



Union Européenne de Médecins Spécialistes  
European Union of Medical Specialists

**An expected future  
shortage of physicians**

**A personal perspective**

I have too many potential conflicts of interest to report

Ready to answer your questions during coffee breaks



# An expected future shortage of physicians

## Medical Specialists in Belgium: Regional Distribution

	<b>2019</b>		<b>2020</b>		<b>2021</b>	
	#	%	#	%	#	%
Belgium	29.565	100.0%	30.142	100.0%	30.750	100.0%
Flanders	16.124	54.5%	16.478	54.7%	16.900	55.0%
Wallonia	9.533	32.2%	9.733	32.3%	9.882	32.1%
Brussels Capital Region	3.908	13.2%	3.931	13.0%	3.968	12.9%



# An expected future shortage of physicians

## Trainees in Belgium: Regional Distribution

	2019		2020		2021	
	#	%	#	%	#	%
<b>België</b>	6.297	100.0%	6.470	100.0%	6.595	100.0%
<b>Vlaams Gewest</b>	3.251	51.6%	3.309	51.1%	3.398	51.5%
<b>Waals Gewest</b>	1.757	27.9%	1.748	27.0%	1.754	26.6%
<b>Brussels Hoofdstedelijk Gewest</b>	1.289	20.5%	1.413	21.8%	1.443	21.9%

Line 1



# An expected future shortage of physicians

## Medical Specialists in Belgium: Age distribution

	Totaal			Vrouw			Man		
	#	Kolom%	Rij%	#	Kolom%	Rij%	#	Kolom%	Rij%
<b>Totaal</b>	30.750	100.0%	100.0%	13.602	100.0%	44.2%	17.148	100.0%	55.8%
<b>-25</b>	0	0	0	0	0	0	0	0	0
<b>25-29</b>	49	0.2%	100.0%	37	0.3%	75.5%	12	0.1%	24.5%
<b>30-34</b>	2.936	9.5%	100.0%	1.738	12.8%	59.2%	1.198	7.0%	40.8%
<b>35-39</b>	3.236	10.5%	100.0%	2.000	14.7%	61.8%	1.236	7.2%	38.2%
<b>40-44</b>	3.041	9.9%	100.0%	1.775	13.0%	58.4%	1.266	7.4%	41.6%
<b>45-49</b>	3.530	11.5%	100.0%	1.950	14.3%	55.2%	1.580	9.2%	44.8%
<b>50-54</b>	3.281	10.7%	100.0%	1.716	12.6%	52.3%	1.565	9.1%	47.7%
<b>55-59</b>	3.300	10.7%	100.0%	1.375	10.1%	41.7%	1.925	11.2%	58.3%
<b>60-64</b>	3.130	10.2%	100.0%	1.053	7.7%	33.6%	2.077	12.1%	66.4%
<b>65+</b>	8.247	26.8%	100.0%	1.958	14.4%	23.7%	6.289	36.7%	76.3%



# An expected future shortage of physicians

Trainees' Countries of Origin of Undergraduate Diploma

Total / Belgian diploma / EU diploma / diploma outside EU

	2019		2020		2021	
	Aantal	%	Aantal	%	Aantal	%
<b>Total</b>	6.297	100.0%	6.470	100.0%	6.595	100.0%
<b>Belgium</b>	6.011	95.5%	6.183	95.6%	6.337	96.1%
<b>EU</b>	248	3.9%	238	3.7%	202	3.1%
<b>Non-EU</b>	38	0.6%	49	0.8%	56	0.8%



# An expected future shortage of physicians

## Licensed Psychiatrists / Psychiatric Trainees

	2019			2020			2021		
	Totaal	Vrouw	Man	Totaal	Vrouw	Man	Totaal	Vrouw	Man
Psychiatry	951	433	518	939	433	506	932	429	503
Neuropsychiatry	220	52	168	206	49	157	190	44	146
Child & Adolescent Psychiatry	389	307	82	402	317	85	420	333	87
Adult Psychiatry	829	412	417	863	430	433	914	463	451
Child & Adolescent Psychiatry	151	128	23	149	129	20	145	121	24
Adult Psychiatry	292	172	120	316	182	134	322	184	138





# An expected future shortage of physicians

WHO & European Observatory on Health Systems and Policies

POLICY BRIEF 53

## What can intersectoral governance do to strengthen the health and care workforce?

Structures and mechanisms to improve the education, employment and retention of health and care workers

Margaret Caffrey  
Tara Tancred  
Michelle Falkenbach  
Joanna Raven



World Health  
Organization

European  
**Observatory**

on Health Systems and Policies

a partnership hosted by WHO





# An expected future shortage of physicians

## WHO & European Observatory - PubMed Literature Search String

1	"Coordination" OR "Collaboration" OR "Partnership" OR "Stakeholder" OR "Committee" OR "Technical working group"
2	"unit" OR "department" OR "section" OR "division" OR "of-
3	governance" OR "management"
4	(#1) OR (#2) OR (#3)
5	(#4) AND ("human resources for health" OR "health work-force" OR "health personnel" OR "health staffing")
6	From 2004–2021



# An expected future shortage of physicians

WHO & European Observatory - Main conclusions 1/2

1. Providing political leadership from the top can set an agenda for HCWF development across the whole-of-government and the whole-of-society
2. Making intersectoral collaboration effective means sustained investment in relationships with key sectors and strategies that build trust
3. Countries need to strengthen intersectoral governance mechanisms to make them work for the HCWF agenda



# An expected future shortage of physicians

WHO & European Observatory - Main conclusions 2/2

4. The health and care sector needs to develop reliable data and forecasting if other sectors are to take it seriously.
5. Governments need to change the investment narrative for the health and care sector and spell out the co-benefits for other sectors of investment in the HCWF



# An expected future shortage of physicians

Planning for the future in Belgium - preparation phase 1/3

## 1. Updating the most recently available workforce data

licenced to practice ?

clinically active: self employed and/or employed ?

national insurance data to estimate full time equivalents

differentiating between general practitioners / medical specialists



# An expected future shortage of physicians

Planning for the future in Belgium - preparation phase 2/3

## 2. Using two central hypotheses

decreased working time as a societal evolution

differentially applied for general practice/specialties

changing health care demands (increased population and age)

differentially applied for general practice & 12 specialties



# An expected future shortage of physicians

Planning for the future in Belgium - preparation phase 3/3

2. Using two central hypotheses – 12 specialties considered “at risk”

Anatomopathology

Clinical biology

Radiology

Radiotherapy

Reumatology

Orthopaedics

Gynaecology/Obstetrics

Geriatrics

Internal Medicine

Physical Med. & Rev.

Medical Oncol.

Adult Psychiatry



# An expected future shortage of physicians

Planning for the future in Belgium - in concreto 2036

online survey with 10 Dutch and French talking colleagues

members of the Belgian Union Medical Specialists

delegates from the Dutch and French talking trainees

open questions about expectations

opinion balanced with experts from the Planning Commission Physicians





# An expected future shortage of physicians

Planning for the future in Belgium - forecasts/results from the survey

## Anatomopathology

gradual increase of about 20% in all age groups

## Clinical biology

gradual increase of about 20% in all age groups, both communities

## Radiology

gradual increase of about 5% from age 50 – 54, both communities



# An expected future shortage of physicians

Planning for the future in Belgium - forecasts/results from the survey

## Radiotherapy

steep increase 10% age 50 – 54, decrease French talking community >90y

## Reumatology

quick increase 20% in all age groups, both communities

## Orthopaedics

no increase expected (number of surgeons slightly exceeds needs)



# An expected future shortage of physicians

Planning for the future in Belgium - forecasts/results from the survey

## Gynaecology/Obstaetrics

no changes expected

## Internal Medicine

steep increase 20% after age 15 – 19, both communities

## Geriatrics

Quick increase 30% after age 75 – 79, communities



# An expected future shortage of physicians

Planning for the future in Belgium - forecasts/results from the survey

## Physical Medicine & Revalidation

Gradual increase 10% for all age groups, both communities

## Medical Oncology

gradual increase 20% after age 45 – 49, both communities

## Adult Psychiatry

Quick increase 50% after age 18 – 25, 20% other age groups  
in both communities



# An expected future shortage of physicians

Planning Commission's conclusions from the survey

decreased working time = general expectancy in all specialties

=> the forecast considers it a future reality

=> the algorithm uses a linear decrease in working time

FTE 2016	FTE 2036	Abs. Decr.	Rel. Decrease
0,90	0,82	0,08	-9,89%
1,00	0,90	0,10	-11,11%
1,20	1,06	0,14	-13,64%
1,40	1,20	0,20	-16,28%
1,60	1,34	0,26	-19,05%
1,80	1,48	0,32	-21,95%



# An expected future shortage of physicians

WHO & European Observatory - through EMOs looking glass 1/2

1. Providing **political leadership from the top** can set an agenda for HCWF development across the whole-of-government and the whole-of-society
2. Making intersectoral collaboration effective means **sustained investment in relationships with key sectors** and **strategies that build trust**
3. Countries need to **strengthen intersectoral governance mechanisms** to make them work for the HCWF agenda



# An expected future shortage of physicians

WHO & European Observatory - through EMOs looking glass 2/2

4. The **health and care sector needs to develop reliable data and forecasting** if other sectors are to take it seriously.
5. **Governments need to change the investment narrative** for the health and care sector and spell out the co-benefits for other sectors of investment in the HCWF





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shortage of physicians**

**A personal perspective**



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An expected future  
change of physicians  
**WORK IN  
PROGRESS**  
Can we develop a commonly  
shared strategy?  
**CHECK BACK SOON!**