



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΔΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
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DEN EUROPEISKE OVERLEGEFORENING
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ЕВРОПЕЙСКА АСОЦИАЦИЯ НА СТАРШИТЕ БОЛНИЧНИ ЛЕКАРИ**

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National Report Germany

I. Health reform legislation

The health insurance system in Germany consists historically of two different types: The private health insurance system and the statutory health insurance system. There are about 75 private health insurances and about 230 statutory health insurances.

Every person in Germany has to have a contract with a health insurance. It depends on the monthly income if someone wants to join a private health insurance. The monthly gross income has to be at least 3600 Euro. If someone wants to change from the statutory health insurance into a private one his yearly income has to be at least 48.150 Euro over a period of three years. About 90 percent of the German population join one of the statutory health insurances.

Other parts of the health reform legislation mentioned in the report of the German delegation last year have also been implemented, for example private health insurances have to offer a so called basic membership fee which has not to exceed the highest rate of the statutory health insurances.

One of the political purposes of this decision is to abolish the difference between normal and private patients. The consequence of this new regulation is that a doctor in private praxis has to reduce the price he can take from a private patient in case this patient has selected the basic rate. But, it is essential for the doctor in private praxis to have a sufficient percentage of private patients who do not take the basic rate in order to keep his praxis working. The income he earns from statutory health insurance patients or private patients with basic rate alone does not guarantee the existence of his praxis anymore.

The intention of the federal government to fix the insurance contributions payable each year has not yet come into force, neither the health care fund in which these contributions are supposed to flow together with some contributions from the state budget. The statutory health insurance companies would receive from this general fund a uniform flat-rate sum for each member insured. There is still a great political debate going on on this subject. However, it is expected that this part of the new legislation will come into action at the beginning of next year.

Both, hospitals and private doctors have and will probably have financial problems by this regulation of the federal government. Many hospitals are already in a deficit financial position.

II. Hospital doctors trade union (Marburger Bund)

Rudolf Henke has succeeded Dr. Frank Ulrich Montgomery as president of the Marburger Bund which has over 100.000 members and is the salary negotiating body with the employer's associations. Dr. Montgomery is now president of the medical chamber of the State of Hamburg and vice-president of the German medical association (Bundesärztekammer).

Germany has already become a country with a shortage of doctors due to the high number of doctors going abroad and due to the likewise high number of absolvents from medical schools who do not go into curative medicine. Therefore, the number of foreign doctors immigrating to Germany is steadily increasing. The shortage of doctors is furthermore due to the fact that more doctors in private praxis retire than there are those who are willing to replace them.

The new president of the Marburger Bund has recently stated that there are three main reasons for the fact that German doctors are leaving their country:

- The overburden of administrative demands leading to professional dissatisfaction
- The overload of daily work often resulting in burn-out-syndrome
- The underpayment compared with the situation in other countries

Therefore, an increasing number of hospitals can not fill their open positions for residents or even for head physicians. Furthermore, the position for senior hospital physicians is going to be less attractive.

III. Migration of doctors

The total number of German doctors working abroad is 19 054. The total number of doctors working in German hospitals is 135 135.

The 16 German state medical associations register since 2001 the number of doctors leaving the country:

Year	Total number	Emigration of German doctors	Return of foreign doctors into their home countries
2001	1437	1168	269
2002	1691	1436	255
2003	1992	1508	484
2004	2731	1937	794
2005	2249	1724	525
2006	2575	2004	571
2007	2439	1881	558

Reference: Deutsches Ärzteblatt 14, April 4, 2008

The immigration of Non-German doctors to Germany has also been registered:

Year	Number of Non-German doctors
2001	1302
2002	1571
2003	1971
2004	1832
2005	1528
2006	1404
2007	1735

Reference: Deutsches Ärzteblatt 14, April 4, 2008

Comparing emigration and immigration of doctors the result is negative for Germany.

The preferred countries for emigration in 2005 were: USA (5830), and in 2007: Great Britain (4129), Switzerland (2565), Austria (1457) and Sweden (1118).

Migration of Germans in general

Year	Emigration	Return	Netto migration
2001	109507	193958	84451
2002	117683	184202	66519
2003	127267	167216	39949
2004	150667	177993	27326
2005	144815	128051	-16764
2006	155290	103384	-51906

Although hospitals and doctors are facing many problems by the new legislation the German health system is considered to be one of the best in Europe.