Health Professionals Report 2022 (Beta version) : Capacity, Accessibility and Production

Speciality of Interest : Anaesthesiology

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Introduction

Introduction

This report provides a comprehensive overview per medical 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, geographical distribution, 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 :
- 2012 to 2022 for health professionals
- 2018 to 2022 for health professionals subspecialties
- 2018 to 2021 for insured coverage and patient frequentation

Each studied year N is coupled with socio-demographic data on providers as of December 31 N. Provider activity is estimated converting reimbursement amounts into hourly workload, with those surpassing a certain reimbursement threshold being treated as 1 FTE.

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

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

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Key Variables & Metrics

Healthcare professional perspective (specialty is determined by grouping NIHDI competency codes) :
- Demographic characteristics are age (groups by 10Y), sex (M/F), contact address (not working place), 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) prestation. 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 was estimated at 0.81 per doctor because the actual FTE cannot be evaluated given the absence of activity registration. Medical homes are not included in the productivity calculation. General practitioners with "Fee for Service" in the title specifies that doctors and patients in medical homes 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 (group by 10Y), 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. Specialist 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 : contact address and working place can be in different regions, provinces, etc. which can explain differences in density between Brussels region (working place) and peripherical contact address (Brabant). By standardizing the metrics to a consistent population size, it enables fair comparisons across different regions or provinces. It has not been done in this report.
- 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 the year (see Annex 1). In addition it is not adjusted for inflation.

This sheet compares the specialty of interest (left) with a larger but similar group (right).

Anaesthesiology

Code Competence	Description
10100	Specialist in anaesthesia resuscitation
10109	Specialist in anaesthesia-resuscitation, holder of the professional title in emergency medicine
10119	Medical specialist in anaesthesia-resuscitation and psychiatry, holder of the special professional title in emergency medicine

	Anaesthesiology		Surgical group	
# N SubSpecialities	1		10	
# N Total	3,086		11,066	
# N Active	2,296		8,498	
# Full-Time Equivalent (FTE)	1,746		5,905	
€ Expenses per FTE	€ 323,856		€ 326,732	
	% Active	% FTE	% Active	% FTE
65+	20%	5%	25%	7%
	% Active	% FTE	% Active	% FTE
Convention	96%	96%	72%	70%
Accreditation	81%	88%	77%	86%

Surgical group

| Profession |
|---|
| Acute and Emergency |
| Anaesthesiology |
| General Surgery |
| Neurosurgery |
| Ophthalmology Surgery |
| Orthopaedics |
| Otorhinolaryngology |
| Plastic Surgery |
| Stomatologist |
| Urology |

Geographical Accessibility (2022) : Anaesthesiology

Geographical accessibility is measured by density, calculated by dividing the number of FTE (Full Time Equivalent) per 10.000 insured and comparing the results between provinces and regions.

Indicators :
- Geographical distribution which enables to check for homogeneity ;
- Evolution since 10 years and growth rate within the time period ;
- Comparison between FTE density and insured density to detect correlation.
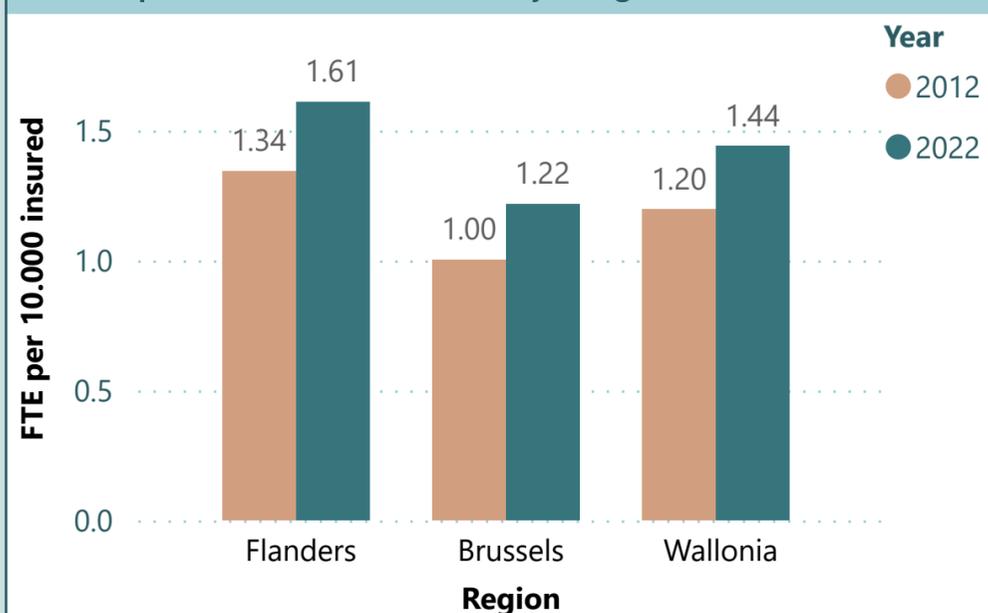
FTE per 10.000 insured by Province (2022)

0.78   2.55

Microsoft Bing

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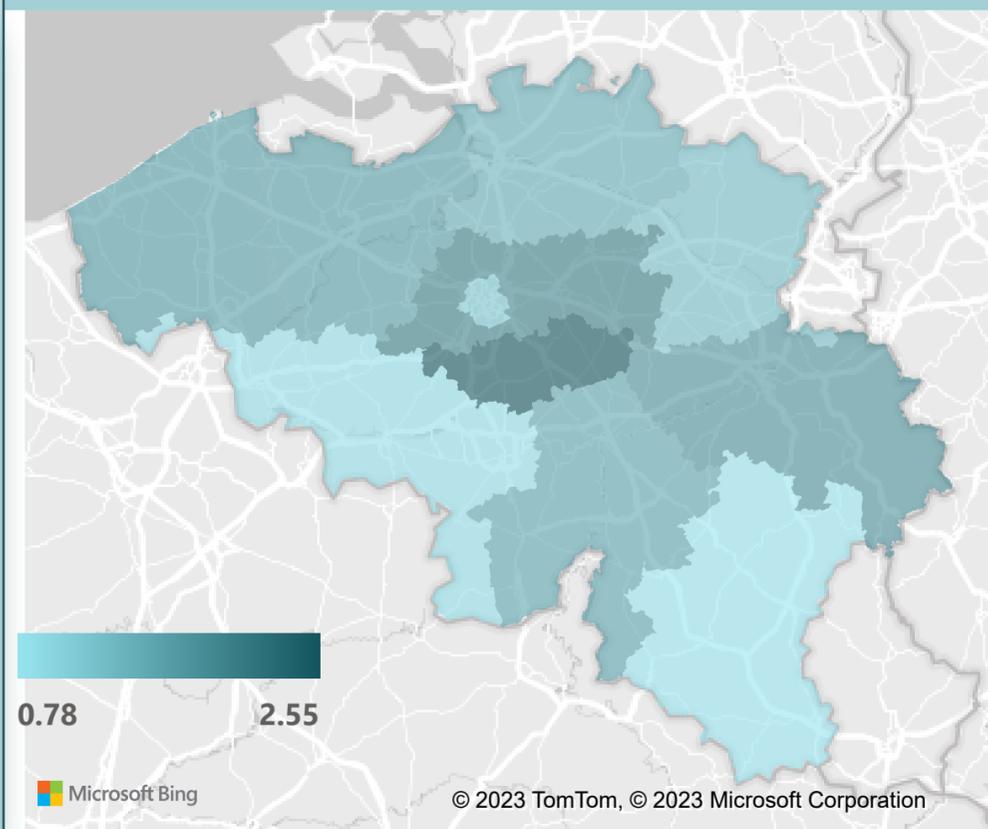
Demographic Information by Province (2022)

Province	#FTE	Density (FTE per 10.000 insured)	%65+ (FTE)	%Women (FTE)
West-Vlaanderen	206	1.67	5%	39%
Oost-Vlaanderen	260	1.65	5%	40%
Antwerpen	277	1.45	5%	49%
Limburg	110	1.25	6%	43%
Vlaams-Brabant	237	2.02	4%	40%
Brussels	140	1.22	5%	41%
Brabant Wallon	105	2.55	5%	34%
Hainaut	118	0.88	8%	33%
Namur	79	1.56	5%	34%
Liège	198	1.78	4%	37%
Luxembourg	18	0.79	13%	45%
Total	**1,746**	**1.51**	**5%**	**40%**

FTE per 10.000 insured in Belgium (2022)

1.52 ✓
2012: 1.26 (+20.16%)

FTE per 10.000 insured, by Region (2012 vs 2022)

Year
- 2012
- 2022

Flanders: 1.34 (2012), 1.61 (2022)
Brussels: 1.00 (2012), 1.22 (2022)
Wallonia: 1.20 (2012), 1.44 (2022)

FTE Density and Insured Density Relationship, by Province (2022)

Region
- Flanders
- Brussels
- Wallonia

Financial Accessibility (2022) : Anaesthesiology
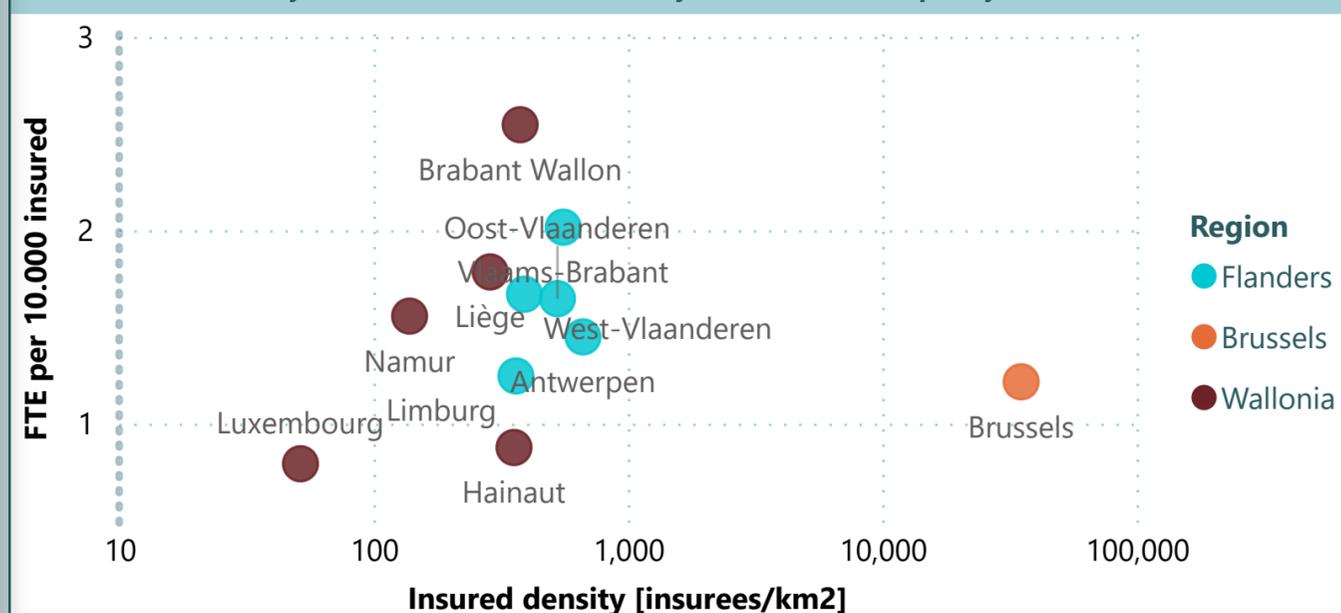
Financial accessibility is measured by the number of conventioned FTE (Full time equivalent) by 10.000 insured.
Convention means that the professional is committed to respect prices determined in the NIHDI convention. This agreement can occur partly (at specific hours during the week) or totally (all the working hours).

Indicators :
• % FTE meeting the criteria / total FTE
• Financial accessibility is gauged by conventioned FTE (Full Time Equivalent) per 10,000 insured.

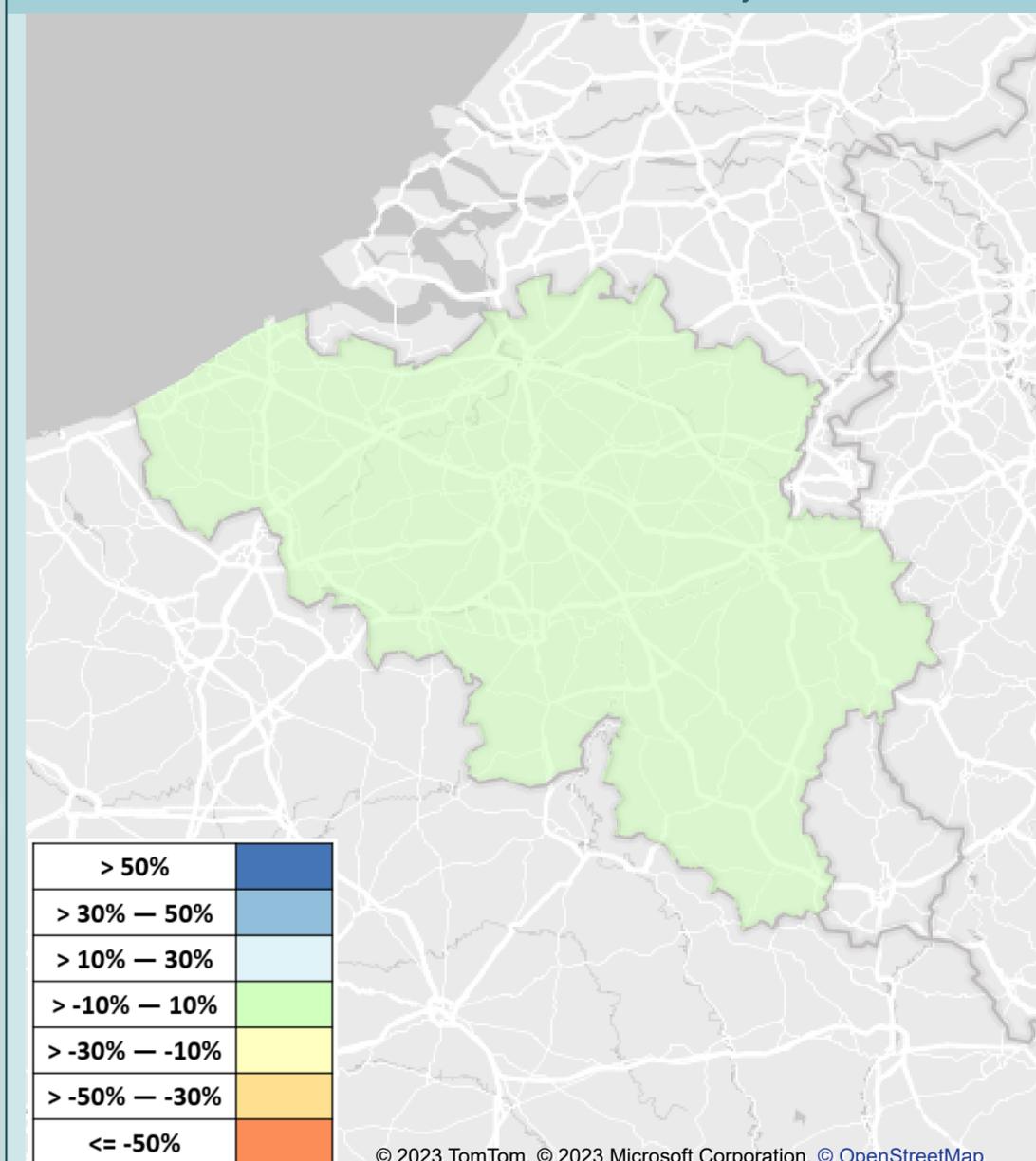## % Conventioned FTE (2022)

96% ✓

2012: 86% (+11.76%)

% Conventioned FTE by Language and Regime

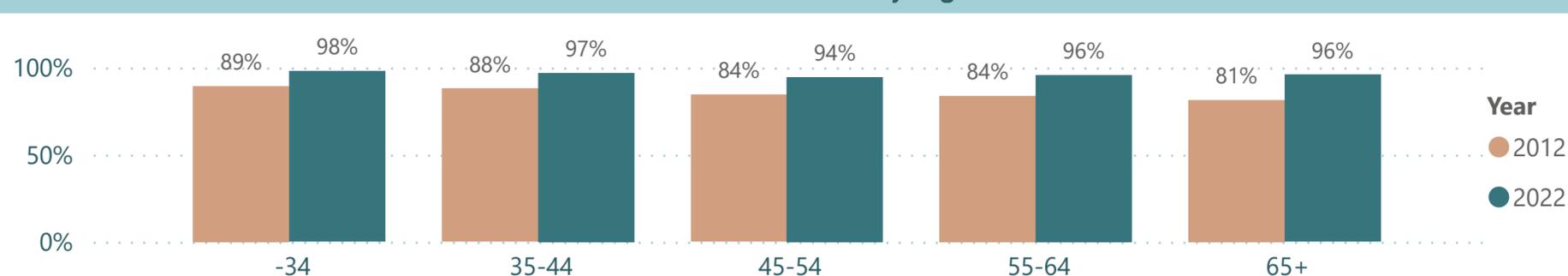| Language	Part	Full	Total
FR	1%	94%	95%
NL	1%	96%	97%
Total	**1%**	**95%**	**96%**

Demographic Information by Province

Province	Density (FTE per 10.000 insured)	Density (Conventioned FTE per 10.000 insured)	% Conventioned FTE
West-Vlaanderen	1.67	1.61	96%
Oost-Vlaanderen	1.65	1.51	92%
Antwerpen	1.45	1.42	98%
Limburg	1.25	1.25	100%
Vlaams-Brabant	2.02	1.95	97%
Brussels	1.22	1.10	91%
Brabant Wallon	2.55	2.21	87%
Hainaut	0.88	0.88	100%
Namur	1.56	1.53	98%
Liège	1.78	1.75	98%
Luxembourg	0.79	0.79	100%
Total	**1.51**	**1.45**	**96%**

% Differences Conventioned FTE by Province

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

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Evolution of Conventioned FTE by Age (2012 vs 2022)

Age	2012	2022
-34	89%	98%
35-44	88%	97%
45-54	84%	94%
55-64	84%	96%
65+	81%	96%

Continous Professional Development (2022) : Anaesthesiology

CPD (continuing 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 :
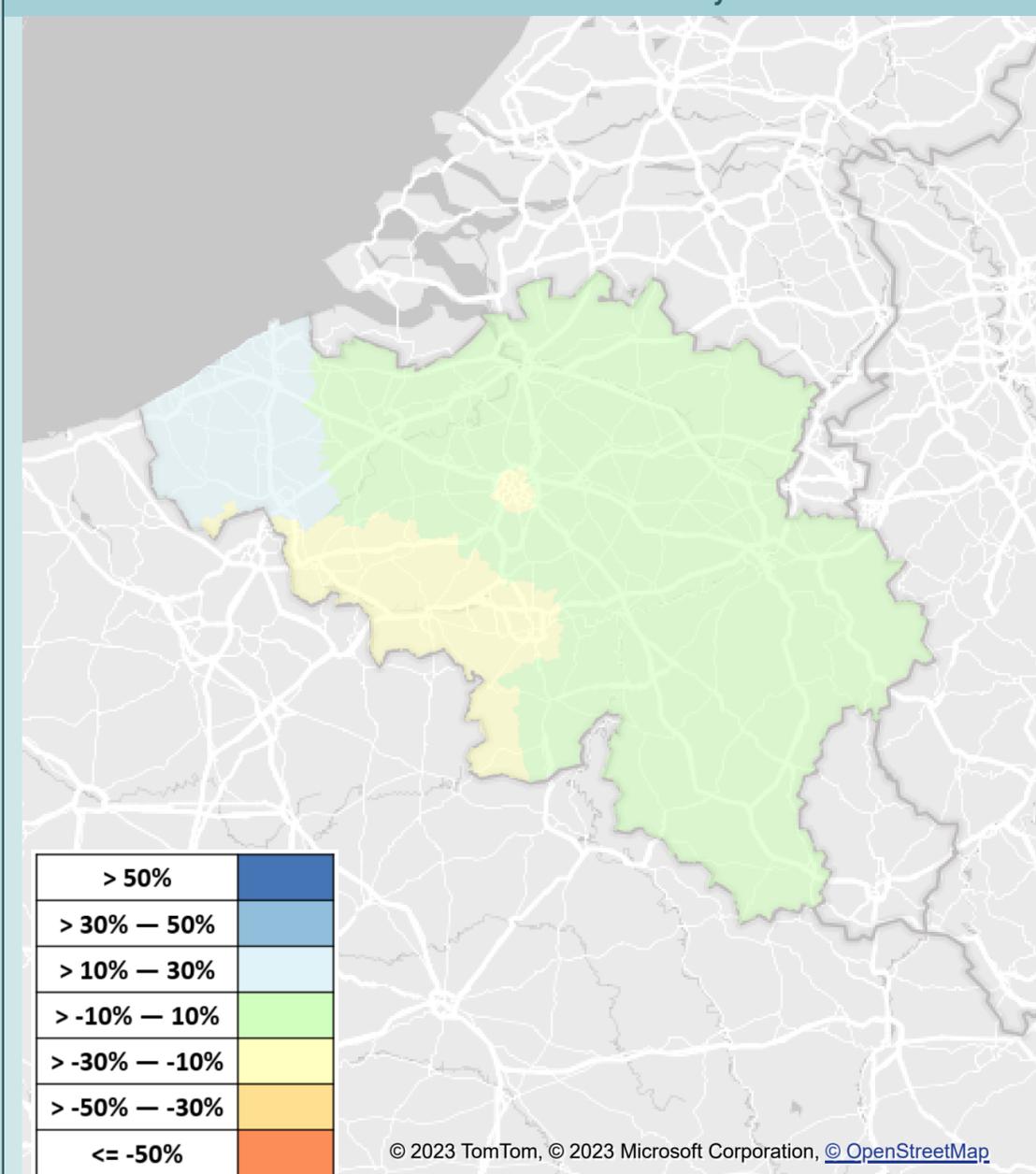• % FTE meeting the criteria / total FTE

% Accredited FTE (2022)

88% ✓

2012: 81% (+9%)

% Accredited FTE by Language and Gender

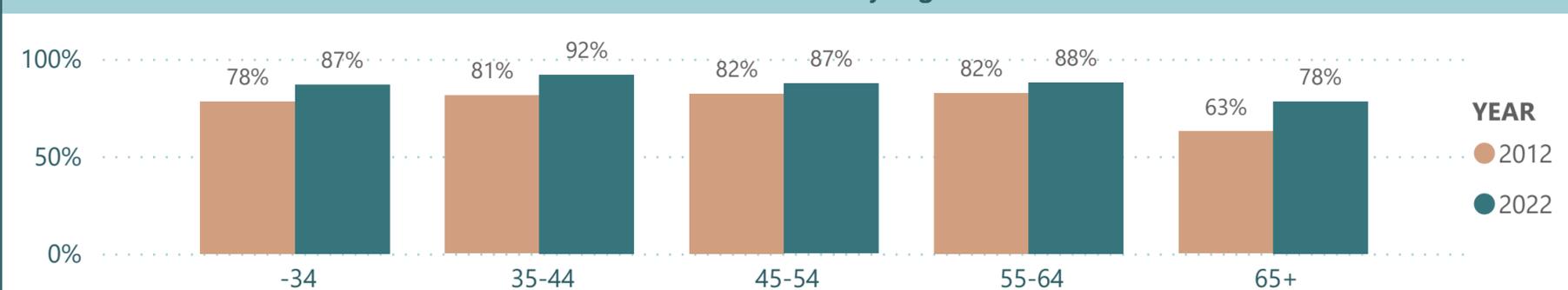| Language	F	M	Total
FR	80%	79%	**79%**
NL	95%	94%	**95%**
Total	**90%**	**88%**	**88%**

Demographic Information by Province

Province	Density (FTE per 10.000 insured)	Density (Accredited FTE per 10.000 insured)	% Accredited FTE
West-Vlaanderen	1.67	1.63	98%
Oost-Vlaanderen	1.65	1.58	96%
Antwerpen	1.45	1.36	94%
Limburg	1.25	1.19	96%
Vlaams-Brabant	2.02	1.76	87%
Brussels	1.22	0.90	74%
Brabant Wallon	2.55	2.03	80%
Hainaut	0.88	0.65	74%
Namur	1.56	1.33	85%
Liège	1.78	1.48	83%
Luxembourg	0.79	0.67	85%
Total	**1.51**	**1.34**	**88%**

% Differences Accredited FTE by Province

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

Evolution of Accredited FTE by Age (2012 vs 2022)

Age	2012	2022
-34	78%	87%
35-44	81%	92%
45-54	82%	87%
55-64	82%	88%
65+	63%	78%

YEAR: 2012, 2022

Total reimbursement (2022)

€ 565.55M

2012: € 430.83M (+31.27%)

Reimbursement by FTE (2022)

€ 323,856

2012: € 311,180 (+4.07%)

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 they are doing 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 [Million] Euros) for the specialty
- 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-4.
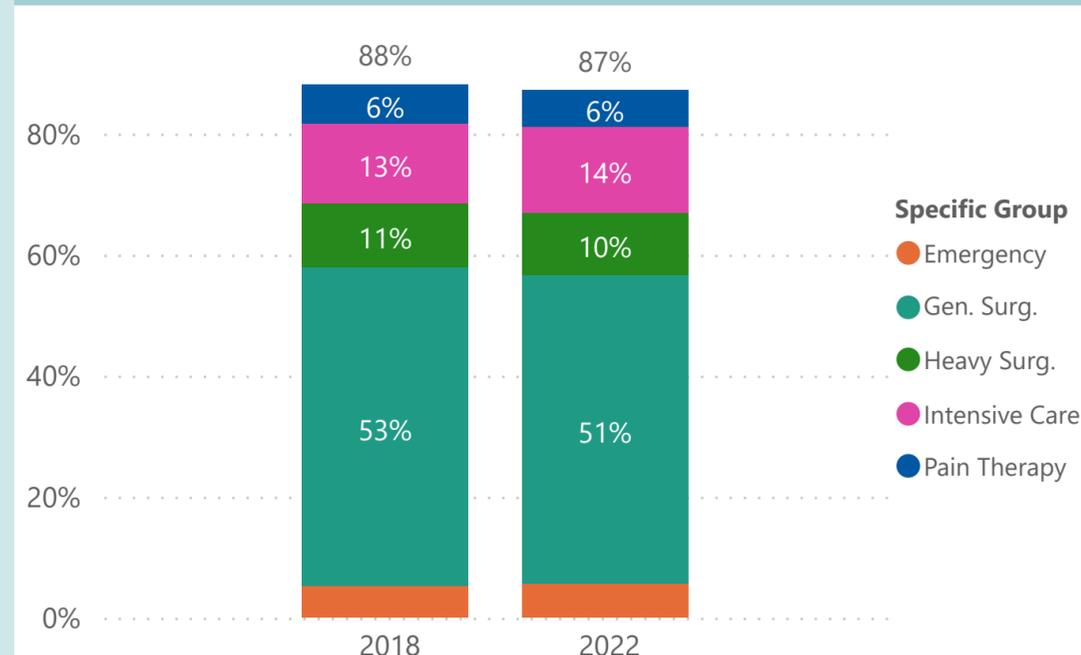
Reimbursement by Working Place (2018 vs 2022)

Working Place: Private, Polyclinic, DayHosp, HospStay
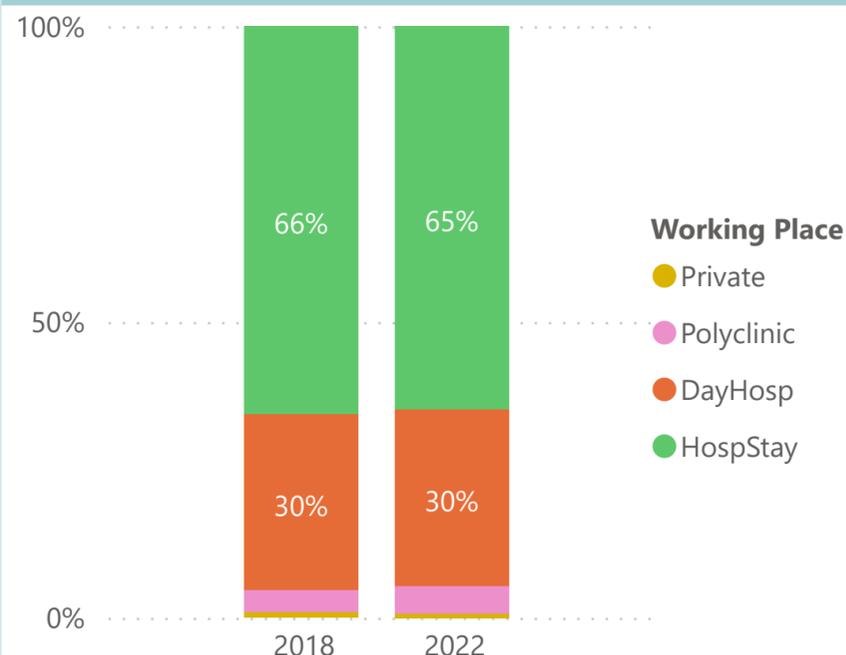
Top 5 Reimbursement (NIHDI Groups, 2018 vs 2022)

NIHDI Group: N00, N01, N12, N14, N19
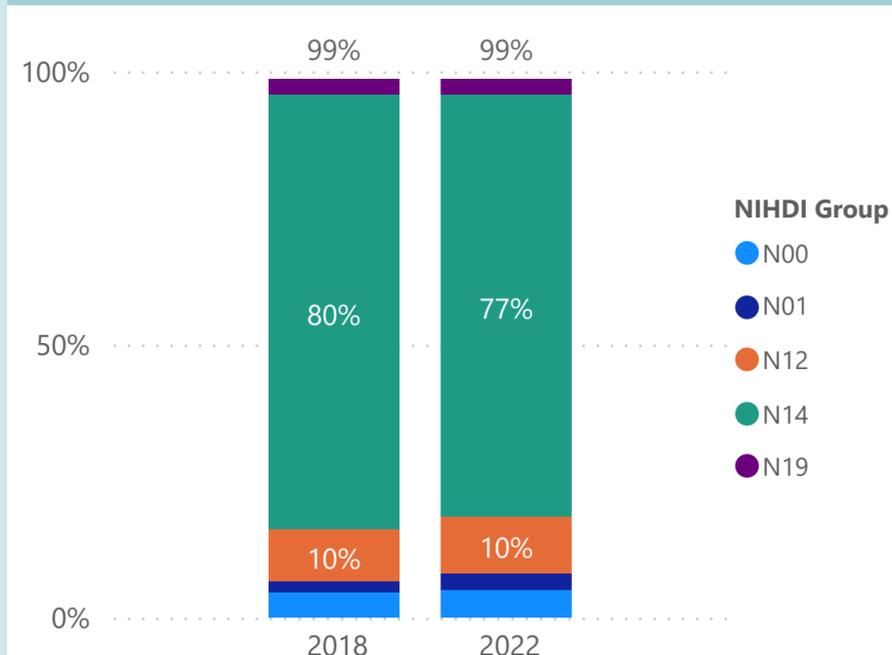
Top 5 Reimbursement (Specific Groups, 2018 vs 2022)

Specific Group: Emergency, Gen. Surg., Heavy Surg., Intensive Care, Pain Therapy

NIHDI Group	Description
N00	Supervision of hospitalized beneficiaries
N01	Consultations visits and medical advices
N12	Resuscitation
N14	Anesthesiology
N19	Urgent technical services - Art 26 §1 +1ter + pseudos

Specific Group	Description
Emergency	Emergency
Gen. Surg.	Anesthesiology (General Surgery)
Heavy Surg.	Anesthesiology (Heavy Surgery)
Intensive Care	Intensive Care Procedures
Pain Therapy	Anesthesiology (Pain Therapy)

Subspecialties are identified by their working place and type of activity (see previous page): the assignment of a health care provider to a sub-specialty depends first on the type of activity exercised. An active provider with at least 10% of reimbursements in a type of activity is considered specialized in this activity. However, the most complex activities (eg transplantation) are not subject to a minimum threshold. If no particular activity has been identified for the specialty, the assignment is made 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.
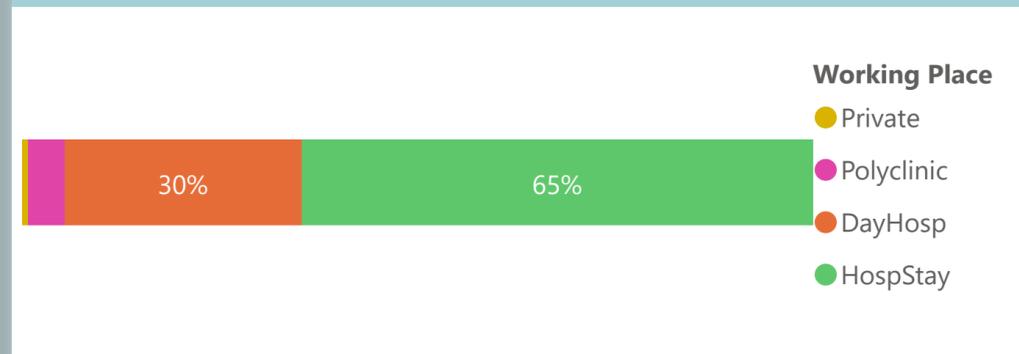
Indicators :
- % FTE by type of cluster
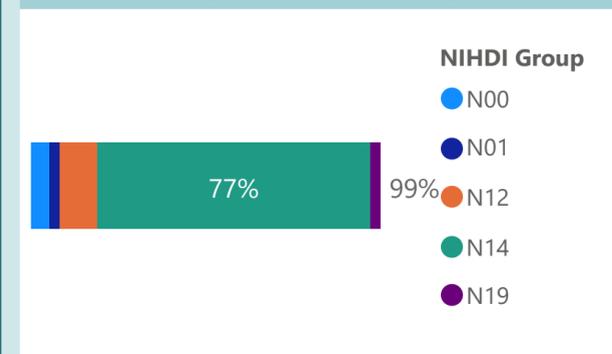- % type of activity (in Euro) / total reimbursement (in euro) by cluster

FTE and median Reimbursement by Subspeciality

Subspecialty	#FTE Cluster	% Total FTE	Median Reimb
ICU	488	28%	€ 324K
Intensive care (other)	97	6%	€ 314K
Heavy surg.	60	3%	€ 353K
General surg.	931	54%	€ 239K
Pain	75	4%	€ 279K
Mixed	63	4%	€ 254K

Reimbursement by Working Place

Working Place
- Private
- Polyclinic
- DayHosp
- HospStay

30% | 65%

Top 5 NIHDI Groups

NIHDI Group
- N00
- N01
- N12
- N14
- N19

77% | 99%

Top 5 Specific Groups

Specific Group
- Emergency
- Gen. Surg.
- Heavy Surg.
- Intensive Care
- Pain Therapy

51% | 14% | 87%
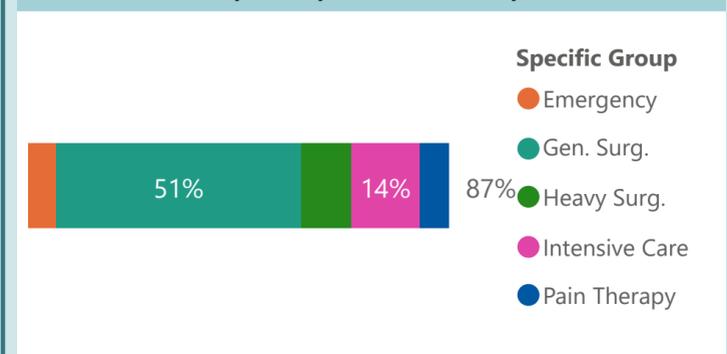
Reimbursement by Working Place, by Subspecialty

- ICU: 22% | 74%
- Intensive care ...: 32% | 65%
- Heavy surg.: 8% | 90%
- General surg.: 34% | 62%
- Pain: 7% | 70% | 21%
- Mixed: 36% | 30% | 32%

Working Place
- Private
- Polyclinic
- DayHosp
- HospStay
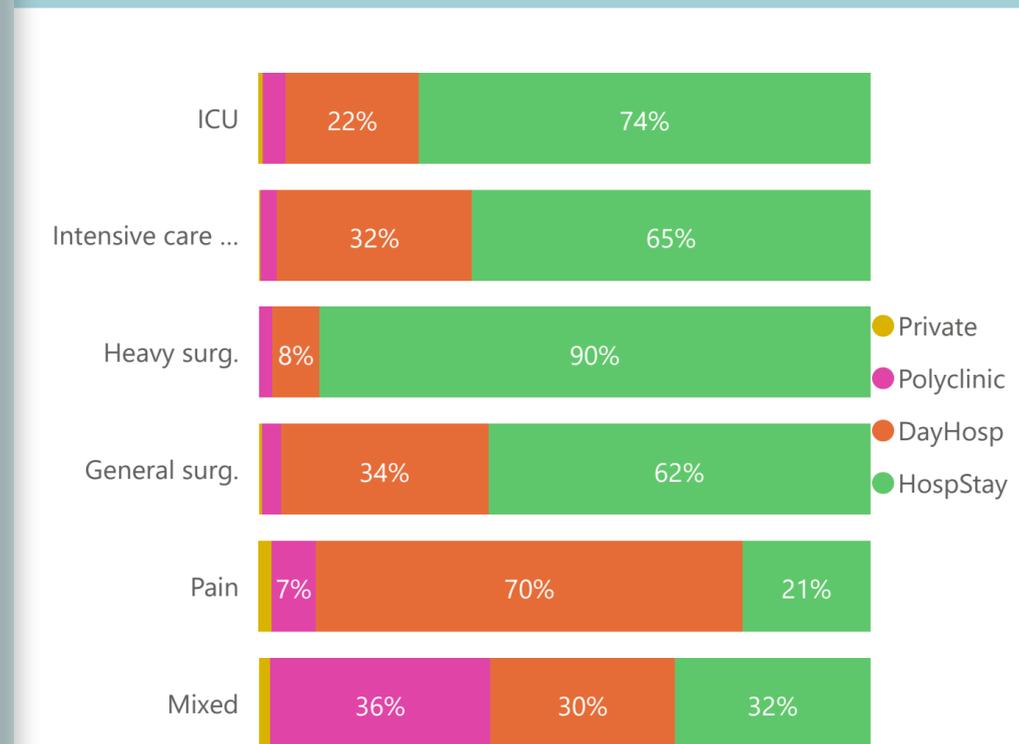
Top 5 NIHDI Groups by Subspecialty

- ICU: 33% | 52% | 98%
- Intensi...: 85% | 99%
- Heavy ...: 94% | 99%
- Genera...: 92% | 99%
- Pain: 82% | 99%
- Mixed: 48% | 26% | 89%

- N00
- N01
- N12
- N14
- N19
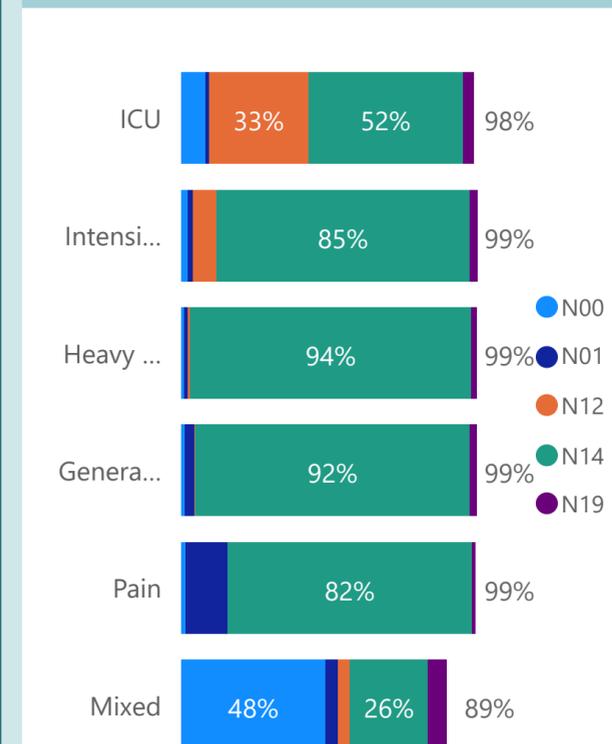
Top 5 Specific Groups by Subspecialty

- ICU: 36% | 41% | 91%
- Intensi...: 62% | 91%
- Heavy ...: 26% | 51% | 81%
- Gener...: 66% | 88%
- Pain: 45% | 66%
- Mixed: 46% | 70%

Specific Group
- Emergency
- Gen. Surg.
- Heavy Surg.
- Intensive Care
- Pain Therapy
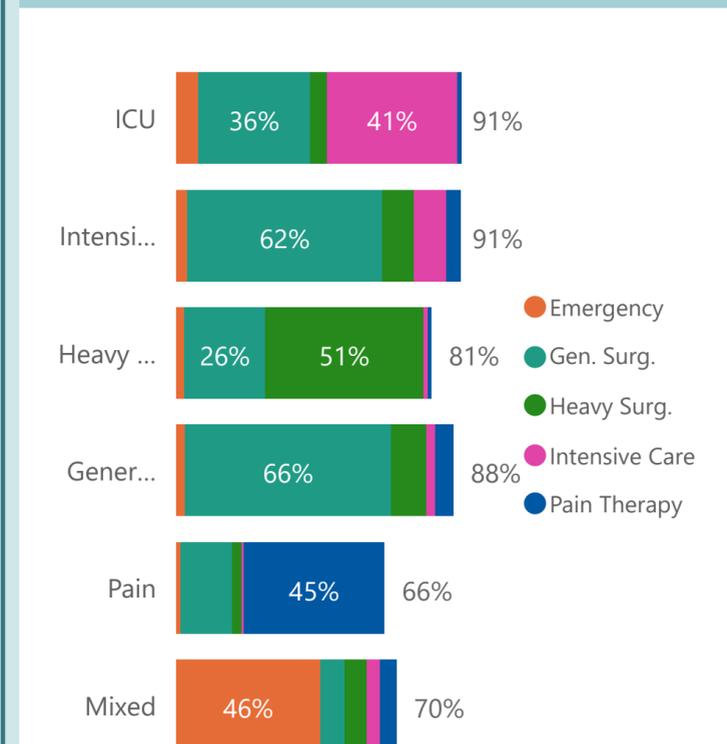
Accessibility, Insured Coverage (2021) : Anaesthesiology

Disparities in insured coverage can help to understand accessibility.
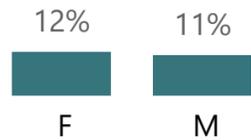
Indicator:
- Percentage of insured persons having at least one contact per year with the specialty (by category of patient) (N.B. Specialist in training included)

Comparison between categories of patients helps to identify possible disparities in accessibility by criterium (gender, age group, geographical or socio-economic status).
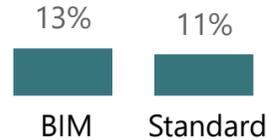
Insured Coverage Evolution by Region (2018 vs 2021)

YEAR
- 2018
- 2021

Region	2018	2021
Flanders	13%	13%
Brussels	7%	8%
Wallonia	10%	10%
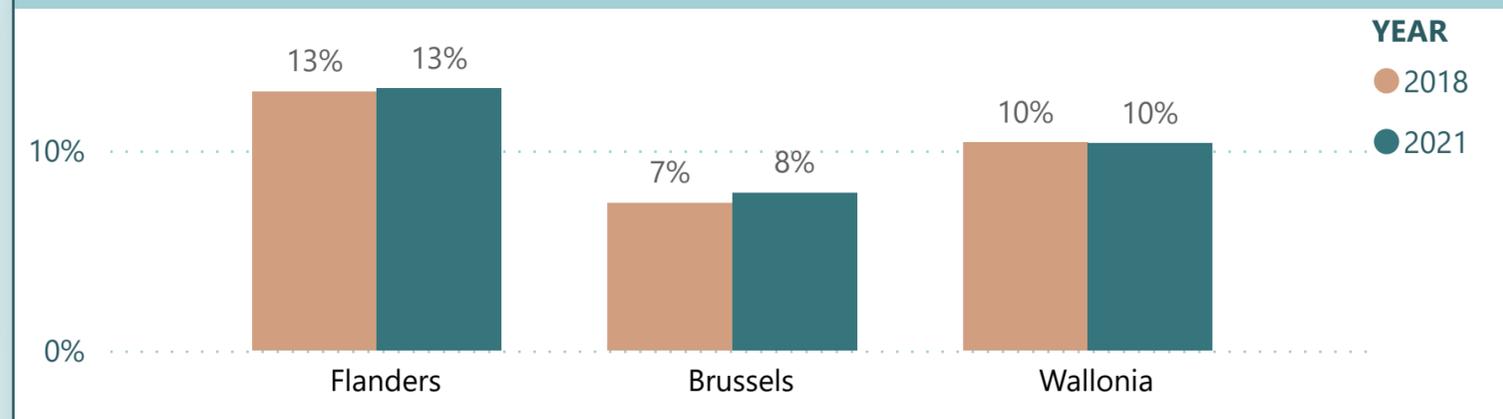
Insured Coverage by Gender

F	M
12%	11%

Insured Coverage by Social Status

BIM	Standard
13%	11%

Insured Coverage (2021)

12% ✓
2018: 12% (+1.09%)

Ratio Women/Men (2021)

1.08
2018: 1.08 (-0.43%)
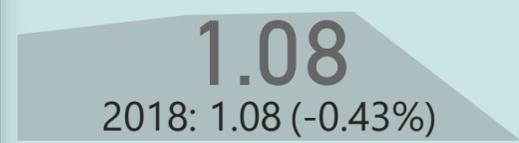
Ratio Bim/Standard (2021)

1.15
2018: 1.19 (-3.33%)

% Differences Insured Coverage between Provinces

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

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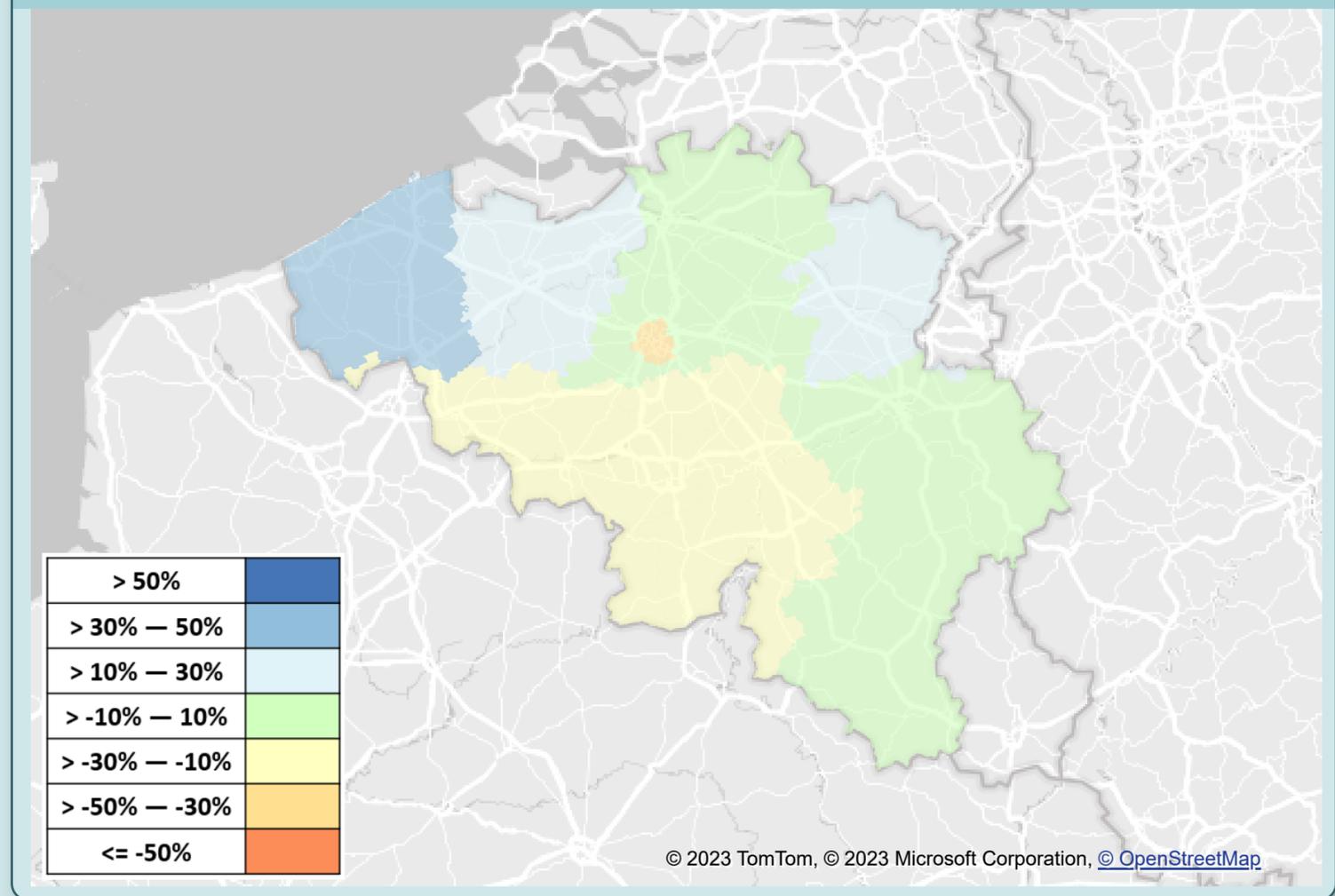
Insured Coverage by Age of Patients

00-09	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80+
9%	8%	9%	9%	11%	14%	15%	18%	15%
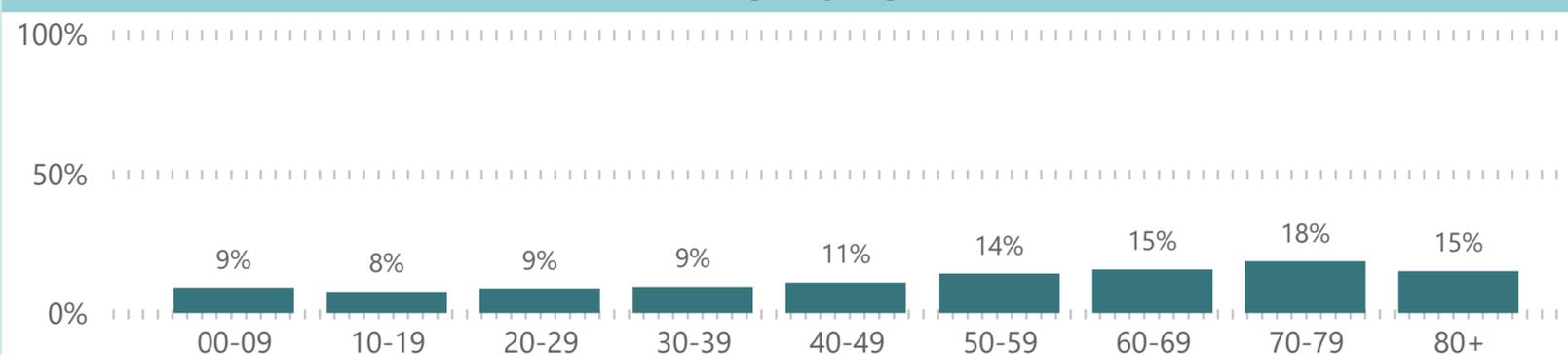
Accessibility, Patient Frequentation (2021) : Anaesthesiology

Frequentation of patients (number of contacts) is a complementary measure to understand accessibility.

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

Category of patients are defined by several criteria : gender, social status, age group, geographic residence, evolution.

Insured Frequentation (2021)
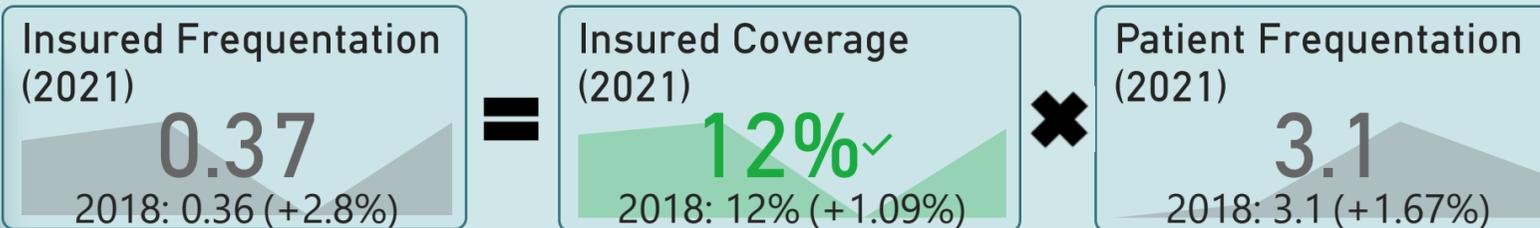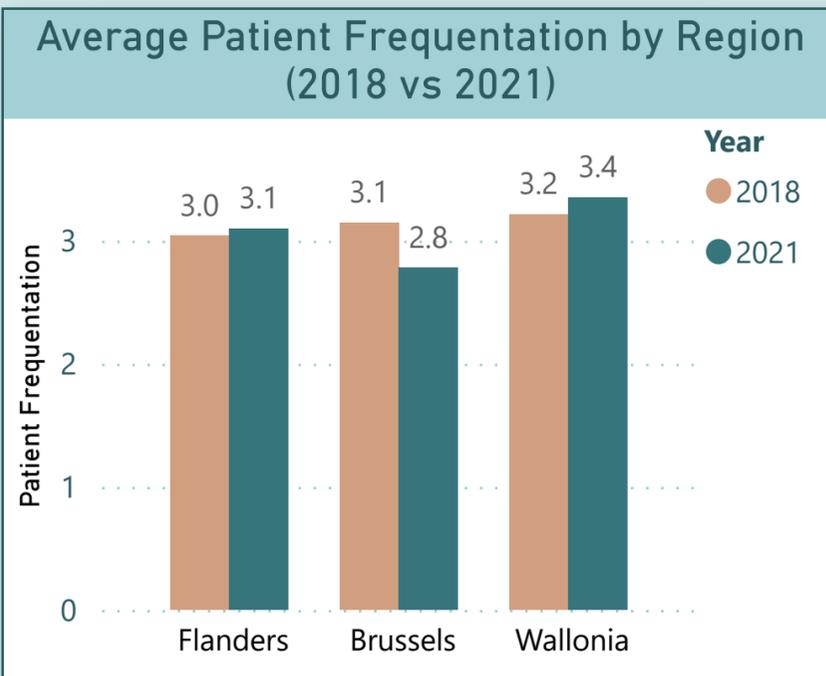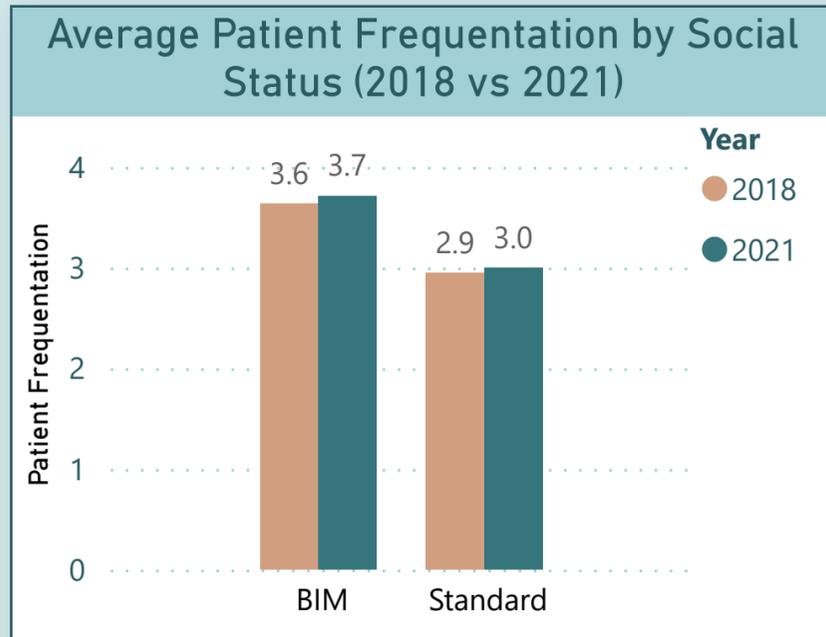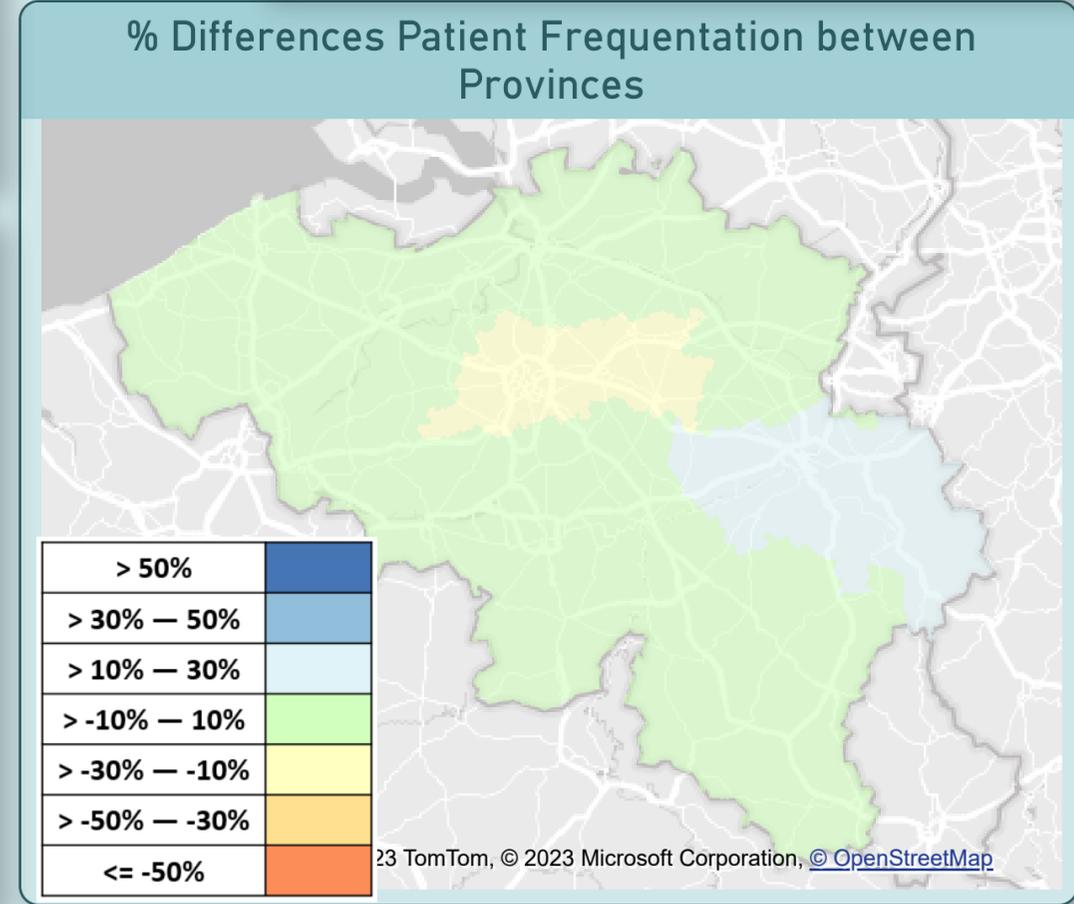
0.37
2018: 0.36 (+2.8%)

=

Insured Coverage (2021)

12% ✓
2018: 12% (+1.09%)

✕

Patient Frequentation (2021)

3.1
2018: 3.1 (+1.67%)

Average Patient Frequentation by Social Status (2018 vs 2021)

	BIM	Standard
2018	3.6	2.9
2021	3.7	3.0

Age Class Patients	Insured Frequentation	Insured Coverage	Patient Frequentation
00-09	0.19	9%	2.1
10-19	0.14	8%	1.9
20-29	0.21	9%	2.4
30-39	0.27	9%	2.9
40-49	0.31	11%	2.8
50-59	0.44	14%	3.1
60-69	0.57	15%	3.7
70-79	0.76	18%	4.1
80+	0.64	15%	4.2

Average Patient Frequentation by Region (2018 vs 2021)

	Flanders	Brussels	Wallonia
2018	3.0	3.1	3.2
2021	3.1	2.8	3.4

Province	Insured Frequentation	Insured Coverage	Patient Frequentation
West-Vlaanderen	0.51	15%	3.3
Oost-Vlaanderen	0.42	14%	3.0
Antwerpen	0.39	12%	3.3
Limburg	0.40	13%	3.0
Vlaams-Brabant	0.32	12%	2.7
Brussels	0.22	8%	2.8
Brabant Wallon	0.34	10%	3.4
Hainaut	0.30	10%	3.0
Namur	0.31	9%	3.3
Liège	0.43	11%	3.8
Luxembourg	0.34	10%	3.2

% Differences Patient Frequentation between Provinces

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

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Workload (2021) : Anaesthesiology

Workload by specialty provides insights into the work volume per year of the specialty by FTE and their 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. Specialist in training are excluded).

Indicators (by province)
- Workload : contacts / FTE
- Patient base population: Patients / FTE
- Patient base population turnover : Providers/ patient
- Contacts per patient per provider
- Average age of total contacts per FTE

Limitation : contact 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 have been hided.

Contacts Distribution by Gender

M 48...
F 52...

Contacts Distribution by Social Status (Standard/BIM)

BIM 25%
Standard 75%

Average Contacts per FTE (2021)

2,473
2018: 2,515 (-1.67%)

Average Patients per FTE (2021)

786
2018: 813 (-3.29%)

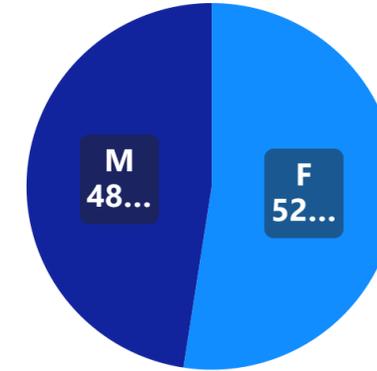## Average Providers per Patient (2021)

2.3
2018: 2.3 (+1.25%)
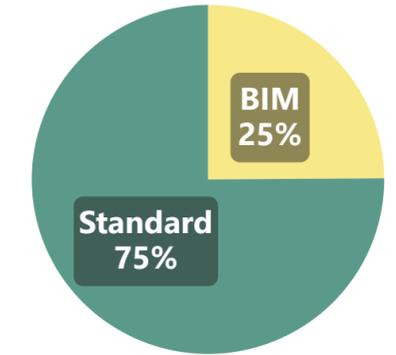
Average Contacts per Patient and Provider (2021)

1.4
2018: 1.3 (+0.41%)

Province	Contacts per FTE	Patients per FTE	Contacts per Patient and Provider
West-Vlaanderen	3021	907	1.4
Oost-Vlaanderen	2546	837	1.3
Antwerpen	2741	842	1.4
Limburg	3188	1065	1.3
Vlaams-Brabant	1633	607	1.3
Brussels	1770	637	1.4
Brabant Wallon	1394	415	1.4
Hainaut	3665	1228	1.3
Namur	2019	609	1.3
Liège	2429	641	1.4
Luxembourg	3801	1191	1.3

Contacts Distribution by Age of Patients

00-09 6%
10-19 4%
20-29 7%
30-39 9%
40-49 11%
50-59 16%
60-69 19%
70-79 18%
80+ 11%
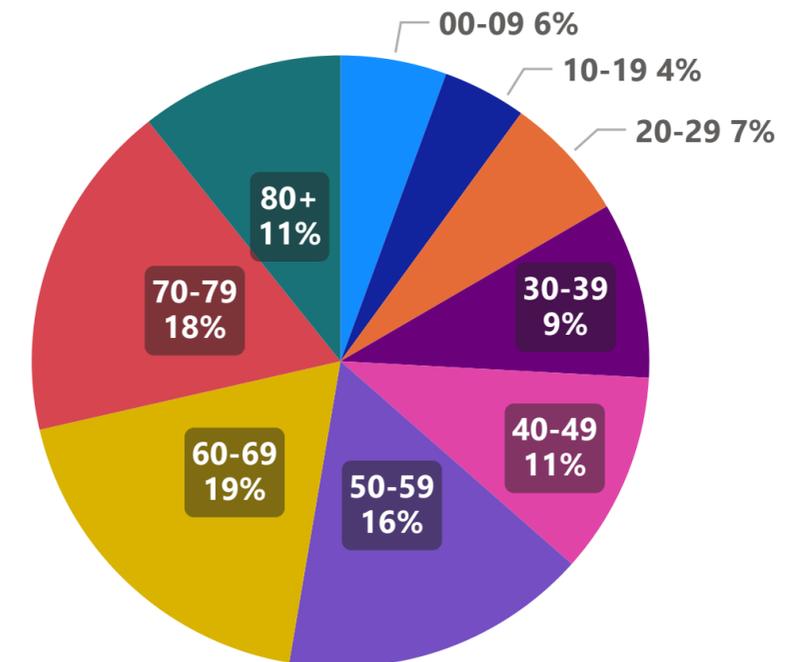
Average Age of Contact (2021)

53.8
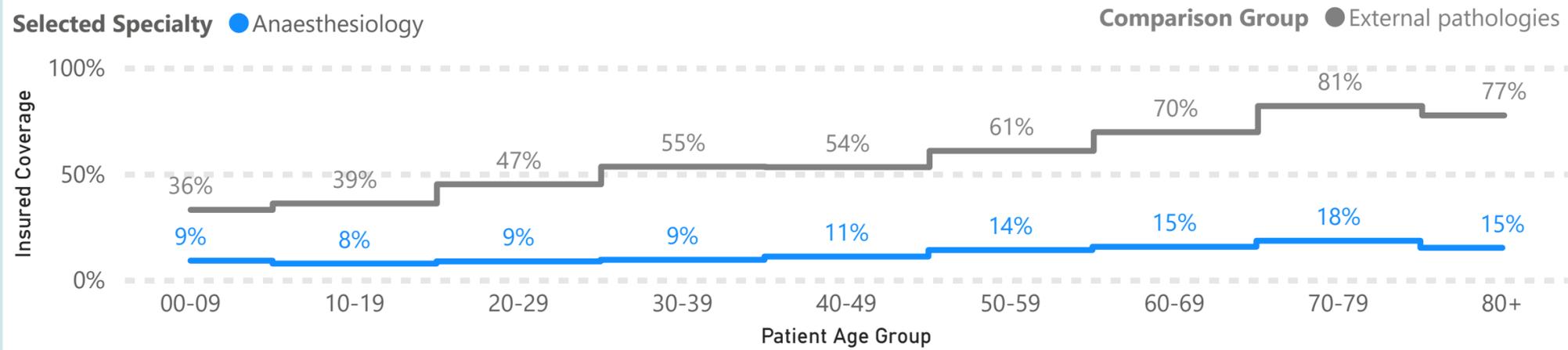2018: 53.3 (+0.94%)

Complementarity with its similar group (2021) : Anaesthesiology

Complementarity compares the similarities in attendance (by age group of the insured/patient) between the reference specialty and the selected group of specialties considered close to the discipline.
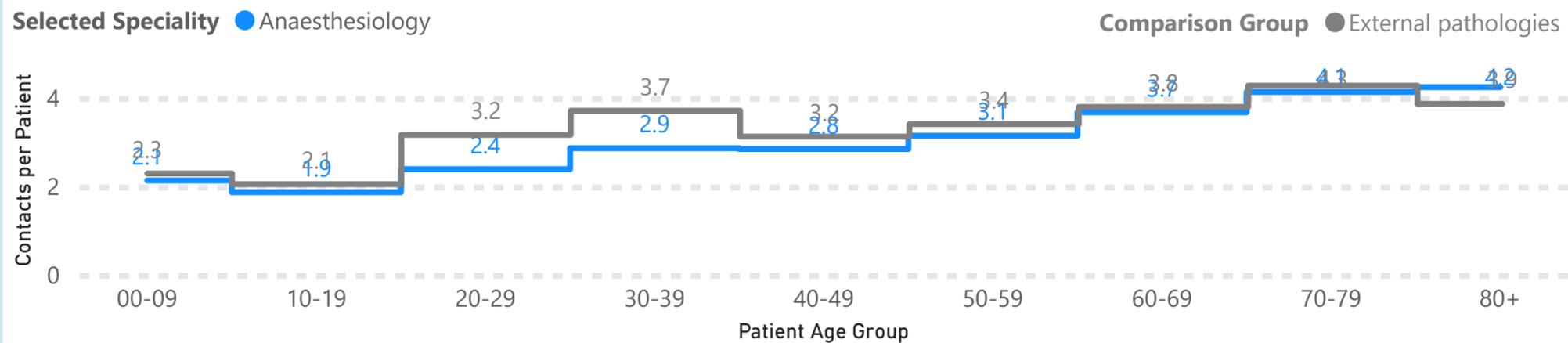
Indicators :
- Insured coverage
- Patient frequentation

Age Distribution of Patients

Insured Coverage by Age Group

Selected Specialty ● Anaesthesiology   **Comparison Group** ● External pathologies

Comparison Group (External pathologies): 36%, 39%, 47%, 55%, 54%, 61%, 70%, 81%, 77%

Selected Specialty (Anaesthesiology): 9%, 8%, 9%, 9%, 11%, 14%, 15%, 18%, 15%

Patient Age Group: 00-09, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+

Patient Frequentation by Patient Age Group

Selected Speciality ● Anaesthesiology   **Comparison Group** ● External pathologies

Comparison Group: 2.3, 2.1, 3.2, 3.7, 3.2, 3.4, 3.7, 4.1, 4.0

Selected Speciality: 2.1, 1.9, 2.4, 2.9, 2.8, 3.1, 3.8, 4.1, 4.2

Patient Age Group: 00-09, 10-19, 20-29, 30-39, 40-49, 50-59, 60-69, 70-79, 80+

Age Distribution (legend)

Anaesthesiology	External pathologies	Age
8%	8%	00-09
14%	13%	10-19
16%	15%	20-29
16%	15%	30-39
12%	12%	40-49
10%	12%	50-59
9%	10%	60-69
7%	8%	70-79
8%	7%	80+

Evolution of the Workforce Demography (2022) : Anaesthesiology

Healthcare workforce demographics presents active professionals engaging in 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.

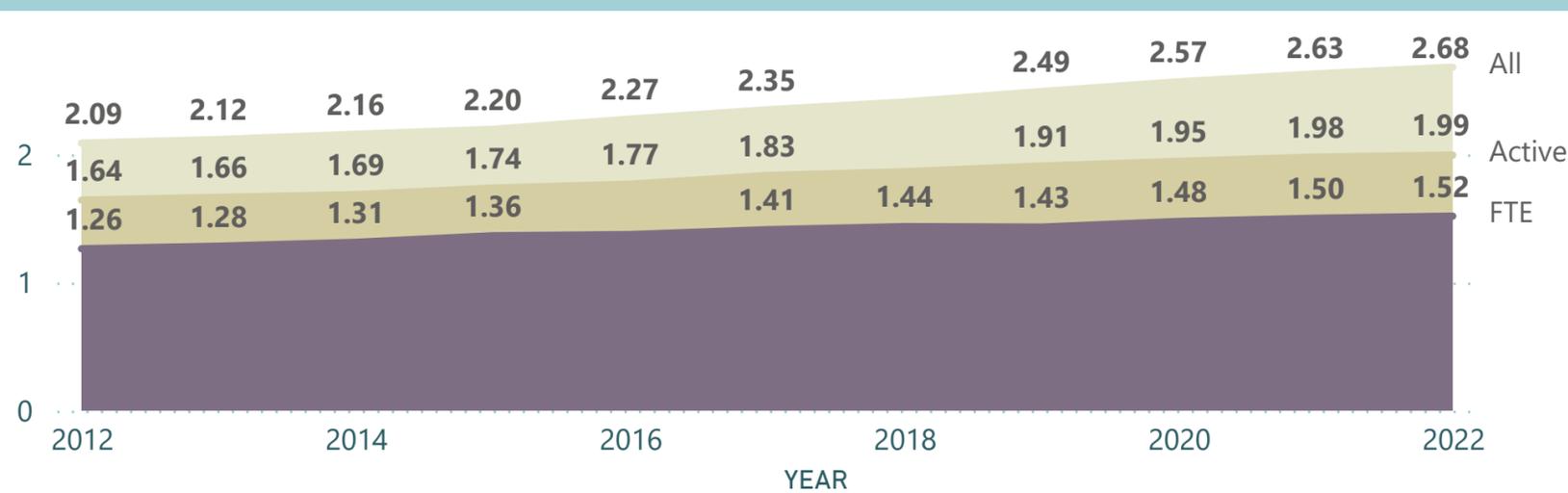<u>Active indicators</u> (Left):
- Number of Actives (>1 prestation /accounting year) and its % growth rate
- Replacement Rate: Active professionals above 55 years compared to those below 55 years.
- Inactivity: % of inactive professionals in relation to the total.
- New Active Providers per Year: Annual influx of new providers (derived from linear regression to estimate the average rate)
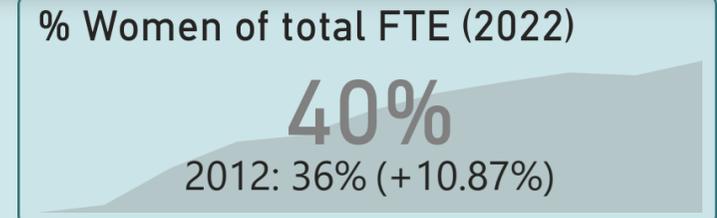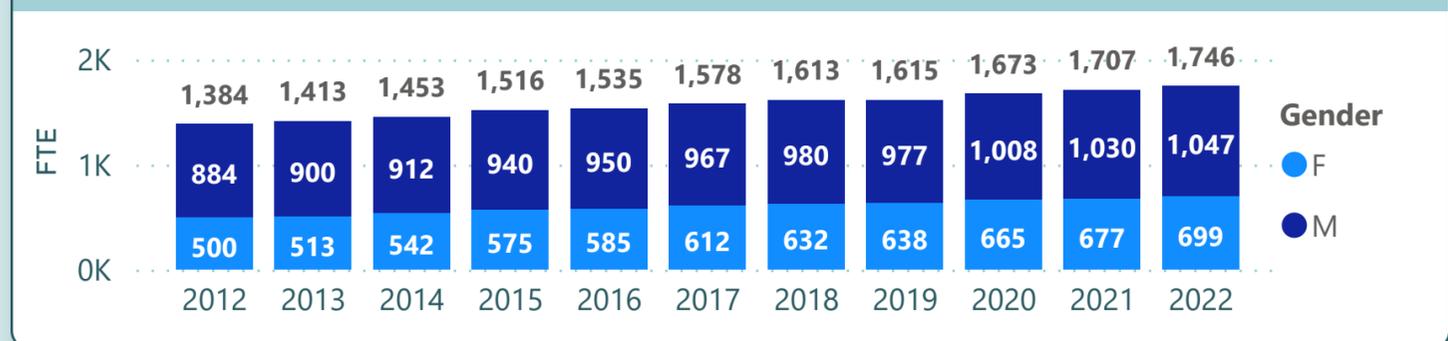
<u>FTE indicators</u> (Right):
- Equal proportion of gender: Indicates the percentage of women FTE in relation to the total FTE.
- Average FTE: Indicates the level of activity by dividing the FTE below 65 years with the total active workforce.

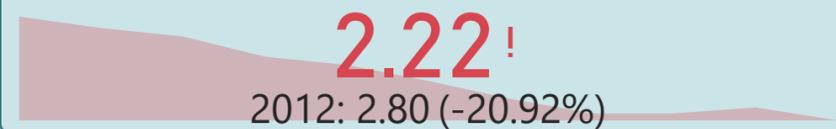## Evolution of All registered, Active Providers and FTE per 10.000 insured

YEAR	All	Active	FTE
2012	2.09	1.64	1.26
	2.12	1.66	1.28
2014	2.16	1.69	1.31
	2.20	1.74	1.36
2016	2.27	1.77	
	2.35	1.83	1.41
2018			1.44
	2.49	1.91	1.43
2020	2.57	1.95	1.48
	2.63	1.98	1.50
2022	2.68	1.99	1.52

Evolution of total FTE by Gender

Year	Total	M	F
2012	1,384	884	500
2013	1,413	900	513
2014	1,453	912	542
2015	1,516	940	575
2016	1,535	950	585
2017	1,578	967	612
2018	1,613	980	632
2019	1,615	977	638
2020	1,673	1,008	665
2021	1,707	1,030	677
2022	1,746	1,047	699

Gender: F, M

% Growth Rate of Active Providers

2.5%

Replacement Rate (Active under 55 by 55+) (2022)

2.22 !
2012: 2.80 (-20.92%)

% of persons inactive < 65y (2022)

15% !
2012: 13% (-9.53%)

New Active Providers per Year

52

Avg FTE per active provider < 65y (2022)

0.79 !
2012: 0.79 (-0.17%)

% Women of total FTE (2022)

40%
2012: 36% (+10.87%)

Evolution of FTE Proportions by Language

| Year	NL	FR
2012	59%	41%
2013	59%	41%
2014	59%	41%
2015	59%	41%
2016	59%	41%
2017	59%	41%
2018	59%	41%
2019	60%	40%
2020	60%	40%
2021	60%	40%
2022	60%	40%

Language: FR, NL
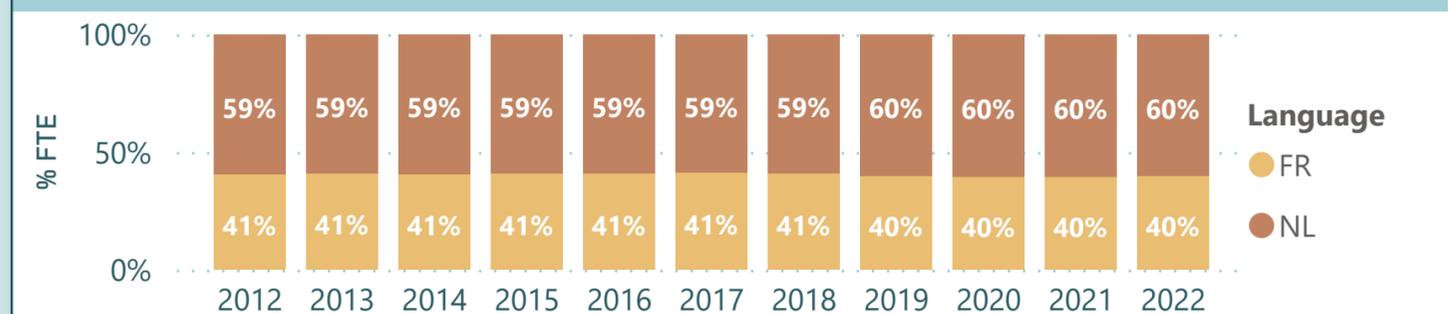
Demographic Evolution by Age Group (2022) : Anaesthesiology

Demographic evolution by age group and activity of older professionals (provides information on the demographic stability).

Indicators :
- Trend in agegroup distribution (active/FTE),
- Age FTE : calculates the average of a professional's age multiplied by their corresponding Full-Time Equivalent (FTE) value.
- Contribution of older practitioners to the overall activity: % 65+ FTE/ Total FTE

Workforce Evolution (active providers) by Age Group (2012 VS 2022)

Year
- 2012
- 2022
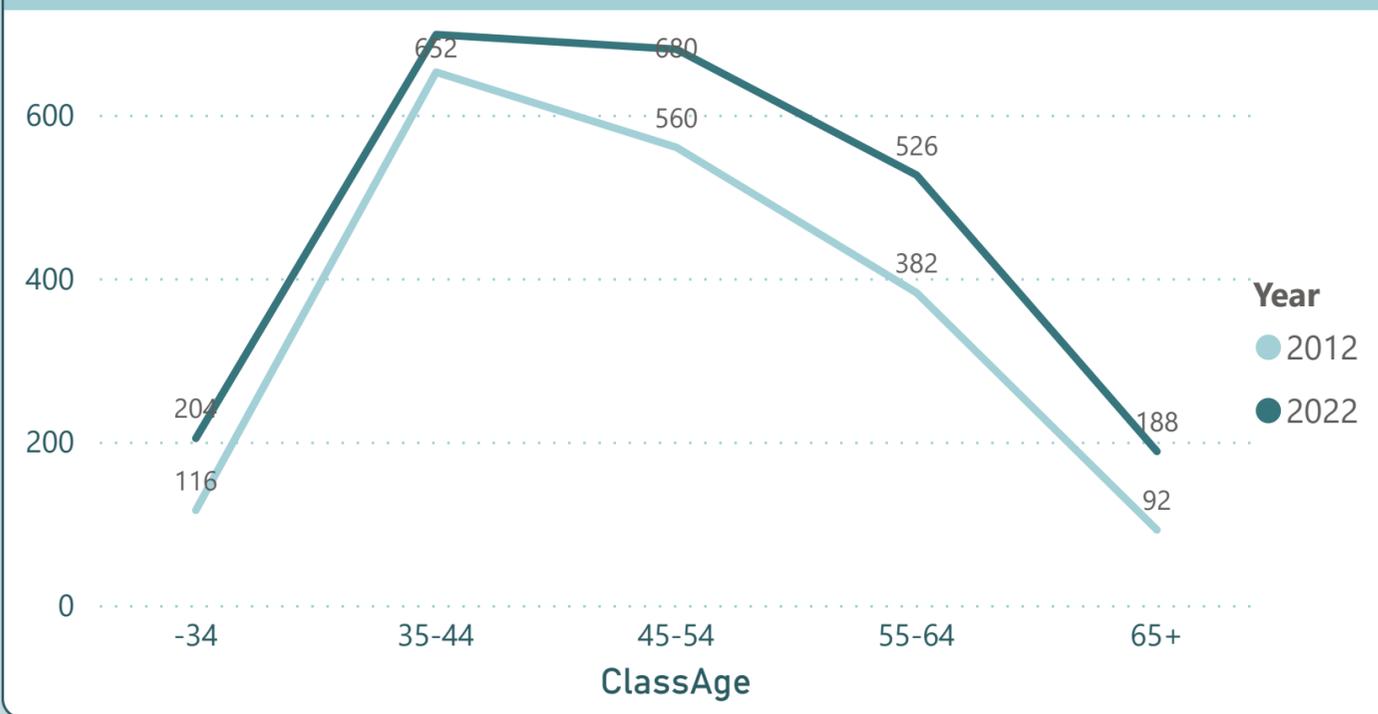
Proportion (FTE) by Age Group (2012 VS 2022)

Age
- -34
- 35-44
- 45-54
- 55-64
- 65+
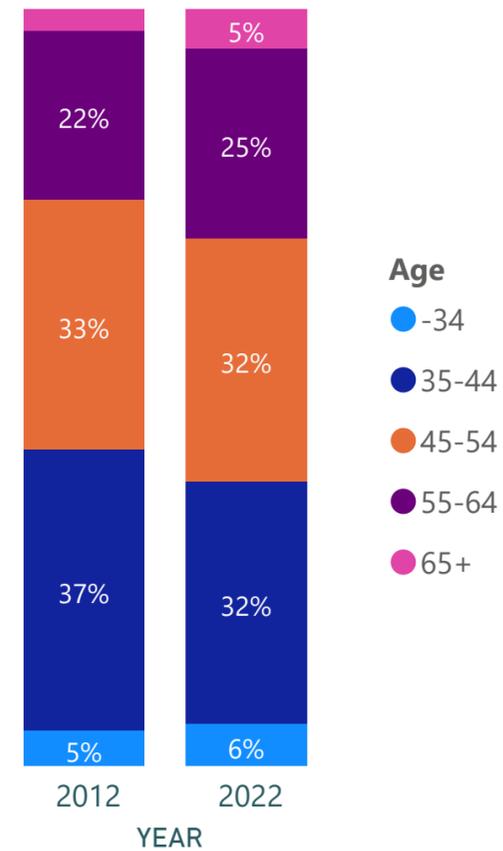
Average Age of a FTE (2022)

48.5 !
2012: 47.5 (-2.12%)

% of 65+ activity of total FTE (2022)

5% ⌄
2012: 3% (+81.9%)

FTE detailed by Language and Gender

Gender	F		M		Total	
Language	#FTE	%65+ (FTE)	#FTE	%65+ (FTE)	#FTE	%65+ (FTE)
FR	258	3%	437	7%	695	5%
NL	442	2%	610	8%	1,051	5%
Total	699	2%	1,047	7%	1,746	5%

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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. See the evolution over the ten past years. It is not adjusted for inflation.

FTE values are capped at 1. See the the comparison per active providers by sex, language and age group.
N.B. The FTE for employed doctors in medical homes was estimated at 0.81 per doctor because the actual FTE cannot be evaluated given the absence of activity registration.
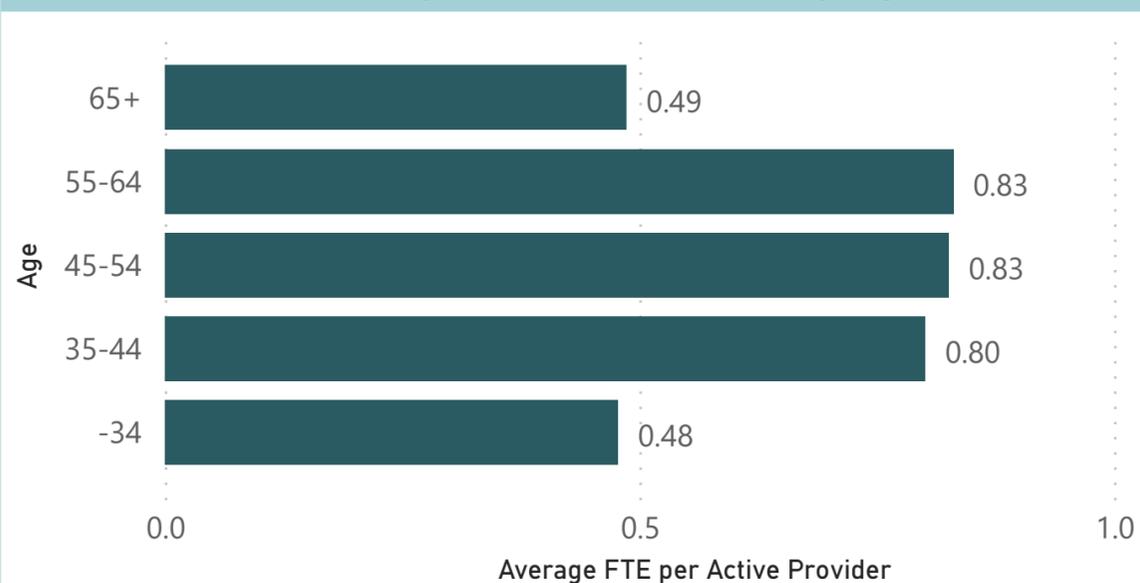
Avg FTE per Active Provider (2022)

0.76
2012: 0.77 (-1.01%)

Avg FTE per Active Provider detailed by Language and Gender

Language	F	M	Total
FR	0.61	0.70	**0.66**
NL	0.83	0.85	**0.84**
Total	**0.74**	**0.78**	**0.76**

FTE per Active Provider by Age

Age	Average FTE per Active Provider
65+	0.49
55-64	0.83
45-54	0.83
35-44	0.80
-34	0.48

Median of Reimbursements for Providers between 45 and 54 years old

Year	FTE Value
2012	€ 238.02K
2013	€ 238.30K
2014	€ 235.80K
2015	€ 228.08K
2016	€ 236.48K
2017	€ 235.02K
2018	€ 233.18K
2019	€ 240.03K
2020	€ 209.31K
2021	€ 235.74K
2022	€ 242.24K