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General Practitioners

**Erasmus+ funded Hippocrates Exchange Programme**

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**Participant report**

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I chose to do my Erasmus program in the vibrant and cosmopolitan city of Berlin in Germany.

I found that Germany has a very efficient and financially secure health system. Having worked in both India and the UK as a doctor, I was able to draw similarities and differences between the 3 countries. Germany is a capitalist economy, which is reflected in their healthcare system. It is similar to India because there is freedom for patients to choose to be seen directly by a specialist without being referred by a GP, but different because in theory Germany has healthcare for all.

Everybody pays for their healthcare in Germany through a public health insurance that a proportion of their income goes to and their employer contributes to. This is in addition to their taxes. If they can't afford to pay for the insurance, the state will pay. Patients are offered private insurance if they want additional services not covered by their public health insurance and if they earn more than 50,000 euros, are a public officer, or self-employed.

**The Practices that I Visited and the Doctors Whom I Followed:**

I was an observer in 2 practices, shadowing 2 GP's for one week each. Both these GP's had a connection to England so were able to help me compare and contrast the two healthcare systems. Both GP's were very hospitable, and my time spent in both practices was very productive.

1. Family care Practice, Karl Marx Allee, Berlin



*Figure 1 Family care*



*Figure 2 the entrance at the front of the building*

Here I shadowed Dr. med Kemal Adkenzil during the period Jun 17<sup>th</sup> to 21<sup>st</sup>, 2019. He pursued his MBBS in Germany and completed GP training in Brighton, UK. Additionally, Kemal teaches in Charite University, the renowned medical school in Berlin and is also a GP trainer, so he was able to educate me about GP training in Germany and how it compares to the training we have in UK.

I got to sit with him in his clinic and also with his GP trainee, Konstantine.

The practice is owned by Dr. König, a pediatrician/neonatologist who left hospital practice 10 years ago to open a surgery. He has a special interest in children who are born premature and their families. He looks after a care home for children with such special needs. These children are well enough to leave hospital but need ongoing



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nursing care above the level that the parents can provide. Parents can visit any time and move in the but can spend time at home. Realizing that the parents and the rest of the family of the admitted neonates often had unmet own healthcare needs, and often no time to also attend a separate surgery he expanded his healthcare offering by general practice. Today the team consists of 2 GPs, 3 GP Trainees and the Pediatrician Dr König.

In both practices that I visited, I noticed a strong sense of team spirit amongst the staff. Everyone felt that they belonged to the practice and were a part of something together. In Family Care Dr. König's principle was that everyone should be happy and enjoy themselves when they are at work, as they are there more than they are elsewhere. There was no specific dress code, and the nurses had no uniform. They had many nurses, who all wore very informal attire and seemed to really enjoy their job. Since it was summer Dr. König wore shorts, and I noticed that the trainees were wearing jeans. In comparison, England is quite strict about their smart-casual to formal dress code. Dr. König took great effort to ensure the staff felt valued and gave regular allowance to the nurses to have nights out Every day, the doctors and nurses stop for lunch together and either eat out on the terrace or go out for lunch. Once a week Dr. Akdenizli takes his trainees out for lunch at a local restaurant. I was lucky to join them that week.



*Figure 3 lunch with Dr. Adkenizil and Constantine at a Vietnamese restaurant opposite the practice*

Every Thursday is pizza for lunch where all the staff come together to discuss patients, administration and management related issues while eating pizzas.



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*Figure 4 pizza and weekly meeting*

In this practice they saved a lot of time by moving between rooms to see their patients. The system was that patients just show up on the day and queue up. Getting an appointment was optional. The nurses would set up the patient in a room and have their files open on the screen. The GP would then go to the room and see the patients. Any bloods, or swabs that need to be done the nurse would come to do them. I also observed the pediatric clinics, where Dr. König moved from room to room, and he took the bloods himself with the assistance of the nurse. Capillary bloods were done by the nurse and was run immediately in their clinic operated machine. Lots of the test requesting and other things were delegated to the nurses which saved a lot of the doctor's time.

I also went on a couple of home visits with Dr. Adkenizil, and the process followed was similar to the GP home visits in the UK. The patients lived very close to the surgery, so we could just walk to their homes.

Family care opened at 9am every day, with clinics running till 5pm on all week days, with a 2 hour break for home visits and lunch.

2) Hausarztpraxis am Tierpark, Rummelsburger Str. 13, 10315 Berlin:



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Figure 5 the floors and the departments

This practice was owned by two GPs, one of whom was on vacation during my time there. I shadowed Dr. Silke Mockett from the dates 24th to 28th June 2019. Dr. Mockett is married to an Englishman (whom she met on her own Erasmus) and thus has a good understanding of the NHS. She worked in an independent practice within a larger building which contained multiple clinics run by multiple different specialties' clinics all run independently, but they regularly seek each other's expert advice and also refer patients between these specialties.

Dr. Mockett's practice was not a training practice, hence did not have any trainees. Here as well, the GP and the nurses work very closely and had their lunch together every day. The nurses would cook the lunch, and all the staff would eat together while the practice remained closed for lunch.



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*Figure 6: fed well with spaghetti and fruit dessert*

Their practice opens at 8am on weekdays and patients could walk in until 9:30 am to book an appointment. After 9:30am, walk-in appointments are not permitted. The GPs ran clinics until 12:30 pm on weekdays and then closed for lunch. The GPs took turns to work afternoon sessions.

The nurses ran independent clinics, but Dr. Mockett would review all wound cases that came in the nurse's clinics as well.

Dr. Mockett and GP Dr. Christian provide consultations to circa 2000 patients every quarter / 3 months.

#### **The System of Healthcare and General Practice in Germany:**

Unlike in the UK, patients do not have to visit their GP and they can choose to go to a specialist directly with no additional costs. If they have a headache they can go straight to a neurologist, if they have abdominal problems, they can go straight to a gastroenterologist etc. Because of this flexibility, there is less burden on the GPs and the entire onus of diagnoses is not on a frontline GP. Litigation is lower compared to the UK and patient satisfaction is higher. Waiting time is high for certain tests, but at an overall level, the waiting time is significantly lower when compared to the patient waiting times for tests in the UK. There is adequate funding, so GP's do not have to worry about weighing in options before a test or scan is to be done.

In Germany, each practice gets paid only for a specific number of patients every 3 months of the year, so towards each quarter, most practices close their new patient registrations as they would have hit their target and wouldn't be paid for doing any extra. Dr. Mockett explained this to me, as her practice remained open during this period as a gesture of goodwill, and that was the reason why she was seeing multiple patients who were not her regular patients. Dr. Akdenizli sees circa 1500 patients every 3 months. The GP surgery gets paid based on the no. of patients they see, and the



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payment is not based on the number of patient visits, hence they do not get paid for repeat patient visits.

Vaccinations and chronic disease checkups are always paid for. There is a cap, in the German healthcare system budget for almost every health service, and if a surgery exceeds the budget by significant amount over the other surgery's there are consequences. The check-ups and vaccinations were administered by the GPs themselves in the practices I visited, and not the nurses.

It appeared to be that the system of community healthcare services and social services is not advanced in Germany as it is in the UK. Child safeguarding is only recently getting more attention in the public and also in the health care system. and I advised that vulnerable adult safeguarding is not really such a prominent topic yet as in the UK.

Medical laboratories and scan centers are not government funded unlike in the UK healthcare system and have a profit motive and at times have scenarios where they carry out additional tests that are not required if the doctor has not been very specific about the required test to maximize profit.

All gynecological and obstetric issues/cases are dealt by gynecologists who run community clinics. Communication between GP and gynecologists is not formalised and does not routinely take place. Some gynecologists see their role as GP for women on also offer services like immunizations, flu vaccination etc. and other health checks which in the UK are covered by GPs. So that in Cities a competitive situation is possible. GPs do not need to review their pregnant patients. However, if a pregnant lady is hypertensive, they are sent back to the GP for the management. If the gynecologists detect gestational diabetes, they will refer the patient to Endocrinology. Thus, the GPs have far less burden of cases in Germany than in the UK. The first line treatment of hypertension in pregnancy in Germany is methyldopa, and second line is metoprolol. Drugs such as labetalol, cyclizine, and prochlorperazine are not available on the market despite having a low production cost as the licensing of these drugs is capital intensive hence pharmaceutical companies do not make them available in the market as this would impact their profit margins. This is a stark contrast to the system in the UK where GPs are directed to prescribe the cheapest drugs to ensure that we do not drain out the limited funding that is available.

Many patients came in for sick notes. Many employers needed sick notes from day one of sick leave, and there is no self-certification. In UK, by law, employers must accept self-certified sick notes from patients for the first week of their illness.

GPs are well skilled in wound examinations and dressings and do these along with the practice nurses. In the UK, practice nurses and HCAs have taken over this aspect of healthcare, and GPs do not have to be involved in this unless there were complications to the wound which requires a medical review.

I was advised that GPs tend to avoid doing minor surgeries as surgeons get upset as it takes away their cases. This is mainly true for cities. Rural GP surgeries in Germany have to do all minor surgeries as there are far less specialists in these regions.

Artteliammes Federal is their equivalent of the GMC. The equivalent of their RCGP is the DEGAM (The German College for General Practitioners and Family Medicine)

Similar to the UK, GP surgeries have to be purchased by partners /associates from an existing GP/partner who is willing to sell and is not usually started as a new set-up.



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### **Unique Services:**

Patients with musculoskeletal back pain could request for massage- which is around 10 pounds per session and this is covered by their insurance.

When a patient comes in with a sore throat and are less than 5 years of age, they do a throat swab to differentiate viral from bacterial infection. The results of the test are obtained immediately, so there is less antibiotic prescribing for viral infections. (Strep Throat bedside test are also used in the UK, NZ, AUZ)

Sports rehabilitation can be prescribed, such as water aerobics.

Every patient is entitled to one full health review between the age of 18 to 30. All patients get skin cancer checks every 2 years from the age of 35. Unfortunately, no studies have been done to prove the benefit of this. Also, they do not have vocational training schemes, so doctors do not have to compete for those places by having done a number of studies as we do here. Doctors have to compete for each Job, each rotation. There are no formal criteria by which a hospital or surgery chooses their Trainees.

Every child must have 11 health checkups by a doctor by the time they are 10, 4 of which are during their first year of life. This is a rule in Germany. If parents don't bring their children for these checks, social services will get involved. But as it is in UK, parents can refuse vaccines for their children. The children also get ultrasound scans during their checkups which Dr. König in Family care did in his clinics. Every child would get their hips assessed by ultrasound for DDH, without any initial screening tests.

Drug and rehabilitation services are available to both inpatient and outpatients and is fully funded by the insurance. In Birmingham, drug and alcohol misuse together with homelessness is a huge problem, and I believe one thing that has made this problem worse is the loss of funding to inpatient rehabilitation centers.

Patients with chronic disease like CAD, COPD, asthma etc. would get regularly reviewed at the practice every 3 months unlike the single annual review we offer here. If the disease is controlled well this can be reduced to 6 Monthly checks.

### **GP Training in Germany:**

GP training is different in Germany. It consists of 3 years in hospital and then 2 years in GP. But it isn't a structured training scheme. Trainees need to arrange for their hospital and GP jobs and while they wait for their next job, there is often a gap where they are not working. At the end of the five years, to qualify as a GP there is an interview that serves as an exam, which might not be as it is not formalized as difficult as our membership exams here in UK. I realised while I was there in Germany that the UK GP training schemes are renowned to be the best in Europe. I have always been proud of the training I receive here, but this has made me realise the benefits our training programmes even more.

Trainees do not have formal teaching and do not have an e-portfolio to monitor and assess their progress. They do have a logbook though which is number based. The responsibility of training is completely on the trainee and they have to arrange their own supervision and seek placements and decide how long they stayed in them. This may give them greater flexibility and a wide breadth of knowledge but leaves them unprotected and unguided.



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I thought it was interesting that once you complete MBBS you do not get the 'Dr. med' title unless you do research and publish a paper. Until then you remain Miss/Mrs or Mr.

The Hippocrates Exchange Coordinator in Germany, Solveig and Dr. Adkenzil had arranged for me to be taken around Charite University and meet the GP trainers there, but this was cancelled as the temperatures rose to 40 degrees that day and classes had been cancelled. This was unfortunate as I was very much looking forward to going there.

### **My Conclusions and the Differences in Work and Quality of Life of a GP:**

Overall, I felt that there was a higher degree of work satisfaction amongst the German GPs. They were less burn out issues when compared to the GPs in the NHS. They had realistic expectations to live up to from their government and their patients. They also have a set maximum number of patients that they would see and have sufficient funding for it.

The patients seemed to trust their doctors, and the GPs do not need to spend time writing detailed documentation to defend themselves in each consultation to avoid litigation issues.

There was a huge focus on work satisfaction and the camaraderie between the GPs, nurses and practice staff was great. They also made it a point to close for lunch and eat together. Our patient demand in the UK is so high, replicating such a practice here will be impossible in the current set-up. Even as a GP trainee with less demands and less administration work than a qualified GP, I only have time for a 10-minute lunch break that I have on my own either in my room or the staff room. The other GP's all have their lunch in their own rooms, that is if they have time to stop for lunch. It is high time we change this situation in the UK in order to retain the GPs we do have and recruit more GPs to the NHS.

There is a lot of freedom in practising medicine in Germany. Evidence Based Medicine is not as far advanced as it is in the UK. In Particular there are not as many guidelines for the community care part or GP part of medicine. The DEGAM is working on this. This may mean that standardised treatment and follow up is not followed, but in this set-up, doctors can use their experience to guide them and they will be criticized and accused if their adopted management process does not strictly adhere to a published guideline.

There was no 10-minute appointment rules, so the GP's were relaxed and could take their time with each patient. Despite this, average appointment times in the country is only 8 minutes.

Because of the unforgettable past that Germany suffered in World War II, there are significant restrictions in data sharing between surgeries. And additionally, in former GDR the secret service exhibited a lot of pressure on personal data.

What I didn't realise about that time was that not only Jews were murdered, but also people who were deemed 'of no use' to the country- disabled and sick people were victims too. Hospitals were forced to share their records with the Nazis to obtain this information. Thus, doctors in Germany do not communicate with each other like we do in the UK with referral letters sent online, and specialists do not right back to the GP. On the other hand, the responsibility of keeping all their records and communicating between doctors is given to the patient. GPs write referral letters to specialists which

Commented [S3]: And additionally, in former GDR the secret service exhibited a lot of pressure on personal data.



are then physically taken to the specialists by the patients. And when a specialist sees a patient, the patient receives the clinic letter themselves which they can choose to show their GP or not. Thus, the GP does not have all the patient's letters, referrals, test results and medication lists on their system unless the patient has chosen to share them. This of course causes limitations and can make diagnosis and management difficult without knowing the whole picture. Since the past 15 years Germany has been trying to unify their healthcare data systems and improve data exchange but data protection activists keep objecting in fear that a new government will do the same thing that the Nazis did.

In my two weeks in Germany, I only witnessed two patients who did not speak German attend the practice. Where I work in West Bromwich, which is probably similar to most parts of the UK at the moment, I get many patients a day who don't speak English and require a translator / bring someone to translate for them. Germany is very strict about their residents knowing German, so everyone attends rigorous language coaching to learn the language. I think that this is very good and think we should do that in England as well. It definitely improves integration of foreign communities into the country instead of them living in isolation and never learning the English language or the culture. If patients in Germany require a translator, they would need to organise one for themselves.

Maternity pay is for an entire year of full pay, which is incredible when compared to the maternity pay offered here in England.

GPs in UK hold a very key seat in the NHS, as gatekeepers into the system. We cannot be bypassed, and we have a huge responsibility for the overall welfare and health of the population. GPs don't have this central position in Germany, and the healthcare system does not work as it does in the UK.

Interestingly, both we and the patients who use the NHS have taken it for granted. Patients in Germany have freedom of choice, and so do their GPs, and I think this is the reason for their satisfaction. GPs have more time, low risk of litigation, and less pressure. It is quite clear that the quantum of investment in a system is a big factor in determining success. The conversation has finally started between GPs and the UK government. Now is the time for change. The NHS needs to be a top priority of the government's agenda, as healthcare at the right time is as important as healthcare for all.