

Flanders General Practice, an overview in 16 sentences and one question

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The Belgium health security system is highly accessible and based on solidarity and not cheap

The federal level has the money
(28 B, 3800 E per person, 10,4 %
GDP, top in Europe)

and Flanders runs primary care
and elderly (2,6 B)...

Hospital care takes 90 % and
prevention 0,3 percent

The Public seems satisfied (the system is not bad; UN 21th).

Flanders has one professional association, but no professional pressure (money). Our federal minister was a GP working with paper files?

Practices are small (1/1100)
and feminisation colors
practices. GPs earn good!

Majority of GPs work FFS.

However 30 percent comes with various fees..

And only 5 percent are in full capitation

Continuity of care is a big issue:
OOH, palliative, chronic care.
Problems with informational and
in-person care and `who does
what`.

Some regions lack GPs: inner cities and 'up country'.

In all Universities, GPs are in the core undergraduate curriculum.

The Inter University Consortium (ICCHO) trains about 900 trainees, about 28 percent of total graduates.

One in 6 GPs is involved in training!

The new GP curriculum addresses new concept like organisation, leadership, collaboration, urgent medical care and multimorbidity.

This consortium increasingly
adresses teaching, data of
primary care and a primary care
chair.

The changing landscape: more groups, nurses, assistants.

Do we explore new paradigms
towards ageing and
multimorbidity and technology..

Is primary care and the Flemish GP in the driver's seat?

