



**German Medical Association  
(Joint Association of the State Chambers of  
Physicians in Germany)**

**(Model) Specialty Training Regulations  
2003\***

**As amended on 23/10/2015**

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**Document Information**

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**\*\*English translation included**

Specialty medical training involves the learning of medical capabilities and skills following the successful completion of basic medical training and granting of a licence to practice medicine. Specialty training is characterised by the practical application of medical knowledge in outpatient, inpatient and rehabilitative patient care.

Specialty training is undertaken in a structured form in order to obtain a specialist qualification in defined fields, and can be followed by specialisation in sub-specialities or additional training.

The prescribed content and duration of specialty training are the minimum requirements. The training periods are prolonged on an individual basis if specialty training content cannot be learned in the minimum period of time.

Specialty training is performed at approved specialty training institutions during appropriately remunerated, full-time practice of the medical profession. It is given under the direction of authorised physicians, in the form of practical activity and theoretical instruction, and partly through successful participation in recognised courses.

Specialty training must be documented, and its completion is assessed on the basis of the certificates issued by the authorised specialist trainers and an examination. Successful completion of specialty training is confirmed by a Certificate of Completion of Training (*Anerkennungsurkunde*).

The specialist title serves as evidence of acquired competencies. It helps assure the quality of patient care and provides guidance for the public.

# Section A

## Articles

### Art. 1 Aim

The aim of specialty training is the regulated acquisition of defined knowledge, experience and skills, in order to achieve special medical competencies after concluding basic vocational training. Specialty training serves to safeguard the quality of practice of the medical profession.

### Art. 2 Structure

(1)  
Successful completion of specialty training leads to a specialist qualification in a field, a subspecialty qualification in a subspecialty of a field, or an additional qualification.

(2)  
A field is described as a defined part of a specialist discipline in medicine. The definition of the field determines the boundaries for practising the specialist activity.  
A person who has completed the prescribed content and periods of specialty training in a field, and has demonstrated the necessary specialist competence in an examination, is granted a specialist qualification. The specialty training content prescribed in the specialist competence does not restrict the exercise of the specialist activities in the field.

(3)  
A subspecialty is described as further specialisation in the field, following on from the specialty training. A person who has completed the prescribed specialty training content and periods in a subspecialty, and has demonstrated the necessary professional competence in an examination, is granted a subspecialty qualification. The specialty training content prescribed in the subspecialty competence does not restrict the exercise of the specialist activities in the field.

(4)  
Additional training involves specialisation in specialty training content to be completed in addition to the specialist and subspecialty training content, unless regulated otherwise in Section C.  
A person who has completed the prescribed specialty training content and periods in additional training, and has demonstrated the necessary professional competence in an examination, is granted an additional qualification.  
If specialty training periods are demanded, they must be completed in addition to the prescribed prerequisites for acquisition of the qualification, unless regulated otherwise in Section C.  
The boundaries of the fields of specialist activities are not expanded by additional training.

(5)  
Successful conclusion of the specialty training, which is demonstrated by passing an examination pursuant to Arts. 12 - 16 following completion of the prescribed specialty training content and periods, confirms professional competence.

(6)  
The fields, specialist and subspecialty qualifications are listed in Section B, and the additional qualifications in Section C.

## Art. 2 a Definitions

The following definitions apply for the purposes of these Specialty Training Regulations:

(1)

**Competence** constitutes the subset of the content of a field that is the subject matter of specialty training for the acquisition of knowledge, experience and skills in specialist, subspecialty or additional training, and is demonstrated by examination.

(2)

The **common trunk** encompasses the defined, common content of different specialty training programmes within a field that is to be communicated at the start of specialty training.

(3)

A **case seminar** is a specialty training measure whose concept provides for the involvement of every single participant, where, under the instruction of an authorised specialist trainer, knowledge and skills, as well as the associated fundamental knowledge, are expanded and consolidated on the basis of the presentation and discussion of exemplary cases.

(4)

The **inpatient sector** encompasses facilities to which patients are admitted and/or in which patients are under constant medical supervision, day and night. This particularly includes hospital departments, rehabilitation clinics and departments with external physicians.

(5)

The **outpatient sector** particularly includes medical practices, outpatient departments of institutes, day centres, outpatient departments of polyclinics and medical centres.

(6)

The term **emergency room** is taken to mean the functional unit of an acute-care hospital where patients undergo an initial examination and/or initial treatment to identify threatening states of health in order to determine the need for, and nature of, further medical care.

(7)

The following are defined as **fields of direct patient care**: general medicine, anaesthesiology, ophthalmology, surgery, gynaecology and obstetrics, otorhinolaryngology, dermatological and venereal diseases, human genetics, internal medicine, paediatric and juvenile medicine, paediatric and juvenile psychiatry and psychotherapy, oromaxillofacial surgery, neurosurgery, neurology, physical and rehabilitative medicine, psychiatry and psychotherapy, psychosomatic medicine and psychotherapy, radiotherapy, urology.

(8)

**Specialty training periods to be completed** are specialty training periods to be completed under the direction of a physician authorised to provide specialty training in the targeted specialist, subspecialty or additional training.

(9)

**Eligible specialty training periods** are specialty training periods completed under the direction of a physician authorised to provide specialty training.

## Art. 3 Use of titles

(1)

Specialist, subspecialty and additional titles may be used in accordance with these Specialty Training Regulations and in compliance with the rules of the Professional Code.

(2)

Subspecialty titles may only be used in conjunction with the associated specialist title.

(3)

Additional titles may only be used in conjunction with the title "physician" (*Arzt*), "general practitioner" (*Praktischer Arzt*) or a specialist title (*Facharztbezeichnung*).

Additional titles assigned to specific fields may only be used in conjunction with the associated specialist



title.

If additional training is an integral element of a specialty training programme, the chamber member using such a specialist title has the right to use this additional title.

(4)

If a physician has been granted several titles, he may use them simultaneously.<sup>1</sup>

(5)

Titles and certificates pursuant to Para. 1 that have been awarded by another chamber of physicians in Germany may be used in the recognised form in the territory covered by these Specialty Training Regulations.

(6)

Paras. 1 to 5 apply, mutatis mutandis, to the titles acquired pursuant to Arts. 18, 18a, 19 and 19a.

#### **Art. 4 Nature, content and duration**

(1)

Specialty training cannot be commenced until after medical accreditation or granting of the licence to practise medicine pursuant to the Federal Medical Regulation. A qualification in specialty training in oromaxillofacial surgery also presupposes the state examination in dentistry. Specialty training is undergone in the framework of appropriately remunerated, professional medical activity under the direction of physicians authorised to provide specialty training or by instruction in recognised specialty training courses.

(2)

Phases of activity that are completed as an intern following qualification (*Arzt im Praktikum*) and satisfy the requirements of these Specialty Training Regulations are credited to the specialty training.

(3)

Specialty training must be thorough and comprehensive. It particularly includes the expansion of knowledge, experience and skills in the prevention, identification, treatment, rehabilitation and expert assessment of diseases, physical defects and afflictions, including the interrelations between humans and the environment.

(4)

The duration and content of specialty training are governed by the provisions of these Specialty Training Regulations. The defined specialty training periods and specialty training contents are minimum periods and minimum contents. Phases of specialty training or activity of less than six months can only be recognised as specialty training periods if this is provided for in Sections B and C. An interruption of the specialty training, particularly due to pregnancy, parental leave, military and alternative public service, scientific contracts – insofar as they do not involve specialty training - or illness, cannot be credited as a specialty training period. Collectively agreed holiday does not constitute an interruption. Medical activities in an own practice are not creditable, unless regulated otherwise in Section C.

(5)

Specialty training as a specialist and in sub-specialities must generally be undergone on a full-time basis and in a full-time position. This also applies to additional training, unless regulated otherwise in Section C. In the case of additional training, on-the-job specialty training under the direction of an authorised specialist trainer is permissible, insofar as this is provided for in Section C.

(6)

Part-time specialty training must meet the requirements for full-time specialty training as regards total duration, standard and quality. This is generally ensured if the part-time activity extends over at least half the weekly working hours. The specialty training period is prolonged accordingly.

(7)

Specialty training in a subspecialty is based on the specialist competence, unless regulated otherwise in Section B. Additional training must be undergone in addition to specialty training in terms of time and content, unless stipulated otherwise in the Specialty Training Regulations.

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<sup>1</sup> If the State Health Professions and Chamber Regulations impose a restriction on the simultaneous use of titles, this must be added in the Specialty Training Regulations of the States.

(8)

Insofar as the Specialty Training Regulations prescribe the completion of courses, the respective course and its director require prior recognition by the chamber of physicians responsible for the location at which the course is held. These courses must meet the requirements prescribed by the Chamber of Physicians. The national standard recommendations must be observed for course recognition.

(9)

Unless specified otherwise for the specialist, subspecialty and additional training, specialty training can take place both in the outpatient sector and in the inpatient sector.

(10)

If another specialist title is acquired, the defined duration of specialty training can, in individual cases, be reduced if the required periods of specialty training have been successfully completed within the framework of another acquired specialist designation. The period of specialty training to be completed may be reduced by no more than half of the minimum duration required for that particular specialty training.

## **Art. 5 Authorisation**

(1)

Specialty training as a specialist and in sub-specialities is provided at an approved specialty training facility under the responsible direction of physicians authorised by the chamber of physicians. The authorisation requirement also applies to additional training, unless regulated otherwise in Section C.

(2)

Authorisation to provide specialty training can only be granted if the physician has the relevant specialty title, is professionally and personally suitable, and can furnish proof of several years of activity following completion of the corresponding specialty training. The authorisation can have a time limit and be subject to revocation. Further incidental provisions are permissible.

Authorisation can generally be granted for only one specialty training programme and/or one associated subspecialty and/or for one additional training programme.

(3)

The authorised physician is obliged to direct the specialty training personally and generally conduct it on a full-time basis, as well as to structure it in accordance with these Specialty Training Regulations in terms of time and content, and to confirm the accuracy of the documentation of the specialty training of a physician undergoing specialty training pursuant to Art. 8. However, splitting among several authorised specialist trainers working on a part-time basis is possible if full-time specialty training is guaranteed by complementary working hours. This also applies if the authorisation is jointly granted to several physicians at one or more specialty training facilities. If an authorised physician works at more than one specialty training facility, joint authorisation with a further authorised physician is required at each specialty training facility.

(4)

The scope of the authorisation is governed by the extent to which the requirements imposed on the content, course and objective of the specialty training can be met by the authorised physician, taking into account the mandate to provide medical services, the performance statistics, and the human and material resources of the specialty training facility. Information must be provided to the chamber of physicians on request. The authorised physician must notify the chamber of physicians without delay of changes in the structure and size of the specialty training facility. The scope of the authorisation must be adapted to any changes.

(5)

The authorisation is granted by the chamber of physicians on request. The application must be accompanied by a structured programme for the specialty training as a specialist, in sub-specialities or additional training for which authorisation is requested. The physician authorised to provide specialty training must hand over this structured programme to the persons to receive specialty training under his responsibility. The chamber of physicians keeps a list of authorised physicians and specialty training facilities, including details of the scope of the authorisation.

(6)

The physician authorised by the chamber of physicians to provide specialty training is obliged to take part in evaluations and quality assurance measures of the chamber of physicians regarding specialty medical training.

**Art. 6**  
**Approval as a specialty training facility**

(1)

An approved specialty training facility is a university or college hospital, or a medical care institution approved for this purpose (by the chamber of physicians)<sup>2</sup>. Medical care institutions also include the practices of practice-based physicians.

(2)

A specialty training facility must fulfil the following prerequisites, in particular:

- The diseases typical for the specialty training must occur regularly and frequently enough in terms of the number and nature of the patients,
- The personnel and equipment of the facility must do justice to the requirements of medical progress,
- Hospital departments must demonstrate regular consultancy activities.

**Art. 7**  
**Revocation of the authorisation and the approval as a specialty training facility**

(1)

The authorisation to provide specialty training must be completely or partially revoked if its prerequisites are no longer met, particularly in the event of

- The physician has been engaged in conduct which rules out professional or personal suitability to be a specialty trainer
- Facts indicating that the requirements imposed on the content of specialty training in the Specialty Training Regulations cannot or can no longer be fulfilled.

(2)

The authorisation to provide specialty training lapses upon termination of the activity of an authorised physician at the specialty training facility, dissolution of the specialty training facility, or revocation of the approval as a specialty training facility.

(3)

Approval as a specialty training facility can be completely or partially revoked if the prerequisites pursuant to Art. 6 Para. 2 are no longer fulfilled.

**Art. 8**  
**Documentation of specialty training**

(1)

The physician undergoing specialty training must document completion of the prescribed specialty training content.

(2)

Following completion of a stage of specialty training, and at least once per year, the physician authorised to provide specialty training holds a meeting with his colleague undergoing specialty training, during which both assess the status of the specialty training. Existing deficits are pointed out. The content of this meeting must be documented and enclosed with the application for admission to the examination.

**Art. 9**  
**Issue of certificates**

(1)

The authorised physician must issue the physician undergoing specialty training with a certificate relating to the specialty training period completed under his responsibility. This certificate must describe in detail

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<sup>2</sup> The text in parentheses applies only to those chamber regions where the State Health Professions and Chamber Regulations permit a regulation of this kind.

the knowledge, experience and skills acquired, and include an exhaustive statement regarding the question of professional aptitude. The certificate must also contain details of the temporal scope of part-time activities and interruptions in specialty training. These duties persist after termination of the authorisation.

(2)

At the request of the physician undergoing specialty training, or if demanded by the chamber of physicians, a certificate complying with the requirements of Para. 1 must generally be issued within three months, and without delay in the event of leaving.

#### **Art. 10**

##### **Recognition of equivalent specialty training**

Specialty training or medical activity under direction that deviates from these Specialty Training Regulations can be completely or partially recognised if it is equivalent.

Equivalency exists if the principles of these Specialty Training Regulations for the acquisition of the prescribed medical competence are observed in terms of content and duration.

#### **Art. 11**

##### **Recognition procedure**

Upon request, recognition of a qualification is granted by the chamber of physicians following the furnishing of evidence of professional competence pursuant to Art. 2 Paras. 2 to 4 after fulfilling the prescribed minimum requirements and passing the examination.

#### **Art. 12**

##### **Admission to the examination**

(1)

The chamber of physicians decides on admission to the examination. Admission is granted if fulfilment of the time and content related requirements is confirmed by certificates and evidence, including the documentation according to Art. 8 Para. 2.

(2)

Admission must be refused or withdrawn with written reasons if the prerequisites pursuant to Para. 1 are not fulfilled or were wrongly assumed to have been fulfilled.

(3)

Admission to the examination in a subspecialty can only be granted after conferment of the specialist title. This also applies to additional training for which conferment of a specialist title is prescribed.

#### **Art. 13**

##### **Examination Board and Appeals Board**

(1)

The chamber of physicians establishes examination boards to hold the examination. The examination can also be held in cooperation with other chambers of physicians.

(2)

The members of the examination boards are appointed by the chamber of physicians.<sup>3</sup> Each examination board consists of at least three physicians, two of whom must have the specialist, subspecialty and/or additional qualification forming the subject of the examination. The supervisory authority can delegate a further member. The examination can also be held in the absence of the member appointed by the supervisory authority.<sup>4</sup>

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<sup>3</sup> The chambers of physicians have different rules regarding whether the legislative (Chamber Assembly) or the executive (Council of the Chamber of Physicians) appoints the members.

<sup>4</sup> The third and fourth sentences in Para. 2 can be deleted if the Health Professions and Chamber Regulations of the respective State do not include a provision of this kind.

(3)  
The chamber of physicians determines the chairpersons of the examination boards.<sup>5</sup>

(4)  
The examination board decides by a simple majority of the votes. The chairperson's vote decides in the event of a tie.

(5)  
The members of the examination board decide independently and are not bound by instructions.

(6)  
An appeals board is established at the chamber of physicians to deliberate on appeals against examination decisions. Paras. 2 and 3 apply, *mutatis mutandis*, regarding the appointment and composition of the members and determination of the chairperson.

(7)  
The members and the chairpersons of the examination boards and the appeals board are appointed for the duration of the electoral term of the bodies of the chamber of physicians.<sup>6</sup>

#### **Art. 14 Examination**

(1)  
The chamber of physicians fixes the date of the examination, which is held within a reasonable period, no later than 6 months following admission. The physician must be given at least two weeks' notice.

(2)  
The examination can cover all the prescribed specialty training content. The acquired knowledge, experience and skills are tested by the examination board. The examination lasts at least 30 minutes.

(3)  
Based on the submitted certificates and the examination result, the examination board decides whether the prescribed knowledge, experience and skills have been acquired.

(4)  
If the examination is failed, the examination board decides whether, based on the deficiencies ascertained,

- the specialty training period is to be prolonged, and what requirements are then to be imposed in terms of content and/or
- necessary knowledge, experience and skills are additionally to be acquired by the time of the repeat examination and/or
- proof of fulfilment of other requirements is to be furnished to the chamber of physicians.

(5)  
The duration of the prolongation of specialty training is at least 3 months, a maximum of 2 years for specialty training, and a maximum of 1 year for sub-specialities and additional training.

(6)  
The examination is considered to have been failed if the applicant fails to attend the examination without stating adequate reasons, or breaks off the examination.

(7)  
A record of the examination must be drawn up.

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<sup>5</sup> The chambers of physicians have different rules regarding whether the legislative (Chamber Assembly) or the executive (Council of the Chamber of Physicians) appoints the members.

<sup>6</sup> Different operational procedures exist in the chambers of physicians. Where appropriate, the associated formulations must be adapted in the respective Specialty Training Regulations, or regulation in specialty training law can be dispensed with.

**Art. 15**  
**Communication of the examination decision**

(1)

The chairperson of the examination board informs the examinee and the chamber of physicians of the result of the examination. The reasons for failing are generally communicated to the examinee verbally.

(2)

If the examination is passed, the chamber of physicians issues a Certificate of Completion of Training to the applicant.

(3)

If the examination is failed, the chamber of physicians issues the applicant with a written, appealable decision stating the reasons, including the requirements pursuant to Art. 14 Paras. 4 and 5 decided on by the examination board.

(4)

If the physician appeals against the decision of the chamber of physicians, the chamber of physicians decides on the appeal after hearing the appeals board pursuant to Art. 13 Para. 6.

**Art. 16**  
**Repeat examination**

A repeat examination can be held no sooner than 3 months after the failed examination. Articles 12 to 15 apply to the repeat examination, mutatis mutandis.

**Art. 17**  
**Revocation of the title**

Recognition of a qualification is to be revoked if the necessary prerequisites were not fulfilled. An examination board established pursuant to Art. 13 and the affected physician are to be heard before the decision of the chamber of physicians regarding revocation.

**Art. 18**  
**Recognition of specialty training undertaken in the territory of the European Union (Member State), the European Economic Area (EEA State) or in a state granted a corresponding legal entitlement by Germany and the European Union (Contracting State) as a specialist title**

(1)

On request, anyone who holds a specialist diploma, a specialist examination certificate or other evidence of formal qualifications (evidence of specialty training) subject to mutual, automatic recognition according to the law of the European Union or the Agreement on the European Economic Area, or an agreement under which Germany and the European Union have granted a corresponding legal entitlement, receives recognition of the specialist title.

These persons bear the professional title provided for in these Specialty Training Regulations.

(2)

On request, anyone who holds evidence of specialty training documenting specialty training commencing before the reference dates indicated in Annex V No. 5.1.2 of Directive 2005/36/EC receives recognition upon submission of a certificate from the competent authority or any other competent body of the Member, EEA or Contracting State in which the evidence of specialty training was issued regarding compliance with the minimum requirements according to Art. 25 or Art. 28 of Directive 2005/36/EC (Certificate of Conformity) or, if the minimum requirements are not met, upon submission of a certificate indicating that this person effectively and lawfully practised the corresponding medical activity for an uninterrupted period of at least three years within the five years prior to issue of the certificate. Evidence of specialty training from former Czechoslovakia, the former Soviet Union and former Yugoslavia are subject to the special regulations in Art. 23 Paras. 3 to 5 of Directive 2005/36/EC.

On request, anyone who holds evidence of specialty training that was issued after the reference dates indicated in Annex V No. 5.1.2. of Directive 2005/36/EC and which does not correspond to one of the professional titles indicated in Annex V No. 5.1.3. or 5.1.4., receives recognition upon submission of a Certificate of Conformity and a declaration from the competent authority or any other competent body of the

Member State of origin, stating that the evidence of specialty training is granted equal status with the evidence of specialty training whose professional title is listed in Annex V No. 5.1.2., 5.1.3. or 5.1.4. of Directive 2005/36/EC.

The certificates according to the first to third sentences are regarded as evidence of specialty training according to Para. 1 and are recognised automatically. These persons bear the professional title provided for in these Specialty Training Regulations.

(3)

On request, anyone who holds evidence of specialty training that is not to be recognised automatically according to Para. 1 or 2 receives recognition of a specialist title if the level of specialty training is equivalent.

The same applies in cases of evidence of specialty training from territories other than those specified in Para. 1 (third country) that has been recognised by another Member, EEA or Contracting State, if the applicant has practised the medical activity in question for three years in the sovereign territory of the Member, EEA or Contracting State that recognised this evidence, and the competent authority or any other competent body of this State has given the applicant certification of this.

The level of specialty training is to be considered equivalent if the specialty training of the applicant does not differ substantially from specialty training according to these Specialty Training Regulations; in addition, the equivalence of the preceding basic medical training must be ascertained by the competent authority.

Substantial differences exist if the documented specialty training lacks knowledge, experience and skills whose acquisition would be an essential prerequisite for the requested professional title.

Substantial differences can be partly or wholly compensated for by knowledge, experience and skills acquired by applicants in the framework of their professional practice in a Member State, an EEA State, a Contracting State or a third country.

If substantial differences have not been compensated for by professional practice, a corresponding decision must be issued, together with the offer of an aptitude test.

This decision must indicate the knowledge, experience and skills in which the substantial differences exist and which are to be covered by the aptitude test.

The aptitude test is subject to Arts. 13 to 16 – with the exception of Art. 14 Paras. 2, 4 and 5 – *mutatis mutandis*. The test has a minimum duration of 30 minutes.

(4)

The Chamber of Physicians confirms receipt of the application documentation within one month, giving notification of any missing documents.

A decision on recognition is to be taken no later than three months after receipt of the complete documentation.

In cases covered by Para. 3, the time limit is extended by one month, within which time a decision is to be taken regarding the holding of the aptitude test.

On request, the Chamber of Physicians provides information regarding the Specialty Training Regulations and the recognition procedure.

(5)

For recognition of the evidence of specialty training according to Paras. 1 to 3, the applicant must submit the following documents and certificates:

1. the full or temporary medical licence, plus evidence of the equivalent level of training,
2. proof of identity,
3. a tabular compilation of the completed specialty training and professional practice,
4. an officially certified copy of the evidence of specialty training and certificates relating to professional practice,
5. in cases covered by Para. 2, Certificates of Conformity or evidence of activity over the last five years,
6. in cases covered by *Para. 3*, additional evidence for verifying equivalence,

7. in the event that another Member State, EEA State or Contracting State has issued evidence relating to specialty training that was partly or wholly completed in third countries, documentation regarding which activities in third countries were credited to the specialty training by the competent body of the issuing Member State, and to what extent,
8. a written declaration regarding whether recognition of the evidence of specialty training has already been, or is currently being, applied for at another Chamber of Physicians.

Insofar as the documents and certificates indicated in Nos. 4 to 8 were not issued in the German language, they must additionally be submitted in the form of a certified translation prepared by a publicly appointed or sworn translator or interpreter.

The applicant is obliged to submit all documents necessary for the ascertainment of equivalence, and to provide all information required for this purpose.

If the applicant fails to comply with this duty to cooperate, and if this makes it more difficult to clarify the facts and circumstances, the Chamber of Physicians may take a decision without further investigation.

This similarly applies if the applicant makes it more difficult to clarify the facts and circumstances in any other way.

The application can be rejected for lack of cooperation once the applicant has been informed of the consequences in writing and has failed to comply with the duty to cooperate within a reasonable period.

If, for reasons to be explained by him/her, the applicant is not in a position to submit the necessary documents and certificates, the Chamber of Physicians can approach the contact point, the competent authority or any other competent body in the country of origin.

(6)

The Chamber of Physicians is entitled to obtain information from the competent authorities or other competent bodies of another country of origin, insofar as it has reasonable doubts regarding the accuracy of the information provided by the applicant.

(7)

On request, the Chamber of Physicians gives the competent authority or any other competent body confirmation both of the authenticity of the certificate issued by it, and that the minimum requirements for specialty training according to Arts. 25 and 28 of Directive 2005/36/EC are met.

#### **Art. 18a**

#### **Recognition of specialty training undertaken in the territory of the European Union (Member State), the European Economic Area (EEA State) or in a state granted a corresponding legal entitlement by Germany and the European Union (Contracting State) as a subspecialty title or additional training title**

(1)

Article 18 Paras. 3 to 7 applies, mutatis mutandis, in cases of recognition according to Art. 2 Paras. 3 and 4.

(2)

Substantial differences exist if the duration of the documented specialty training differs substantially from the specialty training regulated in these Specialty Training Regulations.

#### **Art. 19**

#### **Recognition of specialty training undertaken outside the territory of the European Union (Member State), outside the other Contracting States of the Agreement on the European Economic Area (EEA State), and outside a state granted a corresponding legal entitlement by Germany and the European Union (Contracting State) as a specialist title**

(1)

On request, anyone who holds evidence of specialty training issued in a third country receives recognition of the professional title if the level of specialty training is equivalent.

These persons bear the professional title provided for in these Specialty Training Regulations.

(2)

Article 18 Para. 3, third to fifth sentences, applies, mutatis mutandis, as regards verification of equiva-



lence. Furthermore, substantial differences generally exist if the documented duration of the specialty training is at least one year shorter than the duration of the specialty training stipulated in these Specialty Training Regulations.<sup>7</sup>

Evidence of the necessary knowledge, experience and skills is furnished by taking an examination.

Arts. 13 to 16 apply to the examination, mutatis mutandis.

The necessary knowledge, experience and skills must also be documented in accordance with the second sentence if the application can only be examined by expending an unreasonable amount of time or effort because the necessary documents and evidence cannot be submitted by the applicant for reasons beyond his/her control.

(3)

The provisions concerning time limits, documents and certificates, and information according to Art. 18 Para. 4, third and fourth sentences, Para. 5, first to sixth sentences, and Para. 6 apply to the recognition procedure, mutatis mutandis.

#### **Art. 19a**

#### **Recognition of specialty training undertaken outside the territory of the European Union (Member State), outside the other Contracting States of the Agreement on the European Economic Area (EEA State), and outside a state granted a corresponding legal entitlement by Germany and the European Union (Contracting State) as a subspecialty title or additional training title**

(1)

Article 19 Para. 2, first, third, fourth and fifth sentences, as well as Para. 3 apply, mutatis mutandis, in cases of recognition according to Art. 2 Paras. 3 and 4.

(2)

Substantial differences exist if the duration of the documented specialty training differs substantially from the specialty training regulated in these Specialty Training Regulations.

#### **Art. 20**

#### **General transitional provisions**

(1)

Insofar as no specific arrangements are made in Sections B and C the general transitional provisions apply.

(2)

Specialty training qualifications that were acquired under the previously valid Specialty Training Regulations and are no longer the subject of these Specialty Training Regulations may continue to be used.

(3)

The evidence of qualifications acquired under the previously valid Specialty Training Regulations remains valid.

(4)

Chamber members who are undergoing specialty training at the time of entry into force of these Specialty Training Regulations can complete it in accordance with the provisions of the previously valid Specialty Training Regulations, and apply for admission to the examination, within a period of seven years.

(5)

Chamber members who, following conferment of a specialist title, are undergoing specialty training in a subspecialty at the time of entry into force of these Specialty Training Regulations can complete it in accordance with the provisions of the previously valid Specialty Training Regulations, and apply for admission to the examination, within a period of three years.

(6)

Chamber members who are undergoing additional specialty training according to the previous system (in

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<sup>7</sup> The regulation requires an appropriate enabling clause in the State Health Professions and Chamber Laws of each federal state.

a *Bereich*) at the time of entry into force of these Specialty Training Regulations can complete it in accordance with the provisions of the previously valid Specialty Training Regulations, and apply for admission to the examination, within a period of three years.

(7)

Chamber members who, following conferment of a specialist title, are undergoing specialty training in an optional subject or for obtaining technical expertise at the time of entry into force of these Specialty Training Regulations can complete it in accordance with the provisions of the previously valid Specialty Training Regulations, and apply for admission to the examination, within a period of two years.

(8)

Chamber members who, at the time of inclusion of a new specialty title in these Specialty Training Regulations, have been regularly active in the respective field, subspecialty or additional training subject at specialty training facilities or comparable institutions within the last 8 years prior to inclusion, for at least the same time as corresponds to the respective minimum duration of the specialty training, can apply for admission to the examination. The applicant must furnish evidence of regular activity in the respective field, subspecialty or additional training for the minimum period indicated in Sentence 1. The evidence must indicate that the applicant was predominantly active in the field, subspecialty or corresponding additional training during this time and acquired comprehensive knowledge, experience and skills in this context.

Applications are to be submitted with a period of three years. Phases of activity within this period can also be taken into consideration.

(9)

Articles 12 to 16 apply to the recognition procedure in the cases indicated in Paras. 4 to 8.

Article 4 Para. 6 applies to the periods.<sup>8</sup>

## **Art. 21 Entry into force**

These Specialty Training Regulations enter into force on the day after promulgation.

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<sup>8</sup> For the internal administrative practice of the Chambers of Physicians, it is advisable to stipulate a fixed time limit for legal, qualitative and administrative reasons.

## 1. Field: General Medicine

### Definition:

General medicine encompasses the provision of long term family medical care for people of all ages in the event of any kind of health disorder, taking into account the biological, psychological and social dimensions of their health-related complaints, problems or risks, and the medical competence to decide on the consultation of other physicians and members of health professions. It encompasses the patient-focused integration of medical, psychological and social assistance in case of illness. This also includes the provision of services for the acutely or chronically ill, prevention and health counselling, the early detection of diseases, the initiation of rehabilitation measures, cooperation with all persons and institutions of importance for the healthcare of the patients, support of community-based health promotion activities, pooling of all medically important data of the patient.

### **Specialist in General Medicine**

(Family doctor)

### Objective of specialty training:

The objective of the specialty training is the acquisition of specialist competence in general medicine after completing the prescribed specialty training periods and specialty training content, as well as the specialty training course.

### Duration of specialty training:

**60 months** with an authorised specialist trainer at a specialty training facility pursuant to Art. 5 Para. 1, first sentence, comprising

- **36 months** in the inpatient common trunk in the field of Internal Medicine, of which up to
  - 18 months in the fields of direct patient care (including 3-month phases) can be credited, also in the outpatient sector,
- **24 months** of specialty training in outpatient general medical care, of which up to
  - 6 months in Surgery (including 3-month phases) can be credited,

**80 hours of specialist course training** pursuant to Art. 4 Para. 8 in Basic Psychosomatic Care

### Specialty training content:

Acquisition of knowledge, experience and skills in

the content of the common trunk in the field of Internal Medicine:

- Health counselling, early detection of health disorders, including prevention of violence and addiction, preventative medicine, the initiation and implementation of rehabilitative measures, as well as follow-up care
- Detection and treatment of non-infectious, infectious, toxic and neoplastic, as well as allergic, immunological, metabolic, nutrition-dependent and degenerative diseases, also taking into account the special characteristics of these diseases in advanced age
- Fundamentals of tumour therapy
- Support of patients requiring palliative medical care
- Establishment of the indication for, and appropriate taking and treatment of samples for, laboratory examinations and classification of the results in relation to the respective clinical picture
- Geriatric syndromes and consequences of illness in old age, including pharmacotherapy in old age
- Psychogenic symptoms, somatopsychic reactions and psychosocial relationships, including crisis intervention and the fundamental principles of counselling and guiding addicts
- Preventive and early detection measures

- Nutrition-related health disorders, including dietetic treatment, as well as counselling and training
- Implementation and documentation of diabetic treatments
- Fundamentals of hereditary diseases, including establishment of the indication for human genetic counselling
- Establishment of the indication for, and supervision of, physiotherapeutic measures
- Fundamentals of pharmacotherapy
- Identification and treatment of acute emergencies, including life-saving measures for maintaining the vital functions and resuscitation
- Assessment of functional capacity and resilience, fitness for work, occupational capacity and capacity for employment, as well as the need for long-term care
- Basic intensive care medicine

the further content:

- Primary diagnosis, counselling and treatment in relation to all health disorders and illnesses occurring in the non-selected patient population
- Integration of medical, psychological and social matters in case of illness
- Long-term and family medical care
- Detection and coordinated treatment of behavioural disorders in childhood and adolescence
- Interdisciplinary coordination, including the involvement of further medical, nursing and social assistance in treatment and care concepts, particularly in the case of multimorbid patients
- Treatment of patients in their family surroundings and domestic environment, in nursing institutions and in their broader social environment, including house calls
- Health-promoting measures, e.g. also in the framework of community-based projects
- Preventive and early detection examinations
- Detection of addictions and initiation of specific measures
- Detection, assessment and treatment of the impact of environmental and milieu-related harm, including workplace influences
- Treatment of disorders of the musculoskeletal system, paying particular attention to functional disorders
- The techniques of wound dressing and treatment, incision, extraction, extirpation and sample excision required for general medical care, also using local and peripheral conduction (block) anaesthesia

Defined examination and treatment methods from the common trunk in the field of Internal Medicine:

- Electrocardiogram
- Ergometry
- Prolonged electrocardiogram (ECG)
- Prolonged blood pressure monitoring
- Spirometric examinations of pulmonary function
- Ultrasonic examinations of the abdomen and retroperitoneum, including the urogenital organs
- Ultrasonic examinations of the thyroid
- Doppler sonography of the vessels supplying the limbs and the extracranial vessels supplying the brain
- Puncturing and catheterisation techniques, including the extraction of material for examination
- Infusion, transfusion and blood replacement therapy, enteral and parenteral feeding
- Proctoscopy

## 7. Field: Surgery

### Definition:

The field of Surgery encompasses the prevention, detection, conservative and operative treatment, follow-up care and rehabilitation of surgical diseases, injuries and consequences of injuries, as well as congenital and acquired changes in form and malformations of vessels, internal organs, including the heart, the musculoskeletal organs, and oncological reconstructive and transplantation surgery.

### Objective of specialty training:

The objective of specialty training in the field of Surgery is the acquisition of specialist competencies 7.1 to 7.8 after completion of the prescribed specialty training periods and specialty training content.

### **Common trunk for specialist competencies 7.1 to 7.8**

#### Duration of specialty training:

**24 months in the common trunk** with an authorised specialist trainer at a specialty training facility pursuant to Art. 5 Para. 1, first sentence, comprising

- **6 months in the accident and emergency department**
- **6 months of intensive care medicine** in Surgery or in another field, which can also be completed during the advanced specialty training
- **12 months in Surgery**, of which
  - 6 months can be completed in the outpatient sector

#### Specialty training content:

Acquisition of knowledge, experience and skills in

- Detection, classification, treatment and follow-up care of surgical diseases and injuries
- Establishment of the indication for conservative and operative treatment of surgical diseases and injuries
- Risk assessment, patient information and documentation
- Principles of perioperative diagnosis and treatment
- Operative interventions and operating steps
- Wound dressing, wound treatment and bandaging
- Fundamentals of field-related tumour therapy
- Detection and treatment of infections, including epidemiological principles, hygiene measures
- Establishment of the indication for, and appropriate taking and treatment of samples for, laboratory examinations and classification of the results in relation to the respective clinical picture
- Analgesia and sedation measures, including treatment of acute pain states
- Support of patients requiring palliative medical care
- Field-related pharmacotherapy
- Detection and treatment of acute emergencies, including life-saving measures for maintaining the vital functions and resuscitation, including the fundamentals of respiration techniques and basic intensive care measures
- Establishment of the indication for, and supervision of, physiotherapeutic measures
- Drug-based thrombosis prophylaxis

Defined examination and treatment methods:

- Ultrasonic examinations in cases of surgical diseases and injuries
- Puncturing and catheterisation techniques, including the insertion of drains and central venous accesses, as well as the extraction of material for examinations
- Infusion, transfusion and blood replacement therapy, enteral and parenteral feeding, including the tube technique
- Local and regional anaesthesia
- Interventions in the field of outpatient surgery
- First operations as assistant and operations under direction

### **13. Field: Internal Medicine**

#### Definition:

The field of Internal Medicine encompasses the prevention, (early) detection, conservative and interventional treatment, rehabilitation and follow-up care of health disorders and diseases of the respiratory organs, the heart and circulatory system, the digestive organs, the kidneys and efferent urinary tract, the blood and the haematopoietic organs, the vascular system, the metabolism and endocrine secretion, the immune system, the sustentacular and connective tissue, infectious diseases and intoxications, as well as solid tumours and haematological neoplasias. The field also encompasses health promotion and care, taking into consideration somatic, psychological and social reciprocal effects, and interdisciplinary coordination of the persons and institutions involved in healthcare.

#### Objective of specialty training:

The objective of specialty training in the field of Internal Medicine is the acquisition of specialist competencies 13.1 to 13.9 after completing the prescribed specialty training periods and specialty training content.

#### **Common trunk for specialist competencies 13.1 to 13.9**

#### Duration of specialty training:

**36 months** in the inpatient common trunk in the field of Internal Medicine with an authorised trainer at a specialty training facility pursuant to Art. 5 Para. 1, first sentence.

#### Specialty training content:

Acquisition of knowledge, experience and skills in

- Health counselling, early detection of health disorders, including prevention of violence and addiction, prevention, the initiation and implementation of rehabilitative measures, as well as follow-up care
- Detection and treatment of non-infectious, infectious, toxic and neoplastic, allergic, immunological, metabolic, nutrition-dependent and degenerative diseases, also taking into account the special characteristics of these diseases in advanced age
- Fundamentals of field-related tumour therapy
- Support of patients requiring palliative medical care
- Establishment of the indication for, and appropriate taking and treatment of samples for, laboratory examinations and classification of the results in relation to the respective clinical picture
- Geriatric syndromes and consequences of illness in old age, including pharmacotherapy in old age
- Psychogenic symptoms, somatopsychic reactions and psychosocial relationships, including crisis intervention and the fundamental principles of counselling and guiding addicts
- Preventive and early detection measures
- Nutrition-related health disorders, including dietetic treatment, as well as counselling and training
- Implementation and documentation of diabetic treatments
- Fundamentals of hereditary diseases, including establishment of the indication for human genetic counselling
- Establishment of the indication for, and supervision of, physiotherapeutic measures
- Field-related pharmacotherapy
- Identification and treatment of acute emergencies, including life-saving measures for maintaining the vital functions and resuscitation
- Assessment of functional capacity and stress tolerance, fitness for work, occupational capacity and capacity for employment, as well as the need for long-term care

- Basic intensive care medicine

Defined examination and treatment methods:

- Electrocardiogram
- Ergometry
- Prolonged electrocardiogram (ECG)
- Prolonged blood pressure monitoring
- Spirometric examinations of pulmonary function
- Ultrasonic examinations of the abdomen and retroperitoneum, including the urogenital organs
- Ultrasonic examinations of the thyroid
- Doppler sonography of the vessels supplying the extremities and the extracranial vessels supplying the brain
- Puncturing and catheterisation techniques, including the extraction of material for examination
- Infusion, transfusion and blood replacement therapy, enteral and parenteral feeding
- Proctoscopy



### 13.1 Specialist in Internal Medicine

(Internal specialist)

#### Objective of specialty training:

The objective of the specialty training is the acquisition of specialist competence in Internal Medicine after completing the prescribed specialty training periods and specialty training content, including the content of the common trunk.

#### Duration of specialty training:

**60 months** with an authorised specialist trainer at a specialty training facility pursuant to Art. 5 Para. 1, first sentence, comprising

- **36 months** in the inpatient common trunk in the field of Internal Medicine
- **24 months** of inpatient specialty training in Internal Medicine ,  
or in specialist competencies 13.1 to 13.9, in at least two different specialist competencies, including
  - **6 months** of intensive care in Internal Medicine, which can also be completed during the common trunk

#### Specialty training content:

Acquisition of knowledge, experience and skills in

- The content of the basic trunk
- Prevention, detection, counselling and treatment in connection with emerging health disorders and diseases of the internal organs
- Detection and conservative treatment of vascular diseases, including arteries, capillaries, veins and lymphatic vessels, and their rehabilitation
- Prevention, detection and treatment of metabolic disorders, including the metabolic syndrome and other diabetes-associated diseases
- Detection and treatment of diseases of the digestive organs, including their infection, e.g. viral hepatitis, bacterial infections of the intestinal tract
- Detection and treatment of malignant and non-malignant diseases of the blood, the haematopoietic organs and the lymphatic system
- Detection and treatment of solid tumours
- Detection and conservative treatment of congenital and acquired diseases of the heart, circulatory system, blood vessels close to the heart, pericardium
- Detection and conservative treatment of acute and chronic renal hypertensive diseases and their secondary diseases
- Detection and treatment of diseases of the lungs, the respiratory tract, the mediastinum, the pleura, including sleep-related respiratory disorders, and the extrapulmonary manifestation of pulmonary diseases
- Detection and conservative treatment of rheumatic diseases, including inflammatory-rheumatic systemic diseases, such as collagenosis, vasculitis, inflammatory muscular diseases and osteopathies
- Interdisciplinary cooperation, particularly in the case of multimorbid patients with internal diseases
- Interdisciplinary establishment of indications regarding surgical, radiotherapeutic and nuclear medical measures
- Field-related infectious diseases, including tuberculosis
- Field-related nutritional counselling and dietetics, including enteral and parenteral feeding
- Symptomatology and functional significance of geriatric changes, as well as diseases and handicaps of old age and their therapy

- Geriatric diagnostic procedures for detecting organ-related and general motor, emotional and cognitive functional impairments
- Treatment of severely ill and terminal patients, including measures of palliative medicine
- Basic intensive care medicine

#### Defined examination and treatment methods

- Echo cardiographies and Doppler/duplex examinations of the heart and blood vessels close to the heart
- Participation in bronchoscopies, including bronchoalveolar lavage
- Oesophago-gastro-duodenoscopies, including interventional emergency measures and percutaneous endoscopic gastrostomy (PEG)
- Lower intestinoscopies, including endoscopic haemostasis, of which
  - Proctoscopies
- Therapy of vitally threatening conditions, maintenance and restoration of threatened vital functions by methods of emergency and intensive care medicine, including intubation, respiratory treatment and weaning from respiration, including non-invasive respiration techniques, haemodynamic monitoring, shock treatment, creation of central accesses, defibrillation, pacemaker treatment
- Independent performance of puncturing procedures, e.g. on bladder, pleura, abdominal cavity, subarachnoid space, liver, marrow, including bone punch biopsy

## 15. Field: Paediatric and Juvenile Psychiatry and Psychotherapy

### Definition:

The field of Paediatric and Juvenile Psychiatry and Psychotherapy encompasses the detection, treatment, prevention and rehabilitation of psychological, psychosomatic, developmental and neurological diseases or disorders as well as of psychological and social behavioural disorders in infancy, childhood and adolescence and in young adults also taking into account their connections to their familial and social environment.

### **Specialist in Paediatric and Juvenile Psychiatry and Psychotherapy**

(Paediatric and Juvenile Psychiatrist and Psychotherapist)

### Objective of specialty training:

The objective of the specialty training in the field of Paediatric and Juvenile Psychiatry and Psychotherapy is the acquisition of specialist competence after completing the prescribed specialty training periods and specialty training content.

### Duration of specialty training:

**60 months** with an authorised specialist trainer at a specialty training facility pursuant to Art. 5 Para. 1, first sentence, comprising

**12 months** in paediatric and juvenile medicine, neurology, psychiatry and psychotherapy and/or psychosomatic medicine and psychotherapy, of which up to

6 months in neuropaediatrics can be credited

- Up to 30 months can be completed/credited in the outpatient sector

### Specialty training content:

Acquisition of knowledge, experience and skills in

- General and specialised psychopathology, including the performance of biographical anamneses, behavioural observation and exploration technique
- Clarification and assessment of the conditions which lead to the development of psychological diseases and disorders in childhood and adolescence, including the compilation of a treatment plan
- (developmental) neurological examination methods
- Psychodiagnostic testing methods
- Early detection, protection against disease, relapse prophylaxis and prevention of undesirable effects of therapy
- Pathology and differential diagnostics of psychosomatic, psychiatric and neurological clinical characteristics
- Social psychiatric diagnostic and therapeutic measures
- Scientific psychotherapeutic procedures
- Establishment of indications for and techniques of exercise treatments,
- e.g. functional developmental therapy, systematic sensorimotor exercise treatment, especially pedagogical therapeutic, logotherapeutic, ergotherapeutic, kinesiotherapeutic and physiotherapeutic measures, as well as indirect paediatric and juvenile psychiatric treatment through behaviour modification of persons of reference
- Establishment of indications for and methodology of neuroradiological and electrophysiological procedures including the assessment and classification of clinical characteristics

- The specialist competence related additional training in primary addiction treatment as an integral part of specialty training, including opioid substitution treatment

#### Specialty training in the special neurology part

- Pathology of neurological clinical characteristics, diagnostics and treatment of pain syndromes, the neurophysiological and neuropathological fundamentals of paediatric and juvenile psychiatric diseases
- Methodology and techniques of neurological anamnesis
- Methodology and techniques of neurological examination
- Establishment of indications, implementation and assessment of neurophysiological and neuropsychological methods of examination and treatment
- Establishment of indications, implementation and evaluation of electro-encephalography and evoked potentials
- Fundamentals of the somatotherapy and pharmacotherapy of paediatric and juvenile neurological diseases

#### Structured specialty training in the general psychiatry part

(The content of structured specialty training is acquired continuously at a recognised specialty training centre or in a specialty training network)

- Treatment of psychological diseases and disorders with the definition of treatment aims, the establishment of indications for different treatment methods, including the technique of application and monitoring of success, as well as the determination of a treatment plan taking somatotherapeutic, social therapeutic and psychotherapeutic procedures involving persons of reference into particular consideration
- Social psychiatric treatment and rehabilitation taking into consideration extramural complementary care structures, cooperation with youth welfare services, social services and schools
- Diagnosis and treatment of the mentally disabled
- 60 supervised and documented initial examinations taking biological-somatic, psychological, psychodynamic and social psychiatric aspects into consideration and taking into account a diagnostic classification and the inclusion of symptomatic manifestations as well as familial, epidemiological, social class-specific and transcultural aspects
- 10 hours of seminars on standardised diagnostics
- Methodology of psychological testing procedures and the assessment of psychological and psychopathological recorded findings in developmental, performance and personality diagnostics (implementation of 10 tests in each)
- Methodology of neuropsychological procedures including external rating and self-rating scales
- 40 hours of case seminars on contraindications and indications for pharmacotherapy and other somatic therapeutic procedures and reciprocal effects with psychotherapy and social therapy, including practical applications
- Provision of expert medical opinion on questions relating to the areas of criminal, civil, social and voluntary justice, especially with respect to youth welfare law, social welfare law, family law and criminal law
- Implementation of the evaluation and documentation of 20 concluded therapies under continuous supervision, including the disorder-specific psychotherapy part of the treatment and social psychiatric forms of treatment for the characteristics of complex psychological disorders
- Implementation of the evaluation and documentation of 20 concluded therapies in groups under continuously supervision and taking into consideration disorder-specific parts of the characteristics of complex psychological disorders

#### Structured specialty training in the special psychotherapy part

(The content of specialty training in psychotherapy is acquired continuously at a recognised specialty training centre or in a specialty training network)

- 100 hours of specialty training seminars, courses, internships and case seminars on the theoretical fundamentals of psychotherapy, in particular general specialised knowledge of neuroses, developmental psychology and developmental psychopathology, as well as the theory and methodology of behavioural therapy, psychosomatic theory and therapy
- Knowledge about therapies involving persons of reference, including 5 double sessions of family therapy, 10 treatment hours in crisis intervention under supervision and 8 treatment hours in supportive psychotherapy under supervision
- 16 double sessions of autogenic training or progressive muscle relaxation or hypnosis
- 10 hours of seminars and 6 treatments under supervision in crisis intervention, supportive methods and counselling
- 10 hours of seminars in psychiatric-psychotherapeutic consultation-liaison work under supervision
- 240 hours of therapy with supervision after every fourth hour either in behavioural therapy or depth psychology-based psychotherapy and/or in scientifically recognised psychotherapeutic procedures and methods across the whole spectrum of psychological disorders, including addiction disorders when psychotherapy is the focus of the range of treatments
- 35 double sessions of Balint group work

#### Self-awareness

- 150 hours of individual or group self-awareness in either behavioural therapy or depth psychology-based psychotherapy and/or in a scientifically recognised method. The self-awareness must be carried out in the same method in which the 240 hours of psychotherapy are undertaken.

## **27. Field: Psychiatry and Psychotherapy**

### Definition:

The field of Psychiatry and Psychotherapy encompasses the prevention, detection and somatotherapeutic, psychotherapeutic and social psychiatric treatment and rehabilitation of psychological diseases and psychological disorders in connection with physical diseases and toxic impairment while considering their social psychiatric parts, psychosomatic links and forensic aspects.

### **Specialist in Psychiatry and Psychotherapy** (Psychiatrist and Psychotherapist)

### Objective of specialty training:

The objective of specialty training in the field of Psychiatry and Psychotherapy is the acquisition of specialist competence after completing the prescribed specialty training periods and specialty training content.

### Duration of specialty training:

**60 months** with an authorised specialist trainer at a specialty training facility pursuant to Art. 5 Para. 1, first sentence, comprising

- **24 months** in psychiatric and psychotherapeutic inpatient care
- **12 months** in neurology
- Up to 12 months of additional specialty training in this field can be credited
- Up to 12 months in paediatric and juvenile psychiatry and psychotherapy and/or psychosomatic medicine and psychotherapy
- or
- 6 months in the field of internal medicine or in general medicine, neurosurgery or neuropathology can be credited
- Up to 24 months can be completed/credited in the outpatient sector

### Specialty training content:

Acquisition of knowledge, experience and skills in

- Psychiatric anamnesis and recording of diagnostic findings
- General and specialised psychopathology
- Psychodiagnostic testing methods and neuropsychological diagnostics
- The conditions which lead to development, forms of progression, detection and treatment of psychological diseases and disorders
- Protection against disease, early detection, prevention, relapse prophylaxis with family counselling, crisis intervention, addiction prophylaxis and suicide prevention
- Detection and treatment of behavioural irregularities in childhood and adolescence
- Protection against disease, detection and treatment of addiction disorders, including intoxication, detoxification and withdrawal, motivational treatment as well as dehabitation treatment including cooperation with addiction support services
- The specialist competence related additional training in primary addiction treatment as an integral part of specialty training, including opioid substitution therapy
- Detection and treatment of psychological diseases in people with learning or mental disabilities
- Fundamentals of social psychiatry

- Fundamentals of psychosocial therapies as well as indications for ergotherapeutic, sport therapeutic, kinesiotherapeutic, music and art therapeutic measures
- Treatment of people with chronic psychological disorders, especially in cooperation with complementary facilities and community psychiatry
- Practical application of scientifically recognised psychotherapeutic procedures and methods, especially cognitive behavioural therapy or depth psychology-based psychotherapy
- Detection and treatment of gerontological psychiatric diseases taking interdisciplinary aspects into consideration
- Neurobiological fundamentals of psychological diseases, the fundamentals of neuropsychiatric differential diagnosis and clinical neurological diagnostics including electrophysiology
- Consultation-liaison psychiatry and psychotherapy
- Detection and treatment of psychological diseases on the basis of disorders of the sleep-wake cycle, pain perception, sexual development and sexual dysfunction, including sexual/gender identity disorders
- Field-related drug therapy, including drug monitoring, the detection and prevention of undesirable effects of therapy, as well as the problems associated with multiple prescribing and the risks of drug misuse
- Crisis intervention, supportive methods and counselling
- Fundamentals of forensic psychiatry
- Application of legal provisions regarding the accommodation, care and treatment of the psychologically ill

#### Specialty training in the special neurology part

- Pathology of neurological clinical characteristics
- Methodology and techniques of neurological anamnesis
- Methodology and techniques of neurological examination
- Establishment of indications, implementation and assessment of neurophysiological and neuropsychological methods of examination and treatment
- Establishment of indications, implementation and evaluation of electro-encephalography and evoked potentials
- Fundamentals of the somatotherapy and pharmacotherapy of neurological diseases

#### Defined examination and treatment methods:

(These are acquired continuously at a recognised specialty training centre or in a specialty training network)

#### Psychiatry

- 60 supervised and documented initial examinations
- 60 double sessions of case seminars in general and special psychopathology with the presentation of 10 patients
- 10 hours of seminars on the standardised recording of diagnostic findings using external rating and self-rating scales and participation in an external rater seminar
- Implementation, evaluation and documentation of 40 concluded therapies under continuous supervision including the disorder-specific psychotherapy part of the treatment from the areas of primary psychological diseases, organic psychological disorders and addiction disorders
- 40 hours of case seminars on pharmacological and other somatic therapeutic procedures including practical applications
- 10 hours of participation in a relatives group under supervision
- 40 hours of practise-oriented seminars on social psychiatry, including somatic, pharmacological and psychotherapeutic procedures

- Provision of expert medical opinion on questions relating to the areas of guardianship, social, civil, and criminal law

#### Psychotherapy

- 100 hours of seminars, courses, internships and case seminars on the theoretical fundamentals of psychotherapy, in particular general and specialised knowledge of neuroses, developmental and personality psychology, educational psychology, depth psychology, group and family dynamics, talking therapy, psychosomatic medicine, aspects of developmental and learning history as well as psychodynamic aspects, personality disorders, psychoses, addiction disorders and age-related diseases
- 16 double sessions of autogenic training or progressive muscle relaxation or hypnosis
- 10 hours of seminars and 6 treatment sessions under supervision on crisis intervention, supportive methods and counselling
- 10 hours of seminars in psychiatric-psychotherapeutic consultation-liaison work under supervision
- 240 hours of therapy with supervision after every fourth hour either in behavioural therapy or depth psychology-based psychotherapy and/or in scientifically recognised psychotherapeutic procedures and methods across the whole spectrum of psychological disorders, including addiction disorders when psychotherapy is the focus of the range of treatments, e.g. for patients with schizophrenias, affective disorders, anxiety and compulsive disorders, personality disorders and addiction disorders

#### Self-awareness

- 35 double sessions of Balint group work or interaction-based case work
- 150 hours of individual or group self-awareness in either behavioural therapy or depth psychology-based psychotherapy and/or in a scientifically recognised method. The self-awareness must be carried out in the same method in which the 240 hours of psychotherapy are undertaken.



## **Subspecialty: Forensic Psychiatry** (Forensic Psychiatrist)

### Objective of specialty training:

The objective of training in the subspecialty of Forensic Psychiatry is to build upon the training as a specialist through the acquisition of competence in the subspecialty after completing the prescribed specialty training periods and specialty training content.

### Duration of specialty training:

**36 months** with an authorised specialist trainer at a specialty training facility pursuant to Art. 5 Para. 1, first sentence, of which up to

- 12 months may be completed during specialty training

### Specialty training content:

Acquisition of knowledge, experience and skills in:

- Ethical and legal questions concerning dealings with psychologically ill, disturbed and disabled people
- Detection and treatment of psychologically ill and disturbed offenders
- Court-ordered psychiatric psychotherapeutic therapy, also in psychiatric secure units and prisons
- Assessment of criminal responsibility, credibility of witness statements and witness capability
- Fundamentals of involuntary commitment to a psychiatric secure unit including subsidiary measures taking account of legal provisions
- Assessment of dangerousness and the likelihood of relapse
- Assessment of fitness for interrogation and incarceration and fitness to stand trial
- Assessment of the maturity of young adults according to the German Juvenile Court Act and its application with respect to criminal, civil and custody law
- Questions of civil, guardianship and housing law, including legal competence, testamentary capacity and fitness for proceedings
- Provision of forensic expert opinion in the areas of social, civil and criminal law
- Questions connected to administrative and road traffic law
- Assessment and treatment of the characteristics of disorders, such as aggressive behaviour, abnormal sexual behaviour, suicidal tendencies, intoxication syndrome

## **28. Field: Psychosomatic Medicine and Psychotherapy**

### Definition:

The field of Psychosomatic Medicine and Psychotherapy encompasses the identification, psychotherapeutic treatment, prevention and rehabilitation of diseases and suffering that are caused to a significant extent by psychosocial and psychosomatic factors including corresponding physical and emotional reciprocal effects.

### **Specialist in Psychosomatic Medicine and Psychotherapy** (Psychosomaticist and Psychotherapist)

### Objective of specialty training:

The objective of specialty training in the field of Psychosomatic Medicine and Psychotherapy is the acquisition of specialist competence after completing the prescribed specialty training periods and specialty training content.

### Duration of specialty training:

**60 months** with an authorised specialist trainer at a specialty training facility pursuant to Art. 5 Para. 1, first sentence, comprising

- **12 months** of psychiatry and psychotherapy, of which
  - 6 months in paediatric and juvenile psychiatry and psychotherapy can be credited
- **12 months** in the field of internal medicine or general medicine, of which
  - 6 months in another field with direct patient care can be credited
- Up to 24 months can be completed/credited in the outpatient sector

### Specialty training content:

Acquisition of knowledge, experience and skills in

- Prevention, detection, psychotherapeutic treatment and rehabilitation of psychosomatic diseases and disorders including family counselling, addiction prophylaxis and suicide prevention
- Practical application of scientifically recognised psychotherapeutic procedures and methods, especially cognitive behavioural therapy or depth psychology-based psychotherapy
- Establishment of indications for sociotherapeutic measures
- Detection and treatment of behavioural irregularities in childhood and adolescence
- Fundamentals of the detection and treatment of internal diseases that require psychosomatic treatment
- Detection and treatment of the physical and emotional reciprocal effects of chronic diseases, e.g. oncologic, neurologic, cardiologic, orthopaedic and rheumatic diseases, as well as metabolic and autoimmune diseases
- Psychiatric anamnesis and recording of diagnostic findings
- Field-related drug therapy taking particular account of the risks of drug misuse
- Identification and psychotherapeutic treatment of psychogenic pain syndrome
- Autogenic training or progressive muscle relaxation or hypnosis
- Implementation of supportive and psychoeducational therapies for the somatically ill
- Fundamentals of behavioural therapy and psychodynamic/depth psychology-based psychotherapy
- Crisis intervention under supervision
- 35 double sessions of Balint group work and/or interaction-based case work

- Psychosomatic and psychotherapeutic consultation-liaison services

Defined examination and treatment methods:

(These are acquired continuously at a recognised specialty training centre or in a specialty training network)

240 hours of theory

- Psychodynamic theory: conflict theory, ego psychology, object relations theory, self psychology
- Neurobiological and psychological developmental concepts, developmental psychology, psychotraumatology, attachment theory
- General and specialised psychopathology, psychiatric nosology and neurobiology
- General and specialised knowledge of neuroses, personality psychology and psychosomatics
- Theoretical fundamentals of social and educational psychology, as well as general and specialised knowledge of behaviours regarding pathogenesis and progression
- Psychodiagnostic testing methods and behavioural diagnostics
- The dynamics of relationships in couples, families and groups, including systemic theories
- Theoretic fundamentals of psychotherapy methods based on psychoanalysis and behavioural therapy
- Concepts for coping with somatic diseases as well as techniques of psychoeducational methods and specialised procedures for the diagnosis of physical and emotional reciprocal effects, e.g. in oncology, diabetology, geriatrics, gynaecology and other somatic disciplines
- Prevention, rehabilitation crisis intervention, addiction prophylaxis and suicide prevention, occupational psychology and family counselling

Diagnostics

- 100 documented and supervised patient examinations (psychosomatic anamneses including the standardised compilation of findings, analytical initial interviews, depth-psychological biographical anamneses, behavioural analyses, structured interviews and test diagnostics), of which
  - 20 examinations in psychosomatic consultation-liaison services

Treatment

- 1500 hours of treatment and supervision after every fourth hour (individual and group therapy, including trauma-related psychotherapy, couple therapy including sex therapy, as well as family therapy) for at least 40 patients from across the whole spectrum of diseases of this field with particular emphasis upon psychosomatic symptomology with the inclusion of guidance on coping with somatic and psychosomatic diseases and psychoeducational techniques

*Within the 1500 treatment hours, the following must be completed in either one of the two basic orientations*

*in psychodynamic/depth psychological treatment methods*

- 6 individual therapies of between 50 and 120 hours per treated case
- 6 individual therapies of between 25 and 50 hours per treated case
- 4 short-term therapies of between 5 and 25 hours per treated case
- 10 crisis interventions under supervision
- 2 couple therapies of at least 10 hours
- 2 family therapies of between 5 and 25 hours
- 25 cases implementing supportive and psychoeducational therapy for somatic patients
- 100 sessions of group psychotherapy with 6 to 9 patients

*or in behavioural therapy approaches*

- 10 long-term behavioural therapies of 50 hours
- 10 short-term behavioural therapies of a total of 200 hours
- 4 couple or family therapies

- 6 group therapies (different groups such as indicative or problem solving groups), a third of which as co-therapy
- 16 double sessions of autogenic training or progressive muscle relaxation or hypnosis

#### Self-awareness

in the chosen basic orientation, either

- 150 hours of psychodynamic/depth psychological or psychoanalytic individual self-awareness and 70 double sessions of group self-awareness

or

- 70 double sessions of behavioural self-awareness, individually or in a group

#### Special transitional provisions:

Chamber members who hold a specialist qualification in Psychotherapeutic Medicine are permitted to use the title Psychosomatic Medicine and Psychotherapy instead.

## Psychoanalysis

### Definition:

The additional training in Psychoanalysis encompasses, as a supplement to a specialist competency, the detection and psychoanalytic treatment of diseases and disorders that are caused by unconscious psychological conflicts, including the application in preventative medicine and rehabilitation, as well as in understanding unconscious processes in the physician-patient relationship.

### Objective of specialty training:

The objective of the additional training is the acquisition of specialist competence in Psychoanalysis after completing the prescribed specialty training periods and specialty training content, as well as the specialty training courses.

### Prerequisite for the acquisition of the additional training title:

Conferment of a specialist title in a field involving direct patient care

### Duration of specialty training:

The duration of the specialty training is listed under specialty training content.

The specialty training takes place under the direction of an authorised specialist trainer for Psychoanalysis pursuant to Art. 5 Para. 1, second sentence.

### Specialty training content:

The specialty training takes place continuously and consists of three interrelated parts: training analysis, theoretical knowledge, as well as examination and treatment.

Acquisition of knowledge, experience and skills in

Training analysis, during the whole period of specialty training

- 250 individual sessions, with at least 3 individual sessions per week

Theoretical training

- 240 hours in the form of seminars, including case seminars
  - Epidemiology, psychodiagnostics (test psychology)
  - Developmental psychology, personality psychology, oneirology, general and specific pathology including psychiatric and psychosomatic clinical characteristics, examination and treatment techniques, diagnostics including differential diagnostic considerations to distinguish between psychoses, neuroses and psychological disorders with a physical basis
  - Establishment of indications for and the prognostic considerations of different treatment methods, including preventative and rehabilitative aspects
  - Culture theory and analytical social psychology

Examination and treatment

- 20 supervised and documented psychoanalytic examinations with subsequent meetings for counselling or as an introduction to the treatment
- Continuous participation in a casuistic seminar on treatment techniques
- 600 documented hours of psychoanalytic treatment, including 2 treatments of at least 250 hours with supervision after every fourth session
- Regular participation in an accompanying case seminar

## **Psychotherapy -specialty specific-**

The contents of the additional training in Psychotherapy -specialty specific- are an integral part of the specialty training to become a specialist in Paediatric and Juvenile Psychiatry and Psychotherapy, Psychiatry and Psychotherapy and Psychosomatic Medicine and Psychotherapy.

### Definition:

The additional training in specialty specific Psychotherapy encompasses, as a supplement to a specialist competence, prevention, detection and psychotherapeutic treatment based on the indications of the diseases of the respective fields, which are partially caused by psychosocial factors and reactions to stress.

### Objective of specialty training:

The objective of the additional training is the acquisition of specialist competence in specialty specific Psychotherapy after completing the prescribed specialty training periods and specialty training content, as well as the specialty training courses.

### Prerequisite for the acquisition of the additional training title:

Conferment of a specialist title

### Duration of specialty training:

The duration of specialty training is listed under specialty training content.

The specialty training takes place under the direction of an authorised specialist trainer for specialty specific Psychotherapy pursuant to Art. 5 Para. 1, second sentence.

### Specialty training content:

Acquisition of knowledge, experience and skills in

- Specialty specific detection and psychotherapeutic treatment of field-related diseases

*Specialty training takes place either in the basic orientation of psychodynamic/ depth psychology-based psychotherapy or in behavioural therapy*

#### *Basic orientation in psychodynamic/depth psychological psychotherapy*

Theoretical specialty training

- 120 hours on developmental psychology and personality psychology, psychopharmacology, general and specialised knowledge of neuroses, depth psychology, educational psychology, family and group psychodynamics, psychopathology, fundamentals of the clinical characteristics of psychiatric and psychosomatic diseases, introduction to initial examination techniques, psychodiagnostic testing methods
- Indications for and methodology of psychotherapeutic procedures
- 16 double sessions of autogenic training or progressive muscle relaxation or hypnosis
- 15 double sessions of Balint group work or patient-related self-awareness groups

Diagnostics

- 10 documented and supervised initial examinations

Treatment

- 15 double sessions of case seminars
- 120 hours of supervised psychodynamic/depth psychological supervised psychotherapy, of which 3 concluded cases

Self-awareness

- 100 hours of individual or group self-awareness. The self-awareness must be carried out in the same method in which the basic orientation is undertaken.

#### *Basic orientation in behavioural therapy*

##### Theoretical specialty training

- 120 hours on the psychological fundamentals of behaviour and abnormal behaviour, general and specialised knowledge of neuroses, educational and social psychological development models, depth-psychological development and personality models, systemic concepts of families and groups, general and specific psychopathology and the fundamentals of psychiatric clinical characteristics, motivational, behavioural, functional, and conditional analysis as a basis for the initial interview, the planning and implementation of therapy, behavioural diagnostics including psychodiagnostic testing methods
- Indications for and methodology of psychotherapeutic procedures
- 16 double sessions of autogenic training or progressive muscle relaxation or hypnosis
- 15 double sessions of Balint group work or patient-related self-awareness groups

##### Diagnostics

- 10 documented and supervised initial examinations

##### Treatment

- 15 double sessions of case seminars
- 120 hours of supervised behavioural therapy, of which 3 concluded cases

##### Self-awareness

*The self-awareness must be carried out in the same method in which the basic orientation is undertaken.*

- 100 hours of individual or group self-awareness