

Outcomes of CEOM Survey on the COVID-19 Pandemic

On behalf of the French Medical Council (CNOM), CEOM is conducting a survey on national teleconsultation practice and protection of healthcare workers in European countries, during the COVID-19 pandemic. The French Medical Council is working to ensure that necessary actions are taken in France to facilitate doctors' vital work, while protecting their health, during the ongoing sanitary situation.

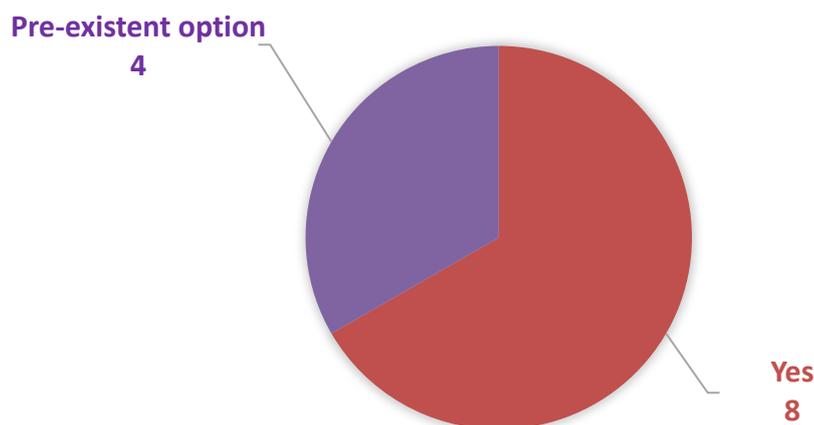
12 answers in total (65%):

Cyprus; Estonia; Greece; Germany; Italy; Luxembourg; The Netherlands; Portugal; Spain; Sweden; Switzerland; United-Kingdom

I- FIRST PART: TELECONSULTATION

a) Have you put in place exemptions on national level for a wider use of teleconsultation following the COVID-19 pandemic?

Exemptions

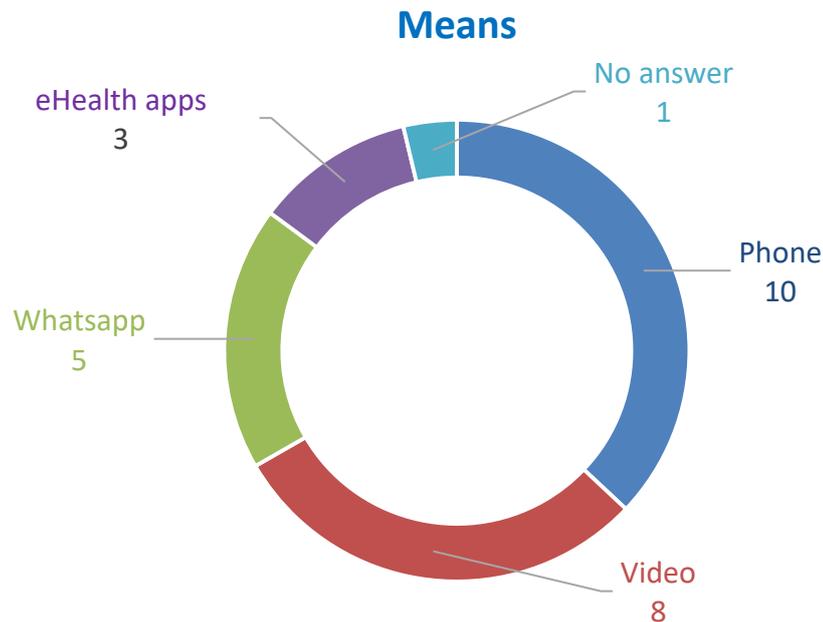


YES	
Cyprus	National guidelines are constantly evolving, therefore, the doctor may advice, give a prescription of medicines or ask for diagnostic examinations after teleconsultation.
Spain	Non-urgent face-to-face consultations have been suspended and priority is given to COVID 19 severe cases. On the other hand, the use of teleconsultation with probable symptomatology by COVID-19 has been extended.
Estonia	Before the outbreak it was decided that teleconsultation is possible only in case of a follow-up consultation (Doctor has seen patient before). Now, also the primary contact is allowed if decided by a medical doctor.
Italy	Social distancing has encouraged the use of digital tools

Luxembourg	Teleconsultation has been implemented exceptionally as a general rule to conduct a consultation during the pandemic. Doctors could decide if a physical consultation with the patient is necessary or not. This is a novelty seeing that the health system did not already allow such a wide use of teleconsultation. Meanwhile, a secure platform has been created in this context to allow the patient to have an online consultation with his doctor, dentist or midwife, either by audio or by video.
The Netherlands	Like a number of other health care organisations and the Dutch Data Protection Authority, the Royal Dutch Medical Association (KNMG) have published a news item about video consultations that can be used to avoid physical consult with patients. In this news item, we advise doctors to use secure applications when possible. We informed doctors that there are three categories of applications for video consultations: 1) especially developed for healthcare; 2) business applications (e.g. Zoom, MS Teams); 3) consumer applications (e.g. Skype, WhatsApp). Applications that were especially developed for healthcare are assumed to be developed to comply with the legal and professional rules and regulations for secure data exchange.
Portugal	All services, both public and private, have opted for video consultation and phone consultation. During the COVID-19 pandemic, a national number and service called-HEALTH24 was created to ask questions and refer patients with suspicion of COVID-19 to specific hospital centres that are prepared to receive them.

PRE-EXISTING POSSIBILITY	
Germany	Teleconsultation was already possible
United-Kingdom	The UK hasn't put in place national exemptions but have added additional FAQs to the GMC's website: https://www.gmc-uk.org/ethical-guidance/ethical-hub/covid-19-questions-and-answers#Remote consultations The GMC's long standing ethical guidance on telemedicine is still relevant and can be read here: https://www.gmc-uk.org/ethical-guidance/ethical-hub/remote-consultations
Sweden	There are 21 different healthcare systems per regions that are responsible for the healthcare and thus, the systems for teleconsultations vary according to the regions. This means that Sweden does not have one national teleconsultation practice. Even before COVID-19, the healthcare systems in these regions performed allowed a lot of consultation by telephone or video, but this has increased during the COVID-19 pandemic.
Switzerland	Teleconsultation can be offered to patients without changing the law. The infrastructure already exists or is developing with specific solutions for eHealth. On the other hand, the questions of reimbursement by insurance are not yet clearly defined, taking into account the increase in the volume of services related to teleconsultation.

b) Through which means?



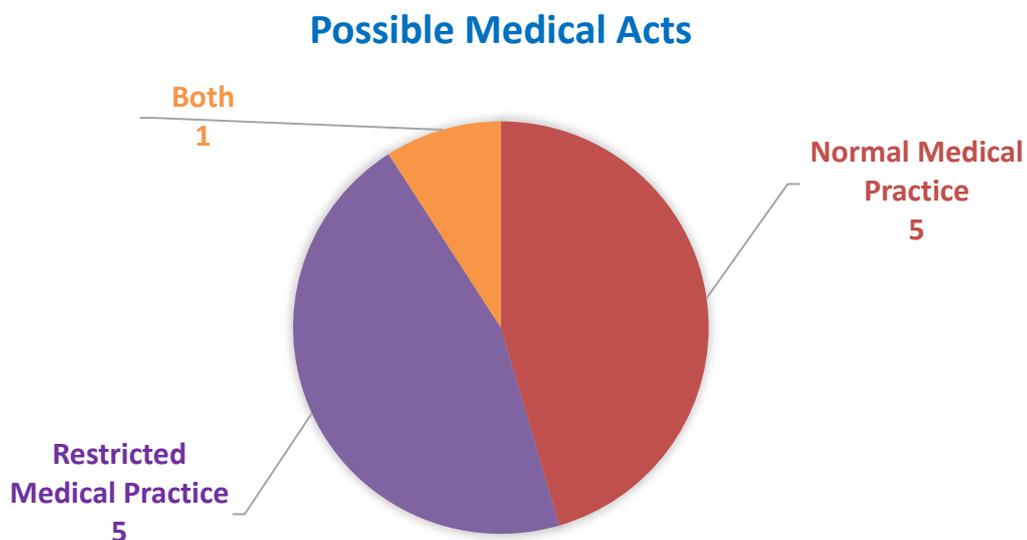
- **By phone:**
Germany; Cyprus; Estonia; The Netherlands; Switzerland; Sweden; Portugal; Luxembourg; Spain
- **By video:**
Germany; Spain; Luxembourg; The Netherlands; Portugal; Switzerland; Sweden
- **By WhatsApp:**
The Netherlands; Luxembourg; Spain; Switzerland
- **Other specialized applications for medical consultations**
The Netherlands: e-Health applications
Switzerland: *Hin Talk Vidéo*, with the support of the Swiss Medical Association (FMH)
Luxembourg
- **No answer:** United-Kingdom

c) How is medical confidentiality respected in these conditions?

Country	Modalities
Germany	The Professional Code, which also enables telemedicine, obliges the doctor to respect the medical confidentiality. However, there are no specific laws on how medical confidentiality must be respected when offering telemedical services. Same rules apply for face-to-face and telemedical services.
Cyprus	Confidentiality is guaranteed as the telephone conversation is just between the doctor and the patient.
Spain	The confidentiality clause is guaranteed as the patient deals directly with the doctor by phone. In addition of making the diagnosis as if it was a normal consultation, doctors only collect necessary statistical data without at any time sharing personal data (name, address, social security membership number, etc.)
Estonia	Phone consultations have been allowed previously. Same conditions apply.
Italy	In the relationship between the general practitioner and the patient, contact occurs between two people who have known each other for a long time and where a relationship of trust exists.
Luxembourg	<p>Teleconsultation being a medical act, traditional duties in terms of confidentiality remain the same and apply.</p> <p>However, doctors have the additional duty of guaranteeing the reliability of the teleconsultation device, by using technical means that meet the requirements of security, traceability and protection of private data.</p> <p>Similarly, it is up to doctors to ensure the proper transmission of documents related to teleconsultation (fees, certificate of incapacity, medical prescriptions, etc.).</p> <p>As such, the authorities have mandated an agency to set up a secure teleconsultation platform free of charge, accessible to patients and professionals. This platform guarantees the conditions for a confidential teleconsultation.</p>
The Netherlands	<p>It can be assumed, that most applications that were developed for healthcare, were developed to comply with regulations like the GDPR and national legislation, and also with security standards like ISO27001 or, in the Netherlands, NEN7510.</p> <p>Therefore, their advice is to use these applications whenever they are available. If not, paid business applications can be used. For the use of paid business applications, mostly agreements are made, also with regards to the storage and disclosure of the data. Finally, and only if necessary and no other options are available, it is allowed to use (free) consumer applications. Bearing in mind that the user sometimes pays with his data.</p>

	<p>In addition, KNMG advises healthcare providers to consider several duties of care, that we have in general also formulated in the KNMG's guidelines about handling medical data. With regard to online medical advice, these duties are:</p> <ol style="list-style-type: none"> 1) Inform the patient about how teleconsultation works; 2) Be sure to have sufficient relevant and reliable patient data; 3) Follow the professional rules for good quality and safety of healthcare; 4) Identify the patient; 5) Explain to the patient that the given medical advice is based on the information the patient has given; 6) Inform the patient's GP about the advice that is given.
Portugal	<p>A call centre will keep the same routine for taking appointment for consultations, as it was previously done (only essential data is collected). Only doctors can have access to the patients' medical history. After that, during the video call or phone call, medical confidentiality is guaranteed.</p>
United-Kingdom	<p>The GMC's long standing guidance on medical confidentiality is still relevant and can be read here: https://www.gmc-uk.org/ethical-guidance/ethical-guidance-for-doctors/confidentiality</p>
Sweden	<p>There are 21 different healthcare systems per regions that are responsible for the healthcare and thus, the systems for teleconsultations vary according to the regions. This means that Sweden does not have one national teleconsultation practice.</p>
Switzerland	<p>Different systems are available (doctors' initiatives, start-ups, Swiss Medical Association, specialised companies, etc.) with clear confidentiality criteria. There isn't a system that has prevailed yet. Some offer solutions for sending prescriptions, certificates and invoices, others do not.</p>

d) Which medical acts are possible through teleconsultation?



With regard to the usual medical exercise, the medical associations having chosen this answer explain:

- That there is a continuity of the usual physical consultation acts which are now done remotely. This is due to the fact that in most of these countries, consultation was already a general practice and digital tools exist (Netherlands, Luxembourg, Switzerland, UK).
- That teleconsultation is coupled with certain conditions depending on the country, for example: that the doctor has already consulted the patient physically for the first time (Luxembourg); that the teleconsultation be followed by a physical consultation (Switzerland).
- During the COVID-19 pandemic, Estonia allowed that even the first consultation could be done remotely, and not just the follow-up as it was before the pandemic.

Countries: Germany, Estonia, The Netherlands, United-Kingdom

With regard to the restricted medical exercise, the medical associations having chosen this answer explain that the teleconsultation:

- Cannot be generalized, especially in the case of serious illnesses (Portugal, Italy)
- Is limited to the supply of certificates for sick leave, prescriptions, simple diagnoses, patient monitoring, etc. (Cyprus, Italy, Spain).
- Is mandatory in case of suspicion of COVID-19 (Spain, Italy), however this necessary practice is criticized since it does not allow to be 100% safe and secure for doctors.

Countries: Cyprus, Spain, Italy, Luxembourg, Portugal

The case where the 2 options apply:

- Switzerland: For certain situations, a clinical examination is essential, and a second appointment can be requested with the physical presence of the doctor, or a blood test or other additional examination.

e) In the case of doctors working independently, how are teleconsultation acts remunerated?

Country	Modalities
Germany	Remuneration is set according to the doctor's fees scale, which applies to both patients in the public health insurance and private health insurance.
Cyprus	General practitioners have been remunerated using capitation fee. That means that they are paid according to the number of patients that are registered in their

	catalogue. So even with teleconsultation they get paid. Specialists have been paid using fees for service. So teleconsultation is not paid.
Spain	All private Hospitals and Medical Centres – where exclusively doctors can work independently – are currently working for the public interest, and they are providing human resources in favour of the National Security Health System. Therefore, teleconsultation is only covered for patients with private insurances in cases of emergency. Spain has no data regarding the remuneration nor the relation between the doctors working independently and private insurances.
Estonia	Doctors are remunerated only in the framework of national health insurance system.
Italy	No remuneration is currently planned.
Luxembourg	The remuneration for the teleconsultation act is aligned with the usual rate for a consultation of the specialty concerned.
The Netherlands	The Dutch Healthcare Authority (NZa) expanded the possibilities for healthcare providers to charge the costs of teleconsultation acts. As from March 1, 2020, remuneration is possible for medical advice provided by teleconsultation without seeing the patient physically. Compared to the regular procedure, no other conditions are applicable for the remuneration of teleconsultation acts.
Portugal	Most doctors work in the public sector or regulated health systems, so the payment of the consultation is guaranteed. In what concerns the private sector, nothing was defined, so doctors must find an individual solution and act case to case.
United-Kingdom	In the UK, the majority of doctors work for the NHS and are paid via the NHS.
Sweden	No answer
Switzerland	<p>There is a specific code for phone consultation, but with limitations that no longer need to be in the context of the pandemic.</p> <p>The society of psychiatrists recommended for example to its members to ask for the price of a normal consultation, but by indicating in the invoice that the consultation took place with electronic means (telephone or video).</p> <p>It is also with this arrangement that other medical companies charge, while waiting for insurers to publish at the federal level a modification of the current application of TarMed (medical pricing regulation).</p>

II- SECOND PART: PROTECTION OF HEALTHCARE STAFF

What are the measures put in place to protect healthcare staff? (? (Masks, personal protective equipment etc.)

Country	Modalities
Germany	The German health care system was not prepared for the current COVID-19 Pandemic. PPE was therefore not available in the required amounts.
Cyprus	<p>Recommendations:</p> <ul style="list-style-type: none"> • Protective equipment • Only urgent medical cases are examined • Only emergency surgery is conducted • Free up beds for more urgent cases • The appointments for flu cases have been postponed
Spain	<p>Recommendations:</p> <ul style="list-style-type: none"> • Personal protective equipment: masks, gloves, goggles and gowns. In many cases they are not effective enough to ensure the protection of healthcare professionals. The total number of personal protective equipment are lower than the total number of healthcare staff involved with COVID 19.
Estonia	<p>Recommendations:</p> <ul style="list-style-type: none"> • Full protective equipment for COVID-positive patients / in case of possible COVID-19 • Protective masks for inpatient work in some hospitals • Postponing non-urgent consultations • Optional mask for outpatient consultation without symptoms
Italy	In hospitals, personal protective equipment is still scarce and limited. With regard to territorial medicine, during the first month of the pandemic, the national and regional health authorities did not provide PPE to medical personnel. Masks, gowns, gloves and glasses have been supplied at a later stage and in limited quantities (20/25 masks per doctor).
Luxembourg	<p>In addition to the usual prevention measures, health staff benefits from the following additional protections:</p> <ul style="list-style-type: none"> • Use of personal protective equipment (PPE) subject to correct use and compliance with disposal rules; • Use of electronic communications to interact with patients in situations where this is possible; • Use of physical barriers (glass or plastic panes) in patient arrival areas (like patient registration), pharmacy counters, triage areas in emergency departments; • Limitation of the number of health professionals in direct contact with the patient;

	<ul style="list-style-type: none"> • If there is a contact with a COVID-19 patient: Wearing a gown, gloves, eye protection and surgical mask (duration up to 8 hours maximum if taking care of successive patients if mask remains dry and barrier gestures are respected) • If the procedure can generate aerosols: tracheal intubation, non-invasive ventilation, tracheostomy, cardiopulmonary resuscitation, manual ventilation before intubation, etc., health staff must replace the surgical mask with an FFP2 mask and use of a waterproof gown
The Netherlands	No answer
Portugal	<p>Nowadays, public hospitals are mainly focused in carrying out the treatment for COVID-19 patients. Personal protective equipment (PPE) is necessary for nurses, emergency units and intensive care. In Portugal, this equipment is not yet in sufficient number for all health staff (level 2-3 is necessary, waterproof surgical gowns, masks with filters, gloves, glasses, surgical cap, protective surgical boots and negative pressure respiratory isolation rooms). However, it is worth mentioning that the Portuguese government made efforts to acquire this equipment in the market despite the difficulties.</p>
United-Kingdom	<p>This is not a responsibility of the competent authority; it is for the employers (usually the NHS).</p> <p>However, we do have GMC advice which states: “Employers and contracting bodies should take all necessary steps to make sure staff are suitably equipped (for example, with protective clothing).</p> <p>Employers also have a responsibility to provide staff with the right information to minimise the risk of transmission</p> <p>If suitable equipment isn’t immediately available, difficult decisions may need to be made quickly about the safest and best course of action, taking account of clinical guidance.</p> <p>Factors to consider include:</p> <ul style="list-style-type: none"> • whether treatment can be delayed, or provided differently (e.g. remotely) • whether additional steps can be taken to minimise the risk of transmission • whether any doctors are at a higher risk from infection than other colleagues • what course of action is likely to result in the least harm in the circumstances. <p>Doctors should work with colleagues to provide the safest care possible in the circumstances. Keep a record of your decisions and how you have handled your safety concerns.</p> <p>If you have particular concerns about risks to your health, you should talk to your employer or contracting body as soon as you can.”</p> <p>This guidance can be read here: https://www.gmc-uk.org/news/news-archive/coronavirus-information-and-advice/our-guidance-for-doctors</p>

	<p>In addition, the UK Government and NHS leaders, including medical and nursing colleges, have this week published new guidance regarding PPE for NHS teams most likely to come into contact with Covid-19 patients. The full guidance can be found here.</p> <p>The guidance consists of recommended safe levels of PPE and the type of PPE that should be worn in the varying circumstances.</p> <p>The advice is as follows:</p> <ul style="list-style-type: none"> • any clinician working in a hospital, primary care or community care setting within 2 metres of a suspected or confirmed coronavirus COVID-19 patient should wear an apron, gloves, surgical mask and eye protection, based on the risk • in some circumstances PPE, particularly masks and eye protection which is there to protect the health and care worker can be worn for an entire session and doesn't need to be changed between patients, as long as it is safe to do so • more detail on what PPE to use in different clinical scenarios as well as community settings, such as care homes and caring for individuals in their own homes • when carrying out aerosol generating procedures (AGPs) clinicians should wear a higher level of protective equipment, these are listed out in the guidance • use of aprons rather than gowns for non-AGPs, including advice on thoroughly washing forearms if there is a risk of exposure to droplets, consistent with the UK policy of bare below the elbows and evidence reviews on the risks of healthcare acquired infections. There is enough supply of all safe PPE being recommended • WHO recommends the use of FFP2 masks but the UK has gone further and recommends the use of FFP3 masks. However, we are clear that FFP2 have been approved by the WHO and can be used safely if needed. There is good stock of FFP3 masks in the UK <p>Recently, the GMC published updated questions and answers on the topic of personal protective equipment (PPE) in the coronavirus FAQ section of the GMC ethical hub. They have expanded their 'working safely' section to include more detailed responses on:</p> <ul style="list-style-type: none"> • GMC's guidance on the use of PPE ; • what doctors should do if they have insufficient or inadequate PPE ; • if a doctor has the right to refuse to treat a patient without adequate PPE.
<p>Sweden</p>	<p>Their recommendation for PPE is gowns, gloves, medical masks, and eye protection (goggles or face shield) and for aerosol-generating procedures also respirator.</p>
<p>Switzerland</p>	<p>In Geneva, the different hospitals and clinics have divided the patients between them. Those who are COVID positive are treated in the cantonal university hospital, and the other non-COVID patients have been transferred to local clinics. The hospitals have all abandoned non-emergency operations to free up beds and staff. The cantonal university hospital has developed a large number of intensive care and intermediate care beds and hospital units have been diverted to accommodate COVID patients who do not need intensive or intermediate care. The number of intensive care beds has been kept sufficient to always have beds available for</p>

entrances if necessary. The masks and overalls were therefore sent as a priority to the cantonal hospital. The clinics also received almost sufficient supplies.

It was the doctors in the private sector who did not always have enough protective equipment. Most of these doctors therefore gave up on COVID screening tests, which were taken up by 4 centres, one university hospital group, 2 private clinics and one medical centre. There is also a mobile unit which works at home with a doctor and a nurse, in order to carry out home screening tests for patients who cannot move. There has been a shortage of equipment for COVID tests, a problem that seems to have been resolved today.

The monitoring of resources for health professionals is at the heart of the concerns of the cantonal authorities, and this seems to be implemented on a regular basis, avoiding too many shortages. The shortage of disinfectant gel was resolved by the intervention of a local perfume company, which redirected its production in this direction.

The Geneva Doctors 'Association stepped in to organize a pool of available doctors from which hospitals can draw immediately according to their needs. The association also organized distributions of masks and gel.