



# UNION EUROPÉENNE DES MÉDECINS SPÉCIALISTES EUROPEAN UNION OF MEDICAL SPECIALISTS

*Association internationale sans but lucratif International non-profit organisation*

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## A UEMS Initiative in Support of Colleagues in Private Practice (INSUCOPP)

### Survey Guide

**By Marc Hermans and Andreas Papandroudis, UEMS Vice Presidents**

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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?

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## 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

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## **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 %

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- 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, ...

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## - 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 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 !