



EUROPEAN UNION OF GENERAL PRACTITIONERS

Alment Praktiserende Lægers Europæiske Organisation – UEMO
European Union of General Practitioners – UEMO
Europäische Vereinigung der Allgemeinärzte – UEMO
Union Européenne des Médecins Omnipraticiens – UEMO
Unione Europea dei Medici di Medicina Generale – UEMO
Europese Huisartsen Vereniging - UEMO
Unión Europea de Médicos Generalistas – UEMO
Uniao Europeia de Clinicos Gerais – UEMO
Euroopan Yleislääkärijärjestö – UEMO
Europeiska Allmänläkarorganisationen – UEMO



UEMO 2003/018

Austrian Response to Questionnaire on Equal Opportunities (2002/166)

UEMO – PRESIDENCY

*c/o Swedish Medical Association, P.O. Box 5610, Villagatan 5, SE-114 86 Stockholm
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STANDING COMMITTEE EQUAL OPPORTUNITIES

QUESTIONNAIRE ON EQUAL OPPORTUNITIES

Reply of the Austrian UEMO delegation

1. Does your national medical organisation have a policy on equal opportunities?

NO

2. If yes give a brief description.

3. If not what action is being taken in this respect?

PLEASE HAVE A LOOK AT THE ENCLOSED REPORT TO THE CPME (March 2002)

4. What percentage of doctors are:

Foreign EU Doctors 2.8%

Foreign Non EU Doctors 0.3%

Disabled Doctors
NO Data

Returned to Work
NO Data

Female Doctors 34%

5. What percentage of principal GP posts are held by:

The data given refer to the total number of austrian self-employed GP's (full range of services). In order to avoid misunderstandings: in Austria we have no National Health System and therefor the term "principal GP" does not exist in our country.

Foreign EU Doctors 0.3 %

Foreign Non EU Doctors negligiable

Disabled Doctors
NO Data

Returned to Work
NO Data

Female Doctors 28%

6. What percentage of state contracts are held by:

In absence of an NHS, in Austria we have no state contracts, but contracts between health insurance funds and self employed practitioners (Physicians are not under contract with the state, but with the above mentioned health insurance funds).

Foreign EU Doctors 3 %

Foreign Non EU Doctors negligiable

Disabled Doctors
NO Data

Returned to Work
NO Data

Female Doctors 23 %

7. What percentage of female doctors are employed as assistants or sessional workers?

NO Data

Do female doctors have the same pay and conditions as men doctors?

YES

8. Do part time doctors have the same pay and conditions as full time?

YES

9. Do part time doctors have pensionable employment?

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YES

10. Does the balance of senior officers and council members in your national medical organisations reflect that of the profession?

Foreign EU Doctors	<input type="checkbox"/>	Foreign Non EU Doctors	<input type="checkbox"/>	Disabled Doctors	<input type="checkbox"/>
Returned to Work	<input type="checkbox"/>	Female Doctors	<input type="checkbox"/>	Ethnic Group	<input type="checkbox"/>

NO

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STANDING COMMITTEE EQUAL OPPORTUNITIES

QUESTIONNAIRE ON RETURN TO WORK POLICY

11. Does your national medical organisation have a return to work policy?

NO

12. If not what action is being taken in this respect? If yes, please give a brief description.

As we currently have **no** shortage of doctors in Austria, there are no special activities on this field.

13. Has your national medical organisation studied recruitment and retention of GPs with regard to manpower projections for the coming years?

See above

14. What preventative measures exist to retain GPs with regard to:

Apart from the provisions that apply to all medical doctors in Austria there are **no** special activities to retain GP's in these fields

Access to CME/CPD:

Part Time Work:

Training:

15. Do return to work courses exist in your country?

NO

If yes:

5.1 What access to return to work courses exists?

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5.2 Are these courses mandatory?

5.3 Are these courses funded by the state; or contracting insurance company; or by the returning GP?

5.4 How are those courses organized?

16. What support, e.g. mentoring, exists for those doctors returning to work?

NO

17. What is the returned doctors position in respect of certification of competence and accreditation?

In Austria, there is presently no legal obligation for recertification. For this reason, doctors having completed their training, keep their diploma, irregardless of the fact whether they exercise their profession or not. However, actual medical practice is conditional on the entry in the medical register. When doctors file in their application for registration, the Medical Chamber examines whether all conditions are met, i.e. diplomas providing evidence of qualification, good standing and (medical) fitness to practice. When doctors are erased from the medical register (for disciplinary reasons f.i.), or when doctors want to be removed from the medical register (when medical practice is suspended temporarily by the doctor himself, as medical registration with the Medical Chamber goes hand in hand with compulsory affiliation to the pension fund which is run by the Medical Chamber, which, in turn, implies relatively high contribution rates), up to date good standing and fitness to practice is examined at the moment of re-registration. Professional aptitude, however, is proved by the diplomas providing evidence of qualification, which renders any recertification unnecessary.

18. Does your National Organization have a special follow up for doctors returned to work after suspension?

The Medical Chamber offers no follow-up

19. Does your National Organization have a programme to take care/support of sick doctors (mental illness, drug abuse, disabling conditions, etc)?

No

20. What support, e.g. mentoring, exists for those doctors returning to work?

See 16

21. What support exists for special groups, i.e. parental, after illness or suspension?

Each of the nine regional Medical Chambers of Austria is provided with an own „Wohlfahrtskasse“ for its members. These are financed only by the contribution of their members without any support by the public. Each member of the regional medical chamber is on principle compulsory member of the „Wohlfahrtskasse“. The membership in the „Wohlfahrtskasse“ exists beside the public insurance system. Therefore in Austria each doctor is insured dual - no matter if he is employed in a hospital or self-employed.

The financial means are provided – however varying from Province to Province – for the following social provisions:

o Health insurance (sum paid by the insurance fund for each day in hospital and assumption of the medical costs)

o Provision for the aged

o Provision for disabled persons

o Provision for children

o Provision for surviving dependents

o Provision for orphans

o Financial support in case of a death

o Support in case of social emergency

22. What is the returned doctors position in respect of certification of competence and accreditation?

See 17

CPME Secretariat
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Belgium

March 4, 2002
Ar/Mag.P

Dear Ms Tiddens-Engwirda,

This is the response of the Austrian Medical Chamber to CPME's action plan on equal opportunities (CP 2001/099).

Equal opportunities Measures in Austria in the area of gender

In 1993, the Austrian Federal Law on equal treatment (B-BGB) was enacted which regulates equal treatment of women and men, as well as the promotion of women. In this law, a series of institutions are defined which deal with equal treatment and promotion¹ of women and specific supporting measures are developed: promotion measures for women offered (in authorities, where female proportional share is below 40%), promotion plans for women, preferential recruitment in federal service, preferential treatment in professional advancement, preferential treatment in vocational training and further education.

In signing the EEA Treaty in 1994, Austria committed itself to adapt Austrian laws and administrative procedures to EU legal provisions (in particular Council Directive 76/207/EEC of 9 February on the Implementation of the principle of equal treatment for men and women as regards access to employment, vocational training and promotion, and working conditions). In the meantime, all Austrian provinces have laws on equal treatment at province level and comparable regulations for municipal service. The law regulating equal treatment for men and women in private industry has already been enacted in 1979.

¹ Gleichbehandlungskommission des Bundes, Gleichbehandlungsbeauftragte, Arbeitsgruppen für Gleichbehandlungsbeauftragte, Interministerielle Arbeitsgruppe für Gleichbehandlungsaufgaben, Kontaktfrauen, Arbeitskreise für Gleichbehandlungsfragen der Universitäten und Hochschulen.

I. FEMALE DOCTORS TEACHING IN UNIVERSITY SETTINGS²

In 1991 and for the first time, all Austrian universities instituted working groups for equal treatment issues. The Austrian Federal Law on equal treatment enacted in 1993, served as legal basis for the specific action plan for promoting women, which entered into force as a regulation in 1995, under the sphere of competence of the Ministry of Science and Research. This action plan aims at raising female proportional share in all areas and all levels of administration to at least 40%. The measures for promoting the situation of women concern the following fields: dedication of established posts, procedures for inviting applications, selection procedures, granting of teaching assignments, equal status of female research, career planning, vocational training and further education, child day care facilities, etc.

According to the report on the situation of women of 2000, the female proportional share has increased from 41,5 to 43,4% for female lecturers under contract, and from 22,1 to 28,2% for female university lecturers. What the level of university professors is concerned, however, there is still disparity - only 6% of university professors are female. Unfortunately, no specific data are available on the female proportional share at the medical faculties in Vienna, Graz and Innsbruck.

II. FEMALE DOCTORS IN HOSPITAL SETTINGS³

Depending on the legal status of the hospital operator (private owner or owned by the state), specific laws on equal treatment are applied to female hospital doctors. This is the Austrian Federal Law on equal treatment for female doctors working in federal hospitals, the laws on equal treatment at province level for female doctors in hospitals at province level, municipal laws on equal treatment for female doctors in municipal hospitals, as well as the law regulating equal treatment in private industry for female doctors in private hospitals.

In this context, the laws on equal treatment of the province of Salzburg, which applies to all persons in public service at province level, i.e. also hospital staff of public hospitals, and which foresees action plans for the promotion of women. In April 2000, an action plan for the promotion of women has been launched in the hospitals of the province of Salzburg, based on a consensus between medical doctors, nursing staff and administration,- the objects of which are the following:

- female proportional share exceeding 40%
- higher representation of women in leading positions
- measures for the purpose of support and promotion (f.i. counselling of female staff on career planning, promotion of vocational training and further education, enlargement of day care facilities for children)

At present, the female proportional share in the province hospitals of Salzburg is 76%. However, in comparing post assignment and remuneration level, this ratio

² Legal base: Bundes-Gleichbehandlungsgesetz (B-GBG), BGBl. Nr. 100/1993 idgF, Frauenförderungsplan im Wirkungsbereich des Bundesministeriums für Bildung, Wissenschaft und Kultur, BGBl. II Nr. 94/2001, §§ 106a UOG (Bundesgesetz über die Organisation der Universitäten) 1975, 39 und 40 UOG 1993, 39 und 40 KUOG (Bundesgesetz über die Organisation der Universitäten der Künste)

³ Legal base: Bundes-Gleichbehandlungsgesetz (B-GBG), BGBl. Nr. 100/1993 idgF, Landes-Gleichbehandlungsgesetze, Gemeinde-Gleichbehandlungsgesetze, Gleichbehandlungsgesetz für Privatangestellte, Verordnung der Salzburger Landesregierung vom 21. Februar 2000, mit der ein Frauenförderungsplan für die Landeskliniken Salzburg erlassen wird (Frauenförderplan Landeskliniken) gemäß § 33 Abs 1 des Landes-Gleichbehandlungsgesetzes – L-GBG, LGBL Nr 30/1996 idgF;

which looks so positive at first glance, is relativised. In the areas of nursing staff, medico-technical professions (85%, resp. 78%), as well as of secretariat and administration (73%), the female representation is very high. This is also due to the fact that the female response rate in advertisements of doctors' posts is very low.

III. SELF-EMPLOYED DOCTORS

The Austrian Medical Chamber has not adopted any explicit provisions on equal treatment. Nevertheless, in five Austrian provinces, i.e. Vorarlberg, Tyrol, Salzburg Lower Austria and Styria there are departments for female matters.

IV. MEDICAL WOMEN'S INTERNATIONAL ASSOCIATION - MWIA

In 1919, the organisation of female doctors of Vienna, the foundation of which goes back to the time before World War I, was incorporated into the international organisation of female doctors, i.e. the *Medical Women's International Association* (MWIA) in 1919. The MWIA is an international association of female doctors which pursues the objective of combatting discrimination of women, in particular of female doctors, in drawing the public's attention to the situation of women's health. In 1998, the MWIA already had 20 000 members from more than 70 countries. At present, the Austrian section within the MWIA has limited importance due to lack of representation by young members.

Equal opportunities measures in Austria in the area of race

Austria has ratified the *United Nations Convention on the elimination of all Forms of Racial Discrimination* (1963), as well as the *Convention of the International Labour Organisation concerning Discrimination in Respect of Employment and Occupation* (1958).

Austria has not yet a specific anti-discrimination law for the protection of foreign workers. Due to European Community law, however, Austria is bound to implement at national level *Council Directive 2000/43/EC of 29 June 2000 implementing the principle of equal treatment between persons irrespective of racial or ethnic origin*, resp. *Council Directive 2000/78/EC of 27 November 2000 establishing a general framework for equal treatment in employment and occupation*.

In its present version, the law regulating professional occupation of foreigners, contains the provision according to which foreign workers have a right to the same working and remuneration conditions as are valid for the majority of Austrian workers in a comparable employment.

At the universities, we have departments for foreign students. So-called *equal opportunities awareness training* - offered at official level - does not exist in Austria, however, there are individual organisations which deal with these issues. In this connection, the organisation „Der Mensch zuerst (man first) – hospital staff against racism“ has established a code and training in racism free communication with peers, executives and unions.