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

SURVEY

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CONCLUSIONS & SUGGESTIONS

A. Introduction

There was a total input of 41 responses to the survey from NMAs, Sections and National Scientific Societies. The small number of responses is *a priori* a limitation for extracting fairly valid conclusions. However, the summary of the results and the conclusions, depict a clear trend in most of the questions – issues and this will be presented. It would be useful to expand – forward the survey to all European doctors in Private Practice (PP), through a web questionnaire, that will be distributed to doctors from each NMA - member of UEMS. At the same time, the process could go on, contacting the EMOs and asking them to co-sign a document that will include the main conclusions and suggestions. This document could be sent thereafter to the European Commission and all European National Authorities, asking them to take actions promptly, towards solving the issues, supporting European doctors in Private Practice in their everyday work and activities (through EU and National funds) and giving them scientific opportunities for education, training and research, equal to hospital doctors. Funding projects for doctors in PP and legislation changes are of paramount importance.

B. Main Conclusions

A. GENERAL, PERMANENT ASPECTS

1. Postgraduate training with regard to practicing in private

Conclusion: 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. However, 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.

Suggestion: ?

2. Installing the necessary equipment for practicing

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

Suggestion: Funding from EU and National Sources should be given to Doctors in PP for obtaining specialized equipment and for other professional investments in their working place. Such funding projects, should be exclusively for doctors in PP who would be judged for eligibility under criteria applied only to doctors. These projects, should run normally every year in all European countries and include all specialized doctors in Private Practice.

3. Continuous Medical Education:

Financial support for attending scientific events

Conclusion: 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.

Suggestion: Financial support for loss of income, could be given to doctors in PP, when the doctor attends scientific events. Additionally, a contribution to subscription fees, travelling and lodging costs could be given. All these could come from EU funds and projects and should be applied to all European countries – members of EU. A roof to the numbers of events that would be funded or the total expenses per year, could be examined. All these would increase the number of doctors in PP who attend scientific events and thus will enhance their scientific level and consequently quality of patient care.

Private practice aspects in scientific events

Conclusion: 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.

Suggestion: National Scientific Societies and all scientific event organizers, could be urged to include PP aspects in the scientific program of the events. An invitation to doctors in PP to participate as speakers or instructors in the event, should be also a measure that would enhance their participation and attendance.

Fellowships (sub-specialization) for physicians practicing in private practice

Conclusion: There is a clear conclusion to this issue-question, from all countries and in all specialties, that fellowships for doctors in PP practically do not exist and there is no legal status or a legally regulating procedure for doctors in PP to have a fellowship (sub-specialization) in a public hospital. Such fellowships go mainly/normally to hospital doctors. Candidates from PP, additionally, experience difficulties in finding a training centre.

Suggestion: All European Union countries, should change their legislation, so as doctors in PP to have the same possibilities as hospital doctors for fellowships or sub-specialization in public hospitals. Additionally, private hospitals could be validated upon certain scientific criteria to offer official fellowships.

CME activities in public hospitals

Conclusion: 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 (38%) who say that this does not happen and there is a possibility that this is what it really happens. Probably, it is decided on an individual basis and there is not a general invitation to all doctors in PP to participate in such activities in the hospitals.

Suggestion: EU and national authorities could ask from Hospitals' administrations and Academic Institutions to invite normally PP doctors to participate in CME activities in the Hospitals and in the Universities. This should be a general rule and invitation to all doctors in PP, without exclusions.

B. COVID – 19 RELATED ASPECTS

Problems noticed:

With regard to logistics, the majority of respondents experienced at least temporarily imposed restrictions, partly by official regulations, partly due to a lack of personal protective materials (masks, gloves, face shields) and necessary adjustments to consultation room arrangements, in particular at the beginning of the pandemic.

Telephone and video consultation became quickly adopted with a huge variability in the brand of software as well in the liberty of choice amongst available packages.

Significant downsized workload was noticed among all specialties, in particular within surgical specialties. Urgencies could always be seen, without distinctions between known and unknown patients but within fixed time slots, with assisting persons accompanying the patients.

Work stress significantly increased due to additional tasks, protective tasks, being exposed to danger, the shortage of protective materials, the lower number of patients who most of the time themselves were more stressed.

Patient care in general was negatively affected by less face to face contact with patients, discomfort with videoconsultations, lower level of empathy, the limited time available to spend for a particular patient. COVID-protocols could lead to misdiagnosis, postponed diagnosis of severe diseases, their particular but also more commonly regular treatments, with as a result more severe cases and more expensive treatments. Preventive medicine many times has been overlooked.

With regard to one's own health only very few answers have been collected. Probably "a secondary rank problem", an issue many of our colleagues spend less attention on in times of crisis, high demands level.

Though telephone and video consultations were allowed, many times for a limited number only . The repercussion on income seems to be felt as considerable.

With regard to CPD related activities, respondents noticed a steep decrease but with a swift shift towards on line activities such as webinars, later also congresses. COVID-related webinars were imposed or strongly advised. Subscription fees were generally lower, already paid subscriptions were sometimes reimbursed, sometimes seen as prepayment for later activities. Concerning travel and lodging costs respondents notice a huge variety of scenarios.

Percieved professional status pre- en post-COVID-19

Not surprisingly, NMAs gave seldom an answer on the questions with regard to appreciation of the status of private practices. The answers from the Sections seem to support a general

increased appreciation by the general public for the work of colleagues working in private practice.

Suggestions for future actions by the UEMS:

Evenly unsurprising, most suggestions came from the Sections:

In general:
- 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

Concerning training:
- Training in PP should be made possible
- Residency programs in private practice should be created
- participation to collaborative studies and clinical trials
- Providing subspecialty programs

Concerning CPD:
- Support for attending congresses (e.g. finding a locum)
- Financial support while/after having attended CME events
- Free online CME courses
- Facilitating participation in meetings and congresses
- Make international journals accessible for PP

Concerning logistics:
- Allowing telemedicine practices
- Correct remuneration for telemedical interventions
- Information Technology support
- Support for software applications
- Negotiations with health insurers
- Charging teleconsultation should be legally made available
- Financial support for specialised equipment
- Financial support for protective material
- Funding support for necessary equipment for installing private practice

Conclusion:

Up until now, UEMS has spent poor attention to aspects of private practicing.

This questionnaire reveals that some specialties deployed more than other colleagues their clinical work within a context of private practice, though for many if not all, it makes up part of their professional activities.

This field of our professional activities is seemingly not covered by other associations in a way that addresses its specific opportunities and difficulties, even more during situations of crisis such as the current pandemic.

The suggestions given by the UEMS Sections offer a broad field of possible interventions UEMS could launch, support or explore.

The concretisation plan(s) of the suggestions listed above is/are up to the EEC to decide on. Prioritisation is a first step on the way forward. These initiatives should be undertaken in close collaboration with NMAs and Sections alike.