



EUROPEAN UNION OF GENERAL PRACTITIONERS

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NATIONAL REPORT 2003 AUSTRIA

The Austrian Medical Chamber welcomes the set-up of a proper ministry of health headed by Mrs. Rauch-Kallat. By doing so, the importance of the health-sector is taken into account and a long held wish of the AMC has become reality.

Since March of this year the new outlines of the government programme has become public although the details still have to be elaborated. With great pleasure the AMC states that some of its requests do actually figure in it.

So for instance

- the planned adaptation of health insurance (sickness-fund) contribution could be the necessary basis für fundamental reforms of the health care sector
- the abolition of the patient's co-payment for outpatient hospital services as well as the reject of a planned new patient co-payment is welcomed by the AMC
- the authorisation of the social partners (employers and employees' organisation) to collect a socially adapted contribution is considered carefully by the AMC. On the condition of social equality and sufficient exceptions for the poor, co-payment contribution can be accepted if it contributes to finance the system and to awake a sense of cost responsibility of the patient. Anyhow, the AMC welcomes the decision of the ministry of health to not introduce the new co-payment model before 2003 but only together with the introduction of the e-card. This would help to reduce problems with the accounting and give sufficient time to find intelligent solutions für co-payment models

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- the AMC is also pleased with the planned nomination of national health care objectives for Austria. In our view these medical objectives have always priority to economical objectives and we strongly co-operate with the government to define those objectives
- the AMC also welcomes the plan to duplicate the participation at preventive health examinations by giving incentives to those participating. Although it must be said that no concrete measures have been proposed yet in order to obtain this goal. The same has to be said for the announced amelioration of care-structures.
- E-card: despite of an increase in costs and time as well as a legal plaint in connection with the e-card the government sticks to the e-card project which introduction has originally be planned for 2003 and which now is foreseen for 2005.

The first three months of the new government have been characterised by a heavily discussed pension reform. Until fall of this year, we think that the reform of the health care system will be realised.

On June, 27, 2003 Dr. Reiner Brettenthaler has been elected president of the AMC. His mandate runs for four years. An important issue within his very complex working programme is to make the general practice training a specialist training and to introduce accompanying measures in order to provide a greater attractivity to this specialty compared to other specialities. Dr. Brettenthaler is also very much in favour of reanimate the training practice: in Austria most of the practical medical training can be undergone in a teaching practice of an established doctor. But due to a lack of financial support this model has almost not been practised.

For the future a central challenge within Dr. Brettenthaler's programme will be the care for the elderly. An interdisciplinary and supraprofessional cooperation with other health care professions should guarantee that as long as possible most of the elderly can be taken care of in their own homes. If this is not the case we risk a huge financial and social challenge. In this context Dr. Brettenthaler asks for finalising the establishment of group practices within the frame of social health insurance all over Austria.

A fundamental restructuring of medical training is discussed, leading to the implementation of a basic medical qualification (Approbation) which serves as a basis for specialist status in either general medical practice (requiring adequate prolongation of the training duration) or in other specialities. Based on a motion adopted at the General Assembly, two common trunks are under discussion:

1. medical studies (award of licence after completion of studies of human medicine)
2. pre-internship training (postgraduate basic medical training of 12 months for all doctors, including compulsory training in emergency medicine and examination leading to the award of the qualification as an emergency physician)

Since last year a quality assurance programme evaluating medical practices exists. The programme has been elaborated by the AMC together with all specialist groups. Following this programme health care provided by medical doctors and physicians working in group practices affiliated to social health insurance will be submitted to a

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specialty based quality evaluation every five years. The evaluation itself should be done by the doctor himself with the support of a written evaluation form. An examination of this evaluation form by the regional medical chambers is foreseen. On the other hand the required signature by the ministry of health is still missing which makes the realisation of this concept impossible yet.

Dr. Reiner Brettenthaler
Head of delegation
August 2003

Annex to the National Report 2003 Austria

General Practitioner in Austria Job Description

I. Specific Training

In Europe general medical practice is exercised by general practitioners and specialists in general medical practice. In Austria currently only general practitioners (GPs), i.e. those doctors meeting the requirements of Title IV of the Medical Directive 93/16/EC, are entitled to practice general medicine. But following the debate at European level the introduction of a specialist qualification in general medical practice is under discussion (for detailed information please see UEMO 2003/56).

Present status of specific training in Austria:

After completion of his medical curriculum, the future general practitioner has to undergo practical training of at least 3 years in order to be entitled to practice independently the medical profession. Training of GPs in Austria has to be undergone in hospitals which have to be officially approved training sites. There are also approved teaching out-patient clinics and teaching practices where physicians are entitled to perform their practical training.

Structure of specific training in GP/FM in Austria

| Education and training | Duration (in months) | Training institutions H = hospital ,TP = Teaching practice, U = university |
|-----------------------------|-------------------------------------|---|
| A. Clinical training | | |
| Internal medicine | 12 months minimum | H |
| Infect. Diseases | | |
| Surgery | 4 months minimum | H |
| Pediatrics | 4 months minimum | H |
| GYN | 4 months minimum | H / TP (5 months minimum) |
| Psychiatry | 2 months minimum (or Neurology) | H / TP (3 months minimum) |
| Neurology | 2 months minimum (or Psychiatry) | H / TP (3 months minimum) |
| Dermatology | 2 months minimum | H / TP (3 months minimum) |
| Orthopedics | | |
| Ophthalmology | | |
| ENT | 2 months minimum | H |

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| | | |
|---------------------------|-----------------|---|
| Oncology | | |
| /other | | |
| | | |
| | | |
| | | |
| B. Family medicine | 6 month minimum | H |

The indicated training durations refer to the training in hospital settings. In the specialties of gynaecology/obstetrics, dermatology and venereal diseases, as well as in neurology, resp. psychiatry, doctors in training are free to acquire practical experience in teaching practices or teaching out-patient clinics (provided that they exist in the concerned specialty). In this case however, training is prolonged by 1 month.

II. Job Description

The activities of doctors of general medicine cover all fields of life, i.e. detecting and treating diseases as well as promoting health of all people, regardless of their age, sex and the kind of disturbance. The main duties of the general practitioner include therefore the diagnosis and the treatment of all kinds of affections with regard to the patient, the prevention of the latter and the promotion of health, the early detection of illnesses, the treatment of life-threatening conditions, the provision of elderly people and chronically ill patients with medical care, initiating rehabilitation as well as coordinating medical, social and psychological help for patients and cooperating with doctors specialized in other fields, with health care providers as well as with health care institutions, in particular with hospitals.

According to the Austrian Medical Training Regulations §6, specific training in the subject of general medical practice, taking place in approved teaching practices of self-employed general practitioners, has to convey knowledge and skills to the following extent:

1. Counselling in the capacity of a general medical practitioner, home visits, including phone counselling
2. Diagnosing and provision of medical therapy at the level of general medical practice
3. Knowledge of frequent medical problems and diseases presented in general medical practice
4. Management of the following diseases in a GP setting: Diseases of the respiratory tract, the cardiovascular system, the digestive tract, the locomotor system, the urinary genital tract, the nervous system, the skin; disorders of psychic, psychosocial and psychosomatic origin, infectious diseases, oncological and blood disorders and other diseases.
5. Duties in the social context: Detection and management of work- and environment-related diseases, judgement of the health condition, resp. the state of disease, family planning, vaccinations, prenatal/maternity care, counselling and provision of information about health and healthy lifestyles, primary and secondary prevention, rehabilitation, terminal care
6. Organisation and establishment of a GP practice, in particular quality assurance

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7. Coordination of multidisciplinary care and cooperation between different health care providers, in particular guidance on social institutions, institutions for and means of rehabilitation, cooperation with specialists and health care providers.

8. Knowledge of the laws relevant to the exercise of the medical profession (health care and welfare system)

9. Specific training in the subject of general medical practice, taking place in approved primary care centres (teaching clinics, hospital out-patient departments), has to convey knowledge and skills to the following extent:

1. diagnosing and providing medical care in general medical setting
 - preliminary diagnosis
 - medical history
 - diagnosis
 - triage and referral role based on patient contact, detection of dangerous course of disease, limits of competencies, well directed referrals, organisation of cooperation with other medical doctors, balancing the need for hospitalisation, medical home care, knowledge of laws and regulations relevant to the exercise of the medical profession
 - principles on prescription
 - therapy principles
 - emergency medical care
 - surgical measures
 - long-term care-multimorbidity
 - integrative role with regard to legal and social measures (f.e. organisation of home care)
 - coordination role: management and supervision of all diagnostic and therapeutic procedures
2. Duties at social level
 - Detection and management of work- and environment-related diseases,
 - judgement of the health condition, resp. the state of disease,
 - family planning, vaccinations, prenatal/maternity care,
 - counselling and provision of information about health and healthy lifestyles,
 - primary prevention
 - secondary prevention
 - rehabilitation
3. Coordination of multidisciplinary care and cooperation between different health care providers, in particular guidance on social institutions, institutions for and means of rehabilitation, cooperation with specialists and health care providers.
4. Knowledge of the laws relevant to the exercise of the medical profession (health care and welfare system)

In Austria there are at the moment 11 268 doctors of general medicine (July 2003). Compared to these figures, there are 19 397 specialists, 5938 are undergoing there postgraduate practical training. Among the 11 268 general practitioners, 4303 are in an employment relationship with public or private hospitals, clinics or outpatient clinics, 5697 are working on a self-employed

basis. The majority of the self-employed general practitioners have contracts with the Austrian health insurance funds, only approximately 1763 are working without such contracts, thus only on a purely private basis.

Due to the legal situation in Austria, nearly the entire population is provided coverage by the social insurance. Doctors with contracts to the health insurance funds are obliged to charge for the respective treatment provided fees settled by the Medical Association and the insurance funds. The high percentage of insured persons in Austria reveals the economic importance of a contract with an insurance fund for doctors. Whereas according to medical law every doctor entitled to medical practice has the right to have not more than two places of establishment, the awarding of contracts on the other hand is restricted in several respects (qualifications, regions). The awarding of contracts in the provinces is regulated according to systems of established posts in order to provide insured persons with medical care all over the country.