

3. HEALTH WORKFORCE

3.6. Remuneration of doctors (general practitioners and specialists)

The remuneration of doctors is to a certain extent related to the overall level of economic development of a given country, but there are nevertheless significant variations in their remuneration compared with the average wage in each country. The structure of remuneration for different categories of doctors also has an impact on the relative financial attractiveness of different medical specialties. In many countries, governments influence the level and structure of physician remuneration directly as a key employer of physicians or as a purchaser of services, or through regulating their fees.

OECD data on physician remuneration distinguishes between salaried and self-employed physicians, although in some countries this distinction is increasingly blurred, as some salaried physicians are allowed to have a separate private practice and some self-employed doctors may receive part of their remuneration through salaries. A distinction is also made between general practitioners and all other medical specialists combined, though there may be wide differences in the income of different medical specialties.

As expected for highly skilled professionals, the remuneration of doctors (both generalists and specialists) is much higher than that of the average worker in all OECD countries (Figure 3.6.1). Self-employed general practitioners in Australia earned 1.7 times the average wage in 2011, whereas in Ireland, Canada and the Netherlands (2010), self-employed GPs earned three times the average wage. In the United Kingdom, self-employed GPs earned 3.4 times the average wage in 2011. The income of self-employed GPs in the United Kingdom rose strongly following the implementation of a new contract for generalists in 2004 that was designed to increase their income as well as quality of primary care (Fujisawa and Lafortune, 2008).

The income of specialists varied from 1.6 times the average wage for salaried specialists in Hungary and Poland to over five times for self-employed specialists in Belgium and the Netherlands.

In all countries except Denmark, Poland and the United Kingdom, GPs earn less than the average for medical specialists. In Canada, self-employed specialists earned 4.7 times the average wage in 2010, compared with three times for GPs. In France, self-employed specialists earned 3.6 times the average wage, compared with 2.1 times for GPs (the income of both specialists and GPs is underestimated in France – see box on “Definition and comparability”). The income gap between GPs and specialists is particularly large in Belgium, although it has narrowed slightly in recent years.

In many OECD countries, the income gap between general practitioners and specialists has widened over the past

decade, reducing the financial attractiveness of general practice. The remuneration of specialists has risen faster than that of general practitioners in countries such as Canada, Finland, France and Hungary. On the other hand, in Austria and Belgium, the gap has narrowed slightly, as the income of GPs grew faster than that of specialists (Figure 3.6.2).

Definition and comparability

The remuneration of doctors refers to average *gross* annual income, including social security contributions and income taxes payable by the employee. It should normally include all extra formal payments, such as bonuses and payments for night shifts, on-call and overtime, and exclude practice expenses for self-employed doctors.

A number of data limitations contribute to an underestimation of remuneration levels in some countries: 1) payments for overtime work, bonuses, other supplementary income or social security contributions are excluded in some countries (Austria for GPs, Ireland and New Zealand for salaried specialists, France, Italy and the Slovak Republic); 2) incomes from private practices for salaried doctors are not included in some countries (e.g. Czech Republic, Hungary, Slovenia, Spain, Iceland and Ireland); 3) informal payments, which may be common in certain countries (e.g. Greece and Hungary), are not included; 4) data relate only to public sector employees who tend to earn less than those working in the private sector in Chile, Denmark, Hungary, Norway and the Slovak Republic; 5) data relate to net income rather than gross income in France; and 6) physicians in training are included in Australia, the Czech Republic, Germany and the United Kingdom for specialists.

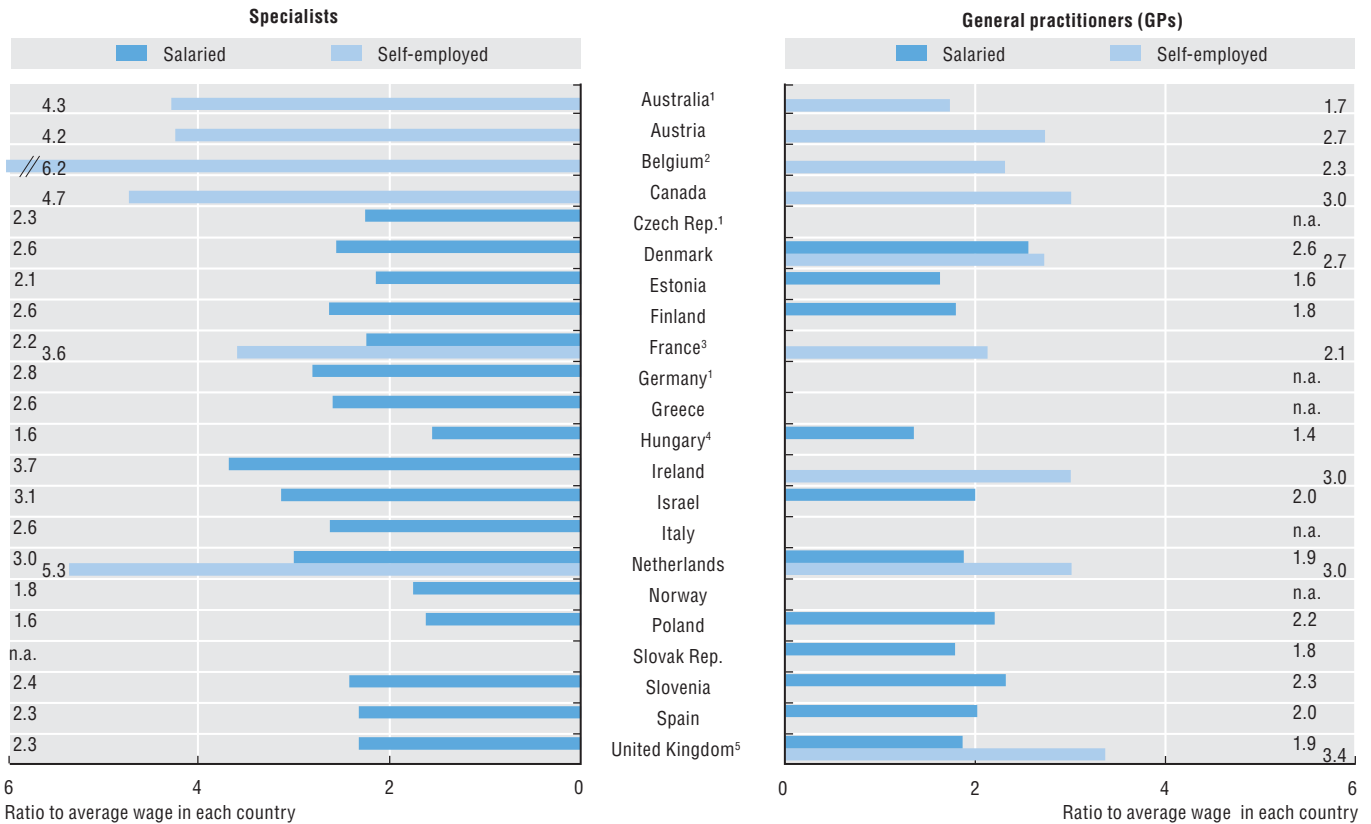
The data for some countries (Australia, Austria, Belgium, the Netherlands and the United Kingdom for GPs) include part-time workers, while in other countries the data refer only to doctors working full time.

In Belgium, the data for self-employed doctors include practice expenses, resulting in an over-estimation.

The income of doctors is compared to the average wage of full-time employees in all sectors in the country. The source for the average wage of workers in the economy is the *OECD Labour Force Statistics Database*.

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3.6.1. Remuneration of doctors, ratio to average wage, 2011 (or nearest year)

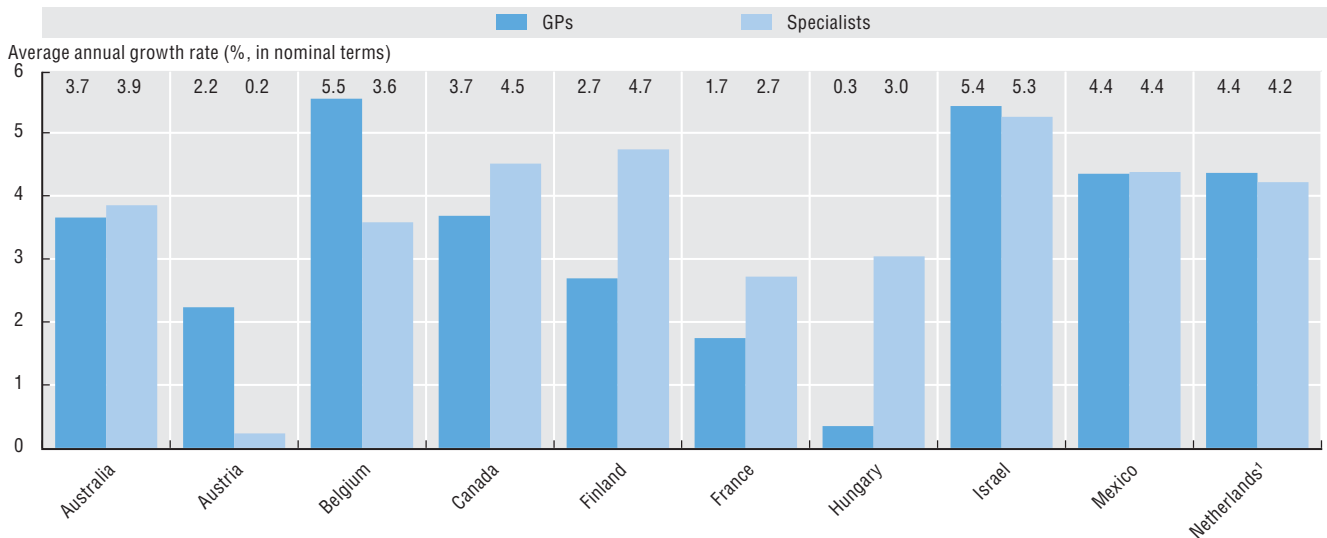


1. Physicians in training included (resulting in an underestimation).
2. Practice expenses included (resulting in an over-estimation).
3. Remuneration of self-employed physicians is net income, rather than gross income (resulting in an underestimation).
4. Public sector employees only (resulting in an underestimation).
5. Specialists in training included (resulting in an underestimation).

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917028>

3.6.2. Growth in the remuneration of GPs and specialists, 2005-11 (or nearest year)



1. The growth rate for the Netherlands is for self-employed GPs and specialists.

Source: OECD Health Statistics 2013, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888932917047>



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