

AEMH-FEMS JOINT ASSEMBLY WROCLAW, MAY 8TH- MAY 9TH 2026

NATIONAL REPORT AUSTRIAN MEDICAL CHAMBER

1. Elections - Federal Council of Employed Doctors on March 19th, 2026

At the recent election to the Federal Council of Employed Doctors a new chair has been elected: Dr. Daniel von Langen will take on this office with immediate effect. Dr. von Langen follows Dr. Harald Mayer who served as chair from 2003 – March 2026. Further members of the Council of Employed Doctors are: Kim Haas, dr.med. and Dr. Rudolf Knapp.

Dr. von Langen, specialist in anaesthesiology and intensive care and occupational physician, who now also holds the office of Vice President of the Austrian Medical Chamber, started his political career in 2014 in Tyrol, where he is currently Vice President and Chair of the Council of Employed Doctors of the Medical Chamber of Tyrol. In the Austrian Medical Chamber, he has held the office of Chair of the Training Committee, medical training being of special importance to him.

2. Medical Training - 4th Annual Evaluation

In March 2026, the evaluation of medical training in Austria has entered its fourth year. As in previous years, the evaluation is conducted in cooperation with the ETH Zurich (Swiss Federal Institute of Technology in Zurich) and HF Zurich.

The core questions on training are identical to last year, i.e.: global rating of the training centre, professional competence, learning culture, leadership culture, error culture and patient safety, decision-making culture, organisational culture and evidence-based medicine.

This year, additional questions refer to “onboarding” and “selection of the workplace”. Responses can be submitted until April 17th, 2026. The results of this year’s study will be presented in October 2026.

3. Study on the Situation of Head of Departments in Hospitals

At the recent meeting of the Federal Council of Employed Doctors on March 19th, 2026, the results of a study on the situation of heads of departments in Austrian hospitals were presented. The results were also compared with the findings of the evaluation of medical training held in 2025. The overall response rate of the evaluation was 50.8%.

Among others, heads of departments were asked to assess the *rating of their training facility* in the above-mentioned evaluation of medical training. In comparison to these results, 36.8% significantly overrated their training facility, 34.8% overrated their training facility, 25.6% rated their training facility correctly and 2.8% underestimated the rating of their training facility.

When it comes to the *frequency of feedback* given by heads of departments or by physicians involved in training, the results were as follows: 4% give feedback several times a day, 24% give daily feedback, 21% give feedback once a week, 18% give feedback once a month, 27% give feedback two to four times a year, 6% only once a year. The study also showed that the situation in Switzerland is comparable to that in Austria.

The evaluation also gives insights into whether *part-time work impedes the planning of shifts* and schedules. 69% of heads of departments clearly stated that part-time workers impede planning, while 28% said they do not impede planning, 3% were unsure. Doctors in training have a different view on this issue: Only 38% of doctors in training said that part-time workers impede planning, while 43% said they do not impede planning, 19% were unsure.

The assessment of *average working time* showed a range of 50 to 60 hours per week for heads of departments and a range of 45 to 50 hours per week for doctors in training. The average weekly working time in Austria is 55 hours for heads of departments and 48 for doctors in training.

The study also evaluated the *percentage of working time* heads of departments dedicate to various tasks: 31% of the time is spent on management activities, 29% of the time is dedicated to patient care, 10% is spent on the training of doctors, another 10% is spent on patient-related medical documentation, 8% is spent on administrative patient-related activities, 6% of the time is spent on other activities and finally 5% of the time is spent on teaching.

Furthermore, the situation regarding the *frequency of night shifts* was also assessed: 73% stated that they do not regularly work night shifts. 16% work one to three scheduled night shifts, while only 11% stated that they work four or more scheduled night shifts per month.

58% stated they do not work on-call night shifts at all, 16% have one to three on-call night shifts, while 26% stated they work four or more on-call night shifts per month. 33% responded that they were not contacted at all during on-call, 19% were contacted once, 23% stated they were contacted two to three times, while 25% were contacted more than four times during on-call shifts.

When it comes to the *salary satisfaction* of heads of departments and doctors in training, the study showed that in six of the nine Austrian provinces, heads of departments are more satisfied with their salary than doctors in training, whereas in three Austrian provinces doctors in training are more satisfied with their salary than heads of departments (Vienna, Salzburg and Upper Austria).

The study will be repeated in October 2026 for a follow-up on these topics.

4. Partnership for State Reforms - Discussion about Transfer of Competences and Hospital Reforms

In June 2015, a so-called *partnership for major state reforms* was founded by representatives of the federal and regional level, as well as representatives of cities and

communities. The group has defined four main topics: constitutional and public administration issues, energy, education and health care.

Rising health care expenditures, demographic change and a growing shortage of skilled workers create new challenges, while financing, planning and operational responsibility are currently distributed across multiple levels and not always sufficiently coordinated.

The reform aims to better align health care provision with patient needs, ensure the long-term quality of care and utilise existing resources efficiently.

Rapid and needs-based care at the “best point of service” – with easy access, high quality standards in all regions and improved coordination between primary care, outpatient services and inpatient hospitals are also a focus of the reform.

Furthermore, the reform strives for a consolidation of financing, planning and health care responsibilities to create clear structures and to enable high-quality and patient-centred care.

At the same time, collaboration between health care providers is being further integrated to create a comprehensive system that provides patients with continuous care, the guiding principle being “digital care before outpatient care before inpatient care”. Plans are to introduce a nationwide standardised patient guidance system in 2027 (by telephone, in a digital format or through a general practitioner) to ensure that all patients receive the appropriate medical care at the right place and time, thus reducing waiting times significantly, avoiding duplicate examinations and reducing unnecessary hospital stays.

Also, a nationwide public health care coverage is aimed for. Based on a map to close gaps in care and to address regional needs, the following measures are under discussion: Reduction of bureaucracy, especially when it comes to contracted doctors (e.g.: a nationwide collective agreement, a nationwide, uniform services catalogue) or the development of schemes to integrate private physicians into the public health care system etc.

Based on proposals from experts, the federal government, the states and social security institutions are currently intensifying discussions on the specific design of the structural reform, aiming for a decision this year.

Lastly, during the ongoing nationwide discussion regarding the health care system, the constitutional competences regarding hospitals were also in the focus of politicians. Currently, according to the Austrian Constitution, the federal government is responsible for framework legislation concerning hospitals, while the nine Austrian states are responsible for enacting implementing legislation and enforcement.

The Governor of Salzburg called for a transfer of these competences to the federal level, stating this would enable better planning, financing and steering of hospitals in Austria overall. Other governors fear that such a step would lead to a deterioration of hospital care for local patients and fewer hospitals in their provinces. For the implementation of such a

change of competences, the Austrian constitution must be amended by a 2/3 majority in Parliament.

5. Introduction of the specialty in General Practice and Family Medicine in Austria

As from June 1st, 2026 medical training for the newly introduced specialty in General Practice and Family Medicine will start in Austria.

The curriculum for the specialty in General Practice and Family Medicine has a duration of 5 years, it includes 9 months of basic medical training, 33 months of basic specialty training (with a rotation in various specialties) and 18 months of specialty training in General Medicine and Family Medicine (including an optional scientific module).

6. Panel Discussion on the Effects of Tourism on Hospitals in May 2026

The Federal Council of Employed Doctors will hold a panel discussion on the effects of tourism on hospitals on May 20th, 2026 in Innsbruck, Tyrol.

Especially in winter, but also in summer, tourism puts a strain on the capacity of outpatient clinics in hospitals, particularly in orthopaedics and traumatology, neurosurgery and emergency medicine. As a result, 24/7 emergency care is needed, which pushes the entire medical staff to their limits.

The Federal Council of Employed Doctors therefore initiated this event to discuss the impact of tourism on regional hospitals with experts from the medical profession and rescue organisations, and with those directly affected. The following questions will be at the centre of discussion: What consequences do such seasonal peaks have for the provision of health care? How can extra shifts be avoided and resources better be utilised? Does this development create waiting times for other patients? Is this burden distributed fairly? What preventative measures can athletes take – and what does this mean for the future of regional hospitals?

The panel discussion may be followed live: <https://youtube.com/live/xOCFruI5ywo>

7. Private Medical Universities in Austria

As reported previously, the number of private medical universities in Austria is growing. Recently, the Sigmund Freud University in Vienna announced plans to establish a branch in Wörgl (Tyrol) in 2028, offering 1,200 places for medical students in its final stage.

The Sigmund Freud University has branches in Linz, Paris, Ljubljana, Berlin and Milan. Medical studies, however, are only offered in Vienna so far.

The province of Burgenland is currently building its own medical campus in Pinkafeld/Burgenland. Plans are to admit students in 2028.