With over twenty pages of notes from this exchange, it is hard to decide which experiences to write about. I have chosen a selection of aspects that stood out to me over the two weeks.

Health Insurance

In 1883, Otto von Bismarck’s social legislation led to the founding of the German health care system, considered to be the first in the world. It is now mandatory to have health insurance in Germany. 90% of the population are covered by public health insurance (Gesetzliche Krankenversicherung) and the remainder are covered by private insurance (Private Krankenversicherung). People are only eligible for private insurance if they are a public officer, self-employed or have a large income (>€50,000/year).

Whilst Germany could be considered pioneers of modern health care, an interesting article in the March issue of Exberliner (a magazine aimed at expats living in Berlin) highlighted concerns about the current system. Like many systems it is facing rising costs of health care and legislation has been introduced to try to counter this. The article focused on the pitfalls of private health care. Some people chose private insurance due to the perception of better care, the lure of an introductory deal or being cheaper when self-employed. However if circumstances change, many find that they cannot afford the monthly payments for private health insurance and are unable to transition into state insurance. There is a lot of bureaucracy around state insurance so people easily get lost in the system and end up uninsured. An estimated 80,000 people have no insurance. The article believes that the dual system is outdated and calls for reform, but there are concerns that the current government supports private health insurance.

I found it interesting that some German doctors did not realise that all health care is state funded in the UK. One doctor thought that patients over a certain age had to pay for surgery such as knee replacements. The idea of a free health care system which is the norm for doctors working in the UK, is really quite alien to doctors working abroad. There are perks of an insurance-based health care system – waiting lists are practically non-existent since providers compete for work. However there are positives in a state-funded system too – we never have to worry about being uninsured.

GP Training

In Germany there is a lot more flexibility in post-graduate medical training. After finishing medical school doctors do not enter a Foundation Programme, but apply
directly for a post that will lead towards gaining the skills necessary for specialisation. Most GP trainees will take hospital posts for 3 years and then spend 2 years in a GP practice before gaining their full post graduate qualification. However Internal Medicine doctors are also qualified to work as GPs without sitting the final GP exam.

Training as a GP in Germany poses its own challenges. It is important to find a good GP trainer who cares about your training otherwise it can be very difficult. There is no standardised curriculum or set training pathway. The requirements to work as a GP are different in each of the 16 states. For example, in Berlin GPs must do a placement in Orthopaedics. However in Thuringen this is not a requirement.

Training in GP may be in a small single doctor practice or in a large polyclinic. The ratio of small practices to polyclinics depends on the area. However many younger GPs now choose to train in polyclinics and continue to work as salaried doctors on qualification. There is much less economic risk compared to buying your own practice on qualification and working hours can be more flexible.

Until Modernising Medical Careers, training in the UK was similar to Germany. In fact, the RCGP exam used to be voluntary! Although UK medical training sometimes feels like a conveyor belt from medical student to consultant with little flexibility, I feel confident in my training. I particularly appreciate the GP Vocational Training Scheme and I hope that with the planned reforms by Health Education West Midlands this will not be put in jeopardy. To quote one GP when discussing the medication regime with a patient, ‘don’t change a winning team’.

**The Role of the GP in Germany**

The view of GPs in Germany is poor. GPs are often questioned why they would choose that specialty. GPs do not have a central role in health care as a gatekeeper since patients can directly access specialists without a referral from their GP. This poses the question – what is the role of GPs in Germany?

Many older GPs, especially in single doctor practices, are Internal Medicine doctors by training. These doctors usually offer GP sessions alongside specialist medical clinics. As in the UK it is also possible to develop a specialist interest as a GP by doing extra courses and diplomas. GPs often chose a topic which is of use to their practice and patient cohort. This can help retain patients at the practice and avoid referral. It is not efficient for patients to see specialists all the time in place of GPs.

Germany is also facing GP recruitment difficulties. On average GPs earn less than specialist doctors and the specialty lacks appeal to many doctors, especially when it is easy to work as an outpatient specialist. The difficulties are especially pronounced in rural areas. Although the UK is also facing a GP recruitment crisis, GPs can at least know that they play a key role in the UK healthcare system. We receive just 10% of the health care budget, but 90% of health management occurs in primary care.
Out Of Hours Service (Notdienst)

I spent Bank Holiday Monday with the out of hours doctor working in the community in Weimar. There are three tiers of OOH care in Germany – a doctor based in a hospital as a walk in clinic, a doctor with a driver seeing patients in the community who are unable to attend the walk in clinic and the Emergency Department and Ambulance service. Doctors in Thuringen pay into a fund to provide a driver for community OOH care. This ensures the safety of doctors when out on home visits, especially if it is late, dark or in a remote area. They also don't have to worry about directions and getting lost. The doctors consider this a 'luxury service' in the community, but it works well for them and the patients. One patient that we saw could be treated by the doctor at home which avoided a hospital admission. If this patient were in the UK he would have almost definitely have ended up in the Emergency Department.

In the UK we see a lot of patients in the Emergency Department who could have been seen by a GP. Access to community services at the weekend could help to alleviate this. There may be scope for GP practices to take more ownership of OOH services in their area as in Germany rather than commissioning private OOH services. This does not mean that all GP practices should be open 7 days a week, but rather we could follow a German model to keep more patients treated in the community rather than in the Emergency Department.

Investigations and Referrals

My jaw dropped the first time I observed a doctor referring a patient for an investigation. The patient needed a proctoscopy and the appointment was booked there and then on the phone for two days time. The report could be expected the day after the investigation. I could not believe what I witnessed! In the UK I don't think I can get a proctoscopy that quickly for an inpatient let alone via GP. Investigations are easily arranged since there is a high level of competition between providers in order to make money. The need for an investigation is rarely ever questioned by the department performing it. Although it is very convenient for patients to get appointments so quickly, there is a risk of unnecessary investigation and over investigation. Whilst the investigations are covered by health insurance, it does not help reduce the overall costs of the German health care system. The waiting lists in the NHS are certainly nothing to be proud of, but the trend amongst UK GPs is to only request investigations if they are necessary and will change the management. This approach aims to preserve resources.

Referrals to specialists are easily accessible by both patients and GPs. When referring via GP, the GP simply fills out a universal referral form rather than writing a letter. However patients do not need a referral to see a specialist. One patient presented to the GP with a neck lump and was referred to see an ENT surgeon the next day. The
current waiting time to see an ENT surgeon at Queen Elizabeth Hospital Birmingham is 60.29 days!

Whilst most referrals from GPs are appropriate, some cases would be managed in the UK without referral. However, specialists in Germany are very keen to receive referrals in order to generate income and patients expect to be referred when requested. For example, a patient with earwax was referred to ENT for microsuction. The first line treatment in the UK is olive oil drops. One could argue that olive oil drops are messy and many patients are not compliant so referral for microsuction is preferable since it is readily available and covered by health insurance.

Medicine is a small world and most GPs know the doctors to whom they refer patients. It is easier to get a quick referral when you know the other doctor. However, some GPs find that at times it is difficult to arrange referrals because other patients have blocked appointments, often for simple problems which could have been managed in GP.

The Role of Nurses

Nurses play a huge role in the British health care system and specialist nurses are becoming increasingly common. Well qualified practice nurses are vital to take away certain roles from the GP workload. Nursing has only just become a university degree in Germany. There are very few specialist nurses working in Germany and most are based in Palliative Care and Public Health. There are no community psychiatric nurses or nurse prescribers. The equivalent of District Nurses is the Pflegedienst, but they are not as qualified as in the UK. They mainly work as carers, supervise medications and do some wound care.

The role of the practice nurse in Germany is very different to the UK. Practices are not paid by insurance companies for nurse appointments. Ambulatory nurses have extra training in the administration associated with ambulatory services such as renumeration and insurance, but they do not have extra clinical training. For example, there is a grey area in German medical law which means that nurses are not covered to do vaccinations. If there were any complications from a vaccination administered by a nurse, the supervising doctor would be liable. Therefore vaccinations are usually done by doctors, although this varied between practices. In the UK this would take away a significant work load from the practice nurse and add much more pressure on GPs. An NHS without highly trained nurses would not be efficient. The multidisciplinary team and effective role allocation is essential to ensure the smooth running of an overused system.

Overall Impression

By taking part in this exchange I have not only learnt a great deal about the German health care system, but I have also developed a better understanding of our own health care system. Through reflection and comparison I feel that I am now in a better position
to appreciate the good qualities rather than just seeing the down sides. It is often
difficult to feel positive in the NHS due to the huge strain on all staff. However I feel
that in some areas the NHS does a really good job and we should celebrate this.
Granted there are areas where vast improvement is required, for example our waiting
times and lack of social care.

We only have 2.8 doctors per 1000 population (similar to many Eastern European
countries) compared to 4.1 in Germany. There are only 0.8 GPs per 1000 population
in the UK compared to 1.72 in Germany. Almost every day in hospitals there is a rota
gap in an on call team. We do an awful lot of work with a lot fewer doctors compared
to many west European countries. A larger work force could solve a lot of problems
and stress within the NHS. However with Brexit and the continued use of the NHS as
a political pawn, I worry for the future of our health service.

I am very grateful to have had this opportunity to observe the German health care
system and to be able to reflect on my own practice in the NHS. I hope that the
Erasmus scheme will be able to continue so that more GPs have this opportunity and
we can adapt our own practice based on our experiences to create a better service for
our patients.