



**Fédération Européenne
des Médecins Salariés**
European Federation
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Country Report Belgium 2013

Significant news during 2013 were the following: budget cuts in the health care, discussions about the reform of the financing of the health care services, the way chronic diseases are supported and by the inclusion or not of non-conventional health care practices.

In 2013 we have experienced successive cost saving measures. On January 23rd 2013 the so-called medico-mutualistic agreement, which determines the tariffs of the medical acts performed already included a series of cost savings for an amount of 105 million euro. Moreover, on March 30th 2013, the Belgian government decided additional savings for an amount of 74 million euro without any negotiation with the medical organizations.

The federal minister of Social Affairs and Public Health, Mrs. Laurette Onkelinx, starts by the observation that the actual health-care financing system lacks transparency, is much too complicated and is the source of tensions between the different players on the field.

She announced the transition from the current system which is based on the reimbursement of individual acts performed as it is today towards a all-inclusive prospective financing for each pathology in the future. In order to support this reform of the Belgian health-care financing system, very unfavorable for the medical specialists, the government relies not only on the work performed by the Federal Expert Center (the so-called KCE, Kennis Centrum, Centre d'Excellence), which published a study favoring the all inclusive reimbursement based on the comparison of the financing systems in the neighboring countries, but also on the report by the May 2013 OECD study on Belgium where the international organization echoes those criticizing the actual financing system of the Belgian health care.

In its report, the OECD supports the views of health care economists who consider that

the nomenclature of medical acts in health care is obsolete as the tariffs related to those acts are not reflecting their reality anymore. Moreover, the minister has consulted with key stakeholders in order to set up a road map launched in October 2013 in which the minister wants to continue the consultations, but without the intention to reach a conclusion, since the elections are scheduled on May 25th 2014 (with the renewal of the MEP's, the Belgian MP's as well as the members of the regional parliaments).

The consultations have been organized without concrete decisions but there is a safe bet that they will be continued after the elections from July 1st 2014 onwards for instance with the introduction of the 6th reform of the state which transfers to the regions many competencies in the health care basket, such as for instance the recognition and partly also the financing of the hospitals.

Belgium has also started a process of introducing a multidisciplinary approach towards the care of chronic diseases. Between June 4th and July 5th 2013, the minister has asked 5 working groups to write a visionary note concerning the support of chronic diseases. In the conclusions of those Working Groups, lacking reality and weakly appreciated by the different medical groups, key words are patient empowerment as well as transparency of the information.

The recognition of complimentary medicine in Belgium remains a controversy, the GBS as well as the main trade union organizations reject the direction taken by the Belgian health care authorities. Against the advice of the Medical Academies as well as the Medical Faculties, the minister of Health seems to continue to support those non conventional practices and wishes to support their accessibility.

The year 2013 ended with some confusion about the planning of the medical workforce. In this planning, there are major regional discrepancies and conflicts, especially as on the French speaking part of the country, there is no limitation of the entry to medical studies while on the Flemish speaking part of the country there is an examination before starting medical studies since 15 years limiting the numbers. According to a study, it appears to be very difficult to allocate about 1000 medical doctors in the next years. The same study also concludes that Flanders controls much better the entry of the young colleagues. The GBS-VBS in this following the views of the Flemish medical student's association supports the limitation of the medical workforce and the establishment of a Numerus Clausus on the whole Belgian territory.