

# Relative income of clinical faculty members vs. science faculty members in university settings—a short survey of France, Hong Kong, India, Japan, South Korea, The Netherlands, Taiwan, UK, and USA

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Submitted Nov 13, 2014. Accepted for publication Nov 13, 2014.

doi: 10.3978/j.issn.2223-4292.2014.11.24

**View this article at:** <http://dx.doi.org/10.3978/j.issn.2223-4292.2014.11.24>

The debate is going on in China with the topic of ‘*How clinicians should engage in research*’ (1,2). Since research may not apparently generate direct income for the employer hospital, then how the time spent on research should be paid remains another concern. A related question is how scientific researchers and clinicians are paid differently. This question is relevant for the medical graduates who may choose to pursue a full time research career. Scientific researchers and clinicians have different working styles, and how they are paid varies from one country to another country. We conducted a short survey, one contributor each from France, Hong Kong, India, Japan, South Korea, The Netherlands, Taiwan, UK, and USA were invited respectively, and eight questions were asked, i.e.,:

- (I) The competition for medical school enrolment is (i) very high (vhi); (ii) high (hi); or (iii) same competition as other science subjects (sam);
- (II) The tuition fee for medical school is (i) higher than other science subjects (hi); (ii) same as other science subjects (sam); (iii) no fee, subsidized by the state;
- (III) Compared with a science faculty member, the

working hours of a clinical faculty member in a university hospital tends to be (i) much longer (ml); (ii) slightly longer (sl); (iii) similar working hours (simil). For this question, average performance is assumed;

- (IV) The insurance cost for medical negligence is paid (i) by the clinician him/herself (doc); (ii) by the university (uni);
- (V) Is there any income difference among different clinical specialty?
- (VI) The ratio (A/B) of net income of a junior doctor during the first 2 yrs after medicine degree (MBBS, or MD in North America), i.e., (A) during residency *vs.* (B) net income of a science degree graduate (BSc) during first 2 yrs. Hereby net income means average income after tax and after insurance cost for medical negligence if this is paid by the clinician him/herself. This is the same for questions 7 and 8;
- (VII) The ratio (C/D) of the net income of an university physician during the first 2 yrs after residency, i.e., (C) as junior specialist in internal medicine *vs.* (D)

**Table 1** Comparison of competition for college enrolment, working hours, and income between university clinical faculty members and university science faculty members

Questions	France	HK	India	Japan	Korea	NL	Taiwan	UK	USA
Q1: entry competition	sam	vhi	vhi	vhi	vhi	hi	vhi	hi	vhi
Q2: tuition fee	sam	sam	sam	hi	hi	sam	Hi	sam	hi
Q3: working hours	ml	sl	sl	ml	ml	ml	sl	sl	simil
Q4: practice insurance	uni	uni	doc	uni	uni	uni	uni	doc	uni
Q5: difference in specialties	No	No	No	No	Yes	No	Yes	No	Yes
Q6: income ratio juniors	1.2	2.0	2.5	1	1.3	1.2	2.0	1.3	1.0
Q7: income ratio mid career	1.5	1.5	2.0	1.2	1.5	1.5	3.0	1.4	2.5
Q8: income ratio seniors	2.0	1.5	2.0	1.5	1.7	1.8	3.0	1.5	2.3

Note: (I) in the column for USA, the radiologists' income is used, instead of physicians' income. Radiologists earn more than physicians in USA. In other countries, income of physician of internal medicine is used as reference; (II) in the university hospitals in The Netherlands (NL), there is no difference in income among different clinical specialties, as doctors get a fixed salary, equal across all specialties. For doctors working in public non-university hospitals, the income varies between specialties. The income is based on number of procedures, and is thus determined largely by amount of patients seen and the reimbursement fees; (III) in UK if the doctor is employed in the National Health Service (NHS), pay for all consultant doctors is the same regardless of specialty and depends on years of service. And consultant is the only grade for all specialists. It is possible to earn a bonus on top (Clinical Excellence Award) if a consultant have provided very good patient care or done something beneficial, but new awards are now rarely made; (IV) in South Korea surgeons in university earn slightly more than other specialties, but the difference is small.

the net income of a junior science lecturer or a newly appointed assistant professor;

(VIII) The ratio (E/F) of net income of (E) a senior clinical faculty member *vs.* (F) a senior science faculty member.

The answers to the questions are summarized in the *Table 1*. The survey shows the entry to medical schools tends to more competitive than science subjects, while the tuition fee can be higher in some countries. Overall, clinical faculty members can earn 1.5-2 times the income of science faculty members, while science faculty members enjoy less working hours. Clinical faculty members tend to work longer hours than science faculty members, only in USA science faculty members need to work as many hours as clinical faculty members.

This is a very small scale survey. The results in this study should be interpreted with caution. The contributors were asked to provide reliable data, but the data were not asked to be very precise. Answers are inherently subjective. This survey is focused on university staff members. Doctors in private practice generally have higher income, but this also varies according to their reputation and social network. Scientists in private sectors, such as pharmaceuticals and biotech, are generally paid more than those in universities.

In some societies, salary is not something openly discussed about. This short survey offers some indications

how much income different careers may lead to, and also the possible working hour difference. Hope readers will find the information useful, or at least interesting.

*Disclosure:* The authors declare no conflict of interest. The data are approximate and the authors bear no responsibility in cases of inaccuracy.

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**Cite this article as:** Wáng YX, Loffroy R, Arora R, Suzuki K, Lee CH, Chung HW, Oei EH, Winston GP, Ng CK. Relative income of clinical faculty members *vs.* science faculty members in university settings—a short survey of France, Hong Kong, India, Japan, South Korea, The Netherlands, Taiwan, UK, and USA. *Quant Imaging Med Surg* 2014;4(6):500-501. doi: 10.3978/j.issn.2223-4292.2014.11.24