



BELGIAN REPORT ON 09.10.2016. By Dr. WILLY ANDRE

E.A.N.A. MEETING PARIS 4/5 NOVEMBER 2016

Few discussion points in medical field:

1. Health Minister search healthcare efficiency

Quality must be sustained by three orientations:

* Competence of health suppliers: obtain diploma AND demonstrate qualification by visa or professional card and checking continual education extended and compelled.

* Healthcare must be multidisciplinary and integrated. Cooperation between healthcare suppliers: interdisciplinarity and multidisciplinarity.

* Patient must be the center of healthcare and must have an active role in his route of care. Via patient's rights, they drive their healthcare with the suppliers as co-pilot. GP ensure the coherence and continuity.

2. CIN (National Intermutuality College)

Mutuality vision about healthcare in Belgium:

- NHS creation
- use doctor's profile
- maximum activity doorstep for doctors
- price as per contract for drugs in hospital
- diagnose communication to mutuality.

3. E-recipe

All drugs prescriptions entirely by computer and cloud in 2019

4. Accreditation amended.

We are afraid that the universities would keep the management and move apart health professionals in the different options.

5. Medical supply.

Flemish part of Belgium set up examination before medical cursus from few years to limit the number of medical students. Walloon set up examination only after one year of medical cursus and there is a surplus of students. Federal government determine after medical cursus the quantity of doctors able to practice. Thus big discussion between Flemish, Walloon and government.