

# German Medical Association

Federation of the German Chambers of Physicians



## National report: Germany

24<sup>th</sup> Symposium  
of the Central and Eastern European Chambers of Physicians  
(ZEVA)

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# National report: Germany

## Violence against physicians



- National study in 2015: 91% of general practitioners were exposed to aggressive behaviour from patients
- Majority feels safe in their practices; not the case during house calls for two-thirds of female physicians and one-third of male physicians
- Excessive workload (and the associated waiting times) is one reason for the rise in patient aggression experienced by doctors
- GMA proposal to extend § 115 of the German Criminal Code (focused on protection of first responders) to include physicians was unsuccessful
- Amendment added to § 323c, para. 2 of the Criminal Code (focused on penalties for failure to render assistance) explicitly penalizing those who impede those who are providing or want to provide assistance to a third party (including doctors and emergency room staff)

# National report: Germany

## Specialisation



- Specialists in Germany have the opportunity to acquire additional qualifications.
- Additional training involves specialisation in specialty training content completed in addition to specialist and subspecialty training content.
- Depending on the focus of the additional training, it may be applicable to a variety of different specialties or to specific specialty fields.
- However, Article 2, para. 4, 4<sup>th</sup> line of the (Model) Specialty Training Regulations expressly regulates that the boundaries of the fields of specialist activities are not expanded by additional training.

## National report: Germany

# Specialisation



- In Germany, a doctor who has obtained a specialist qualification in a particular field may, as a general rule, only work in that field.
- The Specialty Training Regulations of each State Chamber of Physicians define whether a given medical activity transcends the boundaries of a given specialty field.
- Quality is fundamentally ensured by the licence to practise medicine, meaning the admission to the medical profession.
- It is permissible for a physician to occasionally perform activities beyond his or her specialty field. However, they may not represent any more than 5 per cent of one's overall medical activities.
- A doctor must ensure that he or she has the level of expertise required for this field.

## National report: Germany Specialisation



- State Chamber of Physicians do not issue official certificates for activities which are not part of single, recognised specialist track.
- Professional associations do issue certificates for scientifically based continuing education in cases where there is no such additional training contained in the Specialty Training Regulations.
- These can even be indicated on a physician's practice sign or can be taken into account in the case of liability issues relating to acquired competencies.

# National report: Germany

## Licensing and CME



- Licence to practise medicine issued by federal state authorities for life.
- Physicians are obligated by Professional Code (§ 4) and by law (§ 95b of the Social Code, Book V), to engage in CME.
- Physicians must collect 250 points within 5 years.
- State Chambers of Physicians are responsible for specialty training and CME, the administration of CME point accounts of the physicians and the accreditation of CME events and organisers.
- Prerequisites for organising CME events are stipulated in the Regulations on CME of the State Chambers of Physicians (based on the GMA's (Model) Regulations on CME).
- CME regulations are adopted and amended by each State Chamber of Physician's chamber assembly.

# National report: Germany

## Quality assurance



- Physicians in Germany have a commitment to quality assurance according to federal and state legislation.
- They primarily satisfy this obligation by complying with their professional duty to engage in CME.
- Every treatment must be documented according to the Professional Codes of each State Chamber of Physicians.
- The measure of “high-quality care” is subject to
  - Guidelines, published by the professional associations and
  - Directives developed primarily by the Federal Joint Committee

# National report: Germany

## Quality assurance



- Guidelines** published by the professional associations, like the the Association of the Scientific Medical Societies in Germany (AWMF)
- Systematically developed aids meant to help physicians make decisions in specific situations.
  - Based on the latest scientific knowledge and procedures which have been proven to work in practice.
  - Ensure greater safety in medicine, but should also take economic aspects into account.
  - Not legally binding for doctors and therefore do not play a role in liability cases.
  - Reviewed every 5 years and revised if necessary.

# National report: Germany

## Quality assurance



**Directives**, developed primarily by the Federal Joint Committee

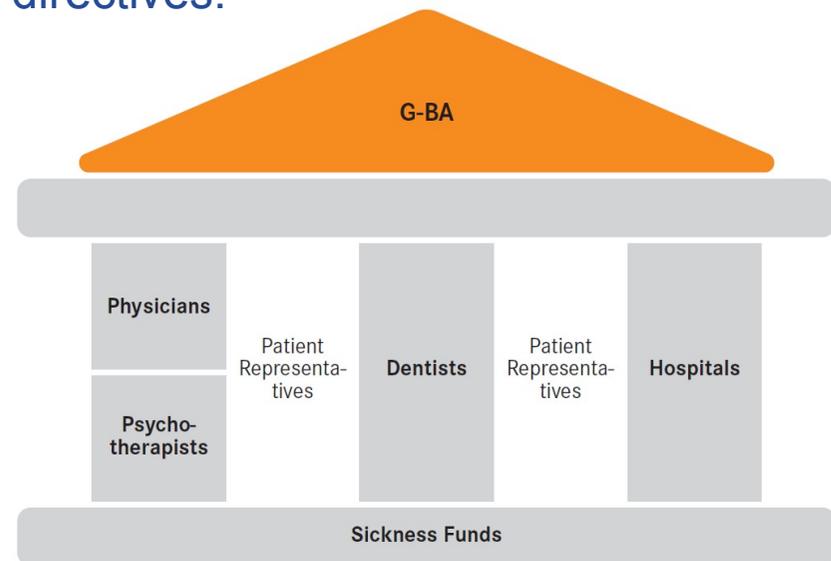
- More official in nature.
- Have a legal basis, which stipulates, in particular, the content, scope and the procedure, including the involvement of institutions or individuals.
- Generally outline abstract instructions.
- Reflect the current state of knowledge in medical science at a given point in time.

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## Quality assurance



- The **Federal Joint Committee** is the main decision-making entity of the self-governing bodies of service providers and health insurance funds.
- Formulates and implements in detail which services will be provided and under what conditions → benefits catalogue.
- Authorised by law to issue legally binding directives.
- Represents physicians, hospitals, health insurance funds and patients.





# Thank you!

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