National report: Germany

24th Symposium
of the Central and Eastern European Chambers of Physicians (ZEVA)

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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)
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, 4th line of the (Model) Specialty Training Regulations expressly regulates that the boundaries of the fields of specialist activities are not expanded by additional training.
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.
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.
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.
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
Guidelines published by the professional associations, like 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.
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.
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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