



## Amended version of the Articles of Association of the German Society for Plastic, Reconstructive and Aesthetic Surgery

with amendments from the General Meetings on 3 May 2007, 25 June 2007,  
24 April 2008, 3 October 2008, 11 September 2009, 21 April 2010, 30  
September 2011, 13 September 2013, 12 September 2014, 2 October 2015, 9  
September 2016, 14 September 2018, 27 September 2019, 15 October 2021, 30 September 2022, and  
15 September 2023

For reasons of better readability, the simultaneous use of the language forms male, female, diverse  
(m/f/div) is waived. All personal designations apply equally to all genders.

### Article 1 Name, Registered Office, Non-Profit Status

1. The Association of German Aesthetic-Plastic Surgeons was founded on 16 October 1968 in Bochum. Its name is now: German Society for Plastic, Reconstructive and Aesthetic Surgery (DGPRÄC).
2. DGPRÄC has its registered office in Berlin and is registered there at the Charlottenburg district court under the number VR 29519 B in the register of associations.
3. The Society does not primarily pursue its own economic interests. The funds of the Society may only be used for purposes in accordance with the Articles of Association. The members do not receive any profit shares or any other benefits from the Society's funds in their capacity as members. No person may benefit from expenses that are alien to the purpose of the Society or from disproportionately high remuneration. All members serve in an honorary capacity.

### Article 2 Purpose and Tasks of the Society

1. The main task of the Society is to maintain and further develop plastic surgery in Germany as an independent field of surgery with its segments of reconstructive surgery, burn surgery, hand surgery, and aesthetic surgery. Furthermore, the Society has the task of advocating the harmonisation of the content and duration of further education, as well as continuing education in the field within the Federal Republic of Germany and the European Union.
2. Plastic, reconstructive, and aesthetic surgery includes procedures that involve the restoration of bodily functions impaired by congenital malformations, disease, accident, or age, and the improvement of body shape, including aesthetic alterations. It endeavours to correct regressive changes in external appearance, provided they give rise to psychological stress.
3. Moreover, the tasks of the Society include the advancement of plastic, reconstructive, and aesthetic surgery in science and in practice. This also includes the cooperation and cultivation of the exchange of ideas with professional societies of plastic, reconstructive, and aesthetic surgery based outside of Germany, as well as the interdisciplinary dialogue with other professional societies. With quality assurance measures, such as certifications or registers, the Society contributes to scientific progress and increased patient safety.
4. Further tasks include the optimization of quality in further education and postgraduate continuing education with regard to theory and practice. The Society pursues these objectives within the framework of European and national guidelines. It supports further education and training by offering its members relevant courses, such as assistant courses, webinars and courses to acquire



the necessary specialist knowledge. The DGPRÄC acts on a non-profit basis.

5. The Society represents the general interests of plastic, reconstructive, and aesthetic surgery as well as those of professional policy within the German medical profession, in relation to elected representatives of the German medical profession, and towards authorities, political institutions, and the media.

### Article 3 Membership

Membership entails recognition and active support of the goals of DGPRÄC. Objectives and rules are set forth in the Society's Articles of Association and Code of Conduct.

There are several types of membership within DGPRÄC:

1. Ordinary membership

Ordinary members are required to have obtained specialisation in plastic (and aesthetic) surgery in Germany in the currently valid version of the further education regulations or to hold the title of specialist in plastic (and aesthetic) surgery acquired abroad and recognised by a German state medical association. Ordinary members must be active in the field of plastic, reconstructive, and aesthetic surgery. Ordinary members are entitled to vote and are required to pay dues.

2. Associate membership

Associate membership is open to physicians who are undergoing further education to become specialists in plastic (and aesthetic) surgery. The duration of membership is generally limited to four years. However, it may be prolonged on request. Associate members have no voting rights and are required to pay dues. Following the acquisition of the specialist qualification, the associate membership ends at the end of the year for which membership dues have been paid, which in some cases is prior to the end of the four-year membership period. Since associate membership does not constitute full membership, references soliciting membership are inadmissible.

3. Corresponding membership

Renowned foreign plastic surgeons who are to be honored in a special way may be appointed Corresponding Members. Corresponding Members have no voting rights and are not required to pay dues.

- (a) Membership of Plastic and Aesthetic Surgeons practicing abroad

Full membership of Plastic and Aesthetic Surgeons in an International Society which is a member of the International Confederation of Plastic Surgery Societies (ICOPLAST) entitles them to apply for international membership. Such members are liable to pay dues, have no voting rights and are listed as international members. In deviation from § 5, these applicants do not require a guarantor as well as a certificate for the specialist examination; the application must be accompanied by proof of full membership in the international specialist society.

4. Honorary membership

Individuals who have promoted German plastic surgery in an exceptional manner may be appointed as honorary members. Any ordinary member may submit an application for nomination. The Executive Board decides on the application. Honorary members are not required to pay dues.

Honorary members have the right to vote if they were previously ordinary members, and only then are they eligible for election to the governing bodies of the Society.



#### Article 4 Members' Dues, Financial Year

1. The annual dues and exemptions from the obligation to pay dues are determined at the General Meeting. The treasurer carries out the collection of membership dues. Further details are set forth in the rules of procedure.
2. The financial year corresponds to the calendar year.

#### Article 5 Admission, Resignation, and Expulsion

1. The application for admission must be submitted to the Executive Board. Three guarantors are required for admission, who are Full Members of the Society and know the applicant personally. In the context of the application for ordinary membership, a sponsor shall be a physician authorised to provide further training. The certificate for the specialist examination must also be submitted. The names of the applicants, their guarantors, and their place of work is to be provided to all ordinary members along with the invitation to the Ordinary General Meeting. Reasons must be provided in the event of an objection to the applicant's admission. The decision regarding admission is made at the General Meeting by simple majority, following the recommendation of the membership admission committee. Admission of ordinary members takes place only at the General Meeting held during the Annual Convention. Applicants should be present. One sponsor should be personally present at the General Meeting.

There is no entitlement to ordinary, associate membership or international membership.

2. Resignation:

Resignation may be declared at any time prior to the end of the year. The dues for the current calendar year are still payable.

3. Expulsion:

The expulsion can take place with two-thirds majority by resolution of the general meeting if:

- a) a member is in arrears with his or her membership dues for more than one year after receiving two reminders. Expulsion becomes effective upon receipt of the notice of expulsion.
- b) a member has been deprived of his or her full rights as a citizen or his or her license to practice medicine has been withdrawn.
- c) a member damages the reputation of the Society or grossly violates the interests of the Society. In such cases, the members at the General Meeting must vote on the expulsion after listening to the member in question. The member may lodge an appeal against his or her expulsion with the Honorary Council. The decision is taken by a three-fourths majority of the Honorary Council.

The member must be informed of the impending expulsion at least four weeks before the General Meeting. Expulsion becomes effective upon receipt of the notice of expulsion.

#### Article § 5a Sanctions

1. In the case of violations of the statutes, violation of member obligations or damage to relevant interests, in particular the Code of Conduct of the DGPRÄC, the Executive Board may
  - a. admonishments, if necessary combined with the threat of reporting to the respective state medical association,



- b. issue warnings, if necessary combined with the reporting of the behavior to the state medical association in the case of repeated violations, or
  - c. impose fines in the amount of € 300.00 - 10,000.00 for each violation.
2. The Board of Directors shall decide on sanction measures by majority vote. The decision on sanctions shall be accompanied by a statement of reasons.
3. The Executive Board shall be authorized to delegate the decision on the type and extent of sanctions to a commission to be set up as required. This commission shall have three members, consisting of a member of the Honorary Council, a person dealing with ethics issues and a lawyer. The selection of the members of the Commission shall be determined by the Executive Board. The Commission shall decide by majority vote and issue a recommendation to the Executive Board with written reasons. The Executive Board is bound by this recommendation.

#### Article 6 Governing Bodies of the Society

The governing bodies of the Society include:

1. the Executive Board
2. the Advisory Council
3. the General Meeting
4. the regional associations
5. the Honorary Council

#### Article 7 The Executive Board

1. The Executive Board consists of at least five members with voting rights:
  - the president,
  - the vice-president, who is also the president-elect, as well as
  - the secretary
  - the treasurer, and
  - the representative for outpatient specialist care.

The representative for outpatient specialist care is a member in private practice who is admitted to the health insurance accreditation. As a rule, this person also represents the DGPRÄC in the Central Association of Specialists in Germany. It must be ensured that at least two members in private practice and two hospital physicians are represented on the Executive Board. The second practicing member does not need to have the health insurance accreditation. If none of these elected representatives is a resident, the representative of the residents from the Extended Board (Article 7, [3]) will also become a voting member of the Executive Board. The "past president" is an advisory member without the right to vote for the term of office following his or her term of office.

2. The president, who is supported by the secretary and the vice-president, represents the Society externally as well as the interests of the profession in dealings with ministries, medical associations, associations of SHI-accredited physicians, other bodies, other professional organisations and interdisciplinary working groups, as well as in the bodies of other societies.



3. The Extended Board is composed of 18 members with voting rights:

- the voting members of the Executive Board,
- the representative of medical directors,
- the representative of residents,
- representative of the appointed professors for Plastic and Aesthetic Surgery
- the representative of the employed specialists and senior physicians,
- the representative of the Young Forum,
- the representative in the German Society for Surgery,
- the representative in the Professional Board of German Surgeons, and
- the representative in the German Society for Senology.

The Extended Board also includes

- the head of the reconstruction/microsurgery section (DAM representative),
- the head of the burn surgery section (DGV representative),
- the head of the aesthetic surgery section (representative from the national society),
- the head of the hand surgery section (DGH and DAH representatives) and
- the head of the department for continuing education

DGPRÄC elects these representatives from among its members in consultation with the respective presidents of the professional societies. In coordination with the president, they are responsible for the coordination and further development of research as well as further and continuing education and training in the relevant specialist areas.

Lastly, the past president, who is not entitled to vote, is a member of the Extended Board.

4. The Advisory Council consists of the chairpersons of the regional associations or their representatives. The Executive Board will invite the Advisory Council to a meeting of the Extended Board at least once a year prior to the General Meeting. The members of the Advisory Council are not entitled to vote.
5. The Board within the meaning of Section 26 of the German Civil Code (BGB) refers to the Executive Board. The Society is represented in and out of court by two members of the Executive Board, one of whom must be the president or the secretary.
6. The Executive Board manages the daily operations of the Society and decides on all matters that cannot be postponed. The Board also manages the Society's assets.

#### Article 8 Term of Office and Election of the Executive Board

The election of the members of the Executive Board takes place at the General Meeting as part of the Annual Convention of the Society.

The term of office of the members of the Executive Board comprises

1. for the president, the vice-president and the representative for outpatient specialist care: the period from the election until the General Meeting held during the second to next Annual Convention. The election of the vice-president as president-elect is accompanied by his or her appointment as president at the end of the incumbent president's term



of office. In the event that the president-elect is unable to serve, the term of office of the president may be extended until the General Meeting at the next Annual Convention. If necessary, a new vice-president shall be elected.

2. for the treasurer and the secretary: the period from the election to the General Meeting held during the Annual Convention three years later.
3. for the representative in the German Society for Surgery and the representative in the German Society for Senology: each according to the accreditation period of the societies. For the representative in the Professional Association of German Surgeons (BDC), the General Assembly shall elect a proposal for the BDC Presidium.
4. for the representative of the associated members, the representative of residents, the representative of the medical directors, the representative of academic medical directors, the representative of the employed specialists and senior physicians, as well as the head of the reconstruction/microsurgery section (representative of DAM), the head of the burn surgery section (representative of DGV), the head of the aesthetic surgery section (representative of the national society), and the head of the hand surgery section (representative of DGH and DAH): the period from the election until the General Meeting to be held during the second to next Annual Convention.
5. Re-election is permissible. Only ordinary members of the Society or honorary members who were previously ordinary members may be elected.

#### Article 9 Resolutions of the Executive Board

1. The Executive Board and the Extended Board pass the basic resolutions in board meetings, which are convened and chaired by the president or, in his or her absence, by the secretary. As a general rule, a period of notice of four weeks for convening a meeting must be observed. In urgent cases, the convening period may be shortened. The agenda is to be communicated at the time of convening. The Executive Board has a quorum if a majority of the voting members is present.
2. A resolution is valid if it is passed by a simple majority of the valid votes cast. In the event of a tie, the vote of the board chairperson is the deciding vote.
3. A resolution of the Executive Board may be passed in writing if all members of the Executive Board declare their approval of the proposed resolution.

#### Article 10 Advisory Council

1. The Advisory Council consists of the chairpersons of the regional associations. The number of regional associations corresponds to the number of state medical associations unless a resolution to the contrary is passed in accordance with Article 14 (1).
2. The Advisory Council has the task of advising the Executive Board in matters of professional policy that fall within the remit of the state medical associations. This includes all issues relating to further and continuing education and training.
3. The meetings of the Advisory Council with the Extended Board take place at least once a year as part of the Annual Convention. Further meetings of the Advisory Council may be convened as required, subject to a four-week invitation period.

#### Article 11 General Meeting

1. The General Meeting is the supreme decision-making body. All members can participate in the General Meeting. Each ordinary member has one vote.



2. The Ordinary General Meeting is held at least once a year and should coincide with the Annual Convention in terms of time and location.

It is convened by e-mail by the president with four weeks' notice, stating the agenda and, if applicable, the nominations and new applications for membership. The agenda is determined by the Executive Board. The convening period begins on the day following the dispatch of the invitation letter. The invitation letter is deemed to have been received by a member if it is sent to the last e-mail-address provided in writing by the member of the Society.

3. The General Meeting is chaired by the president or, in the event of his or her absence, by the vice-president or another member of the Executive Board. For elections, the chair of the meeting may be delegated to an election committee for the duration of the voting process and the preceding discussion.
4. The voting procedure is determined by the chairperson of the meeting. Voting must be carried out in writing if one third of the voting members present at the vote so request.
5. The General Meeting always has a quorum regardless of the number of members present.
6. The General Meeting generally adopts resolutions by a simple majority of the valid votes cast; however, a majority of three quarters of the valid votes cast is required to amend the Articles of Association; abstentions are always disregarded. Amendments to the Articles of Association may only be made at the General Meeting held as part of the Annual Convention.
7. Minutes are to be taken of the resolutions of the General Meeting, which are to be signed by the respective chairperson and the secretary. The chairperson of the meeting designates the person taking the minutes. The minutes should contain the following points: Time and place, as well as the duration of the meeting, the person chairing the meeting, and the person taking the minutes, the number of members present, the agenda, the individual voting results, and the voting procedure. In the event of amendments to the Articles of Association, the exact wording of the amendment must be stated.
8. The General Meeting appoints two cash auditors to prepare the adoption of the resolution on the acceptance of the annual accounts and the discharge of the Executive Board, who audit the annual accounts and report on the audit to the General Meeting. No auditor may be a member of the Executive Board.

#### Article 12 Elections

1. The election of the board members in accordance with Article 7 (1) must be made in writing. The persons standing for election may be listed separately by office on an electoral list. Nominations can be submitted to the office in writing no later than one week before the General Meeting. The office must confirm the receipt. A candidate nomination is valid if it has been submitted in writing by at least ten ordinary members. The Executive Board announces its election proposal eight weeks before the General Meeting by e-mail and publishes it in the internal section of the website. If valid nominations are received from members, they will also be forwarded by e-mail and posted online.
2. If no candidate has achieved an absolute majority of the valid votes cast in the first round of voting, a second round shall be held between the two candidates who have received the highest number of votes.





#### Article 13 Subsequent Agenda Items

Each member can submit a written request that further agenda items be subsequently added to the agenda to the Executive Board no later than one week before the day of the General Meeting. At the beginning of the General Meeting, the chairperson of the meeting must supplement the agenda accordingly. Proposals for additions to the agenda that are not submitted until the General Meeting may be discussed but may not be put to the vote.

#### Article 14 Extraordinary General Meeting

The Executive Board may convene an Extraordinary General Meeting at any time. This meeting must be convened if the interests of the Society so require or if the convening of the meeting by one third of all members is requested in writing by the Executive Board, stating the purpose and reasons.

Article 11 (2-7) also applies to an Extraordinary General Meeting.

#### Article 15 The Regional Associations

1. The Society forms regional associations that correspond to the areas of responsibility of the state medical associations. By resolution of the Executive Committee and the Advisory Council, an association area can be subdivided so that several regional associations are formed. Conversely, several association areas can be combined to form a single regional association. Ordinary and associate members may participate in the meetings of the regional associations. The corresponding members of the association elect a chairperson and a deputy chairperson, who form the executive board of the regional association. The term of office is four years; re-election is permissible. The election is to be announced to the Executive Board of the Society. The chairpersons and deputies elected at the regional association level shall be announced to the members at the next General Meeting of the Society. Details may be defined in the rules of procedure.
2. The regional associations have the task of representing and implementing the objectives of the Society and the special interests of its members at the regional level in dealings with ministries, medical associations, bodies such as the associations of SHI-accredited physicians, the workers' compensation board, other professional organisations and interdisciplinary working groups. The representatives of the regional associations generally must reach a consensus with the Executive Board of the Society in advance on the content of their statements and public appearances. Copies of publications, event programmes, and correspondence are to be forwarded to the Society's office.

#### Article 16 Honorary Council and Code of Conduct

The Senators shall form the Council of Honour. The Honorary Council consists of five persons. The "Past President" becomes a Senator after leaving the Executive Board. When a new Senator joins, the longest-serving "Past President" leaves.

The Honorary Council meets on the occasion of the Annual Conference and discusses current issues and reports to the Executive Board on the results of its deliberations.

The Senators receive the minutes of the Executive Board meeting and are involved for important topics.

The General Assembly, together with the Honorary Council, may adopt a Code of Conduct. This is binding for all members of the Society.

The first Honorary Council consists of the members





- Prof. Dr. Günter Germann
- Prof. Dr. Peter M. Vogt
- Prof. Dr. Jutta Liebau
- Univ.-Prof. Dr. Dr. h. c. Raymund E. Horch
- Univ. Prof. Dr Riccardo Giunta

The members

- Prof. Dr. Eckert
- Prof. Dr. Hans Ulrich Steinau

exercise advisory functions for the Honorary Council. They are permitted to attend the meetings of the members of the Honorary Council. They shall be informed in due time before the meeting of the Honorary Council. The advisory members have no voting rights.

#### Article 17 Events

The scientific events can be organised in different ways:

1. The Annual Convention takes the form of a scientific congress. The topics should cover all four pillars of plastic surgery.
2. Additional scientific events can also be arranged.
3. Scientific events can also be held together with professional societies for plastic, reconstructive, and aesthetic surgery from other countries.
4. The decision on the quantity, structure, and topics of scientific events is made by the Executive Board in consultation with the respective conference coordinators.
5. Proposals for topics can be submitted by the General Meeting or the relevant conference coordinators; the conference coordinators decide on the selection in consultation with the Executive Board.

#### Article 18 Dissolution of the Society (formerly Association)

1. The dissolution of the Society can only be decided upon at the request of the Executive Board or half of all ordinary members in a General Meeting convened for this purpose with a majority of four-fifths of the valid votes cast. Unless otherwise decided at the General Meeting, the president and the secretary shall be jointly authorised liquidators.
2. Paragraph 1 applies mutatis mutandis in the event that the Society is dissolved for any other reason or loses its legal capacity.
3. In the event of the dissolution of the Society or the discontinuation of its previous purpose, the assets of the Society will be transferred to the Interplast Foundation (a foundation with legal capacity and located in Germany for the promotion of long-term projects for plastic surgery in developing countries).