

2026
Physician Salary Guide

Expanded National Specialty Edition

INSPIRE
Medical Staffing

2026 National Physician Salary Guide

How to read the numbers

The specialty figures in this guide are average annual compensation, not guaranteed base salary. They may include salary, productivity income, bonuses, and other physician-reported earnings. Individual offers vary by geography, experience, call, schedule, practice setting, and productivity expectations.

Executive Summary

Physician compensation continued to rise entering 2026, but growth remained modest relative to workforce pressure, reimbursement strain, and the complexity of clinical practice. Medscape reported average U.S. physician compensation of approximately $386,000 for 2025, a gain of about 3%. AMGA reported a 4.9% increase across its 2024 provider dataset, with compensation growth outpacing productivity growth.

This expanded guide preserves the original Inspire Medical visual identity while replacing the prior five-specialty snapshot with a complete, comparable table of the 52 specialties for which Doximity published national averages. The guide also adds specialty profiles, compensation graphics, practice-setting benchmarks, recruiting demand, and updated strategic guidance.

Key 2026 takeaways

- Procedural specialties remain at the top. The highest national averages continue to cluster in surgery, interventional care, radiology, cardiology, and procedure-intensive specialties.
- Primary care demand is stronger than compensation rank alone suggests. Internal medicine, family medicine, and pediatrics were among the most recruited specialties in Doximity's 2024 job-posting analysis.
- Pediatric pay remains structurally lower. Pediatric sub-specialties occupy many of the lowest compensation positions despite intensive training and complex care.
- Practice setting matters. Single-specialty groups, multi-specialty groups, and solo practices reported the highest average compensation in Doximity's analysis.
- Compensation is increasingly blended. AMA research found salary made up 58.2% of physician compensation on average in 2024, while productivity remained significant at approximately 28%.

$386K AVERAGE U.S. PHYSICIAN COMPENSATION
Medscape 2026 report; physician-reported 2025 compensation.

52 SPECIALTIES BENCHMARKED
All specialties with publishable national averages in Doximity's comprehensive table..

$749K HIGHEST SPECIALTY AVERAGE
Neurosurgery leads the current comprehensive specialty benchmark.

3.7% DOXIMITY YEAR-OVER-YEAR GROWTH
Average U.S. physician compensation growth from 2023 to 2024.

Sources: Medscape 2026 Physician Compensation Report; Doximity 2025 Physician Compensation Report; AMGA 2025 Medical Group Compensation and Productivity Survey; AMA Physician Practice Benchmark Survey.

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Guide Structure & Methodology

This guide is designed for hospital leaders, recruiters, physicians, and advanced practice providers evaluating national compensation benchmarks.

SECTION	WHAT IT INCLUDES
National landscape	Market trends, key statistics, and interpretation guidance.
52-specialty compensation table	A ranked national average for every specialty published in Doximity's comprehensive specialty table.
Compensation graphics	Highest and lowest specialties, broad category ranges, and practice-setting comparisons.
Specialty profiles	A concise compensation card and recruiting-market note for each of the 52 specialties.
APP compensation	Updated national median benchmarks for nurse practitioners and physician assistants.
Strategy	Practical guidance for administrators and physicians evaluating total compensation.

Primary specialty data source

Doximity's 2025 report is the most complete public national specialty table used in this guide. It draws on more than 37,000 compensation surveys completed by full-time U.S. physicians in 2024 and more than 230,000 surveys over six years. Doximity controls for specialty, metro area, gender, years in practice, and hours worked. Some specialties are not published when sample size is insufficient.

Why the report is titled 2026

The guide is compiled for the 2026 recruiting and contracting market using the latest public national sources available as of July 2026. Specialty-level figures reflect Doximity's latest comprehensive public table; market context is supplemented by Medscape 2026, AMGA 2025, AMA 2024 benchmark research, and current BLS wage data.

Average compensation vs. base salary

A national compensation average is useful for market orientation, but it should not be treated as an offer target without adjustment. Guaranteed base salary may be lower than reported total compensation when production bonuses, quality incentives, call pay, ownership income, and other earnings are included.

Important Information

This report benchmarks compensation, not fair-market value for a specific arrangement. Health systems should use specialty-, geography-, and job-specific survey data and appropriate legal review when structuring compensation.

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The 2026 Compensation Landscape

National compensation is rising, but reimbursement pressure, shortages, workload, and practice consolidation continue to reshape physician economics.

Six Forces Shaping Physician Compensation

01



Slow, Steady Gains

3–5% growth

02



Demand Runs Deep

10 high-demand specialites

03



Payment Pressure

Purchasing power keeps slipping

04



Employment Reshapes Practice

42.2% remain in private practice

05



Flexibility Is Currency

77% would trade pay for balance

06



Pediatrics Under Pressure

Pay gaps challenge retention

Modest compensation growth	Medscape reported physician **compensation increased about 3% in 2025**. Doximity reported 3.7% growth from 2023 to 2024, while AMGA reported a 4.9% increase across its 2024 provider dataset.
Demand remains broad	Doximity's most recruited specialties included internal medicine, family medicine, psychiatry, pediatrics, OB/GYN, emergency medicine, neurology, general surgery, anesthesiology, and radiology.
Reimbursement pressure matters	Physicians continue to report concern about Medicare and Medicaid reimbursement, while inflation-adjusted Medicare physician payment remains substantially below its 2001 level.
Private practice is shrinking	AMA data show the share of physicians in **private practice declined to 42.2% in 2024**, increasing the importance of employed compensation design and organizational culture.
Work-life balance has monetary value	Doximity reported **77% of surveyed physicians had accepted or would accept lower pay for greater autonomy** or work-life balance.
Pediatric economics remain challenging	Doximity found large compensation gaps between pediatric and adult counterparts and widespread concern that reimbursement impairs recruitment and retention.

Sources: Doximity 2025 Physician Compensation Report; Medscape 2026 Physician Compensation Report; AMGA 2025 survey; AMA physician practice research.

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National Average Physician Compensation by Specialty

Ranked national averages for 52 specialties - page 1 of 3.

Rank	Specialty	Category	National Average Compensation
1	Neurosurgery	Surgical & Procedural	$749,140
2	Thoracic Surgery	Surgical & Procedural	$689,969
3	Orthopedic Surgery	Surgical & Procedural	$679,517
4	Pediatric (General) Surgery	Surgical & Procedural	$647,721
5	Plastic Surgery	Surgical & Procedural	$621,445
6	Oral & Maxillofacial Surgery	Surgical & Procedural	$616,748
7	Radiation Oncology	Surgical & Procedural	$588,678
8	Cardiology	Surgical & Procedural	$587,360
9	Vascular Surgery	Surgical & Procedural	$576,452
10	Interventional Radiology	Surgical & Procedural	$572,617
11	Radiology	Surgical & Procedural	$571,749
12	Urology	Surgical & Procedural	$559,474
13	Gastroenterology	Surgical & Procedural	$537,870
14	Otolaryngology (ENT)	Surgical & Procedural	$523,369
15	Anesthesiology	Surgical & Procedural	$523,277
16	Dermatology	Surgical & Procedural	$508,401
17	Oncology	Surgical & Procedural	$502,465
18	Colon & Rectal Surgery	Surgical & Procedural	$487,085
19	General Surgery	Surgical & Procedural	$482,574
20	Ophthalmology	Surgical & Procedural	$477,232
21	Pulmonology	Medical, Diagnostic & Hospital-Based	$425,700
22	Hematology	Medical, Diagnostic & Hospital-Based	$421,482
23	Emergency Medicine	Medical, Diagnostic & Hospital-Based	$411,133
24	Obstetrics & Gynecology	Medical, Diagnostic & Hospital-Based	$389,566
25	Physical Medicine & Rehabilitation	Medical, Diagnostic & Hospital-Based	$374,886

Source: Doximity 2025 Physician Compensation Report. Compensation reflects average annual earnings reported by full-time U.S. physicians for 2024. Some specialties are excluded by the source because of sample-size limitations.

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Rank	Specialty	Category	National Average Compensation
26	Pathology	Medical, Diagnostic & Hospital-Based	$373,384
27	Nephrology	Medical, Diagnostic & Hospital-Based	$367,425
28	Neurology	Medical, Diagnostic & Hospital-Based	$360,519
29	Neonatology/Perinatology	Pediatric Specialties	$354,841
30	Pediatric Cardiology	Pediatric Specialties	$352,197
31	Psychiatry	Medical, Diagnostic & Hospital-Based	$341,977
32	Occupational Medicine	Medical, Diagnostic & Hospital-Based	$326,993
33	Internal Medicine	Primary Care & Generalist	$326,116
34	Rheumatology	Medical, Diagnostic & Hospital-Based	$324,954
35	Infectious Disease	Medical, Diagnostic & Hospital-Based	$320,730
36	Family Medicine	Primary Care & Generalist	$318,959
37	Pediatric Emergency Medicine	Pediatric Specialties	$312,271
38	Preventive Medicine	Primary Care & Generalist	$310,177
39	Allergy & Immunology	Medical, Diagnostic & Hospital-Based	$308,846
40	Pediatric Gastroenterology	Pediatric Specialties	$298,457
41	Medicine/Pediatrics	Primary Care & Generalist	$296,665
42	Geriatrics	Primary Care & Generalist	$291,968
43	Endocrinology	Medical, Diagnostic & Hospital-Based	$290,606
44	Child Neurology	Pediatric Specialties	$289,738
45	Pediatric Pulmonology	Pediatric Specialties	$282,000
46	Pediatrics	Pediatric Specialties	$265,230
47	Pediatric Nephrology	Pediatric Specialties	$263,013
48	Medical Genetics	Medical, Diagnostic & Hospital-Based	$259,564
49	Pediatric Hematology & Oncology	Pediatric Specialties	$255,733
50	Pediatric Infectious Disease	Pediatric Specialties	$248,322
51	Pediatric Rheumatology	Pediatric Specialties	$231,574
52	Pediatric Endocrinology	Pediatric Specialties	$230,426

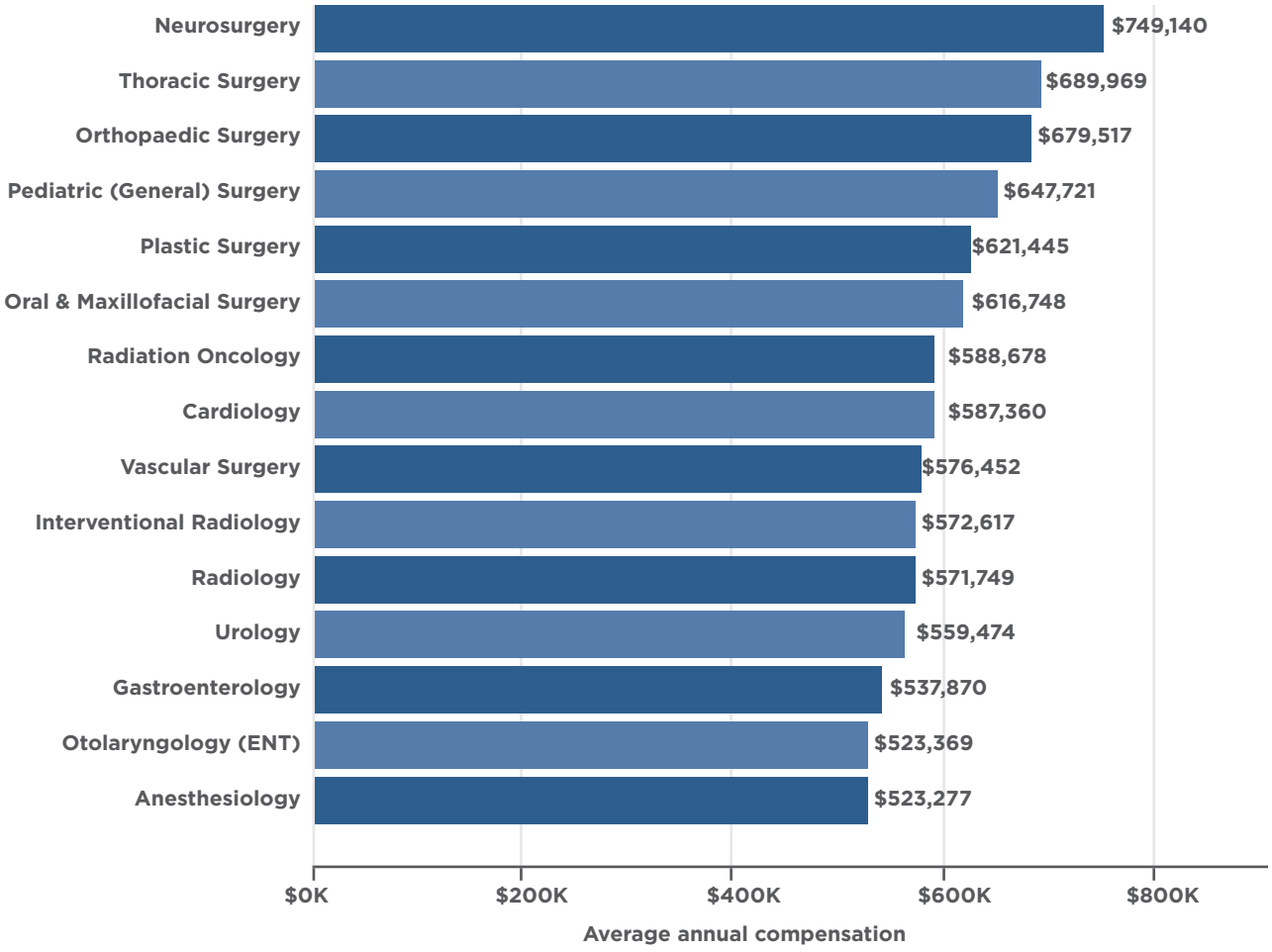
Source: Doximity 2025 Physician Compensation Report. Compensation reflects average annual earnings reported by full-time U.S. physicians for 2024. Some specialties are excluded by the source because of sample-size limitations.

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Highest-Paid Specialties

Surgical and procedural specialties dominate the upper end of the national compensation distribution.

15 Highest National Average Compensation Benchmarks



Recruiting implication

Compensation alone may not secure these specialists. Call burden, operating-room access, advanced equipment, referral support, block time, and leadership opportunities can materially affect acceptance and retention.

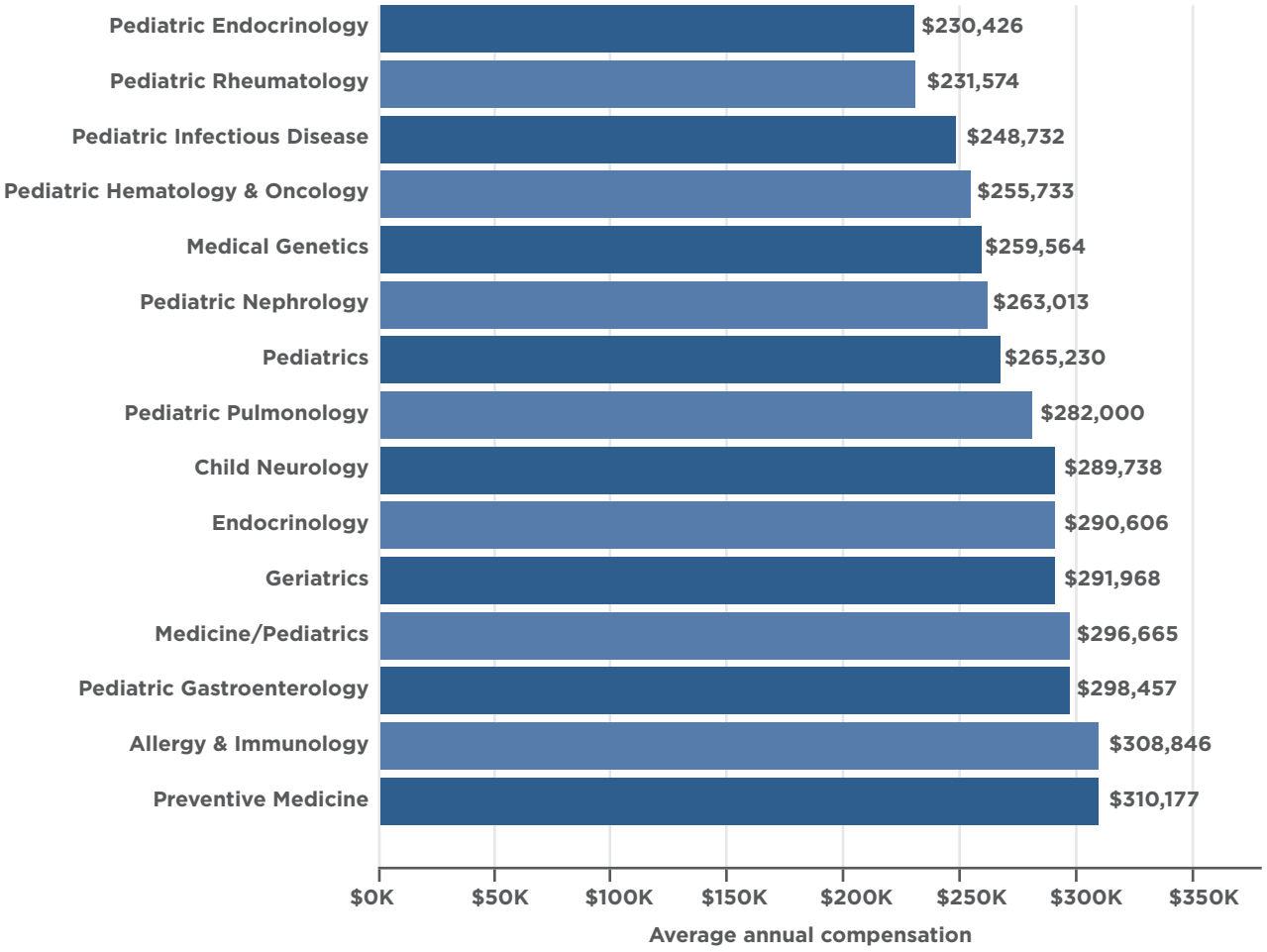
Source: Doximity 2025 Physician Compensation Report.

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Lower-Paid Specialties

Primary care and pediatric sub-specialties are concentrated at the lower end of the national compensation distribution.

15 Lowest National Average Compensation Benchmarks



Recruiting implication

Lower national averages do not necessarily indicate lower demand. Several primary care and pediatric fields face significant shortages, making schedule design, loan support, team resources, and mission alignment especially important.

Source: Doximity 2025 Physician Compensation Report.

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Compensation Ranges by Specialty Group

The dots show the unweighted average within this guide's broad categories; the whiskers show the lowest and highest specialty benchmark in each group.

The category view highlights two structural realities. First, compensation varies more within broad groups than a single category average implies. Second, pediatric specialties remain compressed at the lower end of the market even where clinical complexity and workforce scarcity are substantial.

Where Compensation Averages Land

Surgical & Procedural
$575K
AVERAGE

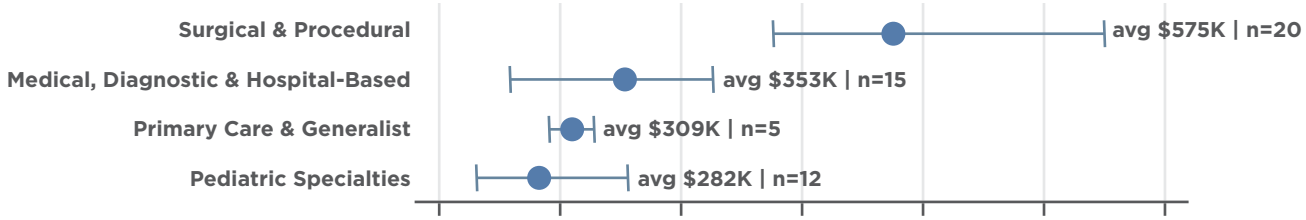
Medical, Diagnostic & Hospital-Based
$353K
AVERAGE

Primary Care & Generalist
$309K
AVERAGE

Pediatric Specialties
$282K
AVERAGE

Note: Variation within each group can be wider than the difference between groups.
Unweighted averages · 52 specialties

Compensation Range by Broad Specialty Group



Use with care

Category averages are descriptive and unweighted. They are not a substitute for a specialty-specific benchmark, and they should never be used to value an individual position without geography and job-design adjustments.

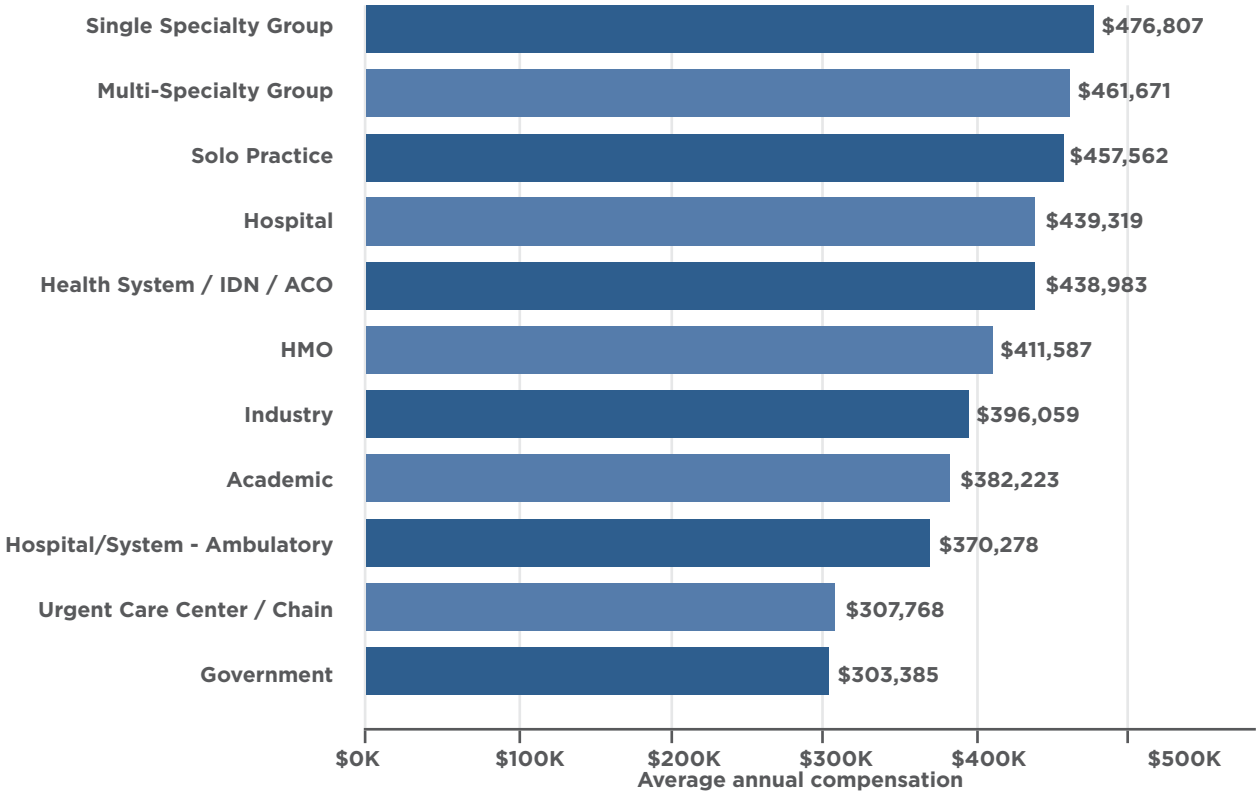
Calculated from the 52 specialty averages published in Doximity's 2025 Physician Compensation Report.

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Practice Setting Matters

Average compensation differs materially across employment models, even after Doximity adjusts for specialty, location, and years of experience.

Average Physician Compensation by Practice Setting



Single-specialty groups, multi-specialty groups, and solo practices led the reported setting averages. Academic, ambulatory health-system, urgent-care, and government settings reported lower averages, often in exchange for different schedules, missions, benefits, research opportunities, or administrative responsibilities.

Source: Doximity 2025 Physician Compensation Report. Practice-setting averages are adjusted analyses and should not be compared directly with a specific specialty offer.

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Surgical & Procedural

Procedural intensity, call coverage, training length, and specialist scarcity are the most consistent compensation drivers.

Specialty	Nat. Avg. Annual Compensation
Neurosurgery Complex operative care, intensive call coverage, long training, and limited specialist supply support premium compensation.	$749,140
Thoracic Surgery Cardiac and thoracic procedures, hospital call, and high-acuity referral care are the principal compensation drivers.	$689,969
Orthopaedic Surgery High surgical volume, trauma coverage, and subspecialization in spine, joints, sports, or hand can materially affect earnings.	$679,517
Pediatric (General) Surgery A small national workforce, tertiary referral concentration, and complex neonatal and pediatric surgery sustain strong demand.	$647,721
Plastic Surgery Compensation reflects the mix of reconstructive, hospital-based, and elective procedures, with wide practice-setting variation.	$621,445
Oral & Maxillofacial Surgery Hospital and office procedures, trauma, and dual dental-medical expertise contribute to high earning potential.	$616,748
Radiation Oncology Technology-intensive cancer treatment, complex planning, and multidisciplinary oncology care shape compensation.	$588,678
Cardiology High-acuity diagnostics, procedures, inpatient call, and sub-specialty differences drive a broad compensation range.	$587,360
Vascular Surgery Open and endovascular procedures, emergency call, and limited supply support premium recruitment packages.	$576,452
Interventional Radiology Image-guided procedures, hospital call, and hybrid diagnostic-procedural responsibilities support above-average pay.	$572,617
Radiology High reading volume, broad demand, sub-specialty expertise, and teleradiology coverage influence total compensation.	$571,749
Urology A blend of surgery and office procedures, an aging population, and sub-specialty demand sustain strong compensation.	$559,474
Gastroenterology Endoscopy, procedural productivity, and growing digestive-disease demand remain central compensation drivers.	$537,870
Otolaryngology (ENT) Compensation reflects a broad mix of surgery, office procedures, oncology, airway, and sub-specialty care.	$523,369
Anesthesiology Operating-room coverage, call burden, procedural demand, and care-team models strongly influence market rates.	$523,277
Dermatology A high-volume ambulatory model combining medical, surgical, and procedural services supports strong compensation.	$508,465
Oncology Complex longitudinal cancer care, treatment oversight, and multidisciplinary demand support competitive packages.	$502,465
Colon & Rectal Surgery Sub-specialty colorectal procedures and concentrated referral patterns contribute to above-average surgical compensation.	$487,085
General Surgery Broad operative scope, emergency coverage, and rural or community need create meaningful geographic variation.	$482,574
Ophthalmology Ambulatory surgery, office procedures, and high-throughput practice models are key compensation drivers.	$477,232

Source: Doximity 2025 Physician Compensation Report (2024 full-time U.S. physician compensation). Figures represent average annual compensation, not guaranteed base salary.

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Medical, Diagnostic & Hospital-Based

These specialties span acute hospital care, diagnostics, consultative medicine, and longitudinal disease management.

Specialty	Nat. Avg. Annual Compensation
Pulmonology Compensation varies with critical care, bronchoscopy, sleep medicine, inpatient coverage, and call responsibilities.	$425,700
Hematology Complex consultative care and frequent overlap with oncology create substantial variation by practice model.	$421,482
Emergency Medicine Shift coverage, patient acuity, night and weekend work, and rural staffing needs shape market compensation.	$411,133
Obstetrics & Gynecology Deliveries, surgery, call coverage, liability exposure, and local access needs materially affect compensation.	$389,566
Physical Medicine & Rehabilitation Inpatient rehabilitation, musculoskeletal care, procedures, and pain or sports focus create varied earning models.	$374,886
Pathology Diagnostic volume, laboratory leadership, sub-specialty expertise, and practice scale influence compensation.	$373,384
Nephrology Chronic kidney disease, inpatient consultation, dialysis oversight, and call demands shape compensation.	$367,425
Neurology Strong demand and major sub-specialty differences - including stroke, epilepsy, and neuromuscular care - affect pay.	$360,519
Psychiatry Persistent workforce shortages, outpatient demand, and telepsychiatry expansion support broad recruiting need.	$341,977
Occupational Medicine Employer-based care, injury management, regulatory work, and generally predictable schedules define the market.	$326,993
Rheumatology Growing autoimmune-disease demand, longitudinal care, and infusion services influence compensation.	$326,116
Infectious Disease Consultative complexity, antimicrobial stewardship, and public-health value are high despite lower procedural revenue.	$320,730
Allergy & Immunology Outpatient testing, immunotherapy, chronic disease management, and predictable schedules shape compensation.	$308,846
Endocrinology High demand for diabetes and thyroid care is balanced by predominantly cognitive, longitudinal practice.	$290,606
Medical Genetics A small workforce, consultative care, and concentration in academic or tertiary settings influence compensation.	$259,564

Source: Doximity 2025 Physician Compensation Report (2024 full-time U.S. physician compensation). Figures represent average annual compensation, not guaranteed base salary.

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Primary Care & Generalist

National demand remains high, with compensation increasingly influenced by geography, value-based incentives, and scope of practice.

Specialty	Nat. Avg. Annual Compensation
Internal Medicine Compensation varies widely between outpatient primary care, hospital medicine pathways, and geographic markets.	**$326,116**
Family Medicine Broad scope, high national demand, rural premiums, and value-based incentives support a rising market.	**$318,959**
Preventive Medicine Population health, public health, employer, and health-system leadership roles create diverse compensation structures.	**$310,177**
Medicine/Pediatrics Dual training provides flexibility across adult and pediatric care, hospital medicine, and transition programs.	**$296,665**
Geriatrics Aging demographics and complex care-management needs drive demand, though reimbursement remains largely cognitive.	**$291,968**

Source: Doximity 2025 Physician Compensation Report (2024 full-time U.S. physician compensation). Figures represent average annual compensation, not guaranteed base salary.

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Pediatric Specialties

Pediatric compensation remains lower than comparable adult specialties, despite complex care and persistent workforce shortages.

Specialty	Nat. Avg. Annual Compensation
Neonatology/Perinatology NICU acuity, in-house coverage, high-risk deliveries, and tertiary referral care drive compensation.	**$354,841**
Pediatric Cardiology Congenital heart disease, advanced imaging, procedures, and tertiary-center concentration shape the market.	**$352,197**
Pediatric Emergency Medicine Specialized acute-care shifts, children's hospital coverage, and night or weekend work influence compensation.	**$312,271**
Pediatric Gastroenterology Endoscopy, chronic digestive disease, and limited specialist supply support demand in regional centers.	**$298,457**
Child Neurology A scarce workforce and complex chronic neurologic care create persistent recruitment challenges.	**$289,738**
Pediatric Pulmonology Asthma, cystic fibrosis, sleep, and inpatient consultation needs are concentrated in children's hospitals.	**$282,000**
Pediatrics Compensation varies by outpatient, hospitalist, academic, and underserved-market practice settings.	**$265,230**
Pediatric Nephrology Complex kidney disease, dialysis, transplant care, and a very small workforce create high recruitment need.	**$263,013**
Pediatric Hematology & Oncology Highly complex care is concentrated in academic and children's hospitals, where reimbursement pressures remain significant.	**$255,733**
Pediatric Infectious Disease Consultation, stewardship, immunocompromised care, and academic concentration shape compensation.	**$248,322**
Pediatric Rheumatology One of the smallest pediatric workforces, with chronic autoimmune care concentrated in tertiary centers.	**$231,574**
Pediatric Endocrinology Diabetes and endocrine care demand is high, while predominantly cognitive reimbursement constrains compensation.	**$230,426**

Source: Doximity 2025 Physician Compensation Report (2024 full-time U.S. physician compensation). Figures represent average annual compensation, not guaranteed base salary.

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Advanced Practice Provider (APP) Compensation

APP compensation remains highly sensitive to specialty, call, overtime, shift differentials, and practice setting.

Role	Nat. Median Annual Pay
Nurse Practitioner BLS combined category median for nurse anesthetists, nurse midwives, and nurse practitioners; specialty-specific NP pay varies significantly.	**$132,050**
Physician Assistant BLS median annual wage, May 2024; the highest-paid settings and surgical or procedural roles can exceed the national median.	**$133,260**

APP market factors

- Specialty premium: Emergency, surgical, critical care, anesthesia, and procedure-oriented APP roles often command higher compensation.
- Shift and call design: Night, weekend, holiday, overtime, and call structures can materially change annual earnings.
- Scope and autonomy: State law, organizational policy, experience, and prescribing or procedural responsibilities influence market rates.
- Team economics: The strongest APP models evaluate contribution to access, physician capacity, throughput, and team productivity - not just individual volume.

Benchmarking reminder

The BLS figures are occupational medians, not specialty-specific total compensation. Employers should supplement them with AANP, AAPA, MGMA, AMGA, or other role-specific survey data when designing offers.

Source: Doximity 2025 Physician Compensation Report (2024 full-time U.S. physician compensation). Figures represent average annual compensation, not guaranteed base salary.

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Understanding Total Compensation

A competitive physician offer is a portfolio of guaranteed pay, incentives, benefits, schedule design, and professional support.

Guaranteed base salary	The predictable annual amount. Clarify whether it is tied to a defined clinical FTE, shift count, schedule, or wRVU threshold.
Productivity incentives	Often tied to wRVUs, collections, encounters, procedures, or shifts. The formula, threshold, conversion factor, and reconciliation process should be transparent.
Quality and value incentives	May include clinical quality, patient experience, access, documentation, citizenship, or population-health measures.
Call and coverage pay	Define included call, excess call, callback, overnight coverage, holiday premiums, and whether post-call relief is provided.
Signing and retention incentives	Signing bonuses, commencement bonuses, retention payments, and forgivable loans should include clear repayment terms.
Student-loan support	Especially influential in primary care, rural, pediatric, and other hard-to-recruit markets.
Benefits and professional expenses	Health coverage, retirement, malpractice and tail, CME, dues, licenses, relocation, and paid time off all affect offer value.
Equity orpartnership	Ownership, ancillary distributions, buy-in terms, governance rights, and exit provisions can materially change long-term economics.

AMA research on compensation structure

In 2024, salary accounted for 58.2% of physician compensation on average, while productivity accounted for approximately 28%. The broader trend is toward blended models that combine salary with productivity and/or bonuses rather than relying on a single method.

Source: American Medical Association, Physician Practice Benchmark Survey analysis of compensation methods, 2014-2024.

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Strategic Guidance for Hospital Administrators

The right compensation package must be market-aligned, operationally supportable, transparent, and sustainable.

Benchmark the actual job, not just the specialty	Account for FTE, clinical hours, call, shifts, procedures, leadership, teaching, supervision, and expected productivity.
Use multiple credible surveys	Triangulate current specialty and regional data. National averages provide orientation but can conceal large geographic and practice-setting differences.
Lead with total value	Show base, realistic incentive opportunity, retirement, malpractice and tail, loan support, signing incentives, PTO, CME, and schedule advantages in one clear summary.
Design attainable incentives	A bonus that few physicians can earn is not competitive. Validate thresholds against historical volumes, staffing, referral supply, OR access, and payer mix.
Treat retention as a compensation strategy	Annual market reviews, leadership access, schedule flexibility, support staffing, and administrative burden reduction can prevent expensive turnover.
Address rural recruitment creatively	Compensation premiums help, but housing, spousal support, loan repayment, schedule blocks, telehealth, and community integration often determine success.
Build APP teams intentionally	Define scope, supervision, escalation, attribution, and team metrics. APP deployment should expand access and physician capacity rather than simply transfer workload.
Document fair-market-value support	Use qualified compensation expertise and legal review for arrangements involving referrals, leadership duties, call, or unusual incentive structures.

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Strategic Guidance for Physicians

Evaluate the full economic and professional package over the expected life of the contract.

Know which number are comparing	Base salary, cash compensation, total compensation, owner you income, and benefits are not interchangeable. Match the offer component to the survey definition.
Test the productivity model	Ask for the wRVU or collections threshold, conversion rate, quality gates, attribution rules, current physician performance, and historical payout distribution.
Price call and schedule burden	Night work, weekend frequency, backup call, callback, post-call expectations, PTO coverage, and schedule control can be worth more than a modest salary difference.
Value malpractice and tail	Understand whether coverage is occurrence or claims-made and who pays tail at departure, termination, retirement, or a change in carrier.
Review restrictive covenants and termination	State law is changing. Obtain legal review of notice periods, repayment obligations, non-competes, nonsolicitation, and compensation during notice.
Examine organizational capacity	Recruiting promises require operational support: nurses, APPs, scribes, OR time, equipment, referral development, beds, imaging, and administrative responsiveness.
Model the three-to-five-year value	Include signing incentives, loan repayment, retirement contributions, realistic bonus attainment, partnership economics, and the cost of relocation or departure.

Most recruited specialties in Doximity's 2024 job-posting analysis

1. Internal Medicine
2. Family Medicine
3. Psychiatry
4. Pediatrics
5. Obstetrics & Gynecology
6. Emergency Medicine
7. Neurology
8. General Surgery
9. Anesthesiology
10. Radiology

Source: Doximity 2025 Physician Compensation Report, based on tens of thousands of job postings across the Doximity network in 2024.

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Data Sources & Methodology

Compensation benchmarks should be interpreted in the context of source definitions, sample design, and reporting period.

Doximity 2025 Physician Compensation Report	Primary source for all 52 specialty averages, compensation growth, practice setting, physician demand, and selected workforce trends. Specialty data reflect 2024 compensation from full-time U.S. physicians.
Medscape Physician Compensation Report 2026	Source for the current overall U.S. physician compensation headline of approximately $386,000 and 2025 market growth context.
AMGA 2025 Medical Group Compensation and Productivity Survey	Used for medical-group compensation and productivity trend context. The published survey included more than 184,500 providers across nearly 500 medical groups.
American Medical Association research	Used for compensation-method structure, physician practice ownership, and the shift toward blended salary, productivity, and bonus models.
U.S. Bureau of Labor Statistics	Used for national occupational wage benchmarks for physician assistants and the combined APRN category.
Original Inspire Medical 2026 Physician Salary Guide	Preserved the visual identity, strategic framing, APP section, compensation-component discussion, administrator and physician guidance, and Inspire Medical company information while substantially expanding specialty coverage.

Specialty table limitations

Doximity notes that some specialties are not included because of sample-size limitations. Accordingly, this guide covers every specialty in Doximity's current public comprehensive table, not every possible ABMS board and sub-specialty designation. Averages are national and may differ materially from regional, employed, academic, private-practice, ownership, or locum-tenens benchmarks.

Rounding and calculations

Published specialty figures are shown to the nearest dollar, matching the source. Category averages and ranges are calculated from the specialty values in this guide and are unweighted; they are provided only as descriptive graphics.

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INSPIRE
Medical Staffing

About Inspire Medical Staffing

Inspire Medical Staffing partners with healthcare organizations to identify, recruit, and retain physician and advanced practice provider talent. The company's services include emergency services management, permanent placement across specialties, locum tenens staffing, APP recruitment, compensation consulting, and retention strategy development.

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This report is intended for informational and recruiting-market purposes only. It is not legal, financial, tax, valuation, or career advice. Compensation data represent national averages or medians from the cited sources; individual circumstances vary significantly based on geography, practice setting, ownership, specialty focus, experience, schedule, call, productivity, payer mix, benefits, and market conditions.

Healthcare organizations should conduct independent market review and obtain appropriate legal and compensation expertise before establishing or approving physician compensation. Physicians and APPs should obtain legal, financial, and professional advice before entering an employment or independent-contractor agreement.

Guide compiled July 2026. Compensation figures are subject to change.