



# REMUNERATION OF DOCTORS AND NURSES: PROGRESS AND PERSISTING ISSUES

Joint session of Health Data Correspondents and Health Accounts  
Experts  
Paris, 17 October 2013



## Background

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- Remuneration levels of doctors and nurses affect:
  - Attractiveness/retention in these professions
  - Health spending in the country
- Difficult data collection
- Review of data availability and comparability



# Outline

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1. Doctor remuneration
  - *Definitions, results , limitations*
2. Nurse remuneration
  - *Definitions, results , limitations*
3. Comparisons with other workers in the country



# 1. Doctor remuneration - Definition

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- *Average gross annual income, including social security contributions and income taxes payable by the employee*

<b>Includes</b>	<b>Excludes</b>
<ul style="list-style-type: none"><li>- Extra formal payments, bonuses, overtime, etc.</li><li>- Income for private practice (for salaried)</li><li>- Salaried work (for self-employed)</li></ul>	<ul style="list-style-type: none"><li>- Social contributions payable by the employer (for salaried)</li><li>- Practice expenses (for self-employed)</li><li>- Doctors in training</li></ul>



# 1. Doctor remuneration - Definition

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- Includes only:
  - fully-qualified physicians
  - Full-time workers
- Distinguishes between:
  - GPs and Specialists (all specialties combined)
  - Salaried and Self-employed

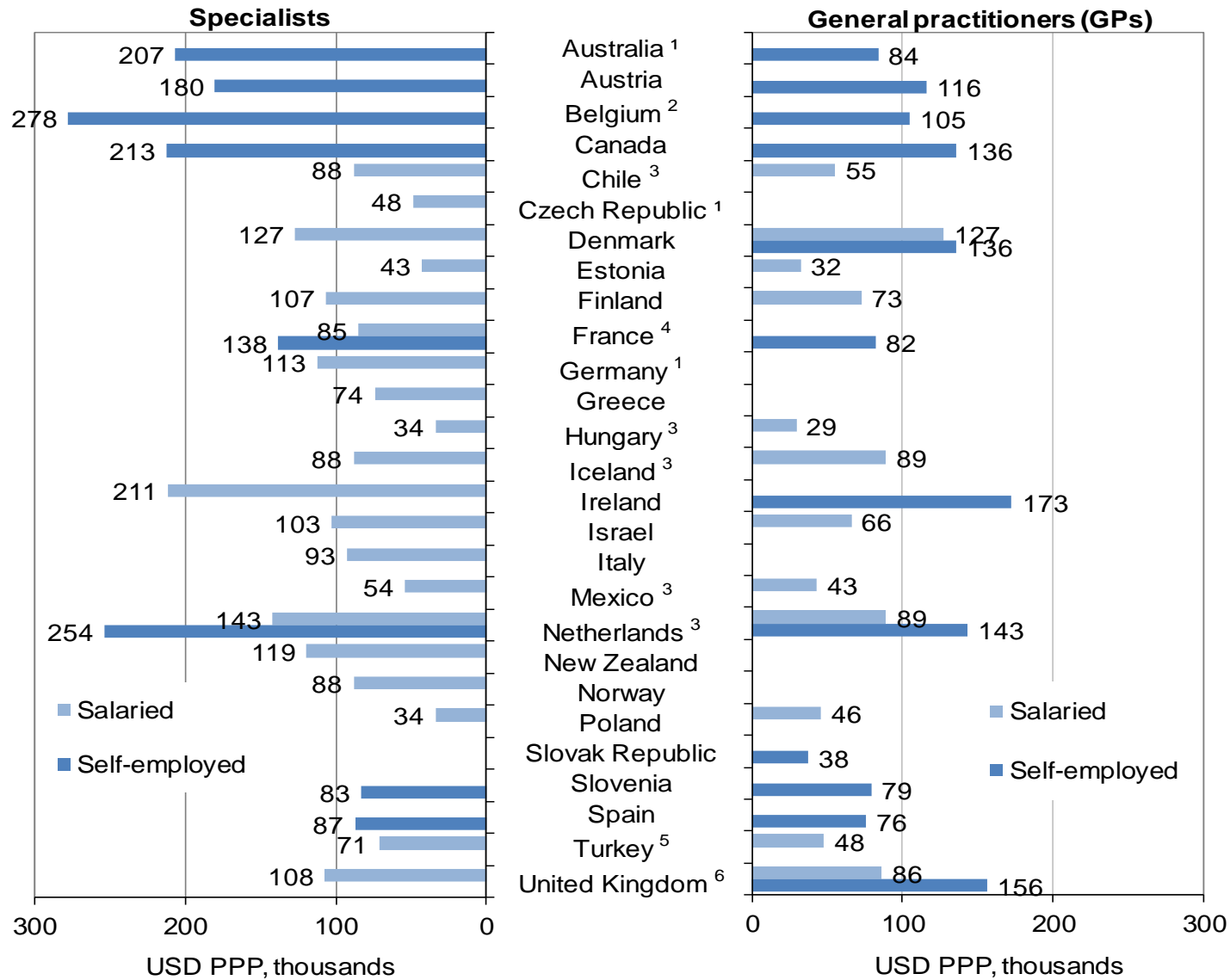


# 1. Doctor remuneration - Data collection

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- Main sources:
  - Health insurance schemes (BEL, FRA)
  - Salary registers (NLD)
  - Ad-hoc studies and surveys (CZE, DNK, DEU, ITA)

# Remuneration of doctors, US\$ PPP, 2011 (or nearest year)



1. Physicians in training are included (resulting in an underestimation). 2. Data include practice expenses (resulting in an overestimation). 3. Data on salaried doctors relate only to public sector employees who tend to receive lower remuneration than those working in the private sector (resulting in an underestimation). 4. Remuneration of self-employed physicians is net income rather than gross income (resulting in an underestimation). 5. Figures are net income rather than gross income (resulting in an underestimation). 6. Specialists in training are included (resulting in an underestimation).

Source: *OECD Health Statistics 2013*



# 1. Doctor remuneration – data limitations

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## **Underestimation:**

- Payments for overtime work, bonuses, other supplementary excluded (AUT for GPs, IRL and NZL for salaried specialists, FRA, ITA, PRT, SVK and SWE);
- Incomes from private practices for salaried doctors excluded (e.g. CZE, HUN, PRT, SVN, ISL, IRL and SWE for specialists);
- Informal payments excluded (e.g. GRC and HUN);
- Public sector only (CHL, DNK, HUN, NOR and SVK);
- Net income rather than gross income (FRA and TUR);
- Physicians in training included (AUS, CZE, DEU, and GBR for specialists)
- Part-time workers included (AUS, AUT, BEL, NLD, and for GPs).

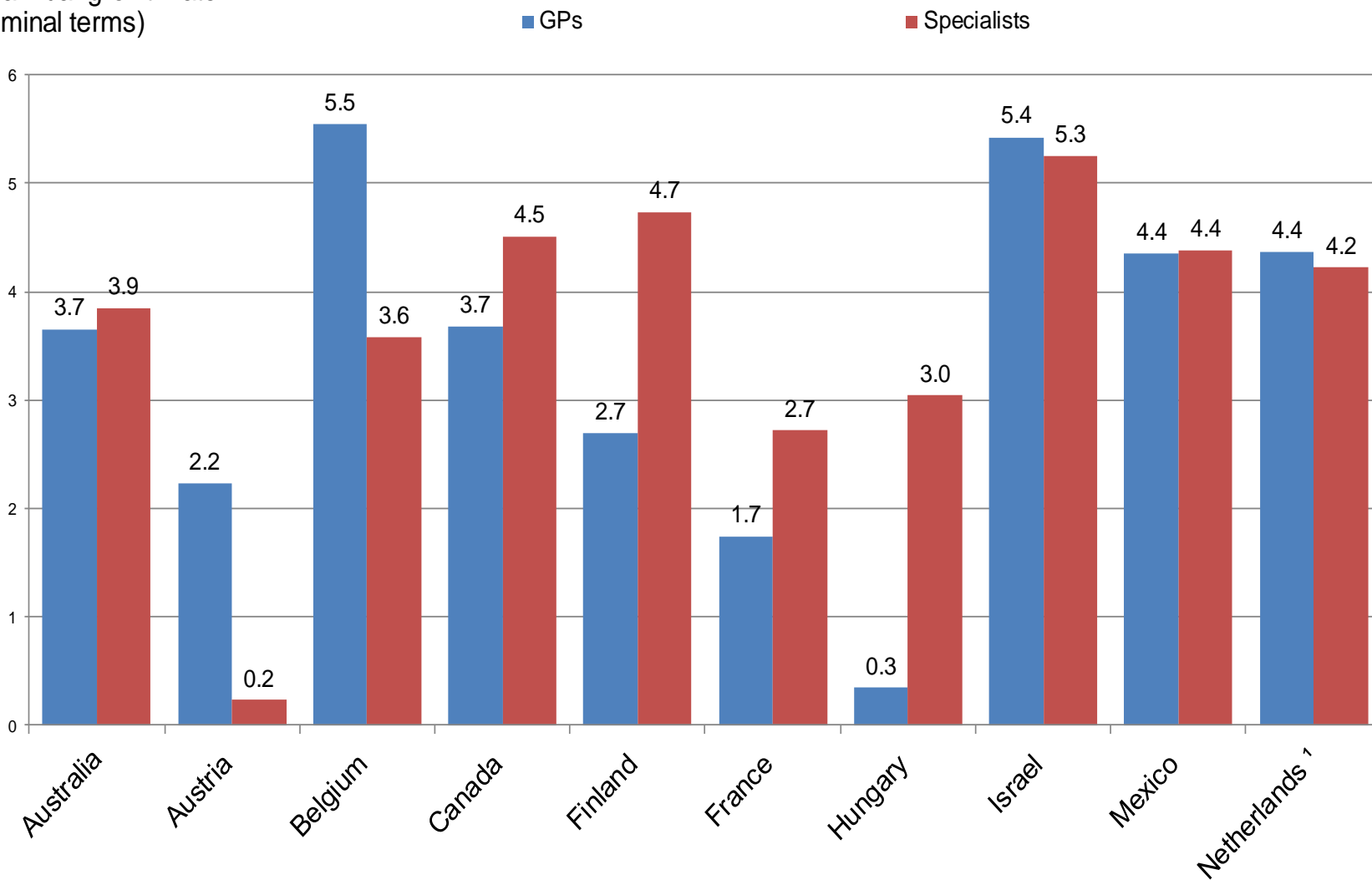
## **Overestimation:**

- Practice expenses included for self-employed GPs (BEL)



# Growth in the remuneration of GPs and specialists, 2005-2011 (or nearest year)

Average annual growth rate  
(%, in nominal terms)



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

Source: *OECD Health Statistics 2013*



# 1. Doctor remuneration – data limitations

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- No data
  - Japan (no split between GPs and specialists)
  - Korea (why?)
  - Switzerland (reliability of source)
- Lack of recent data
  - United States (2001)
  - Sweden (2002)
  - Luxembourg, Portugal (both 2005)
- Serious data comparability issues
  - Belgium (Practice expenses included)
  - France (Net income rather than gross)
  - Germany (Physicians in training included)
  - United Kingdom (Specialists in training included)



## 2. Nurse remuneration - Definitions

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- *Average gross annual income, including social security contributions and income taxes payable by the employee*

<b>Includes</b>	<b>Excludes</b>
<ul style="list-style-type: none"><li>- Extra formal payments, bonuses, overtime, etc.</li><li>- Any supplementary income</li></ul>	<ul style="list-style-type: none"><li>- Social contributions payable by the employer</li><li>- Care workers without certification in nursing (Nursing aides)</li><li>- Midwives</li><li>- Nurse managers</li></ul>

- Salaried nurses working in hospitals

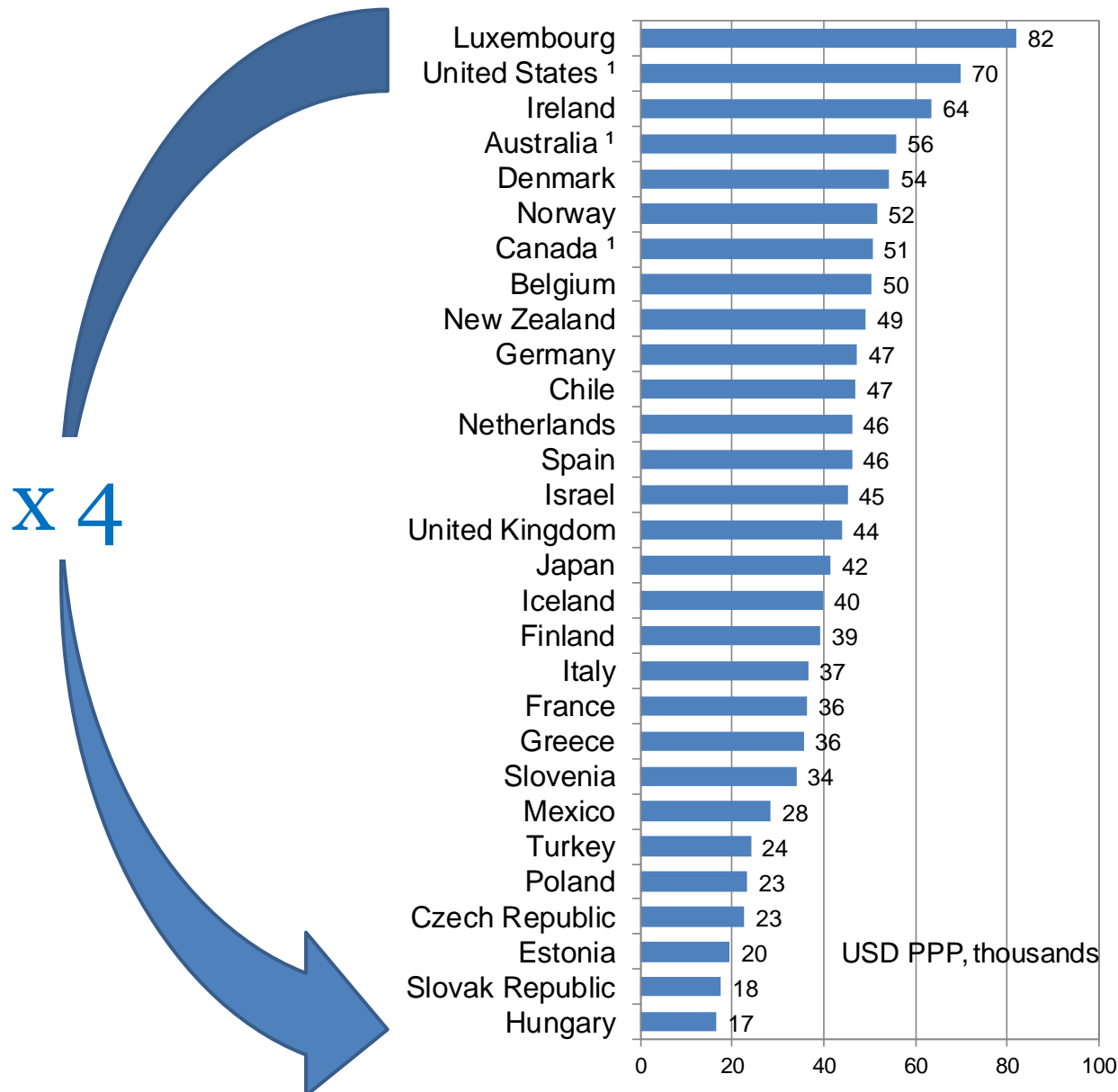


## 2. Nurse remuneration - Data collection

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- Main sources:
  - Hospital reports (AUS, GRC)
  - Labour force or earnings surveys (CAN, CZE, FIN, DEU, ITA, JPN, USA)
  - Payroll data (DNK, IRL)

# Remuneration of hospital nurses, USD PPP, 2011 (or nearest year)



1. Data refer to registered ("professional") nurses in the United States, Australia and Canada (resulting in an overestimation).

Source: OECD Health Statistics 2013.



## 2. Nurse remuneration – data limitations

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### **Overestimation:**

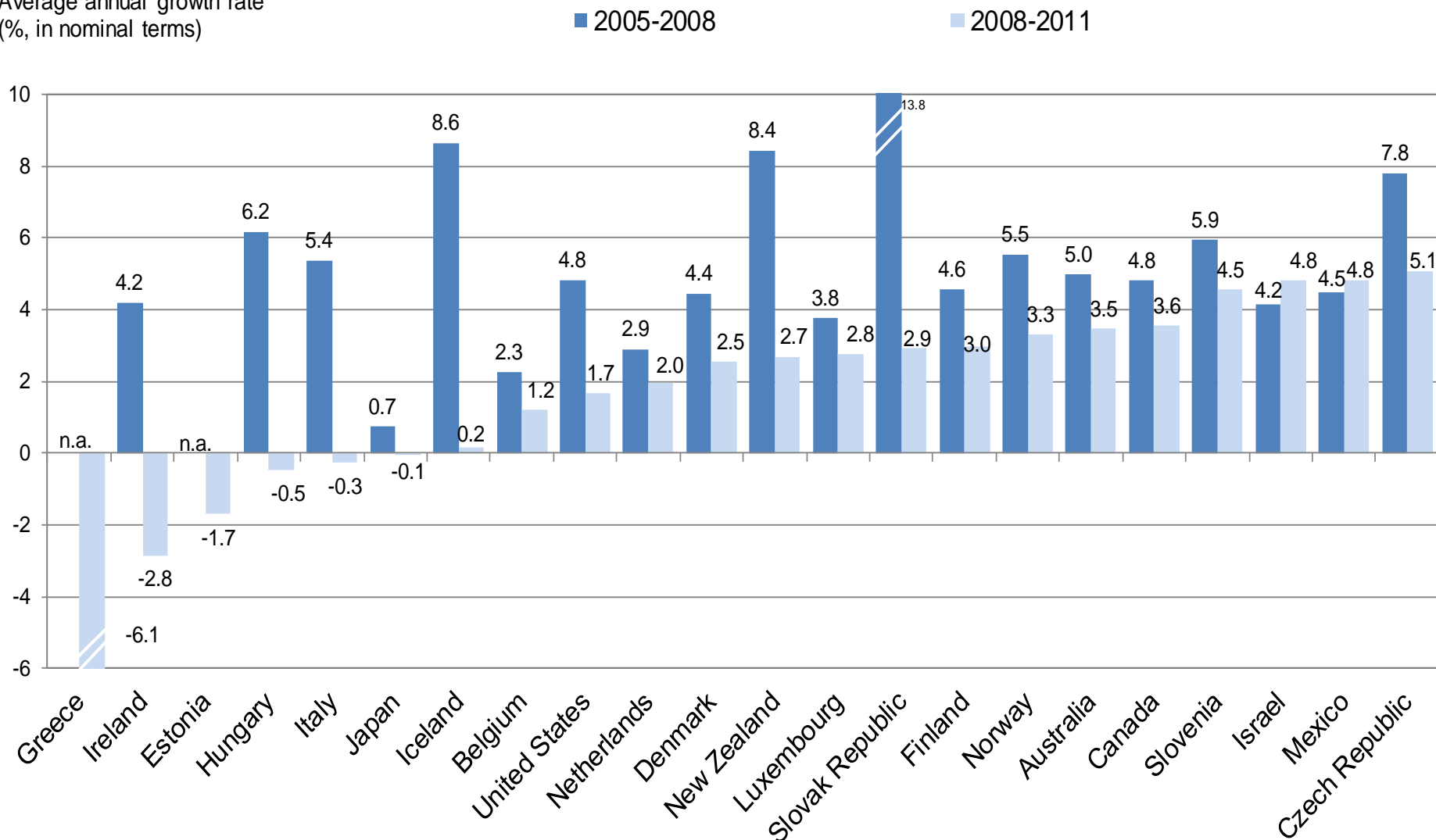
- Registered/“professional” nurses only (e.g., in AUS, CAN and USA).

### **Underestimation:**

- Nurses working part-time included (e.g. BEL);
- Additional income (overtime payments and bonuses) and informal payments excluded (*e.g.* ITA, PRT and SVN);
- Public sector only, health assistants and nurse assistants included (NZL).

# Growth in the remuneration of hospital nurses, 2005-2011 (or nearest year)

Average annual growth rate  
(%, in nominal terms)





## 2. Nurse remuneration – data limitations

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- No data
  - Austria, Korea, Sweden, Switzerland.
- Lack of recent data
  - Portugal (2005)
  - France (2009)
- Data comparability issues
  - Registered nurses (AUS, CAN, USA)



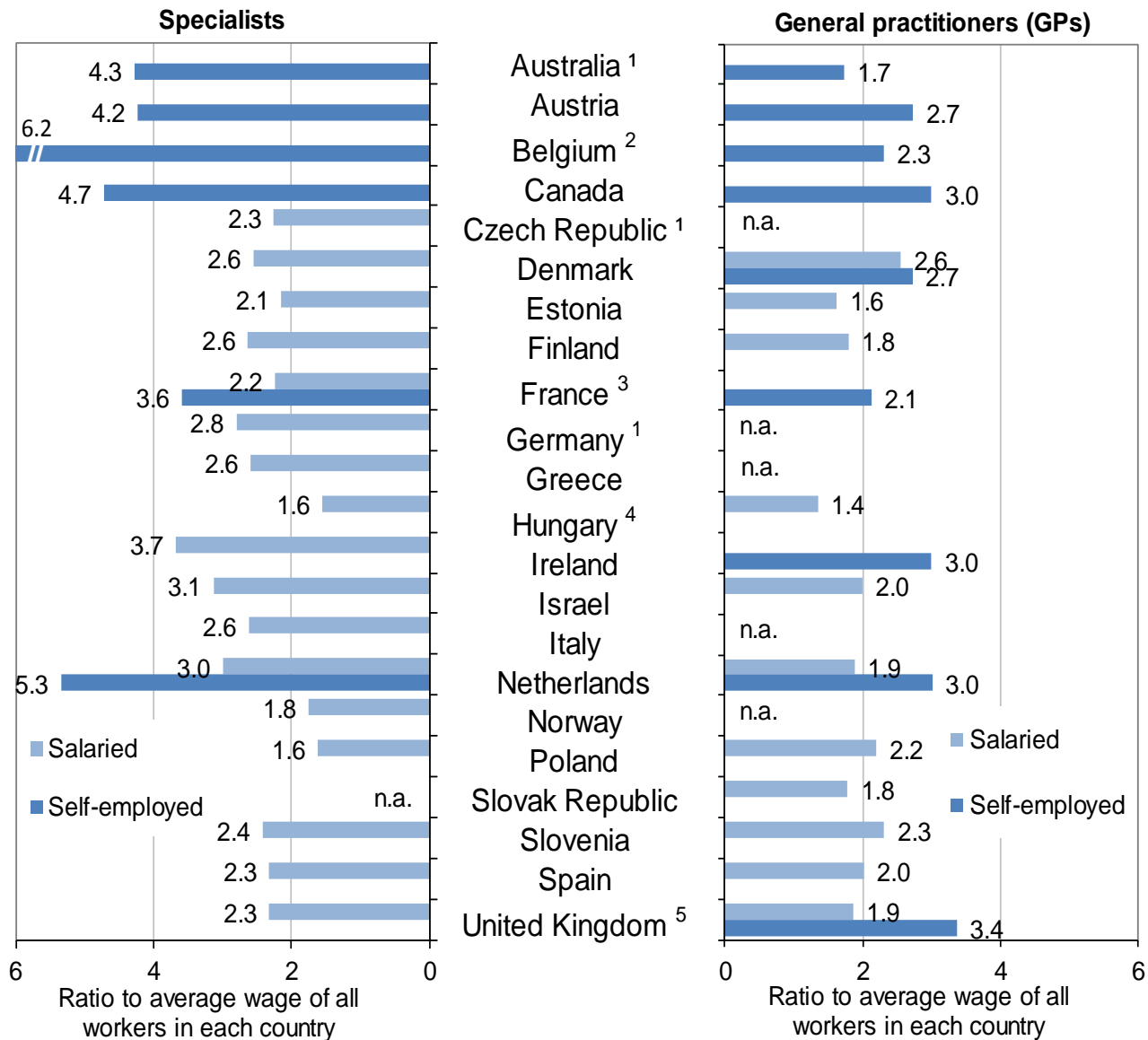


### 3. Comparing remuneration level of doctors and nurses with other workers in the country

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- Current indicator:
  - Ratio to average wage of **all workers**
  - Data extracted from the *Labour Force Survey* database
- Possible new indicator:
  - Ratio to average wage of **tertiary-educated workers**
  - Data extracted from the Education database

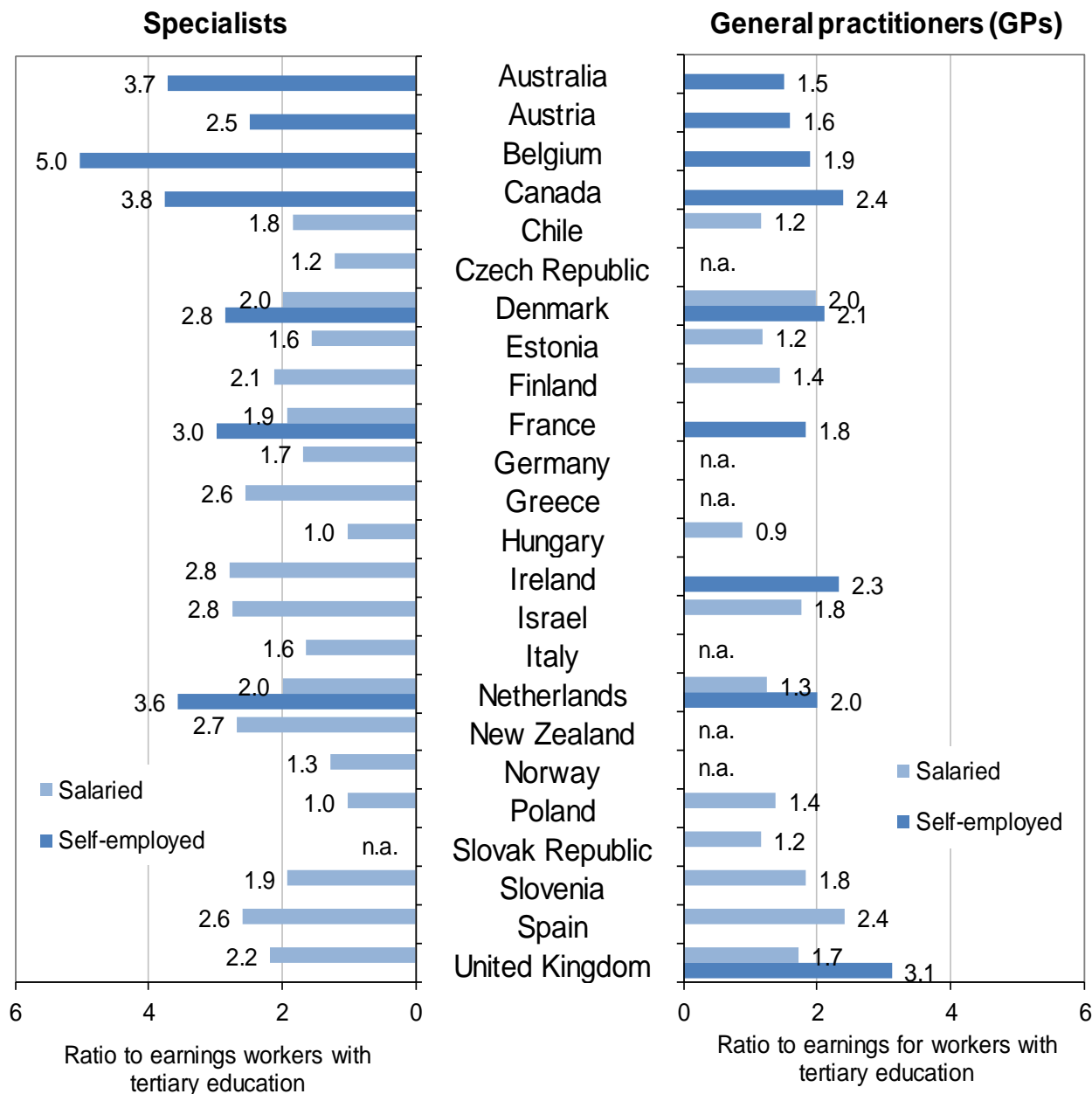
# Remuneration of doctors, ratio to average wage of all workers, 2011 (or nearest year)



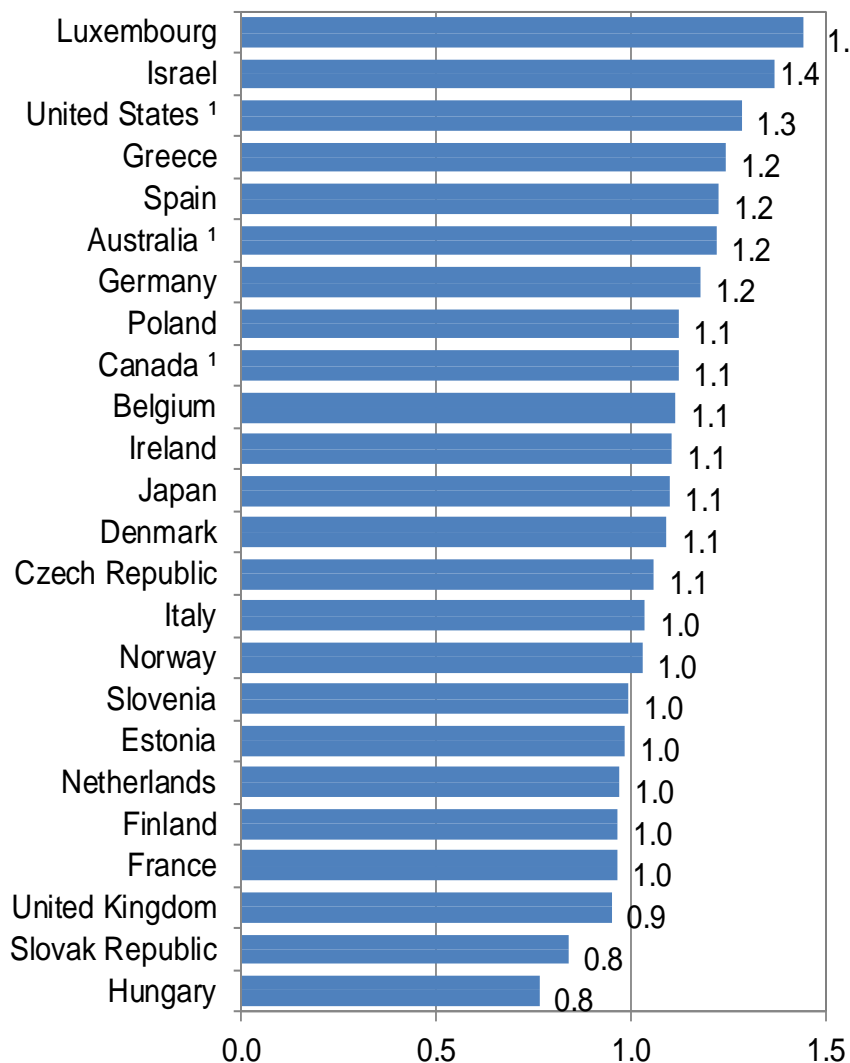
1. Physicians in training included (resulting in an underestimation). 2. Practice expenses included (resulting in an over-estimation). 3. Remuneration of self-employed physicians is net income, not gross income (resulting in an underestimation). 4. Public sector employees only (resulting in an underestimation). 5. Specialists in training included (resulting in an underestimation).

Source: *OECD Health Statistics 2013*, <http://dx.doi.org/10.1787/health-data-en>.

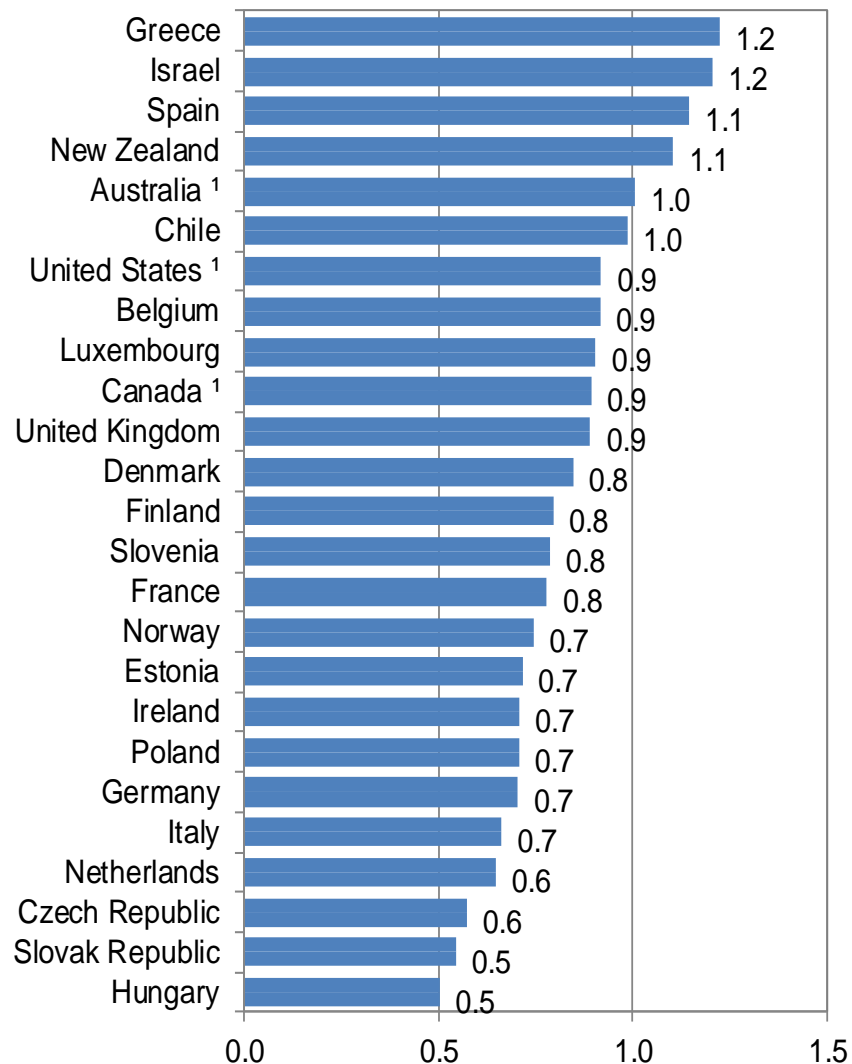
# Remuneration of doctors, ratio to average wage of tertiary-educated workers, 2011 (or nearest year)



# Remuneration of hospital nurses, ratio to average wage, 2011 (or nearest year)



Ratio to average wage of **all workers** in each country



Ratio to average wage of **tertiary-educated workers** in each country

1. Data refer to registered ("professional") nurses in the United States, Australia and Canada (resulting in an over-estimation).

Source: *OECD Health Statistics 2013*



## National Correspondents are invited to:

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- **COMMENT** on the possibility to fill data gaps and improve the comparability of data submitted;
- **COMMENT** on possible adjustments to national data submissions to improve comparability (along the lines of adjustments made in the Dutch report);
- **COMMENT** on the use of the average income of tertiary-educated workers only to compare the remuneration levels of doctors and nurses.