Statistics
In 2002, 56 per cent of the German population reported having used a form of complementary medicine during the previous year (Institut für Demoskopie Allensbach 2002). Naturopathy (including phytotherapy), homeopathy, acupuncture, autogenic training, nutritional therapies and chiropractic are the most commonly used complementary therapies (Dixon et al 2003; WHO 2005b).

There is lack of consistency in the reported utilisation statistics among various surveys; however, a survey by Marstedt (2002) on general attitudes towards health and health care reported that two-thirds of all respondents had been exposed to complementary medicine at least once in their life. Differences between West and East Germany persist, with higher utilisation rates in the Western part of the country. There are trends towards increasing use of natural remedies and towards convergence of utilisation rates between age, gender and social groups (Dixon et al 2003).

Complementary medicine providers comprise medical doctors and registered complementary medicine specialists/healing practitioners (Heilpraktiker). It is illegal to practice therapeutic complementary medicine without registration: the practice of preventive complementary therapies is, however, permitted. As an exception to this rule, midwives are permitted to practise independently within the bounds of their profession. A doctor must be responsible for any complementary medicine practised by nursing staff.

Studies show a rising trend in the number of complementary medicine qualifications among medical doctors over the last decade. In 2004, out of the approximately 300,000 doctors (one per 275 inhabitants; WHO 2005b), 14,663 were additionally qualified in chiropractic, 11,973 in naturopathy, 4,922 in homeopathy and 4,827 in physical therapy (Bundesärztekammer 2005, personal communication). However, many medical specialists use complementary medicine without an additional qualification. The proportion of office-based doctors with a complementary medicine qualification is four times higher than that of hospital-based doctors with such qualifications (12 per cent) (Dixon et al 2003). There are no data available on the number of other health care professionals providing complementary medicine.

Over 20,000 Heilpraktiker are members of the six leading Heilpraktiker associations, representing about 90 per cent of all Heilpraktiker (Fachverband Deutscher Heilpraktiker 2005). Although the Heilpraktiker seem to be less centrally organised when compared to the medical profession, they play a role as a self-regulatory body within the health care system. However, membership of an association is voluntary and anyone who has passed the examination and is over 25 years of age is allowed to practise as Heilpraktiker.

Reimbursement
In the past, reimbursement levels were comparatively high in Germany, which might partly have been due to the fact that many complementary therapies such as chiropractic and naturopathy have been well integrated into conventional medicine. In a 2002 survey, 60 per cent of the respondents paid out of pocket for natural remedies (Institut für Demoskopie Allensbach 2002). According to Marstedt (2002), 43 per cent of
complementary medicine users had received a prescription from a practitioner, which was reimbursable by their sickness fund, while 57 per cent paid out of pocket. However, as all over-the-counter drugs were delisted in 2004, most herbal remedies are now excluded from reimbursement (Kaesbach and Nahnhauer 2004).

For most complementary therapies, patients pay out of pocket unless they have additional private insurance covering complementary therapies. In general, reimbursement for complementary therapies by a statutory sickness fund is limited by legal constraints. Until recently, such treatments were reimbursed only in the context of special model projects (WHO 2005b).

However, the hurdles have been lowered by a recent decision of the Federal Social Court (B 1 A 1/103 R, 2005). The decision allows sickness funds to extend reimbursement to more forms of complementary medicine, particularly naturopathy and homeopathy. Sickness funds reimburse visits only to a doctor, not to a Heilpraktiker – the exception being partial reimbursement of some Heilpraktiker costs by ‘Beihilfe’, a state-run financial assistance scheme for public officials such as teachers and policemen. Doctors practicing complementary medicine must hold a special qualification in order to be eligible for reimbursement (WHO 2005b). Many private insurance plans cover visits to a Heilpraktiker. Complementary insurance packages may offer coverage for naturopathy, including Heilpraktiker treatment.

Acupuncture, as one of the most accepted complementary therapies, can be fully or partly reimbursed by some sickness funds, though the patient has to apply to the fund explaining the specific diagnosis and demonstrating prior effectiveness of acupuncture in his or her particular case. Some private insurance funds include coverage for acupuncture (Deutsche Ärztegesellschaft für Akupunktur 2005).

**Overview of regulations**

**EDUCATION AND LICENSING**

Regulation of complementary medicine education, training and practice varies as there are different professions offering such therapies. In most cases doctors receive their complementary medicine training during their medical education or as a special qualification after completing their specialisation. Heilpraktiker are regulated by the state under the supervision of the public health authorities of the federal states. Although some certification systems have been established in recent years, these are voluntary for the most part and little is legally codified with regard to the education and qualifications of Heilpraktiker.

**Medical doctors**

In order to obtain a licence to practise medicine, a doctor must have an academic degree in medicine (usually a six-year course), practical experience, a licence from public authorities and a medical certificate confirming that he or she has no physical or mental illnesses, including drug abuse (Dixon et al 2003). Until recently, naturopathy was part of the curriculum in only 12 of the 35 German medical faculties, though all students had to answer a couple of questions on naturopathy in their final examinations (WHO 2005b). Under the Medical Probationers’ Ordinance ( Approbationsordnung) passed by parliament in 2003, medical faculties are now obliged to include training in naturopathy and physical therapy in their curriculum ( Dobos and Michaelsen 2002). However, there has been criticism of the short duration of compulsory training units (14 hours of seminars and 28 hours of lectures in two semesters) (Michalsen, communication).
Doctors can acquire various qualifications in complementary medicine (Zusatzbezeichnungen), and requirements for these vary. However, there is always a mandatory period of practice in that specific area and an official catalogue of procedures and skills to be learned during this time (Dixon et al. 2003). The specific requirements at regional level are regulated in the Code of Training of the Medical Associations, based on a draft provided by the Federal Medical Association (Muster-Weiterbildungsverordnung), particularly for acupuncture, allergology, naturopathy, physical therapy, balneology and special pain therapy. In the case of naturopathy, this includes either six months of training in a hospital specialising in complementary medicine or three months in a practice under the supervision of an office-based doctor with complementary medicine specialisation plus an additional 160 hours of seminars (Bundesärztekammer 2005).

There is debate as to whether the period of training is sufficient for doctors to specialise in a form of complementary medicine. The universities in Munich, Essen and Witten currently plan to introduce Master programmes to increase training standards for doctors (Michaelsen, communication).

Heilpraktiker

The position of Heilpraktiker in Germany is unique compared to other countries. The Heilpraktiker profession is regulated by the state on the basis of the Heilpraktikergesetz, which was introduced in 1939 and modified in 1974, 1997 and 2000.

There is very little in the way of formal requirements for Heilpraktiker. In order to qualify for a licence, the applicant must have completed primary (basic school-level) education, must be at least 25 years of age, and must provide a clearance certificate and a medical certificate confirming that there is no indication of a physical or mental health problem or of drug abuse that would limit the applicant’s suitability to perform complementary medicine. No formal proof of qualification is needed, but applicants are required to pass a written and an oral examination at a local public health office (which operates under the supervision of the respective federal state). Applicants must prove that they have sufficient knowledge and abilities to practise as Heilpraktiker. In legal terms this mainly means they have to show that their treatment does not negatively affect public health and that they know the legal limits to their practice (WHO 2001). Candidates are tested on basic clinical knowledge and skills, biomedical understanding of the body and legal regulation of their profession. In addition, they have to be able to recognise and interpret any sign of potentially serious diseases, infectious diseases and other conditions, which they are not allowed to treat. Although there are no formal educational requirements, there is an average of three years’ training prior to passage of the Heilpraktiker examinations. Examination regulations are stringent, and 60–90 per cent of applicants fail.

The ‘legal duty of care’ that applies to doctors also applies to Heilpraktiker in Germany, and the Heilpraktiker licence can be withdrawn if there are concerns over patient safety. Thus, Heilpraktiker practising complementary medicine must be sufficiently trained to avert any possible harm to the patient, and insufficiently qualified practitioners run a considerable legal risk. According to WHO estimates (2001), only 10 per cent of all Heilpraktiker have not received any formal training in complementary medicine.

In recent years, Heilpraktiker have established voluntary systems for independent quality assurance. For example, the German Heilpraktiker Association (Die Deutschen
Heilpraktikerverbände) is an umbrella organisation comprising seven of the large Heilpraktiker professional associations, which assures the educational requirements for acupuncture, naturopathy and homeopathy. The Foundation for a Certificate in Homeopathy (Stiftung Homöopathie-Zertifikat) also provides educational accreditation of homeopathy schools, certification of final examinations and ongoing medical education for supervisors and teachers.

Other health care professionals
There is little information available on the complementary medicine educational requirements for other health care professionals. However, provision of complementary medicine is assumed to be widespread, particularly among paramedical professions such as nurses and midwives as well as physiotherapists (Dixon et al. 2003).

Professionals practising complementary medicine (other than doctors) may not make a diagnosis and may not treat or relieve any disease or ailment or physical damage. Thus, they are limited to preventive care unless they are working under the supervision of, or at the request of, a medical doctor. Midwives are the exception, and may practise independently. Other practitioners such as nurses, physiotherapists and masseurs must have a referral from a doctor in order to receive reimbursement for their services. Nurses are not allowed to practise complementary medicine without the permission of the institution in which they work. According to WHO (2005b), there are no compulsory training requirements for nurses and midwives, but voluntary training courses are available.

Practice
Medical doctors
In Germany, the code of conduct of the Medical Association regulates doctors. The Federal Medical Association (Bundesärztekammer) is a self-regulating organisation providing guidelines for the code of conduct, which is translated into regulation by the Medical Associations of the 16 federal states. Regulations are legally binding for every doctor practising within this area. Between the states, the codes of conduct may slightly vary. The code regulates practice, professional discretion, training, advertising, ethics and professional behaviour, as well as co-operation with other health-related professions. There is no regulation specifically for the practice of complementary medicine.

Doctors are allowed to use a complementary medicine title (for example, ‘acupuncturist’ or ‘homeopathic doctor’) only if they hold the respective qualification. However, there are no legal limits to doctors offering any form of complementary medicine without qualification. Doctors are generally liable for their actions and may be sued for malpractice by the patient. The Chamber of Doctors (Ärztekammer), the self-regulatory organisation of the doctors, may seek legal action against a doctor in the rare case of suspicion of severe malpractice.

Heilpraktiker
In addition to complementary medicine treatment, Heilpraktiker can offer a variety of basic medical services such as blood sugar tests and electrocardiograms. However, they are legally prohibited from providing any service that is defined as requiring a doctor or another health-related professional (as defined in the Heilpraktikergesetz), in order to protect patients against fraud, malpractice and misleading information. Provision of complementary therapy by Heilpraktiker is unregulated, but it is supervised by the local
public health office and must comply with the general standards of good professional practice (Dixon et al. 2003). Members of Heilpraktiker associations agree to abide by the code of conduct and ethical codes of their associations.

Summary
Germany has a long history of naturopathy and other alternative medicine specialties. The majority of the population uses some form of complementary medicine. Doctors, Heilpraktiker and other health-related professionals offer complementary therapies. Regulation for training, licensing and practice is in place, but is inconsistent, in particular with regard to Heilpraktiker. Regulation may be sufficient to protect the public against malpractice but may fall short of achieving a high quality of care. Professionals practising complementary medicine other than doctors and Heilpraktiker are not subjected to regulation; however, they are prohibited from diagnosing and treating patients, and their field is limited to that of practising preventive care.