



EUROPE

THE COUNTRY PHARMACY PROFILE SERIES



AUSTRIA

A country profile of pharmacy practice
in the context of the national healthcare system

Informed by FIP Member Organisation
AUSTRIAN CHAMBER OF PHARMACISTS



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1. OVERVIEW OF THE HEALTHCARE SYSTEM

Austria's healthcare system is characterised by a complex, multi-level governance structure that combines centralised federal oversight with decentralised service delivery across its nine federal states (Länder). Nearly the entire population (99.9%) is covered by comprehensive social health insurance (SHI), which is regulated by the federal government. Governance involves a coordinated arrangement between the federal government, the Länder, and corporatist stakeholders. The federal government establishes national regulations, defines the legal framework, and shapes most areas of service delivery, while the Länder are responsible for planning and managing hospital care, financing capital investments, and operating approximately 75% of acute hospital capacity.^{1,2}

Hospital services are funded through regional health funds (Landesgesundheitsfonds) following Austria's DRG-based payment model*.^{1,2} Most outpatient care is delivered by private physicians contracted with insurance funds, and notably, patients may access specialists and hospital outpatient departments without referral.¹ Austria's health system remains largely hospital-centric, with resource imbalances between hospital and ambulatory care. Ongoing reforms for 2024–2028 aim to strengthen primary and outpatient care and restructure the hospital sector.²

Austria's per capita pharmaceutical spending is slightly above the EU average, supported by strong public coverage for outpatient medicines.³ In addition, Austria has a well-developed network of pharmaceutical services, including community pharmacies, dispensing physicians, and hospital pharmacies or pharmaceutical depots. Community pharmacies serve as the primary outlets for medicines, with 1,426 operating nationwide, followed by 42 hospital pharmacies (2024).²

Healthcare financing model^{1,2}

Austria's current healthcare financing model is hybrid:

MODEL TYPE	Bismarck model**	
PRIMARY SOURCES OF FUNDING	Public funding	Mandatory Social Health Insurance (SHI), funded through income-based contributions from employees and employers and supplemented by general taxation, finances approximately 70% of total health expenditure, with SHI serving as the dominant payer. ² Although SHI contributions are earnings-based, the contribution cap makes the overall system regressive when considered alongside tax policies. ³
	Out-of-pocket payments (OOPs)	Approximately 16.5% of health spending in Austria is financed through out-of-pocket payments, higher than the EU average of 15.5%, primarily for pharmaceuticals (21%), outpatient medical care (18%), long-term care (18%), and dental care (18%) in 2023.
	Voluntary health insurance (VHI)	Voluntary health insurance plays a limited role, accounting for slightly more than 6.9% of private health spending.

*Austria's DRG-based model finances hospitals by grouping patient cases into Diagnosis-Related Groups (DRGs) that reflect treatment costs. In this system, regional health funds pool funds at the state level from tax revenues and social insurance contributions to finance the vast majority of public acute care services in hospitals through the so-called LKF – Leistungsorientierte Krankenanstaltenfinanzierung. Available at: <https://bit.ly/3YGEIkd>

**The Bismarck model is characterised by a decentralised approach. While the policy is guided by federal law, the system is run by a mix of private and public not-for-profit funds, with minimal government interference. Available at: <https://www.william-russell.com/blog/healthcare-systems-globally/>

2. SERVICES PROVIDED BY PHARMACISTS IN THE COUNTRY

Types of services provided in community and hospital pharmacies

This section outlines the range of professional services provided by pharmacists in Austria across community and hospital settings.

Services provided by community pharmacies beyond dispensing*	
Therapeutic substitution (changing dose, formulation, etc)	✗
Adjustment of prescribed treatments	✗
Complementary prescribing	✗
Independent prescribing	✗
Prescribing in an emergency	✓
Providing medicines and services in care homes (nursing homes)	✓
Services to hospital and other facilities without a pharmacy	✓
Home deliveries	✓
Home care and medication reviews/medicines use reviews	✓
Dispensing emergency contraceptive	✓
Applying first aid and arranging follow-up care	✗
HIV testing	✓
Counselling on HIV self-test products	✓
COVID-19 testing	✓
Dispensing prescription renewals for patients with long term conditions authorised with the original prescription	✗







*Data in this table were provided by the Austrian Chamber of Pharmacists.

Services and activities provided by hospital pharmacies*

Validation of prescriptions	✓
Preparing non-sterile medicines	✓
Preparing sterile medicines	✓
Preparing cytotoxic medicines	✓
Preparing nutrition mixtures	✓
Dispensing to outpatients	✗
Pharmacy and therapeutics committees	✓
Multidisciplinary therapeutic decision making	✓
Reporting non-quality medicines	✓
Managing medication history	✓
Pharmacogenomics testing	✓
Medicines reconciliation	✓
Monitoring medicines use	✓
Pharmacokinetic monitoring	✓
Clinical trials	✓
Managing medicines-related waste	✓
Antibiotic stewardship	✓
Support to emergency departments	✓

*Data in this table were provided by the Austrian Chamber of Pharmacists.

Extended scope of practice⁴

Is pharmacy-based vaccination available in the country?	No	
Are pharmacists authorised to administer vaccines in pharmacies?	No	
Are pharmacists authorised to prescribe vaccines in pharmacies?	No	
Do pharmacists receive vaccination training ?	Yes	
At what career stage(s) do pharmacists receive vaccination training?	Continuous professional development	
Is the training mandatory ?	No	

3. PHARMACY HUMAN RESOURCES: EDUCATION AND ENTRY INTO PRACTICE

Education and training of the pharmacy workforce (year 2025)*

3 pharmacy schools/faculties	1 accredited pharmacy schools/faculties	YES Continuing professional development (CPD) IS mandatory for pharmacists' licence renewal
1 year minimum of experiential/practical training for registration	5 years minimum of full-time undergraduate education	
YES The renewal of pharmacist licensing or registration IS based on gaining CPD 'credits' or 'points' or similar credentials		NO CPD IS NOT linked with an annual portfolio-type submission (for example, reflective diary entries, or reflective cases)

*Data in this table were provided by the Austrian Chamber of Pharmacists.

4. COUNTRY'S HEALTHCARE ECONOMIC SNAPSHOT

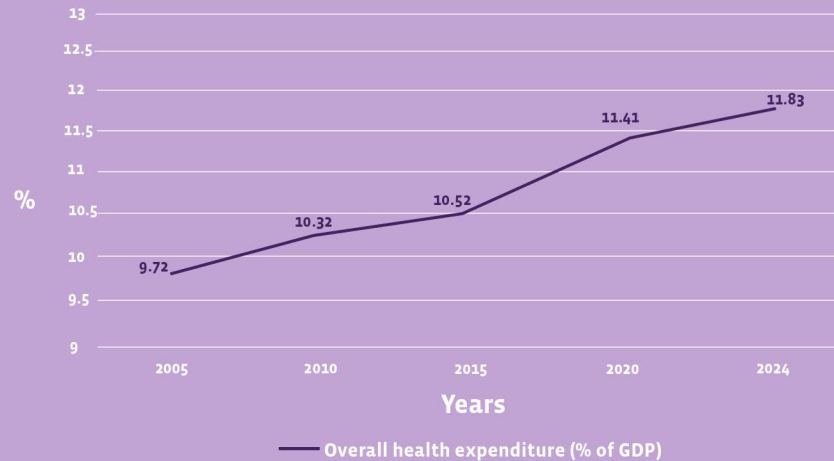
This section provides a macro-level overview of Austria's health financing indicators and outcomes, including GDP spending, life expectancy, and workforce employment.

World Bank income level category⁵

Austria: High-income economies

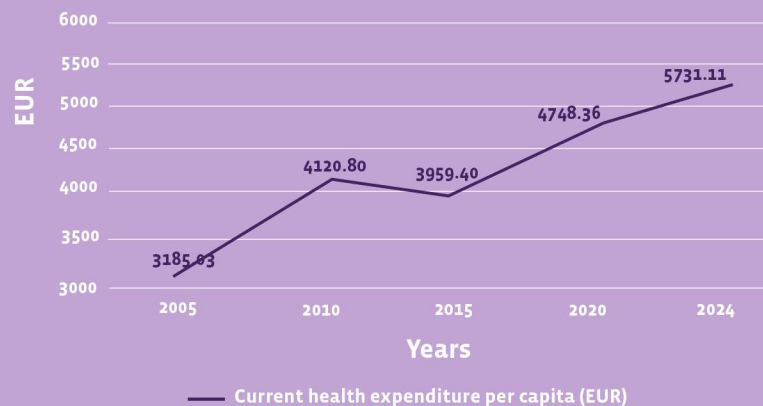
Overall healthcare expenditure as a percentage of GDP⁶

Austria's health spending remained relatively stable at around 10-11% of GDP from 2010 to 2019. It rose during the two-year period of COVID-19, peaking at about 11.4% and 12.1% in 2020 and 2021, respectively, and then fell slightly to 11.8% in 2024.²



Health expenditure per capita⁷

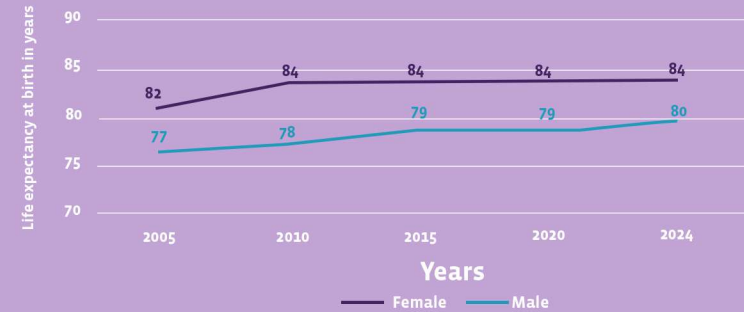
Austria's health expenditure per capita has increased steadily over the years. The health spending per capita was at least 25% above the EU average of EUR 3,533.^{1,8} Austria's retail pharmaceutical expenditure remains above the EU average at EUR 554 per person in 2023, about 10% higher than the EU mean of EUR 510. It accounts for 11% of total health spending, slightly below the EU average of 13%, indicating the difference is driven by Austria's higher overall health expenditure rather than unusually high pharmaceutical costs.¹



Life expectancy (male/female)^{9,10}

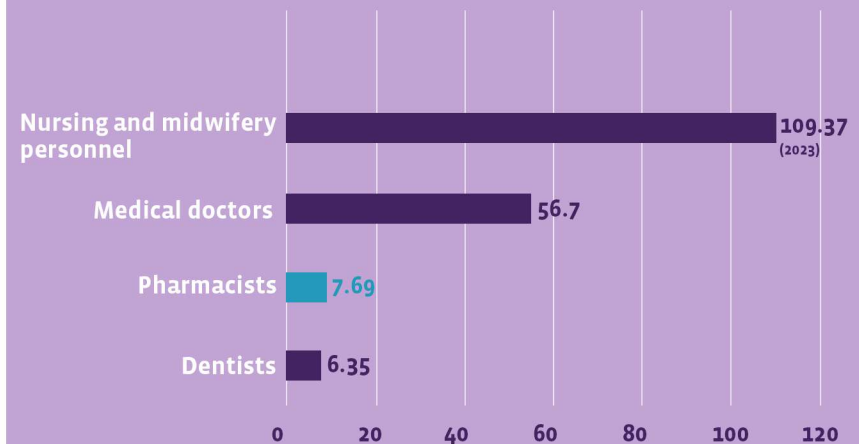
In Austria, life expectancy at birth has steadily increased for both genders over the years. In 2024, total life expectancy at birth reached 82.3 years, placing it six months above the EU average of 81.7 years.¹

Life expectancy at birth from 2005 to 2024, by gender



The employment rate in the healthcare sector¹¹

Health workforce density per 10,000 (2024)



5. HEALTH SERVICE STATUS

1. Coverage rates for essential health services

Austria maintains a high level of universal health coverage (UHC). In 2021, the UHC service coverage index for the country was 80, reflecting extensive access to essential health services.¹² In 2022, government and compulsory insurance covered 67% of spending on pharmaceutical services in Austria, including prescribed and over-the-counter medicines as well as medical non-durables.⁸

2. Availability and accessibility of health insurance options

In 2023, over 99% of residents had insurance through SHI funds. However, some vulnerable groups, like older students, unregistered asylum seekers, and unemployed people without benefits, still face coverage gaps. The 2020 reforms reduced disparities by streamlining insurance funds, but differences in benefits and regional payments remain.²

Although Austria has near-universal social health insurance coverage with broad benefits and low unmet medical needs, access is increasingly uneven. Stagnation in publicly contracted doctors alongside growth in private practice has created a wait-or-pay dilemma, increasing waiting times and out-of-pocket costs. The system relies more on private financing than the EU average, raising equity concerns and risks of a two-tier system due to faster access for privately insured patients. Regional workforce shortages, particularly in general practice, further limit access, though current reforms aim to strengthen team-based primary care and improve workforce incentives.³

3. Policies and strategies implemented within the pharmacy context to promote health and prevent diseases

Austria's national health policy (2017–2022) promotes enhanced pharmaceutical care as part of a broader prevention strategy. This includes expanding clinical pharmacy services in hospitals and community settings, medication safety initiatives, and medication review services.¹³ High uptake of clinical pharmacy services in hospitals and growing provision in community pharmacies support disease prevention and patient safety.¹⁴

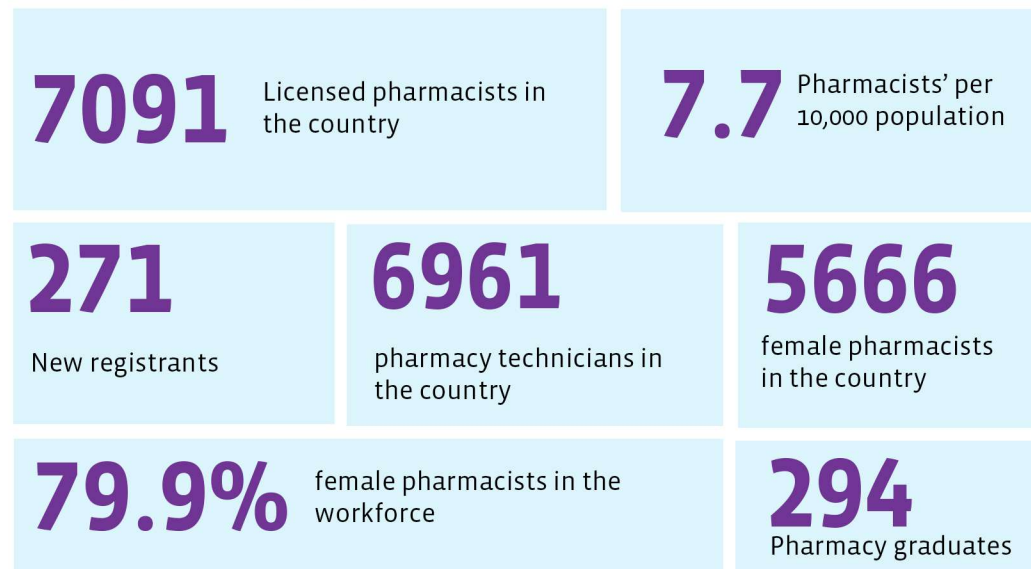
Community pharmacists are not yet legally permitted to vaccinate; however, ongoing policy discussions on pharmacist-led vaccination and expanded professional roles indicate substantial untapped potential, provided legal, financial, and organisational barriers are addressed.¹⁵

4. Availability and accessibility of patient medical records (including pharmacy access)

Austria is one of the EU's leaders in investing in digital health infrastructure, especially through its electronic health record system (ELGA).¹ Since the end of 2021, the electronic prescription system has been in place, and by mid-2022, about 93% of pharmacies were using e-prescriptions.² Pharmacies can access and upload medication data through ELGA, though they only see part of patients' clinical records, and real-world use remains limited by usability, awareness, and privacy concerns.¹⁶ About 96% of the Austrian population has records accessible through ELGA.¹⁷ Ongoing reforms aim to improve digital health services and require providers to connect to ELGA to speed up the digital transition.¹

6. PHARMACY WORKFORCE CAPACITY AND DISTRIBUTION

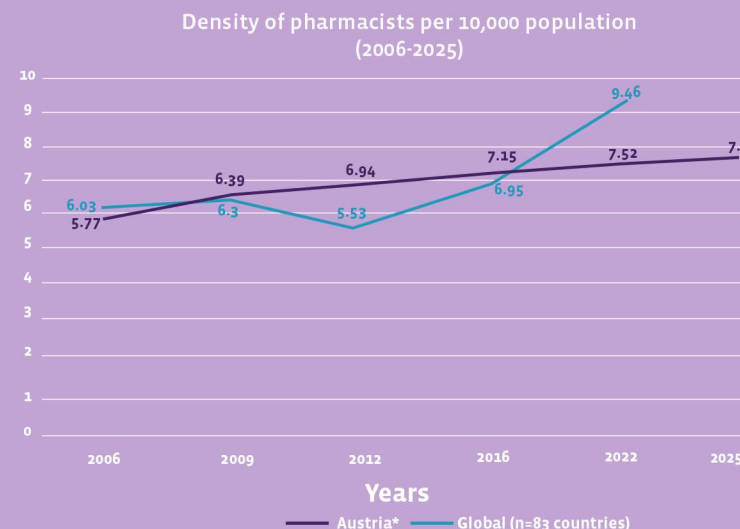
Pharmacy workforce capacity* (Year 2025)



*Data were provided by the Austrian Chamber of Pharmacists

Distribution across the area of practice

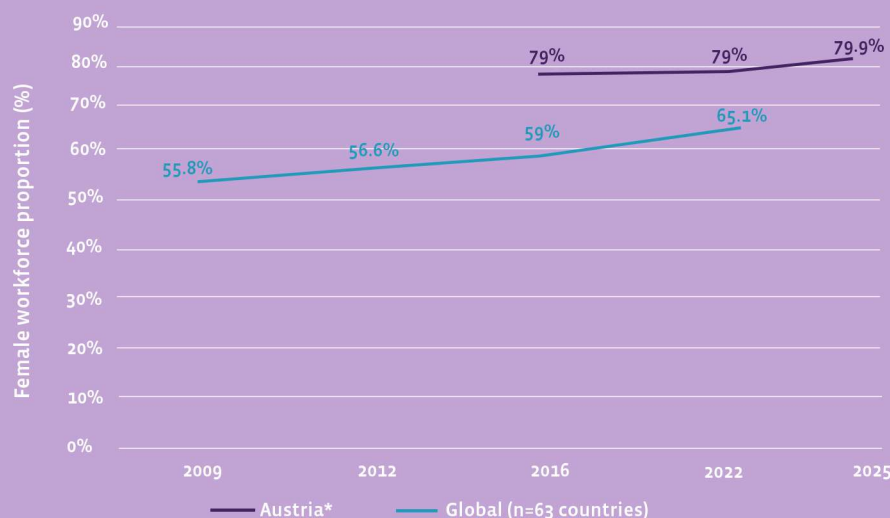
Austria's pharmacist density increased steadily from 5.77 per 10,000 in 2006 to 7.7 in 2025, showing consistent gradual growth. Globally, the pattern fluctuates, falling to 5.53 in 2012 before rising sharply to 9.46 by 2022, overtaking Austria.¹⁸



*Data in this chart were provided by the Austrian Chamber of Pharmacists

Austria maintains a consistently high female workforce share, staying near 79% from 2016 to 2022 and rising slightly to 79.9% in 2025. The global average is lower but shows steady improvement, growing from 55.8% in 2009 to 65.1% in 2022.¹⁸

Female workforce trends (2009 - 2025)



*Data in this chart were provided by the Austrian Chamber of Pharmacists

6537* Number of pharmacists working in community settings in 2025

554* Number of pharmacists working in hospitals in 2025

*These numbers were provided by the Austrian Chamber of Pharmacists

7. CURRENT POLICIES, URGENCIES AND PRIORITIES WITH PHARMACEUTICAL SERVICES PROVISION

Key insights from the Austrian Chamber of Pharmacists on:

1. Innovative practices that have successfully improved health outcomes and addressed inefficiencies within Austria's healthcare system

Pharmacists are permitted to independently carry out standardised examinations using rapid test procedures (point-of-care testing) in pharmacies as part of near-patient laboratory diagnostics. This includes capillary blood sampling as well as the collection of secretions by means of swabs from the nose and throat, and recording basic medical data (pulse, blood pressure, temperature, weight, and height).

This enables an easily approachable monitoring of basic health parameters.

2. Significant challenges currently facing the pharmacy profession in Austria

Pharmacies are facing a challenging economic environment due to rising operating costs combined with limited growth in medicine prices and reimbursement levels. General operating expenses—particularly for energy and personnel—have increased in recent years. At the same time, the prices of medicines and the reimbursement amounts paid for dispensing them have largely remained stable or, in some cases, declined.

Approximately two-thirds of pharmacy revenue is generated through reimbursements from the social health insurance system, making it the most important payer for pharmacies. However, the social insurance system is also under economic pressure and is working to manage healthcare expenditures carefully.

In addition, medicine prices in Austria are regulated and are not automatically adjusted to reflect inflation. As a result, increases in operating costs are not necessarily offset by higher reimbursement levels.

3. Reimbursed pharmacy services beyond dispensing

In Austria, there is currently no uniform nationwide programme that systematically reimburses or finances extended pharmacy services beyond dispensing through third-party payers.

One notable exception is opioid substitution therapy. Community pharmacies receive additional remuneration for the supervised dispensing and care of patients undergoing substitution treatment, reflecting the increased professional responsibility and counselling effort involved.

In addition, there have been temporary or regionally limited projects in which pharmacy services were financially compensated. Examples include publicly funded COVID-19 testing during the pandemic, as well as pilot initiatives for preventive screening services, such as cardiovascular risk assessments. However, these initiatives have generally been time-limited or region-specific rather than embedded in a permanent national reimbursement framework.

In comparison to some other countries that have already implemented structured remuneration models for pharmacy services and reported positive health and economic outcomes, Austria is still in an earlier stage of development in this area.



4. Current projects and priorities aligned with FIP Developmental Goals



DG4: Advanced and Specialist Development:

The Austrian Chamber of Pharmacists offers a postgraduate training programme leading to the qualification of Specialist Pharmacist in Hospital Pharmacy. Following completion of pharmacy studies and the trainee (aspirant) training period, participants must complete three years of professional practice in a hospital pharmacy. During this time, they are required to attend continuing education courses totalling 240 teaching units. These courses are assigned to three subject areas: Clinical Pharmacy, Pharmaceutical Compounding/Manufacturing, and Management. Each of these areas is further divided into individual training modules. In addition, a specialist thesis must be written and an examination must be passed. Successful completion of the programme entitles the graduate to use the title “Specialist Pharmacist in Hospital Pharmacy (aHPh).”



DG7: Advancing Integrated Services:

The Austrian Chamber of Pharmacists has developed a pharmacist-governed digital infrastructure designed to strengthen independent pharmacies and enhance patient convenience.

At its core is ApoApp, a patient-oriented smartphone application that provides reliable information on pharmacy services, opening hours, locations and medication advice. Its most impactful feature is real-time medicine availability: participating pharmacies voluntarily share selected stock data with the Chamber, allowing patients to see where a required medicine is currently in stock.

Participation is voluntary, yet uptake is high—reflecting strong professional trust and recognition of the collective value of shared infrastructure. Crucially, sensitive commercial data remains under the control of pharmacists. The system safeguards data sovereignty, prevents external platform capture, and promotes cooperation and collective visibility rather than internal competition.

The project demonstrates how profession-owned digital solutions can reinforce independence while delivering measurable convenience for patients.



DG9: Continuing Professional Development Strategies:

A specific continuing education directive was issued in the summer of 2023, and the mandatory continuing education began in July 2024.

DATA SOURCES AND VALIDATION

The data and information presented in FIP case studies are derived primarily from a desktop review of publicly available sources and relevant documents, complemented by in-house data that FIP has collated. The sources and methods underlying these data are fully cited and referenced to ensure transparency and traceability. Additional data were obtained directly from the respective FIP member organisation (MO). All data were subsequently reviewed and validated by the FIP MO to ensure accuracy, completeness, and reliability.

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