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EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE  
EUROPESE VERENIGING VAN STAFARTSEN  
DEN EUROPÆISKE OVERLÆGEFORENING  
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ  
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI  
DEN EUROPEISKE OVERLEGEFORENING  
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES  
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES  
EUROPEISKA ÖVERLÄKARFÖRENINGEN  
EVROPSKO ZDRŽENJE BOLNIŠNIČNIH ZDRAVINIKOV  
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΙΑ ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ  
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

<b>Document:</b>	<b>AEMH 16-022</b>
<b>Title:</b>	<b>National Report Belgium</b>
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<b>Purpose :</b>	<b>Information</b>
<b>Distribution :</b>	<b>AEMH Member Delegations</b>
<b>Date :</b>	<b>17-05-2016</b>

## Report Belgium 2016

Nothing revolutionary!

1. Budget savings in all sectors.
2. Administrative constraints become very heavy: the obligation of direct payment by insurers for each consultation (G.P.); the obligation to provide an itemized invoice for each service (G.P. & specialists); etc...

Also: hoping to make savings, the Government encourages the use of a computerized medical file. It surely a good thing but causes an overload of administrative work.

3. The financial plan of hospitals is under revision.
4. Mutual companies deliver a hard fight against the liberal practice especially in hospital but not only.  
Why?  
While 80% of doctors committed themselves to respect social tariffs.
5. The problem of the shortage of doctors (principally in general practice) and adjustment of the “numerus clausus” is solved only in appearance through the institution of a competitive examination at the end of first year of studies. Indeed, there is always no valid census of medical practice and several hundreds of students do not know if they will be allowed to exercise or make a specialisation despite their diploma. All that on background of North-South feud.