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

Survey Guide

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ANSWERS IN QUESTIONS OF SURVEY – RESULTS

Total answers: 41 (sections:24 - mjcs:1 - scientific societies:11 – nmas:5)

sections: 24 - 8 specialties– 16/24 dermatovenereology

sections - mjcs: 25 - 18 countries

scientific societies: 11 – 8 specialties

national medical associations: 5

Total answers	Sections - MJCs	Scientific societies	NMAs
41	**25** (24+1)	**11**	**5**
	8 specialties (16/24 dermato-venereology)	8 specialties	
	18 countries	9 countries	

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.

ANSWERS	YES	NO	COMMENTS
41	30 (**73,17 %)**	11 (26,83 %)	In the same country, some specialties have this possibility, whereas others NOT.
In majority of cases (73,17%) there is a possibility for gaining experience in some form of PP during specialty training.			

- within the private environment of a trainer

ANSWERS	YES (% IN ANS/TOTAL)	NO	COMMENTS
27 (65,85 %)	14 (51,85/**34,14 %**)	13 (48,15/31,7)	
In about 1/3 of cases, gaining experience in some form of PP during specialty training takes place within the private environment of a trainer.			

- within an environment commonly shared with colleagues of the same specialty

ANSWERS	YES (% IN ANS/TOTAL)	NO	COMMENTS
34 (82,9 %)	21 (61,76/**51,22 %**)	13 (38,24/31,7)	
In about half (51,2%) of cases, gaining experience in some form of PP during specialty training takes place within an environment commonly shared with colleagues of the same specialty			

- within an environment commonly shared with colleagues of another specialty

ANSWERS	YES(%IN ANS/TOTAL)	NO	COMMENTS
40 (97,56 %)	6 (15/**14,6 %)**	34 (85/82,9 %)	
In a minority (14,6%) of cases, gaining experience in some form of PP during specialty training takes place within an environment commonly shared with colleagues of another specialty			

- within an environment created by a non-medical third party

ANSWERS	YES (% IN ANS/TOTAL)	NO	COMMENTS
40 (97,56 %)	2 (5/**4,87 %)**	38 (95/92,7)	

In only 2 (2/41) cases (4,87%) gaining experience in some form of PP during specialty training takes place within an environment created by a non-medical third party

In the majority of cases (73,17%) there is a possibility for gaining experience in some form of PP during specialty training. This is mainly possible either within the private environment of a trainer (34%), or (51%) within an environment commonly shared with colleagues of the same specialty

- **if such a possibility exists, is it**
  - **facultative**

ANSWERS	YES (% IN ANS/TOTAL)	NO	COMMENTS
37 (90,25 %)	17 (**45,95**/41,46 %)	20 (54,05/48,8%)	
When there is a possibility for gaining experience in some form of PP during specialty training, it is facultative in almost half of cases (45,95%)			

    - duration ?

ANSWERS	DURATION –UP TO 6 MO	DURATION – UP TO 12 MO	DURATION – UP TO 24 MO	COMMENTS
9 (9/17) (52,9%)	5 (55,5%)	1 (11,1%)	3 (33,3%)	**Very few answers for duration,** (9/17). **In 5/9 (more than half) cases it is up to 6 months.**
			In 1/3 of cases it is 18-24 months.	

  - **compulsory**

ANSWERS	YES	NO	COMMENTS
36 (87,8%)	7 (**19,45**/17 %)	29 (**80,55**/70,7%)	
The vast majority (80,55 %) answered it is not compulsory to have some form of PP during specialty training, when there is such a possibility.			

- **duration ?**

ANSWERS	DURATION – UP TO 6 MO	DURATION – UP TO 12 MO	DURATION – UP TO 24 MO	COMMENTS
4 (4/7)	3	1		**Very few answers for compulsory PP**. Even fewer for duration (4/7). In ¾ it is up to 6 months.
In both facultative and compulsory training in PP, the duration is up to 6 months in more than half of the cases. However, the answers for duration are very few in both cases.				

- partly compulsory but episode may be expanded

ANSWERS	YES	NO	COMMENTS
35 (85,36%)	6 (**17,15**/14,63 %)	29 (**82,85**/70,7 %)	**In vast majority (82,85%), there is not such a case** where there is some form of PP, to be partly compulsory but episode may be expanded.
Thus, it is facultative in majority of cases, to have some form of PP during specialty training, when such a possibility exists (73%), as it comes out from all the above answers.			

Although the majority of participants declare that there is a possibility to gain experience in some form of PP during specialty training, this is not compulsory in most of the cases. Thus it can be concluded that is up to the candidate/trainee. In both facultative and compulsory cases, the duration is up to 6 months in more than half of the cases. However, the answers for duration are very few in both cases.

2. Installing the necessary equipment for practicing

- Is there funding to doctors for obtaining the specialized equipment for their clinical practice?

ANSWERS	YES	NO	COMMENTS
39 (95,1%)	3 (7,7 / 7,32 %)	36 (**92,3** / 87,8 **%**)	
In the vast majority (> 90 %) there is no funding to doctors for obtaining specialized equipment)			

- Are there specific funding projects, either domestic or from EU for this?

ANSWERS	YES	NO	COMMENTS
37 (90,25 %)	5 (13,5 / 12,2 %)	32 (**86,5** / 78 **%**)	
There are not specific funding projects, either domestic or from EU in the vast majority of cases (86,5 %)			

- If yes, are there such projects exclusively for doctors in PP, or only/mainly general projects with other professionals?

ANSWERS	YES (ONLY DRs)	NO (general projects)	COMMENTS
5 (12,2 %)	1 (20 %)	4 (80 %)	
Very few answers (5/41), seems reasonable, according to previous answers. **In the few cases that such projects exist, they are mainly (80 %) 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?

ANSWERS	YES (criteria applied to all professionals)	NO (separate criteria for drs)	COMMENTS
4 (9,75%)	3 (**75 %**)	1(25 %)	
Very few answers (4/41), seems reasonable, according to previous answers. **In the few cases that such projects exist, the doctors are judged according to criteria applied to all professionals, some of them may not apply to doctors, although they are calculated.**			

- How often are there chances for such funding?

ANSWERS	Every 1-2 years	Every 3-5 years	Rarely	COMMENTS
5 (12,2 %)	1 (20 %)	1 (20%)	3 (**60 %**)	
Very few answers (5/41), seems reasonable, according to previous answers. **In the few cases that such projects exist, they are very rare (60 %)**				

In the vast majority (> 90 %) there is no funding to doctors for obtaining specialized equipment. There are not specific funding projects, either domestic or from EU in the vast majority of cases (86,5 %).
In the few cases that such projects exist, they are mainly (80 %) general projects with other professionals. When (very rarely) such projects exist, the doctors are judged according to criteria applied to all professionals, some of them may not apply to doctors, although they are calculated.

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

ANSWERS	YES	NO	COMMENTS
31 (75,6 %)	2 (6,45 / 4,87 %)	29 (**93,55** / 70,73 **%**)	
In the vast majority of cases/answers (93,55%), there is no financial support for loss of income during absence to attend scientific events.			

    - as a contribution
      - in subscription fee

ANSWERS	YES	NO	COMMENTS
33 (80,5 %)	12 (36,36 / 28,26 %)	21 (**63,64** / 51,22 **%**)	When yes, mainly by pharmaceutical industry but in one case (Norwegian Med. Association)
In almost 2/3 of cases, there is no financial support as a contribution in subscription fees.			

      - in travel costs

ANSWERS	YES	NO	COMMENTS
31 (75,6 %)	13 (42 / 31,7 %)	18 (**58** / 43,9 %)	When yes, mainly by pharmaceutical industry but in one case (Norwegian Med. Association)
In 58 % of cases, there is no financial support as a contribution in travel costs, whereas there is such a contribution in 42 %, mainly by pharmaceutical industry. Thus, it seems to be different from country to country or depends also to other cases, or judged on individual basis.			

      - in lodging costs

ANSWERS	YES	NO	COMMENTS
31 (75,6 %)	13 (42 / 31,7 %)	18 (**58** / 43,9 %)	When yes, mainly by pharmaceutical industry but in one case (Norwegian Med. Association)
In 58 % of cases, there is no financial support as a contribution in lodging costs, whereas there is such a contribution in 42 %, mainly by pharmaceutical industry. Thus, it seems to be different from country to country or depends also to other cases, or judged on individual basis.			

- **such a financial support**

  - does not exist, a physician pays everything her/himself

ANSWERS	YES	NO	COMMENTS
28 (68,3 %)	25 (**89,3** / 61 **%**)	3 (10,7 / 7,3 %)	
In most of the cases (89,3 / 61 **%), there is no financial support for subscription fees or travel and lodging costs and the physician pays everything her/himself.**			

  - it's paid by the physician and colleagues

ANSWERS	YES	NO	COMMENTS
16 (39 %)	10 (62,5 / 24,39 %)	6 (37,5 / 14,63 %)	
Not so many answers in this sub-question, probably because thought it was covered by previous question. Among the answers, the majority (62,5 %) replies that everything is paid by physician and colleagues.			

  - is offered by the insurance system

ANSWERS	YES	NO	COMMENTS
14 (34,14 %)	4 (28,57 / 9,75 %)	10 (**71,42** / 24,39 **%**)	YES: D/V SK, D/V F, D/V CH, NEURO (F)
Although few answers (34 %), the majority of them (71,42 %) reply that there is no financial support by the insurance system.			

  - is offered by the state

ANSWERS	YES	NO	COMMENTS
14 (34,14 %)	2 (14,3 / 4,87 %)	12 (**85,7** / 29,3 **%**)	YES: D/V CH, D/V SK,
Although few answers (34 %), the vast majority of them (85,7 %) reply that there is no financial support by the state.			

  - is offered by drug/health companies/industries

ANSWERS	YES	NO	COMMENTS
32 (78 %)	30 (**93,75** / 73,17 **%**)	2 (6,25 / 4,87 %)	NO: NORWAY (NOT ALLOWED), DENMARK,
			YES: partially, sometimes, gradually decreased/limitations
When there is a financial support to the doctor, in the vast majority of cases (93,75 %) it is offered by drug/health companies/industries.			

- such a financial support comes from different contributors

ANSWERS	YES	NO	COMMENTS
16 (39 %)	5 (31,25 / 12,2 %)	11 (**68,75** / 26,83 **%**)	
Although few answers (39 %), the majority of them (68,75 %) reply that there is no financial support by different contributors.			

When the doctor attends scientific events (seminars, symposia, congresses, etc) there is no financial support for loss of income during absence, by anybody.
In the majority of cases, there is also no financial support as a contribution in subscription fees, travel or lodging costs. There is definitely no support by the state or the insurance system.
When there is a such a contribution, it comes, almost always, from the pharmaceutical industry. However, this contribution is partial in some cases or is being decreased during the years and is not applied to all doctors. It is judged on an individual basis and it has to do probably with personal arrangements between each doctor and the industry.

- **scientific events consider private practice aspects**

  - not at all

ANSWERS	YES	NO	COMMENTS
6 (14,63 %)	3 (50 %)	3 (50 %)	PARTIALLY COVERED
Very few answers in this sub-question. **Not valid and clear conclusions from the answers.**			

  - almost never

ANSWERS	YES	NO	COMMENTS
16 (39 %)	12 (75 %)	4 (25 %)	16: SCIENTIFIC EVENTS ALMOST NEVER CONSIDER PP ASPECTS
Among the people who answered this sub-question (39%), the majority declare that **scientific events almost never consider private practice aspects.**			

- partly

ANSWERS	YES	NO	COMMENTS
19 (46,34 %)	18 (95 %)	1 (5 %)	Almost half of the participants answered this sub-question. The vast majority (almost all) declare that **scientific events consider partly private practice aspects.**
Sometimes, there is a partial consideration of private practice aspects in scientific events.			

- some are particularly oriented to physicians practicing in private

ANSWERS	YES	NO	COMMENTS
19 (46,34 %)	15 (79 %)	4 (21 %)	NO: 4: MAINLY PARTLY, NOT PARTICULARLY ORIENTED IN PP
The majority declare that **some scientific events are particularly oriented to physicians in PP**			

Summarizing the answers to the above sub-questions, we conclude that generally scientific events rarely or almost never consider PP aspects and when this is the case, it takes place partly in the event. However, there are some scientific events particularly oriented to physicians in PP.

- **fellowships (sub-specialization) for physicians practicing in private practice**
  - do not exist

ANSWERS	YES	NO	COMMENTS
22 (53,65 %)	22 (100 %)	0	
All the participants who answered this sub-question, declare that fellowships (sub-specialization) for physicians practicing in private practice do not exist.			

- do exist but go mainly to hospital doctors

ANSWERS	YES	NO	COMMENTS
9 (22 %)	9 (100 %)	0	
Although very few (22%) answered this s/question, all of them said that fellowships exist but go mainly to hospital doctors. It is concluded that this answer is similar to the previous one that **fellowships to doctors in PP practically do not exist.**			

- no legal status for official fellowship – sub-specialization in public hospitals for private practice doctors

ANSWERS	YES	NO	COMMENTS
17 (41,5 %)	15 (88,2 %)	2 (11,8 %)	NO: LEGAL STATUS EXISTS IN D/V (D): 6-48 MO DURATION
Although less that the half (41,5%) answered this s/question, the vast majority of them (88,2 %) said that **there is no legal status for official fellowship – sub-specialization in public hospitals for private practice doctors.**			

- same opportunities for PP doctors as with hospital doctors

ANSWERS	YES	NO	COMMENTS
11(26,83 %)	5 (45,45%)	6 (54,54%)	YES: D/V: F, LT, NMA (CZ)
	Very few answered this s/question (27%) and from these answers, there is a balance between yes and no for same opportunities. Thus, it cannot lead to valid conclusions and statements to previous s/questions have to be accepted instead.		

There is a clear conclusion to this issue-question, that fellowships for doctors in PP practically do not exist and there is no legal status for doctors in PP to have a fellowship (sub-specialization) in a public hospital. Such fellowships go mainly/normally to hospital doctors.

- **regulatory aspects for fellowships (sub-specialization) for physicians practicing in private practice**

- candidates experience difficulties in finding a training center

ANSWERS	YES	NO	COMMENTS
10 (24,4 %)	10 (100%)	0	
	Although only ¼ answered this s/question, ALL of them said that **PP candidates experience difficulties in finding a training centre.**		

PP candidates experience difficulties in finding a training centre.

- a legally regulating procedure exists in my country (Yes/No)

ANSWERS	YES	NO	COMMENTS
34 (82,93%)	8 (23,5%)	26 (76,5%)	YES: D/V (A-D-B), CARD-ENDOCR (SLO), NEURO (F), PH REH (I), NMA (CZ + HR)
In the majority of cases, there is not a legally regulating procedure for fellowships (sub-specialization) for physicians practicing in private practice. The main conclusion to this s/question, is the same with the one to previous s/question for legal status for f/ships for PP doctors.			

In the majority of cases, there is not a legally regulating procedure for fellowships (sub-specialization) for physicians practicing in private practice.

- can you describe in more detail

ANSWERS	YES	NO	COMMENTS
12 (29,27%)	**Fellowships** are **not possible in private practice** (ENDOCRINE – NL)		
	Private practitioners can apply for the Fellowship of the European PRM Board. Regarding subspecialisation, **a legally regulative procedure usually exists**. For instance, there may be legislation which itemises eligibility criteria along with procedures to be followed. **However,** because subspecialisation training is offered at public, academic environments-university hospitals or public hospitals belonging to the Ministry of Health and a salary for full-time work is provided for the candidate, **it is usually not possible to be in private practice during the period of subspecialisation training. This may differ from country to country**. (PH & REH MEDICINE – ITALY)		
	Guides and classical training in concerned departments (NEURO – F)		
	Yes - applicants need a certain amount of training months usually in hospital having the specialized department or ambulance (D/V – A)		
	Fellowships (sub-specialization) for physicians practicing in private practice do not exist. (D/V – D)		
	No sub-specialization for DV (D/V – LT)		
	There are **no fellowships for private practice**. (D/V – DK)		
	No legal status for official fellowship (D/V – SLO)		
	The subspecializations by courses / masters with practices are carried out by private or public Institutions that have a limited number and are very expensive. And they choose to go who can abroad. (GYNECOL – E)		
	After fulfilling the criteria, physician signs in for the course, pays for it and attends, as many courses as necessary (ENDOCRINE – SLO)		
	No regulation (NMA – PP DRS – NORWAY)		
	Not many training centers, so there is a long waiting, loss of income during training (NMA – GR)		

Although less that 1/3 wrote detailed comments to this s/question, the general conclusion from the comments and the answers to precious s/questions, is that **fellowships for doctors in PP do not exist, there is no legal status for this and candidates from PP experience difficulties in finding a training centre.** This is in compliance with the previous answers and conclusions.

- **CME activities**

  - privately practicing doctors can take part in hospital CME activities

ANSWERS	YES	NO	COMMENTS
34 (82,93%)	25 (73,53%)	9 (26,47%)	
	The majority of the answers state that privately practicing doctors can take part in hospital CME activities.		

Privately practicing doctors can take part in hospital CME activities, according to majority of answers. However, according to personal experience and opinion, there is a doubt to this, and maybe the views of the minority, maybe true.

  - privately practicing doctors can be involved in scientific research in hospitals

ANSWERS	YES	NO	COMMENTS
29 (70,73%)	18 (62%)	11 (38%)	
	The majority (62 versus 38 %) declare that privately practicing doctors can be involved in scientific research in hospitals. However, somebody cannot ignore the response of 38% of participants who say that this does not happen.		

The majority (62 versus 38 %) declare that privately practicing doctors can be involved in scientific research in hospitals, although there is a doubt if the above result represents what it really happens. Clarifications needed.

  - have specific criteria to be fulfilled by applicants

ANSWERS	YES	NO	COMMENTS
16 (39%)	8 (50%)	8 (50%)	
	Less than half answered this s/question and as the answers are balanced, **no conclusion can be extracted from this s/question**.		

Summarizing the results for the CME activities, the majority of participants declare that PP doctors can be involved in CME activities and in scientific research in hospitals. However, there is a minority (26-38%) who say that this does not happen and there is a possibility that this is what it really happens. Probably, there is not a general rule and a formal procedure that applies to all doctors who are interested to participate.

B. COVID – 19 RELATED ASPECTS

- **Logistics:**
  - to what degree did colleagues experience restrictions with regard to consultation rooms availability
    - restrictions were imposed

      NMA's: no answers

      Scientific Associations: yes from Spain only

      Sections: poor number
    - restrictions were a practical consequence of the circumstances

      almost all respondents experienced restrictions as a consequence of the pandemic (exc. Finland, Germany)

      time limited imposed restrictions

      section of phlebology, dermato-venereology in Austria, Belgium, France, Lithuania, Luxemburg, Spain, Switzerland

      time limited imposed restrictions mentioned by scientific associations

  - to what degree have colleagues experienced difficulties obtaining protective material as compared to hospitals
    - masks
    - clothing
    - screens
    - gloves
    - disinfectants
    - financial support available

      all participants experienced a significant to huge lack of personal protective equipment, sometimes only in the beginning

      very often it was left to one's individual initiative to get this material

      only half of the respondents got rather limited financial support from insurers (mostly national, private insurances never paid for it)

- 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

    most participants mention significant adjustments to the consultation room arrangements, postponement of purchasing equipment, mostly without financial support

- 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

    almost al respondents indicate that telemedicine was allowed and took place by phone and video

    software used was mostly freely choosen, sometimes strongly suggested (e.g. Spain, Germany) seldom imposed (i.e. Finland)

    financial aspects had to be covered by respondents

- to what degree did colleagues experience workload downsize and relevant loss of income
  - 10-20 % *may reflect the loss of income over the year*
  - 30-40 % *appears to represent the majority, possibly for some limited time*
  - 50-60 %
  - 70-80 % *Spanish Scientific Associations mention the highest %*
  - 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?

  Cardiologists didn't see differences among specialties

  Almost all respondents did experience differences in workload downsize among specialties.

  Surgical specialties most frequently mentioned group

- **Patient care**
  - general lock-down (chosen / imposed)
    imposed and chosen most frequent
  - allowed to see urgencies only
    mostly allowed
  - care for well-known patients only
    mostly no distinctions made between unknown and well known
  - allowed to receive new patients
    uniformly yes
  - differences in balance justified / unjustified requests by patients
    poorly answered (one respondent: question insufficiently clear)
  - different arrangement / use of the waiting room
    uniformly yes (exc. endocrinology
  - fixed time between two patients
    uniformly yes
  - assisting persons allowed
    uniformly yes
  - differences in working time (stress? fatigue? own complaints?)
    yes (additional tasks, protective tasks, working exposed to danger, limited protective materials, uncertainty, diminished number of patients, patients more stressed)

- **Quality of patient care**
  - Do you think that all the above changes have affected patient care (Yes/No) ?
    Almost all respondents confirm that patient care has been affected
  - If yes, in which way?
    Less face to face contacts
    COVID protocols lead to misdiagnosis
    discomfort with videoconsultation
    cancer diagnosis in a later phase
    cancer treatments postponed
    delayed requests leading to more serious clinical problems
    later diagnosis leads to more expensive treatments
    lower level of empathy
    high work load limiting time to give to patients
    poor preventive medicine
  - Did it affect the non-covid medical health problems?
    Uniformly yes
  - Were there cases and adequate evidence that the lockdowns and appointments restrictions adversely affected their consultation and treatment?
    Number of cancer diagnoses dropped
    Less old age patients consulting to prevent unnecessary contacts
  - Has the lack of protective material affected the everyday clinical practice?
    Very diverse answers, no particular trend

- Has it resulted in decreased appointments?
  Almost uniformly yes
- Has it reflected in quality of patient care?
  Almost uniformly yes

- **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
    Answers on the first column continued in the next ones (or left open)

- **Repercussions on honoraria**
  - no repercussion at all
    low number of answers but if an answer is given, income went down
  - telephone consultation
    - charging possible / not allowed / not technically available
      very often allowed and available
    - a limited number of times
      quite often limited
  - amount of the honoraria
    - adjustable due to increased practice costs
    - imposed by insurer, government, …
      interpretation even more difficult: low number of answers

- **CME/CPD aspects**
  - Criteria adjusted to pandemic related circumstances
    - lower number of activities
      uniformly yes
    - procedural changes
      uniformly yes => webinars
  - Content adjusted to pandemic
    - COVID-19 disease related training obligatory / strongly advised
      For a majority imposed or strongly advised
    - COVID-19 related administrative instructions
      If content was adjusted, also administration was adjusted
  - Financial repercussions
    - expenses made for attending congresses not reimbursed
      - subscription fees
        lower online
        paid subscriptions sometimes reimbursed, sometimes not, sometimes delayed
      - airplane - travel tickets

diversity of answers

- hotel reservation

  diversity of answers

STATUS OF PRIVATE PRACTICE DOCTORS IN THE FUTURE
UEMS SECTIONS' VIEW

Sections N = 9			**Venereology N = 14**	
No answer	Physical and Rehabilitation Medicine	Italy	**No answer**	Slovakia
	Neurology	France		France
				The Netherlands
Improved	Endocrinology	The Netherlands	**Improved**	Spain
	Nuclear Medicine			Lithuania ?
	Phlebology	Italy		
	Cardiology	Slovenia		
Unchanged	OMFS	Germany	**Unchanged**	Austria
	Cardiology	Finland		Germany
				Luxemburg
				Denmark
				Slovenia
				Romania
Worse	Cardiology	Greece	**Worse**	Switzerland
				Czech Republic
				Belgium
				Greece
				Finland

STATUS OF PRIVATE PRACTICE DOCTORS IN THE FUTURE
SCIENTIFIC ASSOCIATIONS' VIEW

Scientific Associations N = 9		
No answer	S. of Endocrinology	Slovakia
Improved	S. of Traumatology	Spain
	S. of Plastic Surgery	Spain
	S. of Orthopaedic Surgery and Traumatology	Spain
Unchanged	S. of Ophtalmology	Spain
	Ass. German Phoniatrics & Pedaudiologists	Germany
Worse	S. of Endocrinology	Greece
	S. of Sports Medicine	Spain
	Ass. Gynecologists and Obstetricians of Castellon (AGOC)	Spain

STATUS OF PRIVATE PRACTICE DOCTORS IN THE FUTURE
NATIONAL ASSOCIATIONS' VIEW

National Member Associations N = 5		
No answer	Norwegian Association of Specialists practicing outside the Hospitals	Norway
Improved	20 % Panhellenic Medical Association	Greece
Unchanged	ÖÄK	Austria
	Czech Medical Association	Czech Republic
	Croatian Medical Association	Croatia
	10 % Panhellenic Medical Association	Greece
Worse	45 % Panhellenic Medical Association	Greece

ACTIONS THAT COULD SOLVE ISSUES AND IMPROVE PP DOCTORS STATUS

SECTIONS	SCIENTIFIC ASSOCIATIONS	NATIONAL ASSOCIATIONS
General issues		
Private practicing should be considered a way of care delivery that deserves respect		
Private practitioners should be considered as competent in their particular way of care delivery		
Better epidemiological data on doctors in PP are needed		
Training issues		
Training in private practices should be made possible		Providing subspecialty programs
Residency programs in private practice should be created		
Participation to collaborative studies and clinical trials		
CPD issues		
Support for attending congresses (e.g. finding a locum)	Facilitating participation in meetings and congresses	Make international journals accessible for PP
Financial support while/after having attended CME events		
Free online CME courses		
Practice organisation		
Facilitate replacement at retirement		
Promoting setting up network practices		
Promoting setting up mixed practices		
Logistics		
Allowing telemedicine practices		
Correct remuneration for telemedical interventions	Charging teleconsultation should be legally made available	Negotiations with health insurers

Information Technology support		
Support for software applications		
Financial support for specialised equipment	Aids for clinical practice	Funding support for necessary equipment for installing private practice
Financial support for protective material		Support for protective material
Intercollegiate aspects		
More interest from & support by national medical associations		National medical associations should take more interest in private practitioners
Being accepted as member by national medical associations		
	Professional associations who help PP to be protected against abuses from insurers	
	Legal support against abuses by insurers	
Social insurance aspects		
Financial support in case of loss of income		Taxable income should be adjusted in relation with PP characteristics

WOULD YOU ASK UEMS TO TAKE ACTIONS IN THIS DIRECTION?
UEMS Sections' Responses

Sections N = 9			**Venereology N = 14**	
No answer	OMFS	Germany	**No answer**	Switzerland
	Nuclear Medicine	Italy		Belgium
	Physical and Rehabilitation Medicine	Finland - Greece		Greece
	Cardiology	France		France
				The Netherlands
				Romania
				Slovakia
				Luxemburg
				Denmark
				Slovenia
Yes	Neurology (if possible)		**Yes**	Spain
				Austria
				Germany EACCME has to take actions and CESMA
				Lithuania
Maybe				
No	Endocrinology (perhaps advocate)	The Netherlands		
	Cardiology	Slovenia		
	Phlebology	Italy		

WOULD YOU ASK UEMS TO TAKE ACTIONS IN THIS DIRECTION? Scientific Associations' Responses

Scientific Associations N = 9		
No answer	Slovak Ass. Endocrinology	
	Spanish Soc. Ophtalmology	
Yes	Greek Soc. Endocrinology	
	Spanish Society of Sports Medicine	Yes your contribution would be very important.
	Sports Medicine	Investigate actual situation; eliminating legislative measures, assimilating into conditions for the EU
	Spanish Society of Traumatology	Financial compensation
	Spanish Society of Plastic Surgery	Promote financial security in disasters for doctors working in their private practices
	(AGOC) Association of Gynaecologists and Obstetricians of Castellón	Asks support for the actions of UNIPROMEL
	Association of the German Phoniatrics and Pedaudiologists	tell governments that the greatest part of covid patients (80%) were seen by private practices
Maybe		
No		

WOULD YOU ASK UEMS TO TAKE ACTIONS IN THIS DIRECTION? National Medical Associations' Responses

National Medical Associations N = 5		
No answer	Norwegian association of specialists practicing outside the hospital	
Yes	ÖÄK Austrian Medical Chamber	Support survival of private practice in UEMS countries
	Croatian Medical Association	In the area of public health, private doctors should be equally included in strategic actions
	Panhellenic Medical Association	55% of members agree upon action by UEMS
Maybe		

No	Czech Medical Association	I don't see any

Particularities

Development of telemedicine

Do never forget that the private practice will always be essential for outdoor patientcare. After vaccination, we will have better time. Til then, keep smiling

No private insurance, no patients no money

Patients appreciate the face to face medical assistance. There are studies in which telematic systems is impossible.

Functional assessment of effort and its symptoms, diagnosis and treatment of musculoskeletol and sports injuries, cardiological assessment (especially in depositories) etc.

Starting the private activity subject to the scales and other conditions of the insurers to be able to be in their tables means that, once the dependence on them is created, they tighten the conditions to get more profitability, providing more work at a lower price in a kind of vicious circle that enslaves the doctor.

In the future, the doctor is the one who must set their working conditions and their scales, and insurers limit themselves to covering the reimbursement of the risk contracted with their policyholders, who should have access to all doctors legally established in the country, without closed tables. The ideal formula would be reimbursement policies, which would make the freedom of the doctor to set their scales with that of the insurers to reimburse their clients for the insured scales on your policy.

Development of telemedicine softwares useful for ophthalmologists including images is mandatory.

Reimbursement and legal aspects about telemedicine must be evaluated.

Some of us were COVID wards and ICU

Closer negociations of medical societies with health insurance companies

The pandemic highlighted the advantages of having specialist care delivered decentralised, it is closer to the patients, much less vulnerable in case of infection (only one private practitioner is sent to quarantine vs several people from the same hospital department), much more resilient to changes. In the beginning of the pandemic it was actually private practitioners that lended out equipment since each and every practitioner had some buffer that allowed the whole service to keep going vs hospitals that have usually only one central equipment storage that accumulating could not give the same capacity. Hopefully these advantages will allow for a variety in specialist care settings that in the end improves patient care.

What should be addressed differently?

To maintain professional identity

Continuous training and being able to share experiences with other colleagues is very important.

Standardize and implement COVID protection systems in consultations. The answers have been made trying to explain the situation of all sports doctors in Spain and not as a personal response. Some questions were difficult to understand and answer.

Starting the private activity subject to the scales and other conditions of the insurers to be able to be in their tables means that, once the dependence on them is created, they tighten the conditions to get more profitability, providing more work at a lower price in a kind of vicious circle that enslaves the doctor.

In the future, the doctor is the one who must set their working conditions and their scales, and insurers limit themselves to covering the reimbursement of the risk contracted with their policyholders, who should have access to all doctors legally established in the country, without closed tables. The ideal formula would be reimbursement policies, which would make the freedom of the doctor to set their scales with that of the insurers to reimburse their clients for the insured scales on your policy.

Development of telemedicine softwares useful for ophthalmologists including images is mandatory.
Reimbursement and legal aspects about telemedicine must be evaluated.
The system of CME-CPD having more online activities than before.
Primary Care -free access, Quality criteria so as the Health Ministry will buy certified services for PP doctors.

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 !