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

Roy Remmen, head of the Department
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 addressed 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?