OECD Health Statistics 2025
Definitions, Sources and Methods

Remuneration of general practitioners

Remuneration is defined as the average gross annual income, including social security contributions and income taxes payable by the employee.

General Practice: General practice includes fully-qualified general practitioners (GPs). Physicians in training should normally be excluded.

Note: To the extent possible, average annual income should refer to physicians working full-time.

Salaried: Physicians who are employees and who receive most of their income via a salary.

Self-employed: Physicians who are primarily non-salaried. That is, they are either self-employed, or operate independently, usually receiving (mainly) either capitation or fee-for-service reimbursement.

For physicians who are both salaried and operate in a self-employed or independent capacity, they are presented in the category under which they receive the majority of their compensation.

Inclusion:

- the values of any social contributions, (income) taxes, etc. payable by the employee even if they are actually withheld by the employer and paid directly to social insurance schemes, tax authorities, etc. on behalf of the employee
- all gratuities, bonuses, overtime compensation and "thirteenth month payments"
- any supplementary income (income from private practices for salaried physicians or salaried work for self-employed physicians).

Exclusion:

- for salaried physicians, social contributions payable by the employer
- for self-employed physicians, practice expenses.

NOTE:
Average salaries for healthcare professionals are converted to USD PPPs using PPPs for private consumption to bring them in line with average earnings calculations across the OECD.
Average salaries presented from *OECD Health Statistics 2021* onwards cannot be compared with data from previous versions.

Sources and Methods

Australia

Salaried general practitioners: Data not available.

Self-employed general practitioners:
Sources:
Headcount data:
Australian Government Department of Health. General Practice Workforce providing Primary Care services in Australia. Viewed 14 February 2025. https://hwd.health.gov.au/resources/data/gp-primarycare.html.
Fees charged data:
Australian Government Department of Health. Quarterly Medicare Statistics. Viewed 14 February 2025. https://www.health.gov.au/resources/collections/medicare-statistics-collection?language=en (and previous versions).
Coverage:
- Data for practitioner type are based on headcount of Primary Care GP Statistics by Calendar year for GP types VR, NONVR and GP trainee.

- VR GP: is either a Vocationally Recognised GP - a doctor who has a postgraduate Fellowship qualification from either the Royal Australian College of General Practitioners or the Australian College of Rural and Remote Medicine; or a Vocationally Registered GP - a doctor who had their name included on the Vocational Register for General Practice before it was closed in November 1996.
- NON VR GP: Non-vocationally recognised doctor - a doctor who does not hold a postgraduate general practice qualification and who is not engaged in formal general practice training.
- GP Trainee - participants on the Australian General Practice Training Program, the Remote Vocational Training Scheme, or the Australian College of Rural and Remote Medicine's Independent Training Program, the Royal Australian College of General Practitioners Practice Experience Program or the Royal Australian College of General Practitioner's Fellowship Support program. For more information on the methods used for counting general practitioners delivering primary care services please see the detailed method papers available here: https://hwd.health.gov.au/resources/information/methods-gp-workload.html.

General practitioners in training are included. The method used to calculate salaries is to take total fees charged (including Medicare and any gap payment) for GP services and divide this by the number of primary care GPs billing Medicare, then multiply by 0.7 to account for overheads in line with OECD average for practice expenses. In Australia, trainee GPs (who have completed their medical degree training and are undergoing specialist GP training) are eligible to bill Medicare and therefore their billed services are included in (and cannot be separated from) the total fees charged for GP services.
Methodology:
- Data are for fees charged by self-employed GPs (including eligible GP trainees) providing GP non-referred attendance services on a 'fee-for-service' basis for which Medicare benefits were paid. Salary and sessional payments are not included as these are not available from Medicare data.
- The average annual remuneration presented is gross income net of practice expenses. Practice expenses have been deducted by applying the average across OECD countries (30% of gross remuneration).
- Data were revised in the 2025 edition of the OECD Health Statistics database to use headcounts of Primary Care GP workforce. This dataset counts the number of primary care GPs (including GPs in training) billing Medicare for GP non-referred attendances and predominately working as a GP during the reporting period. The method excludes Specialists and medical providers who happen to have billed Medicare for GP non-referred attendances in a given quarter and would previously have been classified as a "GP" for one quarter of the year, despite working the majority of year as a specialist.

Austria

Salaried general practitioners:

Data not available.
Self-employed general practitioners:
Source: National Audit Office, Income Reports, "General Income Report under the Federal Constitutional Act on the Limitation of Holders of Public Offices."
Methodology:
- Data refer to self-employed GPs.
- Data are calculated per headcount.
- Data refer to income before taxes but exclude social insurance payments.
Further information: https://www.statistik.at/en/statistics/population-and-society/income-and-living-conditions/general-income-report.

Belgium

Salaried general practitioners: In principle, general practitioners in Belgium are called 'liberal professions', which means they act as self-employed. As such, the category salaried general practitioners is **not applicable** in Belgium.

Self-employed general practitioners:
Source: Institut national d'assurance maladie-invalidité (INAMI).
Methodology:
- Data based on fee reimbursements by social security health care insurance to self-employed GPs and do not include additional incomes from other payment methods (the patient co-payments and remuneration for non-reimbursable acts).
Data refer to gross income and include practice expenses (resulting in an over-estimation).
- Only physicians functioning as "family doctors" (excluding doctors in training, doctors without known specialty).
- Figures are means calculated per head-count.

Canada

Salaried general practitioners: There are no data available at the national level on the income of physicians who are paid exclusively on salary.

Self-employed general practitioners:
Sources:
Canadian Institute for Health Information, National Physician Database.
Canadian Medical Association, Physician Resource Questionnaire until 2002, National Physician Survey 2010, Physician Workforce Survey 2017.
Methodology:
- 2022 data refer to 56% of all professionally active GPs:

	Physicians who received fee-for-service payments in excess of CAD 100 000 in 2022/2023*	**Total professionally active physicians excluding residents on 31 December, 2022****	**Physicians in private practice who received fee-for-service payments in excess of CAD 100 000 as a % of total physicians**
Family medicine	27,106	48,292	56%

* CIHI, National Physician Database - Payment Data, 2022/2023 - Data release of October 10, 2024 (latest release available). See CIHI National Physician Database metadata at, https://www.cihi.ca/en/national-physician-database-metadata.

** CIHI, Scott's Medical Database (SMDB), Supply, Distribution and Migration of Canadian Physicians, 2022: Data Tables. See Scott's Medical Database metadata at https://www.cihi.ca/en/scotts-medical-database-metadata.
- Data for average fee-for-service (FFS) per physician who received at least $100,000 in FFS payments by gender breakdown exclude the provinces of Quebec, Nunavut and Northwest Territories.
- Data refer to average fee-for-service payments by provincial medical care plans to family physicians in private practice who billed the plans at least CAD 50000 annually in 1997 and 1999, at least CAD 60000 annually from 2001 to 2011, and at least CAD 100000 annually from 2012 onwards.
- The physicians who received less than CAD 50000 before 2001, less than CAD 60000 from 2001 until 2011 and less than CAD 100000 after 2011 in fee-for-service payments are either self-employed physicians working part-time (or self-employed physicians who were not in practice during the full year) or full-time physicians obtaining a portion if not most of their remuneration on alternative payments modes. In Canada, alternative modes of remuneration refer to payments made for clinical services provided by physicians and not reimbursed on a fee-for-service basis. Classifications vary across provincial/territorial jurisdictions.
- Figures are gross income, net of practice expenses. Information on overhead expenses reported by family physicians in the 1998, 2000 and 2002 Physician Resource Questionnaire of the Canadian Medical Association (CMA) was used to estimate practice expenses in 1997, 1999 and 2001 (the information collected in the Questionnaire pertained to the last fiscal year preceding the year of the Questionnaire). The average practice expenses of family physicians primarily on fee-for-services were roughly estimated as 35% of gross earnings in 2002 to 2008, based on information on the share of overhead costs collected in the Physician Resource Questionnaire. In the 2010 National Physician Survey, average expenses of practice of family physicians primarily on fee-for-services were reported to be 31.4% of gross earnings. This percentage was used to estimate practice expenses in 2009 to 2011. In the 2017 Physician Workforce Survey, average expenses of practice of family physicians primarily on fee-for-services were reported to be 30.8% of gross earnings. This percentage was used to estimate practice expenses from 2012 onwards. The question on the share of overhead costs was included in the CMA surveys of 1998, 2000, 2002, 2010 and 2017, but not in the survey of any intermediate year.
- The average income calculated only from the fee-for-service payments is understated to the extent that it excludes the income from alternative payment modes. For example, in the paper Public Payments to Physicians in Ontario Adjusted for Overhead Costs, HEALTHCARE POLICY Vol.8 No.2, 2012 (online), cited February 21, 2013 from http://www.longwoods.com/content/23135, L. Laupacis et al estimated a mean income of CAD 207600 for Ontario family physicians in 2009/2010, net of expenses of practice, when all modes of payments are included. This compares to CAD 155133 average income from fee-for-service, net of expenses of practice, for Ontario family physicians (CAN 163792 for all Canadian family physicians) who received at least CAD 60000 in fee-for-service payments in 2009/2010, as calculated by CIHI.
Break in time series in 2012: Starting in 2012, data refer to average fee-for-service payments by provincial medical care plans to family physicians in private practice who billed the plans at least CAD 100000 annually (was at least CAD 60000 annually in 2011).
Break in time series in 2001: 2001-2011 data refer to average fee-for-service payments by provincial medical care plans to family physicians in private practice who billed the plans at least CAD 60000 annually (was at least CAD 50000 annually before 2001).

Chile

Salaried general practitioners:
Source: Ministry of Health, Health Human Resources Planning and Control Department from the Division of Management and Human Resources Development. **Management Data Base of the Human Resources Information System (SIRH) of the Public Health Sector**.
Coverage:
- Data include fully qualified physicians (general practitioners) who work for public sector hospitals (National System of Health Services, SNSS), and do not have a medical specialty certification.
- Data coverage is nationwide but includes only general practitioners from the public health sector hospitals (majority in the country).

- Data exclude private sector clinics for which information is not available, as well as professionals working in Public Primary Care Municipal Health Services (Offices), who represent 36% of the public health system general practitioners.
- Data include all existing contract categories in the public hospitals: contracts from 11 to 44 hours per week; the Medical statutory law allows working contracts of 11, 22, 33 and 44 hours per week.

Methodology:

- The average gross annual income has been converted into Full Time Equivalent (FTE) average gross annual income. In Chile, full time corresponds to 44 hours per week. The figures are expressed in Chilean peso and current value.
- The increase in remuneration in 2016 is explained by the implementation of two important agreements that were ratified in 2015 between the Government and the professional associations and unions of the public health personnel. These agreements contain various improvements related to careers, wages and bonuses. The date of implementation was 1st of January 2016, except for one of the lower bonuses, which came into force 1st of May 2016.
- The large increases in GP salaries in 2015 and 2016 are explained by the following: the Chilean government has changed in March 2014. With respect to health policies, the President of the Republic's program extended an important Inversion Plan which aimed to modernise or build new public hospitals and Community and Family Primary Health Care Centres, in order to improve health access and reduce health inequities, including facilities and Human Health Resources distribution inequities. Due to the existing segmentation of the health system, there is persistent difficulty to attract Physicians in the public sector, which is particularly critical as it covers almost 80% of the population. For this reason, the parliament passed a law in 2014 that led to important increases in the remuneration of GPs who work at the Primary Care level. The effect of this improvement began during the last trimester of 2014.
- The increase in remuneration in 2013 is explained mostly by an increase in salaries (bonuses, overtime, allowances, etc.).

Self-employed general practitioners: Data not available. Self-employed physicians work only in the private sector.

Colombia

Source: The source of information is the **Directorate of Human Talent Development in Health (DDTHS)**, from the **OLAP Cube of ReTHUS-PILA**, with a cut-off date of October 6, 2024.

Coverage:

- Contribution values were differentiated according to the type of SGSSS affiliation, classifying contributors as dependents or independents. For dependents, the IBC corresponds to the salary reported by the employer, while for independents, the IBC corresponds to 40% of the monthly fees, not less than the current legal monthly minimum wage.
- The profiles reported correspond to the primary medical specialties (clinical, surgical, and diagnostic). For more detailed information, see the reference table "THSPERFIL".

Methodology:

- Data reported based on information from individuals registered in the **National Unified Registry of Human Talent in Health – ReTHUS** as medical professionals without any registered medical specialty, cross-referenced with the **Base Contribution Income – IBC** reported at the time of contributions to the General System of Social Security in Health – SGSSS through the **Single Payment Form – PILA**. Estimates regarding the availability of human resources in health are based on individuals authorised to practice professions and occupations in the healthcare sector, registered in ReTHUS, along with data cross-referenced from contributions to the Social Security System (via PILA) and information from the Hospital Information System (SIHO). Based on those data, it is not possible to determine which subset of human resources is directly involved in care provision and receiving remuneration.

Costa Rica

Source: Caja Costarricense de Seguro Social (National Social Insurance Fund).

Coverage: Data include only health workers employed by the National Social Insurance Fund.

Estimation:

- The following parameters were used for the estimation of annual salaries: salary indexes for each year, bonuses inherent to each position, an average of 13 annuities, an average of 30 professional career points, as well as some normative and legal considerations that must be followed for this kind of estimations.
- Estimations do not include any consideration related with overtime payments.
Note: The decrease from 2019 to 2020 can be explained since in 2018 a new law approved by Congress changed some of the rules related to salary bonuses and incentives for public employees; that law took effect in mid-2019; even though the law respected the bonuses and incentives already earned, for new bonuses and annuities earned after 2019 (for both old and new employees) new rules were applied.

Czechia

Salaried general practitioners:
Source: ISPV system (Information and Statistics on Average Earnings), Ministry of Finance.
Coverage: Data refer to the total number of GPs – CZ-ISCO 2211.
Methodology:
- Data are expressed in Czech currency.
- In terms of reported data for the monitored year, this is always twelve times the average gross monthly earnings. These earnings are determined in ISPV according to the Eurostat methodology for the Structure of Earning Survey (SES). Gross earnings are defined in ISPV as the sum of salaries, salary compensation (e.g. compensation for leave, compensation for work obstacles, etc., but excluding salary compensation for temporary incapacity for work) and standby compensation for the monitored period, related to the number of converted paid months of the employee. i.e. the number of months that the employee worked or for which he received salary compensation (excluding compensation for temporary incapacity for work). The criteria for including an employee in the calculations of the above indicator are (a) the converted number of paid months of the employee is at least one month in the monitored period and (b) the specified weekly working hours for the given job are at least 30 hours, according to Eurostat recommendations.
Deviation from the definition: Results are given for the public sphere (the employer is the state, a territorial self-governing unit and organisations established by them listed in the Labor Code) of the Czech Republic, because in some years, results for the wage (from private income of a healthcare facility) are not available at the level of the five-digit ISCO code (no or minimal number of observations in the time-varying sample of employers of the relevant statistical survey). Healthcare workers could receive a wage in addition to their salary, which is not calculated in the data.
Data broken down by females and males and self -employed are not available in the ISPV system.

Self-employed general practitioners:
Source: Institute of Health Information and Statistics of Czechia. National Health Information System.
Data available only for the years 2007-2008.
Methodology
- Data come from the survey on independent establishments of out-patient care.
- Figures apply to about 85% of all GPs (source: IHIS CR, Registry of Physicians, Dentists and Pharmacists).
- Data cover both full-time and part-time workers but reflect the workload of physicians, i.e. the income is divided by the estimated number of full-time equivalent physicians.
- Data are gross income, net of practice expenses. Practice expenses consist of material, wages of employees, social and health insurance of employees, overhead cost (energy, etc.) and other expenditure.
- An adjustment according to financial income and expenditure was applied. An estimation of social insurance premium of the self-employed was made.

Denmark

Salaried general practitioners:
It is not possible to separate general practitioners and specialists. Data for both groups are reported under specialists.

Self-employed general practitioners:
Sources:

From 2024: Praktiserende Lægers Arbejdsgiverforening (PLA) / The Employers' Association of General Practitioners in Denmark (PLA).
2002-2011: **Organisation of General Practitioners in Denmark (PLO), Cost survey**.
Methodology:
- Data are calculated per full-time employment (FTE).
- A collective agreement covers the definitions of salary for an FTE who is a member of the Employers' Association of General Practitioners in Denmark (PLA).
- Reference period: The established collective agreement from October of the specific year.
2002-2011: Survey among a representative sample.
Coverage:
- The collective agreement covers specialists in general medicine who are employed in a vacant capacity in a general practice which is a member of the PLA.
- The determined annual income for self-employed general practitioners is calculated by remuneration which consists of a gross monthly salary (including own pension contribution) for an FTE times 12 months.
Note: Any possible individual supplement is not included in the remuneration. The agreement does not cover medical substitutes, as these are covered by the collective agreement regarding substitutes in general practice.
- The gender category is not available.
Deviation from the definition: Data do not include data regarding all gratuities, bonuses, overtime compensation and "thirteenth month payments" for general practitioners.
Break in time series in 2024 due to a change of source, methodology and coverage.
Further information:
https://www.pla.dk/overenskomster/overenskomst_for_ansatte_speciallaeger_i_almen_praksis/ (in Danish).

Estonia

Salaried general practitioners:
Source: National Institute for Health Development, Department of Health Statistics. Annual report on hourly wages of health care personnel in March.
Coverage:
- All health care providers.
- Physicians with working contracts.
- Average remuneration for salaried health care workers is calculated on the basis of monthly salary: average monthly gross salary in March multiplied by 12.
- It includes personal income tax, and other taxes paid by the employee. It does not include social tax and other social contributions paid by the employer.
- The average monthly wage includes basic wage, additional remuneration, additional payments for evening work, night work, work on days off or during public holidays and additional payments for overtime. It also includes irregular additional payments (quarterly and annual bonuses and other irregular performance and value payments) which are paid in March. Informal payments are not included.
- Family doctors and general practitioners are included (ISCO-08 codes 2211)
- Data include both public and private sectors.
Break in time series in 2020: The average monthly gross wages and salaries have been given in full-time equivalent to enable a comparison of different wages and salaries, irrespective of the length of working time. Before 2020, the calculation of average monthly wage involved only full-time employees. From 2020, part-time and full-time employees are included, and average monthly gross wages have been given in full-time equivalent (FTE).
Note: The increase in remuneration is related to collective agreements, which have established minimum wages for health care personnel. New collective agreements have been signed since 2015:
- 1.01.2015: the wage agreement set the minimum hourly wage at 9 Euros for physicians.
- 1.01.2016: the wage agreement set the minimum hourly wage at 10 Euros for physicians.
In 2017, another agreement was signed in April, whose effects are visible in wages reported for the year 2018.
- 1.04.2017: the wage agreement set the minimum hourly wage at 10,53 Euros for physicians.
- 1.04.2018: the wage agreement set the minimum hourly wage at 11,35 Euros for physicians. Effects are visible in wages reported for the year 2019 (reference period is March).

- 1.04.2019: the wage agreement set the minimum hourly wage at 12,40 Euros for physicians. Effects will be visible in wages reported for the year 2020 (reference period is March).
- 1.04.2020: the wage agreement set the minimum hourly wage at 13,3 Euros for physicians. Effects will be visible in wages reported for the year 2021 (reference period is March).
- 1.04.2021: the wage agreement set the minimum hourly wage at 13,85 Euros for physicians. Effects will be visible in wages reported for the year 2022 (reference period is March).
- 1.04.2022: the wage agreement set the minimum hourly wage at 14,90 Euros for physicians. Effects will be visible in wages reported for the year 2023 (reference period is March).
- 1.04.2023: the wage agreement set the minimum hourly wage at 17,88 Euros for physicians. Effects will be visible in wages reported for the year 2024 (reference period is March).

Self-employed general practitioners:
Source: Estonian Tax and Customs Board (ETCB).
Coverage:
- All family doctor offices.
- Average remuneration is calculated on the basis of the average declared revenues per month multiplied by 12.
- Included are personal income tax, and other taxes.
Not included are social tax and other social contributions.
- The calculation of average declared revenues include both full and partial workload.
- Residents are included but there are only a few exceptional cases when residents actually work in a self-employed capacity.
Further information: Data are published in the Health Statistics and Health Research Database available at https://statistika.tai.ee/pxweb/en/Andmebaas/Andmebaas__04THressursid__06THTootajatePalk/?tablelist=true.

Finland

Salaried general practitioners:
Source: Statistics Finland, Structure of Earnings.
Coverage: Data related to the private sector include only salary earners working in a company that employs five or more employees.
Break in time series in 2010: The classification of occupations ISCO-08 was introduced for GPs in 2010. Before 2010, ISCO-88 (COM) was applied. Data have been revised from 2010 onwards.
Further information: https://stat.fi/en/statistics/pra.
Self-employed general practitioners: Data not available.

France

Salaried general practitioners: Data included with salaried specialists (given that most salaried doctors are specialists).

Self-employed general practitioners:
Source: Direction de la recherche, des études, de l'évaluation et des statistiques (Drees), Ministère de la Santé et de la Prévention, based on data from Bases tous salariés prepared by the Institut national de la statistique publique (Insee), data from the Système national inter-régimes (Snir) prepared by the Caisse nationale d'assurance maladie des travailleurs salariés (Cnamts) and fiscal declaration (n°2042) from the Direction générale des finances publiques (DGFIP) in the Ministère des Finances et des Comptes publics.
Methodology:
- Data cover all gross income, i.e. not only self-employed income but also any other activity income (e.g. salaries).
- To approximate gross income, data are corrected by a factor, which represents the mean weight of social charges in the remuneration. The calculations use a factor of 31.5% for self-employed doctors in the

agreement sector, and 51.5% for self-employed doctors in the non-agreement sector. This gross income must consequently be considered as an order of magnitude.
- Self-employed: self-employed GPs are excluded if they receive the majority of their compensation as salary.
- Data cover all professionals who earned at least one euro during the year.
Note: Data have been revised in 2024 for the years 2005 to 2017, to account for disparities in the rates of social charges of doctors by agreement sector.
Further information:
- *Revenu des médecins libéraux : une hausse de 1,9 % par an en euros constants entre 2014 et 2017*, March 2022, see https://drees.solidarites-sante.gouv.fr/publications-communique-de-presse/etudes-et-resultats/revenu-des-medecins-liberaux-une-hausse-de-19#.
- *Médecins libéraux: une hausse modérée de leurs revenus entre 2011 et 2014*, October 2017, see https://drees.solidarites-sante.gouv.fr/publications/etudes-et-resultats/medecins-liberaux-une-hausse-moderee-de-leurs-revenus-entre-2011#.

Germany

Salaried general practitioners: Data included with salaried specialists (given that 93% of salaried physicians are specialists).

Self-employed general practitioners:
Source: Federal Statistical Office, Cost Structure Statistics 2022, Statistisches Bundesamt 2024, *Statistischer Bericht: Kostenstrukturstatistik im medizinischen Bereich 2022*, table 52571-02.
Coverage:
- **The net profit for each practice owner is proven**. It results from the difference of revenues and expenses (including practice expenses) and is not to be equated with the economical profit of the practice. Data are average annual gross earnings of self-employed general practitioners. Supplementary incomes for salaried work of self-employed general practitioners are excluded.
- Data cover self-employed GPs in panel practices and private practices.
- Students who have not yet graduated are excluded.
Methodology:
Interpretation of net profit: In the general public, the net profit, which is calculated as part of cost structure statistics in the medical sector, is often used synonymously with the income of doctors. **The net profit is not to be equated with the profit or income of the doctors.** Although it represents the results of the practice's financial year, it does not take into account, among other things, the expenses for taking over the practice and the private expenses for the old-age, disability, survivors' and health insurance of the practice owners and their family members as well as the contributions to the practice owners' pension funds. In the context of cost structure statistics in the medical sector, net profit is a purely mathematical figure that is obtained when the sum of expenses is deducted from the sum of income.
- The figures are calculated for each practice owner and not per FTE.
- No breakdown by gender is possible.
Further information: http://www.destatis.de.

Greece

Official/administrative data are not available.
Note: The remuneration figures below for salaried and self-employed GPs for the year 2022 are derived from an expert panel of GPs participating to the Board of Athens Medical Society, based on estimations taking into account personal revenues:
- **Salaried GPs, public sector:** 49 588 Euros, annual income, in Euros.
The figure refers to "*Personal Physicians"* (a newly established norm of practicing physicians in primary care in Greece, which is very similar to the concept of GP), who are paid on a monthly basis for a registered population of 1,500. However, extra remuneration is provided to those Personal Physicians who have enrolled more than 1,500 patients (up to 2,000 patients). For these additional patients, physicians are compensated annually per capita (based on the patients' age) as follows:

- 16-49 years old: 20 Euros

- 50-69 years old: 23 Euros
- 70 years old and over: 25 Euros

These extra payments are included in the 2022 figure above, based on average estimations.
- **Self-employed GPs:** 48 000 Euros, annual income, in Euros.

Hungary

Salaried general practitioners:
Sources:
2021 onwards: **National Directorate General for Hospitals** (OKFŐ in Hungarian).
2017-2020: **National Healthcare Service Center** (ÁEEK, in Hungarian).
2015-2016: **Office of Health Authorisation and Administrative Procedures** (ENKK, in Hungarian).
2011-2014: **National Institute for Quality and Organisational Development in Healthcare and Medicines** (GYEMSZI, in Hungarian).
2003-2010: **National Institute for Strategic Health Research** (ESKI, in Hungarian).
Methodology:
- Data cover only public sector employees.
- Data on average salaries are based on a sample of a few hundred GPs from the OSAP 1626 and OSAP 2204 salary and employment statistics data collection.
- Approximately 2,5% off all GPs are salaried, while 97,5% are self-employed.
- Data refer to practitioners employed full-time.
- Data include payments for working evenings, nights, weekends, bank holidays and overtime.
- Data include only salary paid by the employer, and do not include income derived from private practices.
- Until 2020, the official salary of public sector medical doctors was low compared with earnings in other sectors of the economy. Informal payments substantially increased the income of some doctors. These payments, however, were not measured.

Note:
- The Act 2020/100 on medical service contract introduced a new pay scale for doctors in public health which grants a 120% salary increase to doctors in Hungary in three steps (1 January 2021, 2022 and 2023), reaching its maximum in January 2023. The largest increase came in 2021, in 2022 another 28.5% was agreed, while in 2023 an 11.1% increase will happen.
- The funding of general outpatient care continued to grow in 2016.
- In 2014 and 2015, continuation of salary increase program for GPs.
- In 2013, start of salary increase program for GPs.
- In 2009, thirteenth month payments abolished in the public sector.

Further information: http://www.enkk.hu.

Self-employed general practitioners: Data not available.

Iceland

Salaried general practitioners:
Source: Ministry of Finance.
Methodology:
- Data refer to annual income of salaried state-employed GPs who work in public health care centres. GPs working in a few health centres run by municipalities or in privately-run health centres (with an agreement with health authorities) are excluded.
- Data relate to full-time equivalent.
- Data include monthly salaries and payments for overtime, evening, night and weekend shifts and others.
- 2014 and 2015: The large increases in the remuneration of salaried GPs can be partly explained by a new wage agreement which came into effect on 1 June 2014 with a new wage rate.

Break in time series in 2019: New wage agreement which came into effect on 1st of March 2019 for doctors.
Break in time series in 2010: Data as of 2010 reviewed in 2017 with respect to institutions included resulting in some changes.

Self-employed general practitioners: Data not available.

Ireland

Salaried general practitioners: Data not available.

Self-employed general practitioners:
Source: Information from the **Department of Health** based on analysis of self-assessment income tax data collected by the **Revenue Commissioners**.
- Data refer to self-assessed adjusted net profit minus capital allowances but before taxes.
- Data exclude GPs who identify themselves as working part-time.
- Starting from 2012, data include locum GPs.
- From 2012, NACE codes were used in the self-assessment income tax data to identify GPs for analysis (i.e. the figure is based on self-employment filers where the assessable person is in NACE code 8621 and has related income as part of their total gross income). The income figures provided is the median gross income for the assessable person, from all income sources. This method has resulted in higher coverage than in previous years. For this reason, data prior to 2012 are not comparable with data from 2012 onwards.
Break in series in 2012: Prior to 2012, locum GPs were not included. See also above for change of methodology. For these reasons, data prior to 2012 are not comparable with data from 2012 onwards.

Israel

Salaried general practitioners:
Break in time series in 2006 due to a change of source and methodology.
From 2006 onwards:
Source: Physicians License Registry maintained by the Medical Professions Division and the Health Information Division in the **Ministry of Health** and Income tax files - employees and self-employed.
Methodology:
- Data are based on the linkage between Physicians license registry and income tax files performed at the Central Bureau of Statistics.
- Physicians with an income of at least 10,000 Israeli Shekels are included in the remuneration's calculations.
- Physicians are defined as salaried if they have income only from a salary, or in the case they are both salaried and self-employed, if the salary is greater than the self-employed income. In these cases, all incomes (salary and as self-employed) are included in the calculation.
- General practitioners refer to physicians who do not have any specialty.
Deviation from the definition: Data include all salaried physicians, full-time and part-time workers.
Note: In 2012-2013, large grants were paid to general practitioners. These grants were also paid in the following years.
Up until 2005:
Source: Data are derived from the **Ministry of Finance** Department of wages and labour agreements database on government workers' wages and from the major **HMO (Clalit) database** on its wages.
Methodology:
- Data include these two employers and include only the staff income paid by these companies. Data include all payments paid by the employer to the employee.
- Data cover both full-time and part-time workers but reflect the workload of physicians, i.e. income is divided by the estimated number of full-time equivalent physicians.
- General practitioners refer to physicians who do not have any specialty.
- The data include approximately one half of all employed physicians.

Self-employed general practitioners:
Source: From 2006 onwards**,** Physicians License Registry maintained by the Medical Professions Division and the Health Information Division in the **Ministry of Health** and Income tax files - employees and self-employed.
Methodology:

- Data are based on the linkage between Physicians license registry and income tax files performed at the Central Bureau of Statistics.
- Physicians with an income of at least 10,000 Israeli Shekels are included in the remuneration's calculations.
- Physicians are defined as self-employed if they have income only as self-employed, or in the case they are both salaried and self-employed, if the self-employed income is greater than the salary. In these cases, all incomes (salary and as self-employed) are included in the calculation.
- General practitioners refer to physicians who do not have any specialty.

Deviation from the definition: Data include all self-employed physicians – full-time and part-time workers.

Note: The statistical data for Israel are supplied by and under the responsibility of the relevant Israeli authorities. The use of such data by the OECD is without prejudice to the status of the Golan Heights, East Jerusalem and Israeli settlements in the West Bank under the terms of international law.

Italy

Data not available.

Japan

Data not available.

Korea

Sources: Ministry of Health and Welfare, **National Health Insurance Service, Korea Institute for Health and Social Affairs**, Report on the Korean Health Workforce Statistics.
Coverage: Remuneration of general practitioners in all medical institutions.
Methodology: Wages are calculated from social insurance contribution data.

Latvia

Salaried general practitioners:
Source: Data are based on the results of the **Structure of Earnings Survey (SES)** of 2006, 2010, 2014, 2018 and 2022 conducted by the **Central Statistical Bureau of Latvia** and represent the series acquired within the framework of the earnings survey conducted every four years in line with the Council Regulation 530/1999 and the Commission Regulation 1916/2000 as amended by Commission Regulation 1738/2005.
Deviation from the definition: Physicians in training are included for all years.
In accordance with the International Standard Classification of Occupations 1988 (ISCO-08) (in force until 2010), both occupations of health professionals – general practitioners and specialists – were included in the same occupational group, i.e., 2221 "Medical doctor". Therefore, until 2010 it was not possible to obtain information on the remuneration of these professionals separately: as a result, the remuneration of salaried GPs and salaried specialists in 2006 is reported together under the specialist category, as the vast majority of salaried doctors are specialists.
Note: The significant increase in average remuneration in 2022 is due to the fact that, during this period, several planning documents have been developed and measures taken to address the shortage of human resources in healthcare. These activities have affected the level of remuneration in the health sector overall. Indirect data sources also indicate a significant increase in wages (see for instance the increase in hourly labour costs by kind of activity).
Further information: http://www.csb.gov.lv/en/statistikas-temas/metodologija/structure-earnings-survey-36972.html.

Self-employed general practitioners: Data not available, as this category of GPs is excluded from the SES.

Lithuania

Salaried general practitioners:
Source: State Data Agency (Statistics Lithuania).
Coverage: There are several deviations due to the coverage of employees and the Classification of Occupations:
- Data are based on the **Structure of Earnings Survey** (SES). The survey is conducted every four years in accordance with the requirements set in the EU legislation.
- For 2010, 2014, 2018 and 2022, the SES covered economic activities defined in sections B to S of the national version of the Statistical Classification of Economic Activities, EVRK Rev. 2 (based on NACE Rev.2).
- SES covered employees in full-time units (full-time and part-time).
- Since 2010 onwards, occupations refer to the occupations listed in the Lithuanian Classification of Occupations (LCO-08) which is based on the International Standard Classification of Occupations (ISCO-08). According to ISCO-08: Health professionals are classified as follows: Generalist medical practitioners (Code 2211) and Specialist medical practitioners (Code 2212).
- During the period 2014-2018, pursuant to the Government legal acts, salaries have been raised for medical staff (generalist medical practitioners, specialist medical practitioners, nursing professionals etc.), especially for those on low pay.
Methodology: Since 2015, the national currency is the Euro. Data for 1995, 2000, 2002, 2006, 2010 and 2014 in NCU Litas have been converted into Euros at a ratio of 3.4528.
Deviation from the definition: Up until 2006, the remuneration of salaried GPs and salaried specialists is reported together under the specialists category, as it is assumed the vast majority of salaried doctors are specialists.
Break in time series in 2022: Since 1 January 2019, the calculations of state social insurance (SSI) contributions have changed in Lithuania. The burden of payment of the larger part, i.e. 28.9%, of SSI contributions paid by the employers is transferred to the employees. Respectively, the employers recalculated gross wage of the employee by increasing it by 1.289.

Self-employed general practitioners: Data not available.

Luxembourg

Salaried general practitioners:
Source: Fichiers de la sécurité sociale (Social Security data files).
Statistical extraction: General Inspectorate of Social Security (IGSS).
Data collection discontinued in 2018.
Methodology:
- Data available for 2003 to 2007, and estimation of the remuneration of general practitioners for the years 2008-2015 based on fees known from administrative data of the social security.
- Data refer to gross income before tax.
- Data do not include physicians in training.
- Figures exclude foreign physicians who do not pay a social security contribution in Luxembourg and physicians who practice mainly outside of the country.
- Figures do not include physicians whose monthly income is less than the minimum social salary (monthly average) of EUR 1659,60 in 2003, 1694,07 in 2004, 1771,12 in 2005, 1807,87 in 2006, 1884,34 in 2007. Hence, physicians who begin or stop practicing in the year are not included.

Self-employed general practitioners:
Source: Fichiers de la sécurité sociale (Social Security data files).
Statistical extraction: General Inspectorate of Social Security (IGSS).
Data collection discontinued in 2018.
Methodology:
- Data available for 2003 to 2007 and estimation of the remuneration of general practitioners for the years 2008-2015 based on fees known from administrative data of the social security.
- Data refer to gross income before tax, net of practice expenses per self-employed GP.
- Data do not include physicians in training.

- Figures exclude foreign physicians who do not pay a social security contribution in Luxembourg and physicians who practice mainly outside of the country.
- Figures do not include physicians whose monthly income is less than the minimum social salary (monthly average) of EUR 1659.60 in 2003, 1694.07 in 2004, 1771.12 in 2005, 1807.87 in 2006, and 1884.34 in 2007. Hence, physicians who begin or stop practicing in the year are not included.

Mexico

Salaried general practitioners:
Source: Ministry of Health (MOH), **Instituto de Seguridad y Servicios Sociales de los Trabajadores del Estado** (ISSSTE) and **Instituto Mexicano del Seguro Social** (IMSS), "Authorised tabulator of medical personnel".
- The average wage of general practitioners is based on information from MOH, ISSSTE and IMSS. MOH and ISSSTE data include GPs in normative functions and GPs classified as level A, B and C. Data from IMSS refer to the gross income of the most represented levels.
- Wages include benefits and advantages according to the law. Data reflect the official IMSS and ISSSTE data.
- Data represent the average gross annual income of GPs in the following public institutions: Ministry of health (SSA), Social Security Mexican Institution (IMSS), and Social Institute of Security and Services of the Workers of the State (ISSSTE).

Self-employed general practitioners: Data not available. The System of National Accounts in Mexico only reports on the average wage of personnel in the private sector (including doctors, office staff, technicians, nurses, among others). Wages are not reported separately for these professions.

Netherlands

Salaried general practitioners:
Source: Statistics Netherlands.
Methodology:
- Data refer to all persons in the BIG register with the specialty "general practitioner" who work and live in the Netherlands, are classified as working within the health sector (SIC 3/NACE 1: 85; SIC 4/NACE v2: 86, 87 and 88), have a taxable wage-income and are not self-employed in the same year.
- Figures are derived by combining the BIG register and the Social Statistical Database from Statistics Netherlands (including the municipal registers and social security databases).
- Data refer to the average per full time equivalent (FTE). From 2006 onwards, a new source is used for the calculation of FTE.
Coverage:
- Data up to 2020 include physicians who are majority shareholders and directors (with a wage) in their own business (DGAs).
- Physicians both salaried and self-employed are not included in the average wages.
- Part-time factors above 1 are counted as 1. The collective employment agreement is used to define full-time (full-time for salaried general practitioners is 40 hours).
- 2014: Decreases due to lowering of several overtime payments in the collective agreements in the health care sector.
Break in time series in 2021. From 2021 onwards: The salaries are now excluding director and shareholder businesses (DGAs). The 'usual wages' DGA's pay to themselves are relatively low and usually relate to a portion of the income of the director from their business. Without the salaries of DGA's the provided average wages from 2021 onwards are higher.
Break in time series in 2006. From 2006 onwards: The yearly wage including bonuses and allowances, such as holiday allowance, profit sharing, performance bonuses etc. Up to and including 2005: The wage as a base for the social security contributions has been used. Wages according to the national accounts are approximately 10% higher than the social security wage base in the case of GP practices.

Self-employed general practitioners:
Source: Statistics Netherlands.

Methodology:
- Data refer to all persons in the BIG register with the specialty "general practitioner" who work and live in the Netherlands, are classified as working within the health sector (SIC 3/NACE 1: 85; SIC 4/NACE v2: 86, 87 and 88), have had a fiscal profit for the income tax year, and are not an employee in the same year.
- The fiscal profit per person is calculated (no information on hours worked is available).
- Figures are derived by combining the BIG register, the Social Statistical Database from Statistics Netherlands (including the municipal registers) and fiscal data on self-employed workers and their fiscal profits. They are calculated as the taxable profit plus the deductibles that may apply: for SMEs (small and medium enterprises), for entrepreneurs (encompassing deductibles for the self-employed, family members as co-workers, startups, R&D) and for investments.
- Data on corporate tax are excluded.
- Data exclude practice expenses.
- Physicians both salaried and self-employed are not included in the average profits.

Break in time series in 2021. From 2021 onwards: Data exclude self-employed physicians with director and shareholder businesses (DGAs), who pay out to themselves 'usual wages' and when desired dividend from beneficial ownership. This DGA category was part of the salaried specialist until 2020; as of 2021 the DGA category is not included in the data any longer.
Note: Remuneration of self-employed GPs increased by almost 26% in 2006. This is due to the introduction of the Dutch Healthcare Insurance Act.

New Zealand

Data for salaried and self-employed GPs are no longer available for New Zealand, due to concerns about the accuracy of the data (e.g. low response rate to the survey).

Norway

Salaried general practitioners: Data are not available exclusively for salaried GPs. Data for salaried GPs with a specialisation in general medicine and working in hospitals are compiled together with the remuneration of salaried specialists.

Self-employed general practitioners: Data not available.

Poland

Salaried general practitioners:
Source: Statistics Poland, Statistical Office in Bydgoszcz.
Methodology:
- Data come from the **Structure of earnings by occupations survey** which is conducted every two years.
- Data are the average monthly earnings in October, multiplied by 12 months.
- Data for the group 221236-Family medicine physicians according to the Polish Classification of Occupations and Specialties (based on ISCO-08).

Self-employed general practitioners: Data not available.

Portugal

Salaried general practitioners:
Source: Retribution System of Public Administration.
Coverage:
- Data include GPs (GPs are considered specialist family doctors) and a group of equivalent professionals (working in primary health care).
- The calculation includes active professionals with full-time employment contracts.
- Self-employed, service providers and interns are not included.

Methodology:
- Data are calculated based on the gross monthly remuneration and refer to full-time equivalents.

- Additional income (such as payments for working nights, evenings and weekends, overtime payments and bonuses) is not included.
- Up until 2021, the amounts indicated correspond to the annual average of the total remuneration of each professional (including holidays and Christmas allowances).
Break in time series in 2022: The amounts indicated from 2022 onward correspond to the annual average of the total remuneration of each professional (including the thirteen month).
Notes: These successive changes explain the variations that have occurred in the remuneration of GPs over the last years:
- Remuneration of general practitioners decreased compared to the year 2021, mainly due to a large number of physicians who retired.
- From 2011 until 2017, there was a reduction in remuneration through progressive cuts between 3.5% and 10% for monthly salaries above € 1,500 (LOE 2011).
- In 2012, the payment of holidays and Christmas subsidies (LOE 2012) was suspended and gradually replaced after 2016.
- In 2013, the Decree-Law no. 266-D / 2012 (December 31) changed the normal working period of the special medical career to 40 hours. The professionals who require changing to 40 hours a week are transferred to a new salary scale with a higher remuneration.
- The slight decrease in 2018 is explained both by the exit, due to retirement, of an increasing number of professionals in 2018 (usually receiving higher remunerations), and a significant increase of new professionals at the starting grade of a career (usually receiving lower remunerations).
- In 2024, the increase in the remuneration of medical staff is the result of the application of measures to enhance the medical career, namely the transition of primary health care units to models that include the payment of incentives based on performance, the adoption of the full dedication regime, supplement for doctors working in emergency services, over and above the annual legal limits for overtime work, modifications concerning performance evaluation scheme as well as other measures across the entire public administration.

Self-employed general practitioners: Data not available.

Slovak Republic

Salaried general practitioners: Data are not available exclusively for salaried general practitioners. Remuneration for salaried general practitioners and salaried specialists is compiled together and reported under salaried specialists as most salaried doctors are specialists.

Self-employed general practitioners: Data are not available.

Slovenia

Salaried general practitioners:
Source: Statistical Office of the Republic of Slovenia (SURS).
Break in time series in 2023 due to a new methodology.
Methodology:
From 2023:
- The purpose of publishing data on **Structure of Earnings Statistics** is to present data on the amount of average monthly earnings of persons in paid employment by selected geographic and socio-demographic characteristics of persons in paid employment (sex, age, education, occupation, territorial unit) and characteristics of employers (activity, sector, territory), and to present the distribution of persons in paid employment by the amount of average monthly gross earnings by activities, statistical regions and sectors (public, private).
- In structure of earnings statistics, the unit described by the published data is average monthly gross and net earnings **for October** of the observed year by sex, age groups, education, occupation, citizenship, activities, sectors (public, private) and territorial units (cohesion and statistical regions, municipalities) of the workplace and residence.

- Observation units in the statistical survey **Structure of Earnings Statistics** are persons employed in business entities (i.e. legal persons of the public and private sectors or their units or registered natural persons) registered for performing activities in the Republic of Slovenia, who in the observed month **(October)** received earnings and/or nonrefundable wage compensation paid by the employer. For each business entity, data on earnings are collected for persons who are employed in this business entity, with a concluded contract (or decision) on fulltime or part-time employment, irrespective of whether they are in employment relationship for a fixed or unspecified period of time.
- The main data source is data from the withholding tax return for incomes from which withholding tax and/or social security contributions are calculated (REK-O form).

Up to and including 2022:
- The annual statistical survey **Structure of Earnings Statistics** provides users with data on average annual gross earnings of persons in paid employment by selection of geographic and socio-demographic characteristics (sex, age, level of school education, occupation). Data on gross wages are obtained exclusively from the existing administrative sources; data on personal income tax are sent by the Tax Administration of the , whereas data on persons in paid employment are obtained from the Statistical Register of Employment. Observation units are persons in paid employment who worked full time for the same employer the whole year. Social contributions and income tax paid by the employees are included.
- Gratuities, bonuses, overtime compensation and thirteen month payments are included, but supplementary income (from private practices), payments in kind and holiday bonuses are excluded.
- The annual statistical survey, **Structure of Earnings Statistics,** is carried out as a supplement to the Structure of Earnings Survey which is carried out only every four years. Data for the latter are gathered from the existing administrative sources combined with data from the questionnaire for every individual employed in the organisation selected in the sample.
- Data for the years 2008 to 2023 are final. All other years are provisional data only.
- 2018 salary increase: The Slovenian government reached an agreement with the union of doctors and dentists of Slovenia (FIDES) in October 2017 about the increase of salaries by 5 pay grades. This was achieved by creating a new job and the title of senior specialist doctor that was established in hospitals and health centers. Doctors are promoted to this title 12 years after their professional exam and if they fulfil some other conditions, such as participation in the introduction of new methods, achievement of standards and norms of work, etc. This increase resulted in higher salaries in 2018.
- The increase in earnings in 2020 was significantly influenced by the payment of allowances related to the outbreak of the COVID-19 epidemic. A significant amount of the allowance for work in risky situations was paid. At the same time, new allowances were introduced and paid through the intervention legislation related to the management of the epidemic: allowance for danger and special burdens during an epidemic; allowance due to temporary assignment due to urgent work needs or the so-called temporary assignment allowance; and allowance for direct work with patients or users suffering from COVID-19.
- In addition to the above, the increase in earnings was also influenced by performance-related bonuses for regular work, by performance-related bonuses for increased workload and by payments for raising salary grades based on strike agreements signed in 2018.
- 2021 salary increase: In 2021, an agreement was reached between the Slovenian government and the representative trade unions of health care and social protection on urgent measures in the field of earnings. With the amendment of the Collective Agreement for the Health Care and Social Protection Sector and the Collective Agreement for Persons Employed in Health Care, public employees in health care and social protection gained the right to higher earnings.
From 2023: all gratuities, bonuses, overtime compensation and "thirteenth month payments" are not included if not paid for the reference month (October). Holiday bonus is not included.
Note: Values for 2004 to 2006 were supplied to the OECD in Slovene Tolar but have been converted into Euro using a conversion rate of 1 EUR = 239.640 SIT.
- Gender breakdown available from 2011 onwards.
Break in time series in 2023 due to a new methodology.
Break in time series in 2008: Average earnings in health and social work increased in 2008 because of the introduction of the new salary system for civil servants. The final settlement from 1st May 2008 was in line with the Salary System in the Public Sector Act (OJ RS No. 95/07) and the Act Amending the Salary System in the Public Sector Act (OJ RS No. 17/08, 58/80 and 80/08).

Self-employed general practitioners: Data not available.

Spain

Salaried general practitioners:
Source: Ministerio de Sanidad (Ministry of Health).
There is no official registration system of remuneration of health personnel working in the public or private sector in Spain. There are 18 regional health authorities (Autonomous Regions) with different remunerations, although they have a similar wage structure.
From 2018: Data estimated by the **Dirección General de Ordenación Profesional** (General Directorate for Professional Regulation), based on data provided by Autonomous Communities for the public health sector and the Alliance of Spanish Private Health (ASPE) for the private health sector.
Up until 2017: Data estimated by the **Dirección General de Ordenación Profesional** (General Directorate for Professional Regulation), based on data provided by Autonomous Communities for the public health sector and the National Federation of Private Health Centers (FNCP) and Adecco for the private health sector. Since 2016, FNCP (National Federation of Private Health Centers) is called ASPE (Alliance of Spanish Private Health).
Methodology:
From 2024:
- The remuneration average has been calculated using the average remuneration of each autonomous community, using a prorata factor to take into account the contribution of each community.
- The contribution of both the private and public sector has been taken into account according to the type of professionals. For GPs, the private sector represents 16.63% and the public sector 83.37%.
Up until 2023:
- The remuneration average has been calculated using the average remuneration of each autonomous community, without using any prorata factor for taking into account the contribution of each community.
- The contribution of both the private (26.4%) and public sector (74.6%) has been taken into account.
Coverage:
- 2024: Remuneration data in the public sector is missing for one autonomous community in 2024. Before 2024: remuneration data in the private sector is missing for some autonomous communities.
- In 2021, data reflect the incorporation of younger personnel in the health system. These professionals do not have seniority supplements in their salaries. Also, the COVID-19 salary supplements (2020) stopped being received in 2021.
- In 2012, the rationalisation of remuneration of general practitioners working in the public health system caused a major reduction of the following fees: elimination of bonuses, reduction overtime compensation, elimination of "thirteenth month payments" and implementation of mandatory retirement at 65 years old.
- Data by gender breakdown not available.
Break in time series in 2024 due to a change in methodology, as a prorata factor has been included to take into account the contribution of each community, as well as a specific prorata factor by type of professionals for both the public and private sectors.
Break in time series in 2018 due to a change in source and methodology, as the Adecco private sector source is missing since 2018.

Self-employed general practitioners: Data not available.

Sweden

Salaried general practitioners:
Source: Swedish Association of Local Authorities and Regions (SALAR).
Methodology:
- Data cover GPs employed by the county councils (including businesses controlled by county councils).
- In Sweden, GPs are specialists who work in general practice and are reported separately from other specialists for this indicator.
- Data are calculated per full-time equivalent.
- Remunerations included: supplementary pay for unsocial (inconvenient) working hours, for being on call, for rescheduled hours.

Deviation from the definition: Overtime payments are not included. The private sector is excluded.

Self-employed general practitioners: Data not available.

Switzerland

Source: Federal Statistical Office, Neuchâtel. Structural data of medical practices and ambulatory centres (MAS).
Methodology:
- Remuneration expressed as full-time equivalent.
- Social contributions are included.
- Only data for self-employed general practitioners are available.
- The following categories have been considered: general internal medicine; medical practitioner.
Further information: *Les revenus des médecins indépendants dans les cabinets médicaux en 2019 - Statistique des cabinets médicaux et des centres ambulatoires (MAS)*, Office fédéral de la statistique (OFS), 2021. Available at https://www.bfs.admin.ch/bfs/fr/home/statistiques/sante/systeme-sante.assetdetail.19704727.html.

Türkiye

Salaried general practitioners:
Sources:
2012 onwards: **Ministry of Health**, **General Directorate of Public Hospitals, Strategy Development Directorate**.
2005-2011: **Ministry of Health**, Türkiye Public Hospitals Institution; **Ministry of Development**.
Income data (Salary and additional payments) taken from statistical yearbooks published by the **Department of Development, Ministry of Health**. Cost of living index taken from the **Ministry of Development**.
Methodology: Prior to 2012, figures are net income rather than gross income as they do not include social security contributions and income taxes.
Break in time series in 2013: In 2013, family practitioners salaries are added to GP income.
Break in time series in 2012: From 2012, income figures are gross income (include social security contributions and income taxes.)
Notes:
- As a result of high inflation rates in Türkiye, the remuneration increased remarkably in 2024.
- The important increase from 2019 to 2020 for the salaries of GPs (+34.6%) is related to additional payments due to the COVID-19 pandemic.

Self-employed general practitioners: Data not available.

United Kingdom

Salaried and self-employed general practitioners:

Source: NHS Digital - GP Earnings and Expenses Estimates - Data from HM Revenue and Customs' Self Assessment tax records. Available at https://digital.nhs.uk/data-and-information/publications/statistical/gp-earnings-and-expenses-estimates/2019-20#key-facts.
Methodology:
- Data based on anonymised tax data from HM Revenue and Customs' Self Assessment tax records and cover both NHS/Health Service and private income.
Data for England only.
- Data represent Total income before tax: self-employment income before tax and employment income before tax.
- The sample is based on headcount, not FTE.
- Information for 2008/2009 onwards has been rounded to the nearest £100.

- Data only include GPs with self-employed earnings (and hence who must complete a tax return) or those salaried GPs who have completed a tax return. Data only include those GPs with an accounting year end in quarter 4.
- Data include both full-time and part-time GPs.
- Data include GPs with General Medical Services (GMS) and Personal Medical Services (PMS) contracts combined (GPMS).
- Data are for financial years e.g. year 2007 data cover the period 1st April 2007 to 31st March 2008.
- Income for salaried GPs relates to income from employment sources and medical income from self-employed sources.
- The definition of salaried and self-employed originates from the GP payment system. The definition does not relate to the amount of income they receive from their self-employed/employed work.
Further information: https://www.digital.nhs.uk/.

United States

Salaried general practitioners:
Source: American Medical Association/Patient Care Physician Survey. Various years (data available up until 2001).
Coverage: Nationally representative sample of salaried US general practitioners.
Deviation from definition:
- Data match the OECD definition.
- Data are for both full-time and part-time physicians.
- The data presented are the annual mean physician income, after expenses and before taxes.
- Calculation method matches OECD definition.
Further information: The American Medical Association does not perform surveys of remuneration anymore.

Self-employed general practitioners:
Source: American Medical Association/Patient Care Physician Survey. Various years (data available up until 2001).
Coverage: Nationally representative sample of US self-employed general practitioners.
Deviation from definition:
- Data match the OECD definition.
- Data are for both full-time and part-time physicians.
- The data presented are the annual mean physician income, after expenses and before taxes.
- Calculation method matches OECD definition.
Further information: The American Medical Association does not perform surveys of remuneration anymore.

NON-OECD ECONOMIES

Argentina

Data not available.

Bulgaria

Data not available.

Croatia

Source: National central payroll system.
Coverage:
- All employees working in the healthcare system as General practitioners.
- The data provided fully follow the OECD inclusion/exclusion criteria.

Methodology: Average gross salary paid within the public healthcare sector for General practitioners.

Peru

Source: INFORHUS-MINSA & AIRHSP-MEF. Registered information from 1 January to 31 December 2024.
Coverage:
General practitioners working for establishments managed by the Ministry of Health. Data do not include private practice or practitioners working for the social security health system. It is estimated that of the 396,000 human resources (total figures) in the health sector, 70.7% are attached to the Ministry of Health, 19.2% to Social Security, 5% to the private sector and the other 5% to other public subsystems of the sector. It is also noted that establishments attached to the Ministry of Health represent 90% of the health establishments categorised in the public sector, while those attached to social security represent only 4%.
Methodology:
In September 2013, with a regulation with the status of law, the National Registry of Health Personnel was created with the aim of collecting data and generating information on human resources in health. For these purposes, the computer tool called INFORHUS was implemented, which has its own data dictionary. The categories in consultation are obtained from the combination of the variables "position", "is a specialist", "specialty condition" and "category of the establishment". The codes used by INFORHUS are its own and do not correspond to any ISCO codes.
- For general practitioners working in all different labour schemes: ([Basic Pay + Social Security Contributions]Scheme 276 + [Salary]Scheme 1057 + [Economic Compensations]Scheme 728) / (Total General Practitioners working at the Ministry of Health).
Note: The remuneration for GPs is very close to the remuneration for specialists. 63% of the personnel evaluated correspond to personnel affected by Legislative Decree No. 1153, and 35%, to Legislative Decree No. 1057. The first does not contemplate a significant differentiation in the income of personnel with and without specialty, the difference is generated by a bonus that is subject to compliance with profiles and criteria; whose maximum value is S/ 1270.00 soles. As for the personnel assigned to the Legislative Decree, it has been identified that the range in which the fees are distributed is wide; lower values affect the mode, mean and median of the evaluated population tend towards the lower percentiles.

Romania

Data not available for average income of general practitioners. Data available would only represent the medical office's income, instead of the physician's income.