



**Fédération Européenne
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GRUPEMENT DES UNIONS PROFESSIONNELLES BELGES DE MEDECINS SPECIALISTES

VERBOND DER BELGISCHE BEROEPSVERENIGINGEN VAN ARTSEN - SPECIALISTEN

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Belgium: activity report

2016

By launching many projects in 2016, the Minister of Public Health and Social Affairs, Dr Maggie De Block, who is now reaching mid-term, intends to reform the Belgian healthcare system in depth. The reforms will not only concern the hospital funding and the hospital landscape, where hospitals will be part of networks, but also widespread use of electronic prescribing, and multidisciplinary collaboration between all actors of care: several formal and informal meetings took place throughout the year and many crucial subjects were discussed.

Currently, at the federal level, no less than 8 administrative bodies are in charge of implementing and managing healthcare policies! Those administrative structures might be merged into a single administrative healthcare structure, in order to increase efficiency and costs. The purely formal adoption of a new healthcare law in 2015 is now being followed by a legal package aimed at fostering collaboration between healthcare professionals. In the new legislation, a “licence to practice” will probably replace the current visa of the medical specialist. This new legislation, which will replace the 50 years old Royal Decree No. 78 of 10 November 1967 is still a work in progress. The GBS-VBS reacted to the first draft note in order to defend the rights of the medical specialists in the establishment of a diagnosis, and to ensure respect for right of defence, which was not guaranteed in the concept note.

During the year, medical specialists and the GBS-VBS were particularly involved in the feasibility study on the reform of the hospital payment system. The minister’s idea is to classify hospital stays in three clusters and to apply a different payment system to each of the clusters. She asked the Belgian healthcare knowledge centre KCE to delineate the 3 clusters. GBS experts were invited to validate the low variability cluster for which a prospective payment system for the fees and the hospital stay is proposed: they can ask that some APR-DRG be removed from the cluster stays for purely medical reasons. In order to put in place a prospective payment system for the low variability cluster, the authorities need to assess the part of the physician’s work in a medical act. Therefore, the minister mandated the ULB public health school to build up a scoring of the physician’s acts through a wide survey; such a scoring can only be done in collaboration with the medical specialist, and the GBS-VBS was involved in the data collection process: no less than 5000 surveys were sent; the answer rate reached 17%. Once all data will be collected, GBS-VBS medical specialists will also take part in the scoring validation per specialty in 2017.

In 2016, the High Council of Medical Specialists and General Practitioners, where seats Dr Jean-Luc Demeere, President of the GBS-VBS, continued to work on updating recognition criteria for many specialties, including Pneumology, Radiology, Endocrinology, Pathological anatomy. The Board of Governors has adapted the recognition criteria based on the UEMS training guidelines. The High Council refers to the UEMS training guidelines.

2016 was also marked by tensions regarding the number of doctors to be trained, taking into account the physician demography's and professional habits' evolution, and the establishment of medical specialists from other member states. The Flemish and the French-speaking communities have a different conception of the trainee's selection, which exacerbates political tensions between the linguistic communities. Finally, the Minister of Higher education of the French Community, Jean-Claude Marcourt, will pass a decree to organize an entrance examination for Francophone students in the next academic year. With regard to the trainees, the GBS-VBS is also particularly concerned about the lack of internship places for the years to come: 1,500 trainee places missing in the country, of which 1000 in the French speaking part. The shift from 7 to 6 years to obtain the medical doctor's basis degree explains the lack of training places. The GBS-VBS and the academic authorities are working together with the competent authorities to find adequate solutions.