

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. With the increasing international mobility of doctors across national borders (see the indicator on migration of doctors and nurses), the relative levels of remuneration across countries can play an important role in influencing these movements.

OECD data on physician remuneration distinguish between salaried and self-employed physicians. 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, although there may be wide differences in the income of different medical specialties.

In the OECD countries where data are available, the remuneration of doctors (both general practitioners and specialists) is much higher than that of the average worker (Figure 8.10). In 2015, self-employed general practitioners in Austria, Canada, France and the United Kingdom earned around three times the average wage in the country while in Germany they earned over four times the average wage. In Australia, self-employed general practitioners earned about two times the average wage in 2015, but it should be noted that this is an under-estimation since the figure includes the remuneration of physicians in training.

In most countries, specialists earned significantly more than the average worker, and more than the general practitioners. In 2015, the income gap between specialists and general practitioners was particularly high in Australia, Belgium and Luxemburg, where the self-employed specialists earned over twice the remuneration earned by general practitioners. In comparison with the average worker, self-employed specialists in Belgium and Luxembourg earned six times the average wage, and in France and Germany they earned around five times the average wage. It should be noted that in Belgium the remuneration included practice expenses, thereby resulting in an over-estimation.

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 8.11). Since 2005, the remuneration of specialists has risen faster than that of generalists in Canada, Finland, France, Hungary, Israel, Luxembourg and Mexico. On the other hand, in Austria, Belgium, Estonia and the Netherlands, the gap has narrowed slightly, as the income of general practitioners grew faster than that of specialists.

In some OECD countries, the economic crisis of 2008-09 had an impact on the remuneration of doctors and other health workers. Several European countries hard hit by the recession either froze or reduced the wages or fees of doctors in efforts to reduce cost while protecting access to care for the population. This has been the case in Estonia, Ireland, Italy and Slovenia, where doctors saw their remuneration decrease for some years after the crisis. However, in more recent years, the remuneration of doctors and other health workers has started to rise again (OECD, 2016).

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 for GPs, 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 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.

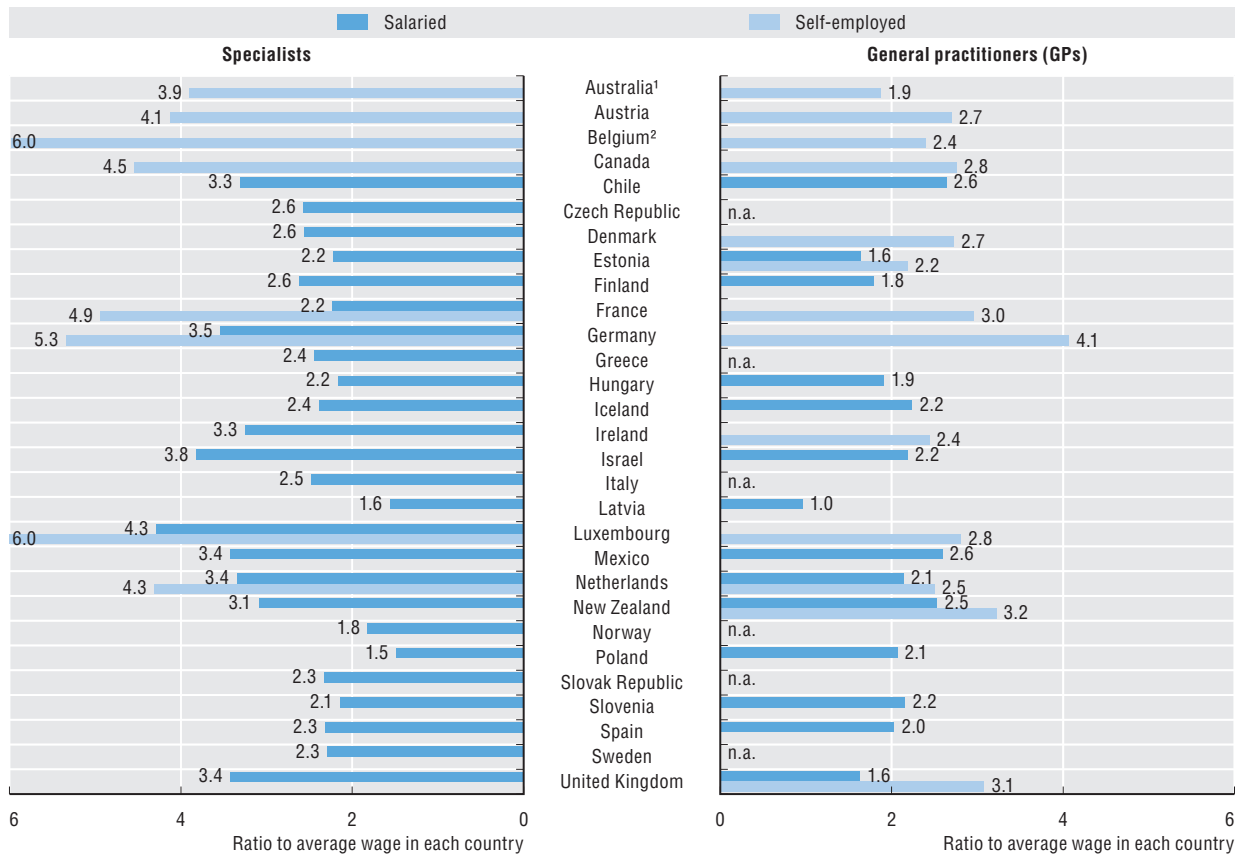
The income of doctors is compared to the average wage of full-time employees in all sectors in the country. The source for the average wage of workers in the economy is the *OECD Employment Database*. For the calculation of growth rates in real terms, economy-wide GDP deflators are used.

Reference

OECD (2016), *Health Workforce Policies in OECD Countries: Right Jobs, Right Skills, Right Places*, OECD Publishing, Paris, <http://dx.doi.org/10.1787/9789264239517-en>.

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8.10. Remuneration of doctors, ratio to average wage, 2015 (or nearest year)



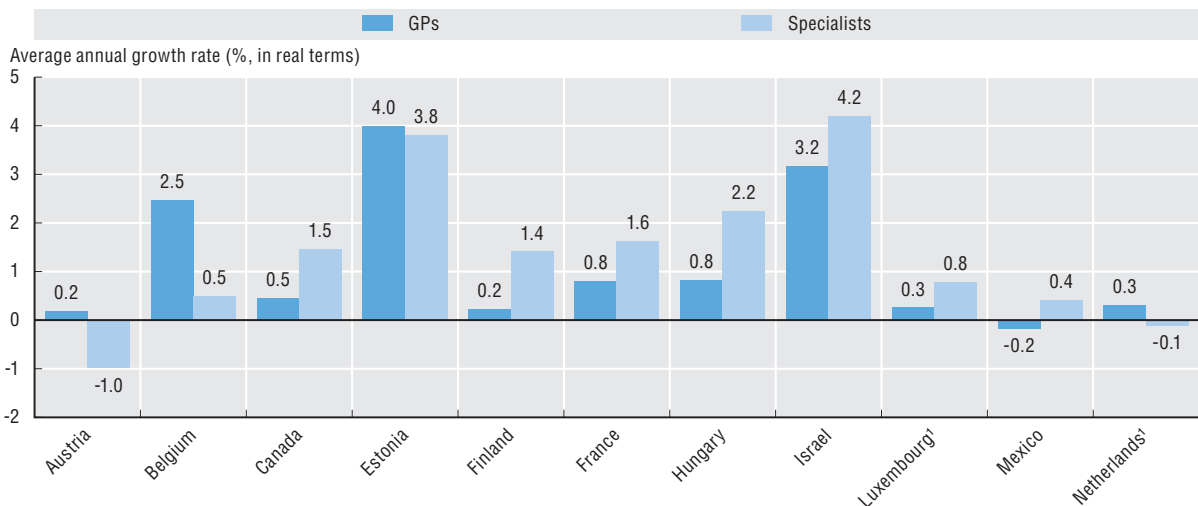
1. Physicians in training included (resulting in an under-estimation).

2. Practice expenses included (resulting in an over-estimation).

Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604704>

8.11. Growth in the remuneration of GPs and specialists, 2005-15 (or nearest year)



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

Source: OECD Health Statistics 2017.

StatLink <http://dx.doi.org/10.1787/888933604723>



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