



Can Germany still generate sufficient numbers of GPs to maintain the present level of health care?

Regional trends concerning a funded general practitioner training program in the ambulatory care sector in Germany in 2010 - 2012

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Abstract

Background:

According to the Ärztemonitor (engl. doctors' monitor) 2014 published by the Kassenärztliche Bundesvereinigung (KBV; engl. National Association of Statutory Health Insurance Physicians) two thirds of ambulatory health care physicians in Germany who will retire in the near future face tremendous difficulties in finding successors for their practices. One of the requirements to ensure future primary health care in Germany is an adequate training, qualitatively and quantitatively, of general practitioners to warrant a sufficient number of replacements for retired colleagues. In 2008, the KBV, the GKV-Spitzenverband (engl. National Association of Statutory Health Insurance Funds) and the Deutsche Krankenhausgesellschaft (DKG; engl. German Hospital Federation) have renewed an „Agreement to promote training of general and family medicine consultants in ambulatory and inpatient care.“ The available financial grants were increased significantly since 2010. The contracting parties have agreed, among other things, to promote at least 5,000 trainees per year. The training program is being evaluated regularly and reports are currently available for the years 2010 until 2012. The aim of this study was to assess the previously achieved numbers of trainees as well as the development of the primary care consultant training program at regional levels.

Method:

To examine the development of the primary care consultant training program between 2010 and 2012 we used existing data from published evaluation reports and supplementary data provided by the KBV and the regional Landesärztekammern (engl. State Medical Chambers) and created the following six indicators:

- General practitioner training relation I calculated in full-time equivalents (FTEs) of trainees;



- General practitioner training relation II calculated in numbers (“heads”) of individual trainees;
- Gender-based practitioner’s training proportion for part-time female GP trainees;
- Gender-based practitioner’s training proportion for full-time female GP trainees;
- Proportion of board-certified general and family medicine specializations per 100 board-certified specialist recognitions;
- General medicine training permission ratio calculated as the number of primary care physician trainers per 100 primary care physicians.

Most of the indicators were calculated on the level of the regional Associations of Statutory Health Insurance Physicians or regional Landesärztekammern, respectively, while few indicators were available at county level. The analysis is limited to descriptive statistics, only.

Results:

Nationwide, between 2010 and 2012, a decrease of 350 general practitioners (in FTEs) was recorded (-0.7%), whilst the number of general medicine trainees increased by 347 FTEs in same period of time. The proportion of female GP trainees increased in both full-time and part-time positions, but differed strongly at the regional level. The proportion of board-certified primary care specializations of all board-certified medical specializations ranged between about 7% and 23% across the regional State Medical Chambers. The General medicine training permission ratio revealed an average of 22.6 GP trainers per 100 general medicine specialists practicing in the ambulatory sector and ranged between 11.5 and 41.4 across the regional State Medical Chambers except for the Federal State of Rhineland-Palatinate, where no respective data were available.

Conclusion:

The present analysis showed an increase of 347 general medicine trainees (FTEs) in Germany within the three-year period of 2010 to 2012 after the implementation of the program. This represents an overall increase of about 20% and varies at the regional level. In 2012 2.156 FTEs have been trained. The target, however, to train as many as 5,000 GPs annually nationwide was by far not yet achieved. The existing program should urgently be expanded by additional actions to ensure the future of primary health care in Germany. Appropriate measures, for instance, should include increased and equitable remuneration for trainees, grants for postgraduate general medicine trainee physicians, and the co-financing of urgently needed infrastructural arrangements in the field of primary care physician training, which could be implemented as part of a national foundation.