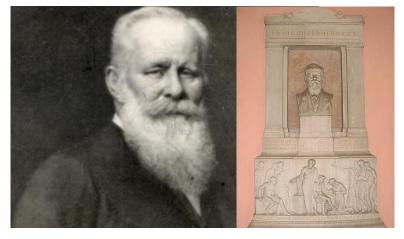


Prof. Alexandra Kautzky-Willer, MD

The history of the Austrian Society for Internal Medicine

- On November 7, 1901, the "Society for Internal Medicine in Vienna" was founded by Univ.-Prof. Dr. Hermann Nothnagel (President 1901-1904), Director of the First Medical University Clinic (Second Viennese Medical School).
- The "Austrian Society for Internal Medicine" was officially founded on November 7, 1966 (bylaws approved by the Ministry of Interior).
- Under the presidency of Univ.-Prof. Dr. Werner Waldhäusl, the ÖGIM was transformed 2002 from an umbrella organization into an individual society. The broad range of tasks performed by the ÖGIM has since been reflected in the composition of the board and the committee, including representatives from all areas of internal medicine – both university and non-university.









ÖGIM is in contact with specialist associations, stakeholders, and other relevant institutions and partner organizations





The mission of the Austrian Society of Internal Medicine



- Understanding the concerns of internists in Austria and representing them to public and political bodies.
- Monitoring developments in the healthcare system and seeking dialogue with relevant decision-makers in order to play a formative role and ensure sustainable patient care in Austria in the long term.
- Forming an umbrella organization for internal medicine and networking interdisciplinary knowledge and physicians through communication measures and continuing education.
- Taking responsibility for the training of internists and imparting comprehensive scientific standards.



Future gaps in public healthcare in Austria? An analysis of the situation among specialists in internal medicine

AUSTRIANS ARE NOT RETIRING IN GOOD HEALTH

Healthy life expectancy

2019

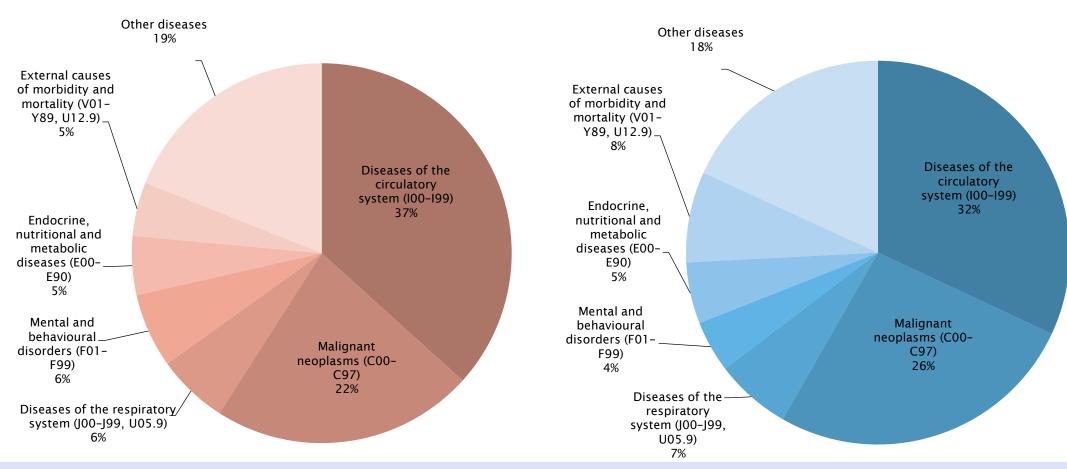


Statistik Austria 1.10.2025



Causes of death in Austria in 2024 (according to ICD-10)

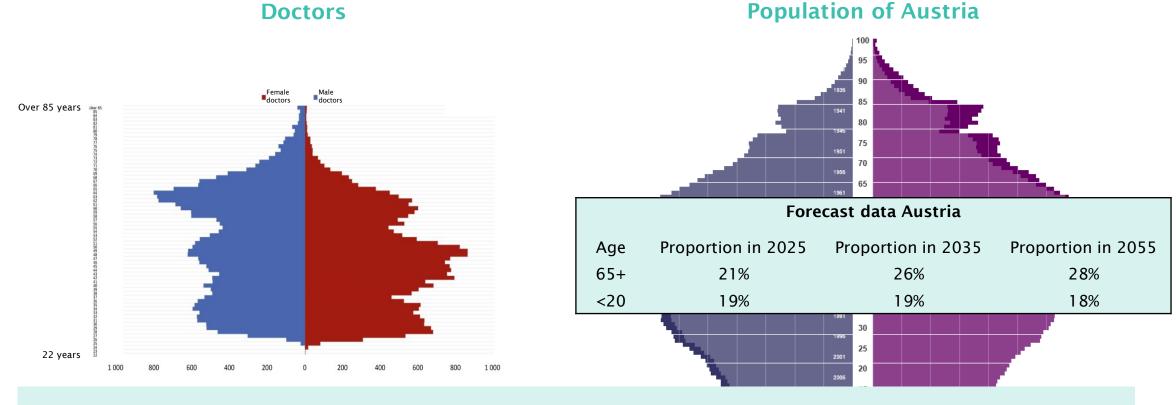
Women



Statistik Austria 2025 Todesursachenstatistik 2024



Age distribution of doctors in 2024 compared to the Austrian population

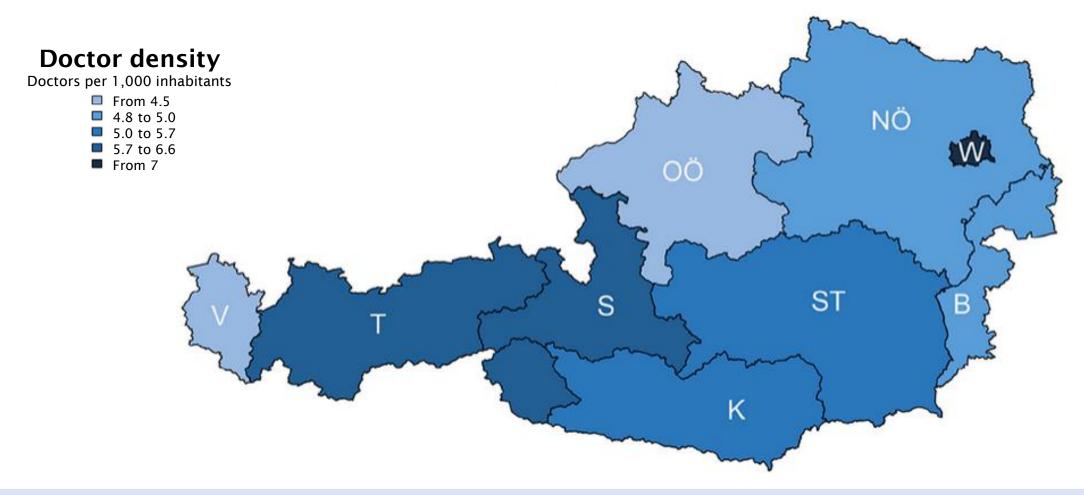


The simultaneous ageing of the health workforce and rising care needs due to population ageing put the health system under pressure.

https://www.aerztekammer.at/daten-fakten; https://www.statistik.at/atlas/bev_prognose/;



Provider-to-population ratios in Austria



https://www.aerztekammer.at/daten-fakten



Training as a specialist in internal medicine in Austria

To be admitted to study human medicine, candidates must take the MedAT entrance qualification test.



72 months (12 semester)

Degree programme in human medicine

9 months

Basic training: Must be completed by all medical school graduates in order to acquire basic clinical competence in surgical and conservative specialties.

27 months

Basic training in internal medicine: Basic training in a specific subject area to impart fundamental skills across

the entire field of internal medicine.

36 months

Specialist training in internal medicine: In-depth training either in general internal medicine or in one of the following 10 areas of internal medicine: angiology, endocrinology and diabetology, gastroenterology and hepatology, haematology and internal oncology, infectiology, intensive care medicine, cardiology, nephrology, pneumology or rheumatology.

MedAT



12 years

Degree programme in human medicine

Basic training Basic training in internal medicine

Infectiology Rheumatology Pneumology

General internal medicine

Specialist training in internal medicine Nephrology

Endocrinolog and diabetology

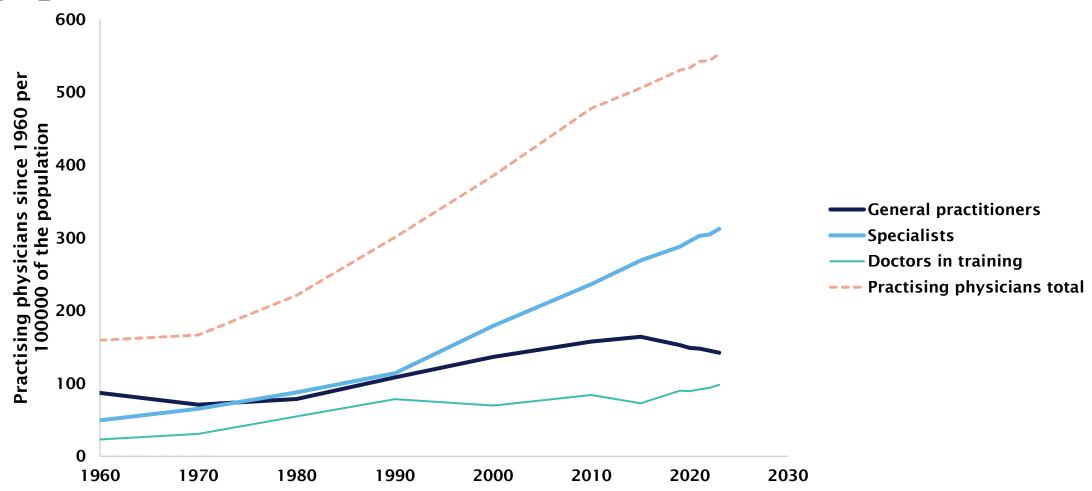
Haematology and Gastroenterology and hepatology

Angiology
Pneumology

Intensive care medicine medicine



Practising physicians since 1960 per 100000 of the population



Statistik Austria 2024 Health care facilities and staff



Current healthcare projects of the Austrian Society



 An analysis of the situation among physician workforce in internal medicine including supply and demand trends

• To develop clinical pathways for best point of care of patients (Top 10 NCDs in each specialty):

GP General Internal Medicine Specialists in Internal Medicine



OGIM Position Paper 2025 Ways to achieve comprehensive patient care

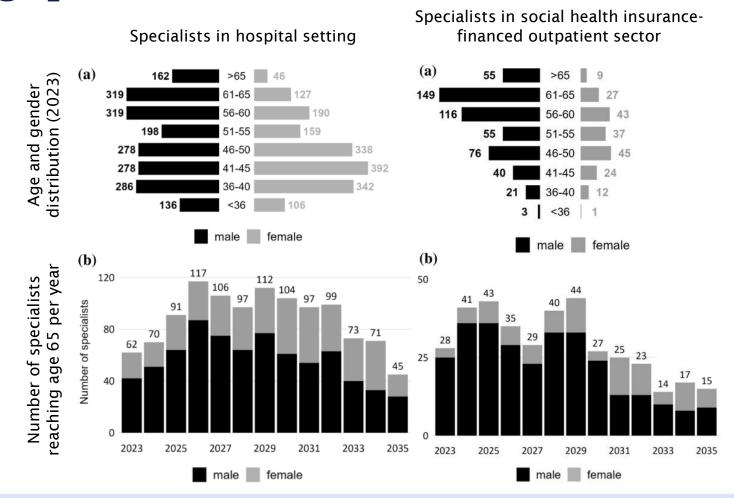
The bottleneck is foreseeable, the consequences are real, but the problem can still be solved!

The Austrian healthcare system is heading for a bottleneck: by 2035, one in three positions for health insurance internists could remain vacant. Demand could exceed supply by up to 40%.

However, we do not have a shortage of doctors in Austria. What we do have, however, is a shortage of doctors in some specialist areas of internal medicine, while in others there is a surplus. In addition, there is an imbalance in the distribution of doctors in this country.

Future gaps in public healthcare in Austria? An analysis of the situation among specialists in internal medicine

- Overall, no severe shortage of specialists in internal medicine is expected in Austria until 2035.
- However, the analysis suggests that the two settings of care will experience very different developments: while the gap between supply and demand in public hospitals is expected to be small (± 5 percent), the supply of specialists in publicly financed outpatient care is projected to fall between 10 and 25 percent short of demand.



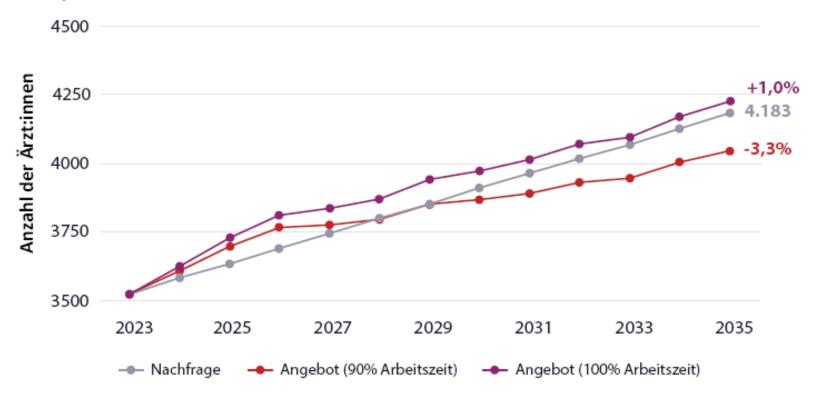
Zech C & Riedel M 2025 Hum Resour Health



ÖGIM Position Paper 2025 Ways to achieve comprehensive patient care



Gap between supply and demand for specialists in internal medicine, **public hospital sector**, 2023 to 2035





ÖGIM Position Paper 2025 Ways to achieve comprehensive patient care



Gap between supply and demand for specialists in internal medicine, **health** insurance-funded private practice, 2023 to 2035

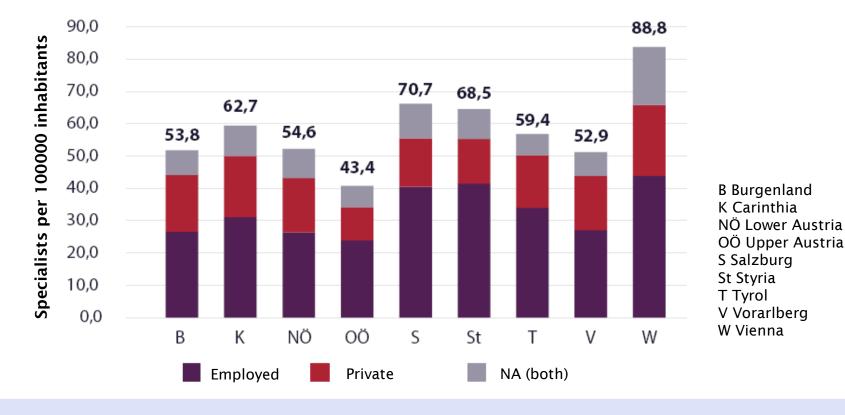




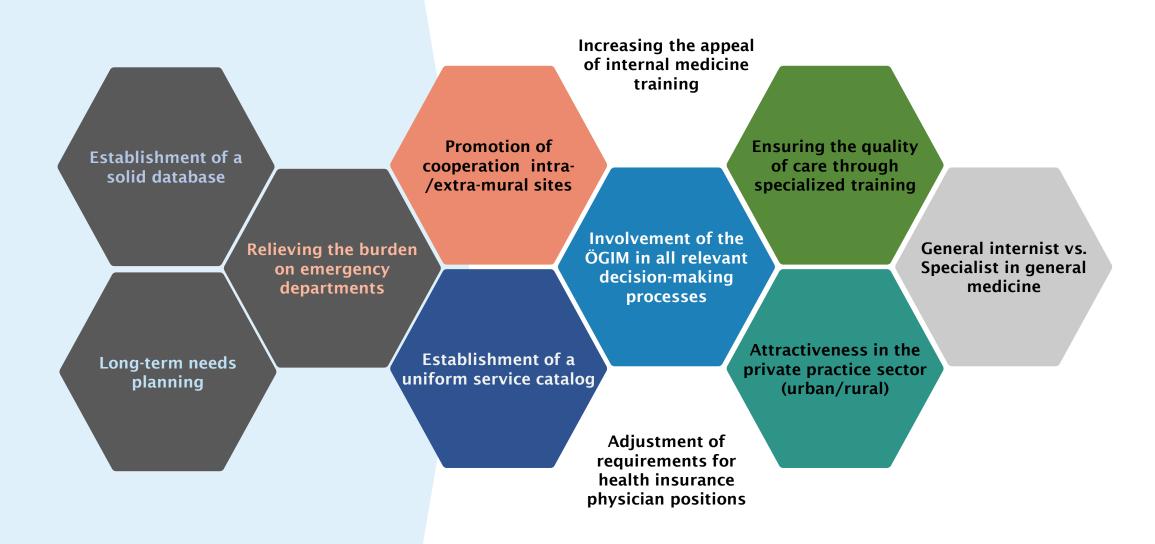
ÖGIM Position Paper 2025 Ways to achieve comprehensive patient care



Gap between supply and demand for specialists in internal medicine, **health** insurance-funded private practice, 2023 to 2035







Claims of the ÖGIM



Examples: Top 10 diseases per specialty



- COPD
- 2. Asthma
- Acute respiratory infections/bronchitis
- 4. Pneumonia
- 5. Lung cancer
- 6. Pulmonary embolism
- 7. Sleep-related breathing disorders
- 8. Interstitial lung disease (ILD)
- 9. Tuberculosis and NTM
- 10. Cystic fibrosis



- 1. Diabetes mellitus 2
- 2. Diabetes mellitus 1
- 3. Gestational diabetes
- 4. Obesity
- 5. Dyslipidemia
- 6. Hypothyroidism & Hashimoto's disease
- 7. Hypothyroidism
- 8. Pituitary adenomas
- 9. Adrenal mass
- 10. Osteoporosis



- 1. Rheumatoid arthritis
- 2. Spondyloarthritis
- 3. Polymyalgia rheumatica/giant cell vasculitis Spectrum disease
- 4. Collagenoses
- ANCA-associated vasculitis
- Fibromyalgia/chronic pain syndrome
- 7. Crystal arthropathies
- 8. Osteoporosis
- Autoinflammatory diseases
- 10. Osteoarthritis



- 1. PAOD intermittent claudication
- PAOD chronic limbthreatening ischemia (CLTI)
- 3. PAODs atherosclerotic arterial diseases (including NAST, visceral PAOD, cerebrovascular PAOD, PAOD of the upper extremities)
- 4. Acute limb ischemia
- 5. Venous thromboembolism (TVT OE-UE/PAE)
- Superficial vein thrombosis (OVT)
- 7. Post-thrombotic syndrome leg ulcer
- Primary/secondary varicosis

 chronic venous
 insufficiency (CVI)
- 9. Large vessel vasculitis
- 10. Aortic diseases (aneurysm, acute aortic syndromes)



Patient pathway



Graduated care concept

AM + Active Therapy Physicians (DMP)

DM Diagnosis
Screening for Comorbidities
Start of Therapy
Long-Term Case Management

General internist (AI)

Further treatment specially in cases of comorbidity

if target values are not achieved

Metabolic specialist (diploma) or endocrinologist or diabetes center (MED)

Advanced therapy, especially for complex comorbidities

Long-term care for clinical obesity (pharmacological therapy/bariatric surgery)

Lipid metabolism disorders

Complex inculin therani

Continuous glucose monitoring, AID systems

Special forms of diabetes

If target values are not achieved at the subordinate level

Tertiary center with FA* in endocrinology/diabetology

Problems that cannot be solved at lower levels of care

Acute complications (DKA, hyperosmolar, hyperglycemic state, severe hypoglycemia)

Infected diabetic foot syndrome



Patient pathway AM = General practitioner DM₂ AI = General internist MED = Metabolic expert/endocrinologist/diabetes center Referral to Symptoms? endocrinologist/diabetologist e.g., polyuria, fatigue, visual disturbances, weight loss Center Remember: consider No Yes Continued failure to achieve other DD! target values Risk assessment Examination normal values Refer to AI/MED Criteria for diabetes screening (ÖDG guideline) Hba1c, fasting glucose, electrolytes, kidney function General internist: in cases of manifest arteriosclerosis, cardiovascular disease, or clinical nephropathy parameters DM excluded Endocrinologist/diabetologist: multiple comorbidities, Medical history (medications, positive AK, abnormal insulin/C-peptide levels fluid intake, urine output >3 Diabetes Pre-diabetes Especially other specific forms of diabetes litérs/day) criteria met criteria met DM criteria met: $HbA1c \ge 6.5\%$ or Failure to achieve target Treatment for AM Therapy for AM/AI/MED Unclear cases alucose ≥ 126 Lifestyle modification mg/dl or non-Further diagnostics: insulin, Cfasting glucose ≥ 200 mg/dl peptide, DM-associated AK, urinary ketones Therapy for AM/AI/MED Screening for comorbidities (RR, lipids, kidneys, eyes, heart, etc.) Further diagnostics: insulin, C-peptide, DM-associated AK, urinary Start of lifestyle changes/therapy ketones Screening for comorbidities (RR, lipids, kidneys, eyes, heart, etc.) Start of lifestyle changes/therapy





Board 2024 & 2025



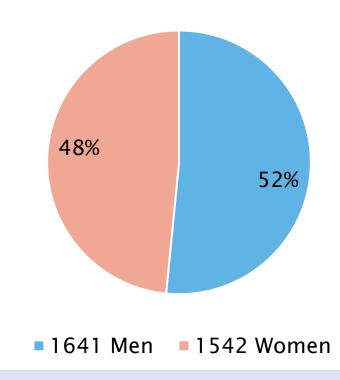
ÖGIM Board, annual congress in Salzburg



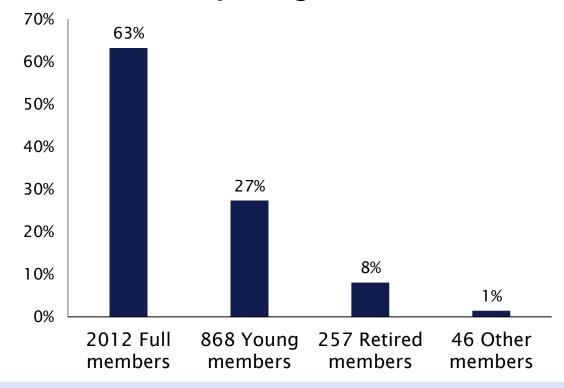


Member statistics as of September 2025

3183 Members



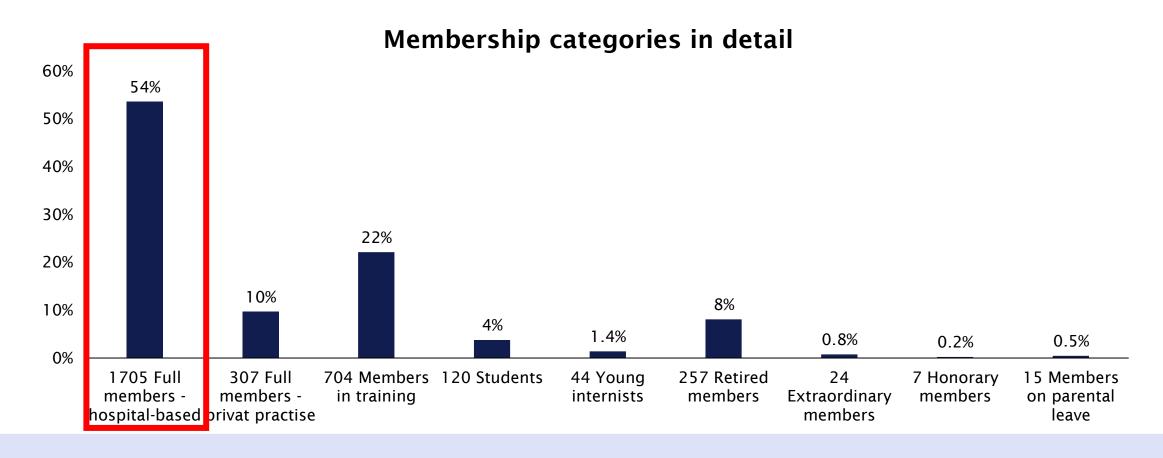
Membership categories combined







Member statistics as of September 2025







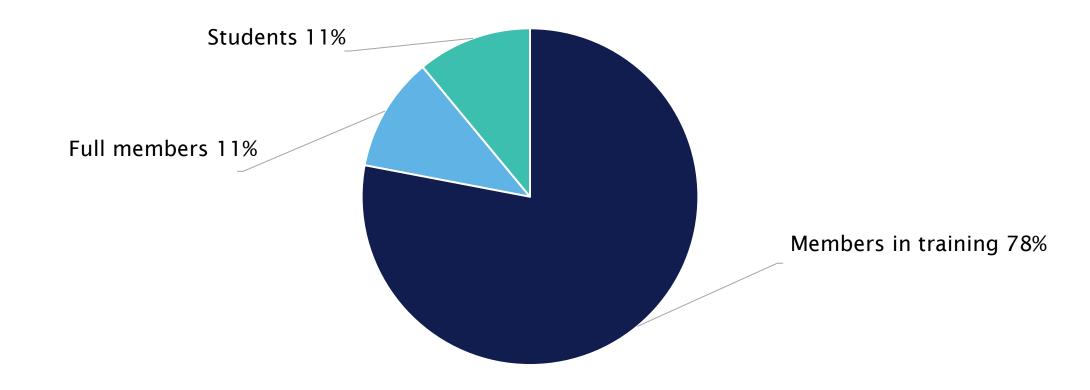
Development of full members and members in training 2010–2025







Applications for membership 2025









NextÖGIM is a community within the Austrian Society for Internal Medicine (ÖGIM) for young internists from across Austria

- Advocacy for High-Quality Training:
 To contribute to shaping and improving specialist training in internal medicine.
- → "Starterpackages", a schematic overview of learning resources
- → Online webinars
- → "Simulation Days", hands-on emergency training
- → Establishment of learning platform

Starterpackage
Aligemein
Innere Medizin

Sirve

- Starterpackage

- Aligemein
Innere Medizin

- Starterpackage

- Starte

- Networking & Scientific Collaboration:
 To promote both national and international networking and to foster scientific collaboration and exchange.
- → General assembly,
- → NextÖGIM Social events
- → Support for participation on EFIM events and schools







NextÖGIM welcomes new participants and values constructive input, positioning itself as a dynamic, evolving initiative.





Die Internistin

Female Empowerment

As a women's initiative of the ÖGIM, "Die Internistin" has been dedicated to women-specific issues since 2022, focusing on networking and support specifically for Austrian female internists.

Raise awareness
- Enable
involvement Define needs Discuss next
steps
Regular Meetings
(e.g. "Meet the
need" 2025)

Regular
Presentations
(e.g.: "Stand strong"
2025) - for
greater impact,
fewer doubts
and a clear
presence



Hands-OnWorkshop (e.g.
the female
empowerment lab,
2025)
Personal
Branding +
Empowerment



The values of the Austrian Society of Internal Medicine



People are at the heart of all our endeavors

- Openness, respect, and transparency in decision-making processes.
- The highest quality standards in education and training.
- Diversity in leadership in line with the current structure of Austrian society.
- Promotion of scientific and clinical excellence in the field of internal medicine.
- Prioritization of career development for young colleagues.

Thank you for your attention!





Rudolf von Alt 1832; Medical University of Vienna, reconstruction of "Hygieia", Gustav Klimt

