

### Remuneration of doctors (general practitioners and specialists)

The remuneration level and structure for the different categories of doctors affects the (relative) financial attractiveness of these specialities. 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. As for any other category of workers, differences in remuneration levels of doctors across countries can be a push or pull factor when it comes to physician migration (OECD, 2019[1]).

Across OECD countries, the remuneration of doctors (both general practitioners and specialists) is substantially higher than the average wages (Figure 8.8). In most countries, general practitioners earn two to four times more than the average wage in each country, while specialists earn two to six times more.

In most countries, specialists earned more than general practitioners (Figure 8.8). In Australia, Belgium, and Luxembourg self-employed specialists earned at least twice as much as self-employed general practitioners. In Germany the difference between specialists and general practitioners is much smaller, at only 20%. Among salaried physicians, specialists in Israel and the United Kingdom earned twice as much as general practitioners in 2017. In Poland, however, salaried specialists earned 40% less than salaried general practitioners.

The remuneration of physicians has generally increased since 2010, but at different rates across countries and between general practitioners and specialists (Figure 8.9). Both generalists and specialists in Hungary and Estonia have obtained substantial pay raises in recent years. To reduce shortages and emigration of doctors, the Hungarian government has substantially increased their remuneration since 2010, with the income of general practitioners increasing by about 80% between 2010 and 2017 and that of specialists nearly doubling. These pay raises have started to have a measurable impact on the intention of Hungarian doctors to leave the country: between 2017 and 2018, the number of doctors asking for foreign work certificates decreased by over 10%.

In several countries, the remuneration of specialists has risen faster than those of generalists since 2010, thereby increasing the remuneration gap. However, in Austria and Belgium, the gap has narrowed slightly, as the income of general practitioners grew a little more than that of specialists (Figure 8.9).

#### 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 (in Belgium, practice expenses are included). OECD data on physician remuneration makes 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 general practitioners and all other medical specialists combined, although especially the latter may be a rather inhomogeneous group.

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 (in 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.

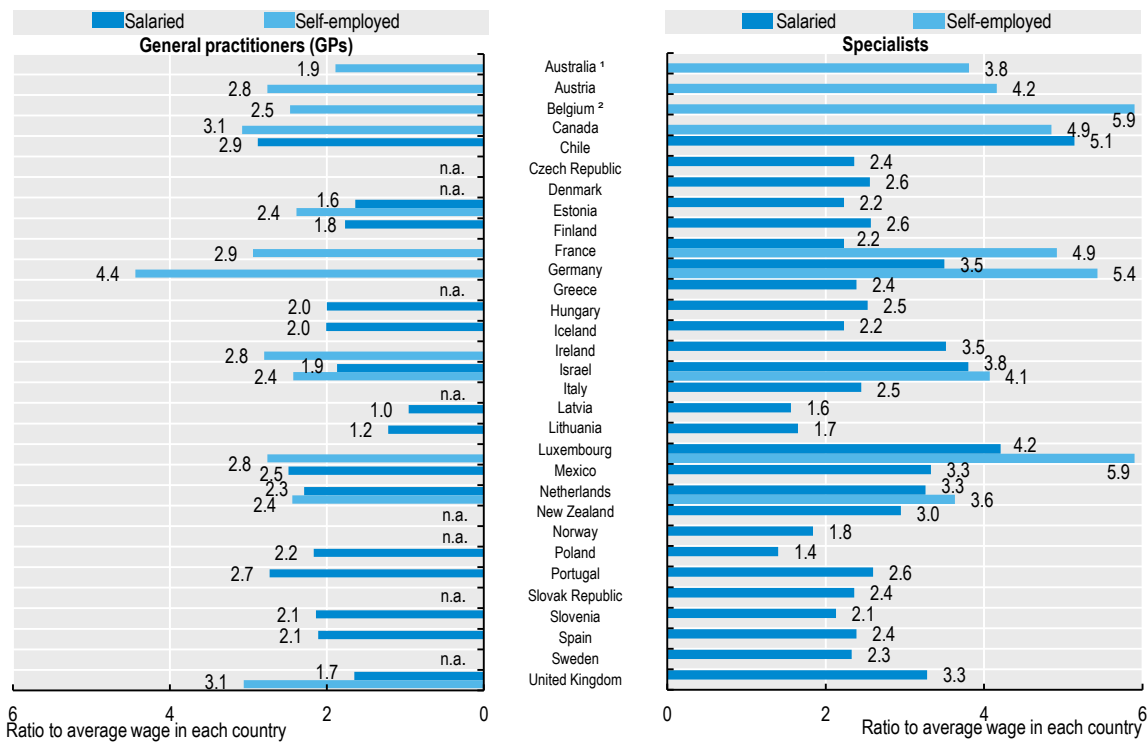
The income of doctors is compared to the average wage of full-time employees in all sectors in the country. The average wage of workers in the economy is from the OECD Employment Database.

#### References

- [1] OECD (2019), *Recent Trends in International Migration of Doctors, Nurses and Medical Students*, OECD Publishing, Paris, <https://doi.org/10.1787/5571ef48-en>.

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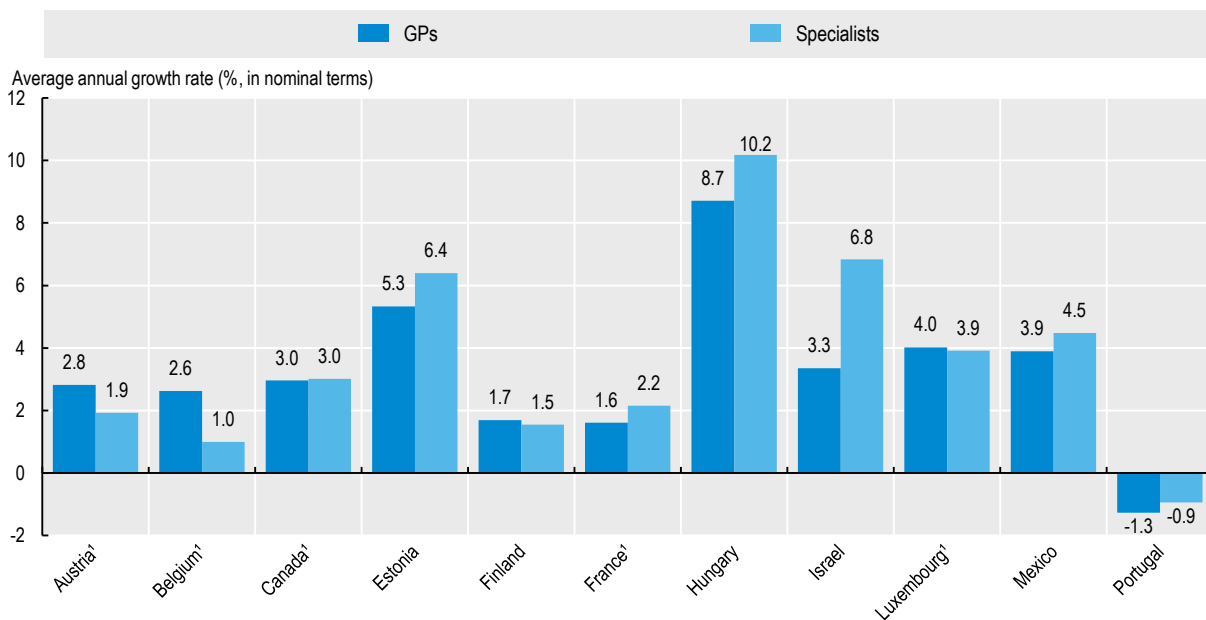
Figure 8.8. Remuneration of doctors, ratio to average wage, 2017 (or nearest year)



1. Physicians in training included (resulting in an under-estimation). 2. Practice expenses included (resulting in an over-estimation).  
 Source: OECD Health Statistics 2019 and OECD Employment Database 2019.

StatLink <https://doi.org/10.1787/888934017348>

Figure 8.9. Growth in remuneration of GPs and specialists, 2010-17 (or nearest year)



1. The growth rate is for self employed GPs and specialists.  
 Source: OECD Health Statistics 2019.

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