

National Report Austria

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Violence against physicians

Study data

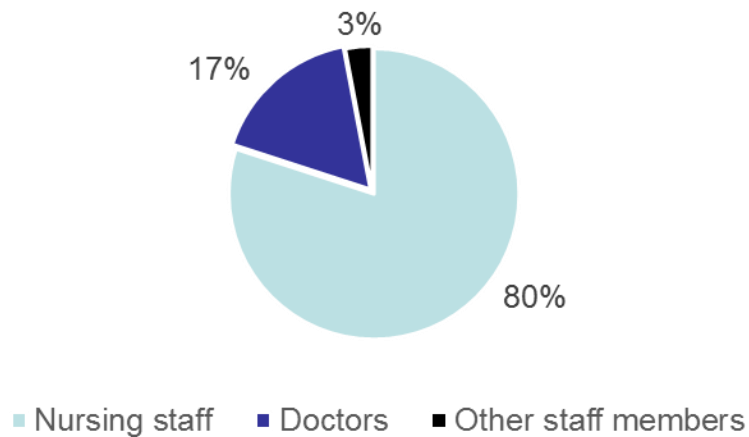


- Research study by Dorfmeister/Stefan 2006/7 in cooperation with Vienna Hospital Association (observation period: 3 months)
- 8 hospitals (3 with psychiatric departments) and 7 geriatric centres
- 75% of employees reported verbal assault
- 44% of employees reported physical attacks
- Particularly high incidence rate in psychiatric, geriatric and emergency departments

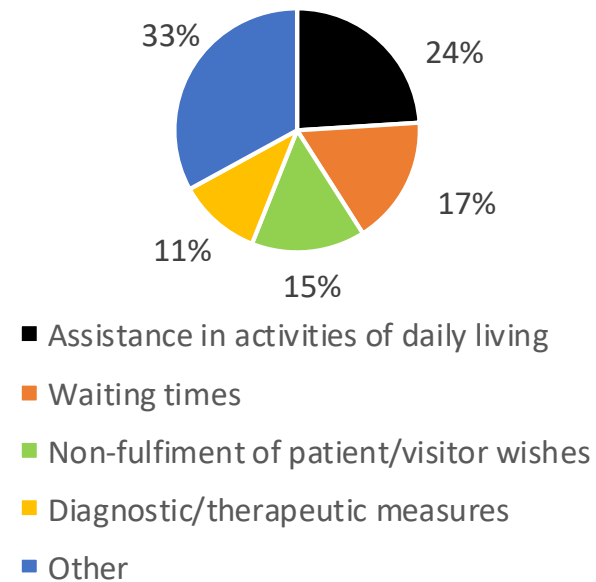
Violence against physicians

Study data

Victims of violence in the hospital



Triggers of violence



- Threat and verbal abuse most frequent type of aggression (75%)

Violence against physicians

Legal framework



- Prosecution of violence against doctors according to criminal law
- Right to self-defence
- Employers' obligation to ensure health and safety of employees (Austrian Civil Code, Act on Salaried Employees, Employee Protection Act)
- Right to protection from sexual harassment: Equal Treatment Act

Specialisation

Scope of competence

- (Broad) definition of overall scope of competence given in Medical Training Regulations (ÄAO)
- Specific contents (knowledge/experience/skills) regulated in decree issued by Austrian Medical Chamber
- Completion of specialist training leads to full right to practice in respective specialty within boundaries of definition according to Medical Training Regulations

Specialisation

Scope of competence

- Specialists are confined to boundaries of their specialisation (§ 31 Austrian Medical Act)
- Restricted to activities covered by general scope of competence defined in Medical Training Regulations
- Activity may fall under scope of competence of more than one specialist discipline
- Relevant with regard to reimbursement of services by health insurance
- Borderline cases solved with relevant specialist group and/or Ministry of Health

- Mandatory CME/CPD regulated in Austrian Medical Act and Austrian Medical Chamber's Regulation on CPD
- Every doctor has to provide regular evidence of CME/CPD to AMC (250 credits within 5 years)
- Accreditation of CME/CPD events and providers by AMC via Austrian Academy of Doctors
- Sanctions in case of non-compliance with CME/CPD requirements

- Different types of guidelines / quality standards, depending on bindingness, author, context
- Medical guideline
 - Recommendations for diagnosis and therapy of certain indication/patient group
 - Developed by specialist associations
 - Revised ~every 3 years

Treatment protocols/ Guidelines

- Disease Management Programme
 - Programmes of integrated care
 - Based on medical (source) guidelines
 - Some DMPs have been integrated into social health insurance contracts
- Treatment path
 - Adopted by specific organisation/institution (e.g. hospital association) to be applied within the organisation
 - Defines sequence of steps for certain condition – from patient admission to discharge
 - Binding within issuing organisation

Examples of quality standards issued by federal government (Ministry of Health):

- *Federal Quality Guidelines* according to Health Care Quality Act (CQG)
 - Recommendations/decision guidance; not legally binding
 - Limited validity (3-5 years)
 - Currently, no valid Federal Quality Guideline in place
 - Based on medical (source) guidelines → medical expertise is important!
- Possibility of *legally binding standards* acc. to Health Care Quality Act by decree - not issued so far!

- A-IQI (Austrian Inpatient Quality Indicators)
- PROHYG (Standard on hospital hygiene)

Guidelines developed by Austrian Medical Chamber in cooperation with other actors:

- „Arznei und Vernunft“: Initiative for reasonable, evidence-based management of pharmaceuticals
 - With pharmaceutical industry, Main Association of Social Security Institutions, Austrian Chamber of Pharmacists
- „Orientation Guidance Radiology“
 - With professional association of specialists in radiology

**Thank you for your
attention!**