



To Mrs Stella Kyriakides  
European Commissioner of Health

To the Health Committee of the European Parliament

To Mr/Mrs  
Health Minister of COUNTRY X

Dear ....

The COVID-19 pandemic has globally put a significant strain on all professionals working within their health care systems. It has imposed necessary ad hoc adjustments of all kinds to professional functioning. Adaptations were made on all levels of care, from academic and big private hospitals in big cities to the smallest soloist-run practices in distant locations in what is often referred to as ‘private practice’.

But it also clearly showed that the same expectation for the continued delivery of high quality medical care and education rested upon the shoulders of practitioners working individually or in smaller groups as on those of big institutions with their well elaborated logistics and staff. Many times, these smaller practices have functioned as gate keepers for the bigger hospitals to protect them from collapsing under a tremendous workload.

The professionals within bigger institutions can mostly rely on facilities and networks that they are embedded in. However, physicians working as soloists or within smaller practices saw themselves confronted with a significant support gap. They experienced a need for updated training, education, logistic adjustments and on occasions, basic protective materials.

The UEMS has become aware of this highly problematic situation. But trying to give the necessary attention to this field of interest, the Union also noticed that the term “private practice” itself covers a number of different situations of professional functioning for medical doctors in different regions and legal contexts.

For pragmatic reasons the UEMS decided to conduct a survey using this term “private practice” referring to medical professional activities outside big institutions such as academic hospitals, big general hospitals, publicly or privately owned, GP practices and primary care clinics. The survey focused on specific COVID-19 related problems but at the same time it also covered long standing issues. This survey generated responses from almost all European countries. Nonetheless it is acknowledged that national systems differ, so the outcomes of the survey may not apply to the same extent in every country.

The undersigned European Medical Organisations present the main conclusions.

#### *Pre-COVID-19 issues:*

The vast majority of respondents (>90 %) stated that there is a lack of funding for privately practicing physicians, be it national or EU related, for installing the necessary practice equipment or obtaining specialized equipment.

Physicians in private practice are highly educated and trained, normally take part in scientific events, and keep themselves scientifically up to date. Given that most doctors, regardless of the practice setting, do not benefit from sufficient financial support for subscription fees, travelling or lodging costs, they have to cover the cost of these expenses by their own means. In addition, they experience a lack of financial support for attending scientific events, for loss of income during their attendance.

Fellowships for privately practicing physicians hardly exist because of a lack of a legal framework or regulations. This prevents sub-specialisation for them within public or academic hospitals. Hence fellowships go mainly to hospital-related physicians while privately practicing candidates mostly experience huge difficulties in finding a training centre.

#### *Covid-19 related issues*

In particular at the beginning of the pandemic the majority of respondents experienced at least temporarily imposed restrictions. This was due partly to official regulations, partly to a lack of personal protective materials and to the necessary safety adjustments to consultation room arrangements.

All specialties noticed a significantly downsizing of activity, in particular within the surgical specialties (>80 %).

Respondents experienced how patient care was negatively affected because of less face-to-face contact, discomfort felt during video consultations, more limited time to spend on a particular patient.

COVID-protocols did lead to postponed diagnosis. This has evidently led to an increased severity in the clinical status, and evidently more expensive treatments.

Clearly, physicians could not spend time on preventive medicine, the losing party.

The European Medical Organisations underline that all doctors require adequate working conditions to provide competent and high-quality care.

Therefore, we emphasise the need to

- offer training opportunities such as residency programs
- participate in collaborative studies and clinical trials
- have access to subspecialty programs in training institutions
- obtain support from authorities by providing free access to enough CME/CPD events in order to warrant sufficient opportunities to keep one's necessary accreditation

Respondents also stress that telemedicine needs a solidly conceived legal framework. Beyond any doubt, it has contributed to safeguard the patient-doctor relationship, but it will never reach the same quality as a face-to-face contact.

Therefore, respondents request from authorities

- adequate working conditions for telemedical practice and implementation
- support for IT related bottlenecks, e.g. software applications

Following the conclusions and suggestions from the respondents, the European Medical Organisations signing below ask you to help to find a constructive solution for these issues.

Most probably a face-to-face meeting might allow for further clarification of these issues and might nurture discussions about suggestions for possible interventions.

Looking forward to your answer we remain respectfully yours,



UEMS: President: Prof. Papalois

AEMH: President:

CPME: President:

CEOM: President:

EJD: President:

FEMS: President:

UEMO: President