

Shaping the Future

Opportunities and Challenges for the Next Generation of Oncologists in a Changing Healthcare Landscape

Outcome report from a workshop hosted by the FOPI Oncology Platform – May 2026



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Report on the Results of a Workshop hosted by the FOPI Oncology Platform under the Mentorship of Assoc. Prof. Priv.-Doz. Dr. Christoph Grimm

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May 2026

Goal

What support do physicians in training and young specialists with a focus on oncology need in the short and medium term to ensure top-quality care at both the scientific and clinical levels and to maintain oncology as an attractive and meaningful field of work?

Next-generation oncologists addressed this question in a workshop organized by the FOPI Oncology Platform in May 2026, under the mentorship of Christoph Grimm, **Irina Tsibulak**, and **Arschang Valipour**. The goal was to explore key topics through dialogue and interactive workshops in order to find forward-looking solutions to the challenges facing both the Austrian healthcare system and the international scientific ecosystem.

The workshop was moderated and inspired by **Matthias Strolz**.

Results

The discussions during the workshops paint a striking picture: The next generation of oncologists is characterized by exceptionally high intrinsic motivation, professional enthusiasm, and a clear desire to actively help shape patient care at the highest level. To ensure that this potential can fully unfold in the day-to-day realities of modern clinical and research practice, a forward-looking framework is needed. Four key areas for action have emerged from the interactive discussion sessions:

1. Modernizing the Work Culture & Sustainable Work-Life Balance

- Challenge: Existing hospital structures are reaching their limits when it comes to balancing family, hospital work, and research. Reduced-hour work models are often used by young physicians as a safeguard, but in practice they frequently still result in full-time workloads. At the same time, there is a desire to break down rigid cultures that emphasize physical presence.
- Perspectives & Possible Solutions:
 - Shaping cultural change: Establishing a health-promoting leadership culture that respects the setting of boundaries and promotes flexible lifestyles on an equal footing.
 - Modern flexibility: Consistent use of digital opportunities (e.g., working from home for administrative and research tasks) and the introduction of modular work schedules and flex-time models.
 - Proactive workforce planning: Incorporating structural buffers for caregiving responsibilities, leave periods, and research time into staffing plans.

2. Targeted Strengthening of Clinical Research and Infrastructure

- Challenge: There is an enormous desire to engage in scientific work and conduct independent studies (IITs). In reality, however, research is usually carried out as unpaid, additional work during free time, since the research time allocated in clinical practice is fully utilized and administrative hurdles are high.
- Perspectives & Possible Solutions:
 - Truly guaranteed research time: Introduction of mandatory, structured models for dedicated research time with reliable coverage in the work schedule.
 - Reducing the workload through infrastructure: Establishing and funding professional research structures (e.g., study nurses, data scientists) to relieve physicians of the burden of manual data entry.

- Centralization & Mentoring: Establishing central service centers (e.g., single entry points for ethics and contracts) to reduce bureaucracy and create transparent opportunities for young researchers to advance their careers (e.g., as principal investigators).

3. Reorientation of Continuing Education: Focus on Practical Application & Fundamentals

- Challenge: In the wake of the pandemic, a flood of digital formats and complex research data is colliding with understandable digital fatigue in everyday life. What junior physicians lack most in their day-to-day clinical practice is the structured teaching of basic knowledge (e.g., supportive care, dose adjustments, side effect management) as well as affordable hands-on courses.
- Perspectives & Possible Solutions:
 - Respectful knowledge transfer: Expanding internal mentoring programs to systematically pass on the expertise of experienced colleagues to the next generation.
 - Interactive in-person formats: Prioritizing small-group, personal exchange formats (e.g., interdisciplinary roundtables) over purely informational webinars.
 - "Back-to-Basics" focus: Aligning training content with practical fundamentals and everyday skills.
 - Promotion of practical skills: Provision of scholarships and targeted financial support for costly, hands-on training programs.

4. The Pharmaceutical Industry as a Neutral Facilitator and Pioneer

- Challenge: Unannounced visits during the hectic daily routine at the clinic and purely product-related inquiries are perceived as a burden and create unwanted pressure.
- Perspectives & Possible Solutions:
 - Agnostic network catalysts: The industry can make a valuable contribution by acting as a neutral facilitator, connecting early-career researchers across different locations, and enabling collaborations to pool patient numbers.
 - Coordination through professional societies: The communication of educational opportunities and funding should primarily be coordinated, transparent, and carried out in cooperation with medical professional societies.
 - Smart Everyday Tools & Grants: Support through the provision of practical digital tools (e.g., guideline or dosing apps) as well as unbureaucratic small grants for research projects and publications.

5. Health and Social Relief Policy Framework

- Challenge: The lack of efficient patient flow management results in specialty and university outpatient clinics being overburdened with cases that could be treated by primary care providers.
- Perspectives & Possible Solutions:
 - Structured patient management: Establishing mandatory triage systems at the entrances to specialized outpatient clinics to ensure that medical resources are reserved specifically for critically ill patients and complex cancer treatments.

Focus Training & Knowledge Transfer – Workshop Results

The workshops with the new generation of oncologists paint a clear picture: In the wake of the COVID-19 pandemic, the continuing education market has been inundated with a **flood of information and webinars**. While digital offerings provide flexibility, they often lead to distractions and digital fatigue in everyday life. There is a clear desire for **in-person interaction, practical relevance, and structured foundational knowledge**.

1. Evaluation of Training Formats

- **Major international conferences (e.g., ESMO):** These continue to be viewed as highly inspiring, motivating, and important for international networking as well as scientific advancement. However, they are often overwhelming, logistically demanding (especially when traveling with family), and attending them—without making an active contribution (poster/presentation)—is difficult to manage financially or in terms of time. Concise guidance or “pre-sorted” data would be helpful here.
- **Roundtables & small in-person training sessions:** These formats are the most successful. They offer a relaxed atmosphere, facilitate genuine discussions among peers, promote national networking, and can be ideally combined with a group dinner.
- **Webinars & Online Formats:** While they theoretically offer flexibility and “on-demand” availability that fits into family life, in reality, people often lack the energy after long workdays. There’s no sense of commitment, so it’s easy to get distracted—or, due to everyday obligations, to end up not joining at all..
- **Personal contacts with the pharmaceutical industry:** These are viewed with mixed feelings. On the one hand, they are important for securing resources, support for projects, conference attendance, and patient materials (e.g., treatment logs). On the other hand, unannounced visits from sales representatives are perceived as time-consuming and unpaid extra work amid the stress of everyday hospital life. Furthermore, direct, highly product-focused emails often create an uncomfortable pressure to respond and justify one’s actions.

2. The Largest Gaps (Gaps in Education)

- **Lack of foundational knowledge (“data dump” vs. basics):** There is an oversupply of the latest study data, current treatment combinations, and “breaking news.” What young physicians are sorely lacking are structured **educational basics** (e.g., the “1x1 of breast cancer,” classic chemotherapy fundamentals, supportive care, and practical management of side effects).
- **Internal Knowledge Transfer in Hospitals:** Although hospitals possess a wealth of expertise (including senior physicians who present at international conferences), this knowledge is often not passed on to the younger generation in a systematic or structured manner. The quality of training depends heavily on individual departments and personalities. A urology/gastroenterology evaluation also revealed a significant discrepancy: training directors often rate the situation much more positively than the resident physicians themselves.

- **Lack of practical skills & high costs:** Hands-on courses (e.g., ultrasound, surgery courses) are extremely popular and necessary, but the costs (often 1,700 to 2,000 euros) usually exceed standard continuing education budgets.

3. Digital Tools and Information Flow

- **Apps in Everyday Clinical Practice:** Digital tools such as tumor staging apps, treatment algorithms, chemotherapy tools, and smart reference guides are widely used in everyday clinical practice and are considered very helpful (often more practical than printed tables). However, compact, physical booklets or folders (e.g., on dose reductions or biomarkers) are also desired for quick reference in between tasks.
- **Visibility issue:** Many opportunities offered by the industry never reach young resident physicians. They are not contacted directly; invitations get lost in their email inboxes, or they lose track of them. There is a call for a centralized platform (e.g., a joint Austrian continuing education platform). The most reliable channels for reaching the target group are **professional associations** and personal recommendations among colleagues.

Key Findings (Key Observations in a Nutshell)

- **Digital fatigue:** Webinars have lost their appeal; after long workdays, people lack the energy for online formats, which is why in-person meetings and the sense of commitment offered by small-group formats (e.g., roundtables) are clearly preferred.
- **Desire for "basics" rather than "data dumps":** There is an oversupply of the latest scientific study data, but an acute shortage of structured foundational knowledge (e.g., supportive care, dosing basics, side effect management) for young colleagues.
- **Challenges with Large Conferences and Practical Training:** International conferences are highly motivating, but they place an extreme logistical and family-related burden on participants. Important, practical "hands-on courses," on the other hand, are often out of reach for young professionals due to the immense costs, which are not covered by the hospital budget.
- **Lack of internal knowledge transfer:** The vast expertise of chief physicians and senior physicians is rarely passed on systematically within hospitals; the quality of training varies widely and is often perceived more favorably by management than by resident physicians.
- **Pharmaceutical communication is changing:** Traditional, unannounced sales representative visits and overly personal, product-focused emails create pressure and are perceived as a burden. What is desired is neutral support in the form of compact, everyday tools (apps/booklets) or overarching training programs for young professionals.
- **Visibility and distribution issues:** Due to information overload in their inboxes, invitations often never reach young doctors. Continuing education opportunities should therefore be centralized and communicated primarily through established professional societies and peer-to-peer recommendations.

Focus Clinical Research – Workshop Results

The workshop highlights a stark paradox in the Austrian oncological landscape: while junior physicians possess a remarkably high intrinsic motivation to conduct clinical research, they are severely bottlenecked by a lack of infrastructure, chronic time deficits, and bureaucratic or cultural hurdles across both university and non-university hospital settings.

1. Core Motivations for Conducting Research

- **Patient Benefit & Expertise:** The primary drivers for young oncologists are expanding their clinical expertise and directly improving patient care. They recognize that patients in clinical trials receive better, more structured, and cutting-edge care.
- **Career Advancement & Interest:** Genuine scientific curiosity and writing enjoyment motivate many, while others view publishing as a necessary vehicle or a prerequisite for keeping up with university clinic career pathways and milestone agreements (Qualifikationsvereinbarungen).
- **Understanding Data:** Some junior staff view participating in research as essential simply to properly read, evaluate, and critically apply modern clinical studies to daily routines.

2. Major Bottlenecks and Hindrances

- **Severe Deficits in "Protected Time":** Across almost all institutions, research is treated as an "add-on" to intense daily clinical work. Nominally protected research days are routinely "hijacked" or overridden by overwhelming patient volumes in clinics and outpatient clinics. Research, therefore, spills extensively into unpaid personal free time.
- **Infrastructural Deficiencies:** Even at large university medical centers, basic research infrastructure is frequently lacking. Junior physicians are often stuck manually typing data into poorly formatted Excel sheets because there are no study nurses or data coordinators assigned to their projects.
- **Lacking or Gatekept Mentoring:** While some departments boast excellent mentors, many junior researchers feel a lack of structured guidance when starting out. Furthermore, there is an institutional hierarchy where older, established investigators lock down Principal Investigator (PI) roles, making it hard for young specialists to gain independent leadership experience.
- **Bureaucracy and Regulatory Red Tape:** Cumbersome ethics committee requirements (e.g., in Lower Austria) and heavy administrative burdens pose massive hurdles for smaller investigator-initiated trials.

3. Structural Solutions & The Role of the Pharmaceutical Industry (FOPI)

- **Outsourcing Administrative Burden:** A highly successful example from a non-university lung department demonstrated that by building an independent research institute funded by industry contracts, they could hire dedicated Data Scientists and Medical Writers. This allowed junior doctors to focus purely on science rather than data entry or baseline formatting.
- **Industry as a Networking Conduit:** Rather than product-focussed messaging, young researchers want the pharmaceutical industry to act as an agnostical connector. Because pharma knows who is researching what, they are uniquely positioned to bridge different clinical teams, create cross-regional networks, and foster peer-to-peer collaboration to pool patient numbers.
- **Centralizing Infrastructure:** On a health-policy level, there is a push to create unified access points—such as the planned "Vienna Health Research" hub—to offer a "One-Stop-Shop" for contract negotiations, ethics submissions, and trial recruitment, keeping Austria globally competitive.

Key Findings (Ultra-Crisp Points)

- **High Motivation, Zero Time:** Intrinsic motivation to do research is exceptionally high, but it is treated as an exhausting "add-on," forcing junior staff to sacrifice their personal free time due to clinic-hijacked research hours.
- **Subpar Infrastructure:** Even university clinics suffer from surprisingly poor research frameworks; junior doctors are frequently bogged down by basic data entry due to a severe shortage of trial coordinators.
- **The "Gatekept" PI Role:** Established senior physicians often dominate industry partnerships, leaving younger specialists stranded in the second tier with minimal opportunities to lead as Principal Investigators.
- **Pharma as a Facilitator, Not a Marketer:** Young oncologists want the pharmaceutical industry to act as a neutral matchmaker to build collaborative research networks and bridge low patient counts across smaller sites.
- **Urgent Need for Centralization:** To stop Austria's decline in clinical trial attractiveness, there is an urgent demand to cut administrative red tape through unified "One-Stop-Shop" hubs for ethics and contracting.

Focus Work – Workshop Results

1. Workload, Overtime, and the “Part-Time Trap”

- **Additional workload in day-to-day operations:** In addition to normal clinical operations, quality management, accreditations, and the constant flood of patient emails create a massive additional burden.
- **The illusion of part-time work:** Many young doctors deliberately reduce their working hours to 20 or 30 hours to avoid complete burnout; in reality, however, they often work full-time hours (35–40 hours) or work while on vacation.
- **Cultural pressure and feelings of guilt:** There is an outdated culture in which overwork is secretly admired. Those who leave on time or work part-time suffer from reduced visibility within the team, are noticed less often, and are confronted with accusations or feelings of guilt for letting their colleagues down. Young doctors also fear that setting boundaries will jeopardize their contract renewals.

2. Research at Odds with Clinical Practice

- **Lack of dedicated time:** Although contracts theoretically provide for research time (e.g., one hour per day or an 80/20 model), the reality of daily clinical practice makes this virtually impossible. Consequently, research is usually conducted on an unpaid basis during free time.
- **Pressure to Stay Informed and Specialization:** The sheer volume of publications and new research data creates enormous pressure. It is extremely difficult to keep up, especially during rotations as part of training or after taking parental leave.
- **Financial difficulties and career pressures:** Stays abroad are indirectly expected as part of an academic career, but are financially almost impossible to afford. There is a lack of national funding opportunities and smaller grants (5,000–10,000 euros). In some cases, physicians are left to cover conference costs out of their own pockets despite giving presentations.

3. Rigid Structures vs. Digitalization

- **Resistance to working from home:** Administrative tasks, documentation, and research could easily be done from home, which would also drastically reduce commuting times. However, this often falls through due to a conservative management culture (“If you’re at home, you’re not working”).
- **Bureaucracy as an obstacle:** Vast amounts of paperwork and bureaucratic hurdles slow down even the smallest research projects. There is an urgent need to streamline these processes, and AI could provide administrative support in this area.

4. Systemic Collapse and Patient Flow

- **Staffing shortages are a constant concern:** Workforce planning leaves no room for flexibility; absences due to illness or parental leave immediately destabilize the system. With patient numbers expected to rise through 2040, the system is at risk of collapse without structural changes.
- **Lack of coordination in emergency care:** Specialized centers are being overwhelmed with patients who do not actually require urgent or highly specialized care. There is a lack of centralized coordination and triage, resulting in seriously ill patients having to wait an unreasonably long time.
- **International examples:** Countries such as Norway and Australia demonstrate that, thanks to more flexible child care, more predictable structures, and a greater appreciation for leisure time, it is possible to pursue an academic career even on a part-time basis.

Key Findings (The most important findings in a nutshell)

- **The part-time trap & overtime culture:** Reduced-hour contracts (30 hours) often serve only as a shield for young doctors, who in reality end up working a 40-hour week. In addition, a culture of “admiration for overwork” prevails, systematically disadvantaging part-time employees through a lack of visibility and feelings of guilt.
- **Research as a Leisure Activity:** In the stressful day-to-day routine of a hospital, contractually agreed-upon research time exists only on paper. Scientific work is shifted to unpaid personal time, while at the same time the pressure to constantly update one’s specialized knowledge is increasing dramatically.
- **Structural barriers to career advancement:** International research stays and conference presentations are considered prerequisites for career advancement, but young researchers are increasingly forced to cover the costs out of their own pockets—amounting to thousands of euros—due to a lack of national funding and smaller grants.
- **Cultural Resistance to Flexibility:** Despite the technical feasibility of working from home for research and administrative staff, conservative chief physicians and the outdated mindset that “presence equals performance” are blocking modern, family-friendly work models.
- **Drowning in red tape:** Bureaucratic hurdles, quality management, and endless ethics forms are eating up valuable resources. A radical reduction in bureaucracy and the use of AI to lighten the load are seen as essential.
- **A lack of patient management puts a strain on the system:** The uncontrolled overburdening of specialized outpatient clinics by non-emergency cases ties up significant medical resources and leads to dangerous wait times for patients who are truly critically ill.