My 2 week exchange at the Family Care Surgery in East Berlin has been an extremely interesting and stimulating experience. I have been very lucky in the fact that my host completed his general practice training with his wife in the UK. Therefore he is well able to compare and contrast the two systems of training and healthcare. I think this has been an extremely useful and worthwhile experience and I have truly been amazed by the variation in the healthcare systems between Germany and the UK.

In Germany undergraduate training is very similar in most respects to the UK however to complete their training and receive their title as a Doctor students need to perform a period of research in their final year of studies and produce a thesis. Undergraduate training as a medical student tends to take 6 years. From talking to my host and to other doctors in Berlin it seems that from the start of their training medical students and doctors alike are responsible for their own learning and for rectifying their own deficiencies in skills and knowledge. This pattern certainly seems to follow on into postgraduate training. Doctors are required to arrange their own postgraduate training when becoming a General Practitioner or 'Allegemein Artz'. In the UK currently GP training is a run through programme consisting of a combination of hospital and primary care work rotations during a period of 3 years vocational training. In Germany, the individual wishing to become a GP has to arrange their own work placements. This consists of applying for different posts often for 1 year at a time. Due to the nature of waiting for vacancies and finding appropriate positions in a range of medicine, surgery and General Practice their training can take much longer. During my stay I spent a day at the Allgemeinmedizin department at the Berlin Charite University hospital with the team responsible for GP training. They explained the average length of training to become a GP in Germany is currently between 7-9 years, though the minimum time needed is 5 years. As with the UK there are formal exit exams to gain accreditation as a General Practitioner. With this system there can be a great variation in the standard of training. Some people feel that it has benefited them as they have been able to gain a wealth of experience not always offered by a more restrictive British training system. Conversely there are also those who have not been able to get such a range of training and thus there knowledge and skills suffer as a consequence. Many doctors that I have discussed this with feel that more standardised training as in the UK is the way forward to improve General Practice in Germany, this certainly seemed to be a sentiment echoed by the members of the General Practice faculty at the Charite University.

The German health care system was the first nationalised healthcare system in Europe and many years ago it turned into an insurance based system. There are two tiers of insurance; approximately 90-95% of the population are publicly insured and the rest of the population are privately insured. Those in employment pay a monthly premium towards their healthcare insurance and their employer pays the rest of the amount.
The unemployed are given free public healthcare insurance, though they are expected to make job centre appointments etc. to be given these rights. Those who earn over 57600 euros per annum (approximately) are able to choose to take up private insurance which normally comes with lower premiums initially. Each insurance policy is made on the individuals risk and their payments are reflected accordingly. Those who chose to be privately insured have to stay within this system and after the age of 50 many people find that their insurance premiums can go up astronomically if they have chronic diseases. An elderly lady I saw with my colleague on a home visit was paying approximately 700 euros per month! Due to growing up with the government funded National Health Service I really struggle with the tiered insurance based system in Germany. This is mainly as a result of the fact that privately insured patients generate much greater revenue for practices and as a result receive a better service. These patients are often more demanding and may walk into a surgery off the street without appointment and will not be happy unless they are seen within fifteen minutes. Thus patients insured through the public system are made to wait as these private patients are prioritised. These privileged few are very lucrative for practices and they would not survive without them. This irks me, as I feel that all individuals should be treated equally.

Many people register with a GP, though there are many people that do not. Practice lists are capped by the government and elapse after 3 months, patients swipe in their health insurance card at the practice quarterly to remain on the list. In Germany people are able to directly access specialist care and thus may choose to seek specialist opinion directly, bypassing the GP. Due to the nature of the system there is an inherent lack of communication between GP's and specialists. This was a completely alien concept to me as a GP from England. This forms a huge part of our workload; writing referral letters for patients, asking specialist colleagues for advice etc. However in the German healthcare system specialists are not incentivised to give advice or even to write to the GP as they will receive no payment from the insurance companies. Though this is good practice there are only a minority of specialists willing to do so as there is also a culture of specialists looking after their ‘part of the body’ and not seeing the relevance of this to the GP. This often means that patients can be given a whole raft of medications and treatments with each doctor and specialist being in the dark about the actions of another ‘colleague’. This can lead to dangerous polypharmacy and patients could come to significant harm as a result. However, this seems to be more accepted in Germany. Due to the nature of the system within which I work, I was horrified by this and the fact that often the GP will not have a full record of the patient’s current medications.

Thus there is much less of a link between primary care and secondary care in Germany. This seemed to frustrate the GP’s at the practice. When admitting a patient they could not refer directly to a specialty, instead all hospital referrals went through accident and emergency departments. For me this was a complete culture shock as my training has been in a culture of sharing information. This seems to be less commonplace in Germany. A key example of this is child protection. In the UK we are able to share information if we feel it is in the best interests of the child or patient to safeguard the physical or psychological well-being etc. However in Germany, due to the modern history of the country and the Nazi Party still being fresh in the minds of
the public there is great fear about sharing information between organisations and bodies. It puts doctors in very difficult positions as they may suspect child abuse but unless there is actual evidence that the child is in imminent danger they are unable to share information with social services for fear of reprisals and legal action being taken against them. This is a completely different culture to that in the UK. I also feel that in the UK we are quite forward thinking in terms of subjects like adult safeguarding which doesn’t exist in Germany.

Due to the capitalist nature of the system it literally ‘pays’ to over investigate patients. The more tests and investigations that can be ordered, the more money from insurance companies, especially privately insured patients. GP’s can charge for talking to the patient, examining the patient, though a coded diagnosis is needed to be able to claim payment from the insurance companies. This is the same case with specialists and this leads to systemic diagnostic inflation in the name of profits. This is unthinkable in the UK and would be entirely at odds with our system and code of ethics. There are many other examples of how there are conflicts with the German system and the code of medical ethics that we abide by in the UK; too many to mention! For instance doctors are able to prescribe for themselves, insurance companies like this as it saves them money! Currently in the UK the GMC rules of fitness to practice are so stringent and strict that if I were to prescribe paracetamol for myself it would violate the code of conduct of doctors in the UK and there would be extremely serious repercussions.

There is far less regulation of medical practice in Germany. There are no overarching regulatory bodies such as NICE producing consensus guidance and as such this is reflected by a much greater variation in practice. Often practices are outdated or non-evidence based. Examples include giving patients vitamin C, B12 and iron infusions when they present feeling ‘tired all the time’. I was shocked to learn that a patient had paid an orthopaedic doctor privately for hyaluronic acid injections for her knee osteoarthritis, costing 400 euros. When they had no effect she was then given radiotherapy of these joints. This would cause outrage in the medical community in the UK as the patient is being irradiated without a solid evidence base and thus violating the medical dictum of ‘do no harm’. There is also no official national formulary such as the BNF which is used in the UK, so prescribing is less regulated. Often pharmaceutical companies limit amounts of drugs in a box so that it won’t fit a common course of duration, causing the doctor to need to prescribe two packets instead. The pharmaceutical companies seem to have much more sway with the medical community. Much of the teaching provided for doctors is sponsored by these companies, though there are some independent courses that GP’s can access. It is very difficult to prescribe by generic and thus doctors have to prescribe by brand. On the whole this makes drugs more expensive. Certainly drugs are not available such as Flucloxacillin liquid for children. Thus for a cellulitis doctors then have to prescribe much broader spectrum antibiotics such as Co-amoxiclav. Cephalosporins are also much cheaper than many other antibiotics thus leading to poor antibiotic stewardship.

Pharmacists will often try to put patients off taking simple analgesia such as paracetamol for pain or using drugs such as codeine. A patient of a colleague was told by the pharmacist that their GP was trying to ‘poison their liver’. In this day and age what a completely outrageous statement. However the prescription of
paracetamol will only generate approximately 2 euros therefore it is the pharmacists best interest that a more modern or costly alternative is prescribed. Thus this leads to many doctors prescribing in a different fashion to GP's in the UK often using more modern and expensive forms of opiates for pain relief rather than starting with basic MST though there is no evidence base to support this. All of these facts I find personally very difficult to take from an ethical standpoint, though there is little the German GP’s can do as they can only work within the system they find themselves.

The set up within GP practices is also very different. The role of a specific designated practice manager is newly emerging and courses are now available for such training. In the practice I was placed in, the current practice manager has learnt to perform this role on the job and the owner of the practice is very forward thinking, putting her through extra training to help her build her skills.

Traditionally nurses in Germany are not able to perform such a wide range of roles as they do in the UK. For instance in hospitals usual roles performed by nurses in the UK such as mixing and giving infusions and blood transfusions were roles only doctors could perform. They do not have roles such as advanced nurse practitioners and extended scope physiotherapists. Instead there seems to be a strong position from doctors groups that the skills and roles of doctors should not be given to others. From the discussions I have had with many people here during my stay in Berlin, medical and non-medical it is felt that doctors hold a lot of power in German society. All chronic disease management is done by doctors and there are no nurse led clinics/ nurse specialists in specific disease areas. Nurses working in the practice often do not have a true nursing background and are more like admin staff with some additional skills such as phlebotomy which was a great departure from the highly skilled practice nurses we are lucky to have in the UK.

However, GP's also find themselves in a difficult position. They are not well liked by specialists as their ability to see a range of pathology often means that this reduces the work given to specialists and thus their profits. At times this can reduce the role of the GP in the German health care system. For instance gynaecology work is not widely performed by GP's in Germany as Gynaecologists do not want to lose their work. This can put GP's in difficult positions when they have the ability to treat a patient who may not be able to access gynaecology services but they have to turn them away. When talking to a focus group looking at gynaecology services within the community in Berlin whilst at the Charite University, they seemed utterly shocked and amazed at the breadth of work seen and the skills performed by GP's in the UK in this field.

The hours worked by GP’s was roughly from 9am until 5pm though some days there were extended hours surgeries and some practices also decide to run weekend surgeries, though this was not the case at the Family Care Surgery. The pay is less under the German system with a full time GP earning roughly between 55,000 to 60,000 Euros per annum whereas this would equate to approximately 70,000 to 80,000 Euros per annum in the UK for a full time GP though pay can vary greatly. I found this quite a revelation as colleagues I have discussed the possible privatisation of the NHS
with have always been under the illusion that privatisation will automatically mean a great increase in pay.

Appointment lengths seem to be slightly higher in Germany. It is difficult to quantify exactly as the number of patients who present to surgery within reason will be seen on the day. Therefore some days this can allow for longer appointments and some days less. From my experience I would say the average appointment time can be 15 minutes for a consultation though many more minor appointments for blood pressure checks and anticoagulation checks normally performed by the practice nurse in the UK were performed by the GP and provided nice respite at times. The clinic was always very busy, however on the whole it felt a little less stressful than working in the UK. There was more help from supporting staff and the doctor seemed to be less isolated in the clinic. Home visits were performed at points during the week but the doctor would have a session to do this in and thus multiple visits were not packed in between surgeries as is often the case in the UK. There were still a lot of administrative tasks to perform much like in the UK but less in terms of referrals etc. and more in terms of dealing with insurance companies and other associated bureaucracy.

The nice thing that I noticed about practice in Germany is that it is much less defensive than in the UK. The doctors worked in a systematic way and did what was appropriate documenting accordingly; however there did not feel the same overriding pressure to document all red flags discussed or signs checked for during a consultation as there is not the same fear of litigation. This atmosphere is reflected in medical indemnity insurance premiums. The colleague I shadowed pays roughly 300 Euros per year whereas my indemnity will cost nearly 4,000 pounds as a newly qualified GP and this will only increase with time.

Overall I feel that patient expectations in Germany are quite high. However, the system within which the patients find themselves in lends itself to that. I may have written this report in what seems a negative tone. However, this is more to point out the great differences between our systems. Conversely, looking overall at the positives of the German systems there are quite a number also for the individual. If you are generally fairly fit and healthy and present with minor acute illnesses you will receive prompt care of good quality. If you have worrying symptoms or present with serious or more rare pathology again your treatment is likely to be more prompt as there is greater access to resources for investigation and specialists than is available in most areas of the UK. The UK system is currently greatly underfunded, overburdened and understaffed which all in all leads to a terrible combination and a system on the edge of collapse. This plays perfectly into the hands of our current health secretary who seemingly would like our system to err more on the side of the German copayment system. However, in terms of the overall care that we provide our patients in the UK I feel we do a great job. Our primary care and secondary care services are well integrated, our levels of care superb though per capita in recent polls we are 13th in terms of spending per capita on health compared to the original 15 European Union members. I am also very proud of the fact that all healthcare services are free at the point of access without prejudice or discrimination to all citizens. However, even with the great positives that the German healthcare system can provide, from my experience I really cannot stress enough how
much I want the NHS to survive. As a nation I feel we really do not realise how lucky we truly are.