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A UEMS INitiative in SUpport of COlleagues in Private Practice (INSUCOPP)

By UEMS Vice Presidents Marc Hermans and Andreas Papandroudis

Dear Colleagues,

The COVID-19 pandemic has put a huge strain on all health care workers in various ways. Many of us look back to less stressful times and hope to return to "normal". However, we humans are mostly adjusting and adapting to new situations. Therefore it's not probable that we as doctors will return to the previous "normal". The future normal will be different from the actual one. And we have to prepare for it.

Very recently the Bureau of the UEMS Section of Dermatology-Venereology brought to the attention of the members of the Enlarged Executive Committee (EEC) the particular difficulties our colleagues dermatologists faced during this pandemic. Their letter made it quite evident that most probably other medical specialists faced and still face similar problems. Very rightly so, the medical task force spent major attention to severely ill patients and their medical carers. But the focus of interest has thereby been put mainly on hospitals, less on general practitioners and far less on medical specialists in private practice.

The EEC officers noticed that a significant number of colleagues have seen their activities decrease with 75-80%, sometimes even prohibited by measures imposed by the authorities. This situation evidently has in many cases led to a delay in diagnosis, a lack of necessary care for serious pathology, worsening the prognosis and actual medical condition for the concerned patients.

Therefore the UEMS' EEC wants to obtain more adequate information about practicing conditions for colleagues from all specialties working in a private practice context, be it in solo or in group practices, part time or full time. The EEC's intends to develop a document cooperating with other European Medical Organisations (EMOs), in order to request the attention of the authorities for these aspects.

The pandemic has stunningly shown that medical practice is now subject to big changes. Concerning aspects of practicing in a private context, conceived as within the personal home of the physician or more generally within an extrahospital environment, it became clear that this aspect of medical practice has stayed below the radar of UEMS interests. From an intramural perspective, conceived as group practices or intrahospital medical practice, it was suggested that a

hierarchical list of urgent interventions for each specialty could be very useful. This hierarchy could mirror the needs for acute care during a particular episode, not only during a pandemic, but also during more general disasters with repercussions on medical care.

One might consider the impact of the pandemic from different perspectives. The loss of income due to a significantly diminished work volume may be particularly painful for younger colleagues. Smaller work volumes may be due to all kind of restrictions, imposed by governments, management's decisions or patients' attitudes. At the same time colleagues had to adjust their usual working practices, to adapt to different logistics, to face changing payment conditions or to seeing a lower number of patients. Colleagues have been confronted with difficulties with regard to consecutively changing rules to comply with, changing professional protocols and guidance, supplementary safety measures, obtaining protective equipment, non-existing reimbursement or payment for patient related work. The dramatically fast switch from face to face contacts to online consultations might be very illustrative next to the widely spread use of plexiglass screens.

Given postgraduate training is one of the main pillars of UEMS's interests it's obvious that the recent experiences must significantly impact undergraduate and postgraduate medical training. Certainly with the increasingly decreasing hospitalisation time, extrahospital medical care within the community is increasingly relevant. This will certainly impact general practitioners' work but evenly evident medical specialists' activities.

Therefore the EEC invites its member National Medical Associations (NMAs), its Sections and all European Medical Specialists to offer feedback. The focus of attention may be put on actual difficulties that physicians face in private practices in every aspect of their clinical work, in their continuous professional development (CME-CPD) activities.
The EEC members welcome information about future developments and suggestions about specific measures and actions expected to be taken for particular issues.

Though the EEC's officers are well aware that many surveys have been sent to you, they do urge you to respect the deadlines proposed below.

Deadline to send feedback : February 3rd, 2021.

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Survey Guide

By Marc Hermans and Andreas Papandroudis, UEMS Vice Presidents

The EEC members suggest NMA's and Sections to consider in their evaluation, elements from the list below (and obviously it's a non-limitative one), with regard to:

A. GENERAL, MORE PERMANENT ASPECTS

1. Postgraduate training with regard to practicing in private

- does training in your specialty provide gaining experience in some form of private practice, e.g.
  - within the private environment of a trainer
  - within an environment commonly shared with colleagues of the same specialty
  - within an environment commonly shared with colleagues of another specialty
  - within an environment created by a non-medical third party
- if such a possibility exists, is it
  - facultative
    - duration ?
  - compulsory
    - duration ?
  - partly compulsory but episode may be expanded

2. Installing the necessary equipment for practicing

- Is there funding to doctors for obtaining the specialized equipment for their clinical practice?
- Are there specific funding projects, either domestic or from EU for this?
- If yes, are there such projects exclusively for doctors in PP, or only/mainly general projects with other professionals?
- In case of general funding projects, are the doctors judged according to the criteria applied to all professionals or with separate criteria applied only to doctors?
- How often are there chances for such funding?

3. Continuous Medical Education:

- attending scientific events (seminars, symposia, congresses, etc) implies an investment in time, travel costs, hosting, etc…
    - is there any form of financial support
        - for loss of income during absence
        - as a contribution
            - in subscription fee
            - in travel costs
            - in lodging costs
    - such a financial support
        - does not exist, a physician pays everything her/himself
        - it's paid by the physician and colleagues
        - is offered by the insurance system
        - is offered by the state
        - is offered by drug/health companies/industries
    - such a financial support comes from different contributors

- scientific events consider private practice aspects
    - not at all
    - almost never
    - partly
    - some are particularly oriented to physicians practicing in private

- fellowships (sub-specialization) for physicians practicing in private practice
    - do not exist
    - do exist but go mainly to hospital doctors
    - no legal status for official fellowship – sub-specialization in public hospitals for private practice doctors
    - same opportunities for PP doctors as with hospital doctors

- regulatory aspects for fellowships (sub-specialization) for physicians practicing in private practice
    - candidates experience difficulties in finding a training center
    - a legally regulating procedure exists in my country (Yes/No)
    - can you describe in more detail

- CME activities
    - privately practicing doctors can take part in hospital CME activities
    - privately practicing doctors can be involved in scientific research in hospitals
    - have specific criteria to be fulfilled by applicants

B. COVIC – 19 RELATED ASPECTS

- **Logistics:**
  - to what degree did colleagues experience restrictions with regard to consultation rooms availability
    - restrictions were imposed
    - restrictions were a practical consequence of the circumstances
  - to what degree have colleagues experienced difficulties obtaining protective material as compared to hospitals
    - masks
    - clothing
    - screens
    - gloves
    - disinfectants
    - financial support available
  - to what degree has the pandemic imposed a substantial change in the consultation room arrangement
    - ventilation (air conditioning, heating, …)
    - rearrangement of chairs, desks, examination table, etc.
    - postponement/dismissal of purchasing new equipment
    - financial support available
  - telemedicine
    - practicing via telemedicine not allowed
    - telephone consultations only
    - video consultations only
    - software related issues
      - imposed / strongly suggested / freely chosen
      - buying / subscription paid: by insurers / by government / oneself
      - technical issues with installing/updating/upgrading
      - unresolved conflicts between different programs
    - financial support for adjustments of IT-material available
  - to what degree did colleagues experience workload downsize and relevant loss of income
    - 10-20 %
    - 30-40 %
    - 50-60 %
    - 70-80 %
    - Over 80 %

- Are there differences in workload downsize from specialty to specialty? (Yes/No)
  Could you name specialties with the biggest work download and relevant serious income loss?

- **Patient care**
  - general lock-down (chosen / imposed)
  - allowed to see urgencies only
  - care for well-known patients only
  - allowed to receive new patients
  - differences in balance justified / unjustified requests by patients
  - different arrangement / use of the waiting room
  - fixed time between two patients
  - assisting persons allowed
  - differences in working time (stress? fatigue? own complaints?)

- **Quality of patient care**
  - Do you think that all the above changes have affected patient care (Yes/No) ?
  - If yes, in which way?
  - Did it affect the non-covid medical health problems?
  - Were there cases and adequate evidence that the lockdowns and appointments restrictions adversely affected their consultation and treatment?
  - Has the lack of protective material affected the everyday clinical practice?
  - Has it resulted in decreased appointments?
  - Has it reflected in quality of patient care?

- **One's own health issues**
  - getting a COVID-19 infection
  - a close family member suffered from COVID-19
  - worsening of a pre-existing disease
  - mental health issues

- **Repercussions on honoraria**
  - no repercussion at all
  - telephone consultation
    - charging possible / not allowed / not technically available
    - a limited number of times
  - amount of the honoraria
    - adjustable due to increased practice costs
    - imposed by insurer, government, …

- **CME/CPD aspects**
  - Criteria adjusted to pandemic related circumstances
    - lower number of activities
    - procedural changes
  - Content adjusted to pandemic
    - COVID-19 disease related training obligatory / strongly advised
    - COVID-19 related administrative instructions
  - Financial repercussions
    - expenses made for attending congresses not reimbursed
      - subscription fees
      - airplane - travel tickets
      - hotel reservation

C. POSSIBLE CHANGES IN THE FUTURE

- Could you predict the status of the doctors in private practice in every aspect of the above, in the future?
  - Do you think it will it be improved / get worse / be unchanged ?
- Could you suggest actions that could solve some of the above problems and improve PP doctors status in the future?
- Would you ask from the UEMS to take actions in this direction?

Particularities of one's own experiences that might be of interest to other colleagues.

What should in your opinion be addressed differently in the next future?

You may answer by tick on the above questions, by yes or no or by writing comments to any of the above topics or add anything in your opinion is important and should be included. It is not mandatory to answer all questions, it could serve as a guide to express your opinions and issues PP doctors face.

Many thanks for your collaboration !