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HEALING IN THE HOMELAND

A Guide for Olim Physicians

Yoel Angel, MD, MBA

Tel Aviv Sourasky Medical Center

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Healing in the Homeland: A Guide for Olim Physicians

By Yoel Angel, MD, MBA

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For all inquiries:

E-mail: yangel.md@gmail.com

For information about The International Medical Aliyah Program (IMAP): www.imap.org.il

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INTERNATIONAL MEDICAL ALIYAH PROGRAM

In an effort to resolve Israel's physician shortage, Israel's Ministry of Aliyah and Integration, through its new dedicated **Physicians Olim Directorate**, The Ministry of Health, and the Ministry of the Negev, Galilee, and National Resilience have chosen Nefesh B'Nefesh, in cooperation with the Jewish Agency for Israel, to partner in creating this international program to streamline the Aliyah process for medical professionals, **The International Medical Aliyah Program**. **IMAP** seeks to streamline the Aliyah process for physicians worldwide, ensuring their ability to integrate into Israel's medical workforce upon arrival. Recognizing the country's critical need for physicians, this initiative focuses on recruitment and provides tailored assistance to those looking to make Aliyah, become part of the Israeli health system, and join native Israeli communities.

FOR MORE INFORMATION ABOUT IMAP:
WWW.IMAP.ORG.IL



FOREWORD

February 24, 2025
26 Shevat, 5785

Dear Readers,

The immigration of physicians to Israel is of immense importance, both for the individuals embarking on this meaningful journey and for the Israeli healthcare system as a whole. The arrival of new doctors strengthens our medical workforce, enhances diversity, and ensures that high-quality healthcare remains accessible to all residents of Israel.

We recognize the challenges that accompany the process of professional integration in a new country, and we are committed to supporting you every step of the way. This guide is designed to provide you with clear and practical information about the procedures required for licensing and employment in the Israeli healthcare system.

Your decision to make Aliyah and contribute your medical expertise is a testament to your dedication and professionalism. We welcome you wholeheartedly and look forward to your integration into the Israeli medical community.

Wishing you much success,

Rachel Berner Shalem

Senior Division Director for
Workforce Planning
Ministry of Health, Israel

Dr. Efrat Aflalo

Head of Physicians & Required
Medical Professions Directorate
Ministry of Aliyah
and Integration, Israel

Ronen Fuxman

Director of the International
Medical Aliyah Program
Nefesh B'Nefesh

PREFACE

Thank you for considering the significant step of making Aliyah to Israel. With the growing need for skilled practitioners, particularly in the periphery, your decision to bring your expertise as a healthcare professional is invaluable and deeply appreciated.

This booklet is designed to assist you in navigating the complexities of transitioning to life and work in Israel as a physician. It aims to provide practical guidance, which is updated until time of publication, January 2025. However, the healthcare landscape, regulations, and bureaucratic processes are constantly evolving, so make sure you're relying on the most up-to-date information source. It's best to make use of the resources offered by The International Medical Aliyah program (by Nefesh B'Nefesh) at www.imap.org.il and be in touch with their team at medpro@nbn.org.il. They can also connect you with The Physicians and Required Medical Professions Directorate at the Ministry of Aliyah and Integration for additional services.

This booklet is intended for physicians, and the examples and issues raised in it are in the medical realm. Nevertheless, some topics in the book, like the structure of the Israeli healthcare system or how to get medical care in Israel, may still be valuable to other healthcare providers.

To help you adjust to your new professional environment, this booklet includes Hebrew terms and phrases. Becoming familiar with these will not only make your transition smoother but will also prepare you for the terminology you are likely to encounter in your journey.

As this is the first edition, some errors may have slipped through. Your feedback and suggestions for improvement are more than welcome, so don't hesitate to reach out at yangel.md@gmail.com with any corrections, suggestions or insights.

Lastly, I would like to extend my heartfelt gratitude to Mr. Ronen Fuxman of Nefesh B'Nefesh and Dr. Efrat Aflalo of the Ministry of Aliyah and Integration for their invaluable vision and support in bringing this booklet to fruition. I am also deeply thankful to Dr. Dani Halpern-Lent, Prof. Shlomo Vinker, Dr. Inbal Reuveni, Dr. Tanya Cardash, Mr. Alexey Belinski, Dr. Rami Sagi, Dr. Gilad Bodenheimer, Mrs. Allison Levine Speiser and Dr. Stephen Reingold for taking the time to review earlier versions of this booklet and their thoughtful contributions to it.

I hope this booklet serves as a practical and encouraging guide as you embark on this new chapter of your professional and personal journey in Israel. I am confident that your efforts will make a lasting impact.

Yoel Angel, MD, MBA

INTRODUCTION TO THE ISRAELI HEALTHCARE SYSTEM

The Israeli healthcare system is recognized globally for its efficiency, accessibility, innovation, and quality of care. As a new immigrant and healthcare professional considering practicing in Israel, understanding how the system is structured and organized will help you get settled in faster. This chapter will provide you with a general overview of these issues, while future chapters will dive deeper into each of these aspects.

Overview of the Healthcare System

Israel's healthcare system is based on the National Health Insurance Law (NHIL, *חוק ביטוח בריאות ממלכתי*), enacted in 1995. This law ensures that every Israeli citizen or resident is entitled to a comprehensive package of healthcare services. The system is predominantly public, with private healthcare options available, creating a hybrid model that balances universal coverage with private sector participation.

National Health Insurance Law (NHIL)

The NHIL includes several key principles that shape healthcare delivery in Israel:

1. Every resident of Israel is insured under the NHIL and is entitled to its benefits.
2. Every adult resident must pay a “health tax,” collected monthly by the National Insurance Institute. Currently, the tax rate is between 3.1%-5% of taxable income, with a minimum of 116 NIS and a maximum of approximately 5,200 NIS. For employed individuals, this tax is typically deducted directly by the employer.
3. Coverage under the NHIL is not dependent on payment status. Even if a resident falls behind on health tax payments, they retain all health benefits.
4. Healthcare services are provided primarily through one of the four nationwide Health Maintenance Organizations (HMOs), known in Hebrew as *Kupot Holim* (קופות חולים, translated Literally to “Sick Funds”): Clalit, Maccabi, Meuhedet, and Leumit. These organizations offer a wide range of healthcare services, from primary care to

specialized treatments. Residents can choose their HMO and switch up to twice a year. HMOs cannot deny membership for any reason, including age or pre-existing conditions. HMOs are funded primarily through health tax revenues, supplemented by government allocations.

5. The basic health package, which is consistent across all HMOs, is determined by the state and updated annually to include new technologies and services. It covers everything from primary care and over-the-counter medications to advanced inpatient care, and even specialized treatment abroad when necessary.

The Public Healthcare System

The public healthcare system is the foundation of medical care in Israel, encompassing primary care clinics, hospitals, specialized centers, and community-based services. The Ministry of Health oversees this system, ensuring that all residents have access to essential services. While some services require small copayments, these are typically capped, with discounts available for populations such as the chronically ill and elderly.

Unlike some other countries like the U.S., the Israeli health system is outpatient-based, with a strong focus on primary and community-based care. Many services are provided outside hospitals, which are reserved for complex cases or those that require multidisciplinary care.

■ Primary Care

Primary care is delivered through community clinics operated or contracted by one of the four HMOs. These clinics are the first point of contact for patients and offer comprehensive services, including general practice, pediatrics, and chronic disease management. Clinics range from single-physician offices to large multi-story centers. Unlike other health systems, hospitals do not provide primary care services at all.

While nurses typically work in outpatient clinics, Nurse Practitioners (NPs) and Physician Assistants (PAs) have only recently been introduced to the Israeli health system and are still very seldom seen in regular practice. Care is managed by primary care physicians, who are often specialists in Family Medicine, Pediatrics or Internal Medicine. In some instances, physicians

without a recognized specialty may also serve as primary care providers. Appointments are generally readily available, and visits to primary care are free under the public system.

■ Secondary and Advanced Care

Most secondary care (specialist services beyond Family Medicine, Pediatrics, or Obstetrics and Gynecology), paramedical services, supportive care (e.g., imaging, lab services, physical therapy, occupational therapy, speech therapy) and Mental Health Services are also provided on an outpatient basis by HMO-employed or HMO-contracted providers.

HMOs are also developing “day-hospital” models in the community allowing for treatments that were previously only available in hospitals, such as routine IV treatments for chronic conditions.

Access to most of these services requires a referral from the primary care physician, and sometimes pre-approval by the HMO, yet some exceptions apply. Co-payments for specialist visits are usually around 30 NIS, with quarterly caps.

■ Tertiary /Inpatient Care

Israel has 27 public general hospitals providing inpatient care, advanced services (e.g., surgery, radiotherapy, etc.), and ultra-specialized care. The hospitals are owned by a mix of the government (11 hospitals), Clalit Health Services HMO (10 hospitals), Maccabi Health Services (1 hospital), and other non-profit organizations. Seven of these hospitals are major tertiary medical facilities, offering a broad range of services with over 1,000 inpatient beds each, and one is a tertiary pediatric hospital. Smaller hospitals may not provide such a wide variety of services.

Access to hospital care is either electively for procedures and specialized outpatient services, or through emergency departments (ED). Elective visits require authorization from the HMO and involve a small co-payment. Visits to the ED involve a co-payment, except if referred by a physician or if the visit was deemed medically justified, according to a pre-defined list of acute conditions.

For some acute medical conditions and where available, home

hospitalization services are also offered by the HMO – either directly or by a contracted provider.

■ Mental Health

Since 2015, mental health services are included in the basic health package and provided by HMOs. Services include outpatient counselling by therapists and psychiatrists, inpatient care in one of Israel's 10 psychiatric hospitals or one of the psychiatric wards within general hospitals, and transitional care such as rehabilitation homes or day programs. Some of these services, like rehabilitation homes, are directly overseen by the Ministry of Health.

■ Long-Term Care

Long-term care in Israel is either home-based, with workers providing daily care for and sometimes living with patients, or institutional. Israel has approximately 275 long-term care facilities, all licensed by the MoH, mostly owned by private organizations and some owned by the government, HMOs or non-profit organizations. Many workers in this field are migrant workers from low-income countries in Asia and Eastern Europe.

Funding for long-term care typically comes from private insurance plans (including optional plans offered by the HMOs) or out-of-pocket payments. The National Insurance Institute (Bituach Leumi / ביטוח לאומי) provides financial support for home-based care, depending on income and dependency level. Additionally, the Ministry of Health subsidizes institutional care, though families are often required to contribute based on their financial situation.

■ Preventive Care

Israel performs well globally in preventive care. Most preventive services, such as routine vaccinations and screenings (e.g., mammograms, colonoscopies), are provided by the four HMOs through the primary care physician.

Pediatric preventive care (well child visits and vaccinations) until the age of 6 is provided in Tipat Halav clinics (טיפת חלב), meaning “a drop of milk”), a worldwide recognized system of care. These specialized clinics are separate from general pediatric services and

are provided in a “germ-free” environment, monitoring growth and development, performing health screening, and administering vaccinations. Most clinics are run by the Ministry of Health, though in some cities, they are provided by HMOs or other health organizations. School-aged children have vaccinations and screening tests provided in school.

Private Healthcare Sector

While the public system is comprehensive, Israel’s private healthcare sector provides additional options for those seeking faster access to specialists, elective procedures, and alternative medical treatments.

■ Private and Supplemental Insurance

Private insurance is available through HMOs (as supplemental insurance), collectively negotiated commercial plans, or fully private commercial plans. Private insurance in all its forms may offer services not included in the basic public package, offer them to a greater extent, offer better choice of providers and better availability to care.

Supplemental Insurance provided by HMOs: While technically considered a form of private insurance, it retains some public characteristics: Coverage is guaranteed, premiums are age-based and do not include a profit margin, and pre-existing conditions are not excluded. As supplementary insurance costs under 100 NIS per month per person, such insurance coverage is purchased by approximately 80% of the Israeli population.

Commercial Insurance offered by private insurers: usually cover services not included in public or supplemental insurance. Premiums are higher, but collectively negotiated plans, like for those who work for large employers, offer lower rates.

■ Private Providers

Many healthcare providers operate as private businesses, offering services either directly to patients (out-of-pocket or reimbursed by private insurance) or through contracts with HMOs. Physicians and some other providers often work in both public and private settings, with regulations limiting the overlap between these roles.

■ Private Hospitals

Israel has eight private, for-profit hospitals focused on elective procedures and specialized care. These hospitals do not have emergency departments or labor or maternity wards, and, with rare exceptions, do not participate in medical education. Despite their for-profit status, most are owned by one of the HMOs and serve as revenue sources for them. Moreover, much of the services provided by these for-profit hospitals are funded by the public healthcare system.

Health Services for members of the Israeli Defense Forces (IDF)

Soldiers serving in the IDF, whether during mandatory service or as career personnel, are not covered under the NHIL¹. Instead, they receive healthcare services through the IDF's Medical Corps, which functions similarly to a fifth HMO and offers similar and sometimes superior coverage, albeit with variable accessibility to care. The Medical Corps operates clinics that provide primary and specialist care and contracts with hospitals, pharmacies, and other service providers to ensure comprehensive healthcare for its members. Upon discharge, soldiers are automatically re-enrolled in the HMO they were members of prior to their enlistment.

Electronic Health Records (EHRs)

Israel was among the first countries to implement nationwide EHRs, enhancing care coordination and quality. All HMOs and public hospitals use EHRs, which are interconnected through a central platform, allowing data sharing between medical providers within the organizations and in most cases also between HMOs, hospitals, and contracted commercial providers. This data has supported significant research advances, particularly during the COVID-19 pandemic, when Israel produced numerous high-impact studies on vaccine efficacy. Patients also have direct online access to most of their medical data (such as discharge letters, lab and imaging results, etc.).

1 Soldiers in Reserve Duty enjoy dual coverage, both by the HMO and by the IDF Medical Corps.

International Perspective

Compared to other OECD countries, Israel's healthcare system has consistently ranked highly across multiple dimensions and is considered extremely efficient:

- Outcome measures including life expectancy, preventable mortality, and infant mortality are in the top quintile among OECD countries.
- Process measures, such as adherence to screening guidelines, vaccination rates, and access to care, are excellent.
- Israel achieves these results despite having fewer resources than the OECD average. Per capita, Israel has fewer physicians, nurses, hospital beds, and imaging devices than other OECD countries. As of 2024, healthcare spending is only 7.2% of GDP, compared to the OECD average of 9.7% and the U.S. at 17.3%.

Israel is also a global leader in medical research and innovation, benefiting from strong universities, accessible health data, and a thriving high-tech sector.

Challenges and Future Directions

Despite its strengths, the Israeli healthcare system faces challenges such as health disparities between population groups and geographic areas, funding constraints, and the need for infrastructure and workforce development. These challenges are compounded by issues common to many healthcare systems, including an aging population, rising costs of advanced medical technologies, and workforce burnout. Ongoing efforts are focused on policy reforms, infrastructure investments, and initiatives to reduce health disparities.

Conclusion

The structure of Israel's healthcare system provides a solid foundation for delivering high-quality care to all residents. As a healthcare professional considering making Aliyah, understanding this system will help you navigate your new professional environment and contribute effectively to patient care. In the next sections, we will explore medical licensing, employment opportunities, and adapting to life in Israel as a healthcare professional.

HMOS (KUPOT HOLIM) IN ISRAEL



Introduction

Health Maintenance Organizations, known locally as Kupot Holim (קופות חולים), translated literally as “Sick Funds”) are the foundation of the Israeli healthcare system, providing comprehensive services to the entire population. This chapter aims to offer foreign healthcare professionals an understanding of how these organizations function, their historical background, the range of services they provide, and their economic structure, hopefully assisting you in navigating Israel’s healthcare landscape.

Historical Background

HMOs in Israel have roots dating back to the early 20th century, before the country was founded. They were initially formed as mutual aid societies by the first Jewish immigrants, aimed at providing affordable healthcare. These early organizations laid the groundwork for today’s system, which has evolved over time. Since the 1970s, the four current HMOs—Clalit, Maccabi, Meuhedet, and Leumi—have remained stable after several earlier funds were established, merged, or dismantled.



Clalit is the oldest and most historically significant HMO, originating in 1911. Established by the workers’ union of Judea, Clalit expanded rapidly during the waves of pre-state immigration and became closely tied to the Histadrut Haovdim Haklalit (meaning the General Workers’ Union, or Histadrut in short) and Mappai, Israel’s dominant political party until 1977 and the predecessor to today’s Labor Party. This linkage made Clalit a powerful semi-governmental organization, heavily involved in shaping Israel’s healthcare system while also contributing to the politicization of healthcare until the mid-1990s.



Maccabi was founded in 1941 by German Jewish immigrants as an apolitical alternative to the Histadrut-affiliated Clalit. With a model based on contracting

independent physicians rather than employing them directly, for many years Maccabi attracted members with higher socioeconomic status in metropolitan areas.



Meuhedet was established in 1974 from the merger of two smaller funds, but its roots, however, date back to 1931 with the founding of the first independent HMO by doctors.



Leumit, founded in 1933 by the Revisionist Zionist movement, as an alternative to Clalit for members of a rival workers' union. Although it was politically affiliated like Clalit, Leumit provided healthcare based on Revisionist principles and served those seeking a different approach.

The 1995 National Health Insurance Law

Until 1995, HMOs operated under a loose legal framework, leading to repeated financial crises and poor service levels. In 1988, a National Inquiry Committee led by Supreme Court Judge Shoshana Netanyahu recommended creating a National Health Insurance Law (NHIL), which was eventually enacted in 1995 after years of political debate. This law redefined the relationship between HMOs and the government, severing political affiliations and establishing a system of universal healthcare. Key elements of the NHIL include:

1. Mandatory health coverage for all citizens and residents of Israel.
2. Children are automatically enrolled in their parents' HMO.
3. A mandatory health tax to finance healthcare, decoupling payment from service entitlement.
4. A universal "health basket" that defines the included medical services, provided by and is identical across all HMOs².

² The NHIL also defines services to be delivered directly by the Ministry of Health and not by the HMOs. These services are listed in the Third Addition to the Law (Hatosefet Hashlishit, השלישית). The original list of services has narrowed over time, shifting more services to be provided by the HMOs. Currently, the MoH is still responsible for providing long-term care, some preventive medicine services and some provision of rehabilitation devices.

5. Government allocation of funds to HMOs based on a per-capita system adjusted for sociodemographic factors.
6. Freedom for residents to choose and switch between HMOs. Olim are asked upon immigration which HMO they wish to belong to.
7. Introduction of voluntary supplementary insurance (“Shaban”) offered by HMOs.
8. Complete dissociation of HMOs from political entities.

The NHIL’s enactment was transformative, ensuring high-quality, affordable, universal healthcare. It remains one of Israel’s most significant and successful laws.

Roles of HMOs

HMOs hold several major and sometimes conflicting roles within the Israeli health system:

Insurers for Mandatory Health Insurance: HMOs serve as the insurers for mandatory health insurance, enrolling between them all citizens and residents. Funded through the NHIL capitation framework, they provide a wide range of medical services, including primary care, hospitalizations, specialist consultations, and preventive care. This arrangement guarantees universal healthcare coverage.

Insurers for Supplementary Health Insurance (“Shaban”): HMOs also offer voluntary supplementary health insurance plans. These plans cover additional services not included in the basic health package, such as advanced dental care, elective surgeries, and access to private specialists and hospitals. Costs are low compared to commercial insurers, with premiums based on age and uniform across age groups. These packages and are available to all members regardless of preexisting conditions.

Service Providers: HMOs directly manage a network of healthcare facilities, including clinics, specialist centers, labs, and pharmacies. Clalit, the largest HMO, operates nine general hospitals and two psychiatric hospitals. Maccabi owns one general hospital—Assuta Ashdod. By managing their own facilities, HMOs can ensure consistent care standards and integrated healthcare delivery while controlling costs. However, not all services are provided directly; some are outsourced to external providers.

Owners of Private For-Profit Hospitals: Despite being non-profit organizations, all four HMOs partially or fully own private hospitals, such as Clalit's Herzliya Medical Center, Maccabi's Assuta network, or Medica hospital owned jointly by Meuhedet and Leumit. HMOs own these institutions both as a source of revenue, and as a way to increase availability of services HMOs have difficulty procuring from other vendors.

Importantly, like all public hospitals, public hospitals owned by HMOs serve all patients, regardless of which HMO they are registered with.

Key Stakeholders in the Israeli Health System: HMOs are central players in Israel's healthcare system. They collaborate with the Ministries of Health and Treasury, professional bodies, patient advocacy groups, and other healthcare providers to shape policy, allocate resources, and improve care quality. Their significant role in developing, financing and delivering healthcare services gives them substantial influence over health outcomes and patient experiences. As such, they are essential partners in national efforts to enhance healthcare accessibility, quality, and sustainability in Israel.

Governance and Structure

Each HMO operates as a nonprofit organization governed by a board of directors. The Ministry of Health and the Ministry of the Treasury regulate and monitor their activities according to the NHIL and other pertinent laws. HMOs are organized into districts, typically 4-7 based on geographic locations, with district borders varying between HMOs and the Ministry of Health (which sometimes is a source of confusion for patients, physicians and other stakeholders). Each district is an economic unit responsible for budget management, service availability, and hiring decisions. Physicians often interact more with district management than with senior leadership. In fact, it is not uncommon to see physicians working for two separate districts, under two separate managers within the same HMO.

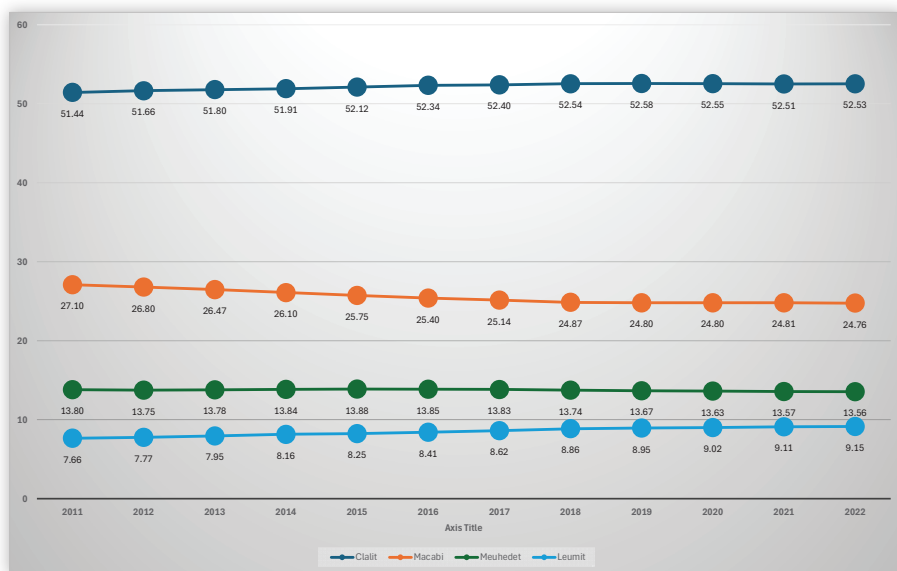
Each HMO's governance is defined by its bylaws, which specify the election and duties of board members, financial management practices, and strategic direction. The Ministry of Health's oversight ensures that HMOs operate according to principles of equity, accessibility, and quality.

Differences Between HMOs

Geographical Distribution: While formally all HMOs offer services throughout Israel, their popularity differs across regions. Clalit has extensive coverage, especially in rural and peripheral areas. Maccabi has a strong presence in urban centers, particularly in central Israel. Meuhedet and Leumit serve more regional populations and specific communities.

Demographics: Clalit serves a broad cross-section of society, including many elderly and rural residents. Maccabi traditionally caters more to younger, urban populations, yet this is changing over recent years. Meuhedet attracts middle-aged and Jewish religious communities, while Leumit is popular among certain minority groups and areas with specific health challenges.

Figure 1: proportion of persons insured by each HMO, 2011-2022.
Source: Ministry of Health, report on HMO Activities 2022.



Size: As of 2024, Clalit is the largest HMO, covering over half the population, followed by Maccabi with around 27%, Meuhedet with 14%, and Leumit with 8%. Although switching between HMOs is easy, sizes remain relatively stable over time (see figure 1).

Hospital Ownership: Clalit owns and operates nine general hospitals and two psychiatric hospitals, while Maccabi owns one general hospital, Assuta Ashdod. Meuhedet and Leumit do not yet own any hospitals, but

this is expected to change in the foreseeable future, as a new hospital jointly owned by Leumit and Meuhedet is expected to open in Beer Sheva.

Importantly, regardless of hospital ownership, all four HMOs contract with all public hospitals as well as additional private hospitals.

Physician Contracting: Clalit employs a significant number of physicians directly, particularly in its clinics and hospitals. In contrast, Maccabi, Meuhedet, and Leumit primarily contract independent physicians, offering greater flexibility but potentially less consistency.

Conclusion

Despite their differences, the four HMOs share many similarities. All provide the same basic healthcare package with comparable levels of service and working conditions for their employees or contracted providers. HMOs' central role in the Israeli healthcare system ensures that they continue to shape the country's health landscape in significant ways.

HOSPITALS IN ISRAEL

Introduction

The Israeli health system is primarily outpatient-based, with a strong network of primary care and outpatient clinics offered by the four HMOs. Nonetheless, hospitals are a critical component of the country's healthcare infrastructure, providing advanced medical care, training the majority of healthcare professionals, and conducting research.

Hospitals in Israel offer a broad range of services, from routine inpatient care to highly specialized procedures, and are vital for both population health and the advancement of medical science.

Excluding hospitals in eastern Jerusalem, there are 27 public general hospitals in Israel, 10 psychiatric hospitals and 275 long-term care centers. There are also 8 for-profit private hospitals in Israel. This chapter focuses on public general and psychiatric hospitals. Additional information may be found online, though mostly in Hebrew.

From an international perspective, as of 2024 there are approximately 2.9 general hospital beds per 1,000 persons, compared to the OECD average of 4.1. This translates into higher occupancy rates than in the OECD.

The ratio of hospitals beds to residents in the region, as with physicians, nurses and other health resources varies considerably between geographic areas, with peripheral areas – especially in southern Israel – suffering the greatest shortage.

The Role of Hospitals in the Israeli Health System

Hospitals in Israel fulfill several essential functions within the healthcare system:

- **Inpatient Care:** Hospitals provide comprehensive inpatient services, including emergency care, surgery, intensive care, and rehabilitation. Although hospitals-at-home are an emerging trend, most inpatient care still takes place in general hospitals.
- **Tertiary Care:** Hospitals handle complex and severe conditions requiring specialized expertise and facilities. For example, oncology services are offered exclusively in hospitals.

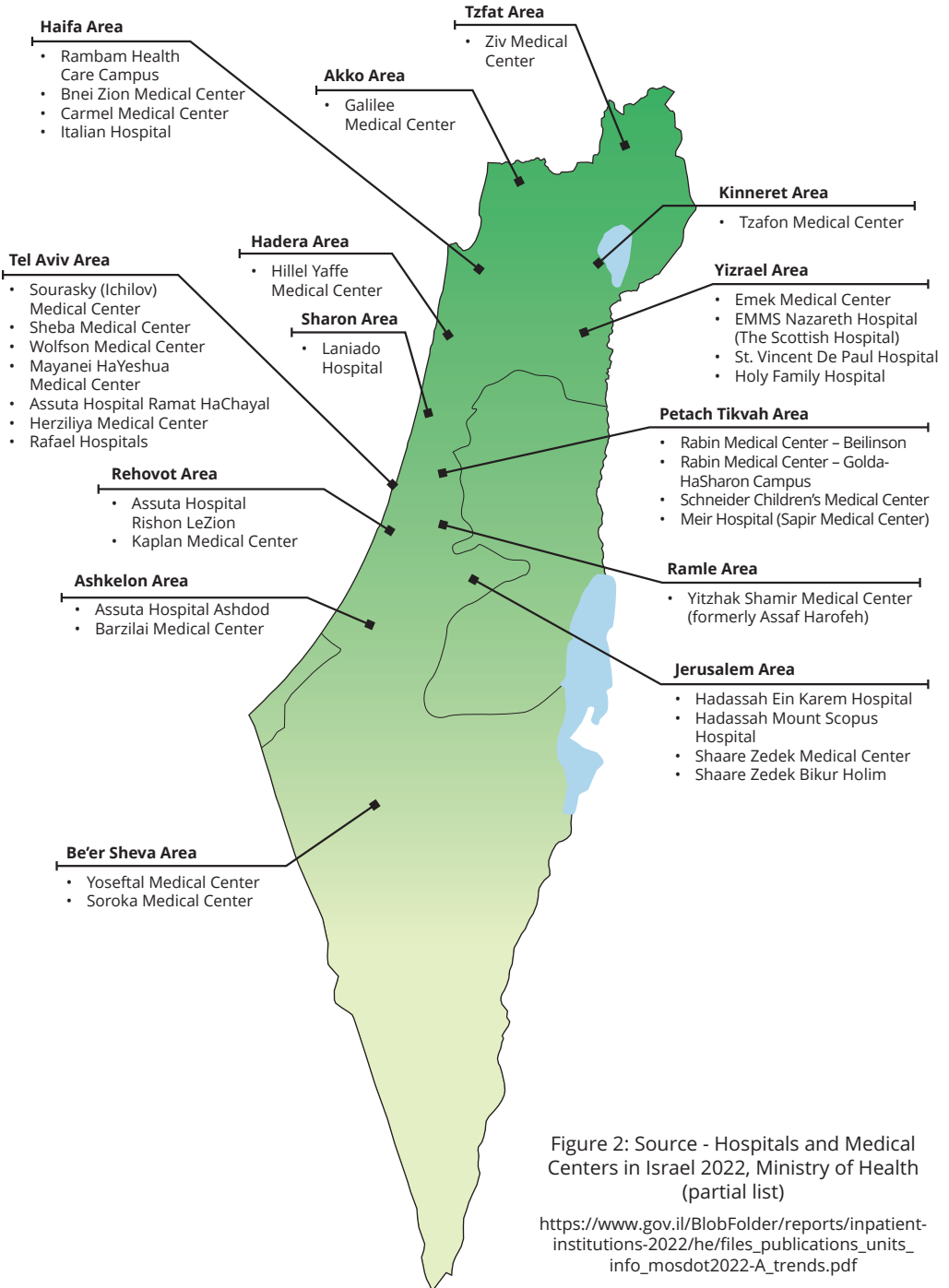


Figure 2: Source - Hospitals and Medical Centers in Israel 2022, Ministry of Health (partial list)

https://www.gov.il/BlobFolder/reports/inpatient-institutions-2022/he/files_publications_units_info_mosdot2022-A_trends.pdf

Additionally, hospitals run specialized outpatient clinics, These were originally intended for complex cases, however today often function as general outpatient services as well.

- **Teaching and Training:** Most general and public hospitals in Israel are affiliated with one or more of the country's seven (soon to be nine) medical schools. Hospital staff often serve as faculty members, and clinical training for medical students takes place within these hospitals. Except for family medicine and some non-clinical specialties like public health, medical residency training occurs almost exclusively in hospitals, including both base specialties and subspecialties, though this is likely to change in the coming years.
- **Research and Innovation:** Israeli hospitals are at the forefront of medical research, contributing to global medical advancements. Major hospitals have dedicated R&D departments. Smaller hospitals are also actively involved in both basic and clinical research.
- **Emergency Preparedness and Response:** Israeli hospitals are critical facilities during emergencies such as natural disasters or mass casualty events, and are required to be prepared for such events at all times.

Hospital staff frequently hold multiple roles, such as a surgeon who operates on some days, sees patients in HMO outpatient clinics on others, and dedicates time to research.

Access to Hospitals

Access to public hospitals is typically through two main channels:

1. **Emergency Department Visits:** Patients may visit any emergency department without prior authorization. If the patient does not have a referral from a physician to visit the ED, and the case is not deemed to justify hospitalization or emergency care (such as suturing a wound or fixing a fracture), the patient may be charged a fee of approximately NIS 1,200.
2. **Elective Care:** For elective procedures, patients must obtain pre-approval from their HMO, manifested in the "Form 17" (Tofes

Shva-Esre, תשלום התייבות, 17 שנה), a well known term by anyone who has sought care in the Israeli health system. While it is technically possible to receive care without pre-approval and pay out-of-pocket, this is uncommon due to the high costs. Patients don't always get pre-approved: even for cases that are medically justified, HMOs may try to direct patients to specific hospitals based on financial agreements.

List of General Hospitals and Their Characteristics

Among Israel's 27 general hospitals (excluding those in Eastern Jerusalem), 7 are tertiary centers (Rambam, Ichilov, Sheba, Bellinson, Hadassah, Shaare Zedek, and Soroka), and one is a tertiary pediatric center (Schneider). Some large campuses also include smaller hospitals, such as the "Dana," "Ruth," and "Safra" pediatric hospitals within Ichilov, Rambam, and Sheba, respectively.

The hospitals are owned by various entities: 11 are government-owned, 9 are owned by Clalit (which insures over 50% of the population), and the remaining 7 are run by local non-profit organizations. While hospital ownership may not be significant to patients, it is important for healthcare professionals to understand their potential employers and available opportunities.

The tables on the following pages, updated as of January 2025, lists the general hospitals in Israel highlighting key characteristics such as ownership, size, location, and special features:

Area	Location	Hospital Name	Tertiary Center	Ownership	Academic Affiliation	Approximate Size	Special Characteristics
North	Safed	Ziv Medical Center		Government	Bar Ilan University	400 beds	Serves the most northern parts of Israel.
North	Nahariya	Western Galilee Medical Center		Government	Bar Ilan University	700 beds	Serves the Western Galilee area
North	Poriya, near Tiberias	Tzafron Medical Center		Government	Bar Ilan University	350 beds	Serves the Tiberias and surrounding areas.
North	Afula	Emek Medical Center		Clalit Health Services	Technion Institute of Technology	600 beds	Serves the Jezreel Valley region.
North	Nazareth	Nazareth Hospital (EMMS)		Non-profit Organization	Bar Ilan University	150 beds	The major of three hospitals in the Nazareth hospital
North	Nazareth	Holy Family (Italian) Hospital		Non-profit Organization	Bar Ilan University	120 beds	
North	Nazareth	French Hospital		Non-profit Organization	Bar Ilan University	150 beds	
North	Haifa	Rambam Health Care Campus	Yes	Government	Technion Institute of Technology	1,000 beds	Northern Israel's largest hospital
North	Haifa	Bnai Zion Medical Center		Government / Municipal	Technion Institute of Technology	400 beds	

Area	Location	Hospital Name	Tertiary Center	Ownership	Academic Affiliation	Approximate Size	Special Characteristics
North	Haifa	Carmel Medical Center		Clalit Health Services	Technion Institute of Technology	400 beds	
Center	Hadera	Hillel Yaffe Medical Center		Government	Technion Institute of Technology	500 beds	
Center	Netanya	Laniado Hospital		Non-for-profit	Ariel University	400 beds	Community hospital with a focus on maternal and child health, significant religious and cultural sensitivity in care.
Center	Kfar Saba	Meir Medical Center		Clalit Health Services	Tel Aviv University	700 beds	
Center	Petah Tikva	Rabin Medical Center	Yes	Clalit Health Services	Tel Aviv University	1,300 beds (combined)	A large complex of Bellinson and Hasharon hospitals.
Center	Petah Tikva	Schneider Children's Hospital	Yes	Clalit Health Services	Tel Aviv University	260 beds	Adjacent to and working closely with Bellinson hospital.
Center	Tel Aviv	Sourasky Medical Center (Ichilov)	Yes	Government / Municipal	Tel Aviv University	1,500 beds	An urban tertiary center
Center	Ramat Gan, near Tel Aviv	Sheba Tel Hashomer Medical Center	Yes	Government	Tel Aviv University	1,600 beds	Largest hospital in Israel
Center	Bnei Brak	Mayanei Hayeshua Medical Center		Non-for-profit	Tel Aviv University	300 beds	Focus on culturally sensitive care for the Orthodox community

Area	Location	Hospital Name	Tertiary Center	Ownership	Academic Affiliation	Approximate Size	Special Characteristics
Center	Tzrifin, near Rishon LeZion	Shamir - Assaf Harofeh Medical Center		Government	Tel Aviv University	900 beds	
Center	Holon	Wolfson Medical Center		Government	Tel Aviv University	700 beds	
Center	Rehovot	Kaplan Medical Center		Clalit Health Services	Hebrew University of Jerusalem	600 beds	
Center	Ashdod	Assuta Ashdod Medical Center		Maccabi Health Services	Ben Gurion University of the Negev	300 beds	The only public hospital owned by Maccabi Health Services
South	Ashkelon	Barzilai Medical Center		Government	Ben Gurion University of the Negev	600 beds	
Jerusalem	Jerusalem	Shaare Zedek Medical Center	Yes	Non-for-profit	Hebrew University of Jerusalem	850 beds	
Jerusalem	Jerusalem	Hadassah Medical Center	Yes	Non-for-profit	Hebrew University of Jerusalem	1,100 beds (combined)	A complex of two campuses: Ein Carem and Har Hazofim
South	Be'er Sheva	Soroka Medical Center	Yes	Government	Ben Gurion University of the Negev	1,000 beds	Primary medical center in the Negev region
South	Eilat	Yosefai Hospital		Clalit Health Services	None	65 beds	Serves Eilat and the southern Negev (Arava)

Psychiatric Hospitals

Israel has a relatively low number of psychiatric beds per capita compared to other developed countries. This reflects the country's strong outpatient mental health system and efforts to deinstitutionalize mental health care as well as its solid rehabilitation system.

In recent years, there are ongoing concerns regarding the state of mental health facilities, with significant resources allocated for renovations and attracting staff.

The table below lists psychiatric hospitals in Israel:

Area	Location	Hospital Name	Ownership	Academic Affiliation	Size
North	Acre	Mazor	Government	Bar Ilan University	320 beds
North	Tirat Hacarmel (near Haifa)	Maale Hacarmel	Government	Technion Institute of Technology	230 beds
North	Pardes Hana	Shaar Menashe	Government	Technion Institute of Technology	430 beds
Center	Pardesia (near Netanya)	Lev Hasharon	Government	Tel Aviv University	260 beds
Center	Hod Hasharon	Shalvata	Clalit Health Services	Tel Aviv University	140 beds
Center	Bat Yam	Abarbanel	Government	Tel Aviv University	300 beds
Center	Beer Yaacov - Nes Ziona	Merhavim	Government	Tel Aviv University	440 beds
Center	Petah Tikva	Geha	Clalit Health Services	Tel Aviv University	170 beds
Jerusalem	Jerusalem	Jerusalem Mental Health Center – Eitanim / Kfar Shaul	Government	Hebrew University of Jerusalem	330 beds
South	Beer Sheba	Beer Sheva Mental Health Center	Government	Ben Gurion University	370 beds

In addition to these psychiatric hospitals, there are also inpatient and outpatient psychiatry wards within many of the public general hospitals, which provide care for many patients, including those with comorbid medical and psychiatric conditions. In addition, some institutions also have specialized inpatient units treating patients with unique conditions such as eating disorders or sexual trauma survivors.

GETTING MEDICAL CARE IN ISRAEL

Navigating healthcare in a new country can be challenging, especially for those unfamiliar with its structure. In Israel, the healthcare system is well-developed, offering a range of services through both public and private channels. Understanding how to access these services not only aids in self-care and family care but may also help you better understand your patients' journey, and help you guide them through it more effectively.

Routine/Primary Care

Primary care in Israel serves as the initial point of contact for patients seeking medical attention. A key strength of the system is its reliance on primary care, which helps reduce the use of more expensive and complex secondary or inpatient care. Under the National Health Insurance Law, every resident is insured by one of the four HMOs, which are responsible for providing almost all services included in the national "health basket," including primary care at no cost.

Patients register with a primary care physician who acts as a case manager and gatekeeper for certain medical services, and may switch between them from time to time. Primary care emphasizes preventive medicine, managing chronic conditions, and general healthcare advice. Services typically include routine care, adult and seasonal vaccinations, adult health screenings, and minor treatments³. Referrals for specialist care usually originate here, ensuring primary care physicians coordinate and oversee patients' overall health.

Approximately 51% of adult primary care physicians are specialists in Family Medicine or Internal Medicine, and approximately 80% of child primary care physicians are pediatricians, while the remainder, even if not specialists themselves, are expected to follow protocols and guidelines and are regulated by HMOs' medical management and other regulatory bodies. Primary care physicians are skilled in addressing routine health issues and can refer patients for additional tests (e.g., ECGs, imaging, lab tests) or to secondary care for more complex evaluation and treatment. Specialist care in Israel's public system generally requires a referral from a primary care physician.

Some exceptions to this rule apply. These include visits to specialists

3 Unlike in some other countries like the US, routine annual "Check-ups" are not offered by the HMOs.

in pediatrics and OB/GYN (which are considered to offer primary care, which is also exempt from copayments) as well as ENT, orthopedics, ophthalmology, and dermatology, which do not require a referral but do involve a small fee, as with other specialist services. Primary care physicians are widely accessible, with clinics often nearby and appointments available on the same or next day. Appointments can be scheduled via call centers, online or on dedicated smartphone apps, and walk-ins are usually accepted, though this may involve longer in-clinic wait times.

Specialist and Advanced Care

Access to specialist care in Israel typically requires a referral from a primary care physician. This system manages patient flow and ensures that specialists focus on more complex cases. Specialist services are available across a wide range of fields: HMOs contract with numerous specialists, working either in HMO locations or private clinics, giving patients a choice among affiliated providers. Wait times for specialist appointments vary by specialty and location, with some specialties experiencing longer delays, particularly in peripheral areas.

■ Approval and Funding

Advanced care, such as imaging services (CT, MRI) and paramedical services like physiotherapy and speech therapy, also requires a referral from a primary care physician. Some high-cost services, like MRI exams, require pre-approval from HMO's management. In addition to the referral, accessing specialist care and advanced services involves a nominal co-payment of approximately 30 NIS. There are discounts, exemptions, and caps on co-payments to balance cost-sharing (meant to minimize overuse, known as “moral hazard”) while ensuring affordability for the entire population.

While it is technically possible to schedule appointments without a referral, patients who do so may be charged the full amount without any public subsidy. In some cases, a referral may be issued retroactively.

■ Outpatient vs. Hospital-Based Specialist Care

Complex cases requiring multidisciplinary consultations or multiple advanced tests are often referred to hospitals' outpatient services. However, in recent years the range of specialist and advanced care services available on an outpatient community basis has expanded. For example, periodic intravenous treatments for chronic conditions, like biological therapies for inflammatory bowel diseases, once limited to hospitals, are now provided in outpatient day-treatment centers.

Emergency and Off-Hours Care

Emergency care in Israel is well-established and easily accessible. All HMOs operate 24-hour call centers staffed by nurses or doctors who have access to patient records and follow strict protocols. These centers offer initial advice and may direct patients to after-hours clinics, urgent care centers, or emergency departments (EDs). Some HMOs or supplementary insurance plans also subsidize out-of-hours house calls.

Emergency departments are located in hospitals across the country. Patients can access them directly or through the national ambulance service, Magen David Adom (MADA), by dialing 101.^{4 5} ED access is open to everyone, regardless of location, insurance status, or financial resources. Visits to the ED incur a fee of approximately 1,200 NIS to discourage unnecessary use, but this fee is waived if a physician or call-center provide a referral, the patient is admitted, or the visit is for a condition listed as justifying an ED visit (e.g., fractures, lacerations requiring sutures, seizures, etc.).

To reduce ED overcrowding, HMOs have begun opening urgent care centers in urban areas. These centers offer on-site physicians, nurses, basic lab services, and imaging. Typically open in the afternoons and evenings, they are either free or charge a lower co-payment and provide an alternative to EDs. Some HMOs also allow members to visit private urgent care centers, such as those operated by “Terem, “Briuta”” or “Bikur Rofé”.

4 While MADA is the statutory national ambulance services, some smaller volunteer services, like *Ichud Hatzala*, also offer their services in select geographic locations.

5 Ambulance services incur a fee of several hundred NIS, though if the service was justified, this is usually covered by the HMO.

Purchasing Medications

Written prescriptions are accepted at all pharmacies⁶. Electronic prescriptions issued by an HMO are accepted by HMO-owned pharmacies and some private pharmacies (including most large commercial chains) which have an online interface with the HMO.

HMO-owned or private in-network pharmacies usually offer subsidized prices compared to private pharmacies.

In some areas, prescription medications can be delivered directly to the patient's home or workplace at an affordable rate.

Drug prices are regulated by the Ministry of Health and aligned with prices in several European countries, so essential medications remain affordable. This regulatory framework applies to both over-the-counter and prescription drugs, minimizing price differences between pharmacies.

Vulnerable populations, such as the elderly and those with chronic illnesses, benefit from discounts and expense caps. Supplementary insurance (Bituach Mashlim or Shaban, ביטוח משלמים / שר"ן) offered by HMOs, held by approximately 80% of the population, provides additional coverage, particularly for off-label or specialized medications not included in the standard health basket.

Inpatient Care

■ Approval and Fees

Inpatient care is provided in one of the country's 27 public general hospitals, either following an ED visit or through elective admission. Patients can choose any ED, and if hospitalization is warranted, HMO covers the costs. However, for elective procedures, patients must receive pre-approval from their HMO to obtain care at a specific hospital. This approval, known as Form 17 (Tofes Shva-Esre, תופס השבת"י), is essentially the HMO's commitment to pay for the requested services. The same process applies to outpatient services provided by hospital clinics.

⁶ Unlike the USA, written prescriptions in Israel are very loosely regulated. Even a handwritten note jotted on a blank piece of paper is valid as a prescription, as long as it conforms with the recognized format and has a physician's stamp and signature on it. There is no need to make specialized prescription pads or register the stamp with any regulatory body.

In some cases, HMOs may allow a publicly-funded elective procedure to also be performed at a for-profit private hospital, subject to pre-approval as defined above.

Even if the medical procedure itself was pre-approved, for most conditions, HMOs are not obligated to approve a referral to any hospital. They must, however, offer patients a choice of at least four hospitals, including two tertiary centers and two hospitals near the patient's residence. For certain conditions, such as oncology, neurosurgery, and fertility treatments, patients may choose any hospital.

Obtaining a Form 17 can sometimes be a bureaucratic challenge, requiring patients to navigate multiple approval levels. However, once approved, there is no cost-sharing for hospitalization, regardless of its length or complexity. In rare cases where a patient is electively hospitalized without a Form 17 and retroactive approval is not granted, they may be required to cover the costs out-of-pocket.

■ Quality of Care

The quality of care in Israeli hospitals is generally high, with modern medical technology and well-trained professionals. All general hospitals are accredited by the Joint Commission International (JCI) and are regularly supervised by the Ministry of Health.

Equity is a guiding principle in public hospitals. Most rooms have two or three beds and offer basic amenities. Upgrading to a private room or selecting a specific care team for a fee is not possible. Additionally, family members are encouraged to be present during much of patients' stay, as support staff levels are generally lower than those in other western countries.

Private Options

While Israel's public healthcare system is comprehensive, private options are available for those seeking additional services or shorter wait times. Private care includes private hospitals, clinics, and individual practitioners offering services outside HMOs' coverage. These services range from elective surgeries to specialist consultations, with private facilities performing operation or procedures subject to strict regulation and supervision by the Ministry of Health.

Many physicians work in both public and private sectors, giving patients flexibility in their care choices.

Patients may opt for private care for reasons like more personalized attention, shorter wait times, or access to specific specialists. Costs for private care are usually paid out-of-pocket, though supplementary insurance plans and commercial insurance may cover some services. This dual system provides a diverse healthcare market catering to different needs.

Summary

Israel's healthcare system offers comprehensive access to a wide range of medical services. The blend of public and private options provides flexibility for patients seeking routine or specialized care. With a strong foundation in primary care, an efficient referral system, and a robust network of emergency and inpatient services, Israel's healthcare is designed to meet the needs of its diverse population.

MEDICAL WORKFORCE IN ISRAEL: A SNAPSHOT

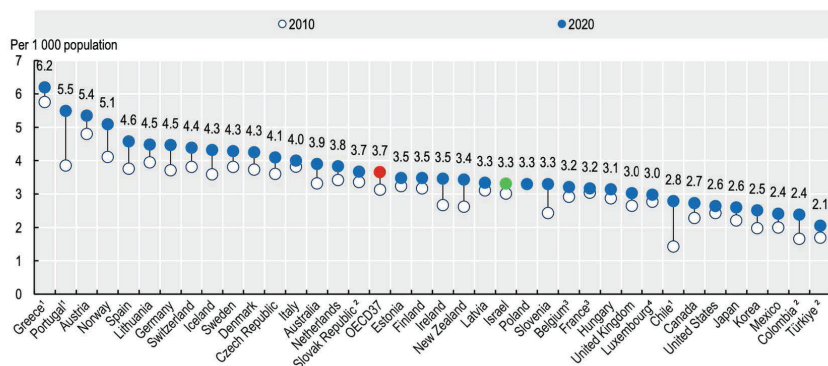
Israel's healthcare system, characterized by a blend of public and private providers, faces challenges due to demographic shifts, evolving healthcare needs, and a growing shortage of medical professionals. This chapter examines the current state of the medical workforce in Israel, emerging trends, and regulatory strategies to address these issues.

Current Status

■ Number of Physicians

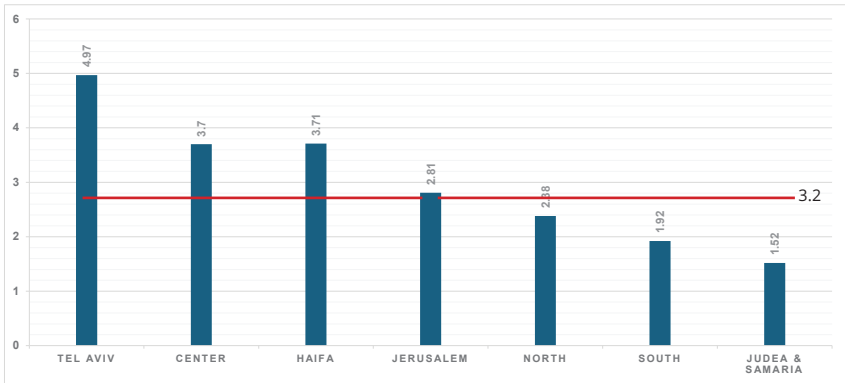
As of 2023, Israel had approximately 33,600 physicians under the age of 67, translating to 3.47 physicians per 1,000 residents, below the OECD average of 3.7 yet higher than some western countries like the UK, USA and Canada. This shortage is compounded by regional disparities. The central region, especially Tel Aviv, has nearly 5 physicians per 1,000 residents, while the northern and Negev regions have as few as 2.4 and 1.9 physicians per 1,000 capita, respectively. These gaps contribute to unequal access to healthcare, with longer wait times and limited availability of specialized care in underserved areas.

Figure 3: The density of doctors has increased in Israel over the past decade, but less than in most OECD countries.



Source: OECD Health at a Glance

Figure 4: Geographic distribution of physicians per 1,000 Israelis.



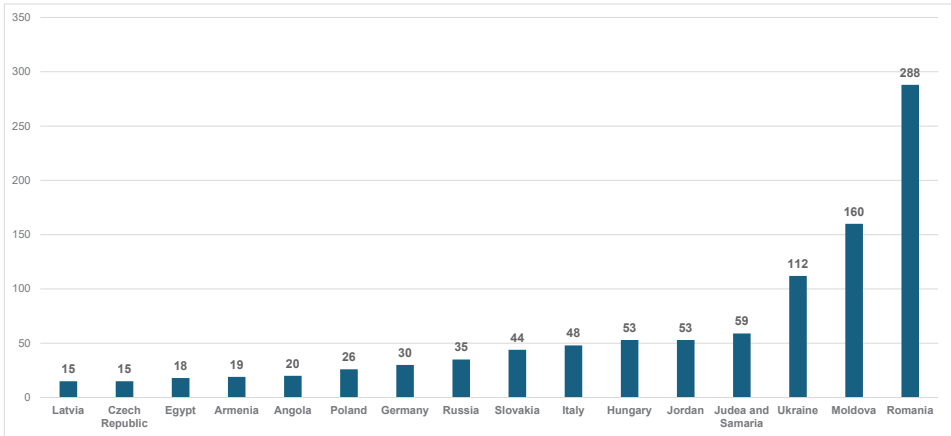
Source: Inequality in Health, The Israeli Ministry of Health, 2022

■ Education of Physicians

In 2022, around 1,950 new physician licenses were issued, equating to roughly 7 medical graduates per 100,000 people, the lowest among all OECD countries. Notably, only 34% of these licenses were granted to domestically trained physicians, also the lowest figure among all OECD countries. The remainder were trained abroad: 47% in Eastern Europe, 8% in Asia or Africa, and just 11% in the USA or Western Europe.

Approximately 90% of these foreign-trained graduates are Israelis who studied abroad. This reliance on foreign training highlights a shortage in domestic capacity, challenges in supervising educational standards, and potential risks of students not returning to Israel.

Figure 5: Number of Israeli medical licenses issued to Israel's who studied abroad based on country of study.



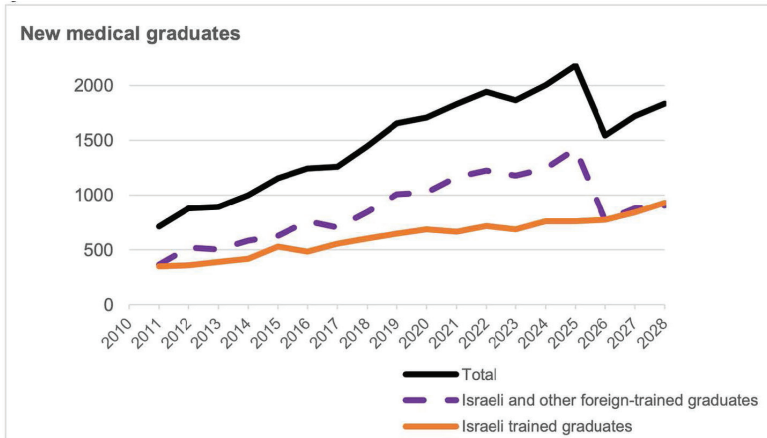
Source : Medical Staff in the Health System, The Israeli Ministry of Health, 2022

■ The Yatziv Reform and Its Effect

In 2019, an investigation led by Prof. Shaul Yatziv of the Ministry of Health found that some foreign medical schools, mostly in non-OECD countries, did not meet academic standards or provide adequate clinical exposure. The resulting reform restricts licenses for students enrolled in these schools from 2019 onward, with effects starting in 2026. This reform will reduce the number of new physicians by approximately 34% in the short term, especially in peripheral areas and fields where reliance on graduates of these schools is high. For example, while in hospitals in the Tel Aviv area only 10-20% of physicians have trained in schools that will no longer be recognized, in some peripheral hospitals this number exceeds 50%. In some fields, like anesthesiology, Oncology and Geriatrics, graduates of these schools constitute over 50% of all physicians.

While the reform aims to improve training quality, it may exacerbate physician shortages in the near future.

Figure 6: The number of new medical graduates available for internship is expected to fall sharply in Israel in 2025



Source: OECD report on medical education and training in Israel, 2023.

■ Demographics

Gender

Women account for about 43% of physicians under 67, up from 41% a decade ago. A similar percentage of new medical licenses are issued to women, and this number is expected to rise following the Yatziv Reform.

Sector

Although Arabs make up 21% of Israel’s population, they represent around 25% of practicing physicians and receive 46% of new licenses. This share is expected to decline after the Yatziv Reform. While data on Orthodox (Haredi) physicians is limited, they are generally considered to be underrepresented compared to their population share.

Specialty Status

About 54% of physicians are specialists, 23% are in residency, and 23% practice without a known specialty. Some 23% of specialists hold an additional specialty or subspecialty. The most common specialties are Internal Medicine, Pediatrics, Family Medicine, and Obstetrics/Gynecology. Shortages exist in critical fields like

psychiatry (especially child and adolescent psychiatry), geriatrics, rehabilitation medicine, forensic medicine, and child development, impacting care quality and access for specific patient populations.

Advanced Practice Practitioners

Israel is gradually introducing physician assistants (PAs) and nurse practitioners (NPs) into its healthcare system, though their roles remain limited. The widespread adoption of PAs and NPs is yet to occur, with their scope constrained by regulations. While specialized nurses have some presence, their impact is limited by institutional barriers. PA programs are expected soon, but their success will depend on demonstrating effectiveness and acceptance within the healthcare community.

Trends

A combination of several factors is expected to exacerbate the physician shortage in the medium and long term:

■ Population Growth and Aging

Israel's population of around 10 million is growing rapidly, driven by high birth rates and immigration, with an annual growth rate of about 1.58%. By 2040, projections suggest a population of 12.4 to 12.8 million, and by 2065, around 17 to 20 million. The fraction of the population over 65 years of age, now about 12%, is expected to rise to 18-20% by 2040 and could reach 22-25% by 2060. This demographic shift will place significant demands on geriatric care, chronic disease management, and long-term care services.

■ Increasing Demands

Like many other countries, Israel is witnessing significant changes in healthcare delivery.

Life expectancy in Israel averages 83 years, leading to longer periods of chronic illness management. Advances in medical technology and treatments are turning fatal diseases into manageable conditions, requiring specialized care and ongoing medical oversight. This expanding scope of care demands more physicians across all medical fields.

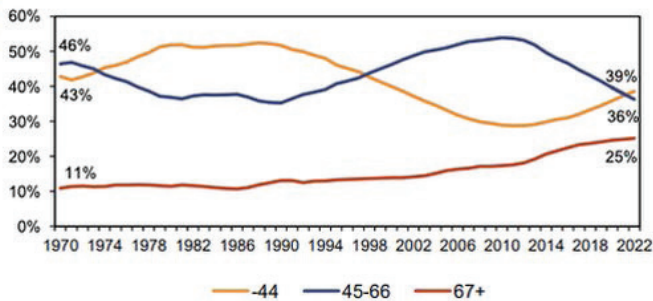
To add to this complexity, novel treatments and technologies also demand greater specialization from physicians. This means that every field in medicine now requires more physicians, to cover all the new subspecialties in that field that were previously covered by fewer specialists.

Notably, the establishment of two new hospitals - in the Negev and in the North of Israel – has recently been approved. These institutions will increase the demand for trained physicians and other healthcare personnel in these areas.

■ Physician Aging and Retirement

Israel’s medical workforce is aging, with 40% of physicians under 45, 36% under 66, and 25% over 67 (retirement age). The aging trend raises concerns about a potential retirement wave that could worsen existing shortages.

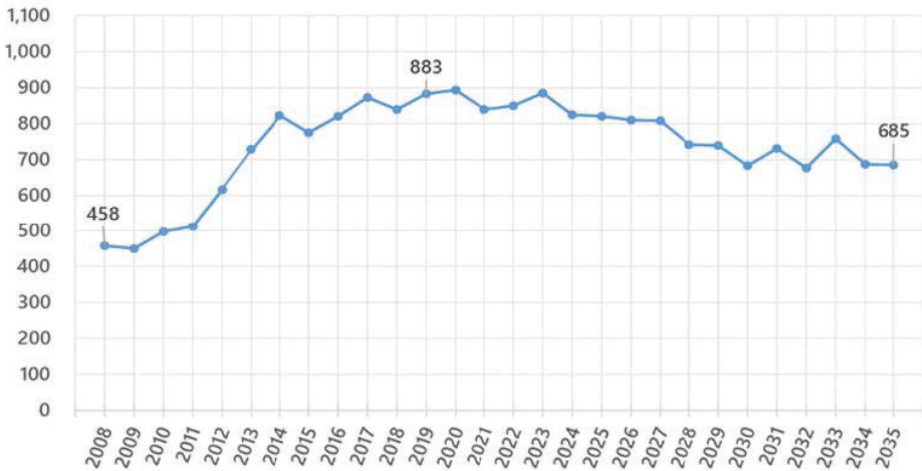
Figure 7: Physicians in Israel by age, 1970-2022



Source: Medical Staff in the Health System, The Israeli Ministry of Health, 2022

As of 2024, a large cohort of physicians who began their careers during the early 1990s immigration wave from the former Soviet Union is nearing retirement. This group represents a substantial portion of the medical workforce. Over 50% of Israeli physicians are over 55 years old, the second-highest share among OECD countries. An estimated 800 to 900 physicians will retire annually between 2023 and 2027, offsetting nearly half of the new physicians entering the system.

Figure 8: The number of physicians in Israel that will reach retirement age 2008-2035



NOTE: Retirement age for women is 62 and for men it is 67.

Source : Medical Staff in the Health System, The Israeli Ministry of Health, 2022

Interim Summary

The physician shortage in Israel is expected to worsen due to several factors. The rapidly growing and aging population will place increased demands on the healthcare system. Advances in medical treatments and technologies are turning previously fatal conditions into chronic ones, necessitating specialized and continuous care, thus requiring more physicians. Additionally, a large cohort of physicians, particularly those who immigrated in the early 1990s from the former Soviet Union, are nearing retirement age. The Yatziv reform, aimed at improving the quality of medical training by restricting licenses from certain foreign medical schools, will further reduce the number of new physicians entering the workforce, exacerbating the shortage, especially in peripheral areas and certain medical fields. Taken together, these trends pose a significant challenge to the Israeli healthcare system, struggling to fill its ranks.

Mitigation Strategies

Recognizing the current and anticipated shortage in physicians, the Israeli government has initiated a series of steps aimed at responding to the challenges faced by the Israeli healthcare system, both to minimize the physician shortage and to minimize its effect of healthcare delivery. Below is an overview of some of the steps now either under way or expected to commence shortly:

■ Long-Term Planning of Health Workforce

The Ministry of Health has begun collecting data on the current and projected number of physicians across specialties and regions. The MoH has also commissioned in 2023 an OECD report to review its current policies and recommend future actions. One of the major recommendations issued by the OECD, and that are now coming into effect, is the long-term planning of physician workforce. A standing committee will forecast future healthcare needs, set physician targets, and align medical education accordingly to ensure balanced healthcare distribution nationwide.

■ Increasing the Number of Domestically Trained Physicians

Efforts to expand medical school capacity are underway. As of 2024, around 1,200 new students begin their studies annually, up from 750 in previous years. The goal is to reach 2,000 new students by 2030. Existing medical schools are increasing intake, a seventh medical school has been established, and two more schools are under consideration. Programs training foreign medical students have been closed and replaced with increased capacity in domestic programs. Hospitals are also expanding clinical teaching slots to accommodate more students, and community clinics are increasingly accepting students and residents. These efforts aim to reduce dependency on foreign-trained doctors and ensure a steady supply of healthcare professionals trained in a supervised education system.

■ Encouraging the Return of Foreign-Trained Israeli Students

In recent years, Israel has implemented several initiatives aimed at encouraging the return of foreign-trained medical students to practice within the country. Recognizing the growing number of Israeli students pursuing medical degrees abroad, the Ministry of Health has established a comprehensive strategy to maintain connections with these students throughout their education.

One of the key steps involves registering students who are studying abroad, allowing the Ministry to track their progress and provide them with relevant information about opportunities in Israel. To familiarize these students with the Israeli healthcare system, programs have been developed that offer clinical rotations in Israel, giving them valuable hands-on experience in the country's medical institutions.

Additionally, the “Ofakim” program plays a pivotal role in this strategy. This program offers interest-free loans to students studying medicine abroad. A significant incentive is built into the program: if students return to Israel to practice in underserved geographical areas or in specialties in need, a portion or even the entirety of the loan may be forgiven.

■ Encouraging Aliyah

To address physician shortages, Israel has intensified efforts to encourage Aliyah among healthcare professionals. The Physicians and Required Medical Professions Directorate at the Ministry of Aliyah and Integration assists with licensing and integration. Collaborations with Nefesh B’Nefesh, such as the International Medical Aliyah Program (IMAP), streamline the process, offering job placement and expedited licensing. Global MedEx conferences target Jewish physicians worldwide, providing real-time job interviews and guidance. The program's ambitious goal is to bring 2,000 physicians to Israel by 2029.

Even the booklet which you are reading now is part of this effort as a joint venture, in collaboration with the Tel Aviv Sourasky Medical Center (Ichilov).

These initiatives are part of Israel's broader strategy to attract doctors to the periphery and fulfill its Zionist mission.

Allocation of Resources to the Periphery

The periphery of Israel has consistently been the most affected by the shortage of physicians, a challenge expected to intensify under the Yatziv reform. In response, the Israeli government has taken several targeted actions to bolster healthcare resources in these regions, aiming to address disparities and ensure that residents of the periphery receive the quality care they need.

One of the key strategies is the expansion of financial incentives for physicians willing to work in the periphery. The Ofakim program (אִפְקִים, meaning Horizons) mentioned above provides significant financial support, with interest-free loans which can be converted into partial or full grants to physicians who studied abroad and return to practice in the periphery.

Additionally, the “Kohavim” program (כּוֹהָבִים, translated as “Stars”) has been introduced to cultivate leadership among promising young physicians in the periphery. By providing mentorship, professional development, and opportunities to take on leadership roles, this program is meant to ensure these doctors not only stay but also contribute to the growth and improvement of healthcare services in their communities.

The “Ilanot” program (אֵילָנוֹת, meaning “trees”) is another recently introduced initiative targeting residents of the periphery, encouraging them to pursue careers in medicine. Recognizing that individuals with existing ties to the region are more likely to remain there, this program offers dedicated fellowships, scholarships, and mentorship to local students. This approach aims to create a sustainable pipeline of healthcare professionals who are deeply connected to and invested in their communities.

These efforts are part of a broader strategy that includes increasing the number of hospital beds in the periphery, which remain significantly lower than the OECD average.

By combining financial incentives, leadership development, and targeted educational support, these programs represent a concerted effort to strengthen healthcare services in Israel’s periphery and ensure more equitable access to quality care across the country.

Summary

Israel's healthcare workforce faces significant pressures from a growing and aging population, increasing healthcare demands, and an aging physician workforce. The country is responding through multifaceted strategies, including expanding domestic training, encouraging the return of expatriate professionals, and focusing resources on underserved regions. While these initiatives are positive steps, ongoing adaptation will be essential to ensure a resilient healthcare system capable of meeting future challenges and providing high-quality care for all citizens.

BECOMING A DOCTOR IN ISRAEL

Introduction

Transitioning your medical career to Israel involves a structured and detailed process of licensing and certification. Like many other countries, Israel maintains strict licensing and oversight procedures to ensure that only qualified physicians can practice. Transferring foreign medical credentials requires navigating a lengthy bureaucratic process that can take several months, so it is wise to start well in advance.

This chapter provides a guide for foreign physicians on obtaining medical licensure in Israel, covering the essential steps—from credential recognition and language proficiency to navigating the separate processes of license acknowledgment by the Ministry of Health (MoH) and specialty recognition by the Israeli Medical Association (IMA). Understanding these requirements will help ensure a smooth integration into the Israeli healthcare system.

Regulations and procedures can change, so it's advisable to regularly check the Israeli Ministry of Health and Israeli Medical Association websites for the most current information.

Background: Medical Training in Israel

Israel's medical schools are known for their high standards and rigorous training, producing physicians who excel in various medical fields. Israeli doctors returning from fellowships abroad often praise the quality of their training in Israel.

However, Israel faces challenges in training enough physicians to meet its needs. As of 2024, it has the lowest number of medical graduates per capita among OECD countries, with over 60% of new physicians trained abroad. In recent years, regulatory bodies have intensified efforts to increase the number of domestically trained doctors and improve oversight of those trained abroad.

Currently, approximately 1,200 students start medical school in Israel each with plans to increase this number up to 2,000 each year by 2030.

■ Medical Schools

There are currently six active medical schools in Israel:

1. Hebrew University of Jerusalem - Hadassah Medical School
2. Tel Aviv University - Sackler Faculty of Medicine
3. Technion - Ruth and Bruce Rappaport Faculty of Medicine
4. Ben-Gurion University of the Negev - Joyce and Irving Goldman Medical School
5. Bar-Ilan University - Azrieli Faculty of Medicine in Safed
6. Ariel University - Dr. Miriam and Sheldon G. Adelson School of Medicine

These schools are affiliated with public hospitals (general, psychiatric, and rehabilitative), which serve as clinical training sites. Staff at these hospitals are considered faculty members.

Two additional medical schools have recently been approved—one at Reichman University in Herzliya and another at Haifa University—both slated to open in 2025. In addition, the Weizmann Institute in Rehovot is set to inaugurate its own medical school the same year.

■ Program Structure

Medical education in Israel follows two primary tracks:

1. **Six-Year Program⁷:** This traditional track accepts students without an academic background. The first three years focus on pre-clinical studies, including basic sciences and foundational medical knowledge. The final three years involve clinical training through rotations in various specialties at affiliated hospitals.
2. **Four-Year Program:** Designed for students with an undergraduate degree, this track condenses the pre-clinical phase into two years, followed by two years of clinical training.

⁷ A special population studying medicine in a six-year program, currently at the Hebrew University in Jerusalem, is the Tzameret (תזמרת) program, run by the IDF. Students in this program are selected before starting medical school and commit to extended military service as physicians in the Israel Defense Forces. The program provides a fully funded medical education, with additional coursework in military and emergency medicine, leadership, and medical ethics relevant to military service. The program aims to ensure a steady supply of well-trained doctors for the military while offering participants a structured pathway into medicine with strong professional development opportunities.

Some schools offer only one of these tracks, while others provide both. Admission to all of these programs is highly competitive, requiring strong matriculation or psychometric scores as well as passing personality and situational exams designed specifically for medical school candidates.

■ Graduation Exam and Internship (Staj)

After completing medical education, graduates must pass a series of national licensing exams in core medical fields. These exams, different from the single exam offered to foreign medical graduates, are integrated in the curriculum of all six schools. Following successful completion of all exams, graduates are required to complete a one-year mandatory internship, known as “Staj” (‘TNUU)⁸. Interns rotate through departments such as internal medicine, general surgery, pediatrics, anesthesia/intensive care, and emergency medicine, with additional elective rotations. This internship provides essential hands-on experience under supervision and serves as a period of transition from student to doctor.

The internship year is completed at one of the country’s general hospitals, with placement determined by a lottery that considers students’ preferences. Until 2024, successful completion of the internship was required to receive both the MD diploma and the Israeli license to practice medicine. Today, the MD diploma is granted at the end of the 6th year of medical school, and the internship year is required solely for obtaining the license to practice medicine.

After completing their internship, approximately 80% of new physicians proceed to residency training in one of the 32 base specialties, the majority of which are hospital-based⁹. The application and acceptance process for residency programs in Israel is not standardized and varies by department. It may involve interviews, observation periods, or additional requirements.

Unlike many other countries where all residencies begin simultaneously, residency start dates in Israel depend on the

8 The duration and structure of the internship period is currently under review. It is likely that in the near future this period will be shortened to 6-9 months and its goals and structure will be redefined.

9 The rate of physicians pursuing specialty training among Israeli-educated physicians is higher and stands at about 92%, as of 2024.

availability of positions and can occur throughout the year.

The Israeli Ministry of Health is currently exploring reforms to streamline this process, including the potential introduction of a national residency application system similar to the American NRMP (National Resident Matching Program, also known as “The Match”).

Recognition of Foreign Medical Education

Transferring your medical license to Israel involves two separate processes:

1. License Recognition by the Ministry of Health (MoH):
Generally, foreign-educated physicians must pass a written exam, though exemptions are often granted, especially for physicians educated in some western countries, physicians with extensive clinical experience (over 10 years) and graduates from countries that are pre-approved (more details below).
2. Specialty Recognition by the Israeli Medical Association (IMA):
The IMA (known in Hebrew as Hahistadrut Harefuit Be Israel / הרפואית בישראל / HARI / הר"י) oversees the acknowledgment of specialties and partial residencies. They may require additional residency training, a written exam (Shlav Alef / שלב א'), an oral exam (Shlav Bet / שלב ב'), or a combination. As of today, a minimum of a three-month period of supervised work (Hatama, התאמה) under a credentialed physician and within a department recognized for medical training is required before official specialty recognition is conferred.

It's recommended to work on both processes simultaneously, as they are interdependent. For example, without a temporary or permanent medical license, the Hatama observation period required for specialty recognition cannot be completed. Conversely, if the IMA waives the written or oral exam requirement for specialty recognition, the MoH may waive the government licensing exam.

A good way to work on this process is to attend one of the MedEx conferences or meet with the Israeli representatives during different Aliyah fairs. These conferences are a one-stop-shop where the MoH and IMA

representatives meet applicants, review diplomas and documents, and streamline the application process.

We will now break down each of these two processes in detail:

■ Application for an Israeli Medical License

Applications for an Israeli medical license can be submitted before making Aliyah, however, a permanent Israeli medical license can only be issued to citizens, so the license will not be granted until citizenship and the identification card (Teudat Zehut, תעודת זהות) are obtained. Applications can be started online at the Ministry of Health Portal or by submitting a written questionnaire. Authentication of documents and submission of such is a key part of the application – official confirmation of documents can be sent to the MOH directly by the issuing agency electronically. Alternatively, official documents can be authenticated by an Israeli notary, local notary plus Apostille, or by a verified copy (Imut He'Etek, אימות העתק) at the Israeli Consulate. All documentation not originally in Hebrew or English needs to be translated by an Israeli translation company. Some of these services may be subsidized or reimbursed by the Ministry of Aliyah and Integration.

■ Examinations

Foreign medical graduates generally need to pass a written exam. Additionally, they may be required to complete a year of rotating internship (Staj) in a general hospital if that requirement has not yet been met. The written exam, administered by the IMA, is available twice a year in multiple languages. The Ministry of Aliyah and Integration offers preparation courses towards these exams, which may also offer bonus points towards the final exam grade.

Exemption from the Written Exam is often granted for:

1. Physicians who have completed the USMLE (Steps 1 and 2 CK).
2. Physicians educated in recognized institutions in specific countries, including the U.S.A., Canada, the U.K., South Africa, Australia, New Zealand, and France.

3. Physicians whose specialty was recognized by the IMA without needing residency exams (Shlav Alef, א ג'לש) and who do not need to complete more than a 6 month Hatama period.
4. Physicians whose specialty was recognized by the IMA and who received an exemption for Shlav Alef and Bet exams.
5. Physicians with extensive clinical experience as defined above. These physicians will be exempt from the exam only after the successfully complete a 6-month observership called Hitnasut Klinit (חיתנסות קלינית) followed by an oral exam offered by the MoH.

Exemption from the Internship Year may be provided to physicians who have completed a full internship year abroad or have worked continuously as a physician for a year.

Specialty Recognition

The Israel Medical Association's (IMA) Scientific Council is responsible for recognizing foreign residencies and specialties. An application for recognition in a specialty should be made on the IMA's website¹⁰. Where a physician has multiple specialties, it's important to request recognition in each specialty separately. While the list of documents to submit is extensive, the IMA considers each situation on a case by case basis.

After submission, the IMA reviews the application and may request additional information. A scientific committee then determines further requirements for specialty recognition.

The IMA has established a “green track” protocol for physicians who completed their residency in the United States, Canada, UK, France, South Africa, Australia or New Zealand. For many of these physicians, the hatama (observed work time) may be waived. However, in all cases, one must complete your application to the IMA and receive a final decision on whether you are eligible for the green track.

10 In cases where a residency was not completed, one should first find placement for a residency in Israel, and then requesting credit for time already completed abroad, toward the future residency program in Israel.

Required Exams and Certifications

Specialists in Israel must pass written (Shlav Alef, 'א ג'לש) and oral (Shlav Bet, 'ב ג'לש) exams and complete a hatama period in a recognized Israeli institution. Exceptions include:

- Exemption from the Shlav Alef exam for physicians with comparable residency training and national exams.
- Exemption from the Shlav Bet exam for physicians with equivalent Board Certification and a recognized residency exam.

Interim Summary

The following are different and often confusing periods of time that may be required of you: Residency Completion, Clinical Observation (Hatama), Observership (Hitnasut Clinit).

Most physicians who apply for recognition of a foreign speciality must complete a clinical observation period in a recognized medical institution, called “Hatama”. This clinical observation period is generally three to six months, after which the department chief provides a recommendation whether or not to grant a specialist license.

In cases where the foreign residency differs significantly from the Israeli standard, the IMA may require a partial period of residency in Israel.

In some cases where an applicant has requested recognition in multiple specialties, two Hatama periods may be conducted simultaneously rather than consecutively. Such an arrangement is considered on a case-by-case basis both by the hospital and the IMA.

Some physicians who have over 10 years of experience may be required to complete a six-month observership (התנסות קלינית, Hitnasut Clinit) in Israel under a recognized specialist, followed by an oral exam, in place of completion of a written exam. This period may be overlap with the observation period required for the recognition of a foreign specialty (Hatama period).

■ Scientific Thesis (Madaei Yesod / מדי' יסוד)

Medical residents in Israel must complete six months of research leading to a scientific thesis. Foreign graduates with more than one year of residency are exempt from this requirement.

■ Hebrew proficiency

Hebrew proficiency is important for practicing physicians in Israel. While nearly all healthcare professionals speak English to varying degrees, documentation, rounds, lectures and conversations with most patients take place in Hebrew. Moreover, the exam at the end of the Hitnasut Clinici is oral and in Hebrew, as is the Shlav Bet exam.

It is encouraged to work on one's Hebrew and specifically medical Hebrew as much as possible prior to making Aliyah and in the early days of your time in Israel. There is a robust system of ulpan starting from beginner to medical level Hebrew to help prospective olim improve their Hebrew skills. Included as part of your rights and benefits as new Olim. More information can be provided by The Physicians and Required Medical Professions Directorate at the Ministry of Aliyah and Integration

Summary

Navigating the path to becoming a licensed and recognized physician in Israel can be challenging, but with proper preparation and understanding of the system, it is certainly achievable. While the process involves multiple steps—ranging from licensing and credential recognition to potentially fulfilling additional clinical requirements—Israel offers clear pathways for foreign-trained physicians to integrate into its healthcare system. By engaging early with resources such as Nefesh B'Nefesh's IMAP division and The Physicians and Required Medical Professions Directorate at the Ministry of Aliyah and Integration, consulting relevant guidelines, and taking advantage of MedEx events, you can streamline the journey and set yourself up for a smooth transition.

WORKING AS A PHYSICIAN IN ISRAEL

This chapter outlines the different career pathways available to physicians in Israel. However, entering the Israeli healthcare system as a physician is not just about having the right credentials and finding the right position; it's about understanding the intricate web of relationships that drive career opportunities. Networking is essential and often more effective than cold calls or emails. A personal introduction can significantly increase your chances of securing the job you want. Additionally, many physician roles require prior experience within the target department, making the Hatama Period—a clinical apprenticeship—not just a formality, but a vital step toward obtaining a permanent position.

A few introductory notes:

■ Compensation is regulated

Physician salaries in the public sector—whether in HMOs or public hospitals—is largely governed by collective work agreements negotiated from time to time between the Israeli Medical Association, the government and the major employers. These agreements define base pay, work hours, compensation for off-hours work, and more. Compensation for physicians performing contracted work for HMOs (i.e., those not directly employed) is not determined in these agreements and is to some extent negotiable, but is still capped through other regulations. Nevertheless, compensation varies significantly based on geographic region, subspecialty, and other factors.

■ Open Positions / Tkanim

When searching for a job as a healthcare professional in Israel, you may come across the terms Teken or Tkanim (תְּכָנִים/תְּכָנִים), which translate to “position” or “positions”.

In Israel's public institutions, particularly government-run facilities, the number of positions in each department is strictly regulated and not easily adjusted. Hiring decisions are typically made at the department level rather than the institutional level, with limited flexibility for exceptions.

For instance, if a department is allocated 10 physician Tkanim, it generally cannot hire an eleventh doctor until an existing position becomes vacant—even if other departments within the institution have open positions.

Conversely, in the HMOs, district administrators determine the need and financial viability/incentive in hiring physicians in a given area which may also affect salary, guarantees and benefits.

The Ministry of Aliyah and Integration may help Olim find placement, as well as offer financial support to the employers (such as funding a position for several months) to incentivize hiring of Olim.

■ Insurance

Under the collective work agreements in Israel's public health sector, physicians and other healthcare professionals are usually covered by a professional liability insurance plan for their work within the public system. In court proceedings, public institutions represent the physician, and except in rare cases of overt criminal negligence, physicians are not held personally liable for damages arising from their work in the public system.

For work outside the public system, physicians are required to obtain liability insurance. However, physicians who also work in the public system are entitled to a subsidized insurance plan that covers their private work, with premiums deducted directly from their salary.

Still, it is essential to confirm the specifics of your insurance coverage—both for public and private work—with your potential employer during the onboarding process.

■ Special grants for Olim physicians

As part of Israel's efforts to encourage Aliyah of foreign physicians, several grant programs have been established. While the specifics of each grant program may vary depending on the current population needs and government budgetary constraints, as of 2025, the Ministry of the Negev and the Galil, and the Ministry of the Aliyah and Integration offer generous grants to specialist physicians who make Aliyah and commit to working and/or living in the Negev, Galil or Hevel Hatkuma (the areas affected by the Oct. 7 war). Physicians in

required medical fields, currently specialists in Rehabilitation Medicine or Forensic Medicine, may also be eligible for a special grant, which are also increased if they choose to practice in the periphery of Israel.

When considering your Aliyah, it's best to reach out to The Physicians and Required Medical Professions Directorate at the Ministry of Aliyah and Integration to find out more about your eligibility to one or more of these programs.

■ **The Israeli Medical Association (IMA) and Professional Societies**

Joining the Israeli Medical Association (IMA) is voluntary and requires an annual membership fee of several thousand NIS. Membership in the IMA is not a prerequisite for receiving benefits negotiated between the IMA and employers. However, joining a professional society—which organizes scientific conferences and facilitates participation in other professional and scientific activities—does require IMA membership. If you are a specialist seeking greater professional influence, membership in both the IMA and the relevant professional society is worth considering.

■ **Mandatory Service as a Doctor in the IDF**

Physicians of a certain age have an obligation to serve in the Israeli Defense Forces, and if you are making Aliyah within the draft age range, this is something that you should research before moving to Israel. There are a variety of roles that a physician can take in the army, but most often will serve as a general doctor. If you believe that you will be of draft age when you move to Israel, please reach out to the IMAP team at medpro@nbn.org.il to request an introduction to an IDF physicians liaison to discuss your situation.

DRAFTING AGE

Men (Age or Arrival Age)	Length of Service	Women (Age or Arrival Age)	Length of Service
23-26	24 months	23-26	24 months
27-29	20 months	27-29	18 months
30-33	18 months*	30-33	Exempt

PLEASE NOTE: If you are married, have kid(s), AND are over the age of 30, you are exempt from serving in the army. You must fit all three criteria in order to receive the exemption.

PLEASE NOTE: Female physicians who are married or are single mothers are exempt from service.

*DISCLAIMER: The final decision regarding your eligibility to draft into the IDF will be determined by the IDF only. Decisions are based on many factors, including level of professional Hebrew.

Working as a Primary Care Physician

■ Role and Responsibilities

Primary care physicians (PCPs) are the cornerstone of Israel's healthcare system, serving as the first point of contact for patients and managing a wide range of health issues. In addition to treating common ailments, PCPs provide comprehensive care, including routine care, chronic disease management, and coordination of care across specialties. As gatekeepers, PCPs handle specialist and ancillary test referrals, ensure continuity of care, and manage patient follow-ups. This holistic approach is central to Israel's healthcare efficiency and effectiveness.

■ Work Environment

PCPs typically work in community clinics affiliated with one of the four HMOs: Clalit, Maccabi, Meuhedet, and Leumit. Clinics are spread across urban, suburban, and rural areas.

Clinics may be owned and run by the HMO, or may be privately owned. An HMO run clinic at the very least, provides nursing and secretary services in addition to physician services. However, the size and scope of care may extend to being a small sized medical center with complex medical services, ancillary services, pharmacies and specialty care. Conversely, a privately owned clinic may consist of one physician in a room off the side of his or her house, or a be a multi-specialty clinic that employs nurses and ancillary staff.

PCPs may also have remote patient visits (video, telephone or online correspondence with patients) as an alternative to face-to-face visits.

PCPs are expected to serve 5-6 patients per hour, which includes the time for the clinical contact as well as documentation and referrals on the HMO's Electronic Health Record.

■ Employment Opportunities

Ideally, PCP roles will be filled by physicians with a specialty in Family Medicine, Pediatrics or Internal Medicine. Nonetheless, some PCP positions in Israel are also open to physicians with other specialties and even those without a specialty at all. PCPs have various employment options, ranging from direct employment with a HMO to contracted work. Direct employees receive a salary with social benefits such as pension contributions, sick leaves and vacation time. Contracted PCPs operate on a fee-for-service basis, often with more flexibility but fewer benefits.

Employment models differ among HMOs; for example, Clalit usually offers salaried positions, while Maccabi, Leumit and Meuhedet offer more opportunities for contracted work. Employment agreements are negotiated with HMO's district management, meaning physicians may need to negotiate separate contracts for clinics in different districts.

There are many combinations possible. PCPs may work part time or full time, on a flexible time table, may work simultaneously as direct employees and as contracted physicians, and may work for more than one district or even more than one HMO.

■ Compensation Models

PCPs in Israel are typically compensated through one of several models:

- **Hourly Model:** Provides stable income based on hours worked, but may limit earning potential if patient volume is high.
- **Per-Capita Model:** Compensation is based on the number of patients assigned to the PCP, incentivizing a large patient base for consistent income.

- **Per-Visit Model:** Compensation is based on patient visits, usually calculated quarterly. This model rewards efficiency but can lead to income variability depending on demand.
- **There are also variations on these models:** for example, some per-visit compensation schemes include a minimal compensation, which may benefit physicians who are still building their register.

■ Typical Salary Ranges

Salaries for PCPs start from 20,000 to 35,000 NIS per month¹¹, depending on experience, location, patient characteristics, workload and HMO affiliation. Physicians in underserved areas may receive additional incentives.

Contracted physicians often have a broader income range as their compensation also covers clinic operation costs, taxes, social benefits and pension allotments.

■ Promotion Opportunities

Career advancement for PCPs often leads to managerial roles within HMOs. Physicians with leadership and managerial qualities may move into positions such as clinic directors, regional managers, or executive roles while maintaining a reduced clinical practice.

In addition to leadership positions, teaching and research opportunities are increasingly offered in outpatient settings, which may help diversify work routines and reduce burnout.

■ Finding a Job

To find a position as a PCP, one must engage with regional managers from the four HMOs. These managers are often aware of current and upcoming openings in their areas. Additionally, private clinics may periodically seek new physicians.

For those with a specific niche, opening a private practice could be a rewarding path, offering greater autonomy and a tailored patient base.

Consulting with physicians already practicing in Israel is highly

11 All estimations are gross numbers. The net sum will depend on individual tax and deductions.

recommended. These professionals can provide valuable insights into the local healthcare ecosystem, including patient demographics, common challenges, and strategies for navigating the system effectively. This networking can significantly improve your chances of finding the right position.

The Physicians and Required Medical Professions Directorate at the Ministry of Aliyah and Integration can connect you to their local liaisons in different health organizations and/or to advisors and mentors as needed.

Working as a Specialist in the Outpatient Setting

■ Role and Responsibilities

Outpatient specialists provide focused care for specific medical conditions. Their responsibilities include consultations, diagnostics, and procedures relevant to their specialty. They are expected to work closely with PCPs to ensure coordinated care for patients with chronic conditions, as these patients are often followed by both their primary care physician and a specialist in the relevant field.

Not all fields allow for outpatient work under HMOs; for example, Oncology care in Israel is provided solely in hospitals. Most cardiac catheterizations are also done in hospitals and not in community-based centers.

■ Work Environment

Specialists typically work in clinics affiliated with HMOs or in private practices, often contracting with HMOs to serve insured patients. Clinics are usually well-equipped and supported by healthcare teams, providing a structured environment for patient care.

It is not uncommon for physician-owned private practices to contract more than one HMO.

■ Employment Opportunities

Specialists can be salaried employees of a HMO or operate in private practice, which may be contracted by an HMO. HMO

employment offers stability and benefits, while private practice provides more autonomy and potential for higher earnings, though it requires managing the business aspects of the practice.

Specialists in private practice may contract with HMOs and see patients covered by these organizations while also maintaining the flexibility to see private patients. Specialists who meet certain criteria, such as filling senior hospital role or having a professor's degree, may be able to enter HMOs' supplementary insurance plans' and/or private insurers' in-network list, which may allow them to also accept patients as part of those programs, which often offer higher compensations.

■ Compensation Models

Compensation models for outpatient specialists are similar to those of primary care physicians. These include:

- **Per-Visit Model:** Compensation based on patient visits, usually calculated quarterly.
- **Per-Procedure Model:** Compensation for specialists performing procedures, such as endoscopies.
- **Hourly Model:** Some specialists are paid based on hours worked.

Compensation models offered may differ according to field of specialty, geographic area and HMO.

There are also variations on these models: for example, some per-visit compensation schemes include a minimal compensation, which may benefit physicians who are still building their client base.

■ Typical Salary Ranges

Specialist salaries range from 25,000 to 50,000 NIS per month, with higher earnings in high-demand fields like cardiology and gastroenterology, especially for those performing procedures. Private practice income can vary significantly based on patient volume and business model.

■ Finding a Job

Connecting with regional managers of HMOs is essential for securing outpatient specialist positions. Reaching out to private clinics in your specialty is also recommended.

For specialists covering a specific niche, opening a private practice can be a strategic option, allowing for greater control over your practice and potentially higher income.

Engaging with peers already working in your field a valuable method for gaining insights into the local landscape, including patient needs and referral patterns, which can help you navigate the job market more effectively.

The Physicians Directorate of within the Ministry of Aliyah and Integration can connect you to their local liaisons in different health organizations and/or to advisors and mentors as needed.

Working as a Hospital Physician

Although ambulatory and outpatient medicine form the backbone of Israel's healthcare system, hospitals play a critical role in managing complex cases, performing invasive procedures, teaching students and residents in various fields, disaster preparedness and more. For these reasons and more, many physicians opt to work at least part of their job in hospitals.

■ Roles and Responsibilities

Unlike outpatient specialists who primarily see stable patients, hospitalists, i.e. specialists (also termed Senior Physicians) who work at hospitals address acute conditions, severe illnesses, and complex cases that need intensive or specialized care. Their responsibilities include daily patient rounds, interpreting diagnostic tests, coordinating care across multiple disciplines, and making decisions about treatment plans. Hospitalists often lead multidisciplinary teams and work closely with nurses, residents, and other healthcare professionals

Physicians who work in hospitals often also provide care in outpatient clinics associated with the hospital and perform various

procedures such as surgeries or other specialized interventions within their field.

■ Academic Duties

Many hospitalists and even residents who work in hospitals engage in teaching, supervising residents, and conducting research as part of their hospital roles. In some cases, hospital-based specialists may arrange for a portion of their position to be dedicated solely to academic or research work. Hospitals affiliated with medical schools offer numerous academic opportunities. Academic involvement is often a requirement or advantage for promotion to senior positions and considered a strong advantage when applying for a hospital position.

■ Privileges

The employment model in Israeli hospitals differs from that in some other countries such as the United States. In Israel, to care for a hospitalized patient, a physician must be an employee of that hospital, and the concept of “privileges” for outside physician does not apply. Private work is generally conducted outside hospital settings and beyond work hours, and physicians who are not employees of a hospital may not care for admitted patients.

■ Work Environment, Hours and Compensation

Hospitalists can work full-time or part-time, depending on their preferences and career goals. Full-time work usually involves 40-45 hours per week, with daily hours from 7-8 am to 3-5 pm, plus approximately four hours on one Friday each month.

Part-time arrangements are also common for hospitalists, allowing physicians to balance clinical duties with academic work, outpatient work in HMOs, private practice, or personal commitments. These arrangements are often tailored to the individual needs of the physician and the hospital’s requirements.

Residents most often work full-time and are also required to complete overnight shifts as specified below.

Base salaries for residents as well as specialists are modest, with a great proportion of the income derived from additional work, including:

- **On-call duties (Konenut, כּוֹנֵנוּט):** Performed only by specialists. During a Konenut the specialist must be available by phone and able to arrive within 30-60 minutes if needed. On-call physicians often oversee a resident who remains in the hospital overnight. In some cases, the specialist may be required to come into the hospital if needed. On weekends and holidays, on-call specialists are also required to lead patient rounds in the ward.
- **After-hours shifts (Toranut, תּוֹרָנוּט):** Performed by most residents and a minority of specialists, often in certain specialties, like Intensive Care and Anesthesia. These shifts last 21-24 hours, meaning coming to work in the morning and staying on till the following morning, then leaving for a full day off.
- **Additional procedures and clinics:** Specialists and some residents can also increase their income by performing after-hours procedures such as surgeries, endoscopies, and catheterizations, or by holding afternoon clinics. These are often referred to as “Sessia / סֵסִיָּא” (derived from “Session”). Unlike morning procedures, which are part of the standard salary package, these activities are often compensated on a per-case basis, making them a valuable source of extra income.

■ **Side Note: Employment via Health Corporations Within Government-Owned Hospitals**

During negotiations with Government-owned hospitals, some physicians may be asked to sign a contract not with the hospital itself but with a separate legal entity known as Health Corporation (Ta'agid Briut, תּאָגִיד בְּרִיּוּט). Originally formed as a separate entity to allow non clinical activities (such as funded clinical research) or clinical activities during afternoon and evening hours, these corporations have become a key factor in the function of government-owned hospitals.

Not being subject to all government hiring regulations and the collective work agreements, these entities allow government-owned hospitals much more flexibility in hiring arrangements. Some physicians are even employed simultaneously by both entities. For

example, when working full time by the government, and performing additional after-hours work under the Ta'agid Briut.

Working through Ta'agid Briut can offer more flexibility and higher compensation than standard hospital contracts, although the differences vary by hospital and are best clarified through each institution's HR department.

Despite the differences between direct employment by the government or by the Ta'agid Briut, physicians employed by both entities collaborate closely and work shoulder to shoulder in providing patient care.

■ Advantages of Working in a hospital

Hospital work offers collaboration on complex cases, networking with other professionals, research and teaching opportunities, and leadership roles. Involvement in teaching and research can enhance career prospects and open doors to managerial positions. Physicians in senior hospital roles may also gain access to supplementary insurance networks, boosting their private outpatient practice. For example, physicians with a senior academic or managerial position in the inpatient setting may be included in the supplementary insurance plans' in-network list of consulting specialists, thus significantly increasing their clientele.

■ Typical Salary Ranges

Salaries for specialists in hospitals vary significantly based on the specialty, geographic area, and, most importantly, the amount and type of after-hours work performed. Base salaries for hospital specialists range from 10,000 to 20,000 NIS, but additional work can push earnings up to 60,000 NIS or more. Many hospital specialists also perform outpatient work in HMO or private practice to supplement their income.

■ Finding a Job in the Inpatient Setting

Securing a position as a hospital specialist usually requires familiarity with the ward and its team. Department chiefs have considerable autonomy in hiring decisions, making it essential to approach them directly, ideally through an introduction. A

common strategy is to volunteer or observe in the ward for a short period (even 1-2 weeks), to gain exposure and hopefully lead to a job offer. For this reason, it's best for specialists making Aliyah to complete the Hatama period (required to have a foreign specialty recognized in Israel) in the ward where they aspire to work later, building relationships that can benefit future employment.

Working in the Private Sector

Physicians in Israel's private sector have varied opportunities, including positions in private hospitals, clinics, and roles in industries such as biotech, pharmaceuticals, and medical technology.

Private providers often contract with HMOs to deliver care covered by public or supplementary insurance, allowing patients to access private services under public funding. This arrangement is common across private hospitals, specialty clinics, and urgent care chains like "Terem, "Briuta" or "Bikur Rofe", which serve both insured and private patients.

Compensation in the private sector can vary significantly, driven by the types of services offered, the physician's experience and reputation, and the profit margins of the private employer. Private hospitals, such as Assuta, Medica, Hertzeliah Medical Center or Rafael, can offer higher pay than public hospitals because they are not required to train students or residents and can focus on more profitable procedures in low-risk patients. These hospitals usually contract only with experienced physicians with an established reputation in Israel.

In addition to specialized clinical roles, there are numerous general opportunities in the private sector. Long-term care facilities, large corporations with on-site clinics, and even the IDF employ physicians for non-specialized positions, such as primary care and occupational health.

Biotech, pharmaceuticals, and digital health sectors provide roles in research, clinical trials, product development, and regulatory affairs. Physicians with expertise in these areas can find rewarding opportunities to leverage their medical knowledge.

Many physicians split their time between public and private work, maintaining the benefits of public employment while enjoying the

financial rewards of private practice. Public sector physicians must obtain pre-authorization for private roles from their employers to avoid conflicts of interest.

Research and Academic Work

Physicians who have experience in research in their home countries will find that Israel offers a range of opportunities to continue and expand their academic and clinical research endeavors. Whether you are interested in clinical trials, basic science, or public health research, the country's robust healthcare and academic sectors provide multiple pathways for research work.

All public hospitals in Israel are affiliated with universities, making them centers of both clinical care and academic activity. Research conducted within these institutions contributes to academic promotion, which in turn is essential for clinical career advancement, especially for those aiming for leadership roles like department chair. Research is typically integrated with clinical duties and is considered to be part of the physician's hospital role, and physicians are also involved in teaching medical students as part of their role.

Academic and Research Institutions

Israel is home to world-renowned universities and research centers. As every public hospital is academically affiliated, physician-researchers can access resources and collaborate with academic partners. While hospitals remain the primary venues for clinical research, in recent years, HMOs have also established research institutions. These initiatives mainly focus on big data and epidemiological studies derived from their extensive patient databases. Nonetheless, most clinical research continues to be conducted in hospitals.

Hospital-based physicians are expected to perform research as part of their job, without having dedicated research time. Those with very prominent research achievements can sometimes secure research positions that allow them to balance clinical work with research. Typically, such physicians receive one or two days a week for research, and it is extremely rare to find a position with more than 50% of the role dedicated to research.

Importantly, no clinical positions are offered by universities, and all the clinical teaching and research are performed as part of the work university-affiliated hospitals or HMOs institutions.

■ Clinical Trials and Industry Collaboration

The biotech and pharmaceutical sectors, along with Israel's digital health ecosystem, offer avenues for industry-sponsored research and trials, particularly in areas like oncology and innovative therapies.

■ Funding and Grants

Researchers in Israel are expected to secure research funding through competitive grants or industry sponsorships, as the public employers typically do not allocate resources for research. The Israel Science Foundation (ISF), the Ministry of Health, and international grants are key funding sources. Physicians from abroad have a potential advantage in securing collaborative grants with international institutions, which is actively encouraged. Networking with local researchers and exploring joint grant applications with Israeli colleagues is often an effective strategy for securing funding.

■ Finding Research Opportunities

Networking, joining academic societies, and engaging with local researchers are key to finding research positions. Physicians with a research track record should approach department heads or research directors directly, as they often control project allocations and hiring.

SUMMARY

In Hebrew, many stories conclude with the phrase “*Tam Velo Nishlam*” (תלם לא נגמר), meaning “It’s finished, but it’s not over”. This sentiment resonates with this booklet, which serves as merely the starting point for your journey to becoming a healthcare professional in Israel. I hope this guide proves helpful as you navigate the process of transitioning your personal and professional life to Israel.

The Israeli government, the Ministry of Aliyah and Integration, The Ministry of Health, Nefesh B’Nefesh, and their many partners are committed to making your transition as smooth as possible. Yet, there may be moments of frustration as you invest significant time and effort in this lengthy and sometimes challenging process. I encourage you to persevere. Your decision to make Aliyah contributes not only to the healthcare organization you will join but also to the broader message of support and solidarity with communities already here.

The International Medical Aliyah program (by Nefesh B’Nefesh) as well as The Physicians and required medical professions directorate, are available to assist you. For additional questions, unique circumstances, or tailored advice, don’t hesitate to reach out at medpro@nbn.org.il

Wishing you great success on this meaningful journey!

ABOUT THE AUTHOR



Yoel Angel, MD, MBA, is a specialist in Internal Medicine, Intensive Care. Currently serving as the Head of Medical Education and Training at the Tel Aviv Sourasky Medical Center (Ichilov) in addition to his work in the Intensive Care Department. He has been actively involved in national health policy initiatives and committees, focusing on planning and improving the wellbeing of health workforce in Israel.

Dr. Angel is a researcher in the field of health policy, and co-teaches the “Introduction to the Israeli Healthcare System” and “Comparative Health Systems Worldwide” courses in Tel Aviv University’s MBA in Healthcare Management program.

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