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Country Report Belgium 2014

Dr B. Maillet

Significant news during 2014 were the following: New federal minister of Social affairs and public health, health-system financing reforms announced in the government agreement, discussions about the reform of the financing of the health care services, numerus clausus aimed at controlling the incoming flow of physician and at redirecting it towards the medical specialities in shortage.

Federal elections were held on May 25th 2014, where Mrs. Laurette Onkelinx, social affairs and public health minister since 2007 and her socialist party were defeated.

The 11 October 2014, she was replaced as minister of Social Affairs and public health by the liberal Mrs Maggie De Block.

Although being herself a physician (general practitioner), Mrs. De Block supports the transition from the current system which is based on the reimbursement of individual acts towards an all-inclusive prospective financing for each pathology in the future, and did not put her predecessor's reform on hold.

Mrs. De Block immediately expressed her concern to launch health-system reforms of the hospital, which would allow gain efficiency, while maintaining an above-average universal health coverage in the country.

The minister will reuse her predecessor roadmap and diagnosis based on the Federal Expert center, and other governmental or international bodies criticizing the current organization and financing of the Belgian healthcare system. The minister started informal talks with key stakeholders in order to schedule her hospital system and financing reform, which will be implemented from 2015. In the meantime, the minister cut the health spending growth by signing a new agreement between doctors and health insurers to fix the growth norm of the healthcare expenses at 1.5% for the 2 coming years, while health economists or the Belgian court of auditors recommends a growth norm of 3 % to cope the ageing population needs.

Since 1st of July 2014, the regions inherited many new healthcare competencies in their basket such as hospital agreement, and a part of hospital financing (hospital buildings and infrastructure).

Therefore, in order to implement her reform the federal minister will have to cope not only with the claims of the stakeholders but also with the bunch of regional ministers 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.

At the end of 2014, there is still no agreement about the medical workforce planning and training: 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. The minister did mandate her administration, and the planning commission to produce a dynamical “physician register” in order to forecast the medical workforce taking into account the evolution of the medical population (and some shortage in some or physicians such as geriatricians or infantile psychiatrists”), as well as the evolution of the needs of the general population.