completed their second foundation year within the previous three years.

Intended destinations of doctors leaving UK practice, 2023 (%)

Interactive chart online: businesstats.com/doctors-leaving-uk

Australia leads: Almost a quarter of departing doctors who named a country were heading to Australia.

Australia is actively recruiting UK doctors. Its Expedited Specialist pathway, opened in October 2024, allows specialists from comparable systems to register faster. By the end of July 2025, 229 doctors had been registered through the pathway, and the Medical Board of Australia reported that 87 percent of applicants had qualified in the United Kingdom. In New Zealand, registrations through the route for UK and Irish graduates grew by 26.9 percent in 2023/24, although the Medical Council of New Zealand reports that only about 60 percent of UK doctors are still there after one year and 37 percent after two.

INTENTIONS

How many more may leave

Survey data suggest the outflow could grow. In the GMC Barometer survey, the share of doctors who said they were likely to leave UK practice in the next 12 months rose from 11 percent in 2021 to 18 percent in 2022, 20 percent in 2023, 19 percent in 2024 and 22 percent in 2025. The share planning to move abroad rose from 10 percent in 2022 to 15 percent in 2025, when it became the most commonly planned career change for the first time. Of those likely to move abroad, 35 percent did not intend to return and 38 percent did not know.

Doctors likely to leave UK practice or move abroad in the next year, 2021 to 2025 (%)

Interactive chart online: businesstats.com/doctors-leaving-uk

Rising intentions: 22 percent of doctors were likely to leave UK practice in 2025, double the 2021 level.

Intentions do not always turn into action. The GMC followed up doctors who said in 2023 that they were likely to leave: 7.7 percent had given up their licence within 12 months and 11.6 percent within 18 months. Even so, with more than 300,000 licensed doctors, a small conversion rate means thousands of departures each year.

BALANCE

Joiners and leavers: is the workforce shrinking?

Despite the rise in leavers, the UK medical workforce is still growing because joiners outnumber leavers by a wide margin. In 2024, 30,444 doctors joined the UK medical workforce, compared with 16,124 who stopped holding a licence. The number of licensed doctors rose to 328,149. The challenge is dependence: in 2024, two-thirds of doctors taking up a licence for the first time had qualified abroad, so a rise in international departures would hit the NHS hard. Our report on international doctors in the UK looks at this dependence in detail.

Doctors joining and leaving the UK workforce, 2019 to 2024

Interactive chart online: businesstats.com/doctors-leaving-uk

Still a net gain: In 2024, 30,444 doctors joined and 16,124 gave up their licence.

OUTLOOK

Outlook

Several developments will shape the outflow in the coming years. The 2026 pay deal for resident doctors and the new law prioritising UK graduates for training posts may persuade more young UK doctors to stay, but the same prioritisation could encourage international graduates to look elsewhere. Australia and New Zealand continue to recruit actively. The GMC Workforce report for 2026, expected in late 2026, will show whether the 2024 spike was a one-off. The wider picture of the workforce, including GPs and the demographics of UK doctors, is covered in our related reports, and regulatory data in our report on GMC fitness to practise.

KEY FACTS

Doctors leaving the UK in numbers

Key Facts

- 16,124 doctors stopped holding a UK licence in 2024, up from 9,667 in 2019.

- 4,880 internationally qualified doctors who had worked in the UK left in 2024, up 26 percent.
- UK graduate leavers under 40 rose 17 percent to 2,627; their median age fell from 51 to 46.
- 28 percent of 2023 leavers went to practise abroad and 21 percent retired.
- 23 percent of leavers naming a destination chose Australia.
- 22 percent of doctors said in 2025 they were likely to leave UK practice within a year.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many doctors leave the UK each year?

16,124 doctors stopped holding a licence to practise in the UK in 2024, up from 11,309 in 2023. Not all of them leave the country; some retire or take a break.

Are more UK doctors moving abroad?

Yes. In 2023, 28 percent of doctors who gave up their licence said they were going to practise abroad, up from 25 percent in 2022, and 9 percent were going to live abroad.

Where do UK doctors go when they leave?

Australia is the most popular destination: 23 percent of 2023 leavers who named a country were going there, followed by New Zealand (8 percent) and Ireland (6 percent).

Why do doctors leave the NHS?

In a GMC study, 62 percent of doctors who left cited a better quality of life abroad, 51 percent felt undervalued and 49 percent wanted higher pay.

Are international doctors leaving the UK?

Yes. 4,880 internationally qualified doctors who had worked in the UK left in 2024, up 26 percent on 2023. Their leaver rate was 4.3 percent.

How many doctors plan to leave the UK?

In the GMC Barometer survey 2025, 22 percent of doctors said they were likely to leave UK practice in the next 12 months, excluding retirement, and 15 percent planned to move abroad.

Is the number of UK doctors falling?

No. Joiners still outnumber leavers. In 2024, 30,444 doctors joined the UK medical workforce and the number of licensed doctors reached 328,149.

Are younger doctors leaving?

Yes. The number of UK graduates under 40 who left rose 17 percent to 2,627 in 2024, and the median age of UK-qualified leavers fell from 51 to 46.

SOURCES

General Medical Council - Workforce report 2025.

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STATISTICS REPORT

Veterans mental health treatment: statistics and facts

17.7 veterans a day. Suicide among US veterans fell in 2024 but the rate remains more than twice that of other adults. This report shows the data and the care the VA provides.

Updated Nov 4, 2026 · businesstats.com/veterans-mental-health-treatment-us

6,488 SUICIDES 2024	**17.7** PER DAY	**36.4** RATE PER 100K
62.2% NO RECENT VHA CARE	**6.27m** VHA USERS	**$16.7bn** MH FUNDING FY25

OVERVIEW

Veterans mental health at a glance

Veterans carry a higher risk of suicide than other American adults, and mental health care is one of the largest parts of the Department of Veterans Affairs health system. According to the VA National Veteran Suicide Prevention Annual Report published in 2026, 6,488 veterans died by suicide in 2024, an average of 17.7 per day. That was 174 fewer than in 2023. The unadjusted suicide rate among veterans was 36.4 per 100,000, more than twice the rate of 16.4 among non-veteran adults.

The VA treats a growing share of veterans for mental health and substance use conditions. In 2024, 6.27 million veterans were recent users of the Veterans Health Administration, up from 3.86 million in 2001, even though the total veteran population fell from 25.9 million to 17.8 million. Of these VHA users, 48.2 percent had a mental health or substance use diagnosis, compared with 27.8 percent in 2001. VA mental health funding reached $16.7 billion in fiscal year 2025.

This report covers veteran suicide trends, rates by sex and age, the role of VA care, telehealth and community care, spending, and survey data on mental illness among veterans. How veterans compare with the general population is shown in our hub on mental health treatment in the US. Figures on the military itself are in our report on the armed forces of the United States.

6,488
Veteran suicides
2024, VA data.

17.7
Per day
Average in 2024.

36.4
Rate per 100,000
Non-veterans: 16.4.

$16.7bn
VA mental health funding
Fiscal year 2025.

In a crisis

- The Veterans Crisis Line is reached by dialing 988 and pressing 1, by texting 838255, or by online chat.
- The line is open to veterans, service members and their families, whether or not they are enrolled in VA care.

SUICIDE TREND

Veteran suicides since 2001

The number of veteran suicides rose from 6,289 in 2001 to a peak of 7,015 in 2018, then fell back to 6,488 in 2024. Because the veteran population has been shrinking, the rate has risen much faster than the count: from 24.3 per 100,000 in 2001 to 36.6 in 2023 and 36.4 in 2024. Over the whole period from 2001 to 2024, 159,980 veterans died by suicide, about one in six of all adult suicides in the US.

Number of veteran suicides in the US, 2001 to 2024

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Down from the 2018 peak: 6,488 veterans died by suicide in 2024, the lowest count since 2006.

Veteran suicide rate in the US, 2001 to 2024 (per 100,000)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Rising rate: The veteran suicide rate climbed by half since 2001 as the veteran population shrank.

Firearms were involved in 74.3 percent of veteran suicides in 2024: 75.4 percent among men and 51.9 percent among women. In 2023, the share was 73.3 percent, according to the 2025 edition of the report.

SEX AND AGE

Who is most at risk?

The gap between veterans and non-veterans is largest among women. In 2024, the suicide rate among female veterans was 13.9 per 100,000, compared with 6.7 among non-veteran women. After adjusting for age, female veterans had a suicide rate 99.9 percent higher than non-veteran women. Among men, the rate was 39.2 for veterans and 27.6 for non-veterans, an age-adjusted gap of 56.5 percent.

Suicide rate among veterans and non-veterans by sex in the US, 2024 (per 100,000)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Twice the risk: Veterans had a suicide rate more than twice that of non-veteran adults in 2024.

Young veterans have the highest rates. In 2024, the suicide rate was 45.5 per 100,000 among veterans aged 18 to 34, 38.5 among those aged 35 to 54, 32.7 among those aged 55 to 74 and 35.8 among those aged 75 and older. Among male veterans aged 18 to 34, it reached 53.0.

Veteran suicide rate by age group in the US, 2024 (per 100,000)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Highest among the youngest: Veterans aged 18 to 34 had a suicide rate of 45.5 per 100,000.

VA CARE

The role of VA health care

Most veterans who die by suicide were not recent VA patients. In 2024, 62.2 percent of veteran suicide decedents, 4,038 people, had not used VHA care in 2023 or 2024. The remaining 37.8 percent, 2,450 people, had. The suicide rate among recent VHA users was 39.1 per 100,000, compared with 35.1 among other veterans, reflecting the higher level of illness among people who seek VA care.

Veteran suicide decedents by recent VHA care in the US, 2024

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Six in ten outside VA care: 4,038 of the 6,488 veterans who died by suicide in 2024 were not recent VHA patients.

At the same time, a growing share of veterans rely on the VA. Recent VHA users rose from 3.86 million in 2001 to 6.27 million in 2024. Nearly half of them, 48.2 percent, had a mental health or substance use diagnosis in 2024, up from 46.1 percent in 2023 and 27.8 percent in 2001. In total, the VA had 7.3 million unique patients in fiscal year 2024, many of them treated in the settings described in our report on mental health treatment facilities. Substance use among veterans is covered in our report on drug use in the US.

US veteran population and recent VHA users, 2001 and 2024 (millions)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

More patients, fewer veterans: VHA users rose by 2.4 million while the veteran population fell by 8.1 million.

TELEHEALTH

Telehealth, the crisis line and community care

Video visits have become a regular part of VA mental health care. According to the VA Clinical Services 2024 annual report, more than 1.1 million veterans received 6.5 million video telemental health episodes in fiscal year 2024, a 10 percent increase in veterans served from the year before. In fiscal year 2023, video accounted for about a third of all VA mental health visits.

The Veterans Crisis Line handled 1.1 million calls, texts and chats in fiscal year 2024 and 1.3 million in fiscal year 2025, according to the VA. The VA also carried out more than 5.3 million suicide risk screenings in calendar year 2025. When VA facilities cannot provide care in time, veterans can be referred to private providers. According to the Government Accountability Office, more than 350,000 veterans received 602,472 community care referrals for behavioral health in fiscal years 2021 to 2024, at a cost of $4.29 billion. About 60 percent of the referrals were for outpatient psychotherapy. The wider shortage of providers is covered in our report on the mental health workforce.

MEASURE	VALUE	PERIOD
Veterans using video telemental health	More than 1.1 million	FY 2024
Video telemental health episodes	6.5 million	FY 2024
Veterans Crisis Line contacts	1.1 million	FY 2024
Veterans Crisis Line contacts	1.3 million	FY 2025
Suicide risk screenings	More than 5.3 million	2025
Behavioral health community care referrals	602,472	FY 2021 to 2024
Cost of those referrals	$4.29 billion	FY 2021 to 2024

SPENDING

VA mental health spending

Mental health care is one of the fastest growing parts of the VA budget. According to the VA Budget in Brief for fiscal year 2026, mental health care funding was $15.69 billion in fiscal year 2024 and $16.73 billion in fiscal year 2025. The request for 2026 is $18.89 billion, and the advance request for 2027 is $19.53 billion. Funding for suicide prevention outreach rises from $560 million in 2024 to a requested $713 million in 2027.

VA mental health care funding, fiscal years 2024 to 2027 (billion US dollars)

Interactive chart online: businesstats.com/veterans-mental-health-treatment-us

Approaching $20 billion: VA mental health funding is set to rise by a quarter between 2024 and 2027.

SURVEY DATA

Mental illness among veterans

Survey data from SAMHSA show that veterans are about as likely as non-veterans to have a mental illness or a substance use disorder, and those with a mental illness are about as likely to receive treatment, in line with the patterns in our report on adults receiving mental health treatment. In the 2023 National Survey on Drug Use and Health, more than half of veterans with any mental illness in each age group had received

treatment in the past year, and 1.0 million veterans, 5.3 percent, had both a mental illness and a substance use disorder. Combat experience matters: in pooled data for 2022 to 2024, 21.3 percent of veterans who served in a combat zone had a mental illness and 6.4 percent a serious mental illness, both significantly higher than among other veterans. The national treatment gap is covered in our report on untreated mental illness, and differences between groups in our report on mental health treatment disparities.

KEY FACTS

Veterans mental health in numbers

Key facts

- 6,488 veterans died by suicide in 2024, 17.7 per day, down from 7,015 in 2018.
- The veteran suicide rate was 36.4 per 100,000 in 2024, compared with 16.4 for non-veteran adults.
- Female veterans had an age-adjusted suicide rate 99.9 percent higher than non-veteran women.
- 62.2 percent of veteran suicide decedents had no recent VHA care.
- 48.2 percent of the 6.27 million recent VHA users had a mental health or substance use diagnosis in 2024.
- VA mental health funding was $16.73 billion in FY 2025, with $18.89 billion requested for FY 2026.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many veterans die by suicide each day?

In 2024, an average of 17.7 veterans died by suicide each day, 6,488 in total, according to the VA.

Is the veteran suicide rate higher than for other adults?

Yes. The unadjusted rate was 36.4 per 100,000 for veterans in 2024 and 16.4 for non-veteran adults.

Are female veterans at higher risk?

Yes. After adjusting for age, female veterans had a suicide rate 99.9 percent higher than non-veteran women in 2024.

Did most veterans who died by suicide use VA care?

No. 62.2 percent of veterans who died by suicide in 2024 had not used VHA care in 2023 or 2024.

How many veterans have a mental health diagnosis at the VA?

48.2 percent of the 6.27 million recent VHA users had a mental health or substance use diagnosis in 2024.

How much does the VA spend on mental health?

VA mental health care funding was $15.69 billion in FY 2024 and $16.73 billion in FY 2025. The FY 2026 request is $18.89 billion.

How do veterans reach the Veterans Crisis Line?

By dialing 988 and pressing 1, texting 838255 or using online chat. The line handled 1.3 million contacts in FY 2025.

Do veterans use telehealth for mental health care?

Yes. More than 1.1 million veterans received 6.5 million video telemental health episodes from the VA in FY 2024.

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STATISTICS REPORT

GMC fitness to practise statistics & facts

Record concerns, few sanctions. The General Medical Council received 13,465 concerns about doctors in 2025, more than ever before. Most were closed quickly, 184 reached a tribunal and 48 doctors were erased. This report follows the numbers from complaint to sanction.

Updated Oct 14, 2026 · businesstats.com/gmc-fitness-to-practise-statistics

13,465 CONCERNS 2025	**80%** FROM THE PUBLIC	**997** INVESTIGATIONS
184 TRIBUNAL REFERRALS	**48** ERASURES	**284** INTERIM ORDERS

OVERVIEW

GMC fitness to practise at a glance

The General Medical Council (GMC) received 13,465 concerns about doctors in 2025, the highest number on record. That was 25 percent more than in 2024 and 60 percent more than in 2020. Yet the vast majority of concerns never reach a hearing. In 2025, 11,679 were closed at the first triage stage, 997 led to a full investigation, 184 were referred to a tribunal and 48 doctors were erased from the medical register. Concerns related to about 3 percent of all registered doctors, or 33 concerns for every 1,000 doctors on the register. This report sets out the full GMC fitness to practise data for 2019 to 2025, from the first complaint to the final sanction. For a wider picture of the profession, see our overview of doctors in the United Kingdom.

Fitness to practise is the process the GMC uses to decide whether a doctor is safe to keep working without restrictions. A doctor can be found impaired because of misconduct, deficient professional performance, a criminal conviction, adverse physical or mental health, or a determination by another regulator. Cases that may require action on registration are decided by independent tribunals run by the Medical Practitioners Tribunal Service (MPTS), which is part of the GMC but operationally separate from it.

13,465
Concerns received in 2025
Up 25% on 2024.

997
Investigations opened
After provisional enquiries, 2025.

184
Referred to tribunal
Case examiner decisions, 2025.

48
Doctors erased
MPTS outcomes, 2025.

CONCERNS

How many concerns the GMC receives

The number of concerns raised about doctors has risen sharply since the pandemic. The GMC recorded 8,654 enquiries in 2019 and 8,468 triage decisions in 2020, when pandemic restrictions reduced routine contact between patients and doctors. The total then rose to 9,074 in 2021, 8,893 in 2022, 10,031 in 2023, 10,769 in 2024 and 13,465 in 2025. Part of the growth reflects a larger register: the number of doctors on the register rose from 311,356 in 2019 to 410,566 in 2025. Even so, concerns grew faster than the register over the period.

Concerns about doctors received by the GMC, 2019 to 2025

Interactive chart online: businesstats.com/gmc-fitness-to-practise-statistics

A record year: Concerns rose to 13,465 in 2025, 60 percent more than in 2020.

Most concerns come from patients and members of the public. In 2025, 10,717 of the 13,465 concerns, about 80 percent, came from the public. A further 552 came from persons acting in a public capacity, mainly employers and the police, of which 190 came from employers specifically. The remaining 2,196 came from other sources, including other regulators and doctors themselves. Concerns from employers are far fewer but much more likely to lead to an investigation, because they usually follow local processes that have already identified a serious problem.

Source of concerns about doctors, 2025

Interactive chart online: businesstats.com/gmc-fitness-to-practise-statistics

Patients raise most concerns: Four in five concerns came from members of the public.

TRIAGE

From complaint to investigation: the GMC funnel

Every concern first goes through triage, where GMC staff decide whether it raises a question about a doctor being fit to practise. In 2025, 11,679 concerns were closed at this first stage, for example because they related to a service complaint, fell outside the GMC remit or had already been handled locally. A further 291 were passed to the employer or responsible officer and closed, 554 went to a provisional enquiry, a short fact check that lets the GMC close cases quickly where a doctor clearly met the expected standards, and 941 went straight to investigation. After provisional enquiries, 997 cases were under full investigation, 7 percent of all concerns.

The GMC fitness to practise funnel, 2025

Interactive chart online: businesstats.com/gmc-fitness-to-practise-statistics

Few concerns reach a hearing: Of 13,465 concerns in 2025, 184 were referred to a tribunal and 48 ended in erasure.

STAGE	2019	2021	2023	2024	2025
Concerns received	8,654	9,074	10,031	10,769	13,465
Closed at initial triage	6,298	7,401	8,490	9,087	11,679
Provisional enquiries	602	490	490	547	554
Investigations after provisional enquiries	1,549	1,007	814	906	997
Case examiner decisions	1,279	1,031	842	671	679
Referred to MPTS tribunal	347	257	210	169	184

Investigations themselves have become rarer relative to the caseload. In 2019, 1,549 investigations were opened from 8,654 concerns, about 18 percent. By 2025 the share had fallen to 7 percent, reflecting changes in GMC triage and the wider use of provisional enquiries. Our partner guide to the GMC fitness to practise process explains each stage from the doctor perspective, including the rights a doctor has at

every step.

CASE EXAMINERS

What case examiners decide

At the end of an investigation, two case examiners, one medical and one lay, decide what should happen. They can close the case with no action, issue advice, issue a formal warning, agree undertakings with the doctor or refer the case to a tribunal. In 2025 the case examiners made 679 decisions: 309 cases concluded with no further action, 110 doctors received a warning, 60 agreed undertakings, 16 received advice and 184 were referred to the MPTS.

Case examiner decisions on GMC investigations, 2025

Interactive chart online: businesstats.com/gmc-fitness-to-practise-statistics

Most investigations end without a hearing: 495 of 679 decisions in 2025 were resolved by the case examiners themselves.

The number of case examiner decisions has roughly halved since 2019, when there were 1,279. Referrals to a tribunal fell from 347 to 184 over the same period, while warnings rose from 85 to 110. In 2023 and 2024, about a quarter of case examiner decisions resulted in a referral to a tribunal. The 2024 total excludes 30 referrals for criminal convictions, which are handled separately: 30 doctors received a custodial sentence in 2024, up from 21 in 2023.

TRIBUNALS

Tribunal hearings and sanctions

MPTS tribunals decide whether a doctor fitness to practise is impaired and, if so, what sanction is needed to protect the public. In 2025 the MPTS concluded 160 GMC tribunals. Of these, 48 ended in erasure from the register, 68 in suspension and 7 in conditions on practice. In 23 cases the tribunal found no impairment, in 11 it found no impairment but issued a warning, in 1 it found impairment but took no further action, and 2 doctors were granted voluntary erasure. A detailed walk-through of how a hearing runs, from the opening to the sanction stage, is available in this guide to the MPTS tribunal hearing process .

Erasures and suspensions by MPTS tribunals, 2019 to 2025

Interactive chart online: businesstats.com/gmc-fitness-to-practise-statistics

Fewer hearings, similar severity: Erasures ranged from 43 to 68 a year, while suspensions fell from 120 in 2019 to 68 in 2025.

The cases that reach a tribunal are, by their nature, the most serious. The GMC reported that more than 90 percent of the tribunal cases concluded in 2025 involved misconduct, criminal convictions or both, and tribunals made 124 findings of impairment. Erasure or suspension accounted for 68 percent of outcomes in 2023 and 77 percent in 2024. Across 2019 to 2025, tribunals erased 399 doctors in total.

Dishonesty is the most common type of case. Across the 160 hearings in 2025, the MPTS recorded 270 case types, because a single hearing can involve several. Dishonesty appeared 74 times, or 27 percent of all case types, sexual misconduct 48 times and other misconduct 41 times. Clinical concerns appeared in 36 cases, health in 24, violence in 23, substance misuse in 12 and discrimination in 7.

Types of cases heard by MPTS tribunals, 2025

Interactive chart online: businesstats.com/gmc-fitness-to-practise-statistics

Dishonesty leads: More than a quarter of the issues heard by tribunals in 2025 related to dishonesty.

INTERIM ORDERS

Interim orders while cases are investigated

Where a doctor may pose a risk while a case is investigated, the GMC can ask an interim orders tribunal to restrict their practice for a fixed period. In 2025, interim orders tribunals made 350 decisions: 229 imposed conditions, 55 imposed a suspension and in 66 cases no order was made. That means 284 doctors had their practice restricted on an interim basis, up from 202 in 2023. Conditions are far more common than suspension, because they allow a doctor to keep working under supervision or with limits on what they do.

Interim orders imposed on doctors, 2019 to 2025

Interactive chart online: businesstats.com/gmc-fitness-to-practise-statistics

Conditions dominate: In 2025, 229 interim orders imposed conditions and 55 imposed a suspension.

FAIRNESS

Who is referred: the disparity in employer referrals

One of the most debated issues in medical regulation is that some groups of doctors are referred to the GMC by their employers more often than others. In the five years to 2020, employers referred 0.58 percent of ethnic minority doctors, compared with 0.30 percent of white doctors, and 0.70 percent of doctors who qualified outside the UK, against 0.28 percent of UK graduates. The GMC set a target to eliminate this disparity by 2026, and the gap has narrowed: for 2020 to 2024 the rates were 0.26 percent for ethnic minority doctors against 0.15 percent for white doctors. The causes and what is being done about them are examined in depth in this analysis of why ethnic minority and overseas-trained doctors are referred more often .

Employer referral rates to the GMC by ethnicity, five-year periods (%)

Interactive chart online: businesstats.com/gmc-fitness-to-practise-statistics

A narrowing gap: Referral rates fell for both groups, but ethnic minority doctors are still referred more often.

The GMC statistics also show how different groups are represented at each stage. In 2025, Black doctors made up 7.3 percent of the register and 4.1 percent of triage decisions, but 13.8 percent of tribunal outcomes. White doctors made up 44.6 percent of the register, 31.3 percent of triage decisions and 35.6 percent of tribunal outcomes. Differences at the tribunal stage do not by themselves prove bias, but they are a central reason why the GMC monitors fairness across the whole process. More data on the make-up of the profession is in our report on UK doctors by gender, age and ethnicity.

PERFORMANCE

How the GMC performs as a regulator

The GMC is overseen by the Professional Standards Authority (PSA), which reviews every UK health regulator each year against its Standards of Good Regulation. In its review for 2024/25, published in December 2025, the PSA found that the GMC met all 18 standards, including all five standards for fitness to

practise. The PSA noted that timeliness from start to finish had improved, although the number of older open cases had increased. The GMC states that it usually reaches a decision on whether to investigate within six months and that triage typically takes 11 weeks.

GMC fitness to practise in 2025: key numbers

- 13,465 concerns received, 80 percent of them from members of the public.
- 11,679 concerns closed at initial triage; 997 investigations after provisional enquiries.
- 679 case examiner decisions, including 110 warnings and 184 referrals to a tribunal.
- 160 tribunals concluded, with 48 erasures and 68 suspensions.
- 284 interim orders imposed, of which 229 were conditions.

SUPPORT

What the numbers mean for doctors

For an individual doctor, the statistics are both reassuring and sobering. Reassuring, because about 87 percent of concerns are closed at triage and only a small fraction of investigations end in a sanction. Sobering, because the number of concerns keeps rising and an investigation can take many months, with a real effect on wellbeing and career. Doctors facing an investigation are generally expected to show insight into what went wrong and evidence of remediation, such as targeted learning and reflection. Structured options include GMC remediation and CPD courses for doctors . The pressures behind many concerns, from workload to burnout, are covered in our report on burnout among UK doctors, and the long-running pay dispute in our report on UK doctor pay.

OUTLOOK

Outlook

Three trends will shape fitness to practise in the coming years. First, the volume of concerns is likely to keep rising as the register grows, and the GMC has already reported a record 2025. Second, the regulation of physician associates and anaesthesia associates, which began in December 2024, brings a new group into the fitness to practise system. Third, the GMC is under pressure to close the referral gap for ethnic minority and international doctors. Medical students are not on the register, but universities run their own

student fitness to practise procedures, a step covered alongside training numbers in our report on medical training in the UK. The next GMC statistical report, covering 2026, is expected in mid-2027. The wider context of the workforce, including international medical graduates and doctors leaving the UK, is covered in our related reports.

KEY FACTS

GMC fitness to practise in numbers

Key Facts

- The GMC received 13,465 concerns about doctors in 2025, up 25 percent on 2024 and 60 percent on 2020.
- Concerns related to about 3 percent of registered doctors, or 33 per 1,000 doctors.
- 997 investigations were opened after provisional enquiries in 2025, 7 percent of concerns.
- Case examiners referred 184 cases to the MPTS in 2025, down from 347 in 2019.
- Tribunals erased 48 doctors and suspended 68 in 2025.
- Dishonesty was the most common issue at tribunal, at 27 percent of case types.

FAQ

Frequently Asked Questions

FREQUENTLY ASKED QUESTIONS

How many complaints does the GMC receive?

The GMC received 13,465 concerns about doctors in 2025, the highest on record and 25 percent more than in 2024. About 80 percent came from members of the public.

How many GMC complaints lead to an investigation?

In 2025, 997 concerns led to a full investigation after provisional enquiries, about 7 percent of all concerns. Most concerns, 11,679 in 2025, were closed at initial triage.

How many doctors are struck off each year?

MPTS tribunals erased 48 doctors from the medical register in 2025. Between 2019 and 2025 the annual number ranged from 43 to 68.

What do GMC case examiners decide?

Case examiners can close a case, give advice, issue a warning, agree undertakings or refer the case to a tribunal. In 2025 they made 679 decisions, including 309 with no action, 110 warnings and 184 referrals.

What is the most common reason for a tribunal hearing?

Dishonesty. In 2025 it accounted for 74 of 270 case types heard by MPTS tribunals, followed by sexual misconduct with 48.

What is an interim order?

An interim order restricts or suspends a doctor while a case is investigated. In 2025, 229 interim orders imposed conditions and 55 imposed a suspension.

Are ethnic minority doctors referred to the GMC more often?

Yes, by employers. For 2020 to 2024, employers referred 0.26 percent of ethnic minority doctors compared with 0.15 percent of white doctors. The gap has narrowed since 2016 to 2020.

What share of doctors face a GMC complaint?

In 2025 concerns related to about 3 percent of registered doctors, or 33 concerns per 1,000 doctors on the register.

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STATISTICS REPORT

Coronavirus (COVID-19) disease pandemic statistics & facts

Updated Sep 30, 2026 · businesstats.com/covid-19-statistics

~780M REPORTED CASES	**7.1M+** REPORTED DEATHS	**14.9M** EXCESS DEATHS 2020-21
13.64B VACCINE DOSES	**19.8M** DEATHS PREVENTED YR 1	**6.9%** US ADULTS EVER LONG COVID

Overview

COVID-19: the pandemic in numbers

COVID-19, the disease caused by the SARS-CoV-2 coronavirus, became the deadliest pandemic of the past century. First identified in Wuhan, China, in December 2019, the virus spread to every country in the world within months. The World Health Organization (WHO) declared a Public Health Emergency of International Concern on January 30, 2020, and described the outbreak as a pandemic on March 11, 2020. Over the next three years, successive waves driven by new variants overwhelmed hospitals, forced lockdowns affecting billions of people and led to the fastest vaccine development programme in history.

By August 2026, countries had reported almost 780 million confirmed cases and more than 7.1 million deaths to the WHO. These official figures are known to understate the true toll by a wide margin, because many infections were never tested and many deaths were never attributed to COVID-19. The WHO estimates that there were about 14.9 million excess deaths linked to the pandemic in 2020 and 2021 alone, nearly three times the number officially reported in those two years.

The WHO ended the global health emergency on May 5, 2023, and COVID-19 is now managed as an ongoing, endemic respiratory disease alongside influenza and RSV. But the virus has not gone away. It continues to evolve, it still causes around 100,000 deaths a year in the United States alone, and millions of people live with long-term symptoms known as long COVID. This report sets out the latest data on cases, deaths, excess mortality, vaccination, the current burden, long COVID and the variants circulating in 2026.

~780MReported casesWorldwide, to August 2026.7.1M+Reported deathsWorldwide, to August 2026.14.9MExcess deaths2020 and 2021, WHO estimate.13.64BVaccine doses givenBy end of 2024, WHO.
Timeline

How the pandemic unfolded

The first cases of an unusual pneumonia were reported in Wuhan in late December 2019, and Chinese scientists published the genetic sequence of the new virus in January 2020. The first wave in early 2020 hit China, then Italy, Spain, Iran and the rest of Europe, followed by the United States and Latin America. Governments responded with border closures, lockdowns, school closures, mask mandates and mass testing on a scale never seen before.

New variants shaped each later wave. The Alpha variant, first detected in the United Kingdom in late 2020, was followed by Beta and Gamma, then by Delta, which drove a devastating wave in India in April and May 2021 and caused severe illness worldwide. In November 2021, the Omicron variant was identified in southern Africa. Omicron was far more transmissible and caused the largest number of infections of any wave, but it was generally less severe, especially among people with immunity from vaccination or earlier infection. Since then, all circulating variants have been descendants of Omicron.

Vaccines were developed in under a year. The first COVID-19 vaccines were authorised in December 2020, and by the end of 2024 more than 13.64 billion doses had been given worldwide. As immunity built up, deaths fell sharply from their peak in 2021. The WHO declared an end to the emergency phase in May 2023, and in May 2025 its member states adopted a Pandemic Agreement intended to improve preparedness for future outbreaks.

Key Dates

- **December 31, 2019:** Wuhan health authorities report a cluster of pneumonia cases of unknown cause.
- **January 30, 2020:** the WHO declares a Public Health Emergency of International Concern.
- **March 11, 2020:** the WHO describes COVID-19 as a pandemic.
- **December 8, 2020:** the United Kingdom gives the first COVID-19 vaccine dose outside a clinical trial.
- **November 26, 2021:** the WHO names Omicron a variant of concern.
- **May 5, 2023:** the WHO ends the global health emergency.
- **May 2025:** WHO member states adopt the Pandemic Agreement.

Cases

Reported cases worldwide

According to WHO data, about 779 million confirmed cases of COVID-19 had been reported worldwide by August 2026. The true number of infections is far higher. Seroprevalence studies, which test blood for antibodies, found that by 2022 most of the population in many countries had been infected at least once, and many people have been infected several times. Testing has also fallen sharply since 2022, so recent case counts capture only a small fraction of infections. The world population context is covered in our data on world population.

Current reported activity is low. In the 28 days to August 30, 2026, countries reported 62,847 new cases to the WHO from 58 countries, up from 41,695 in the previous 28-day period, along with 279 deaths from 31 countries. Of the 51,115 samples tested for SARS-CoV-2 through sentinel surveillance in the last week of August 2026, 2.5 percent were positive. The WHO stresses that these figures do not accurately reflect infection rates because so few countries now test and report regularly.

Deaths

Reported deaths by country

More than 7.1 million deaths from COVID-19 had been reported worldwide by mid 2026. The United States reported the highest number, about 1.24 million, followed by Brazil with 704,000, India with 534,000, Russia with 404,000 and Mexico with 335,000. The United Kingdom reported 232,000 deaths, Peru 221,000, Italy 199,000, Germany 175,000 and France 168,000.

Reported COVID-19 Deaths in Selected Countries, 2020 to 2026Cumulative confirmed COVID-19 deaths reported to July 2026.

Data:

Johns Hopkins University and WHO data as compiled by Our World in Data, July 2026.

Note:

reported deaths understate the true toll. Compiled by BusinessStats.Switch to the table for exact figures.

The US reported the most deaths: about 1.24 million COVID-19 deaths were reported in the United States, followed by 704,000 in Brazil and 534,000 in India.

Reported deaths depend heavily on how much testing a country did and how it recorded causes of death, so these totals are not a perfect guide to the real impact. India, for example, reported 534,000 deaths, but independent studies and WHO estimates suggest the true number of excess deaths there was several million. Countries with strong testing and death registration, such as the United States and the United Kingdom, captured a larger share of their true toll in official figures.

Death Rates

Deaths per million people

Adjusting for population size gives a different picture. Peru had the highest reported death rate in the world, at about 6,603 deaths per million people, after its health system was overwhelmed in 2020 and 2021. Eastern and Central European countries dominate the rest of the top ten: Bulgaria had 5,681 deaths per million, North Macedonia 5,429, Bosnia and Herzegovina 5,123 and Hungary 5,072, followed by Croatia, Slovenia, Georgia, Montenegro and Czechia.

Countries With the Highest Reported COVID-19 Death Rates (Deaths per Million)Cumulative confirmed COVID-19 deaths per million people, to July 2026.

Data:

Johns Hopkins University and WHO data as compiled by Our World in Data, July 2026. Compiled by BusinessStats.Switch to the table for exact figures.

Peru and Eastern Europe hit hardest: Peru reported about 6,603 COVID-19 deaths per million people, the highest rate in the world, followed by Bulgaria and North Macedonia.

Several factors explain the high rates in Eastern Europe, including older populations, high rates of chronic disease, weaker health systems and, in many cases, low vaccination rates when Delta arrived in 2021. For comparison, the United States reported about 3,626 deaths per million, the United Kingdom 3,404, Brazil 3,347 and Italy 3,329, while India reported 374 per million, a figure widely considered to be a large undercount.

Excess Deaths

The true toll: excess mortality

Because official counts miss many deaths, researchers use excess mortality, the number of deaths from all causes above what would normally be expected, to measure the full impact of the pandemic. It includes

deaths directly caused by COVID-19 that were not recorded as such and deaths caused indirectly, for example when people could not get treatment for other conditions.

The WHO estimated in May 2022 that the pandemic was associated with about 14.9 million excess deaths in 2020 and 2021, with a range of 13.3 million to 16.6 million. That compares with 5.4 million COVID-19 deaths officially reported over the same period. A separate study published in The Lancet in 2022 by the COVID-19 Excess Mortality Collaborators estimated 18.2 million excess deaths over the same two years.

Reported vs Estimated Excess Deaths From COVID-19, 2020 and 2021 (millions)Deaths in 2020 and 2021 combined.

Data:

World Health Organization, May 2022; COVID-19 Excess Mortality Collaborators, The Lancet, 2022. Compiled by BusinessStats.Switch to the table for exact figures.

Nearly three times the official count: the WHO estimates 14.9 million excess deaths in 2020 and 2021, against 5.4 million reported COVID-19 deaths.

The WHO found that 81 percent of excess deaths occurred in middle-income countries: 53 percent in lower-middle-income countries and 28 percent in upper-middle-income countries. About 84 percent were concentrated in South-East Asia, Europe and the Americas, and 68 percent in just ten countries. Men accounted for 57 percent of the global excess deaths, and older people for the great majority.

Excess Deaths From COVID-19 by Country Income Group, 2020 and 2021 (%)Share of global excess deaths in 2020 and 2021.

Data:

World Health Organization, May 2022.

Note:

high-income and low-income countries are combined. Compiled by BusinessStats.Switch to the table for exact figures.

Middle-income countries bore the brunt: 81 percent of global excess deaths occurred in middle-income countries, 53 percent in lower-middle-income and 28 percent in upper-middle-income countries.

Who Is at Risk

Who was most at risk

Age was by far the strongest predictor of dying from COVID-19. The risk of death after infection rose steeply with age, roughly doubling with every eight to ten years of life, so that people over 80 faced a risk hundreds of times higher than young adults. In most countries, the great majority of COVID-19 deaths were among people aged 65 and over, and residents of care homes were especially vulnerable in the first waves before vaccines became available.

Men were more likely to die than women: the WHO found that 57 percent of global excess deaths in 2020 and 2021 were among men. Underlying conditions such as diabetes, obesity, heart disease, chronic lung and kidney disease and weakened immune systems also sharply increased the risk of severe illness. Deprivation mattered too. Workers in jobs that could not be done from home, people in crowded housing and communities with poorer access to health care suffered higher rates of infection and death, which is why the pandemic widened health inequalities in many countries.

Children were at much lower risk of severe illness, although a small number developed a serious inflammatory condition known as MIS-C, and infants under six months still have high hospitalisation rates today. The greater impact on children came indirectly, through school closures that at their peak affected more than 1.5 billion learners worldwide, disrupted routine vaccinations and increased mental health problems among young people.

Testing and Treatment

Testing and treatment

Testing was central to the early response. Countries built up laboratory capacity for PCR tests at great speed, and in 2021 cheap rapid antigen tests became widely available for use at home. At the peak, billions of tests were carried out worldwide. Since 2022, however, most governments have scaled back free testing and many people now test at home without reporting the result, which is why official case counts have become an unreliable guide to how much virus is circulating. Many countries now rely instead on wastewater monitoring and sentinel surveillance through selected clinics and hospitals.

Treatment also improved steadily. Early in the pandemic, doctors learned that the steroid dexamethasone reduced deaths among patients needing oxygen, and that placing patients on their front, known as proning, helped breathing. Antiviral drugs followed: remdesivir was approved for hospital use, and oral antivirals such as nirmatrelvir with ritonavir, sold as Paxlovid, were authorised from late 2021 for people at high risk who are treated early. Monoclonal antibody treatments were widely used for a time but lost effectiveness

as Omicron variants evolved. Together with vaccination, better treatment is a major reason why the risk of dying after infection is now far lower than in 2020.

Vaccines

Vaccination and lives saved

The development of COVID-19 vaccines was one of the fastest in medical history. Within a year of the virus being sequenced, several vaccines had been shown to be highly effective against severe disease, including the mRNA vaccines developed by Pfizer and BioNTech and by Moderna, the viral vector vaccines of Oxford and AstraZeneca and of Johnson and Johnson, and inactivated vaccines developed in China. By the end of 2024, more than 13.64 billion doses had been administered worldwide, and more than 5.6 billion people, about 70 percent of the world population, had received at least one dose. The industry behind them is covered in our overview of the global pharmaceutical industry.

Vaccines saved millions of lives. A modelling study published in The Lancet Infectious Diseases in 2022 estimated that COVID-19 vaccines prevented 19.8 million deaths in the first year of vaccination, from December 2020 to December 2021, based on excess mortality, or 14.4 million based on officially reported deaths. That was out of an estimated 31.4 million deaths that would otherwise have occurred.

Deaths Prevented by COVID-19 Vaccines in the First Year, by Type of Protection (millions)Estimated deaths averted, December 2020 to December 2021, excess-death basis.

Data:

Watson et al., The Lancet Infectious Diseases, 2022. Compiled by BusinessStats.Switch to the table for exact figures.

Direct protection saved most lives: of the 19.8 million deaths prevented, 15.5 million came from direct protection against severe illness and 4.3 million from indirect effects such as reduced transmission.

Access was deeply unequal. In the same study, vaccination prevented 66 deaths per 10,000 people in high-income countries but only 2.7 per 10,000 in low-income countries, where vaccines arrived much later. High and upper-middle-income countries accounted for 12.2 million of the 19.8 million deaths averted. The researchers estimated that a further 599,300 lives could have been saved if the WHO target of vaccinating 40 percent of the population of every country by the end of 2021 had been met.

19.8MDeaths prevented by vaccinesFirst year, excess-death basis.66 vs 2.7Deaths prevented per 10,000High vs low-income countries.599,300Extra lives if 40% target metEnd of 2021.5.6B+People with at least one doseAbout 70 percent of the world. Current Burden

COVID-19 today: the ongoing burden

Although the emergency is over, COVID-19 remains a significant cause of illness and death, especially among older people. A study by the US Centers for Disease Control and Prevention (CDC), published in JAMA Internal Medicine in January 2026, estimated that COVID-19 caused 43.6 million illnesses, 10.0 million outpatient visits, 1.1 million hospitalisations and 101,300 deaths in the United States between October 2022 and September 2023. In the following 12 months, to September 2024, it estimated 33.0 million illnesses, 7.7 million outpatient visits, 879,100 hospitalisations and 100,800 deaths.

Older adults bear most of the burden. In the 2023 to 2024 period, people aged 65 and over made up 17.7 percent of the US population but accounted for 47.9 percent of COVID-19 illnesses, 64.3 percent of outpatient visits, 67.6 percent of hospitalisations and 81.2 percent of deaths. About 1 in 100 older adults was hospitalised with COVID-19 in that period. Infants under six months had the second-highest hospitalisation rates. The age profile of the US population is shown in our data on the US population by sex and age.

Share of US COVID-19 Burden Among Adults Aged 65+, Oct 2023 to Sep 2024 (%)Share of each outcome among adults aged 65 and over, compared with their share of the population.

Data:

Koumans et al., CDC, JAMA Internal Medicine, January 2026. Compiled by BusinessStats.Switch to the table for exact figures.

Older adults bear most of the burden: people aged 65 and over were 17.7 percent of the US population but accounted for 81.2 percent of COVID-19 deaths.

These figures mean COVID-19 still kills more Americans each year than influenza does in most seasons. Health authorities in many countries continue to recommend annual or twice-yearly vaccination for older and high-risk people, and antiviral treatments such as nirmatrelvir with ritonavir, sold as Paxlovid, can reduce the risk of severe disease when taken early.

Long COVID

Long COVID

For many people, COVID-19 does not end when the infection clears. Long COVID, which the WHO calls post COVID-19 condition, covers a wide range of symptoms lasting at least three months, including fatigue, shortness of breath, difficulty concentrating, often described as brain fog, and problems with the heart, lungs and nervous system. The WHO estimates that about 6 percent of people with symptomatic infections develop the condition.

In the United States, the National Center for Health Statistics found that 6.9 percent of adults had ever had long COVID in 2022 and 3.4 percent had it at the time of the survey. Women were more affected than men, with 8.5 percent having ever had long COVID against 5.2 percent of men. Adults aged 35 to 49 had the highest rates, at 8.9 percent ever and 4.7 percent currently, while adults aged 65 and over had the lowest, at 4.1 percent and 2.3 percent.

Long COVID Among US Adults by Age Group, 2022 (%)Share of adults who ever had long COVID and who had it at the time of interview.

Data:

National Center for Health Statistics, NCHS Data Brief No. 480, September 2023, National Health Interview Survey 2022. Compiled by BusinessStats.Switch to the table for exact figures.

Middle-aged adults most affected: 8.9 percent of US adults aged 35 to 49 had ever had long COVID in 2022, and 4.7 percent still had it.

Long COVID has significant economic consequences, because it affects many people of working age and can reduce their ability to work for months or years. It also overlaps with the wider mental health impact of the pandemic, which saw rises in anxiety and depression during lockdowns, as covered in our data on mental health worldwide. Research into causes and treatments continues, but there is still no approved cure.

Variants

Variants in 2026

SARS-CoV-2 continues to evolve, and new Omicron sublineages regularly replace older ones. As of August 2026, the WHO reported that XFG was the most common variant worldwide, accounting for 41 percent of sequences, up from 28 percent in mid July. NB.1.8.1 accounted for 17 percent and PQ.16.1.1 for 15 percent,

while BA.3.2, a more distantly related lineage first detected in late 2024, was also being monitored. The European Centre for Disease Prevention and Control reported that no variant currently meets the criteria for a variant of concern.

SARS-CoV-2 Variants by Share of Sequences, August 2026 (%)Share of sequences reported to the WHO in the latest reporting period.

Data:

WHO COVID-19 dashboard, reporting period to August 30, 2026.

Note:

other includes BA.3.2 and remaining lineages. Compiled by BusinessStats.Switch to the table for exact figures.

XFG dominates: the XFG variant accounted for 41 percent of sequences worldwide in August 2026, followed by NB.1.8.1 at 17 percent and PQ.16.1.1 at 15 percent.

Vaccine makers update their products to match circulating variants. In May 2026, the WHO technical advisory group on COVID-19 vaccine composition recommended a monovalent LP.8.1 vaccine as the primary option, with vaccines based on XFG or NB.1.8.1 also acceptable if they produce broad and robust immune responses. Genomic surveillance has declined since the emergency phase, so the number of sequences is much smaller than in 2021 and 2022, and new variants may be detected later.

Health Systems

Impact on health systems

The pandemic placed enormous pressure on health systems. At the peak of each wave, hospitals ran out of intensive care beds, oxygen and staff, and many postponed routine operations and cancer treatment. Millions of people missed screenings, vaccinations and care for chronic diseases, and the WHO reported that essential health services were disrupted in more than 90 percent of countries during 2020 and 2021. Health workers were among the hardest hit: the WHO estimated that between 80,000 and 180,000 health and care workers died from COVID-19 between January 2020 and May 2021.

The crisis also accelerated change. Telemedicine and digital health tools were adopted rapidly, mRNA technology proved itself and is now being developed for other diseases, and investment in genomic surveillance and public health data grew. Our coverage of AI in healthcare and the medical technology

market shows how the sector has continued to evolve. For the economic side of the pandemic, including its effect on growth, jobs, tourism and debt, see our separate report on the impact of the coronavirus pandemic on the global economy, and our data on how the pandemic added to billionaire wealth.

Preparedness

Lessons and preparedness

The pandemic exposed serious gaps in global preparedness. Many countries lacked stockpiles of protective equipment, testing capacity and clear plans, and the unequal distribution of vaccines showed the limits of international cooperation. In response, WHO member states adopted the Pandemic Agreement in May 2025, which aims to improve prevention, surveillance, research and fair access to vaccines and treatments in future pandemics. The International Health Regulations were also amended in 2024 to strengthen the response to health emergencies.

Scientists warn that another pandemic is a question of when, not if. The emergence of new viruses from animals, the spread of avian influenza among mammals and the continued evolution of SARS-CoV-2 all underline the need for sustained investment in surveillance, vaccines and health systems, even as public attention has moved on from COVID-19.

Outlook

The outlook for COVID-19

COVID-19 has become a permanent part of the landscape of respiratory disease. Most people now have some immunity from vaccination, infection or both, and deaths are far lower than at the peak. But the virus still causes tens of thousands of deaths a year in large countries, it continues to produce new variants and long COVID affects millions. Surveillance and reporting have fallen sharply, making it harder to track the disease. The priorities for the years ahead are protecting older and vulnerable people through updated vaccines and treatment, understanding and treating long COVID, and ensuring the world is better prepared for the next pandemic. Our data on the US population and the UK population provide demographic context for the countries covered here.

Key Facts

COVID-19 in numbers

1.24MUS reported deathsHighest of any country.6,603Peru deaths per millionHighest rate worldwide.100,800US deaths, Oct 2023 to Sep 2024CDC estimate.41%XFG share of sequencesAugust 2026, WHO. FAQ

Frequently Asked Questions

More than 7.1 million COVID-19 deaths had been reported to the WHO by mid 2026. The WHO estimates that the true number of excess deaths in 2020 and 2021 alone was about 14.9 million.

Almost 780 million confirmed cases had been reported worldwide by August 2026, but the real number of infections is much higher because many were never tested.

The United States reported the most, about 1.24 million deaths, followed by Brazil with 704,000 and India with 534,000.

Peru, with about 6,603 reported deaths per million people, followed by Bulgaria, North Macedonia, Bosnia and Herzegovina and Hungary.

A study in The Lancet Infectious Diseases estimated that vaccines prevented 19.8 million deaths in the first year of vaccination, from December 2020 to December 2021.

The WHO ended the global health emergency on May 5, 2023. COVID-19 is now an ongoing respiratory disease, but it still causes around 100,000 deaths a year in the US alone.

The WHO estimates about 6 percent of symptomatic infections lead to long COVID. In 2022, 6.9 percent of US adults had ever had long COVID and 3.4 percent currently had it.

XFG was the most common variant in August 2026, accounting for 41 percent of sequences reported to the WHO, followed by NB.1.8.1 and PQ.16.1.1.

Older adults. In the US, people aged 65 and over accounted for 67.6 percent of COVID-19 hospitalisations and 81.2 percent of deaths from October 2023 to September 2024.

Sources

World Health Organization - COVID-19 dashboard, reporting period to August 30, 2026.

World Health Organization - COVID-19 fact sheet.

World Health Organization - 14.9 million excess deaths associated with COVID-19, May 2022.

World Health Organization - statement on antigen composition of COVID-19 vaccines, May 2026.

ECDC - SARS-CoV-2 variants of concern, August 2026.

Our World in Data - COVID-19 data from Johns Hopkins University and WHO.

The Lancet Infectious Diseases - Global impact of the first year of COVID-19 vaccination, 2022.

JAMA Internal Medicine - Koumans et al., estimated burden of COVID-19 in the US, October 2022 to September 2024.

National Center for Health Statistics - Long COVID in adults: United States, 2022.

US Centers for Disease Control and Prevention - COVID-19 burden estimates.

Reported cases and deaths depend on national testing and reporting and understate the true toll. Excess mortality figures are estimates. All data compiled by BusinessStats.

STATISTICS REPORT

Biotechnology in pharma worldwide statistics and facts

Updated Sep 21, 2026 · businesstats.com/biotechnology-in-pharma-worldwide

$1.8T	42%	$31.7B
GLOBAL MEDICINES MARKET 2025	BIOLOGICS SHARE OF PHARMA	KEYTRUDA 2025 SALES

14% vs 5%
BIOLOGIC VS OTHER GROWTH

Overview

Biotechnology in pharma worldwide

For most of the twentieth century, medicines were chemistry. Drugs were small molecules, mixed and synthesised in factories, cheap to copy once patents expired. That world still exists, but it is no longer where the money and the science are. The centre of gravity in pharma has shifted to biotechnology: medicines made from living cells rather than chemical reactions. These biologics, from antibodies to gene therapies, are now the most valuable, fastest-growing and most talked-about part of the drug industry.

The scale of the shift is easy to miss because it happened drug by drug. Yet by 2025 the single best-selling medicine brand in the world was a biologic, biologics made up around 42 percent of all drug spending, and the market for these products had grown into the hundreds of billions of dollars. Biotechnology did not just enter pharma, it took over its commercial peak.

This report brings the key statistics together: how big the biologics market is, which drugs and companies lead, how biosimilars are reshaping prices, and where the next wave, cell and gene therapy and mRNA, is heading. A note on the data before we start. Drug sales are 2025 full-year figures reported by companies. Market-size and share numbers come from industry trackers such as IQVIA and from company filings; where firm estimates differ they are given as ranges rather than as single precise figures.

Market Size

How big is the biologics market?

Start with the whole. The global medicines market was worth about 1.8 trillion US dollars in 2025. Biologics accounted for roughly 42 percent of that spending, on the order of 750 billion dollars, up from just 34 percent in 2021, according to industry tracker IQVIA. Narrower definitions of the biopharmaceutical market, which count a tighter set of product categories, land closer to 450 to 500 billion dollars. Whichever measure you use, the direction is the same: biologics are taking an ever larger slice of a huge and growing market.

$1.8TGlobal medicines market, 2025All prescription drugs (IQVIA).42%Biologics share, 2025Up from 34 percent in 2021.14% vs 5%Biologic vs other growthAnnual growth rates.

The single clearest way to see the takeover is as a share of the whole market. The chart splits the 2025 global medicines market into biologics and everything else.

Biologics Share of the Global Medicines Market, 2025Biologics are about 42 percent of a $1.8 trillion market.

Data:

Global medicines market split into biologics and other medicines, 2025, USD billion.

Note:

Shares from IQVIA (biologics 42 percent of about a $1.8 trillion market, up from 34 percent in 2021). Dollar split is approximate. Compiled by BusinessStats.Switch to the table for the plotted figures.

Nearly half and rising: biologics have climbed from 34 percent of the market in 2021 to about 42 percent in 2025.

What makes that share climb relentlessly is the growth gap. Biologics are expanding at roughly 14 percent a year, while the rest of pharma grows at only about 5 percent. A segment that grows nearly three times faster than the market around it will keep taking share year after year, and that is exactly what has happened. The reason is that biologics sit precisely where medicine is heading: complex, chronic and hard-to-treat diseases such as cancer, autoimmune conditions and rare genetic disorders, where targeted biological drugs work when older chemistry does not.

Biologics Take Over

How biologics conquered the top of pharma

The best-seller list tells the same story. In 2025 the top-selling drug brand in the world was Keytruda, a monoclonal antibody and a classic biologic, and the antibodies Dupixent, Skyrizi and Darzalex all ranked inside the global top seven. The other names near the top, the GLP-1 blockbusters Mounjaro, Ozempic and Zepbound, are themselves biotechnology products, peptides produced with the same recombinant methods rather than old-style chemistry. By almost any reading, biotech now owns the commanding heights of the drug market.

Top 10 Best-Selling Drugs Worldwide, 2025 (USD billion)Keytruda leads; several are biologics.

Data:

Global 2025 full-year net sales of the ten best-selling drug brands, USD billion.

Note:

Keytruda, Dupixent, Skyrizi and Darzalex are biologics; Mounjaro, Ozempic and Zepbound are GLP-1 peptides. Company reports. Compiled by BusinessStats.Switch to the table for exact figures.

Biotech tops the whole market: the number-one drug is a biologic, and biotech-made products fill most of the top ten.

Put together, the leading biologics of 2025, led by Keytruda and including Dupixent, Skyrizi, Darzalex, Opdivo, Eylea and the fading Humira, generated well over 100 billion US dollars in sales in a single year, with the top four alone worth more than 80 billion. No group of chemically synthesised drugs comes close to that concentration of value. Biologics are not a niche within pharma; they are its commercial summit, and the gap over traditional drugs keeps widening as new antibodies and cell therapies reach the market.

The difference between the two kinds of medicine is worth spelling out. A small-molecule drug is a simple chemical, often small enough to be swallowed as a pill and easy to copy exactly once its patent lapses. A biologic is a large, complex protein grown inside living cells, delivered by injection or infusion, and almost impossible to reproduce perfectly. That complexity is precisely why biologics command such high prices and hold their sales for so long: a rival cannot simply mix an identical copy, and even biosimilar versions take years and hundreds of millions of dollars to develop and approve. The economics of the two worlds could hardly be more different, and it is the biologic economics that now set the pace for the whole industry.

The pipeline tells the same story as the sales charts. A large and growing share of the drugs in late-stage development, and of the new medicines approved each year by regulators, are biologics rather than small molecules. Oncology and immunology, the two therapy areas where biologics are strongest, dominate research budgets. For the major drugmakers, the strategic question is no longer whether to invest in biotechnology but how quickly they can build or buy their way deeper into it.

Top Biologic Drugs

The best-selling biologic drugs

One drug towers over the rest. The chart ranks the leading biologic medicines by their 2025 global sales.

Top Biologic Drugs by 2025 Revenue (USD billion)Keytruda leads by a wide margin.

Data:

Global 2025 full-year net sales of leading biologic drugs, USD billion.

Note:

Company earnings reports and drug-sales trackers. Opdivo and Humira figures are approximate. Compiled by BusinessStats.Switch to the table for exact figures.

Keytruda leads by a wide margin: at about 31.7 billion dollars it out-sold the next biologic, Dupixent, by well over one and a half to one.

Keytruda, from Merck, made about 31.7 billion US dollars in 2025, up around 7 percent on the year, and now accounts for roughly half of Merck total revenue on its own. It works across more than 40 approved uses in many cancer types, which is why it dwarfs the field. Dupixent, an immunology drug co-marketed by Sanofi and Regeneron, was second at about 18.1 billion, followed by AbbVie fast-rising Skyrizi at 17.6 billion after a 50 percent jump, and the Johnson and Johnson cancer drug Darzalex at 14.4 billion. Opdivo, Eylea and the once-dominant Humira, now shrinking under biosimilar pressure, round out the group. It is a striking picture: a handful of antibodies, each worth as much as a mid-sized company, carrying the profits of the entire drug industry.

The companies behind the biologics

Behind these drugs sits a small group of companies that have bet their futures on biotechnology. Merck rides on Keytruda, which alone is equal to roughly half of the entire firm revenue, an unusually heavy dependence on a single product just as its 2028 patent cliff approaches. AbbVie offers the clearest case

study in managing the biologic life cycle: as Humira collapsed under biosimilar pressure, shedding another 4.5 billion dollars in 2025, the company leaned on the newer immunology drugs Skyrizi, up nearly 50 percent, and Rinvoq, which grew almost 39 percent to 8.3 billion, and together they have more than replaced what Humira lost.

AbbVie: Old vs New Biologics, 2024 to 2025 (USD billion)Skyrizi and Rinvoq replace the fading Humira.

Data:

AbbVie global net sales, USD billion, 2024 and 2025.

Note:

Humira and Skyrizi are biologics; Rinvoq is an oral JAK inhibitor. 2024 Rinvoq and 2025 Humira are approximate. AbbVie earnings. Compiled by BusinessStats.Switch to the table for the plotted figures.

Managing the cliff: as Humira sinks, Skyrizi and Rinvoq climb fast enough to carry AbbVie through its patent cliff.

Johnson and Johnson runs a multi-biologic engine in Darzalex and the rising Tremfya, even as biosimilars gut its former top seller Stelara. Sanofi and Regeneron share the profits of Dupixent under a partnership that has turned a single antibody into an 18 billion dollar product treating more than a million patients. Older biologics leaders such as Roche, long the biggest maker of antibody drugs through franchises like Herceptin, Avastin and Rituxan, and Amgen, a pioneer of the whole field, are now defending mature products against biosimilars while pushing new ones. The common thread is that for every one of these firms, the biologic portfolio is the part of the business that decides whether the company grows or shrinks.

Monoclonal Antibodies

Monoclonal antibodies, the workhorse of biotech

Almost every drug on that list belongs to one family: monoclonal antibodies. These are lab-made proteins engineered to lock onto a single target, such as a protein on a cancer cell or a signal that drives inflammation. They are the largest single class of biologic drugs, making up the biggest share of biologic sales, and their reach keeps expanding into oncology, autoimmune disease, eye disease and beyond.

The numbers are large. Industry estimates put total monoclonal antibody sales above 200 billion dollars, with the class growing at a double-digit annual rate, faster than the drug market as a whole. Oncology alone accounts for roughly a third of the biologics market, and antibodies are the main reason why. From

Keytruda and Opdivo in cancer immunotherapy to Dupixent and Skyrizi in immunology, the monoclonal antibody has become the default shape of a modern blockbuster, a reversal of the small-molecule era that dominated pharma for decades.

Part of what makes antibodies so powerful commercially is that a single molecule can be approved for many different diseases over time. Keytruda is the extreme example, with dozens of approved uses across many tumour types, each new indication adding another stream of sales to the same product. This ability to expand into new patient groups, combined with the difficulty of copying the drug, lets a successful antibody grow for a decade or more before biosimilars eventually arrive. The category is also branching out beyond simple antibodies into engineered variants such as antibody-drug conjugates, which attach a toxic payload to an antibody to deliver it straight to cancer cells, and bispecific antibodies that hit two targets at once. These newer formats are among the most active areas of research and dealmaking in the whole industry.

The Biosimilar Wave

Biosimilars and the fall of Humira

Biologics are expensive and, for years, hard to copy. But once their patents expire, rival firms can make near-identical versions called biosimilars, and prices tumble. The most dramatic example is Humira, the AbbVie anti-inflammatory that was for years the best-selling drug in the history of pharma. The chart shows what biosimilar competition did to it.

Humira Global Sales, 2022-2025 (USD billion)Biosimilars cut sales by nearly 80 percent.

Data:

Humira (adalimumab) global net sales in USD billion, 2022 to 2025.

Note:

AbbVie earnings; 2025 figure approximate (about a 49.5 percent fall). US biosimilar launches began January 2023. Compiled by BusinessStats.Switch to the table for the plotted figures.

A blockbuster undone: Humira fell from about 21.2 billion dollars in 2022 to around 4.5 billion in 2025 after biosimilars arrived.

Humira sales dropped from about 21.24 billion dollars in 2022 to 14.4 billion in 2023, 8.99 billion in 2024 and roughly 4.5 billion in 2025, a fall of nearly 80 percent in three years, after the first US biosimilars

launched in January 2023. At least ten biosimilar versions now compete with it. The same story is now repeating with Johnson and Johnson Stelara, which lost its US protection at the start of 2025: eight ustekinumab biosimilars launched at discounts of up to 90 percent, and Stelara sales fell by roughly a third in the first quarter alone, with a further blow coming from a mandated 66 percent Medicare price cut from January 2026.

The contrast between regions is one of the most important facts about biosimilars. Europe moved first and moved hardest: its regulator, the European Medicines Agency, has approved more than 70 biosimilar medicines, and public health systems actively push doctors and pharmacists toward the cheaper versions, so prices fall quickly and savings are large. The European Union accounts for about 47 percent of complex biosimilar use against roughly 37 percent for the United States, which despite having a bigger market has been slower, held back by patent litigation and complex rebate deals. The Humira story captures the gap perfectly, with European biosimilar adalimumab taking a far larger share than in the US.

The wave is only building. According to IQVIA, 118 biologics are set to lose patent protection by 2034, and about 60 percent of the drugs in mid and late-stage development are biologics. Over the next five years alone, roughly 88 biologics worth more than 100 billion dollars in combined sales, including Keytruda, Opdivo and Darzalex, face loss of exclusivity. For health systems that promises huge savings; for the original manufacturers it is a recurring threat, which is why companies race to launch the next generation of products before the current one is copied.

Cell, Gene and mRNA

The next wave: cell, gene and mRNA

If monoclonal antibodies are the present of biotech, cell and gene therapies are widely seen as its future. These treatments do not just manage disease, they re-engineer the body cells or genes, sometimes offering a potential one-time cure for conditions that were previously untreatable. CAR-T cell therapies re-programme a patient own immune cells to attack cancer, while gene therapies replace or repair faulty genes behind rare inherited diseases.

The market is still small but expanding at extraordinary speed. Estimates place the cell and gene therapy market at roughly 22 to 27 billion US dollars in 2025, with forecast growth of around 25 to 31 percent a year, among the highest rates anywhere in medicine. Gene therapy alone was valued near 9 billion dollars in 2024 and is expected to grow fourfold within a decade. The catch is cost: some of these one-time treatments carry list prices in the millions of dollars, which is forcing new payment models on health

systems.

Gene Therapy Market, 2024 to 2032 Forecast (USD billion)One of the fastest-growing segments in medicine.

Data:

Global gene therapy market value, USD billion, 2024 with 2032 forecast.

Note:

One industry forecast (MarketsandMarkets), about 19 percent annual growth. Cell and gene therapy as a whole is larger, near 22 to 27 billion in 2025. Compiled by BusinessStats.Switch to the table for the plotted figures.

A small base, growing fast: gene therapy alone is forecast to grow around fourfold between 2024 and 2032.

Alongside them sits mRNA, the technology that powered the COVID-19 vaccines and proved that genetic instructions could be turned into medicine at scale. Having validated the platform during the pandemic, companies are now pushing mRNA into cancer vaccines and other diseases. Together, cell therapy, gene therapy and mRNA represent the frontier where biotechnology is pushing pharma into genuinely new territory, even if their sales today are a fraction of the antibody market.

Where Growth Is

Which segments grow fastest

Not all of biotech grows at the same pace. The chart compares the approximate annual growth rates expected across the main segments, from the mature core to the fast-moving frontier.

Approximate Annual Growth by Segment (CAGR, percent)Cell and gene therapy grows fastest.

Data:

Approximate forecast compound annual growth rates by segment.

Note:

Representative mid-points from various industry estimates to roughly 2030 to 2034; figures are directional, not precise. Compiled by BusinessStats.Switch to the table for the plotted figures.

The frontier grows fastest: cell and gene therapy is expanding several times quicker than the biologics market overall.

The gap starts at the base. Non-biologic medicines grow at only about 5 percent a year, while biologics as a whole expand at around 14 percent, and monoclonal antibodies a little faster still. But the newer segments race further ahead: biosimilars near 18 percent, gene therapy around 19 percent, and cell and gene therapy as a whole in the mid-to-high twenties. These rates start from very different bases, so a fast-growing frontier segment can still be small in absolute terms, but they show clearly where investment, research and dealmaking are flowing. The money follows the growth, which is why big pharma keeps acquiring biotech companies to buy into these areas.

Regional Picture

Who leads biotech in pharma

Geographically, the biologics industry has a clear centre of gravity: North America, and above all the United States. The US and the European Union together account for about 85 percent of the global biologics market, with the US alone around 65 percent and the EU about 21 percent. The US has the deepest venture funding, the most biotech start-ups and many of the leading companies and research universities, and it is where most new biologics are launched first and priced highest.

Global Biologics Market by Region, 2025The US and EU hold about 85 percent.

Data:

Share of the global biologics market by region, 2025.

Note:

Shares from IQVIA data cited in industry filings (US about 65 percent, EU about 21 percent). Dollar values are approximate. Compiled by BusinessStats.Switch to the table for the plotted figures.

Two markets dominate: the United States alone is about two-thirds of the global biologics market.

Europe is the second pillar, strong in research, manufacturing and, notably, in biosimilar adoption, where its health systems have embraced lower-cost copies far faster than the US. Asia-Pacific is the fastest-growing region, with China and India building large biomanufacturing and biosimilar industries and rising domestic demand. The same tools reshaping the rest of technology are also arriving here, and artificial intelligence is increasingly used to speed up biologic drug discovery, a theme explored in our report on generative AI

users worldwide. The long-term trend is a gradual rebalancing toward Asia, even as North America keeps its lead in value and innovation.

Drivers and Challenges

What drives biotech, and what holds it back

Several forces push biologics forward. The first is disease: ageing populations and rising rates of cancer, diabetes and autoimmune conditions create huge demand for exactly the targeted therapies that biotech produces. The second is science: advances in genetics, protein engineering, cell culture and, increasingly, artificial intelligence keep opening up new drug targets that chemistry alone could never reach. The third is money: biologics command high prices and long revenue runs, which draws in investment and makes them the strategic priority for almost every large drugmaker.

The challenges are just as real. Biologics are grown in living cells, which makes manufacturing slow, complex and expensive compared with chemical drugs, and quality control is far harder. Prices are high enough to strain health systems and attract political pressure, including drug-pricing reforms in the United States that target exactly these blockbuster products. Patent cliffs loom for many top sellers, promising more Humira-style declines as biosimilars arrive. And cell and gene therapies, for all their promise, face daunting questions about cost, durability and how to deliver a million-dollar one-time treatment fairly.

Outlook

The outlook for biotechnology in pharma

The direction is not in doubt. Biologics will keep taking share from traditional drugs, pushing past 42 percent of the market and, on the broad measure, toward and beyond a trillion dollars within a few years, while the frontier of cell, gene and mRNA therapies expands even faster from its small base. The one near-term wobble is the wave of patent cliffs: Keytruda and Opdivo both face loss of exclusivity around 2028, so even the current leaders will soon feel the biosimilar pressure that has already hit Humira and Stelara.

The open questions are about who captures the value and how society pays for it. Biosimilars will keep eroding the old blockbusters, forcing companies to innovate faster to replace lost revenue. Pricing pressure and reform will shape margins. And the race to turn cell, gene and mRNA science into affordable, scalable medicine will decide whether the next wave becomes as commercially huge as antibodies are now. What is certain is that biotechnology is no longer a branch of pharma. It has become its main stem.

For anyone tracking the industry, the numbers in this report are the ones to watch as they update each year: the size and growth of the biologics market, the shifting order of the best-selling drugs, the speed at which biosimilars erode the leaders, and the emergence of the first genuinely large cell and gene therapy products. Together they map an industry in the middle of a long, decisive shift from chemistry to biology, and the direction of travel is only becoming clearer.

Key Facts

Biotech in pharma in numbers

A few figures capture the whole picture. Biologics are about 42 percent of a 1.8 trillion dollar market, growing near 14 percent a year against 5 percent for the rest of pharma; a single antibody, Keytruda, sells 31.7 billion dollars a year; and the fastest-growing therapies expand at more than three times the market rate. Biotechnology owns the commercial peak of medicine.

42%Biologics share of pharma, 2025Up from 34 percent in 2021.$31.7BKeytruda sales, 2025Best-selling drug brand.14% vs 5%Biologic vs other growthBiologics grow far faster.25-31%Cell and gene therapy growthFastest-growing segment.

These numbers explain why every large drug company is now, at heart, a biotechnology company. The science, the pipelines and the profits have all moved to medicines made from living cells.

FAQ

Frequently Asked Questions

Biotechnology in pharma means medicines made from living cells rather than chemical synthesis. These biologic drugs include monoclonal antibodies, vaccines, recombinant proteins, and cell and gene therapies, and they are the fastest-growing and most valuable part of the drug industry.

The global medicines market was worth about 1.8 trillion US dollars in 2025, and biologics made up around 42 percent of it, or roughly 750 billion dollars. Narrower biopharmaceutical definitions put the figure near 450 to 500 billion. Biologics grow about 14 percent a year, far faster than the rest of pharma.

Keytruda, the cancer immunotherapy from Merck, was the best-selling biologic and the top-selling drug brand in 2025, with about 31.7 billion US dollars in global sales, well ahead of the next biologic, Dupixent at about 18 billion.

Biologics made up about 42 percent of the global medicines market in 2025, up from 34 percent in 2021. Keytruda, Dupixent, Skyrizi and Darzalex all rank among the ten best-selling drugs, and together the leading biologics generate well over 100 billion US dollars a year.

Biosimilars are lower-cost near-copies of biologic drugs, launched once the original patents expire. They cut prices sharply. After biosimilars arrived, Humira sales fell from about 21.2 billion dollars in 2022 to around 4.5 billion in 2025, and Stelara has followed the same path.

Monoclonal antibodies are lab-made proteins that bind to specific targets in the body. They are the largest class of biologic drugs, used widely in cancer and autoimmune disease, and account for a major share of all biologic sales.

Cell and gene therapies treat disease by modifying cells or genes, sometimes offering a one-time potential cure. The market is small but growing very fast, from roughly 22 to 27 billion US dollars in 2025, with some of the highest growth rates in medicine.

The United States and European Union together account for about 85 percent of the global biologics market, with the US alone around 65 percent. North America leads on value and innovation, while Asia-Pacific is the fastest-growing region.

Biologics are grown in living cells, which is complex, slow and costly compared with chemical drugs. High research, manufacturing and regulatory costs, plus their use in serious diseases, keep prices high until biosimilars arrive.

Sources

GMInsights - Biopharmaceutical market size - market value and forecast.

Drug Discovery and Development - Pharma 50, FY2025 sales - 2025 drug revenue figures.

BioSpace - Best-selling drugs of 2025 - Keytruda and top biologics 2025.

GEN - Top 10 best-selling drugs - Keytruda 2024 and 2025 sales.

Precedence Research - Companies leading the biologics market - top biologics and company shares.

Drug sales are 2025 full-year figures from company reports; the Opdivo and Humira figures are approximate. Biologics share and growth come from IQVIA data cited in industry filings; the dollar split of the market is approximate. Segment growth rates are representative mid-points, directional rather than precise. This is data journalism, not investment advice.

STATISTICS REPORT

How Many Babies Are Born in the United States Each Year?

The United States recorded 3,606,400 births in 2025, according to provisional data from the CDC National Center for Health Statistics, 0.6 percent fewer than the 3,628,934 births in 2024. The general fertility rate slipped to 53.1 births per 1,000 women aged 15 to 44, the total fertility rate hit a record low of 1.60 children per woman in 2024, and the teen birth rate fell to 11.7 per 1,000. This page combines the 2025 count with final 2024 detail by age, race, Hispanic origin and state, and the long-term trends behind them.

Updated Nov 3, 2026 · businesstats.com/births-in-the-us

3.61M BIRTHS, 2025	**-0.6%** CHANGE VS 2024	**53.1** FERTILITY RATE, 2025
1.60 CHILDREN PER WOMAN, 2024	**11.7** TEEN BIRTH RATE, 2025	**32.5%** CESAREAN RATE, 2025

LATEST COUNT

3,606,400 babies were born in the United States in 2025

Quick answer

The United States recorded **3,606,400 births in 2025** (provisional NCHS data, April 2026), down 0.6 percent from the final count of **3,628,934 in 2024**. That is an average of about 9,880 births a day. The general fertility rate fell to 53.1 births per 1,000 women aged 15 to 44, and the total fertility rate was 1.60 children per woman in 2024, the lowest ever recorded and well below the replacement level of 2.1.

The National Center for Health Statistics (NCHS), part of the Centers for Disease Control and Prevention, counted 3,606,400 births in the United States in 2025. The figure comes from its provisional report published on 9 April 2026 and is based on more than 99 percent of the birth certificates filed by state vital records offices. It is 22,534 births lower than the final total of 3,628,934 for 2024, a decline of 0.6 percent that NCHS rounds to 1 percent in its release.

Spread across the year, 2025 averaged about 9,880 births a day, or one birth roughly every 8.7 seconds. The 2025 decline reversed a small increase in 2024, when births rose 1 percent from 3,596,017 in 2023. That 2023 figure is still the lowest annual total since at least 2000, and the 2025 count is the second lowest of the period.

3,606,400

Births in 2025

Provisional, NCHS, April 2026.

9,880

Births per day, 2025

BusinessStats calculation, 365 days.

53.1

General fertility rate, 2025

Births per 1,000 women aged 15 to 44.

1.60

Total fertility rate, 2024

Children per woman, a record low.

The table below sets the main indicators from the two most recent NCHS reports side by side. The 2024 values are final; the 2025 values are provisional and can change slightly when final 2025 data are released, normally in the following year.

INDICATOR	2024	2025	CHANGE
Number of births	3,628,934	3,606,400	-0.6%
General fertility rate (per 1,000 women 15 to 44)	53.8	53.1	-1%
Total fertility rate (children per woman)	1.60	Not yet published	
Teen birth rate (per 1,000 females 15 to 19)	12.6	11.7	-7%
Cesarean delivery rate	32.4%	32.5%	+0.1 pt
Low-risk cesarean rate	26.6%	26.9%	+0.3 pt
Preterm births (under 37 weeks)	10.41%	10.41%	Unchanged
Early preterm (under 34 weeks)	2.72%	2.69%	-0.03 pt
Late preterm (34 to 36 weeks)	7.69%	7.72%	+0.03 pt

Source: NCHS, Births: Provisional Data for 2025 (VSRR No. 43) and Births: Final Data for 2024 (NVSR Vol. 75 No. 2). The total fertility rate for 2024 is 1,599.5 births per 1,000 women. Percentage changes in births

are BusinessStats calculations.

BIRTHS SINCE 2000

Births peaked at 4.32 million in 2007 and are now 16 percent lower

US births rose through the early 2000s, from 4,058,814 in 2000 to **4,316,233 in 2007**. NCHS described the 2007 total as the highest number of births ever reported for the United States, surpassing the peak of the postwar baby boom in 1957. The recession that began at the end of 2007 ended that run. Births fell in six consecutive years to 3,932,181 in 2013, rose slightly in 2014 and then declined every year from 2015 to 2020.

Number of Births in the United States, 2000 to 2025

Interactive chart online: businesstats.com/births-in-the-us

A long slide with two short pauses: births fell from 4.32 million in 2007 to 3.61 million in 2025, a drop of 709,833 or 16.4 percent, with small increases only in 2014, 2021, 2022 and 2024.

The largest single-year fall in the period came in 2020, when births dropped 3.6 percent from 3,747,540 to 3,613,647 during the first year of the COVID-19 pandemic. A partial rebound followed, with 3,664,292 births in 2021 and 3,667,758 in 2022, before the count fell again to 3,596,017 in 2023.

A longer view shows how far the total has moved. NCHS recorded 4,158,212 births in 1990 and 3,899,589 in 1995. The 2025 count is 13.3 percent lower than in 1990, even though the US population is far larger today; our US population statistics show how much of recent population growth now comes from immigration rather than natural increase. Measured per person, the decline is steeper still: the crude birth rate was 16.7 births per 1,000 people in 1990, 14.3 in 2007, 13.0 in 2010 and 10.7 in 2024.

GENERAL FERTILITY RATE

The general fertility rate has fallen 24 percent since 2007

Counts of births depend on how many women are of childbearing age, so NCHS uses the **general fertility rate** (GFR) as its headline measure: the number of births per 1,000 women aged 15 to 44. The GFR was 69.5 in 2007, 64.1 in 2010 and 58.3 in 2019. It fell to 55.7 in 2020, recovered slightly to 56.3 in 2021 and then resumed its decline.

General Fertility Rate, United States, 2007 to 2025

Interactive chart online: businesstats.com/births-in-the-us

Lower almost every year: the rate dropped from 69.5 to 53.1 between 2007 and 2025, a fall of 23.6 percent, with only small upticks in 2014 and 2021.

NCHS called the 2024 rate of 53.8 a record low, and the provisional 2025 rate of 53.1 is lower again. The gap between counts and rates was clear in 2024: births rose 1 percent while the GFR fell 1 percent, which means the number of women aged 15 to 44 grew faster than the number of babies. For the size and age profile of that population, see our breakdown of the US population by sex and age and the US population by gender.

TOTAL FERTILITY RATE

From 3.68 children per woman in 1957 to about 1.6 today

The **total fertility rate** (TFR) estimates how many children a woman would have over her lifetime if the birth rates of a given year applied at every age. A TFR of about 2.1 is needed for a generation to replace itself without migration. NCHS reported a TFR of 1,599.5 births per 1,000 women for 2024, or 1.60 children per woman, a record low, down from 1,621.0 in 2023. The rate has been below replacement consistently since 2008 and generally since 1971, and it is 23 percent lower than in 2008.

The April 2026 provisional report did not publish a total fertility rate for 2025. The Social Security Trustees Report, which maintains a long annual series built on NCHS births, estimates 1.59 for 2025. That series, shown below, rounds to two decimals and uses its own population base, so individual years can differ slightly from NCHS; for 2023, for example, it shows 1.60 against 1.62 from NCHS.

Total Fertility Rate, United States, 1950 to 2025

Interactive chart online: businesstats.com/births-in-the-us

Three eras: the baby boom peaked at 3.68 in 1957, fertility fell below 2.0 by 1972 and hovered near replacement from 1989 to 2008, and it has fallen almost without pause since then.

The series has three distinct phases. During the baby boom the TFR stayed above 3.0 from 1950 to 1964 and peaked at 3.68 in 1957. It then fell quickly, to 1.99 in 1972 and a low of 1.74 in 1976. From the late 1980s

fertility recovered to about replacement level, reaching 2.07 in 1990 and 2.12 in 2007. Since 2008 the rate has declined almost every year, to 1.64 in 2020, 1.66 in 2021 and 1.60 in 2024. The United States is not alone: fertility is falling across most of the world, as our world population statistics show.

AGE OF MOTHER

Women in their early 30s now have more babies than any other age group

Women aged 30 to 34 had **1,112,107 births in 2025**, 30.8 percent of the total, making them the largest group of mothers. Women aged 25 to 29 followed with 986,726 births (27.4 percent) and women aged 35 to 39 with 640,234 (17.8 percent). Mothers aged 35 and over accounted for 22.0 percent of all births, up from 21.4 percent in 2024, while teenagers aged 15 to 19 accounted for 3.5 percent.

Birth Rates by Age of Mother, United States, 2024 and 2025

Interactive chart online: businesstats.com/births-in-the-us

Up in the 30s, down in the 20s: birth rates rose for women aged 30 to 44 in 2025 and fell for every age group under 30, continuing a shift toward later motherhood.

The rates tell the same story. The birth rate for women aged 30 to 34 rose 2.7 percent to 96.2 per 1,000 in 2025, the highest of any age group, and the rate for women aged 35 to 39 rose to 55.1. Rates fell to 85.6 for women aged 25 to 29 and to 52.2 for women aged 20 to 24. In the final 2024 data NCHS noted that the rate for women aged 40 to 44 was the highest since 1965, and that the mean age of mothers at first birth reached a record high of **27.6 years**.

AGE OF MOTHER	BIRTHS 2024	BIRTHS 2025	SHARE 2025	RATE 2024	RATE 2025
Under 15	1,727	1,350	0.0%	0.2	0.1
15 to 19	137,273	125,933	3.5%	12.6	11.7
20 to 24	611,800	585,804	16.2%	55.8	52.2
25 to 29	990,817	986,726	27.4%	89.5	85.6
30 to 34	1,112,409	1,112,107	30.8%	93.7	96.2
35 to 39	622,517	640,234	17.8%	54.3	55.1

40 to 44	141,515	142,927	4.0%	12.7	12.8
45 and over	10,876	11,319	0.3%	1.1	1.1
All ages	3,628,934	3,606,400	100%	53.8	53.1

Rates are births per 1,000 women in the age group; under 15 uses women aged 10 to 14, and the all ages row shows the general fertility rate. Shares are BusinessStats calculations.

State patterns in later motherhood are wide. An NCHS data brief on state fertility from 2015 to 2024 found that in 2024 the birth rate for women aged 30 to 34 ranged from 60.1 in the District of Columbia to 122.5 in South Dakota, and the rate for women aged 35 to 39 from 35.0 in West Virginia to 74.5 in New Jersey. Nationally, the rate for women aged 40 to 49 rose 24 percent over that decade, from 5.8 to 7.2 per 1,000.

TEEN BIRTHS

The teen birth rate is 81 percent below its 1991 peak

The birth rate for females aged 15 to 19 fell 7 percent in 2025 to **11.7 per 1,000**, the lowest level on record. Rates fell 11 percent for girls aged 15 to 17, to 4.7, and 7 percent for women aged 18 to 19, to 21.9. The number of teen births dropped from 137,273 in 2024 to 125,933 in 2025.

Teen Birth Rate, Ages 15 to 19, United States, 1991 to 2025

Interactive chart online: businesstats.com/births-in-the-us

A 34-year decline: the rate fell from 61.8 in 1991 to 11.7 in 2025, with only brief increases in 2006 and 2007.

The decline is one of the longest sustained trends in US vital statistics. The teen birth rate stood at 61.8 in 1991, fell to 47.7 by 2000 and to 41.5 in 2007, then dropped much faster after the recession, to 34.2 in 2010, 22.3 in 2015 and 15.0 in 2020. The 2025 rate is 81 percent below the 1991 level and 72 percent below 2007. During the baby boom the rate was far higher, at 96.3 per 1,000 in 1957.

RACE AND HISPANIC ORIGIN

Hispanic mothers had 27 percent of US births in 2024

The most recent breakdown by race and Hispanic origin comes from the final 2024 data; the provisional 2025 report did not include it. In 2024, non-Hispanic White mothers had 1,783,156 births, or 49.1 percent of the total, and Hispanic mothers had **984,092 births, or 27.1 percent**. Non-Hispanic Black mothers had 473,377 births (13.0 percent) and non-Hispanic Asian mothers 226,860 (6.3 percent).

Births by Race and Hispanic Origin of Mother, United States, 2024

Interactive chart online: businesstats.com/births-in-the-us

Close to half and half: non-Hispanic White mothers had 49.1 percent of births in 2024; Hispanic, Black, Asian and other mothers together had 50.9 percent.

The groups moved in different directions in 2024. Births rose 4 percent to Hispanic mothers and 5 percent to Asian mothers, fell 4 percent to Black mothers and 2 percent to American Indian and Alaska Native mothers, and were down less than 1 percent to White mothers. Fertility rates were lower in almost every group, so most of the increase among Hispanic and Asian mothers reflects a larger number of women of childbearing age. The population side of these figures is covered in our analysis of the US population by race.

Total Fertility Rate by Race and Hispanic Origin of Mother, 2024

Interactive chart online: businesstats.com/births-in-the-us

Only one group above replacement: Native Hawaiian and Other Pacific Islander women had a TFR of 2.19 in 2024; Asian women had the lowest at 1.26.

GROUP	BIRTHS	SHARE	CHANGE VS 2023	GFR	TFR	PRETERM
White, non-Hispanic	1,783,156	49.1%	Down less than 1%	51.5	1.53	9.49%
Hispanic	984,092	27.1%	+4%	64.3	1.93	10.07%
Black, non-Hispanic	473,377	13.0%	-4%	50.9	1.50	14.86%
Asian, non-Hispanic	226,860	6.3%	+5%	46.3	1.26	9.16%

American Indian and Alaska Native	24,021	0.7%	-2%	46.8	1.38	12.64%
Native Hawaiian and Other Pacific Islander	10,375	0.3%	Not significant	72.4	2.19	12.54%
All births	3,628,934	100%	+1%	53.8	1.60	10.41%

Source: NCHS, Births: Final Data for 2024. GFR is births per 1,000 women aged 15 to 44. Shares are BusinessStats calculations.

BIRTHS BY STATE

California and Texas account for more than one in five US births

State totals for 2024, the latest final year, follow population size but not perfectly. **California recorded 402,075 births and Texas 390,828**, together 21.8 percent of the national total. Texas has a smaller population than California but a much higher fertility rate, 59.3 against 49.8, which keeps its birth count close behind. Florida (224,389) and New York (205,489) were the only other states above 200,000.

Top 10 States by Number of Births, 2024

Interactive chart online: businesstats.com/births-in-the-us

Ten states, more than half of all births: the top 10 states had 1,953,271 births in 2024, 53.8 percent of the US total.

At the other end, Vermont had the fewest births of any state with 5,023, followed by Wyoming (6,089), Alaska (8,943) and North Dakota (9,634); the District of Columbia recorded 7,616. Pennsylvania, Ohio, Georgia, Illinois and North Carolina all fell in a narrow band between 122,856 and 127,299 births. Population size explains most of the ranking, as the list of the largest US metropolitan areas suggests, while the age and sex structure of each state, shown in our data on males per 100 females by state, shapes the rest.

RANK	STATE	BIRTHS	SHARE OF US	GFR
1	California	402,075	11.1%	49.8
2	Texas	390,828	10.8%	59.3
3	Florida	224,389	6.2%	52.2
4	New York	205,489	5.7%	52.1

5	Pennsylvania	127,299	3.5%	51.2
6	Ohio	126,795	3.5%	55.6
7	Georgia	126,437	3.5%	54.7
8	Illinois	125,731	3.5%	49.7
9	North Carolina	122,856	3.4%	55.8
10	New Jersey	101,372	2.8%	55.7
11	Michigan	99,525	2.7%	51.5
12	Virginia	94,054	2.6%	53.7
13	Tennessee	83,833	2.3%	58.5
14	Washington	83,118	2.3%	51.3
15	Indiana	80,257	2.2%	59.1
16	Arizona	78,711	2.2%	53.2
17	Massachusetts	68,184	1.9%	46.8
18	Missouri	67,998	1.9%	55.9
19	Maryland	65,797	1.8%	53.3
20	Colorado	64,268	1.8%	51.6
21	Minnesota	62,110	1.7%	55.2
22	Wisconsin	59,686	1.6%	52.8
23	South Carolina	58,768	1.6%	55.5
24	Alabama	57,934	1.6%	57.2
25	Louisiana	53,305	1.5%	58.2
26	Kentucky	52,913	1.5%	60.3
27	Oklahoma	47,962	1.3%	58.4
28	Utah	46,664	1.3%	59.9
29	Oregon	38,963	1.1%	46.1

30	Iowa	36,436	1.0%	58.8
31	Arkansas	35,395	1.0%	58.8
32	Connecticut	34,599	1.0%	48.9
33	Kansas	33,984	0.9%	58.3
34	Mississippi	33,473	0.9%	57.3
35	Nevada	32,381	0.9%	50.1
36	Nebraska	24,785	0.7%	62.9
37	Idaho	23,276	0.6%	58.6
38	New Mexico	21,328	0.6%	51.9
39	West Virginia	17,022	0.5%	54.3
40	Hawaii	14,917	0.4%	56.6
41	New Hampshire	11,770	0.3%	45.9
42	Maine	11,601	0.3%	46.3
43	South Dakota	11,451	0.3%	66.7
44	Montana	11,331	0.3%	53.3
45	Delaware	10,550	0.3%	53.7
46	Rhode Island	10,009	0.3%	45.0
47	North Dakota	9,634	0.3%	60.4
48	Alaska	8,943	0.2%	60.8
49	District of Columbia	7,616	0.2%	39.8
50	Wyoming	6,089	0.2%	54.8
51	Vermont	5,023	0.1%	41.7

Source: NCHS, FastStats State and Territorial Data (2024 NVSS birth data). GFR is births per 1,000 women aged 15 to 44; US average 53.8. Shares are BusinessStats calculations.

FERTILITY BY STATE

South Dakota has the highest fertility rate, Vermont the lowest among states

Ranking by the general fertility rate gives a very different map. **South Dakota had the highest rate in 2024, 66.7 births per 1,000 women aged 15 to 44**, followed by Nebraska (62.9), Alaska (60.8), North Dakota (60.4) and Kentucky (60.3). Utah, long associated with large families, ranked sixth at 59.9, just ahead of Texas at 59.3.

Highest and Lowest General Fertility Rates by State, 2024

Interactive chart online: businesstats.com/births-in-the-us

A 27 point spread: the rate in South Dakota (66.7) was two thirds higher than in the District of Columbia (39.8); Great Plains states lead and New England trails.

The lowest rates were in the District of Columbia (39.8), Vermont (41.7), Rhode Island (45.0), New Hampshire (45.9), Oregon (46.1) and Maine (46.3). In all, 23 states and the District of Columbia were below the national average of 53.8, including most of the Northeast, both Pacific Northwest states and the two large states of California (49.8) and Illinois (49.7). Only five states had a rate of 60 or more: South Dakota, Nebraska, Alaska, North Dakota and Kentucky.

DELIVERY AND HEALTH

About one in three babies is delivered by cesarean

The cesarean delivery rate rose to **32.5 percent in 2025**, the highest since 2013, from 32.4 percent in 2024. The low-risk cesarean rate, which tracks first births of a single baby, head down and at full term, rose to 26.9 percent, the highest since 2012. The overall rate had climbed every year from 20.7 percent in 1996 to a peak of 32.9 percent in 2009. In 2024 the primary cesarean rate, for women with no previous cesarean, was 22.9 percent.

The preterm birth rate, the share of babies born before 37 weeks of pregnancy, was unchanged at **10.41 percent** in 2025. Early preterm births, before 34 weeks, edged down to 2.69 percent, and late preterm births rose slightly to 7.72 percent. The rate had fallen from 10.44 percent in 2007 to 9.57 percent in 2014 before rising again.

Preterm Birth Rate by Race and Hispanic Origin of Mother, 2024

Interactive chart online: businesstats.com/births-in-the-us

Wide gaps: 14.86 percent of babies born to Black mothers arrived preterm in 2024, compared with 9.16 percent for Asian mothers and 10.41 percent overall.

Other outcomes from the final 2024 data: 8.52 percent of babies had low birthweight, under 2,500 grams. The twin birth rate was 30.1 per 1,000 births, 11 percent lower than in 2014, and the rate of triplet and higher-order births was 71.3 per 100,000, down 63 percent from its 1998 peak of 193.5. Medicaid was the source of payment for 40.2 percent of births in 2024, down from 41.5 percent in 2023. Hospital capacity and the workforce behind these deliveries are tracked in our health professionals and hospitals overview.

INDICATOR	VALUE	PERIOD
Cesarean delivery rate	32.5%	2025 (provisional)
Low-risk cesarean rate	26.9%	2025 (provisional)
Primary cesarean rate	22.9%	2024
Preterm birth rate (under 37 weeks)	10.41%	2025 (provisional)
Low birthweight (under 2,500 g)	8.52%	2024
Twin birth rate	30.1 per 1,000 births	2024
Triplet and higher-order birth rate	71.3 per 100,000 births	2024
Births paid by Medicaid	40.2%	2024
Births to unmarried women	39.5%	2024
Mean age of mother at first birth	27.6 years	2024

Source: NCHS, Births: Provisional Data for 2025; Births: Final Data for 2024; Data Brief No. 535, Births in the United States, 2024.

MARRIAGE AND TIMING

39.5 percent of babies are born to unmarried mothers

In 2024, 39.5 percent of US births were to unmarried women, below the peak of 41.0 percent reached in 2009. The birth rate for unmarried women was 31 percent below its 2007 to 2008 peak of 51.8 births per 1,000 unmarried women. Shifts in marriage patterns, covered in our weddings and marriage statistics, interact with the later timing of first births: the mean age of mothers at first birth reached a record 27.6 years in 2024, and births to women in their late 30s and early 40s continue to grow as a share of the total.

PROJECTIONS

Projections: deaths are expected to outnumber births between 2030 and 2038

The main or intermediate assumptions of all three official projection sets keep fertility below replacement. They differ in timing, mostly because they were produced at different dates and with different migration assumptions. The figures below are projections, not observed data.

SOURCE AND DATE	FERTILITY ASSUMPTION	BIRTHS AND DEATHS
Congressional Budget Office, The Demographic Outlook: 2026 to 2056 (January 2026)	TFR 1.58 in 2026, falling to 1.53 by 2036 and staying near that level through 2056	Deaths exceed births from 2030; births average 3.3 million a year from 2036 to 2055
Census Bureau, 2023 National Population Projections (November 2023)	Continued decline in fertility	Deaths exceed births from 2038 in the main series; 2033 with zero immigration, 2036 low, 2042 high immigration
Social Security Trustees Report (2026), intermediate assumptions	TFR rising to an ultimate 1.75 by 2045 (low-cost 2.10, high-cost 1.40)	Not a births projection; used for Social Security finances

The Congressional Budget Office now expects deaths to exceed births starting in 2030, so that net immigration accounts for all population growth after that; without it, CBO says, the population would begin to shrink in 2030. The Census Bureau, working from older data, projected that natural decrease would arrive in 2038 in its main series and that the population would peak at nearly 370 million in 2080. Immigration therefore matters more each year for population growth, a trend visible in the green card

recipients by state. Fewer births also mean a slower growing labor force over time, one of the long-run factors behind US GDP growth.

METHODOLOGY

Methodology and data notes

This page relies on the National Vital Statistics System, which compiles every birth certificate filed in the 50 states and the District of Columbia. NCHS publishes provisional annual counts in the spring after the data year and final data, with full detail by race, state and medical characteristics, about a year later.

How to read these numbers

- 2025 figures are provisional (VSRR No. 43, April 2026) and based on more than 99 percent of records. Final 2025 data, including race detail and the total fertility rate, had not been published at the time of writing.
- 2024 figures are final (NVSR Vol. 75 No. 2, June 2026). State figures are by residence of the mother and add up to the national total.
- The general fertility rate is births per 1,000 women aged 15 to 44. The total fertility rate is shown per woman; NCHS publishes it per 1,000 women.
- Race groups are single race, non-Hispanic; Hispanic mothers may be of any race. The residual group of 127,053 births in 2024 is a BusinessStats calculation.
- The long total fertility series comes from the Social Security Trustees and can differ from NCHS by a few hundredths. Teen rates for 1991 to 2023 come from a Congressional Research Service table compiled from NCHS reports.
- Births per day, shares and percentage changes are BusinessStats calculations. Projections are labelled with their source and date.

What changed in this edition:

the previous version mixed provisional and final data, gave rounded or estimated values such as 3.55 million births for 2024 and a projected 1.56 fertility rate for 2026, and named Utah as the state with the highest birth rate. These have been replaced with final NCHS figures (3,628,934 births in 2024, TFR 1.5995) and the provisional 2025 count. Unverified claims about birth months, weekdays and international

comparisons were removed.

KEY FACTS

US births in eight numbers

3,606,400
Births in 2025
Provisional, down 0.6 percent.

4,316,233
Record births, 2007
Above the 1957 baby boom peak.

53.1
General fertility rate, 2025
Below the 2024 record low of 53.8.

1.60
Total fertility rate, 2024
Record low; replacement is 2.1.

11.7
Teen birth rate, 2025
81 percent below 1991.

30.8%
Births to women 30 to 34
Largest age group, 2025.

402,075
Births in California, 2024
Most of any state.

66.7
South Dakota GFR, 2024
Highest of any state.

FAQ

Questions about births in the United States

FREQUENTLY ASKED QUESTIONS

How many babies are born in the US each year?

The United States recorded 3,606,400 births in 2025 according to provisional NCHS data, and 3,628,934 in 2024 according to final data. That is roughly 9,880 births a day, or one about every 8.7 seconds.

Is the US birth rate going down?

Yes. The general fertility rate fell to 53.1 births per 1,000 women aged 15 to 44 in 2025, below the record low of 53.8 in 2024 and 23.6 percent lower than the 69.5 recorded in 2007. The crude birth rate was 10.7 per 1,000 people in 2024.

What is the fertility rate in the United States?

The total fertility rate was 1,599.5 births per 1,000 women in 2024, or about 1.60 children per woman, the lowest ever recorded by NCHS. Replacement level is about 2.1. NCHS has not yet published a 2025 rate; the Social Security Trustees estimate 1.59.

When did the US have the most births?

In 2007, with 4,316,233 births. NCHS reported this as the highest number ever recorded in the United States, above the peak of the postwar baby boom in 1957.

Which state has the most births?

California, with 402,075 births in 2024, followed by Texas with 390,828, Florida with 224,389 and New York with 205,489. Vermont had the fewest births of any state, 5,023.

Which state has the highest fertility rate?

South Dakota, with 66.7 births per 1,000 women aged 15 to 44 in 2024, followed by Nebraska at 62.9. The District of Columbia had the lowest rate at 39.8, and Vermont the lowest of the 50 states at 41.7.

What is the teen birth rate in the US?

The birth rate for females aged 15 to 19 was 11.7 per 1,000 in 2025, a record low and 7 percent below 2024. It is 81 percent lower than the 1991 rate of 61.8.

What percentage of US births are cesarean deliveries?

In 2025, 32.5 percent of births were by cesarean, the highest rate since 2013. The low-risk cesarean rate was 26.9 percent. The overall rate peaked at 32.9 percent in 2009.

When will deaths outnumber births in the US?

The Congressional Budget Office projected in January 2026 that deaths will exceed births starting in 2030. The Census Bureau 2023 projections put that point in 2038 in their main series. Both are projections, not observed data.

SOURCES

CDC National Center for Health Statistics: Births: Provisional Data for 2025, Vital Statistics Rapid Release No. 43, April 2026 (births, rates by age, teen, cesarean and preterm rates).

CDC National Center for Health Statistics: U.S. Births down 1% in 2025, press release, 9 April 2026.

CDC National Center for Health Statistics: Births: Final Data for 2024, National Vital Statistics Reports Vol. 75 No. 2, 9 June 2026 (Table 1 for 2010 to 2024, race and Hispanic origin, TFR, outcomes).

CDC National Center for Health Statistics: Births in the United States, 2024, Data Brief No. 535 (primary cesarean rate, Medicaid).

CDC National Center for Health Statistics: FastStats, State and Territorial Data (births and fertility rates by state, 2024).

CDC National Center for Health Statistics: A Decade of Changes in State Fertility Rates for Women Age 30 and Older: United States, 2015 to 2024, Data Brief No. 556.

CDC National Center for Health Statistics: Births: Final Data for 2007, NVSR Vol. 58 No. 24 (record 2007 births, TFR, GFR, crude birth rate).

CDC National Center for Health Statistics: Births: Final Data for 2009 (2008 and 2009 births and rates).

CDC National Center for Health Statistics: Births: Final Data for 2005; and Final Births for 2004, Health E-Stat.

CDC National Center for Health Statistics: National Vital Statistics Reports Vol. 52 No. 19, births by state, 1990, 1995 and 2000 to 2002.

Social Security Administration: 2026 OASDI Trustees Report, Table V.A1, fertility assumptions and historical total fertility rates.

Congressional Research Service: Teen Births in the United States: Overview and Recent Trends, R45184, 17 April 2025, Table A-1 (from NCHS).

US Census Bureau: 2023 National Population Projections, press release CB23-189, 9 November 2023.

Congressional Budget Office: The Demographic Outlook: 2026 to 2056, 7 January 2026.

Related Reading

- Population topic overview
- Demographics topic overview
- US population 2015 to 2026
- US population by race
- US population by sex and age
- World population

- UK population
- Total population of China

STATISTICS REPORT

Global Pharmaceutical Industry — Statistics & Facts 2026

Updated Mar 19, 2026 · businesstats.com/global-pharmaceutical-industry

$1.6T MARKET SIZE 2025	**$260B** R&D SPENDING 2025	**15,000+** PIPELINE DRUGS
45% US MARKET SHARE	**6.1%** CAGR 2025-2030	**$2.2T** MARKET SIZE 2030*

Global Market Size

Global Pharmaceutical Market — $1.6 Trillion and Accelerating

The global pharmaceutical industry has undergone a remarkable transformation over the past decade, evolving from a **$1.05 trillion market in 2020** to an estimated **$1.6 trillion in 2025**. This growth reflects several structural forces: aging populations demanding more chronic-disease treatments, the rapid rise of biologic drugs commanding premium pricing, and expanding healthcare access across Asia, Africa, and Latin America. The industry is now firmly on track to surpass **$2.2 trillion by 2030**, representing one of the most resilient markets in the global economy.

Prescription drugs dominate, representing roughly **80% of total pharmaceutical revenues globally**. Within prescription drugs, biologics — including monoclonal antibodies, cell and gene therapies, and biosimilars — are the fastest-growing subcategory, now accounting for over **35% of total branded prescription revenue**. The COVID-19 pandemic created a temporary surge in 2021-2022, and as pandemic revenues normalised, underlying growth of 5-7% per year resumed. Understanding the broader investment landscape around this industry connects to trends covered in our AI market size worldwide analysis, as AI drug discovery is transforming pharma R&D pipelines.

Global Pharma Market Cap by Year Global Pharmaceutical Market Revenue — 2015 to 2030* USD Billion · IQVIA, EvaluatePharma · *2026-2030 projected $1.6T2025 Est. ActualProjected

CAGR ~6.1% · 2020-2025 Sources: IQVIA Institute for Human Data Science · EvaluatePharma World Preview · *2026-2030 projected Key Insight Biologics Are Reshaping the Industry Revenue Profile

Ten of the world's top fifteen selling drugs in 2025 are biologics. Drugs like Humira, Keytruda, Ozempic, and Dupixent each generate more than $10 billion annually. The shift toward high-value biologics has fundamentally altered industry economics — average selling prices and margins far exceed those of traditional small-molecule drugs. GLP-1 drugs for obesity and diabetes alone are projected to become the largest single drug category in history by 2030.

The global pharmaceutical industry spans manufacturing, clinical trials, regulatory approval, and global distribution — serving patients across 195 countries and allocating over $260 billion annually to new drug discovery.

Top Companies

World's Largest Pharmaceutical Companies — Revenue Rankings 2025

The global pharmaceutical industry is dominated by a handful of mega-cap companies — often called Big Pharma — that collectively account for roughly **40% of worldwide drug sales**. Johnson & Johnson, Pfizer, Roche, AbbVie, and Merck & Co. consistently rank in the top five, each generating between $45 billion and $90 billion in annual pharmaceutical revenue. These companies possess vast R&D budgets, global sales forces, and deep regulatory expertise that create significant barriers to entry.

The competitive landscape has shifted dramatically as blockbuster biologics lost patent protection and generic competition intensified. Companies responded with aggressive acquisitions — Pfizer's $43 billion acquisition of Seagen in 2023 is a prime example — seeking to refill pipelines as key patents expire through 2030. Meanwhile, Eli Lilly's GLP-1 franchise propelled it to become the most valuable pharmaceutical company by market capitalisation in 2024-2025, a position unthinkable five years ago. This valuation story intersects with broader market dynamics tracked in our financial markets in the US analysis.

World's Largest Pharma Companies by Revenue — 2025

Click column to sort

RANK	COMPANY	COUNTRY	REVENUE ($B)	MKT CAP ($B)	KEY FRANCHISE
1	Johnson & Johnson	USA	$88B	$390B	Immunology, Oncology
2	Pfizer	USA	$81B	$170B	Oncology, Vaccines

3	Roche	Switzerland	$67B	$250B	Oncology, Diagnostics
4	AbbVie	USA	$64B	$330B	Immunology, Aesthetics
5	Merck & Co.	USA	$62B	$280B	Oncology (Keytruda)
6	Novartis	Switzerland	$50B	$230B	Cardiovascular, Neuro
7	Sanofi	France	$48B	$130B	Immunology, Vaccines
8	Eli Lilly	USA	$45B	$720B	GLP-1, Diabetes
9	Novo Nordisk	Denmark	$40B	$490B	GLP-1, Diabetes
10	Bristol-Myers Squibb	USA	$38B	$150B	Oncology, Immunology

Largest Pharma Companies — Revenue Visualised

R&D Spending

Global Pharmaceutical R&D — $260 Billion and the $2.8 Billion Drug

Research and development is the lifeblood of the pharmaceutical industry. In 2025, global pharma R&D investment reached approximately **$260 billion**, representing around **16% of total industry revenue** — one of the highest R&D intensity ratios of any sector in the global economy. The United States accounts for the largest share of global R&D spending, followed by Europe and Japan.

The cost to bring a single new drug to market is staggering. Estimates from the Tufts Center for the Study of Drug Development place the average cost — including failed candidates and the cost of capital — at between **$2 billion and $2.8 billion per approved drug**. This figure has more than doubled over the past two decades. Approximately **90% of drug candidates that enter Phase I clinical trials ultimately fail** before reaching approval. Artificial intelligence is increasingly deployed to improve target identification, with early data suggesting potential to reduce development timelines by 20-30%. The computational infrastructure underpinning this AI revolution connects to trends in our data centers statistics analysis.

$260BR&D Investment 2025 16%Of Industry Revenue $2.8BAvg Cost per Drug 90%Phase I Failure Rate 54FDA Approvals 2024 $350BR&D Forecast 2030

The pharmaceutical industry's $260 billion annual R&D investment is larger than the entire GDP of many nations — yet 90 cents of every dollar spent on drug development is ultimately lost to failure.

— EvaluatePharma World Preview 2025 / Tufts CSDD

R&D Investment Trend Global Pharma R&D Spending — 2015 to 2030* USD Billion · IFPMA, EvaluatePharma · *2026-2030 projected $260B2025 Est. ActualProjected

+5.8% CAGR · 2015-2025 Sources: IFPMA · EvaluatePharma World Preview 2025 · *2026-2030 projected

Regional Markets

Global Pharma by Region — US Dominates, Asia Rising Fast

The United States is by far the world's largest pharmaceutical market, accounting for approximately **45% of global drug spending** despite representing only 4% of the global population. This outsized share reflects the US system of largely unregulated drug pricing, high per-capita income, and a healthcare model that emphasises treatment over prevention. American patients pay two to ten times more for branded drugs than patients in other high-income countries for the same products. The US market is anchored by the NYSE- and NASDAQ-listed pharmaceutical giants, and the financial dynamics of drug pricing in America directly influence global R&D investment decisions — as covered in our countries with the largest GDP worldwide analysis.

Europe collectively represents the second largest regional market at roughly **22% of global sales**, with the five largest markets being Germany ($60B), France ($45B), Italy ($35B), Spain ($28B), and the UK ($35B). European drug pricing is tightly regulated through national health technology assessment bodies — Germany's AMNOG, France's HAS, and the UK's NICE — which negotiate price reductions averaging 20-40% below manufacturer list prices before drugs are reimbursed. The result is that European patients get the same drugs at dramatically lower prices than American patients, a disparity that has become a central political issue in US healthcare policy.

China has become the world's most important emerging pharmaceutical market, expanding from approximately $20 billion in 2005 to **$175 billion in 2025** — an 8x increase over two decades. China's Volume-Based Procurement (VBP) programme, launched in 2018, has radically reshaped the domestic market by forcing massive price reductions of 50-90% on off-patent drugs through centralised tendering. This has squeezed margins for domestic generics companies while simultaneously opening doors for innovative multinationals willing to price at levels acceptable to the Chinese healthcare system. India, with its $55 billion domestic market, is simultaneously the world's largest supplier of affordable generic medicines globally, supplying approximately **20% of global generic drug volume** by quantity. Latin America's pharmaceutical market — led by Brazil ($28B) and Mexico ($18B) — is growing at approximately 8% annually as public health insurance schemes expand coverage. For regional economic context, see our

financial markets in the US analysis.

Regional Split 2025 Global Pharma Sales by Region — $1.6 Trillion Total Share of global pharmaceutical market · IQVIA 2025

Generics & Biosimilars

Generics & Biosimilars — Making Medicines Affordable Worldwide

Generic drugs — off-patent copies of branded small-molecule medicines — play an enormous role in pharmaceutical affordability. In the United States, generics account for approximately **90% of prescription volume by units** but only about 20% of total drug spending, reflecting their dramatically lower prices compared to branded originals. Globally, generics represent roughly **65% of all prescriptions dispensed**. India deserves special mention: its generic manufacturing sector supplies approximately **20% of global generic drug volume** by quantity, making it the pharmacy of the world.

The biosimilars market is at an inflection point. Following the loss of patent protection for blockbuster biologics including Humira (adalimumab), multiple biosimilar versions have entered the US and European markets, with prices typically **15-35% below the originator product**. The global biosimilars market was valued at approximately **$42 billion in 2025** and is projected to grow to over **$100 billion by 2030**. The passage of the Inflation Reduction Act in the US in 2022 further accelerated biosimilar uptake, with Medicare negotiated drug prices taking effect in 2026 — some cuts reaching 79% below list price. Broader fintech and healthcare finance trends are covered in our fintech in Europe analysis.

Generic & Biosimilar Markets by Country — 2025

Click to sort

COUNTRY	GENERIC MKT ($B)	VOL. SHARE	BIOSIMILAR UPTAKE
United States	$120B	~90%	Growing rapidly post-IRA
China	$55B	~70%	Growing via volume-based procurement
India	$28B	~80%	Moderate — domestic production base
Germany	$18B	~75%	High — early biosimilar adopter
Japan	$22B	~80%	Growing — government policy push
Brazil	$15B	~65%	Emerging — ANVISA approvals rising

United Kingdom	$12B	~72%	High — NHS mandates biosimilars
France	$10B	~55%	Moderate — incentive programmes

Drug Pipeline

Global Drug Pipeline — 15,000+ Drugs and Five Trends Reshaping Development

As of early 2025, over **15,000 compounds were in active clinical development** across Phase I, II, and III trials worldwide — more than double the pipeline depth of a decade ago. Oncology dominates at approximately **30% of all drugs in development**, followed by neurology, infectious diseases, immunology, and rare diseases. The FDA approved **54 novel drugs in 2024**, one of its highest annual totals, reflecting both a robust pipeline and modernised review processes.

Global Drug Pipeline 2025 Pipeline by Therapeutic Area — Drugs in Clinical Development Number of compounds in Phase I-III trials · IQVIA Pipeline Intelligence 2025 1. Cell & Gene Therapy — From Theory to Commercial RealityCAR-T therapies for blood cancers and gene therapies for rare inherited conditions now represent genuinely curative treatments. Over 2,000 cell and gene therapy candidates are in active development — the fastest-growing modality in the pipeline by new entries, with over 30 approvals globally since 2017. 2. AI-Accelerated Drug Discovery — DeepMind, AlphaFold and BeyondDeepMind's AlphaFold protein structure database — covering virtually every known protein — has been used by thousands of research groups and accelerated drug discovery timelines across the industry. Multiple AI-designed molecules have entered clinical trials, with companies like Insilico Medicine and Recursion Pharmaceuticals leading the charge. 3. GLP-1 Revolution — Ozempic, Wegovy and the Obesity Mega-MarketCombined sales of GLP-1 drugs from Novo Nordisk and Eli Lilly exceeded $50 billion in 2025 and are projected to surpass $150 billion by 2030. Beyond diabetes and obesity, GLP-1 drugs are showing clinical benefits for heart disease, sleep apnea, kidney disease, and addiction — potentially one of the most impactful drug classes in pharmaceutical history. 4. Alzheimer's Breakthrough — First Effective Treatments After Decades of FailureAfter over 100 consecutive clinical trial failures spanning 30 years, multiple drugs including lecanemab (Leqembi) and donanemab have now demonstrated meaningful slowing of Alzheimer's disease progression. With 55 million people living with dementia globally, successful Alzheimer's treatments represent one of the largest unmet medical needs in history. 5. mRNA Platform Expansion — COVID Vaccines to Cancer, RSV, HIV and FluThe extraordinary success of COVID-19 mRNA vaccines validated the platform technology at unprecedented speed and scale. Moderna and BioNTech are now applying mRNA to

personalised cancer vaccines, RSV, influenza, HIV, and rare genetic diseases. Early clinical data on mRNA cancer vaccines is showing meaningful efficacy signals, potentially transforming cancer treatment paradigms by 2030. Modern pharmaceutical R&D combines high-throughput screening, AI-assisted molecular design, and precision genomics to identify and validate drug candidates faster than ever — compressing timelines that once took decades into years.

2030 Outlook

Pharmaceutical Market 2030 — $2.2 Trillion and the Next Wave

McKinsey Global Institute and EvaluatePharma project the global pharmaceutical market to grow at approximately **6.1% CAGR from 2025 to 2030**, reaching an estimated **$2.2 trillion** by the end of the decade. This will be powered by expanding biologic franchises, GLP-1 drugs becoming the largest single drug category ever, cell and gene therapy entering broader commercial use, and rapid expansion in Asia-Pacific and emerging markets. Digital health integration — connected devices, digital therapeutics, and AI-driven personalised medicine — will create new revenue streams adjacent to traditional drug sales, intersecting with technology trends tracked in our Spotify statistics and fintech statistics.

The single most important growth driver through 2030 will be the **GLP-1 receptor agonist category**. Ozempic, Wegovy, Mounjaro, and Zepbound — along with next-generation oral GLP-1 drugs currently in Phase III trials — are projected to generate combined revenues of $150 billion or more by 2030, making this the largest drug category in pharmaceutical history. Beyond obesity and diabetes, GLP-1 drugs are demonstrating benefits across cardiovascular disease, chronic kidney disease, sleep apnea, alcohol use disorder, and potentially Alzheimer's disease. The addressable patient population for GLP-1 treatment, if all approved indications are included, could exceed **one billion people globally** — a market opportunity with no precedent in pharmaceutical history.

Key risks to the 2030 forecast include aggressive drug pricing regulation — particularly potential expansion of IRA-style Medicare negotiations in the US and increased reference pricing pressure in Europe — pipeline failures in high-expectation therapeutic areas like Alzheimer's and oncology, and macroeconomic pressures reducing healthcare budgets in lower-income markets. Manufacturing capacity constraints for GLP-1 drugs have already limited sales growth at both Novo Nordisk and Eli Lilly, and building sufficient capacity will require tens of billions in capital investment through 2030. On the upside, successful mRNA cancer vaccines, next-generation CAR-T therapies with broader solid tumour activity, and CRISPR-based genetic cures could each add tens of billions in revenues that current forecasts do not fully capture. The

pharmaceutical industry in 2030 will look fundamentally different from today — more biological, more personalised, more digital, and operating in a more regulated pricing environment across its largest markets.

Pharma Industry 2030 Projections Global Pharmaceutical Industry — Key Forecasts to 2030 $2.2TMarket Size 2030 $350BR&D Spend 2030 $150B+GLP-1 Sales 2030 $100B+Biosimilars 2030 20,000+Pipeline Drugs 2030 6.1%CAGR 2025-2030

FAQ

Frequently Asked Questions — Global Pharmaceutical Industry

The global pharmaceutical market reached approximately **$1.6 trillion in 2025**. It is projected to surpass $2.2 trillion by 2030, driven by aging populations, biologics growth, GLP-1 obesity drugs, and expanding healthcare access in emerging markets.

Johnson & Johnson, Pfizer, Roche, AbbVie, and Merck & Co. consistently rank in the top five by revenue. By market capitalisation, **Eli Lilly became the most valuable pharmaceutical company in 2024-2025** due to its GLP-1 franchise, reaching over $720 billion.

The global pharmaceutical industry invested approximately **$260 billion in R&D in 2025**, roughly 16% of total industry revenue — one of the highest R&D intensity ratios of any major industry. The average cost to bring a single drug to market is $2-2.8 billion.

The **United States accounts for approximately 45% of global drug sales** despite having only 4% of the world's population. China is the second largest national market at ~$175 billion, followed by Japan, Germany and France.

Over **15,000 drugs are in active clinical development worldwide** as of 2025 — more than double the pipeline depth of a decade ago. Oncology is the largest area at ~30% of the pipeline. Cell and gene therapies are the fastest-growing modality.

Data Sources & References

Primary: IQVIA Institute for Human Data Science — Global Medicine Spending and Usage Trends 2025

Primary: EvaluatePharma — World Preview 2025, Outlook to 2030

Additional: World Health Organization Essential Medicines Data · US FDA Novel Drug Approvals 2024 · Statista Global Pharmaceutical Industry Hub 2025 · IFPMA Pharma Industry in Figures 2025

Data Transparency Note: Market size figures are approximate and reflect 2025 estimates based on IQVIA and EvaluatePharma methodology. Company revenue figures are pharmaceutical segment revenues from annual reports. Pipeline counts from IQVIA Pipeline Intelligence. All USD figures use approximate 2025 exchange rates. Forecasts represent analyst consensus ranges, not guaranteed outcomes. This report is for informational purposes only. Pharma Industry 2026 Drug Pipeline Statistics R&D Spending Data Biologics Market Generics & Biosimilars GLP-1 Drugs FDA Drug Approvals Pharma Market 2030 Top Pharma Companies Gene Therapy Statistics

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Methodology

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