



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

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## **FEMS / AEMH / EJD SPRING REPORT AUSTRIA MAY 2023**

### **1. Health reform**

In January 2023, the Federal Minister for Social Affairs, Health, Care, and Consumer Protection, Johannes Rauch (Green Party), announced a reform of the health system, which is to be implemented through the fiscal equalization system and is set to come into effect in 2024. Currently, negotiations are ongoing between the federal government, the states, and municipalities regarding this proposal. The fiscal equalization system regulates how tax revenues are distributed among the federal government, states, and municipalities. This new fiscal equalization system involves the annual distribution of 90 billion euros and must be negotiated by the end of this year. Rauch points out that the federal government can link the disbursement of funds to certain conditions. Both the states and the social security providers have already presented comprehensive reform proposals. The states would like to introduce a third "pillar" in the health system between hospitals and general practitioners, which would include outpatient clinics and primary care units. The defined goal is to better control patient flows. In this scenario, the federal government would be responsible for this third pillar. The social security providers reject this idea and want to maintain the competencies for hospitals in the area of outpatient treatments. The health minister points out the problem of fragmented responsibilities (such as the responsibility of the states for hospitals) and the separation of financing between stationary and outpatient areas. Rauch identified the need for necessary reforms, such as expanding primary care in Austria and investing in primary care units.

Primary care units (PVE) are modern health centers where general practitioners, nurses, and other health professionals work together flexibly and coordinated in one place. By 2025, the number of primary care facilities is to be tripled (from 39 to 121). Another goal is to reform the social security system, which must make the systems in the public practice sector more attractive for contracted doctors - through the design of tariffs, the standardization of service catalogs, or through quality assurance. In addition, the efficiency of hospitals must be increased, for example, by jointly ordering drugs. Rauch also renewed his demand for prescriptions to be made by the active ingredient rather than the brand name. Rauch also sees a need for reform with regard to the shortage of doctors. The job description of panel doctors (Kassenärzte) needs to be made more attractive. Panel doctors are physicians who have a contract with the Austrian health insurance fund (ÖGK) or another social insurance carrier, which means insured patients don't have to pay for their treatment themselves or only a very small amount. The opposite are elective doctors (Wahlärzte), who are private physicians that do not have a contract with the respective public health insurance fund. Currently, there is an excess of elective doctors, which is not optimal for patients. The Health Minister wants to improve working conditions for young doctors in such a way that they are once again willing to work as panel doctors. At the same time, he expressed his disapproval of the idea proposed by the Social Democratic Party of Austria (SPÖ) to create privileged access to medical school for those who commit themselves to the public health service for a certain period of time.

In a press release in January 2023 on healthcare reform Steinhart (ÖÄK), emphasized that any healthcare reform without the involvement of the medical profession is doomed to fail.

He announced that the Austrian Medical Chamber and Provincial Medical Chambers (Landesärztekammern) are always ready to improve the healthcare system and are happy to offer their know-how.

## **2. Trend toward part-time employment**

Part-time employment is undoubtedly an important trend in the modern world and affects all professions - including doctors. It is mainly female doctors who choose not to work full-time. According to Statistics Austria, 50.5 percent of women work part-time and the trend is increasing. In comparison, only 10.8 percent of men work part-time. These circumstances are obviously closely linked to family policy issues (maternity leave, child benefits, childcare facilities, etc.).

The trend towards part-time work is contributing to staff shortages. Hospitals are particularly affected, as revealed by the latest survey of thousands of hospital doctors commissioned by the Austrian Medical Chamber. Hospital departments need more staff than before because more young doctors tend to work part-time. For example, the hospital provider Kärntner Spitalsverbund (Kabeg) has 6,900 full-time positions held by 10,500 people.

The desire to work part-time is also leading to more and more physicians setting up as private doctors. Compared to panel doctors, they are not bound to any obligatory opening hours. Panel doctors have to offer a minimum appointment time of 20 hours per week. There are no minimum opening hours specified for elective doctors. However, the Austrian Medical Chamber sees the need to provide young doctors with innovative and flexible work-life balance models and part-time work. As Harald Mayer, Vice-President of the Austrian Medical Chamber, said in an ÖÄK press release in March 2023: "Politics must finally start to listen to the young and take into account how the next generation of doctors would like to work in the future. As professional representatives, we are happy to act as mediators." Part-time work and the related balancing of training and private life are among the topics of the ongoing survey of junior doctors on satisfaction with medical training in Austria, which is currently being conducted by the ÖÄK.

## **3. Evaluation of medical training (with ETH Zurich)**

On February 27th, 2023, the largest evaluation of medical education in Austria began. It is being conducted by the Austrian Medical Chamber in collaboration with ETH Zurich (Swiss Federal Institute of Technology Zurich), which also conducts such quality controls in Switzerland and Germany.

All Austrian resident physicians participate in this nationwide survey. In Austria, the term "resident physician" refers to a doctor in training to become a general practitioner or a doctor in training to become a specialist. The aim of the survey is to evaluate the quality of education and to find out how satisfied physicians are in various categories (e.g. communication).

The questionnaire was sent to medical directors and distributed by them to resident physicians. Resident physicians receive the questionnaire and a reply envelope, which is already stamped and addressed to ETH Zurich, directly from their supervisors or the head physician. The completed questionnaires can be mailed in the reply envelope or dropped in a mailbox. This allows for a completely anonymous return of the questionnaire without much effort. Resident physicians must evaluate their current training department and anonymously

return the questionnaire to ETH Zurich for evaluation by the end of April. The presentation of the results will take place in the fall

The President of the Austrian Medical Chamber encourages resident physicians to participate in the survey. He stated that in Switzerland, the response rate for a similar survey was 70 percent, and that Austria should also be able to achieve this. The evaluation is all the more important since as of January 1st, 2023, the Austrian Medical Chamber is no longer responsible for approving training positions and quality control, but rather the federal states.

The goal is to identify the strengths and weaknesses of a training institution in order to work concretely on eliminating shortcomings and developing strengths. The questionnaire covers the eight thematic areas of global assessment, professional competence, learning culture, leadership culture, error culture, decision-making culture, operational culture, and evidence-based medicine. In addition, questions are asked about two current thematic areas, the so-called module questions, namely "part-time work" and "compatibility of training and private life".

After the evaluation, each training institution receives feedback on how it was rated. To be able to classify the results, a benchmark is also provided. Each training director can thus see in which aspects he was rated better and in which aspects he was rated worse than his colleagues.

The evaluation is an important step towards improving the quality of medical education in Austria, and the results of the survey will be crucial in identifying areas for improvement and developing strategies to enhance the training of resident physicians. The evaluation will be repeated in 2024 to allow for a comparison and to see what improvements have been made compared to 2023.