

Remuneration of doctors (general practitioners and specialists)

The remuneration level and structure for various categories of doctors affect the financial attractiveness of general practice and different specialities. Differences in remuneration levels of doctors across countries can also act as a “push” or “pull” factor when it comes to physician migration (OECD, 2019[12]). In many countries, governments can determine or influence the level and structure of physician remuneration by regulating their fees or by setting salaries when doctors are employed in the public sector.

Across OECD countries, the remuneration of doctors (both GPs and specialists) is substantially higher than the average wage of all workers. In most countries, GPs earned two to four times more than the average wage in each country in 2019, while specialists earned two to six times more (Figure 8.10).

In most countries, specialists earned more than GPs. In Australia and Belgium, self-employed specialists earned at least twice as much as self-employed GPs. In Germany, the difference between specialists and GPs is much smaller, at about 20%.

In most countries, the remuneration of physicians has increased since 2010, but at different rates across countries and between GPs and specialists (Figure 8.11). The increase among both specialists and generalists has been particularly strong in Chile and Hungary. The large increases in Chile are mainly due to successive pay raises for specialists and generalists between 2012 and 2016. In Hungary, the government also increased substantially the remuneration of specialists and generalists over the past decade to reduce the emigration of doctors and shortages. These pay raises have been accompanied by a reduction in the number of Hungarian doctors moving to other countries like Germany and the United Kingdom in recent years.

In several countries, the remuneration of specialists has risen faster than that of generalists since 2010, thereby increasing the remuneration gap. This has been particularly the case in Chile. However, in Austria, Belgium, the Netherlands and Turkey, the gap has narrowed slightly, as the income of GPs grew more than that of specialists.

In some countries, like Portugal, Slovenia and the United Kingdom, the remuneration of both GPs and specialists fell in real terms between 2010 and 2019. In Portugal, the reduction occurred between 2010 and 2012: since then, the remuneration of doctors has increased, but remained lower in 2019 than in 2010 in real terms. In the United Kingdom, the remuneration of doctors fell slightly in real terms over the past decade as was also the case for nurses and other NHS staff (The Health Foundation, 2021[13]).

It is important to bear in mind that the remuneration of different categories of surgical or medical specialties also varies widely

in each country. For example, in France, surgeons, anaesthetists and radiologists earn at least twice as much as paediatricians and psychiatrists (DREES, 2018[14]). Similarly, in Canada, ophthalmologists and many surgical specialists earn at least twice as much as paediatricians and psychiatrists (CIHI, 2020[15]). In many countries, the remuneration of paediatricians is close to that of GPs, reflecting some similarities in their practices.

Definition and comparability

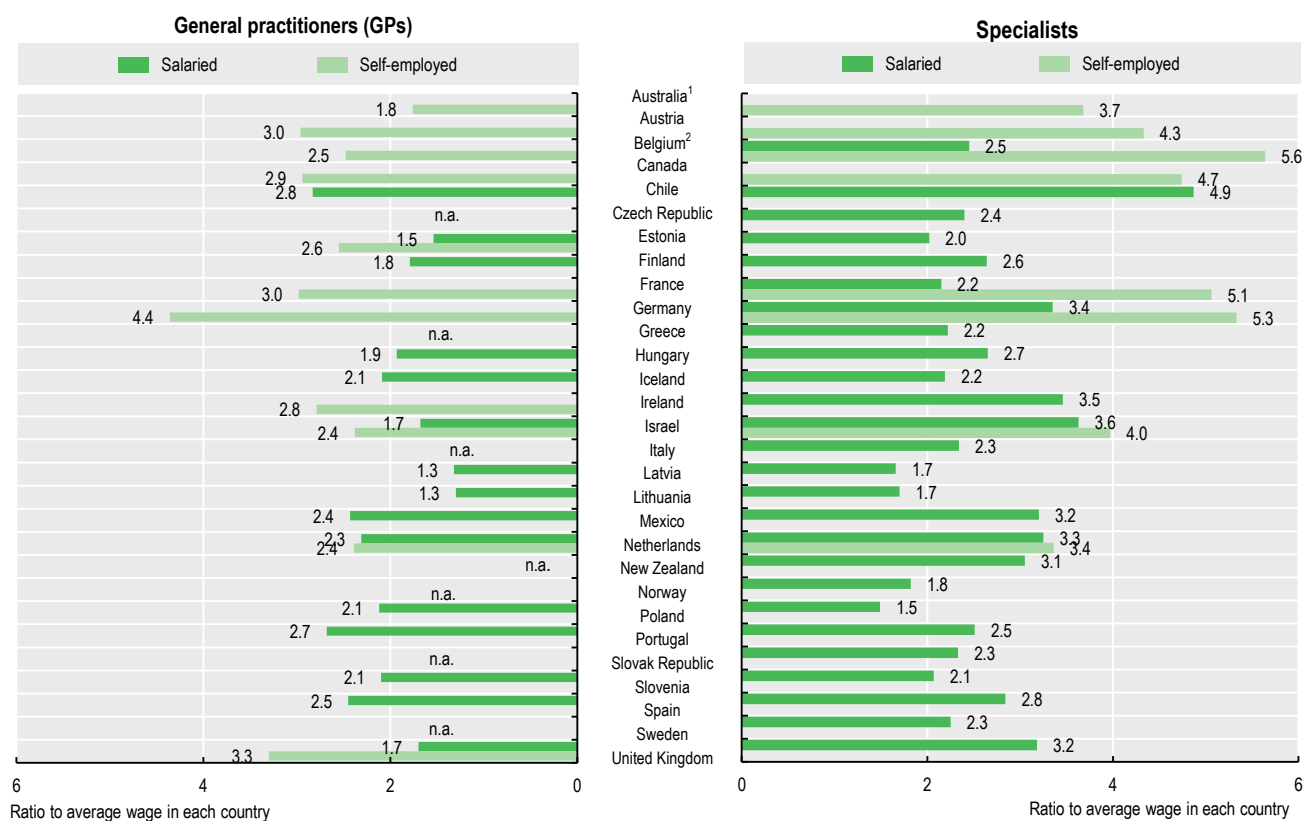
The remuneration of doctors refers to average gross annual income, including social security contributions and income taxes payable by the employee. It normally excludes practice expenses for self-employed doctors (in Belgium, practice expenses are included). OECD data on physician remuneration make the distinction between salaried and self-employed physicians. In some countries this distinction is blurred, since some salaried physicians are allowed to have a private practice and some self-employed doctors receive part of their remuneration through salaries. The OECD data also distinguish between GPs and all other specialists combined, although there can be wide differences in the income of different medical and surgical specialists.

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 (in Austria for GPs, and in Ireland and Italy for salaried specialists); 2) incomes from private practices for salaried doctors are not included in some countries (such as the Czech Republic, Hungary, Iceland, Ireland and Slovenia); 3) informal payments, which may be common in certain countries (such as 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 income of doctors is compared to the average wage of full-time employees in all sectors in the country. The average wage of workers in the economy comes from the OECD Employment Database.

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Figure 8.10. Remuneration of doctors, ratio to average wage, 2019 (or nearest year)

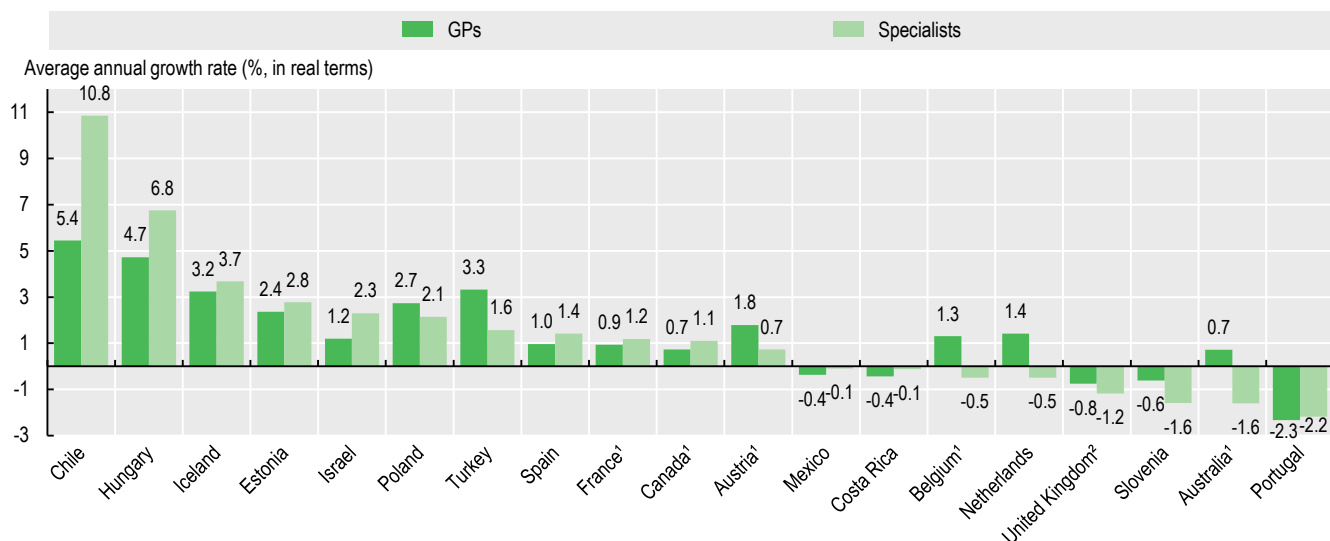


1. Physicians in training included (resulting in an underestimation). 2. Practice expenses included (resulting in an overestimation).

Source: OECD Health Statistics 2021 and OECD Employment Database 2021.

StatLink <https://stat.link/1a7ylc>

Figure 8.11. Growth in the remuneration of general practitioners and specialists (real terms), 2010-19



1. Growth rate is for self-employed GPs and specialists. 2. Data only include England.

Source: OECD Health Statistics 2021.

StatLink <https://stat.link/tnlk2q>



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