Health Professionals Report : Capacity, Accessibility and Production

Specialty of Interest : Geriatrician

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INAMI-RIZIV

Contents

Introduction

This report provides a comprehensive overview per healthcare specialty working within the Belgian health insurance system, within hospital and ambulatory settings.

Professional perspective :
- Aspects covered are: capacity, production (numbers and financials), subspecialties, replacement rates. Those aspects are described by gender, age, geography, type of activity, workplace, evolution.

Patient perspective :
- Accessibility and frequentation are described by gender, age, social status, geographical distribution, evolution.

Data Sources & Transformations

This report draws insights from the "Doc P" database, encompassing patients who sought care in Belgium and claimed insurance reimbursement. The database spans from accounting years :
- 2013 to 2023 for health professionals
- 2018 to 2023 for health professionals subspecialties
- 2018 to 2022 for insured coverage and patient frequentation

Each studied year N is coupled with socio-demographic data on providers as of December 31 N.

To address GDPR (General Data Protection Regulation) compliance for small cell data, numbers from fewer than 5 registered providers are hidden.

Contact

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Additional information

For official information regarding the number of healthcare providers :
- NIHDI : please click here
- MOH : please click here

Key Variables & Metrics

Healthcare professional perspective (specialty is determined by grouping NIHDI competency codes) :
- Demographic characteristics are age (groups by 10Y), sex (M/F), working address (or contact address if not available), communication language (Dutch/French) , convention status (full, partly), activity status (>1 intervention/year), type of prestation (see NIHDI nomenclature).
- Numeric characteristics are number of professionals (all providers registered within INAMI-RIZIV), number and cost of (reimbursed) prestations. Evolution is available since 2012 for professionals figures and since 2018 for the study of their activity.
- FTE (full-time equivalent) is calculated to determine the workload of a healthcare provider (= total reimbursements by provider in a given year divided by the median amount of reimbursements for providers aged 45 to 54 in the same specialty, see Annex 1). FTE values are capped at 1. The FTE for employed doctors in medical homes (lump sum financing) was estimated at 0.82 per doctor because the actual FTE cannot be evaluated given the absence of activity registration. Medical homes with lumpsum are not included in the productivity calculation. General practitioners with "Fee for Service" in the title specifies that doctors and patients in medical homes with lumpsum are excluded from the analysis.
- Working place : distinction is made between private, polyclinic, day hospitals, or hospital stays, depending on the place of prestation.
- Subspecialty Clusters : Healthcare providers within a specialty can be clustered based on ([sub] group of similar) nomenclature codes reimbursed or working place.
- Indicators of Density : FTE/10.000 insured, total activity/FTE, reimbursement/FTE, number of patients/FTE.

Patient perspective :
- Demographic characteristics are age, sex (M/F), address of residence (not treatment place !) (by region, province, etc.), social status (normal and preferential regime [BIM])) , type of specialty contacted during the year.
- Patients Indicators : insured coverage (% at least 1 contact) (N.B. Specialists in training included), insured frequentation (number of contacts/insured), patient frequentation (number contacts/patient).

A KPI (Key Performance Indicator) color system is used in this report. It is shown as
- Grey for contextual information
- Green for positive performance compared to starting year
- Red for negative performance compared to starting year

Limitations & Assumptions

- Professional density : metrics in this report were not standardized to a consistent population size, which means comparisons between regions or provinces may not be entirely fair or accurate.
- Patient analysis uses actual care years, not accounting years, unlike other analyses. If the analysis year is N, the last available year for patient analysis is N-1 in order to present relevant data.
- The calculation of FTEs may be impacted by modifications of competency codes over the years. A change within a specialty affects the median of reimbursements and thus generates breaks in the evolution of FTEs (see the recognition of nephrologists since 2022 for internal medicine). The median value changes depending on the year (see Annex 1).

Speciality Metrics and Comparison (2023) : Geriatrician

This sheet compares the specialty of interest (left) with comparison group (right).

Geriatrician

Competency Code	Description
10180	Geriatrics Specialists
10184	Geriatrics Specialists with recognition in functional and professional rehabilitation for the disabled

	Geriatrician	Internal Pathology
# N SubSpecialities	1	13
# N Total	483	9,345
# N Active	413	7,538
# Full-Time Equivalent (FTE)	283	5,194
€ Expenses per FTE	320,344	427,666

	Geriatrician % Active	Geriatrician % FTE	Internal Pathology % Active	Internal Pathology % FTE
65+	8%	4%	14%	8%
Convention	100%	100%	79%	74%
Accreditation	90%	95%	84%	92%

Internal Pathology

Profession
Cardiologist
Dermatologist
Endocrinologist
Gastroenterologist
General Internal Medicine
Geriatrician
Hematologist
Medical Oncologist
Neurologist
Physical Medicine
Pulmonologist
Radiotherapist
Rheumatologist

Geographical Accessibility (2023) : Geriatrician

INAMI-RIZIV

Geographical accessibility is measured by density, calculated as the number of FTE (Full Time Equivalent) per 10.000 insured and comparing the results between provinces and regions. Metrics in this report were not standardized to a consistent population size.

Indicators :
- Geographical distribution which enables to check for homogeneity.
- Evolution over 10 years and growth rate within that period.
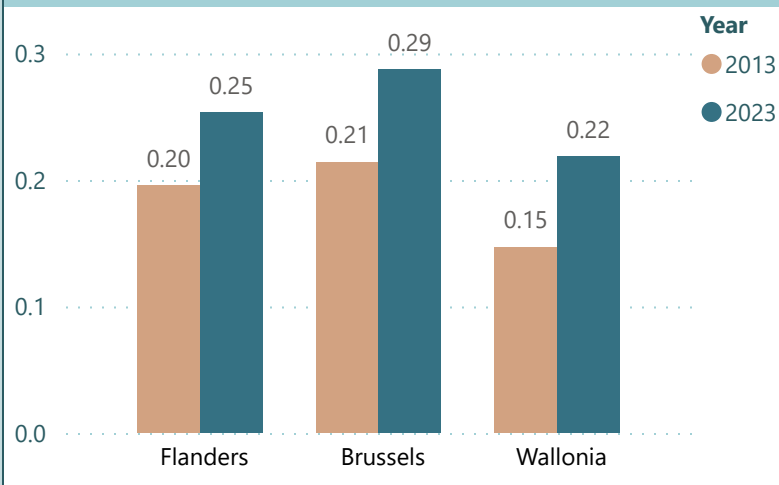- Comparison of number of FTE and number of insured to detect correlation.
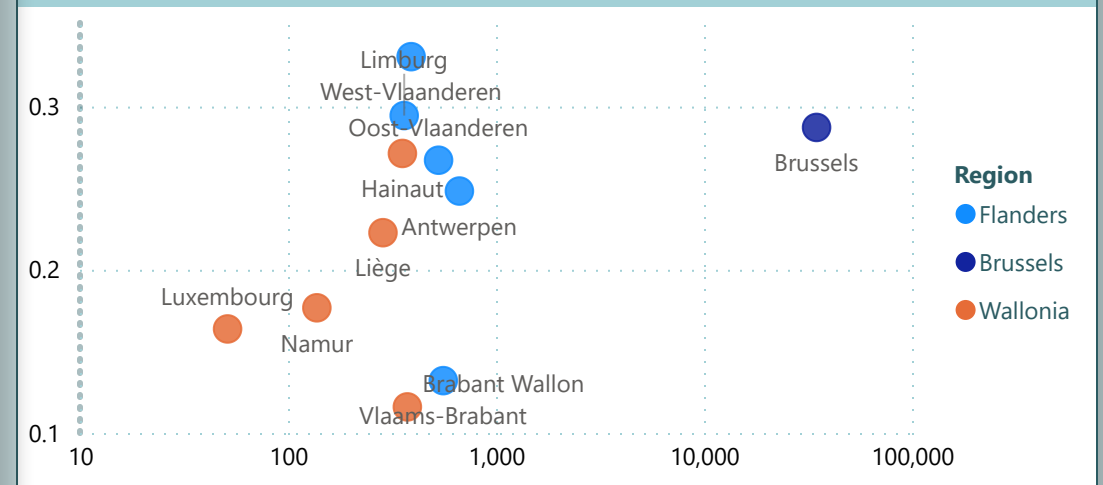
FTE per 10.000 Insured by Province

0.12   0.33

Microsoft Bing   © 2024 TomTom, © 2024 Microsoft Corporation
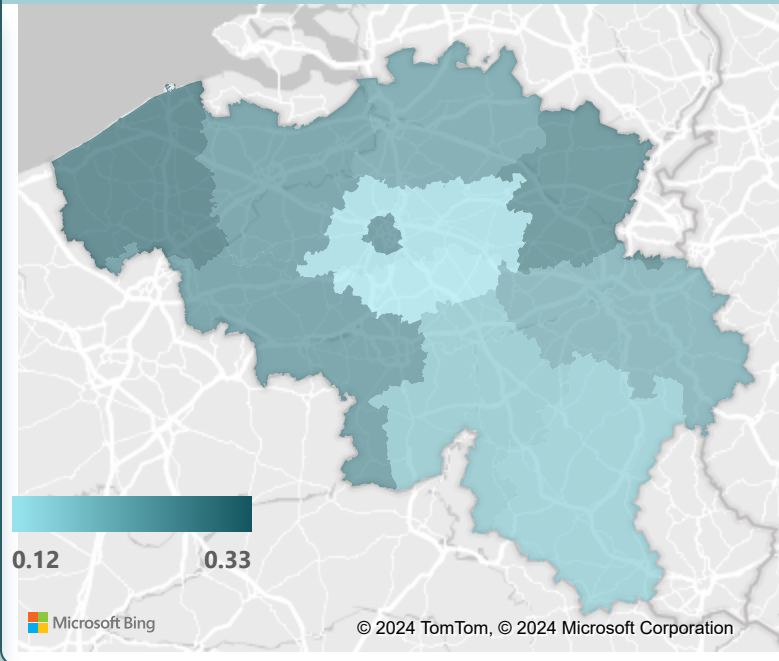
Demographic Information by Province

Province	#FTE	Density (FTE per 10.000 Insured)	%65+ (FTE)	%Women (FTE)
West-Vlaanderen	40.62	0.33	2%	78%
Oost-Vlaanderen	42.18	0.27	3%	73%
Antwerpen	47.47	0.25	7%	71%
Limburg	25.82	0.29	2%	55%
Vlaams-Brabant	15.52	0.13	11%	80%
Brussels	32.95	0.29	3%	64%
Brabant Wallon	4.74	0.12	0%	100%
Hainaut	36.45	0.27	3%	64%
Namur	8.92	0.18	0%	88%
Liège	24.62	0.22	7%	78%
Luxembourg	3.72	0.16	0%	99%
Total	**283.02**	**0.25**	**4%**	**72%**

FTE per 10.000 Insured in Belgium (2023)

0.25 ✓

2013: 0.18 (+35.18%)

FTE per 10.000 Insured, by Region (2013 vs 2023)

Year: 2013, 2023

Flanders: 0.20, 0.25
Brussels: 0.21, 0.29
Wallonia: 0.15, 0.22

FTE Density versus Insured Density, by Province

Region: Flanders, Brussels, Wallonia

Limburg, West-Vlaanderen, Oost-Vlaanderen, Hainaut, Antwerpen, Liège, Luxembourg, Namur, Brabant Wallon, Vlaams-Brabant, Brussels

Financial Accessibility (2023) : Geriatrician

Financial accessibility is measured by the number of conventioned FTE (Full time equivalent) by 10.000 insured.
Convention means that the professional is committed to respect prices determined in the NIHDI convention. This agreement can occur partly (at specific hours during the week) or totally (all the working hours).
The conventioned FTE for partially conventioned providers is calculated as half of their total FTE.
Indicators :
• % FTE meeting the criteria / total FTE
• Financial accessibility is gauged by conventioned FTE (Full Time Equivalent) per 10.000 insured.
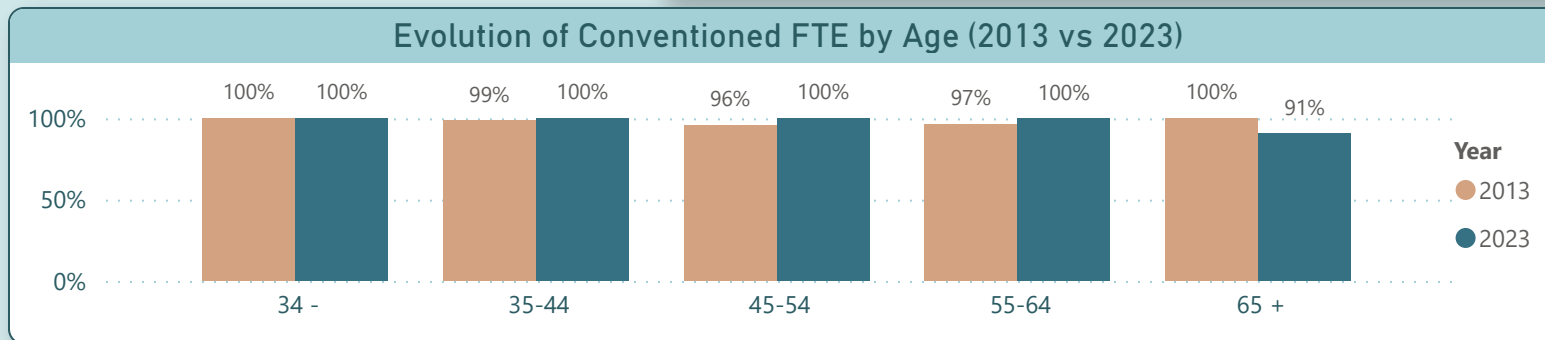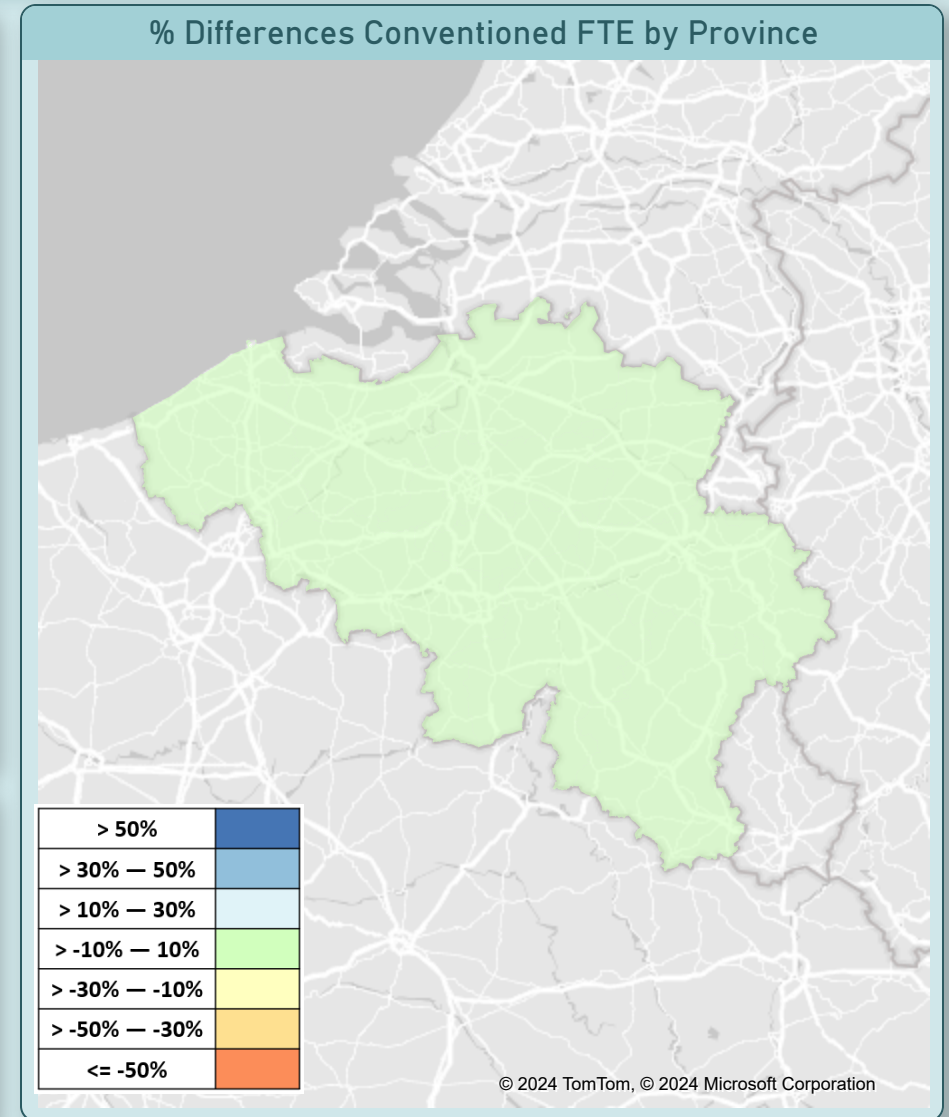
% Conventioned FTE (2023)

100% ✓
2013: 97% (+2.2%)
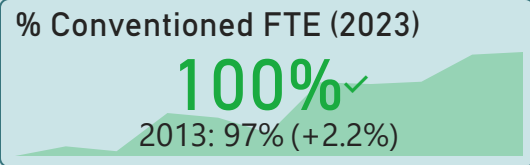
% Conventioned FTE by Language and Regime

Language	Part	Full	Total
FR	0%	99%	99%
NL		100%	100%
Total	**0%**	**100%**	**100%**

Demographic Information by Province

Province	Density (FTE per 10.000 Insured)	Density (Conventioned FTE per 10.000 Insured)	% Conventioned FTE
West-Vlaanderen	0.33	0.33	100%
Oost-Vlaanderen	0.27	0.27	100%
Antwerpen	0.25	0.25	100%
Limburg	0.29	0.29	100%
Vlaams-Brabant	0.13	0.13	100%
Brussels	0.29	0.28	98%
Brabant Wallon	0.12	0.12	100%
Hainaut	0.27	0.27	100%
Namur	0.18	0.18	100%
Liège	0.22	0.22	98%
Luxembourg	0.16	0.16	100%
Total	**0.25**	**0.24**	**100%**

% Differences Conventioned FTE by Province

Legend	
> 50%	
> 30% — 50%	
> 10% — 30%	
> -10% — 10%	
> -30% — -10%	
> -50% — -30%	
<= -50%	

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Evolution of Conventioned FTE by Age (2013 vs 2023)

Age	2013	2023
34 -	100%	100%
35-44	99%	100%
45-54	96%	100%
55-64	97%	100%
65 +	100%	91%

Continuous Professional Development (2023) : Geriatrician
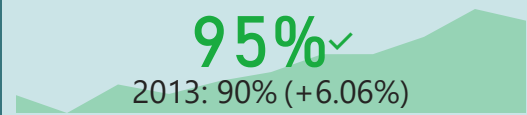
CPD (continuous professional development) is measured by accreditation criteria.
Accreditation means that the professional meets several CPD (continuous professional development) criteria (which indicates the will for quality of care).

Indicator :
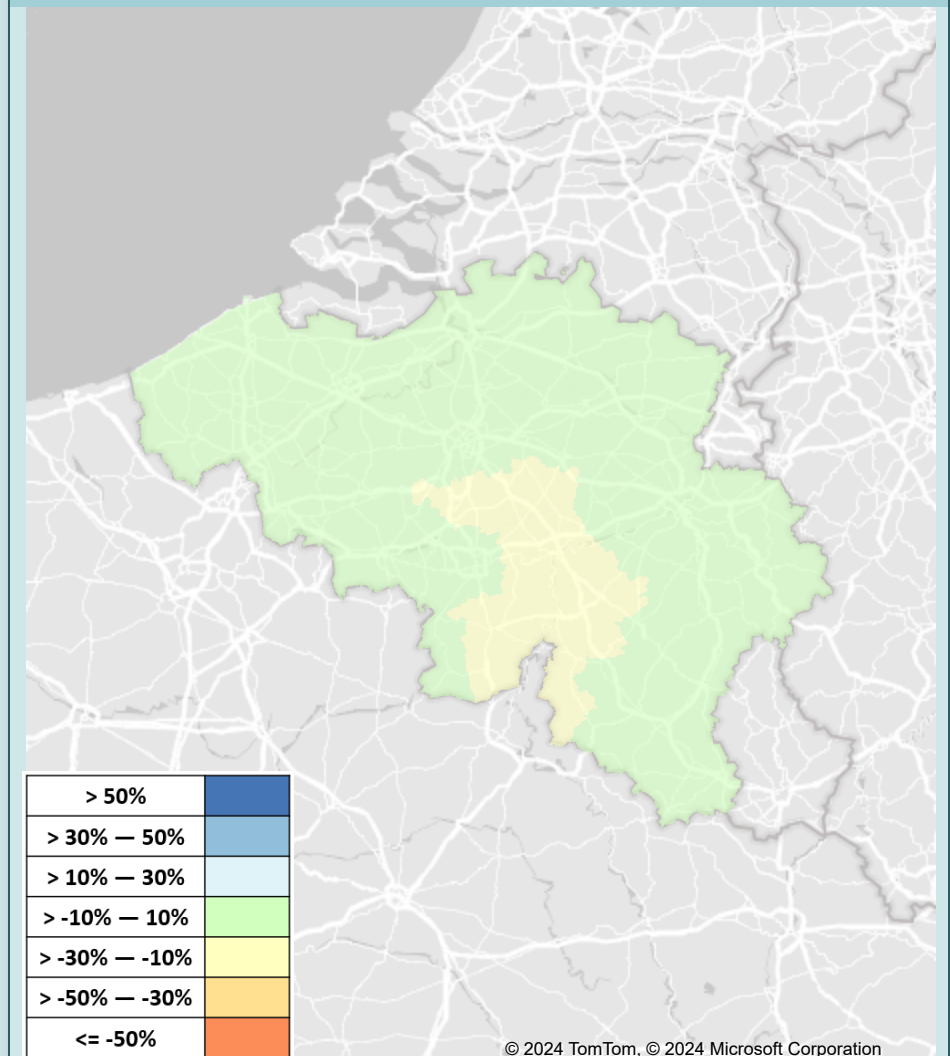• % FTE meeting the criteria / total FTE

% Accredited FTE (2023)

95% ✓

2013: 90% (+6.06%)

% Accredited FTE by Language and Gender

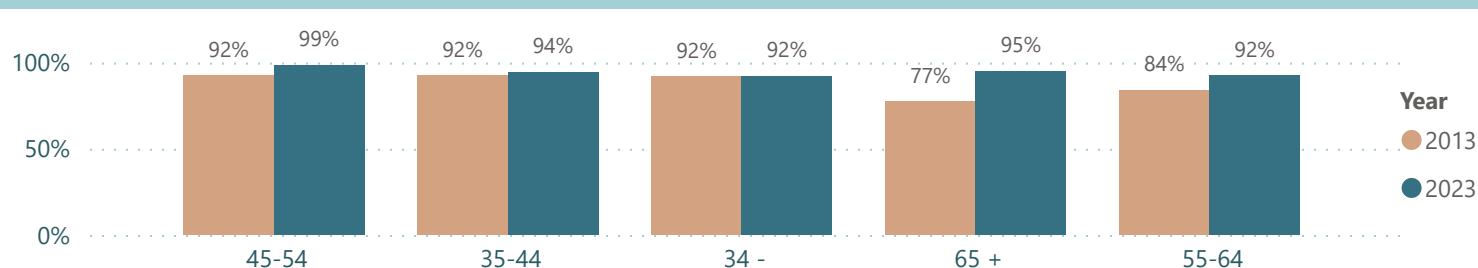| Language	F	M	Total
FR	91%	89%	**90%**
NL	97%	99%	**98%**
Total	**95%**	**95%**	**95%**

Demographic Information by Province

Province	Density (FTE per 10.000 Insured)	Density (Accredited FTE per 10.000 Insured)	% Accredited FTE
West-Vlaanderen	0.33	0.33	100%
Oost-Vlaanderen	0.27	0.26	97%
Antwerpen	0.25	0.24	98%
Limburg	0.29	0.28	96%
Vlaams-Brabant	0.13	0.13	97%
Brussels	0.29	0.28	97%
Brabant Wallon	0.12	0.09	80%
Hainaut	0.27	0.24	88%
Namur	0.18	0.14	78%
Liège	0.22	0.20	90%
Luxembourg	0.16	0.16	100%
Total	**0.25**	**0.23**	**95%**

% Differences Accredited FTE by Province

> 50%	
> 30% — 50%	
> 10% — 30%	
> -10% — 10%	
> -30% — -10%	
> -50% — -30%	
<= -50%	

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Evolution of Accredited FTE by Age (2013 vs 2023)

Age	2013	2023
45-54	92%	99%
35-44	92%	94%
34 -	92%	92%
65 +	77%	95%
55-64	84%	92%

Subspecialties Activity and Working Place : Geriatrician

The level of activity is measured by the total reimbursement amount of the specialty. The distribution of the reimbursement by specialty allows to distinguish different types of activity which are grouped to study what kind of procedures are done and where. The type of activity is described by 2 criteria: the place of work and the nature of the activity:
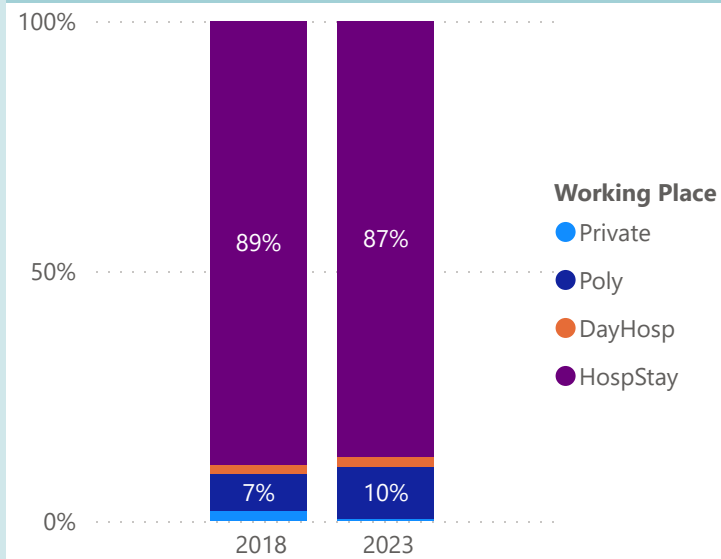
- The place of work is the place where the activity takes place (private, polyclinic, day hospital, hospital stay).
- The nature of the activity is described according to 2 logics of grouping. The traditional distribution of reimbursements within NIHDI (N01 contacts, N20 surgery, etc.) and a specific, more detailed breakdown to identify sub-specialties within the specialty (i.e. cardiac surgery within surgery).

Indicators :

- Reimbursement (in Euros) / FTE
- % Reimbursement (in Euros) by category / total reimbursement (in Euros)

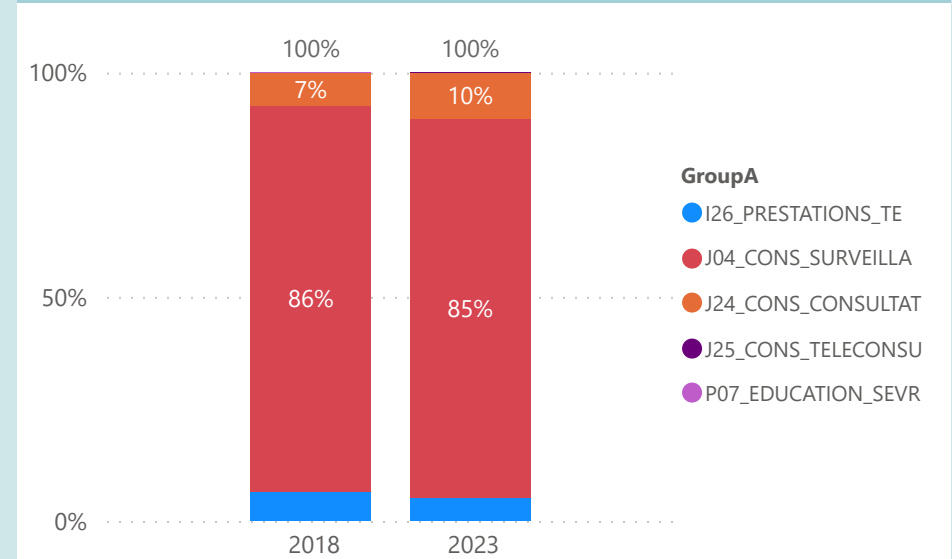The evolution provides information on the stability of the patterns of the activity comparing year N with N-5.

Reimbursement by FTE (2023)

320,742

2018: 290,075 (+10.57%)

Reimbursement by Working Place (2018 vs 2023)

Working Place
- Private
- Poly
- DayHosp
- HospStay

Top 5 Reimbursement (NIHDI Groups, 2018 vs 2023)

GroupN
- N00
- N01
- N13
- N50
- N56
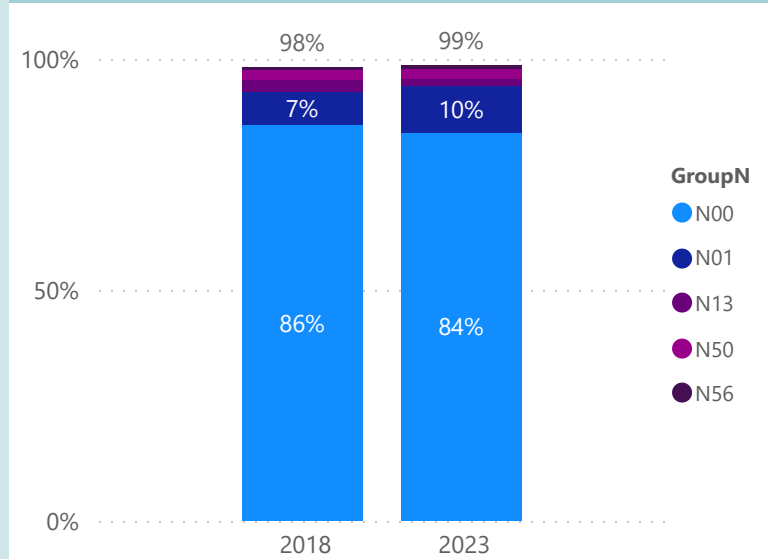
Top 5 Reimbursement (Specific Groups, 2018 vs 2023)

GroupA
- I26_PRESTATIONS_TE
- J04_CONS_SURVEILLA
- J24_CONS_CONSULTAT
- J25_CONS_TELECONSU
- P07_EDUCATION_SEVR

GroupN	Description
N00	Supervision of hospitalized beneficiaries
N01	Consultations visits and medical advices
N13	General special dispensations and punctures
N50	X-ray diagnosis
N56	Neuropsychiatry

GroupA	Description
I26_PRESTATIONS_TE	Technic prest.
J04_CONS_SURVEILLA	Monitoring
J24_CONS_CONSULTAT	Consultation
J25_CONS_TELECONSU	Teleconsult.
P07_EDUCATION_SEVR	Tobacco (educ.)

Subspecialties Activity and Working Place (2023) : Geriatrician

Subspecialties are identified by the working place and/or type of activity (see previous page): the assignment of a health care provider to a sub-specialty prioritizes the type of activity exercised. In general, the type of activity with the most reimbursements, if the amount exceeds 10% of reimbursements in all types of activity, determines the specialty of the health care provider. If no particular activity was identified for the specialty, the assignment was done on the criterium of the workplace: hospital, polyclinic, private. If there is no clear distinction between the different locations, then the cluster is named "Mixed". Clusters less than 5 FTE or less than 0,5% of total FTE are left out. Comparison of clusters helps to understand differences in nature of work.
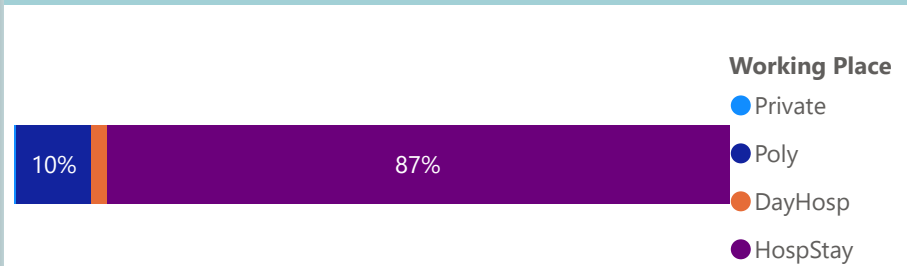
Indicators :
• % FTE by type of cluster
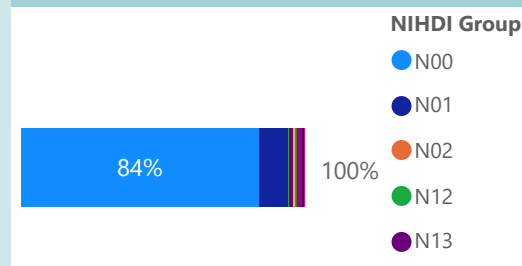• % type of activity (in Euro) / total reimbursement (in euro) by cluster

FTE and median Reimbursement by Subspecialty

Subspecialty	FTE	Reimb per Provider
Hospi	259	264,881
Mixed	21	161,573

Reimbursement by Working Place

Working Place
- Private
- Poly
- DayHosp
- HospStay

10% / 87%

Top 5 NIHDI Groups

NIHDI Group
- N00
- N01
- N02
- N12
- N13

84% / 100%

Top 5 Specific Groups

Specific Group
- CONS_CONSULTAT
- CONS_SURVEILLA
- CONS_TELECONSU
- PRESTATIONS_TE

10% / 85% / 100%
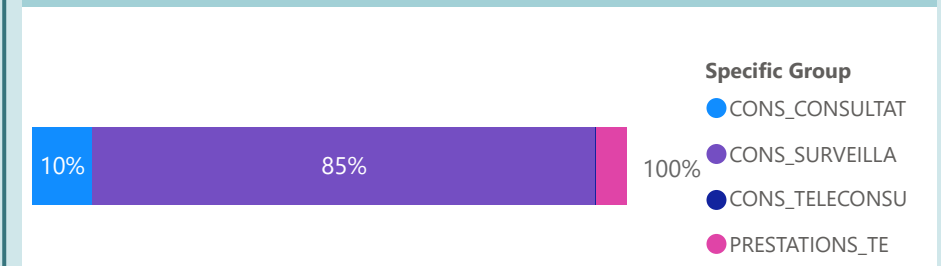
Reimbursement by Working Place, by Subspecialty

Hospi: 9% / 89%
Mixed: 32% / 61%

Working Place
- Private
- Poly
- DayHosp
- HospStay
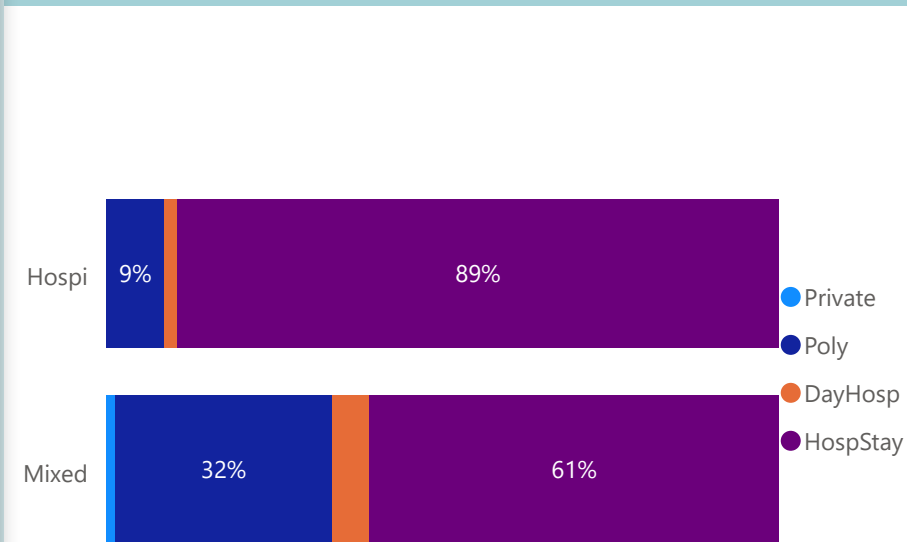
Top NIHDI Groups by Subspecialty

Hospi: 89% / 99%
Mixed: 52% / 35% / 96%

- N00
- N01
- N13
- N50
- N56
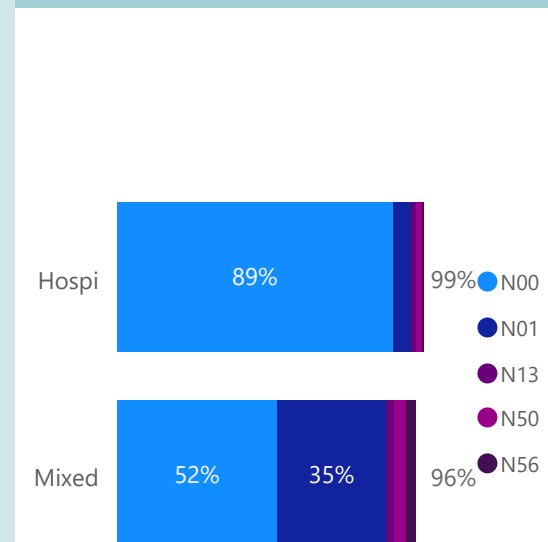
Top Specific Groups by Subspecialty

Hospi: 90% / 100%
Mixed: 35% / 53% / 12% / 100%

- CONS_CONSULTAT
- CONS_SURVEILLA
- PRESTATIONS_TE
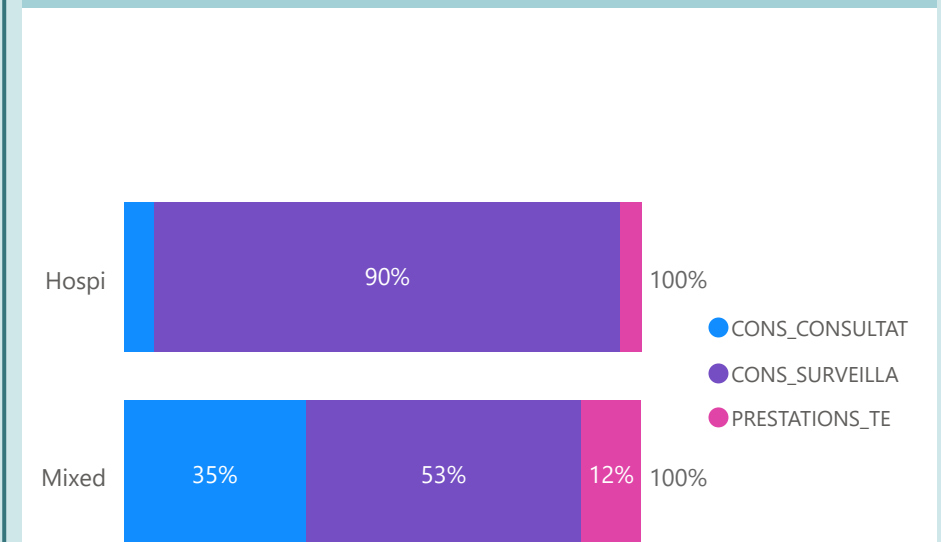
# Accessibility, Insured Coverage (2022) : Geriatrician

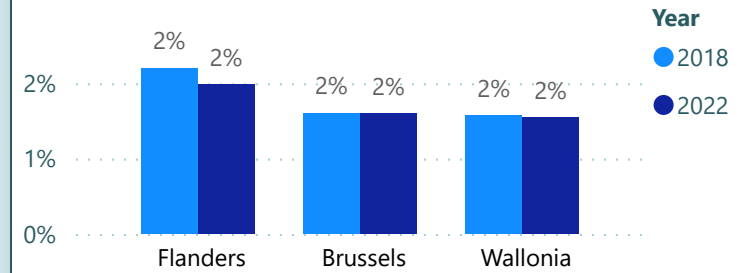Disparities in insured coverage can help to understand accessibility.

Indicator:
• Percentage of insured persons having at least one contact per year with the specialty (by category of patient) (N.B. Specialists in training included)

Comparison between categories of patients helps to identify possible disparities in accessibility by criterium (gender, age group, geography or socio-economic status, Global Medical File (GMF) status).
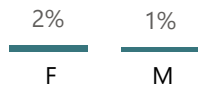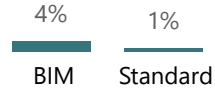
Insured Coverage by GMF Status

GMF Chronic	GMF	No GMF
6%	2%	1%
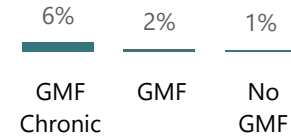
Insured Coverage Evolution by Region (2018 vs 2022)

Year: 2018, 2022

	Flanders	Brussels	Wallonia
2018	2%	2%	2%
2022	2%	2%	2%

Insured Coverage by Gender

F	M
2%	1%

Insured Coverage by Social Status

BIM	Standard
4%	1%

Insured Coverage (2022)
2%!
2018: 2% (-7%)
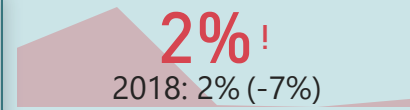
Ratio Female/Male (2022)
1.52
2018: 1.55 (-1.55%)

Ratio Bim/Standard (2022)
2.89
2018: 3.02 (-4.09%)

% Differences Insured Coverage between Provinces

Legend:
- > 50%
- > 30% — 50%
- > 10% — 30%
- > -10% — 10%
- > -30% — -10%
- > -50% — -30%
- <= -50%

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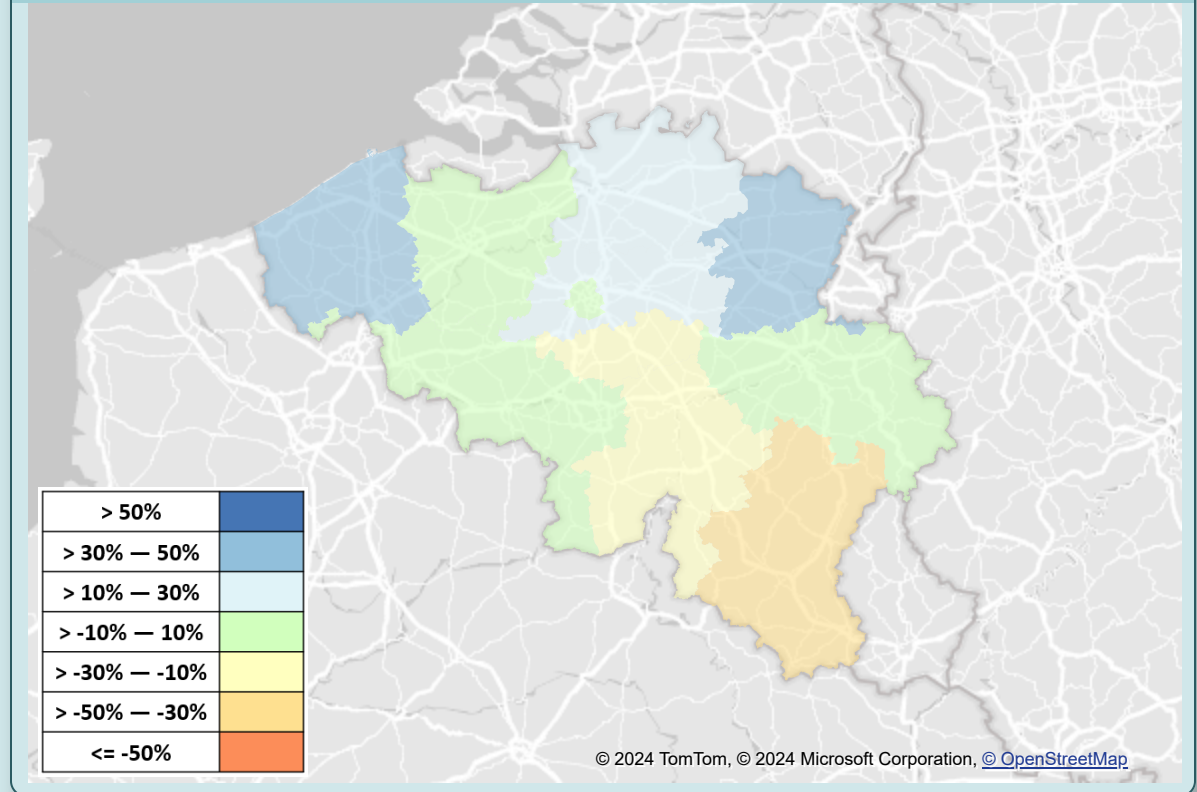
Insured Coverage by Age of Patients

00-04	05-09	10-14	15-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
0%	0%	0%	0%	0%	0%	0%	0%	1%	4%	20%
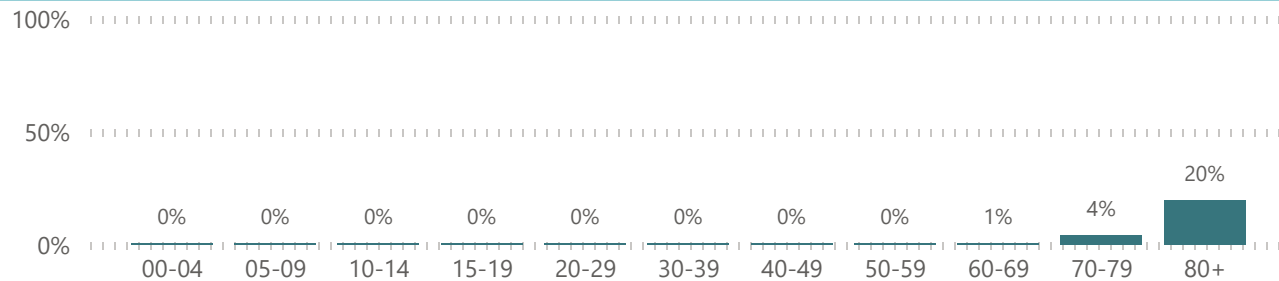
Accessibility, Contacts per Insured (2022) : Geriatrician

Number of contacts per insured is a complementary measure to understand accessibility.

Indicator : number of contacts (by category of insured) is respectively calculated
- per insured
- per patient (insured who at least has one contact with health provider)

Categories of insured are defined by several criteria : gender, social status, age group, residence geography.

Contacts per Insured (2022)
0.12
2018: 0.13 (-2.25%)

=

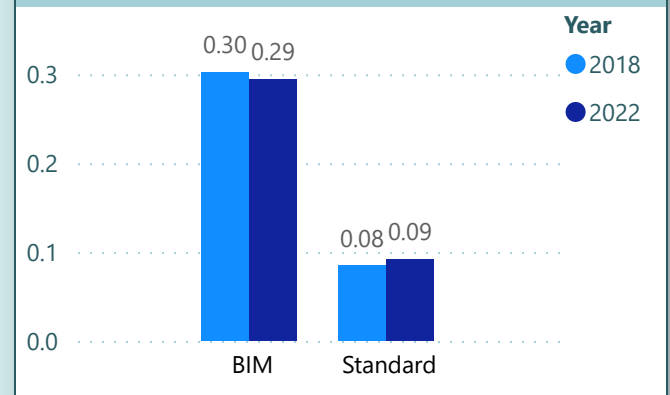**Insured Coverage (2022)**
2% !
2018: 2% (-8.21%)

✕

Contacts per Patient (2022)
6.92
2018: 6.50 (+6.5%)

Average Contacts per Insured by Social Status (2018 vs 2022)

	2018	2022
BIM	0.30	0.29
Standard	0.08	0.09

Age Patient	Contacts per Insured	Insured Coverage	Contacts per Patient
00-04	0.00	0%	1.06
05-09	0.00	0%	1.07
10-14	0.00	0%	1.13
15-19	0.00	0%	1.17
20-29	0.00	0%	1.21
30-39	0.00	0%	1.32
40-49	0.00	0%	1.58
50-59	0.01	0%	2.16
60-69	0.02	1%	3.41
70-79	0.29	4%	6.60
80+	1.66	20%	8.37

Average Contacts per Insured (2018 vs 2022)

	2018	2022
Flanders	0.13	0.13
Brussels	0.15	0.14
Wallonia	0.11	0.12

Province	Contacts per Insured	Insured Coverage	Contacts per Patient
West-Vlaanderen	0.16	2%	7.00
Oost-Vlaanderen	0.13	2%	7.61
Antwerpen	0.13	2%	6.60
Limburg	0.14	2%	6.16
Vlaams-Brabant	0.12	2%	6.40
Brussels	0.14	2%	9.08
Brabant Wallon	0.12	1%	8.21
Hainaut	0.13	2%	7.71
Namur	0.08	1%	6.26
Liège	0.15	2%	9.18
Luxembourg	0.06	1%	5.37
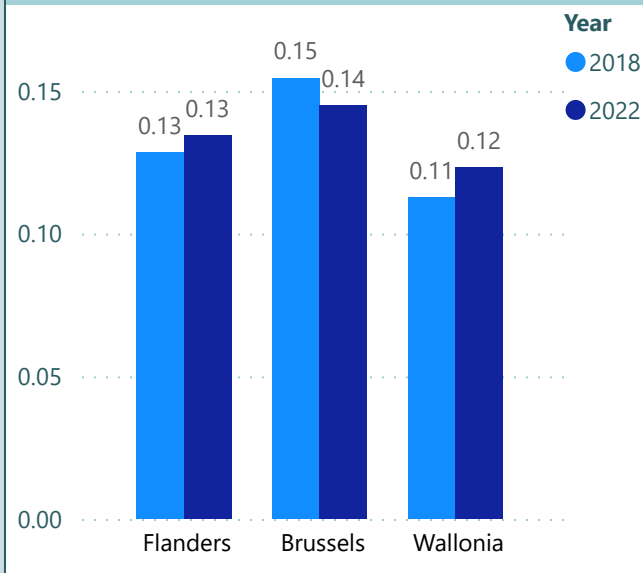
% Differences Contacts per Insured between Provinces

> 50%	
> 30% — 50%	
> 10% — 30%	
> -10% — 10%	
> -30% — -10%	
> -50% — -30%	
<= -50%	

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Patient Frequentation (2022) : Geriatrician
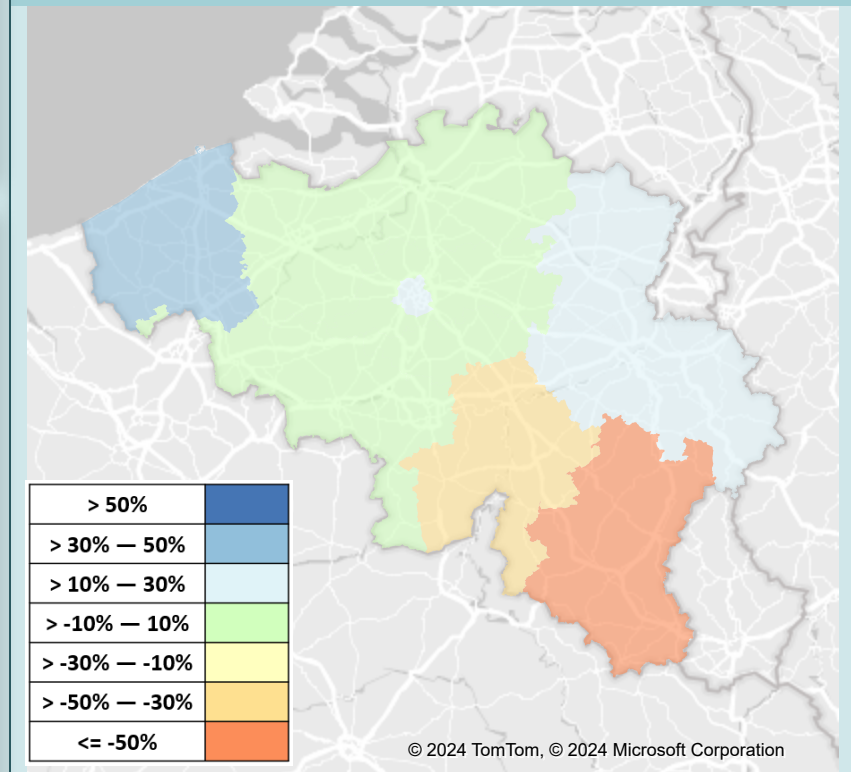
Frequentation of patients (number of contacts) is a measure to understand health consumption and workload.

Indicator : number of contacts (by patient category) is calculated per patient (insured who at least has one contact with a health provider).

Categories of patients are defined by several criteria : gender, social status, age group, residence geography, GMF (Global Medical File) Status.
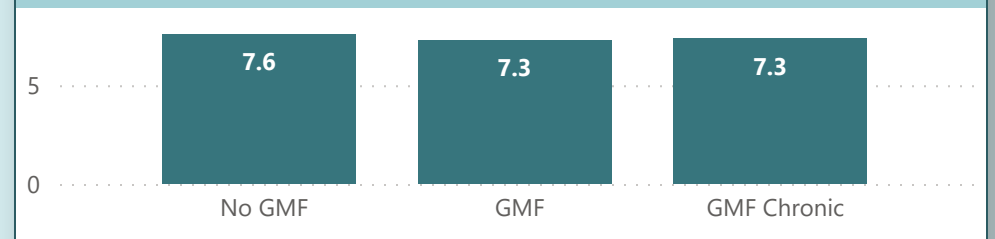
Contacts per Patient by Gender

F	7.4
M	7.1
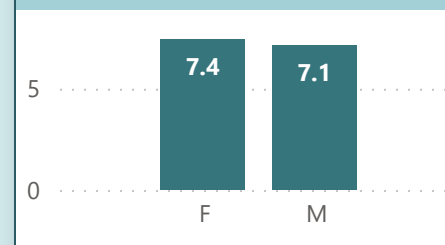
Contacts Per Patient by Social Status

BIM	7.7
Standard	7.0
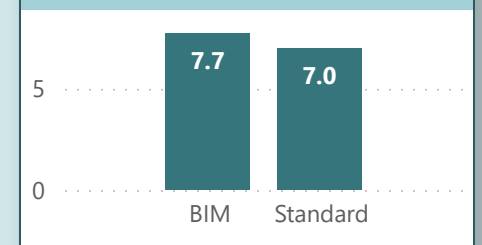
Contacts per Patient by GMF Status

No GMF	7.6
GMF	7.3
GMF Chronic	7.3

Average Contacts per Patient (2022)

6.92
2018: 6.50 (+6.5%)

Average Providers per Patient (2022)
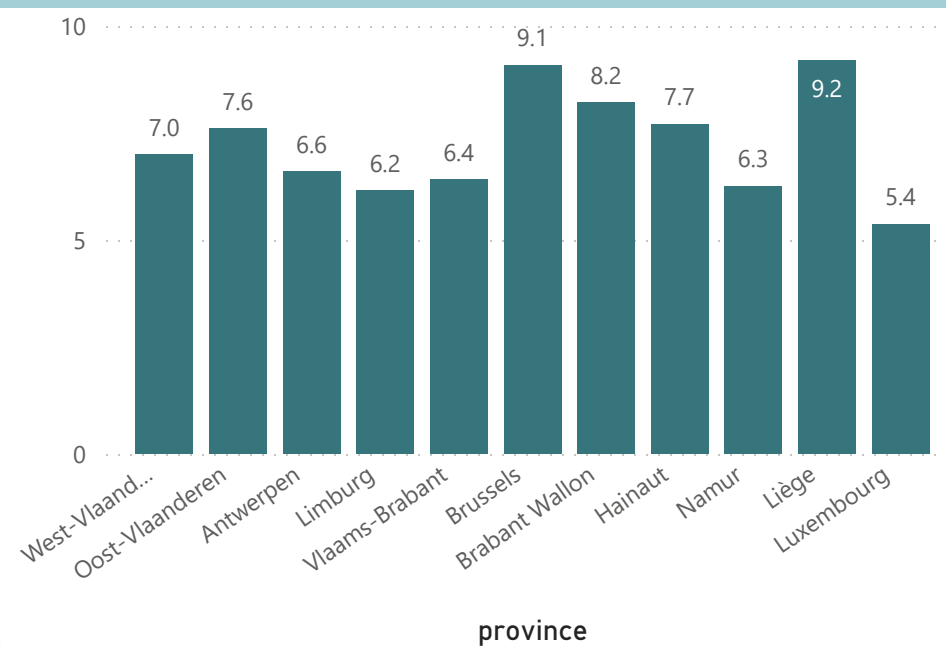
1.5
2018: 1.4 (+6.2%)

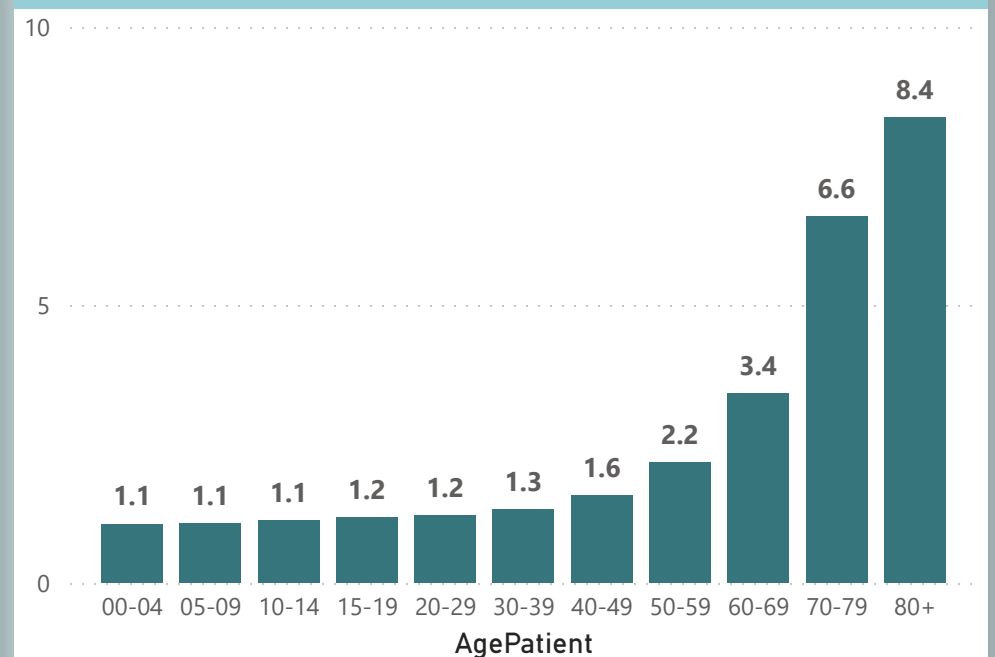## Average Age of Contacts (2022)

83.5
2018: 83.5 (+0.06%)

Average Age of Patients (2022)

78.6
2018: 77.6 (+1.35%)

Contacts per Patient by Province

province	
West-Vlaand...	7.0
Oost-Vlaanderen	7.6
Antwerpen	6.6
Limburg	6.2
Vlaams-Brabant	6.4
Brussels	9.1
Brabant Wallon	8.2
Hainaut	7.7
Namur	6.3
Liège	9.2
Luxembourg	5.4

Contacts per Patient by Age of Patient

AgePatient	
00-04	1.1
05-09	1.1
10-14	1.1
15-19	1.2
20-29	1.2
30-39	1.3
40-49	1.6
50-59	2.2
60-69	3.4
70-79	6.6
80+	8.4

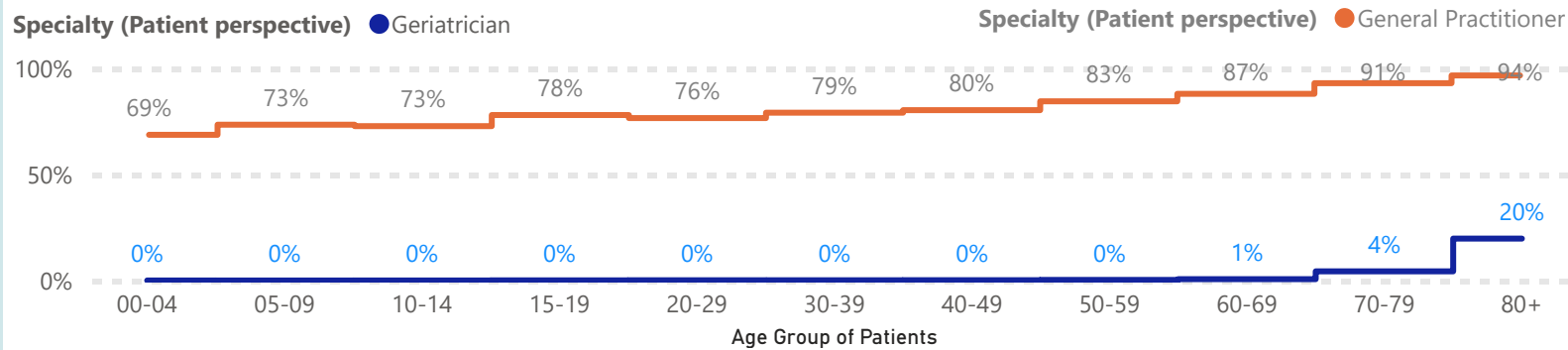# Complementarity with comparison group (2022) : Geriatrician

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Complementarity compares on the one side insured coverage and on the other side patient frequentation (contacts per patient).
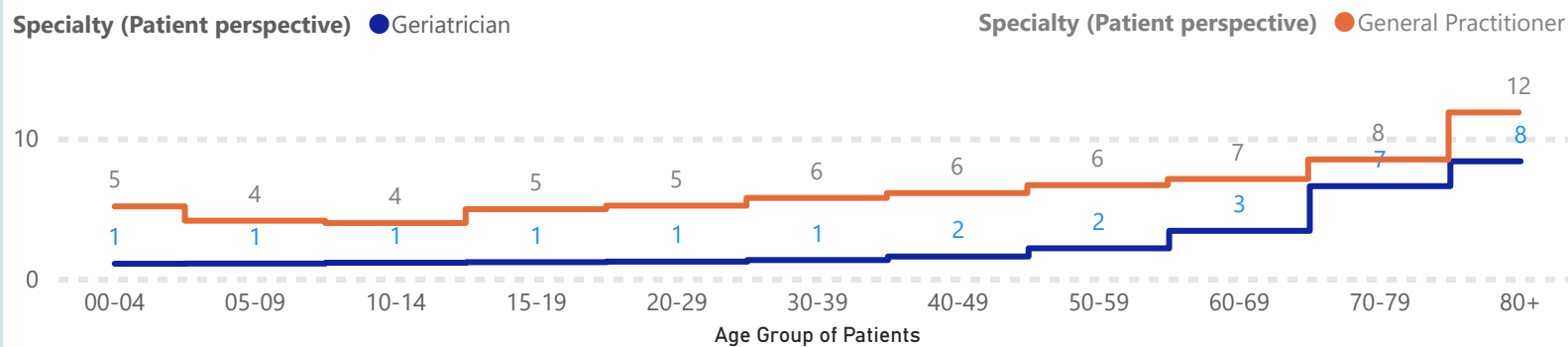
Indicators :
- Insured coverage
- Patient frequentation (contacts per patient)

Age Group Distribution of Patients

Geriatrician	General Practitioner

- 00-04
- 05-09
- 10-14
- 15-19
- 20-29
- 30-39
- 40-49
- 50-59
- 60-69
- 70-79
- 80+

Insured Coverage by Age Group

Specialty (Patient perspective) ● Geriatrician   **Specialty (Patient perspective)** ● General Practitioner

Age Group of Patients

Patient Frequentation by Patient Age Group

Specialty (Patient perspective) ● Geriatrician   **Specialty (Patient perspective)** ● General Practitioner

Age Group of Patients

Workload (2022) : Geriatrician

Workload by specialty provides insight into the work volume per year of the specialty by FTE and the patient base population (Individual patients are allocated to one single professional per specialty per year to build the patient base population for each single professional/ provider) (N.B. Specialists in training are excluded). The classification criteria are linked to the healthcare professional (age, language, gender, work address, convention status, accreditation)

Indicators:
• Workload : contacts / FTE
• Patient base population: Patients / FTE
• Contacts per patient per provider

Limitation : working address of health professionals can be different than the location of patients. This can explain differences in workload results (contact/FTE, patients/FTE) and lead to misinterpretation for geographical criteria (province) especially for small numbers of working professionals. Also if the number of FTE by cell is inferior to 5, contacts per FTE and patients per FTE are hidden.

Average Contacts per FTE (2022)

5,432
2018: 5963 (-8.89%)

Average Patients per FTE (2022)

743
2018: 906 (-17.97%)

Average Contacts per Patient and Provider (2022)

4.5
2018: 4.4 (+0.52%)

Province	Contacts per FTE	Patients Per FTE	Contacts per Patient and Provider
West-Vlaanderen	5,279	738	4.0
Oost-Vlaanderen	5,997	808	4.1
Antwerpen	5,125	778	4.0
Limburg	4,818	775	3.0
Vlaams-Brabant	5,126	810	3.8
Brussels	5,943	692	5.4
Brabant Wallon	6,094	728	6.5
Hainaut	4,871	641	4.9
Namur	3,866	591	4.2
Liège	7,239	801	6.6
Luxembourg	3,474	626	4.9

Age Class	Contacts per FTE	Patients Per FTE	Contacts per Patient and Provider
34 -	4,891	678	4.0
35-44	5,026	709	4.3
45-54	5,585	768	4.5
55-64	6,328	800	4.9
65 +	5,451	805	4.4

Gender	Contacts per FTE	Patients Per FTE	Contacts per Patient and Provider
M	6,274	886	4.4
F	5,095	686	4.5

Language	Contacts per FTE	Patients Per FTE	Contacts per Patient and Provider
FR	5,432	743	4.5
NL	5,432	743	4.5

Convention	Contacts per FTE	Patients Per FTE	Contacts per Patient and Provider
Full	5,431	738	4.5
No	5,686	1,627	2.9
Partial	5,818	2,941	1.9

Accredited	Contacts per FTE	Patients Per FTE	Contacts per Patient and Provider
No	6,763	821	6.0
Yes	5,376	740	4.4

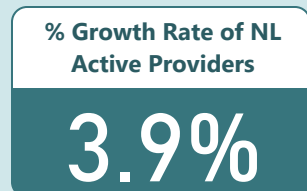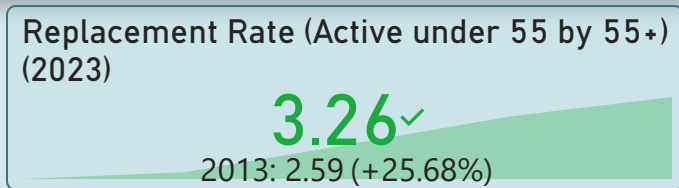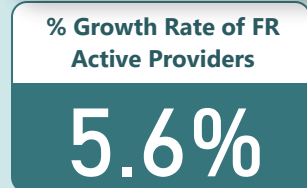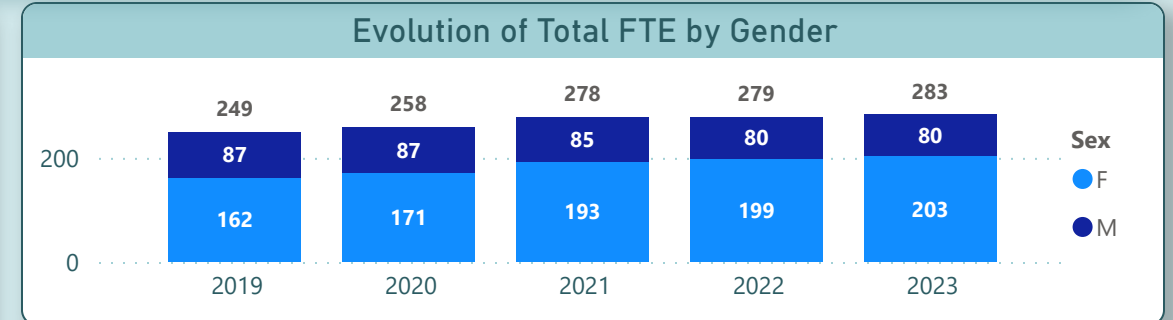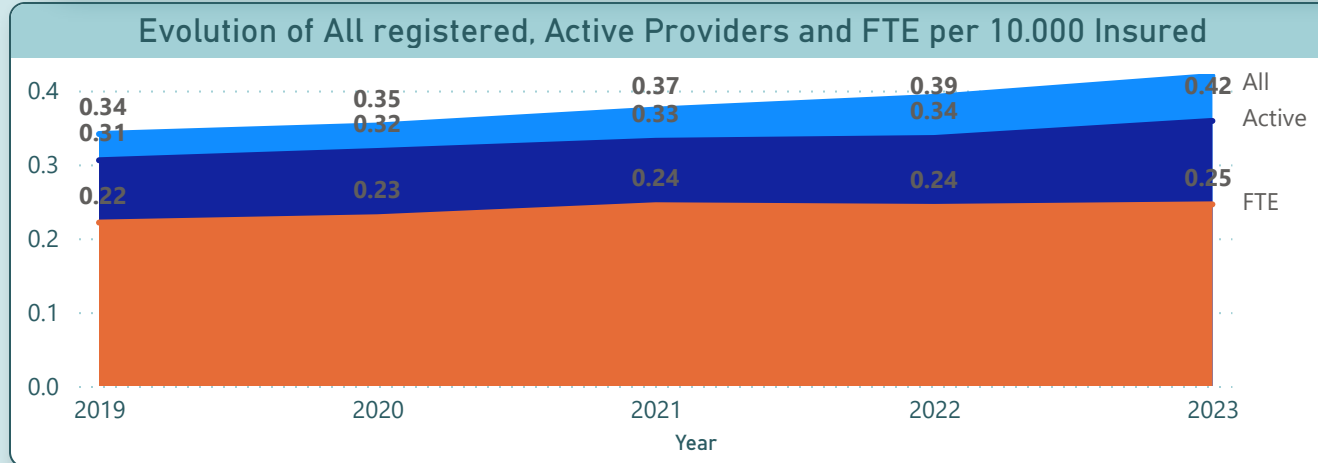# Evolution of the Workforce Demography : Geriatrician

Healthcare workforce demographics present active professionals having more than one activity per year on the <u>left side</u> of the page, while Full-Time Equivalents (FTE) are displayed on the <u>right side</u>. The analysis spans the past decade and is segmented by professional characteristics such as age class, gender, and language.

<u>Active indicators</u> (Left):
- Number of Actives (>1 prestation /accounting year) and its % growth rate over the past decade.
- Replacement Rate: Active professionals above 55 years compared to those below 55 years.
- Inactivity: % of inactive professionals in relation to the total.
- New Active Providers per Year: Annual influx of new providers (derived from linear regression over the past decade to estimate the average rate).

<u>FTE indicators</u> (Right):
- Equal proportion of gender: Indicates the percentage of female FTE in relation to the total FTE.
- Average FTE: Indicates the level of activity by dividing the FTE below 65 years with the total active workforce.

Evolution of All registered, Active Providers and FTE per 10.000 Insured

Evolution of Total FTE by Gender

Sex: ● F ● M

% Growth Rate of FR Active Providers	**Replacement Rate (Active under 55 by 55+) (2023)**	**New FR Active Providers per Year**
5.6%	**3.26** ✓ 2013: 2.59 (+25.68%)	**8.7**

% Growth Rate of NL Active Providers	**% of Inactive Providers < 65y (2023)**	**New NL Active Providers per Year**
3.9%	**5%** ✓ 2013: 2% (+142.31%)	**7.7**

Avg FTE per Active Provider < 65y (2023)

0.72 !
2013: 0.75 (-4.83%)

% Female among total FTE (2023)

72%
2013: 54% (+32.78%)

Evolution of FTE Proportions by Language

Language: ● FR ● NL

Demographic evolution by age group and activity of professionals above 65 years (provides information on the demographic stability).
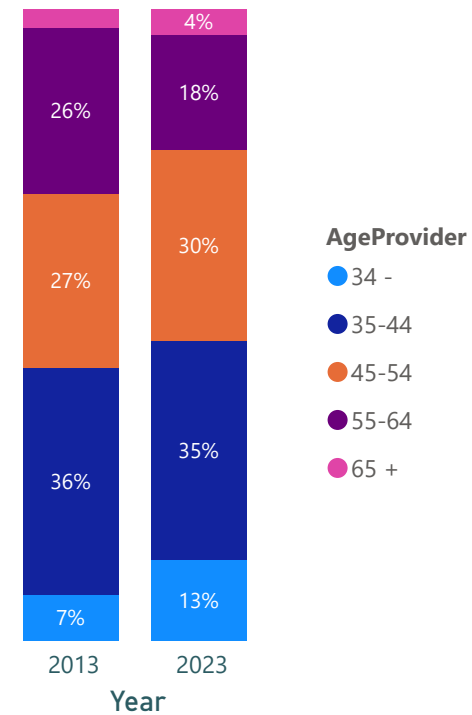
Indicators :
• Trend in age group distribution (active/FTE),
• Age FTE : average of a professional's age weighted by its corresponding Full-Time Equivalent (FTE) value, by language of the provider.
• Contribution of older practitioners to the overall activity: % 65+ FTE/ Total FTE

Workforce Evolution (Active Providers) by Age Group (2013 VS 2023)

Year
● 2013
● 2023
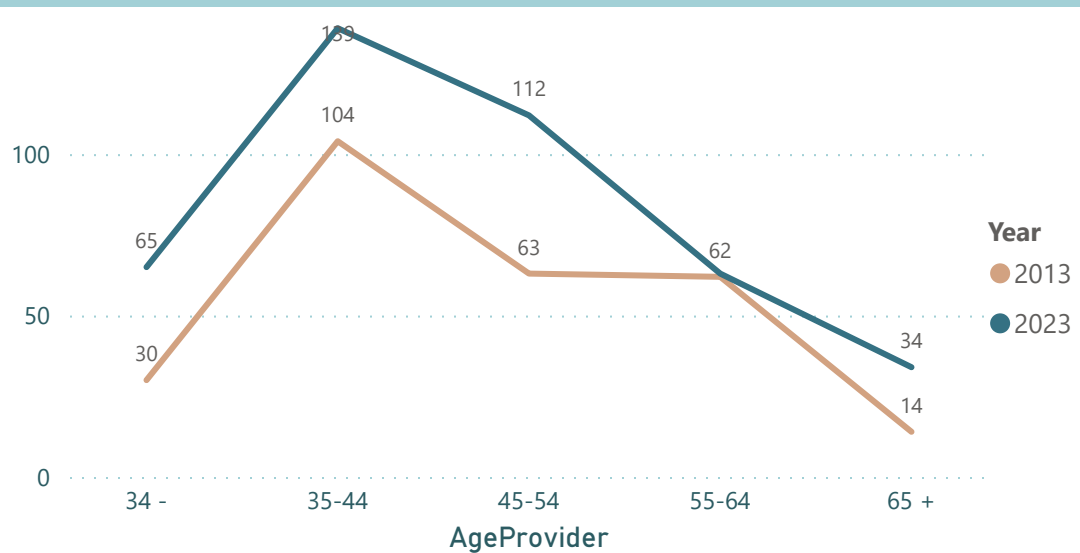
Proportion (FTE) by Age Group (2013 VS 2023)

AgeProvider
● 34 -
● 35-44
● 45-54
● 55-64
● 65 +

Average Age of a NL FTE (2023)

45.8 !
2013: 47.7 (-4.08%)
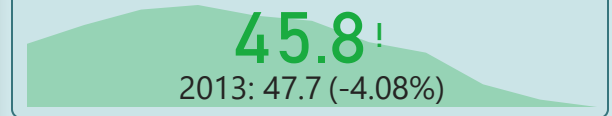
Average Age of a FR FTE (2023)

47.1 !
2013: 47.7 (-1.39%)

% of 65+ Activity of total FTE (2023)

4% ✓
2013: 3% (+37.67%)
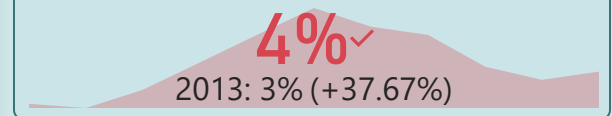
FTE by Language

Language	#FTE	%65+ (FTE)
FR	105.84	4%
NL	177.18	4%
Total	**283.02**	**4%**

FTE (full-time equivalent) is calculated to determine the workload of a healthcare provider (= total reimbursements by provider in a given year divided by the median of reimbursements for providers aged 45 to 54 in the same specialty).
The median amount of reimbursement for providers aged 45 to 54 is calculated each year. Evolution is not adjusted for inflation.

FTE values are capped at 1. See the comparison per active provider by sex, language and age group.
N.B. The FTE for employed doctors in medical homes (lump sum financing) was estimated at 0,82 per doctor because the actual FTE cannot be evaluated given the absence of activity registration.
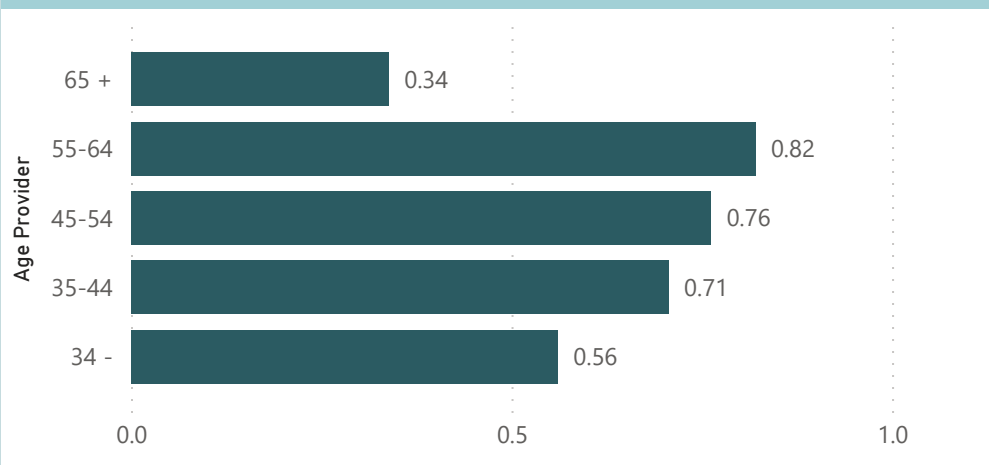
Avg FTE per Active Provider (2023)

0.69
2013: 0.74 (-6.88%)

Avg FTE per Active Provider by Language and Gender

Language	F	M	Total
FR	0.56	0.64	**0.58**
NL	0.81	0.68	**0.77**
Total	**0.69**	**0.67**	**0.69**

FTE per Active Provider by Age

Age Provider	FTE
65 +	0.34
55-64	0.82
45-54	0.76
35-44	0.71
34 -	0.56

Median of Reimbursements for Providers between 45 and 54 years old

Year	Value
2013	213.23K
2014	224.64K
2015	229.03K
2016	216.25K
2017	230.16K
2018	219.77K
2019	218.53K
2020	203.67K
2021	183.65K
2022	213.65K
2023	256.81K
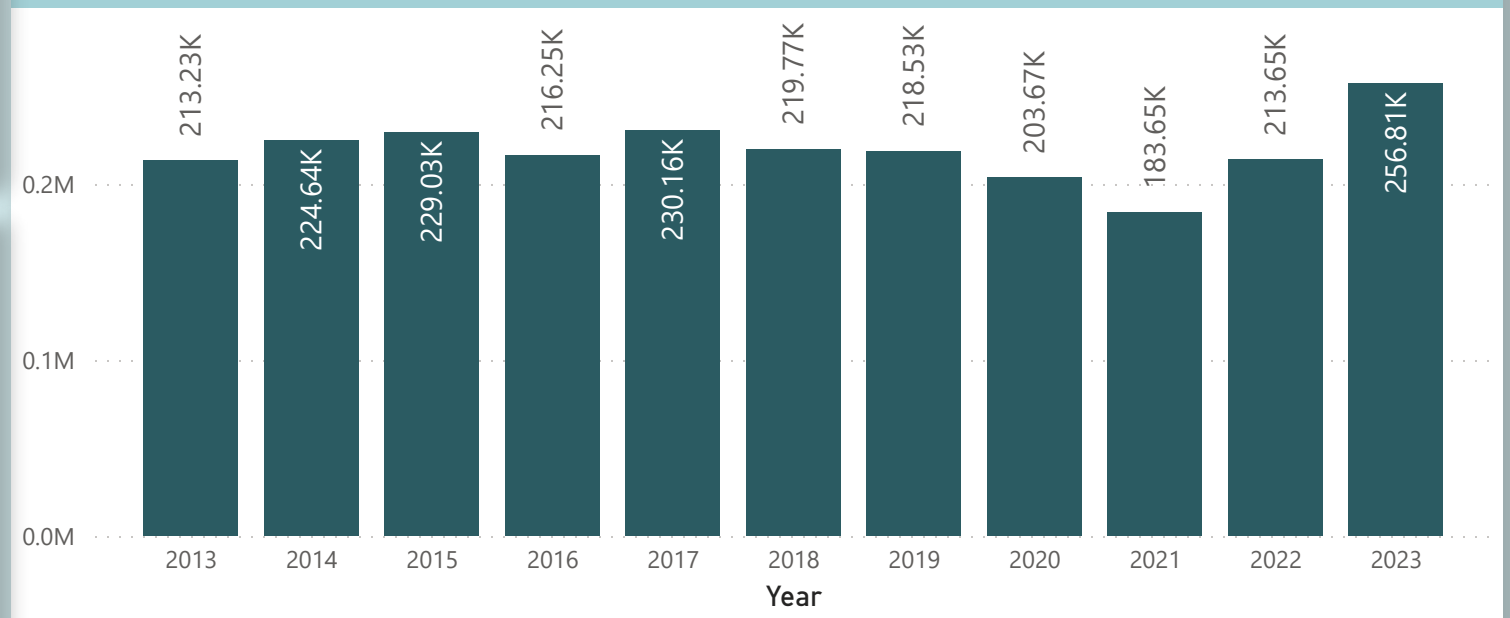
Annex 2: Type of Practice (2023) : Geriatrician

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Type of practice (FTE) by age group and region. Evolution and trends

5 types of practices are represented:
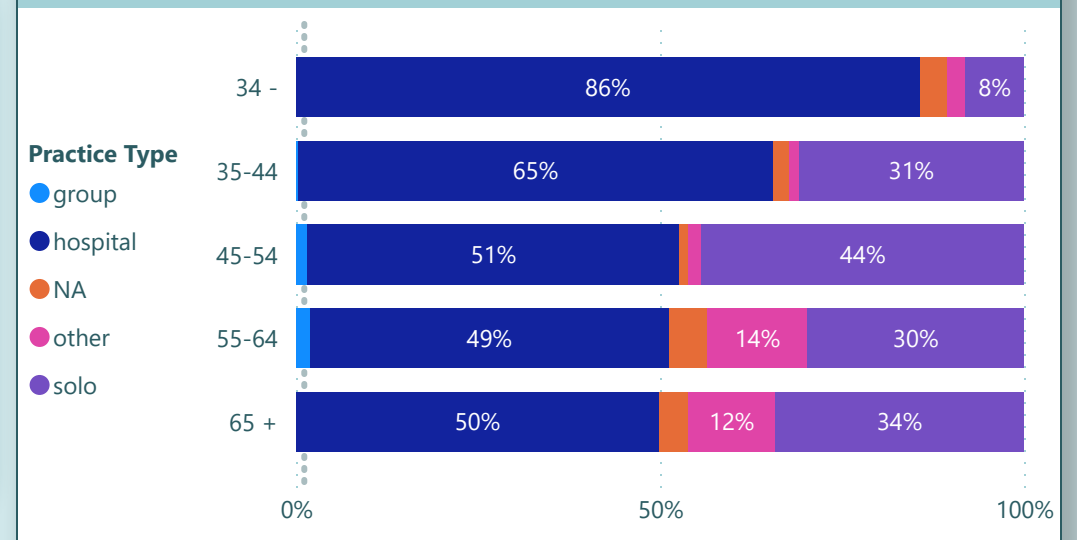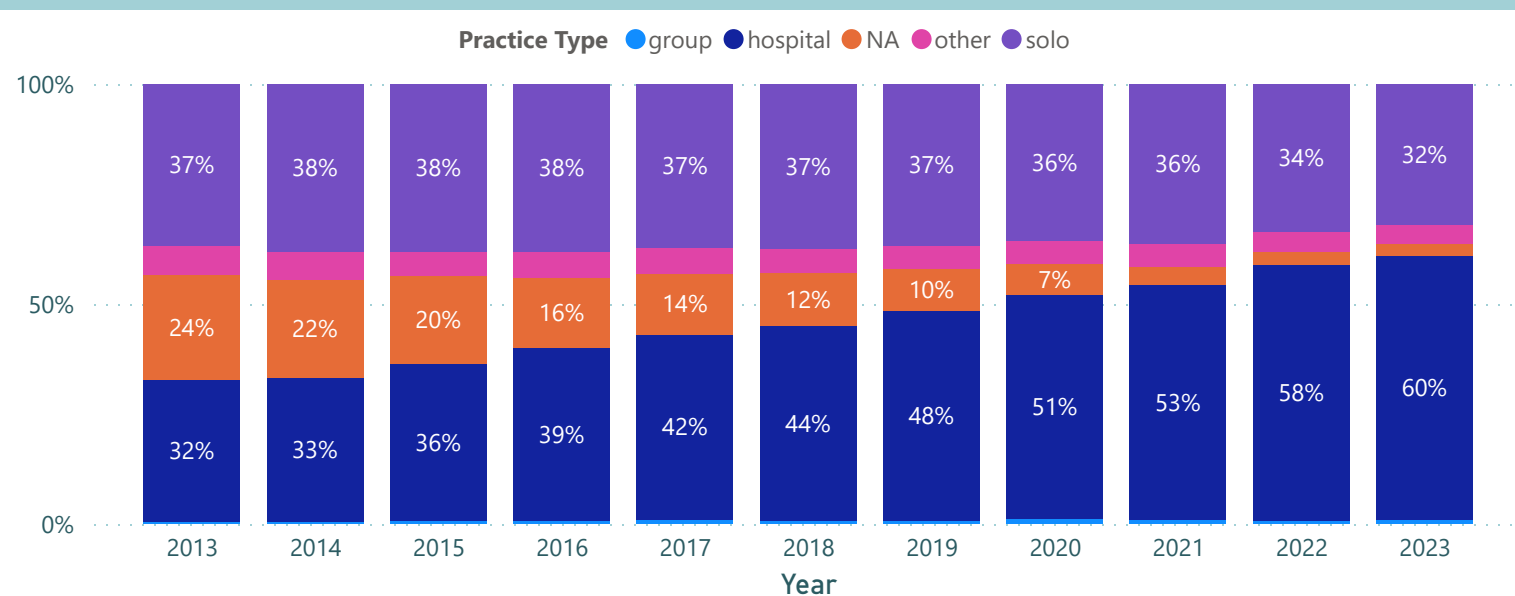- Nursing home: represents care facilities for the elderly or individuals requiring psychiatric care.
- Group: represents collective practices or facilities where professionals work together (ex: medical house with lumpsum, mental health center, day care center, public pharmacies, medical laboratories, bandagist/orthopedist workshops).
- Hospital: represents hospitals or medical establishments (ex: general hospitals, psychiatric hospitals, hospital pharmacies)
- Solo: represents individual practitioners or private addresses.
- Other: represents facilities or organizations not falling into the above categories (ex: physiotherapy office, tariff office, organizations with a registered business number)

N.B. Not Available (NA) values are decreasing over time as the database becomes increasingly complete.

Workforce (FTE) Distribution by Age Group

Practice Type
- group
- hospital
- NA
- other
- solo

Age	hospital	other values
34 -	86%	8%
35-44	65%	31%
45-54	51%	44%
55-64	49%	14% / 30%
65 +	50%	12% / 34%

Workforce Evolution (FTE) by type of Practice

Practice Type: group, hospital, NA, other, solo

Year	hospital	NA	solo
2013	32%	24%	37%
2014	33%	22%	38%
2015	36%	20%	38%
2016	39%	16%	38%
2017	42%	14%	37%
2018	44%	12%	37%
2019	48%	10%	37%
2020	51%	7%	36%
2021	53%		36%
2022	58%		34%
2023	60%		32%

Workforce Distribution (FTE) by Region

Practice Type
- group
- hospital
- NA
- other
- solo

Region	hospital	solo
Flanders	67%	26%
Brussels	46%	46%
Wallonia	52%	40%