



**Fédération Européenne  
des Médecins Salariés**  
European Federation  
of Salaried Doctors

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## YEAR REPORT BELGIUM 2019: FEMS

The Belgian government lost its majority due to issues about immigration and the Paris agreement on climate change. Therefore it continued working as a caretaker government and it was decided to combine the federal elections with the elections for the European Parliament scheduled on 26 May 2019.

The results of the elections further widened the existing gap in the country, giving more power to left wing parties in Wallonia and Brussels and right wing parties in Flanders. This made the formation of a federal government even more difficult than the last time, when it took 541 days, beating Afghanistan in the Guinness Book of Records for the longest government formation.

At this moment, some regional governments have already been installed, such as the German Community, the Brussels Region, the Walloon Region and the French Community and things are going forward for the Flemish government. Only the Federal government remains a huge problem...

At the same time the Federal Minister for Social Affairs and Health wishes to introduce hospital networks in order to improve the efficiency and cost of running the system. In the French Community this initiative has received very diverse reactions, especially because it does not correspond with already existing collaboration agreements between different hospitals. Belgium is divided in 25 hospital networks.

The hospital landscape will change drastically and will no longer be based on philosophical collaboration, but rather on geographical collaboration. This evolution is perceived quite differently in the northern part of the country, where it is more or less accepted, and the southern part, where the formation of hospital networks encounters resistance.

This evolution may certainly have an impact on the medical practice, as in these new networks some departments might have to merge and specific activities might disappear in some hospital locations, forcing for instance doctors to move to another hospital if they want to continue to perform their activity.

The same will apply, of course, to all staff and infrastructure.

It is clear that one of the objectives of the formation of the networks is to enlarge the scale of some hospitals and make procedures more efficient and eventually save money.

Another important measure the ministry took last year is the introduction of the concept of low variable medical care, which implies that the value of the different components of these medical procedures is determined and a fixed tariff for these acts will be imposed everywhere.

A number of procedures, where there were no big differences in tariffing, were selected. For these procedures the tariff will be harmonized. The distribution of which share of the fee will go to which specialty will be defined in advance, so that there will be no surprises anymore.