

Remuneration of doctors (general practitioners and specialists)

The remuneration level for different categories of doctors has an impact on the financial attractiveness of different medical specialties. In many countries, governments influence the level and structure of physician remuneration by being one of the main employers of physicians or purchaser of their services, or by 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 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, the remuneration of doctors (both generalists and specialists) is much higher than that of the average worker in all OECD countries (Figure 5.11). Self-employed general practitioners in Australia earned about two times the average wage in 2013 (although this is an under-estimation as it includes the remuneration of physicians in training), whereas in Austria, Canada, Denmark, the Netherlands, Luxembourg and the United Kingdom, self-employed GPs earned about three times the average wage in the country.

In most countries, GPs earn less than specialists, and in many cases much less. In Canada and the Netherlands, self-employed specialists earned about 4.5 times the average wage in 2013, in Germany, it was over five times, while in Belgium and Luxembourg, they earned more than six times the average wage (although in Belgium their remuneration include practice expenses, thereby resulting in an over-estimation). In France, self-employed specialists earned almost four times the average wage, compared with just over two times for salaried specialists and self-employed GPs. The income gap between GPs and specialists is particularly large in Belgium and the Netherlands.

In many OECD countries, the income gap between general practitioners and specialists has continued to widen over the past decade, reducing the financial attractiveness of general practice (Figure 5.12). Since 2005, the remuneration of specialists has risen faster than that of general practitioners in Canada, Finland, France, Hungary, Iceland, Israel, Luxembourg and Mexico. On the other hand, in Austria, Belgium and the Netherlands, the gap has narrowed slightly, as the income of GPs grew faster than that of specialists.

In many OECD countries, the economic crisis which started in 2008-09 had a significant impact on the remuneration of doctors and other health workers. Several European countries hard hit by the recession either froze or cut down, at least temporarily, the wages or fees of doctors in efforts to reduce cost while protecting access to care for the popula-

tion. This has been the case in countries such as Estonia, France, Ireland, Italy and Slovenia, where doctors saw their remuneration decrease in nominal terms in certain years after the crisis. However, in more recent years, the remuneration of doctors and other health workers have started to rise again (OECD, forthcoming).

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 exclude practice expenses for self-employed doctors.

A number of data limitations contribute to an under-estimation 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, Ireland for salaried specialists and Italy); 2) incomes from private practices for salaried doctors are not included in some countries (e.g. Czech Republic, Hungary, Iceland, Ireland and Slovenia); 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, Greece, Hungary, Iceland, Ireland, Norway, the Slovak Republic and the United Kingdom; and 5) physicians in training are included in Australia, the Czech Republic and the United Kingdom for specialists.

The data for some countries include part-time workers, while in other countries the data refer only to doctors working full time.

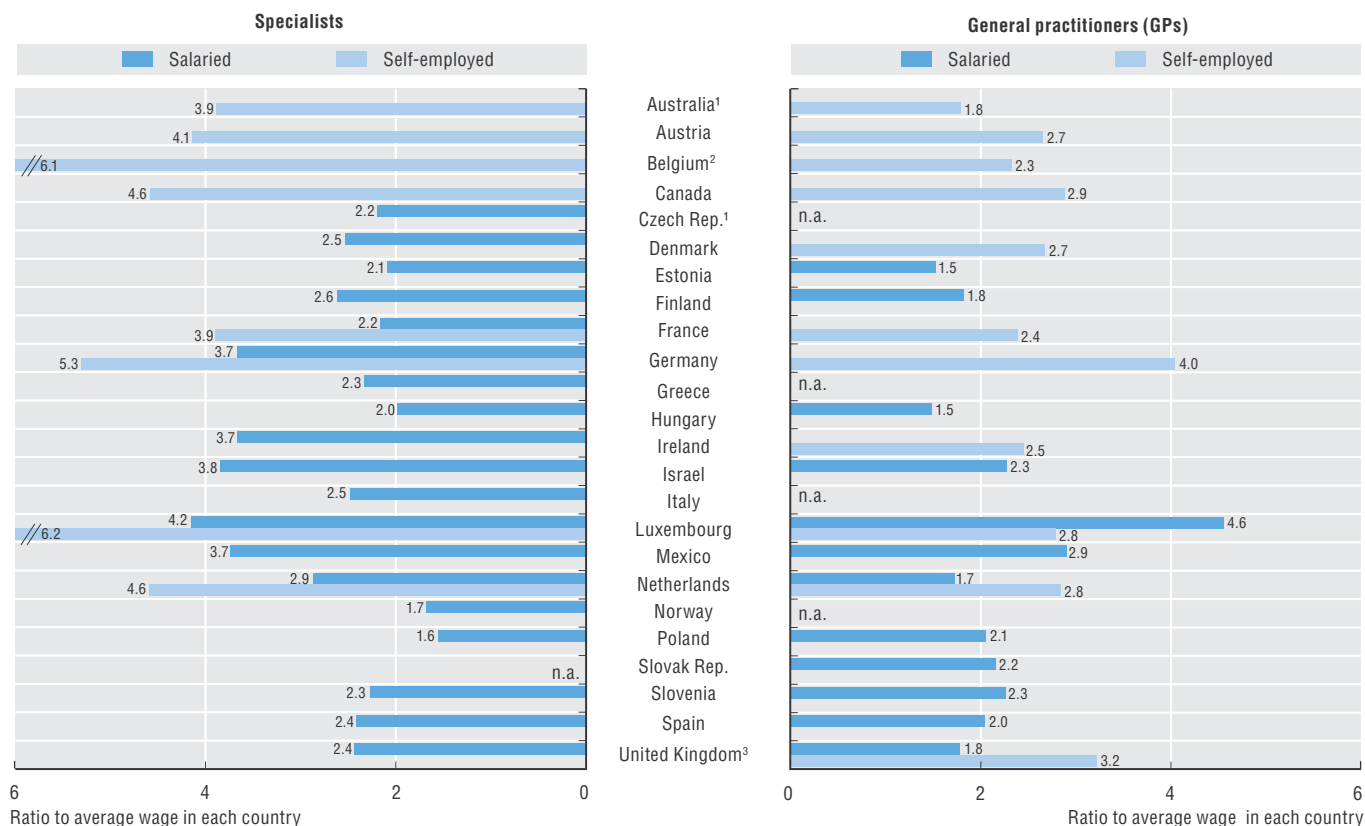
In Belgium, the data for self-employed doctors include practice expenses, resulting in an over-estimation.

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.

Reference

OECD (forthcoming), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places* (preliminary title), Chapter on “Trends in health labour markets following the economic crisis and current policy priorities to address health workforce issues”, OECD Publishing, Paris.

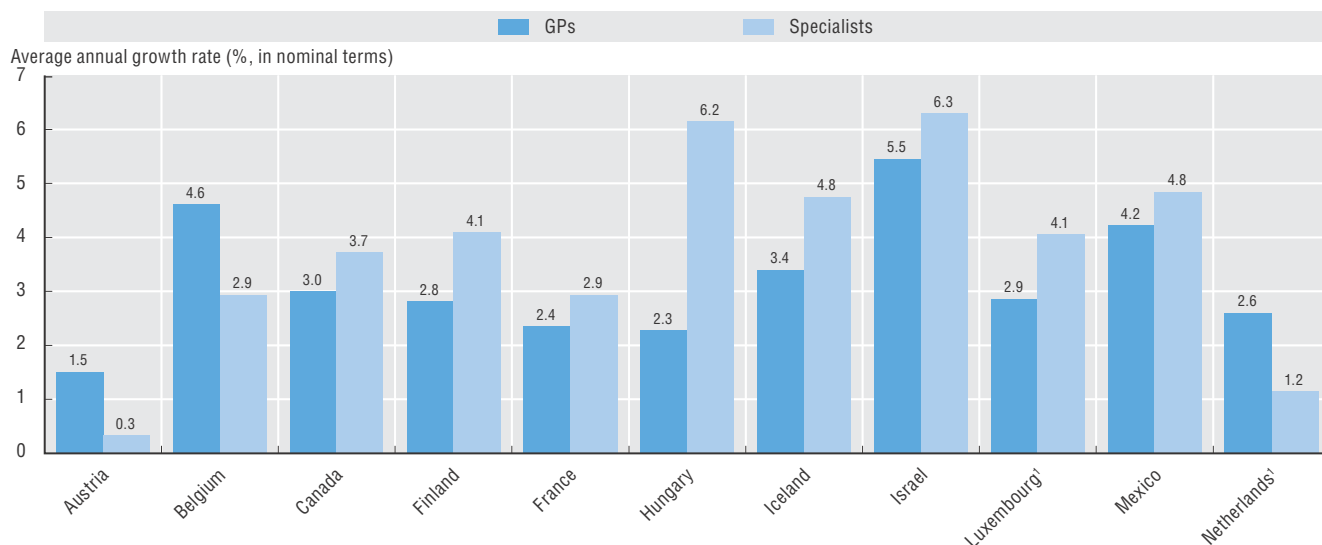
5.11. Remuneration of doctors, ratio to average wage, 2013 (or nearest year)



1. Physicians in training included (resulting in an underestimation).
 2. Practice expenses included (resulting in an over-estimation).
 3. Specialists in training included (resulting in an underestimation).
- Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

StatLink <http://dx.doi.org/10.1787/888933280919>

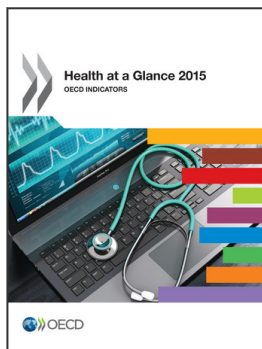
5.12. Growth in the remuneration of GPs and specialists, 2005-2013 (or nearest year)



1. The growth rate for the Netherlands and for Luxembourg is for self-employed GPs and specialists.
- Source: OECD Health Statistics 2015, <http://dx.doi.org/10.1787/health-data-en>.

Information on data for Israel: <http://oe.cd/israel-disclaimer>

StatLink <http://dx.doi.org/10.1787/888933280919>



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