



**Fédération Européenne
des Médecins Salariés**
European Federation
of Salaried Doctors

Date:	15-09-2016	Document:	F16-041 EN
Title:	National Report Austria		
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AUTUMN REPORT AUSTRIA - FEMS/ EJD SEPTEMBER 2016

1. Survey among hospital doctors

In March and April 2016 1.773 hospital doctors in Austria were interviewed (telephone survey) with regards to their work situation, with the following results:

Only 58% of the daily working hours are dedicated to medical work, 35% is spent with administration and 8% for research and academic activities. The results show clearly that measures are needed to improve this situation, especially when it comes to documentation.

The average working hours/week were reduced from 54 hours (2013) to 48 hours. The highest number of working hours during a week is 62 hours. (2013: 68 hours). Austrian hospital doctors would prefer a further reduction of working hours to an average of 41 hours. Especially younger doctors prefer to have an improved work-life-balance.

83% welcome the restriction allowing only for a maximum of 25 hours per duty. 33% have gone for the opt-out. 89% say that there is a lack of human resources in their hospital, 77% think this is a “serious” problem.

2. Online evaluation of specialist training

In November 2015 Austrian doctors currently in specialist training (i.e. 4.700 doctors) were invited for the first time to participate in an online survey to evaluate their training situation.

About 30% of all doctors in training (1.392 doctors) participated in the survey. Results showed that on average the practical training in Austrian hospitals is seen as well accepted and satisfactory. On average doctors graded their training with 2,36 (according to the Austrian school grade system ranging from 1 (excellent) – 5 (unsatisfactory)). However, there is still potential for improvement, especially in some specialities like neuro surgery, dermatology and traumatology and orthopaedics.

During the analysing process of the survey five factors were mentioned frequently as being crucial for the training and learning success in a specific department. The mentioned factors are quality and implementation of a sound training concept, the frame work conditions for the trainer - sufficient support by the head of the department and sufficient time resources for training, opportunities for rotation, efforts by the trainer regarding the provision of the training as well as frequent feedback by the trainer respectively superiors.

The survey also showed that doctors in training still take over tasks of medical assistance personnel (like nurses etc.), which is probably due to a lack of human resources in this field. From the point of view of the Austrian Medical Chamber it is clear,

that the hospitals have to ensure that sufficient personnel is available to guarantee that doctors in training may concentrate on their training.

Workload was also a central topic. About 50% of doctors stated that they usually or frequently work over the regular hours in their regular day shift in order to finish their tasks. About 30% indicated that maximum working hours and rest periods are adhered to only partly or not at all. According to 72% of the respondents, the reasons are lack of human resources, and bad organisation (18 %).

3. Online application for the administration of training posts

As of July 2015 it has become possible for hospitals to apply electronically for the recognition as a training institution as well as for the determination of training posts at the Medical Chamber through an online application. All necessary forms and documents required for the application are listed online (training- and personnel structure, training concept etc.) and may be accessed through the homepage of the Austrian Medical Chamber.

The training institution has to inform the Austrian Medical Chamber within a month of any changes concerning the start, variation, break, extent or completion of training, electronically through an application. This programme also allows for the announcement of training posts and simultaneously reviews their validity. The programme also contains a search filter which provides a quicker way to find notifications.

Since March 2016, individual doctors may also access this application via their online CPD account and have their personal information displayed, e.g. the history of their training posts held, as well as their current post etc. This is of special importance for specialist training, as training periods can only be recognized if they are undergone on an accredited training post.

4. Pilot project e-Medikation

In 2009, Austria launched the pilot project “e-Medikation” in three pilot regions. E-Medikation gives access to a patient’s nationwide medication list and includes medication safety checks. A formative evaluation study performed between July and December 2011 comprised a standardized survey of participating doctors (61), pharmacists (68), and patients (553), as well as an analysis of the e-Medikation log files.

The results showed high acceptance of the idea of e-Medikation among pharmacists and patients and mixed acceptance among doctors. The satisfaction with the quality of the software used in the pilot project was low. The overall aim to increase medication safety seems achievable through e-Medikation, but several limitations of the pilot project need to be solved before a national rollout.

Based on the evaluation results, in May 2016, Austria started a test run in Deutschlandsberg in the province of Styria. Only 12 doctors and 8 pharmacists are currently participating.

However, from the point of view of the Austrian Medical Chamber the planned national rollout in October 2016 won’t be practicable due to still existing technical problems and the disproportionate amount of time of data processing appearing as first results of the test run.