

Key Data Health Care

Health care professions

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Colophon

Subject:

This report provides, based on a number of key figures, an overview of the activities of the FPS Health, Food Chain Safety and Environment regarding the healthcare professions. In four chapters on 'Organisation', 'Activity', 'Financing', and 'Quality', several trends are highlighted.

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FOREWORD

Healthcare relies on the daily efforts of thousands of professionals who, thanks to their expertise and commitment, ensure the quality and continuity of care. This edition of the "Key data in healthcare" highlights their essential role and the measures taken to support them throughout their careers.

The Directorate-General Health Care is committed to guiding, supporting and valuing these healthcare providers, ensuring that working conditions and quality standards meet the evolutions within the sector and the needs of patients and healthcare professionals.

In this edition, we focus the spotlight on three professions: nurses, nursing assistants and dentists. Through these examples, we illustrate the diversity of healthcare professions and the wealth of competencies deployed to serve patients. Future editions will also highlight other professions.

We invite you to familiarize yourself in the following pages with the concrete actions of our services to ensure a solid framework, high-quality continuing professional development and greater recognition of healthcare professionals.

We wish you an enriching reading experience.

Kind regards,

Sabine Stordeur Director-General DG Health Care

INTRODUCTION

We take you into the story of three young people who are at the beginning of a new chapter in their lives.

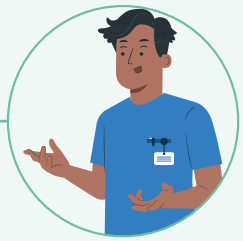
They represent the many young people who, each year, with open minds and hearts full of ambition, choose to pursue an education in the broad field of healthcare. Their motivations vary: a personal experience, an inspiring role model, or simply the wish to contribute to the well-being of others. What unites them is their choice to commit themselves to the well-being of society.

Our three young protagonists are at the beginning of an exciting journey in health care.



Yasmine has always had a big heart for others. As a child, she helped her grandparents with small chores and was always there for her younger brother. Now she dreams of becoming a nursing assistant so she can assist people every day with warmth, patience and a listening ear.

Milan became fascinated by the world of nursing when he took a first aid course at school. The idea that you can save lives with knowledge and dedication never left him. Since then, he has been determined: he wants to become a nurse and make a difference for every patient every day.





For a long time, **Amina** didn't know what she wanted to do until she got braces herself. Her dentist's care and precision impressed her deeply. Now she dreams of becoming a dentist herself, so she can give people not only a healthy mouth, but also a radiant smile.

Our three young protagonists are at the start of an exciting journey in healthcare.

The medical field is very broad and offers a wide array of opportunities. In Belgium, there are more than 690,000 healthcare professionals.[1] They are spread across more than 30 professions accredited under Belgian law. Some of these professions have been accredited for decades; others have only been accredited for a few years. The healthcare field is constantly evolving, and the legislator continuously adapts. Each of these professions is included in the coordinated law of 10 May 2015 on the practice of healthcare professions.[2] This legislation guarantees that anyone practising the profession has the necessary qualifications, competencies, and authorizations.

"There are more than 690,000 healthcare professionals in Belgium."

1 The figures refer to the number of eligible healthcare professionals residing in Belgium on 31 December 2024. At present, no data are yet available for the most recently established professions: namely, the pharmaceutical technical assistant specialized in hospital pharmacy, the pharmaceutical technical assistant specialized in community pharmacy, and the practice assistant.

2 Coordinated Act of May 10, 2015 on the exercise of health professions, articles 97 to 101. Accessed at https://www.ejustice.just.fgov.be/eli/wet/2015/05/10/2015A24141/justel

Nurses
216,645



Nursing assistants
134,001





Physicians
64,521

Paramedic professions
91,007

Physiotherapist
44,399

Pharmacists
23,598



Mental health professions
21,730

(clinical psychologists and clinical educational psychologists)

Midwives
14,066

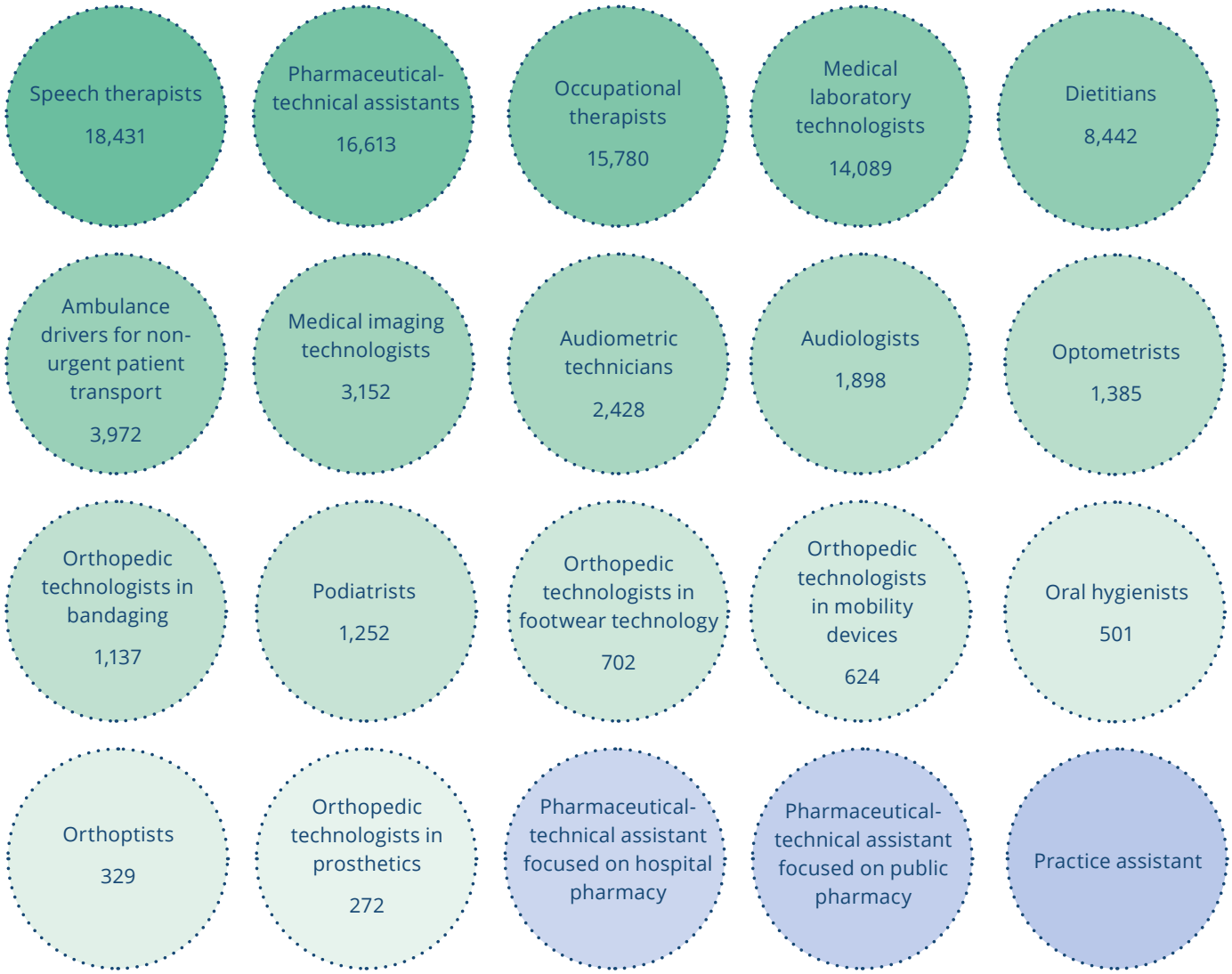


Dentists
11,600

Ambulance care provider
13,727

Under the designation "paramedical professions" we find 20 different professions.

Paramedical professions: 91,007



Learn more?
https://www.health.belgium.be/nl/professionals/gezondheidsprofessionals/menselijke-gezondheid/gezondheidszorgberoepen/toegang-tot-gezondheidszorgberoepen

All practitioners, authorized to practice their profession in Belgium, are registered in a federal database of practitioners of the healthcare professions. This database, called "**Registry**" or "**E-CAD**," has three objectives:

1. To collect necessary data to carry out the missions of the Planning Commission;
2. Enable the execution of the missions of the administration and public institutions;
3. Improve communication with and between health care professionals.

The registry contains both personal data (surname, first name, address, age, nationality), professional data as well as data on the practitioners' academic track (diploma, institution that delivered the diploma, possible internship plan, specializations and competencies, recognition, visa, etc.).

Learn more?
https://www.health.belgium.be/nl/professionals/gezondheidsprofessionals/menselijke-gezondheid/gezondheidszorgberoepen/databanken-statistieken-gezondheidszorgberoepen

Check the status of a health care professional?
https://apps.health.belgium.be/ecad-public-search-engine-web/search

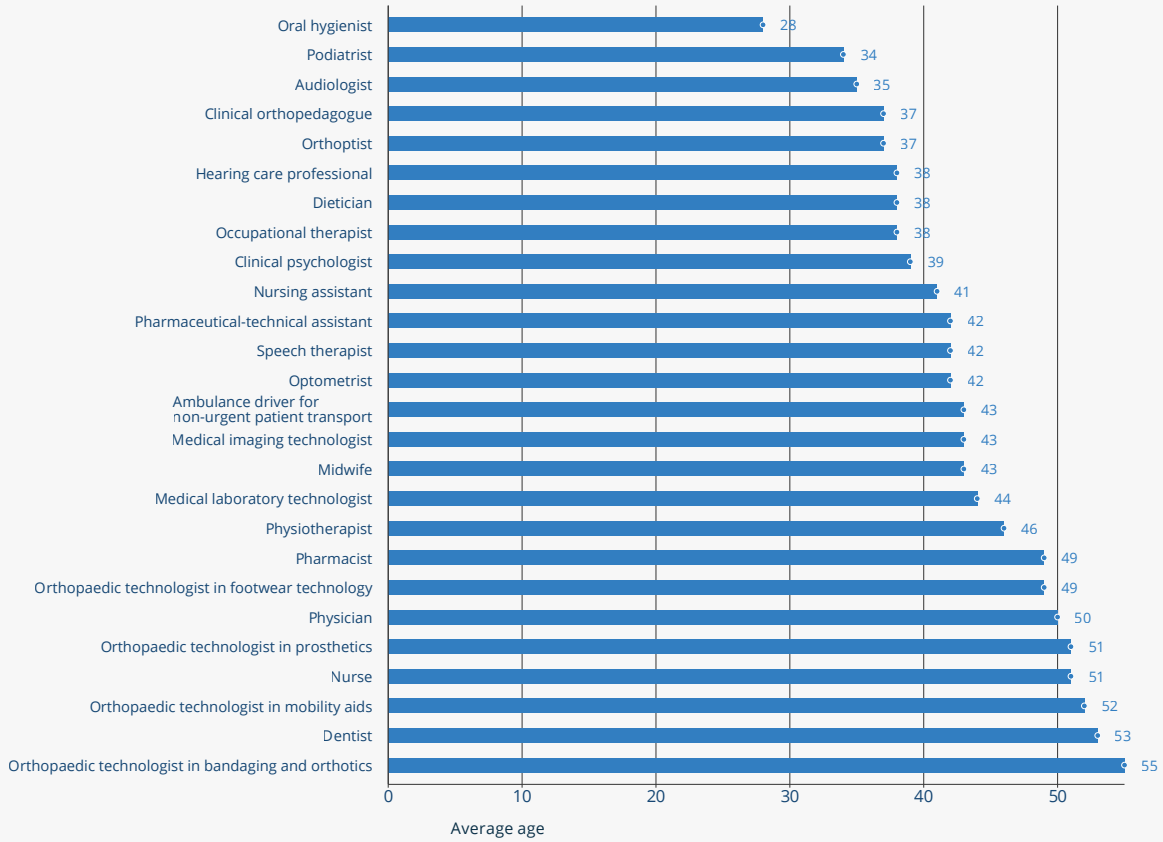
In many professions there is a majority of women. Men are more strongly represented in the groups of orthopaedic technologists and ambulance workers.

Share of women by occupational group

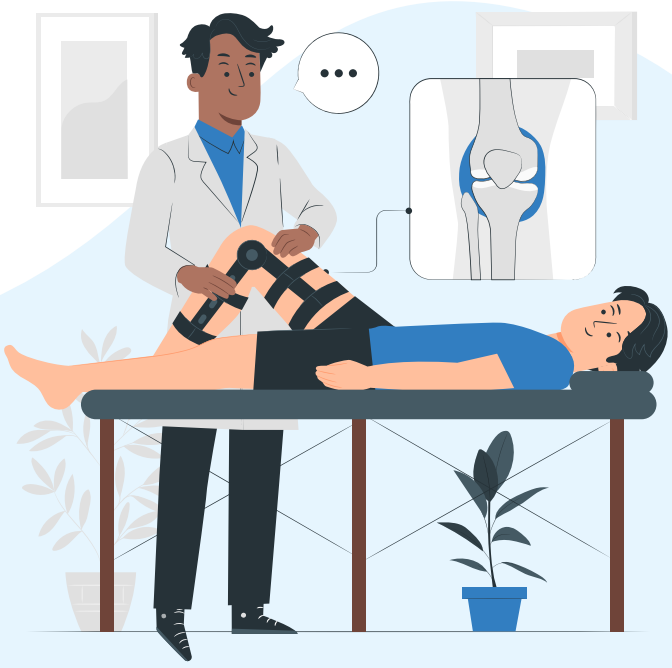


We observe a correlation between the length of time a profession has existed and the average age of its practitioners. Long-established professions, such as physicians and dentists, have the highest average age. In very recently established professions, such as that of podiatrist or dental hygienist, practitioners tend to be much younger.

Average age by profession



Learn more?
https://overlegorganen.gezondheid.belgie.be/nl/documenten/hwf-jaarstatistieken-2023



1 ORGANIZATION

Each year, more than 30,000 new visas are issued to health professionals.

29

In 2024, 29 recommendations were issued.

303

303 dentists received an accreditation for training supervisorin general dentistry in 2024.



919

In 2024, 919 general practitioners were accredited as training supervisors.

8

There are **8 advisory councils** that provide recommendations on the practice of a profession. In addition, they can advise on the criteria for accreditation of practitioners and of placement masters and placement services in the relevant fields.

Monitoring and planning of health care workforce

Guidance for healthcare professionals starts even before their education begins.

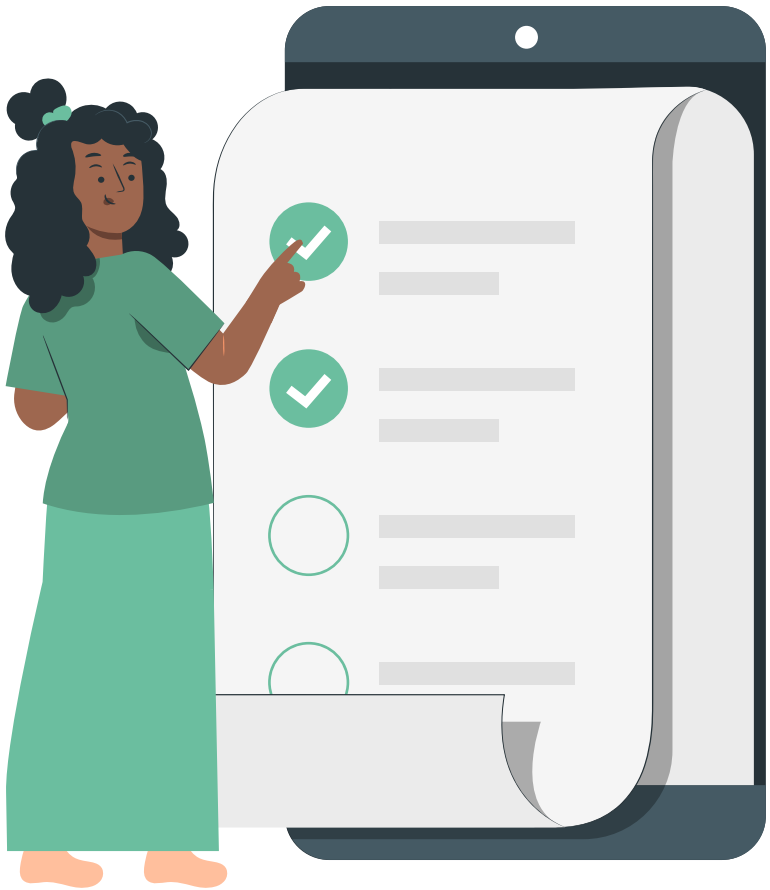
This guidance involves monitoring and planning the health care workforce. The general idea is to ensure that the health needs of the population are met by preventing both an excess and a shortage of practitioners in a given field.

What is planning?

Planning the number of practitioners in a health care profession is essential to match the supply and demand for care. This is necessary to ensure the quality of care, the well-being of our practitioners, budgetary sustainability and the effectiveness of health insurance. To this end, the 'Planning Committee for Health Care Workforce' was established in 1996. The committee consists of representatives of universities, health insurance funds (Intermutualistic College), healthcare professional bodies, the competent ministers, the Communities, the National Institute for Health and Disability Insurance (NIHDI), and the Federal Public Service (FPS) Public Health.

Initially, planning was limited to physicians and dentists. Today, planning covers an increasing number of health professions. Like the needs of the population, planning is a dynamic process that is constantly being improved.

Learn more?
https://overlegorganen.gezondheid.belgie.be/nl/advies-en-overlegorgaan/commissies/planningscommissie-medisch-aanbod



Phases of planning

The figure below summarizes the different phases that the "Planning Committee for Health Care Workforce" goes through for each profession.



Current workforce:

Description of the activity of an occupation in the Belgian labour market

Base scenario:

evolution of the labour force (stock+ in-out); no break with historical trend: continuity scenario

Alternative scenarios:

according to the vision of tomorrow's health care as developed by the Planning Committee for Health Care Workforce e.g. delegation of tasks, modification of the duration of studies, .

Formal recommendation:

concerning the quotas for physicians and dentists and the planning of other professions that are not subject to quotas but are represented, including nurses, nursing assistants, midwives, physiotherapists, and speech therapists.

Description of the activity of a profession in the belgian labour market

The registry is very useful to the "Planning Committee for Health Care Workforce" because it provides a record of all persons who have applied for a professional license. However, it is not sufficient to perform all of the committee's tasks.

For example, using the registry, it is not possible to know the number of effectively active professionals and in which sectors or geographical area they are employed.

To make this possible, the "PlanCad" project links data from the cadastre with information from other sources:

- the National Institute for Health and Disability Insurance (NIHDI)
- the National Social Security Office (NSSO) for data on employees,
- the National Institute for the Social Security of the Self-Employed for the data concerning the self-employed.

All data are anonymized so that re-identification of individuals becomes impossible. This data link allows in-depth analyses and targeted answers to questions about the composition and activity of the workforce in health professions.

The data is available for several years. This makes it possible to make forecasts regarding the evolution of the workforce. Several future scenarios are developed for each profession.

For example:

- How many **active people** are there within an occupational category in Belgium?
- What is the age pyramid of the occupational category?
- What is the **average working time** for employees **or** self-employed **professionals**?
- In which **subsectors** are the caregivers employed?
- What is the respective proportion of **full-time and part-time work**?
- What is the geographical distribution of health care professionals?
- How has the profession evolved over the years?

Baseline scenario

The workforce projection model serves as the tool for developing forecasts. It starts from the principle that, for each health profession, there is a demand and a supply.

The demand is determined by the Belgian population in need of healthcare. The supply is determined by the people in the health care profession.

In the baseline scenario, observed historical trends are used as a starting point. Projections are drawn up regarding the evolution of the number of active professionals under a 'no change in circumstances or policy' scenario. These projections take into account the existing stock of active professionals, from which outflows (deaths, retirements) are subtracted, while new graduates in Belgium, as well as the inflow of practitioners who obtained their diploma abroad, are added.

The evolution of healthcare demand is estimated based on the number of inhabitants, the population structure by age and gender, and healthcare consumption.

Alternative scenarios

Alternative scenarios are then developed. The parameters of the basic model are adjusted to a number of hypotheses about the future: the working population, the context, activity, the demand for care, and so on. These hypotheses are developed by the various working groups of the "Planning Committee for Health Care Workforce".

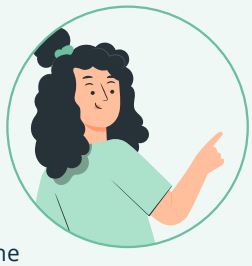
Recommendation to the federal minister of Health

After the future scenarios have been developed, the "Planning Committee for Health Care Workforce" prepares an advisory report. This recommendation describes the evolution of the profession, the relationship between supply and demand and all related issues and problems. For professions subject to a quota, the "Planning Committee for Health Care Workforce" also issues a recommendation determining the federal quota. This quota determines how many candidates with a Belgian diploma are allowed to start a specialty training program or gain access to an internship in order to obtain a professional title in a (medical) specialty in Belgium.

To date, such a quota only applies to physicians and dentists.



Training of professionals



There is no quota for the professions that **Milan and Yasmine** chose. They can start their training. For the profession of dentist, which **Amina** chose, there is a quota. This means that, in order to respect the quota of dentists allowed to begin an internship to obtain a particular professional title, the number of students who may start dental training is limited. In both Communities, an admission exam is organized to select those who can start the programme. Only if Amina has a favorable ranking will she be allowed to start dental school.

In this chapter, you will learn more about the organization of healthcare professionals' education. How is their curriculum determined? How is the duration of their studies determined?
Are they required to complete an internship? All these elements are established within the federal advisory bodies for healthcare professions.

Consultative bodies

There are several consultative bodies for the health care professions. Each body has consultative authority. Their role is to advise the Minister of Health, either upon request or on their own initiative, on matters related to the practice of the profession they represent. In addition, they may provide recommendations on the criteria for the accreditation of practitioners, as well as of training supervisors and training services in the relevant fields.

Today there are 8 consultative bodies:

the High Council of Medical Specialists and General Practitioners
the Dental Council
the Federal Council of Pharmacists
the Federal Council for Physiotherapy
the Federal Council for Nursing
the Federal Council for Midwives
the Federal Council on Mental Health Professions
the Federal Council for the Paramedic Professions

These advisory bodies are made up primarily of representatives of the professional group, drawn from professional associations and the academic sector. Most of the bodies include physicians.

To prepare its recommendations, each advisory body may create working groups with specific missions. These working groups are composed of members of the council in question and, if necessary, external experts. When the profession requires an internship, working groups are in charge of analyzing individual cases and preparing recommendations within the framework of legal procedures (i.e. granting or renewing the accreditation as a traineeship master, etc.). This is the case for physicians, dentists and hospital pharmacists.

Recommendations

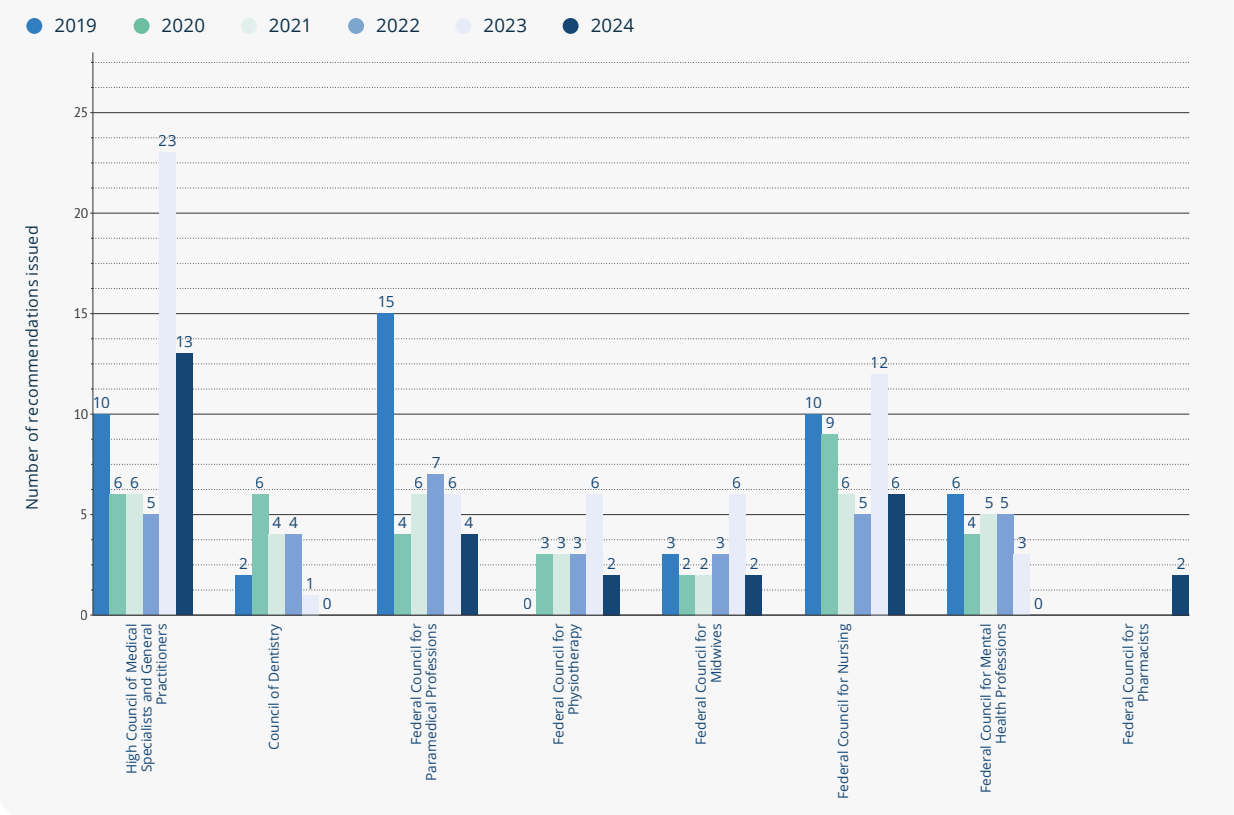
Recommendations may cover a range of measures affecting training. The following is a non-exhaustive list of topics on which Recommendations may be issued:

- The possibility of creating regulated titles or professions;
- The revision of existing criteria;
- The duration and level of the education;
- The target competencies to be acquired;
- Restricted acts, acts that can be carried out autonomously, and acts that can be delegated, ...;
- Topics involving new challenges, such as artificial intelligence, telemedicine, . ;
- The number of internship hours to be completed;
- .

Consult the recommendations:
https://consultativebodies.health.belgium.be/en

A total of 29 recommendations were issued in 2024.

Trend in the number of recommendations issued



Due to the reforms related to the nursing profession, the Federal Council for Nursing issued a higher number of recommendations in 2023. The High Council of Medical Specialists and General Practitioners also shows an increased number of recommendations in 2023: in addition to handling requests from the Minister, the High Council worked on revising the accreditation criteria for several specialties, including visceral surgery, vascular surgery, thoracic surgery, and cardiac surgery. The Council of Pharmacists was started since June 5, 2024.

Proportionality

Legislation on proportionality has affected the work of the consultative bodies since 2021. In accordance with the 2018 European directive, the legislator must justify the proportionality of measures when they have a restrictive impact on access to or practice of a profession.

Many of the recommendations of councils and other bodies fall into one or both of these categories. When this is the case, the body must demonstrate that the measures have a public interest purpose and are justified.

Thus, a proportionality test must be applied in situations such as the following:

- Extending the number of years of study;
- Increase the number of internship hours;
- Introduce continuing education to practice a profession;
- Requiring membership in a professional order to practise a profession;
- .

In addition, the directive also includes an obligation regarding transparency. Anyone has the right to learn about the measures envisaged before they enter into force. Interested parties may subsequently communicate their views on the envisaged measures. This right of response is granted to both the professionals themselves and to students, patients, associations, and so on.

Training supervisor and continuing professional development

For some professions, it is decided that an internship must be organized for those in training. This is the case for physicians, dentists and hospital pharmacists. These individuals are trained by a professional, called an training supervisor.

To ensure the quality of training, criteria have been established for each profession and specialization for the recognition of training supervisors and internship services. These criteria relate to both the future training supervisor and the activity and supervision that the internship service can offer.

Every year a number of applications are processed concerning the accreditation of training supervisors. These are analyzed by the administration and presented to the working groups. Afterwards, the recommendations are confirmed by the competent consultative body before being submitted to the Minister. The latter makes the final decision regarding accreditation. The councils concerned are the High Council of Medical Specialists and General Practitioners, the Council of Dentistry and the Federal Council of Pharmacists.

Hospital pharmacists

Applications for accreditation of training supervisors and trainee services for hospital pharmacists are handled by a standing working group of the Federal Council for Pharmacists. This working group also decides on applications for accreditation of continuing education for hospital pharmacists.

To apply for the renewal of their accreditation as hospital pharmacists, the professionals concerned must submit a file to the Communities every five years. One of the elements of this file is proof of attending continuing education courses.

In 2024, 12 accreditations for training supervisors were issued.

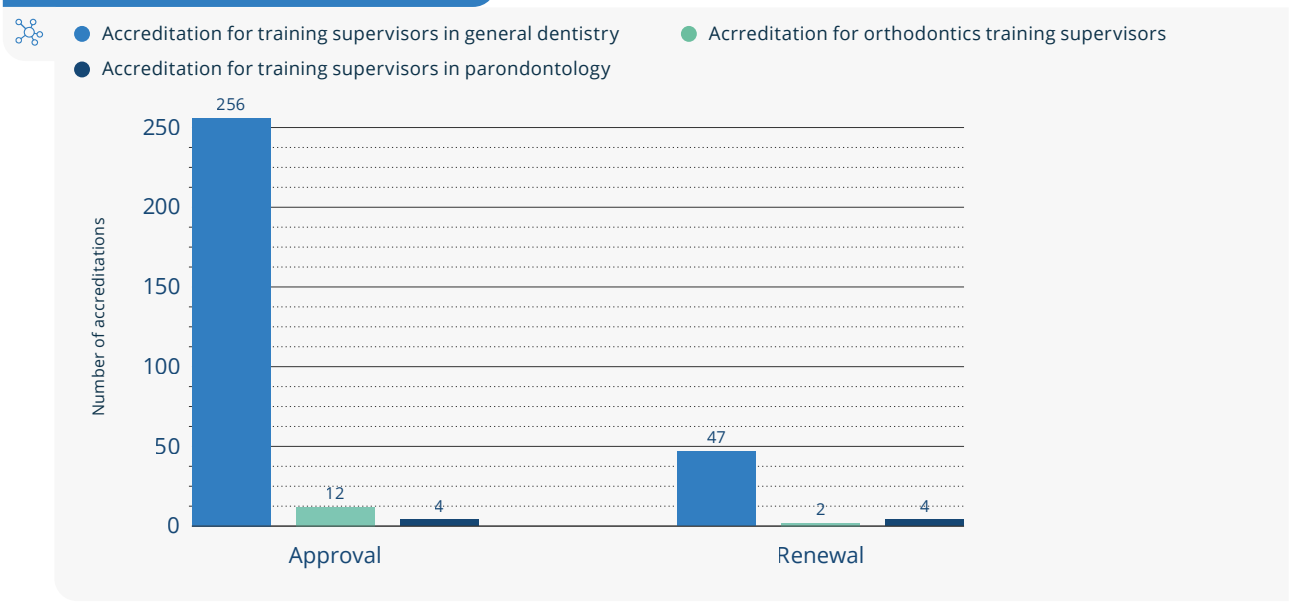
Learn more?
Ministerial decree laying down the recognition criteria for the special professional title of hospital pharmacist



Dentists

A standing working group considers applications for accreditation of training supervisors and internship services in general and specialty dentistry.

Number of acrreditations granted in 2024



Learn more?
Royal Decree of November 10, 1996 establishing the recognition modalities of dental practitioners, holders of a special professional title

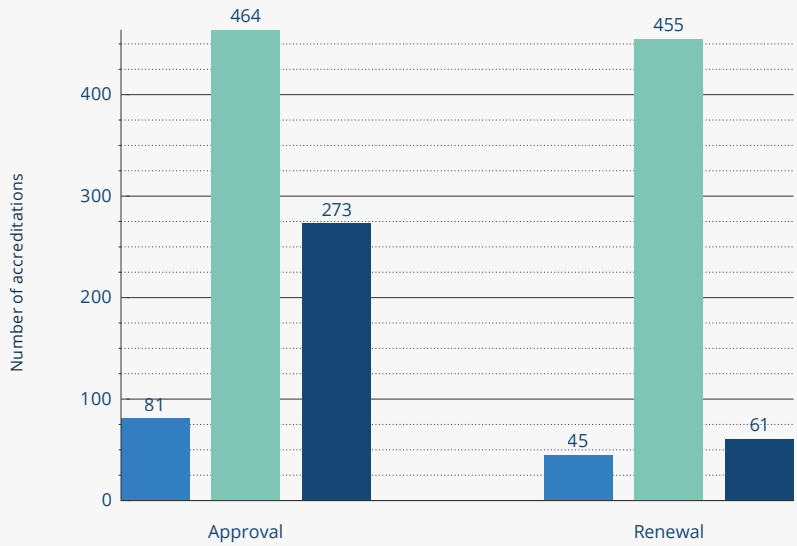
Physicians

For physicians, **2 permanent working groups** were established: "General practitioners" and "Medical-specialists". They have the following assignments:

- To advise the High Council on applications for accreditation submitted by general practitioners and medical-specialists as training supervisors or internship services. This recommendation is validated by the High Council.
- Advise on matters entrusted to them by the High Council.

The High Council of Medical Specialists and General Practitioners presents a report each year with accurate statistics on applications for accreditation of hospital training supervisors and internship services.

Number of acrreditations granted in 2024



More figures?
https://overlegorganen.gezondheid.belgie.be/nl/documenten/202321-jaarrapport

Learn more?
Royal Decree of April 21, 1983 establishing the further rules for recognition of medical specialists and general practitioners.



Milan, Amina and Yasmine have completed their education and their efforts have paid off.

After years of study, they reached the end of their academic track with a diploma in their pocket. Now what is the next step to start their careers?

Issuance of visa

Once the diploma is obtained, the next step is to apply for the accreditation or visa. Access to the healthcare profession is dependent on holding a visa. After it has been granted, it is still possible for some professions to obtain accreditation for a particular professional title or qualification. This is usually only possible after completing additional professional training.

This is the case for the following professions:

- General practitioners and specialists
- General and specialist dentists
- Hospital pharmacists
- Nurses
- Midwives

For other professions, accreditation is obtained before the visa is issued. This is the case for:

- Physiotherapists
- Paramedic professions
- Nursing assistants (Here one speaks of a registration instead of an accreditation).

As a result of the 6th state reform in 2014, the competence regarding accreditation was transferred to the Communities. The federal government is responsible for the accreditation of training supervisors. This created a dichotomy: access to the profession through the granting of visas is a federal competence while accreditation is the competence of the Communities.

Previously, the visa was issued according to a decentralized procedure by the provincial medical commissions. Today it is largely issued automatically and centrally. The procedure for the various professions is as follows:

Every year, more than 30,000 new visas are issued to health professionals.



Physicians, dentists, pharmacists, nurses and midwives

For professions without accreditation of the basic title: the visa is issued on the basis of an exchange with the universities, colleges and high schools through a specially developed portal. On the occasion of each proclamation period, the institutions provide lists of students with basic degrees. Through these lists the visa are automatically sent shortly after the end of the studies.

Physiotherapists, paramedical professions and Nursing assistants

The Communities provide the accreditation of the basic diploma. The Communities use the same database for recognitions as the FPS does for granting visas; the visa can be granted automatically once the recognition is granted.

Clinical psychologists and clinical educational psychologists

Since 2019, visas for these professions have begun to be granted.

Most applications are still submitted individually. For recent graduates, the portal of the educational institution can also be used.

In addition to issuing visas for Belgian diplomas, foreign diplomas are also granted visas, in many cases after prior accreditation. The accreditation procedure differs depending on whether the diploma was obtained in an EU country or a non-EU country.

European diplomas

- Accreditation under European Directive 2005/36/EC by the Communities.
- A visa file is automatically initiated upon accreditation by the Communities. The visa is issued only after the practitioner provides proof of sufficient language proficiency, proof of good professional conduct and proof of good behavior and morals.

Non-European diplomas

- Diploma is declared equivalent by the Communities.
- In addition to equivalency, accreditation is required before the visa can be granted for physical therapists, paramedics and nursing assistants.
- Admission to practice a health profession is granted by the King, after recommendation from the competent federal council.



The sequence of steps of the procedure may vary from one profession to another after graduation. The following are the diagrams illustrating the steps that allow entry into, and practice of, the chosen profession, in the case of **Milan**, **Amina** and **Yasmine**.

Nursing assistant

A one-year training programme following the 6th year of secondary vocational education in the personal care sector.

A one-year training programme in secondary technical or vocational education.

Certificate of competencies for nursing assistants.

Social promotion.

↓

Registration

↓

Visa

↓

Right to practice profession

↓

NIHDI number valid only for home nursing.

Right to practice profession without NIHDI-number: care institution, residential care centers, hospitals, .

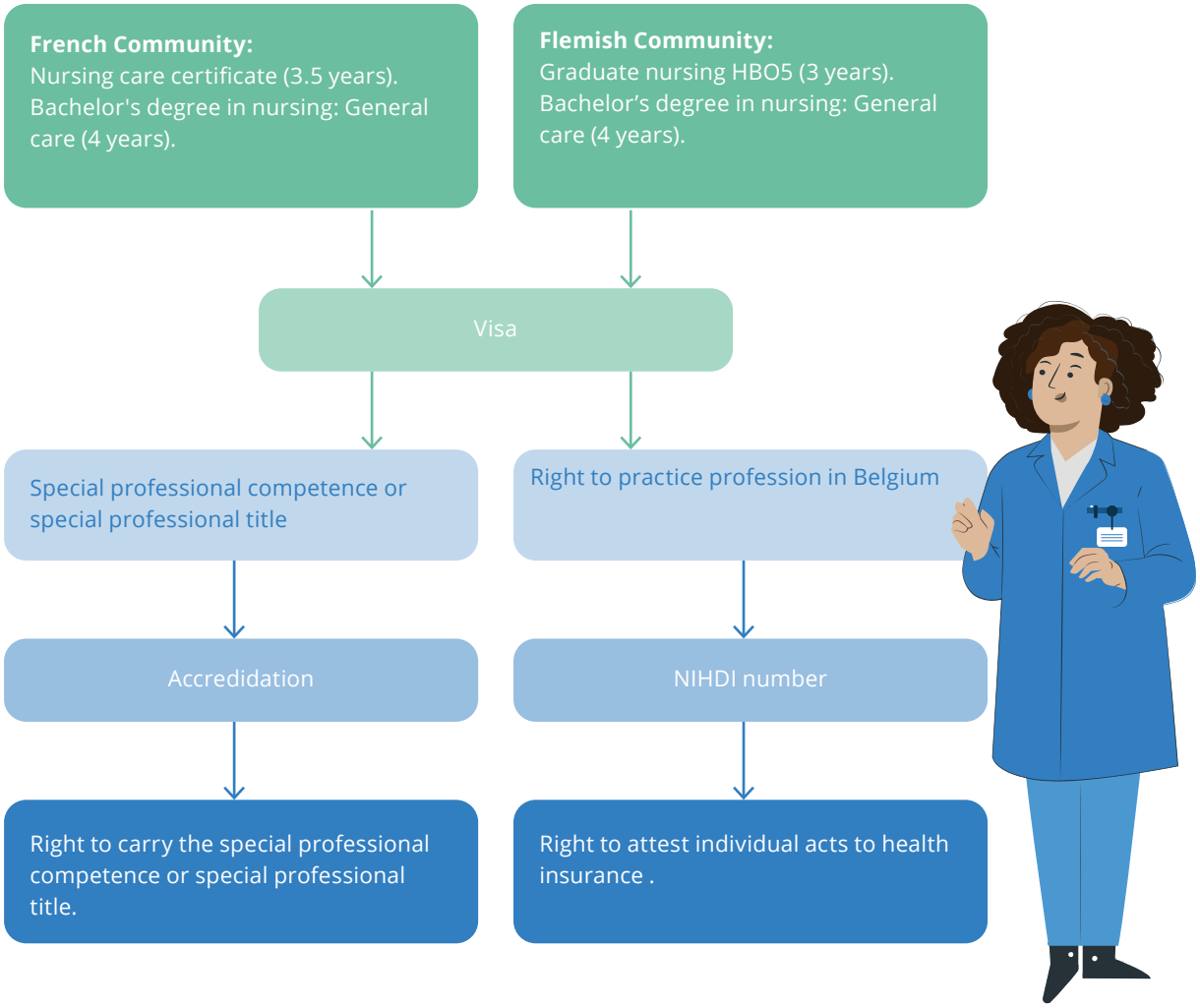
↓

Right to attest care related to nursing home care.



Learn more?
https://www.health.belgium.be/fr/professionnels/professionnels-sante/sante-humaine/professions-sante/acces-aux-professions-soins-sante/praticiens-lart-infirmier/aides-soignants

Nursing



For nurses[3] the first step consists in obtaining the visa. Afterwards, an NIHDI number can be requested if one wishes to attest individual acts.
The professional then has a choice: if he decides to obtain one of the possible special professional qualifications or special professional titles for the nursing profession, accreditation is given.

Learn more?
https://www.health.belgium.be/fr/professionnels/professionnels-sante/sante-humaine/professions-sante/acces-aux-professions-soins-sante/praticiens-lart-infirmier

3 From academic year 2025-2026, the training of ' Graduate HBO5 ' will extinguish and will be replaced by a training for a registered nurse with an associate degree. The Bachelor's degree will lead to the visa of 'Nursing: General care '; the course for registered nurse with an associate degree will lead to the visa of 'Registered nurse'.

Dentists

University: 5-year master's degree

Visa

Right to practice the profession without an NIHDI number.

Quota

Internship

General dentistry
1 year

Periodontology
3 years

Orthodontics
4 years



NIHDI-number as a trainee candidate

Accreditation

NIHDI number of the specialist

Right to attest, individual health insurance benefits from the specialist

Learn more?
https://www.health.belgium.be/fr/professionnels/professionnels-sante/sante-humaine/professions-sante/acces-aux-professions-soins-sante/medecins/dentiste



Visa and accreditation obtained, **Amina, Yasmine** and **Milan** can now officially join the hundreds of thousands of people authorized to practice a health profession in Belgium.

2 ACTIVITY

In 2022, there were be **132,600** nursing assistants licensed to practice the profession in Belgium.

In **2022**, there were **228,251** nurses licensed to practice in Belgium.



85%

85% of nurses are women.

65%

65% dentists licensed to practice are active in health care.



Yasmine, Amina and Milan enter the labour market. They join the thousands of professionals already active in their chosen professions.

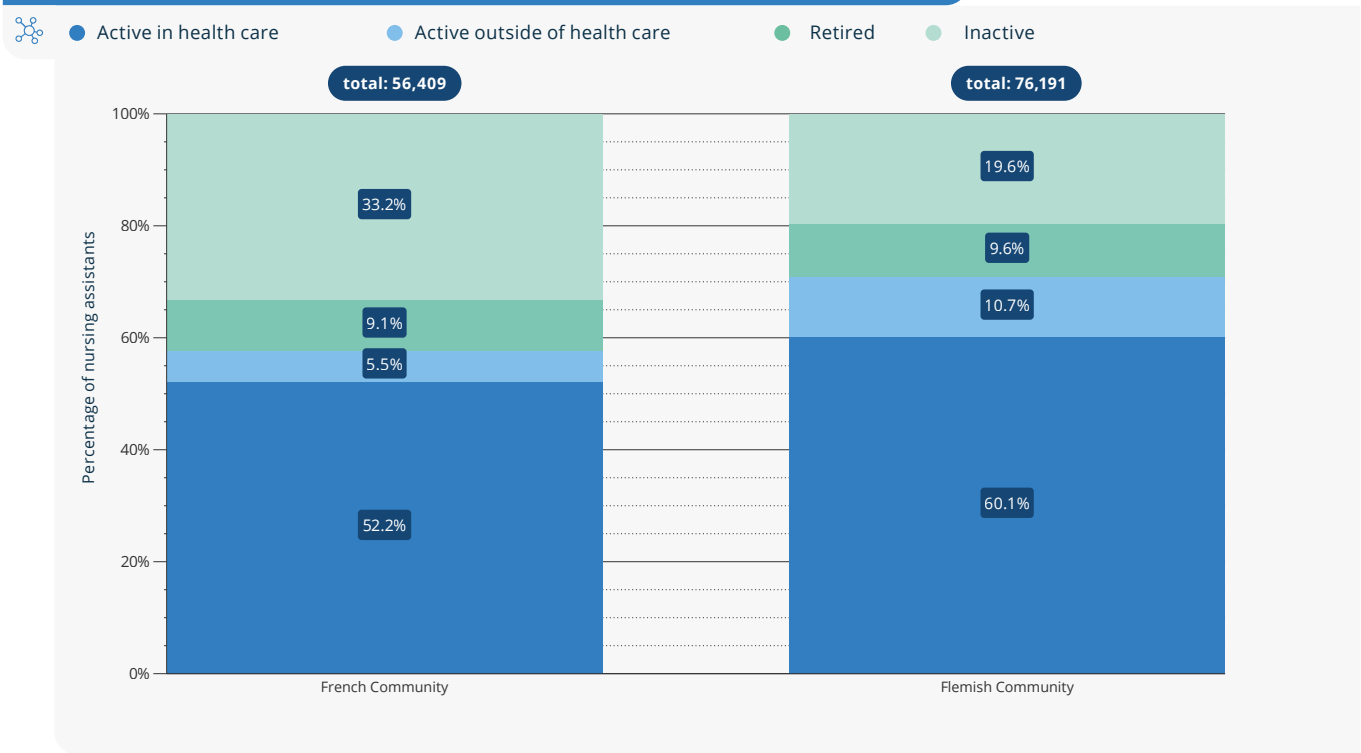
In this chapter, we analyze the current state of affairs for the three professions in which the three young people will be employed, namely nursing assistant, nurse, and dentist, based on various statistical data.

Nursing assistants

In 2022, **132,600** nursing assistants were authorized to practice the profession in Belgium. The profession is largely dominated by women (92%).

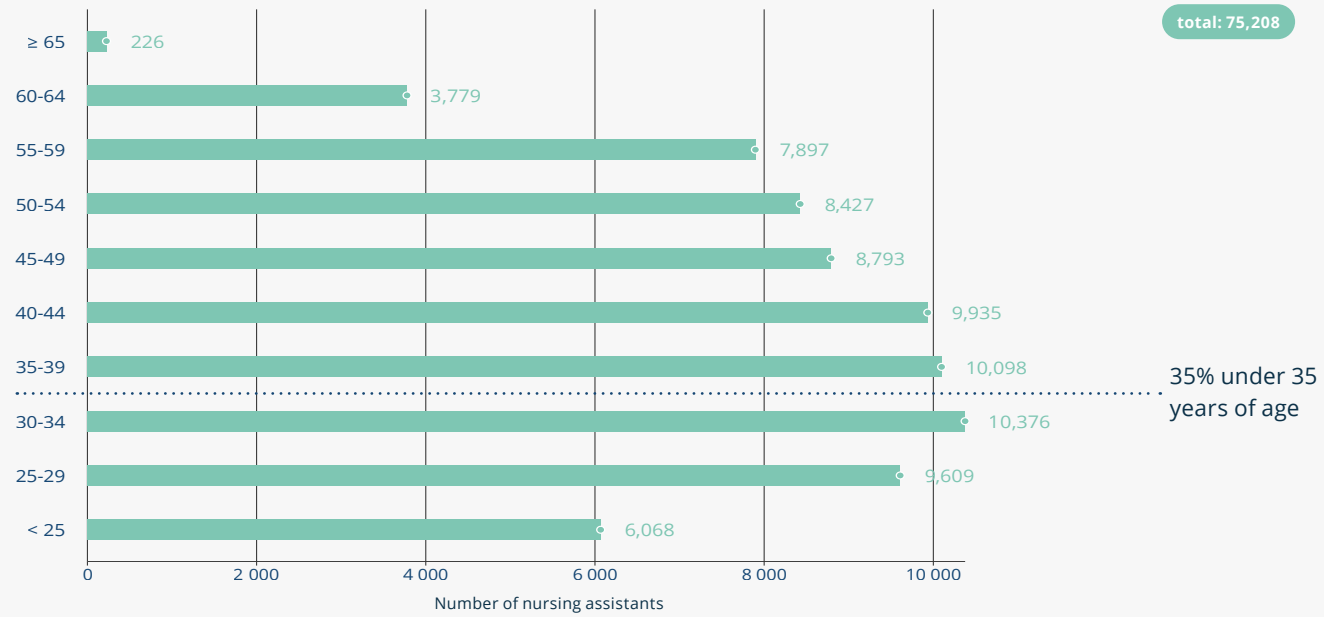
Among them, 75,208 (57%) are active in healthcare, while 8.5% are active outside the healthcare sector, 25% do not work in Belgium and 9% are retired.

Percentage of nursing assisstants by activity status and community for 2022



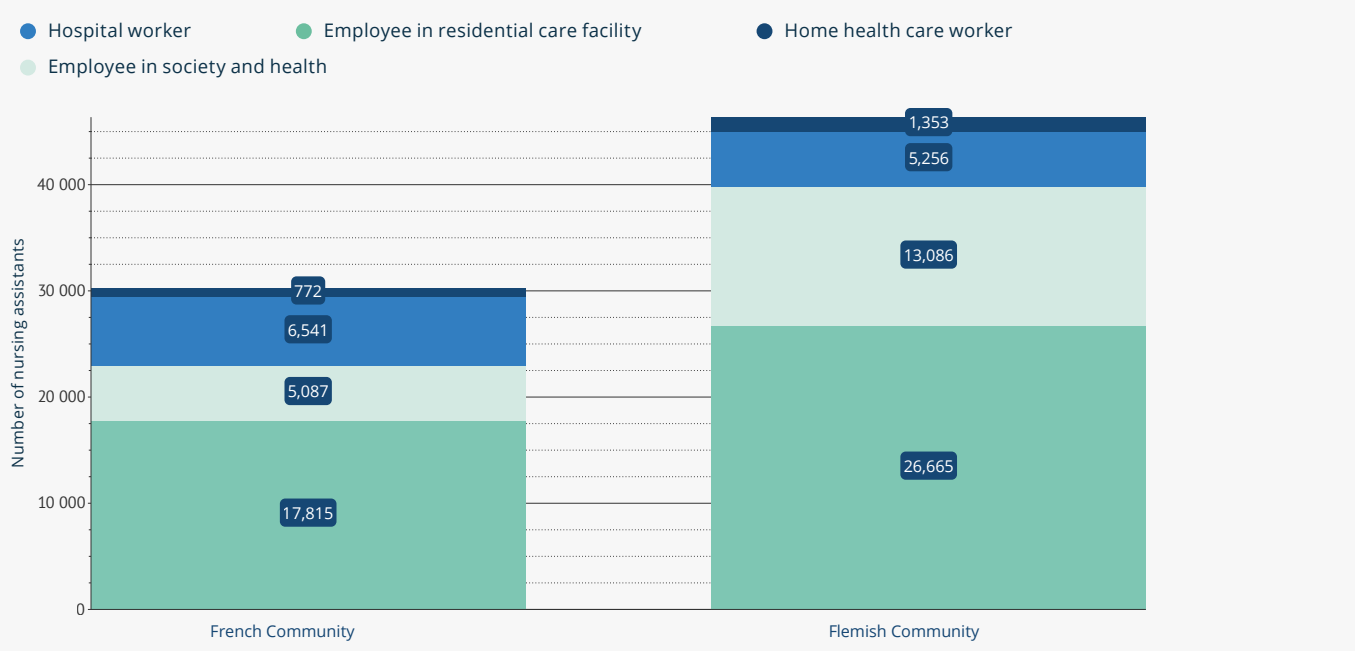
Just as the age distribution is balanced - with one in three nursings assistants under the age of 35 - so is the geographical distribution, with 60% working in the Flemish Community and 40% in the French Community. The number of active nursing assistants rose from 71,927 to 75,208 between 2018 and 2022, representing an increase of +4.6%.

Number of nursing assistants active in healthcare by age, 2022



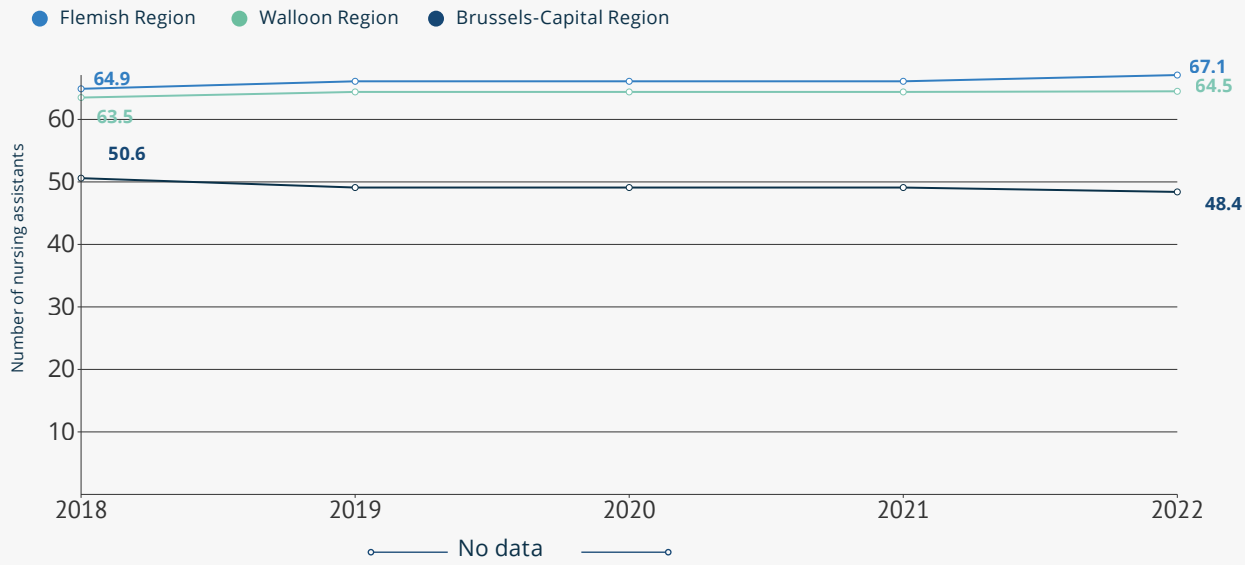
The vast majority of nursing assistants (96%) work exclusively as employees and do not engage in any self-employed activity. Almost two thirds of nursing assistants are employed in residential care facilities.

Number of nursing assistants active in health care by sector (2022)



The **density** of active nursing assistants in the Belgian territory is slightly higher in the Flemish Region and the Walloon Region than in the Brussels Capital Region (67.1 and 64.5 versus 48.4, respectively). The table below shows that between 2018 and 2022, the **density** of active nursing assistants in the healthcare sector decreased slightly in the Brussels-Capital Region and increased slightly in the Walloon and Flemish Region.

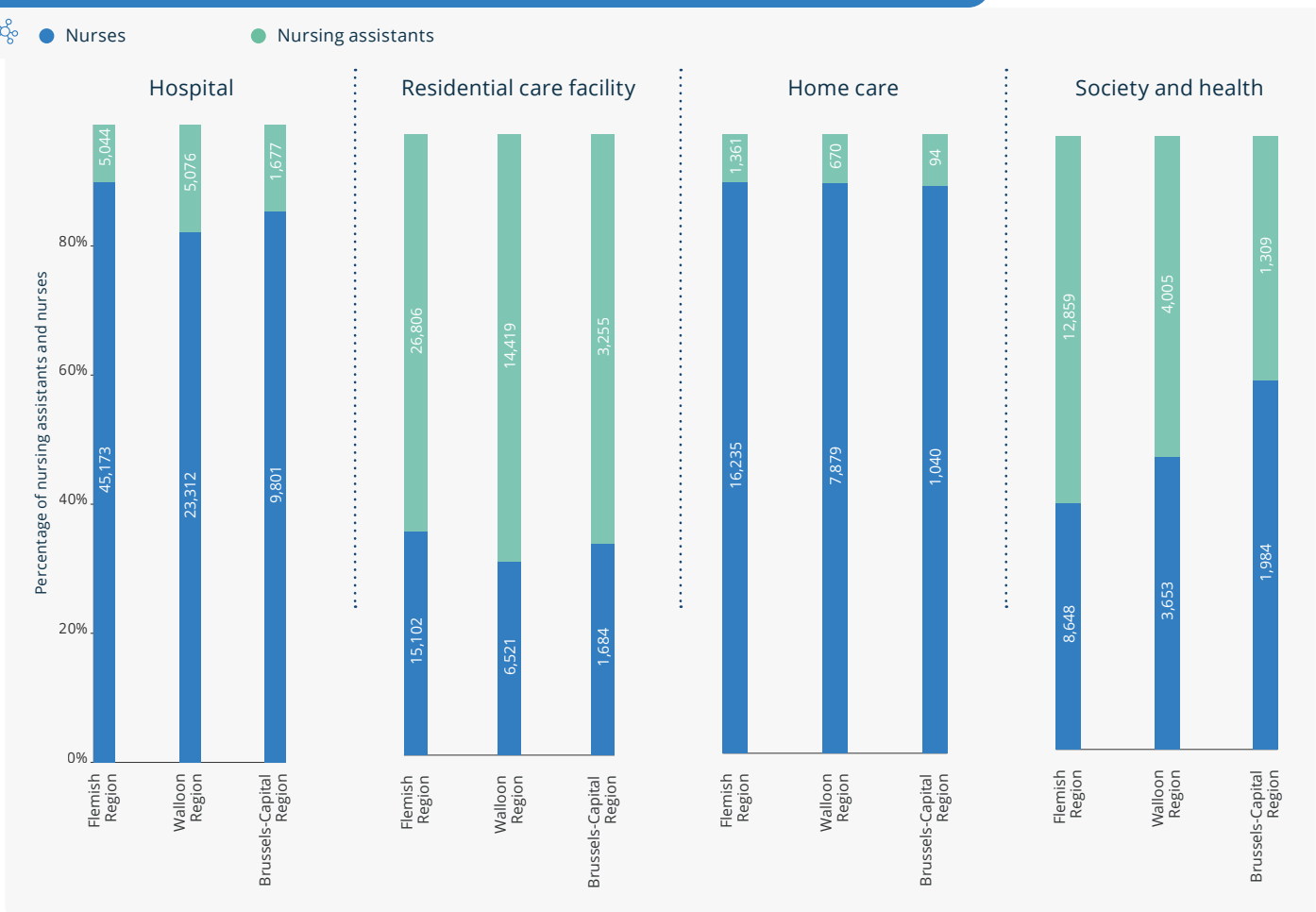
Number of nursing assistants active in healthcare per 10,000 inhabitants



Nurses and nursing assistants do not function in isolation. The graph below shows the number and percentage of nurses and nursing assistants in four care sectors: hospital, residential care facilities, home care and the social and health sector.[4]

We see that the proportion of nurses is highest in the hospital sector and in home care. The proportion of nursing assistants is highest in residential care facilities. In the society and health sector, the ratio is more balanced.

Number and percentage of nurses and nursing assistants by sector and place of employment



4 This sector includes social service institutions with and without housing (e.g., institutions for persons with physical or mental disabilities) and practices of physicians and dentists, midwives, medical laboratories, ...

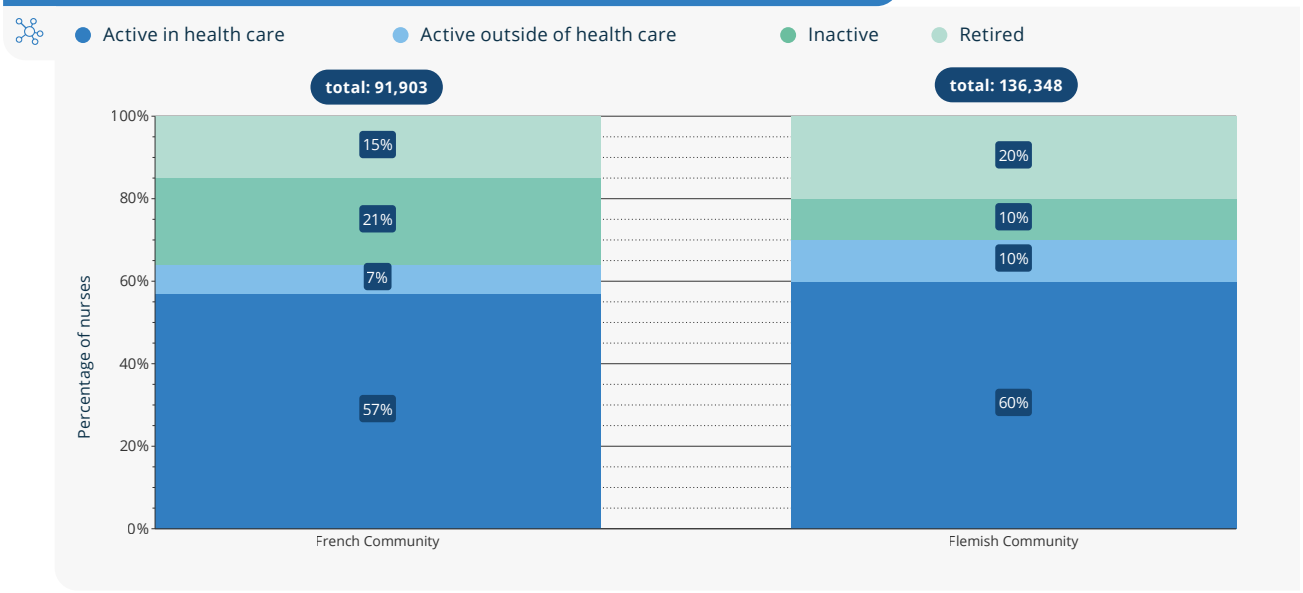
There are clear regional differences between the regions. For example, in the Flemish Region, the proportion of nursing assistants in the hospital sector is lower than in the other regions. In residential care facilities, the proportion of nursing assistants - relative to the proportion of nurses - is higher in the Walloon Region. In the Brussels-Capital Region, on the other hand, relatively more nurses work in the social and health sector.

More figures on nursing assistants?
https://overlegorganen.gezondheid.belgie.be/nl/documenten/hwf-zorgkundigen-op-de-arbeidsmarkt-2022

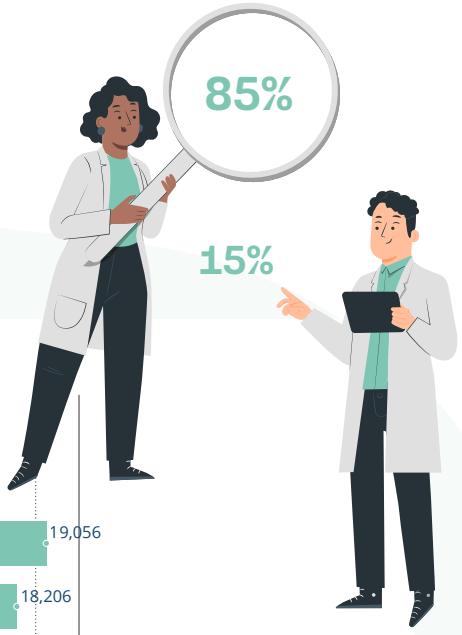
Nurses

In 2022, **228,251** professionals were entitled to work as nurses in Belgium. Of these professionals, 59% (or 134,496 nurses) are active in the healthcare sector, 9% are active outside the healthcare sector, 14% are inactive on Belgian territory and 18% are retired. In the Flemish Community, 60% of nurses are active in the healthcare sector, compared to 56% in the French Community. Each year, just over 2,000 people join the group of nurses, working in health care.

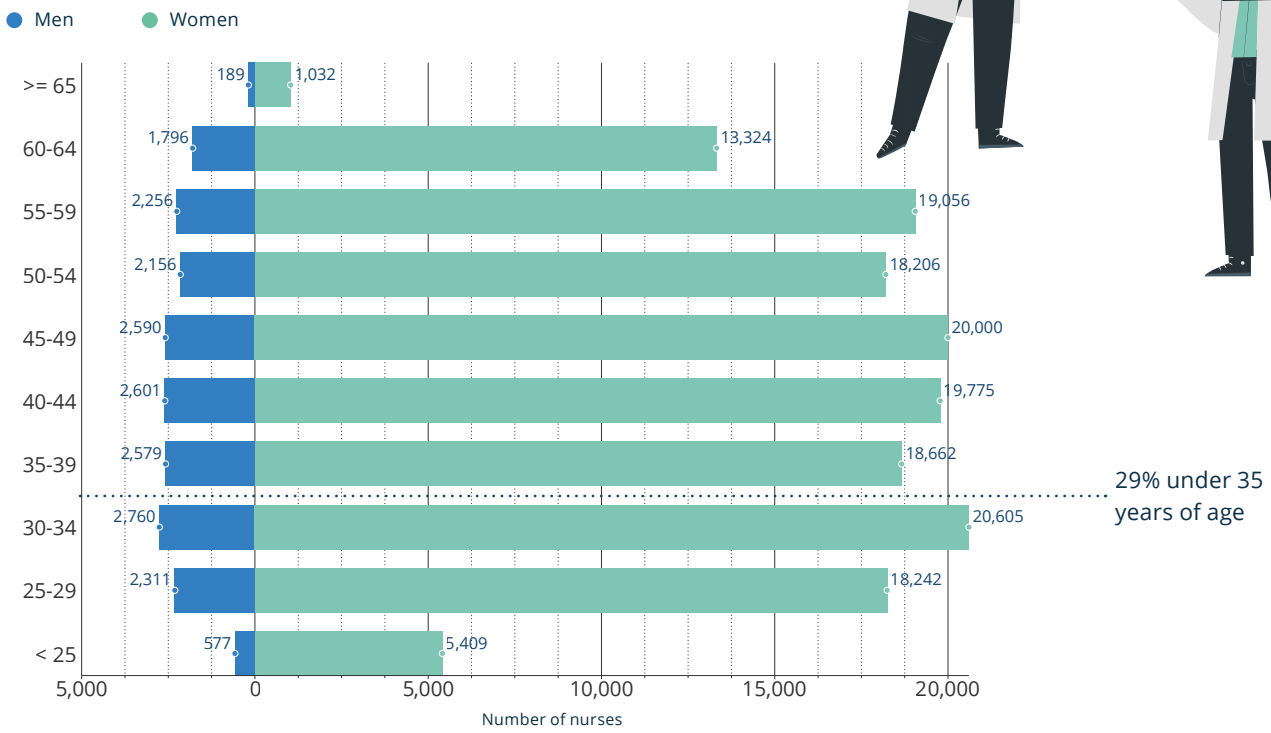
Percentage of nurses by activity status and community (2022)



Traditionally, the professional group of nurses is composed mainly of women. Belgium has about 85% female nurses. This percentage has been stable for many years. The age pyramid shows an even distribution of nurses by age.

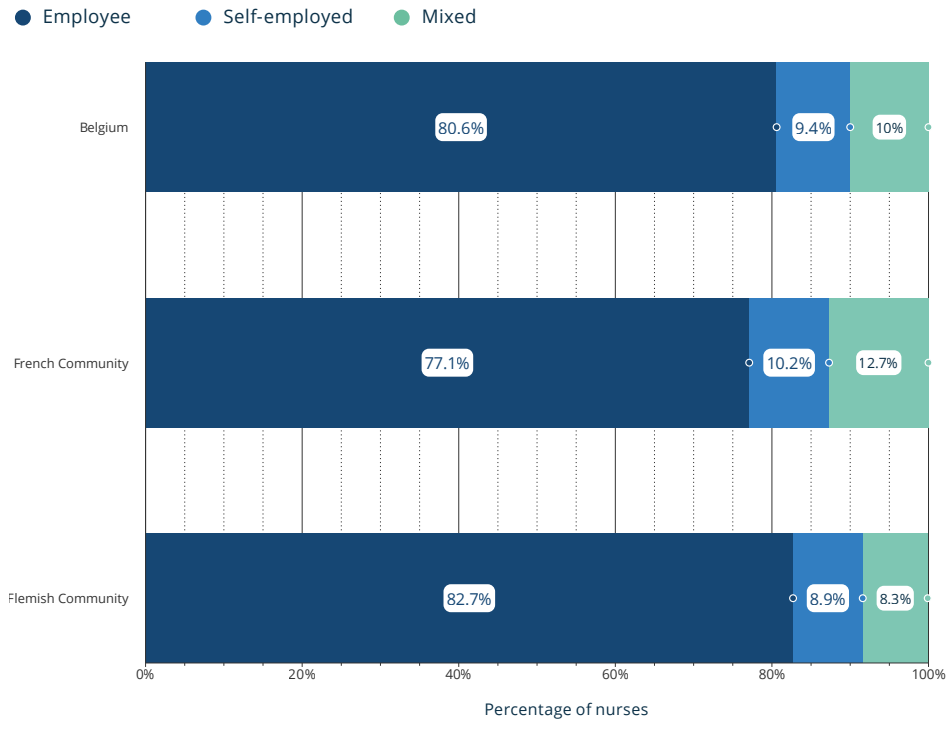


Number of nurses active in health care by age and gender (2022)

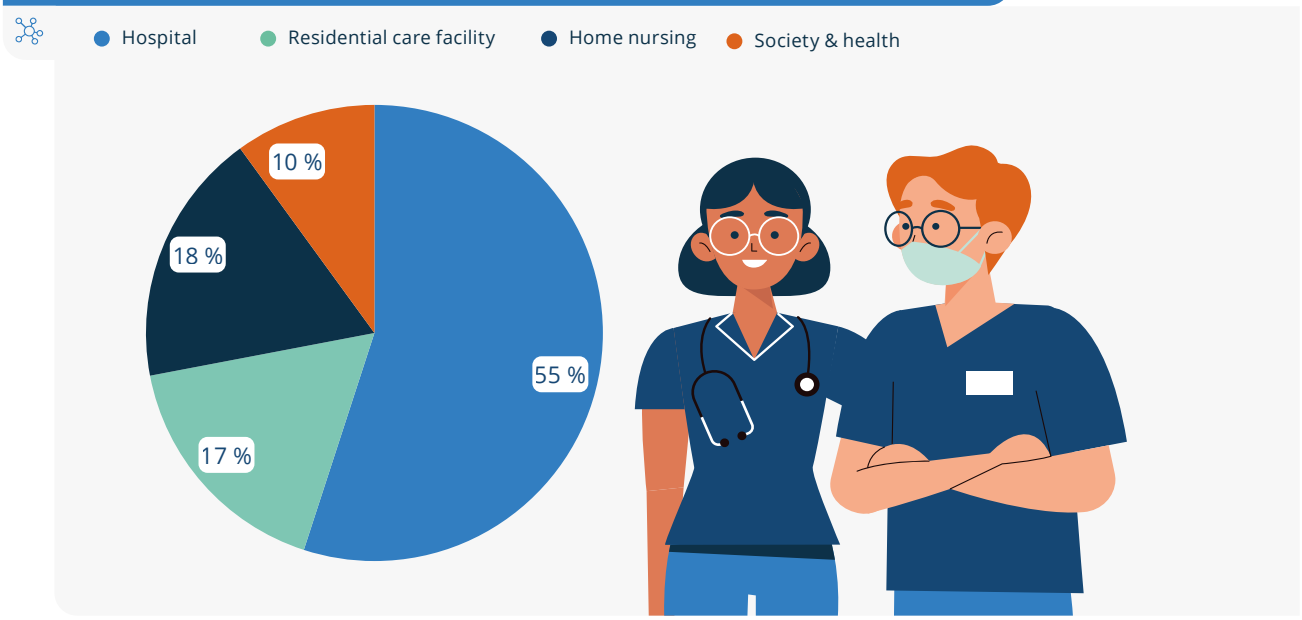


Most nurses have an **employment status of employee** (81%) and mainly work in a hospital. The density regarding nurses working in the health sector is slightly higher in the Flemish Community (117.3 per 10,000 inhabitants) than in the French Community (111.5 per 10,000 inhabitants).

Professional status of nurses active in health care, 2022

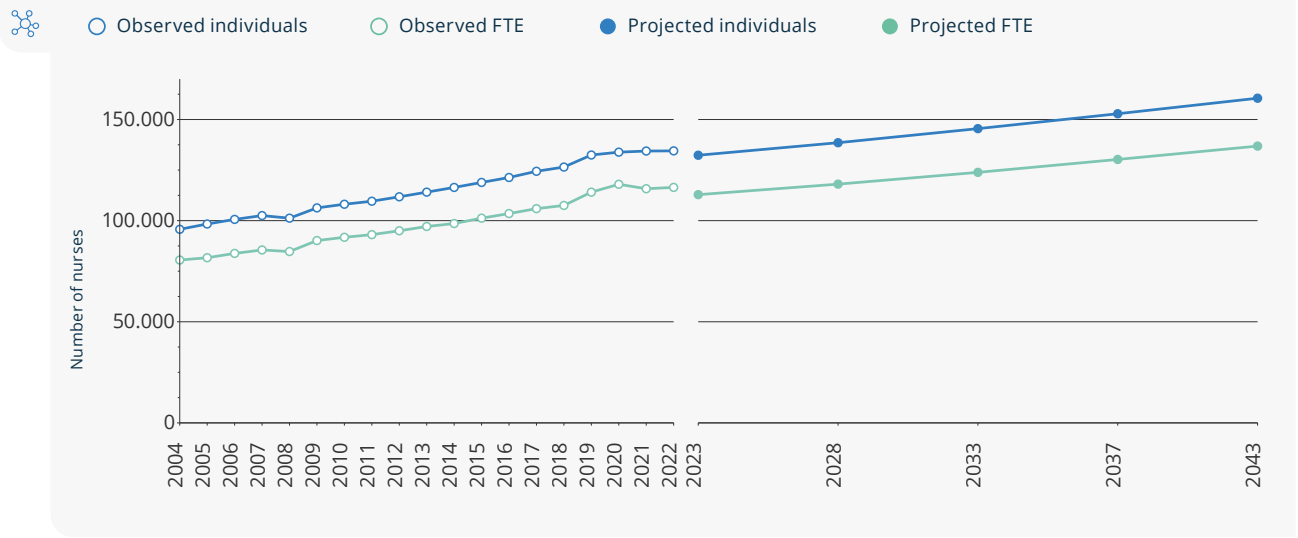


Percentage of nurses active in health care, 2022



To meet the increasing demand for care, a stable and annual increase in the number of nurses in the healthcare system is necessary. Until 2019, Belgium experienced a steady growth in the number of nurses active in the healthcare system. Since 2020, however, that growth has stalled, resulting in a decrease in the density of the number of nurses. In the forecast, we observe an increase until 2043.

Evolution of the number of active nurses in health care by individual and full-time equivalent from 2004 to 2022 and projections to 2043



In its State of the World's Nursing 2020 report, the World Health Organization (WHO) points to a global shortage of nearly 6 million nurses, concentrated mainly in low- and middle-income countries. But even in higher-income countries, such as Belgium, the aging population and increased pressure on the healthcare workforce pose major challenges to healthcare capacity.

Learn more?
https://www.who.int/publications/i/item/9789240003279



"Stagnating growth in the number of nurses requires revision of the care model"

The WHO stresses that it is no longer feasible to cope with the increasing demand for care purely through further expansion of the workforce. Structural and innovative solutions are pressing. Alternatives such as an overhaul of the health professions, reorganization of work, and reliance on task shifting and task sharing are becoming necessary.

In this context, the nursing profession is also undergoing a reorganization in Belgium. Tasks are being rearranged between care providers, with the goal of providing the right care by the right person at the right time. These reforms offer opportunities to use available capacity more efficiently, monitor the quality of care and make the profession more attractive to (future) caregivers.

Reform of the nursing profession and practice

The COVID-19 pandemic brought to light how demanding the work of nurses is. It became clear more than ever that the nursing profession is in need of reform. Not only to give nurses the recognition they deserve, but also to get young people excited about this important profession. Based on recommendations from advisory bodies, several steps have therefore been taken in recent years to initiate the necessary reforms.

One important step was the legal introduction of the job profile in nursing.[5] This restructured the existing positions and introduced new ones:

- the registered nurse with an associate degree,
- Advanced nurse practitioner
- the clinical nurse researcher.

These new roles offer greater career advancement opportunities and make the profession more attractive to both current and future healthcare workers.

The definition of the practice of the nursing profession was also modernized.

The new definition better reflects the reality of practice and leaves room for further evolution. Nurses responsible for general care are given more autonomy: they are now allowed to perform certain technical acts without medical prescription.

Since 2024, certain technical acts may also be performed by people without a degree for nurses, within two different frameworks:

- either in the context of activities of daily living,
- or in the context of a profession or voluntary work outside healthcare facilities. Here one speaks of so-called "skilled helpers".

Nurses play a central role here: they may train and authorize these skilled helpers to perform certain care tasks. This not only lightens their own workload, but also ensures that people in sectors such as disability, education or child care can receive the necessary care without having to be admitted to a care facility due to a shortage of nursing staff.

Soon it will also be legally possible to delegate nursing actions to other health care professionals, within a structured care team and under the supervision of the nurse responsible for general care.

These reforms are an important step forward. They provide more recognition, more growth opportunities and a better division of labor within the health care system. Thus, together we are building a stronger, more modern and attractive nursing profession.

In order to address these reforms in a scientifically based manner, there remains a need to monitor relevant figures for Belgium. Therefore, the evolution of the number of nurses will be further mapped and in-depth analyses will be carried out. In doing so, attention will be paid to the mobility of nurses within and outside the healthcare sector. This analysis will also take into account different types of outflow, including retirement, disability and emigration abroad.

More figures on nurses?

- Nurses in the labour workforce: https://overlegorganen.gezondheid.belgie.be/nl/documenten/hwf-verpleegkundigen-op-de-arbeidsmarkt-2022
- Base scenario: https://overlegorganen.gezondheid.belgie.be/nl/node/8939
- Alternative scenarios: https://overlegorganen.gezondheid.belgie.be/nl/node/8940

5 Coordinated Act of May 10, 2015 on the practice of health professions, article 46§1. Accessed at https://www.ejustice.just.fgov.be/eli/wet/2015/05/10/2015A24141/justel

A recent study conducted by IDEA provides in-depth insights into the experiences and career paths of nurses in Belgium and builds on previous reports and scenarios on the labor market position of nurses.

The study shows that nurses often face a high workload, limited career advancement opportunities and a lack of recognition. Many nurses leave the profession or transfer to other sectors, in part because of the difficult work-life balance. Symptoms of burnout are frequent, indicating a need for better support and welfare policies. The attractiveness of the profession is under pressure, which requires urgent policy measures to strengthen the entry, retention and motivation of nurses.

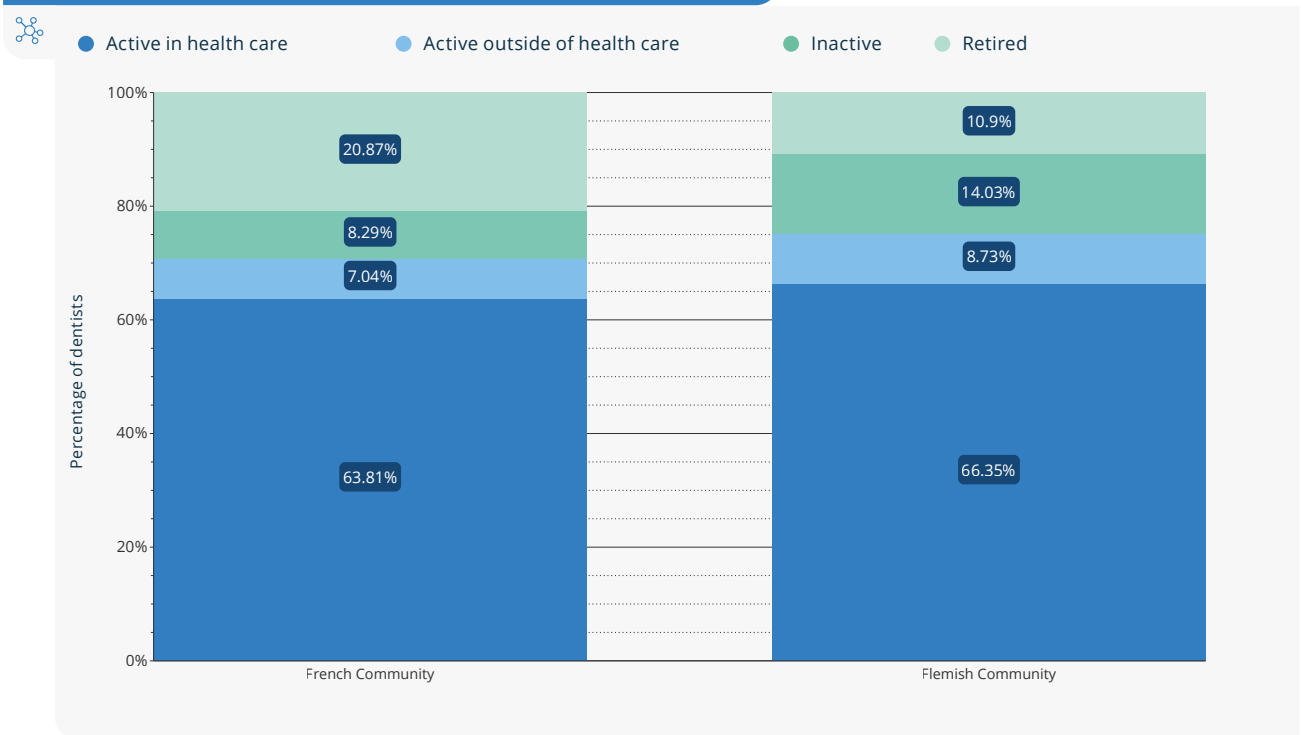
Learn more?
https://overlegorganen.gezondheid.belgie.be/nl/documenten/hwf-studie-over-de-activiteiten-loopbaan-en-professionele-ontwikkeling-van

Dentists

General

In 2021, there were **11,819 professionals authorized to practice the profession of "dental specialist"** in Belgium. Among them, 65% are active in health care (or **7,695 dentists**), 8% are active outside health care, 11% do not work in Belgium and 16% are retired. Of these healthcare dentists, 52% are active in the Flemish Community and 48% in the French Community.

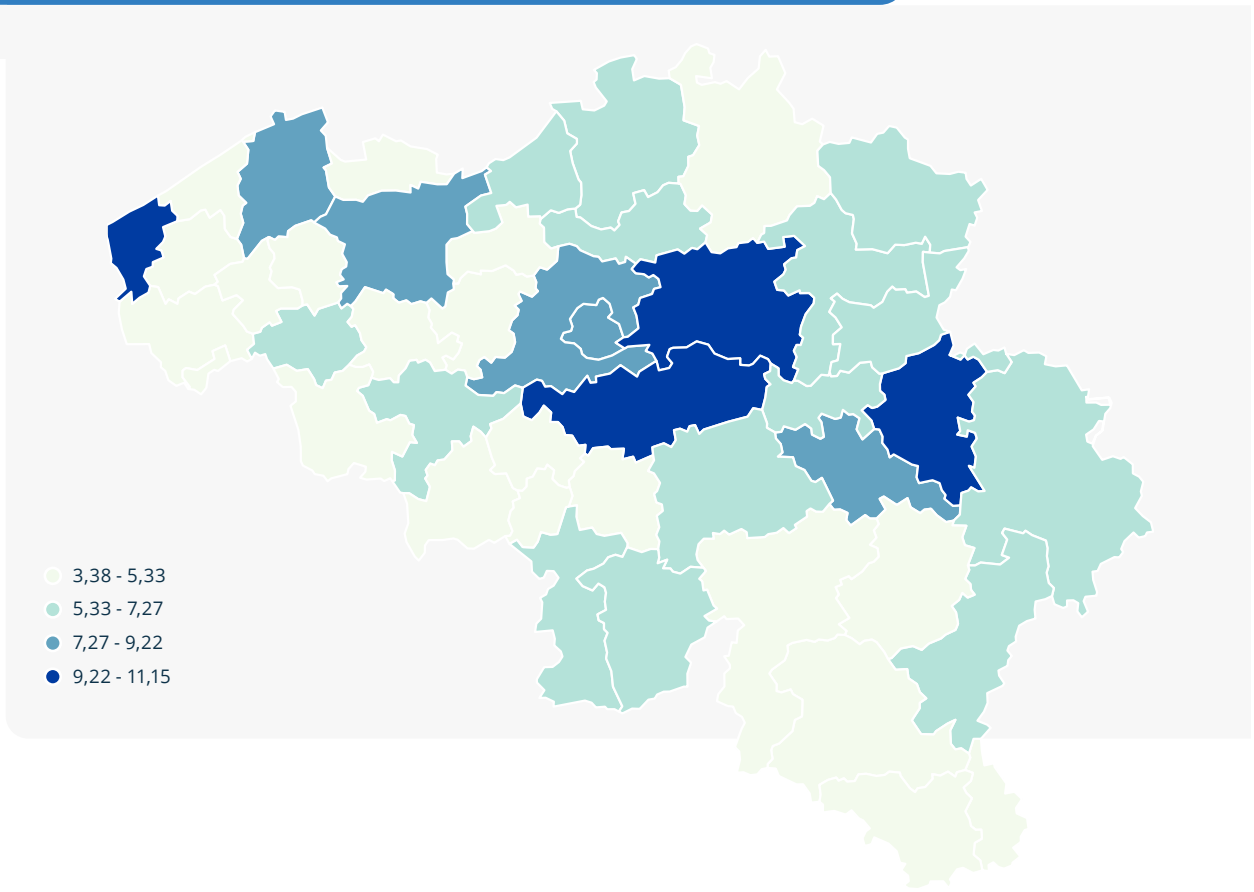
Percentage of dentists by activity status and community (2021)



Most dentists have an employment status of only self-employed (97%).

The **density** of dentists active in health care per 10,000 inhabitants in Belgium varies according to the districts, with, for example, low density in Hainaut and high density in Walloon Brabant; the density is higher in the Brussels Capital Region (9.9) than in the other regions (7.3 in the Flemish Region; 6.7 in the Walloon Region).

Number of active dentists per 10,000 inhabitants by district of activity (31/12/2021)



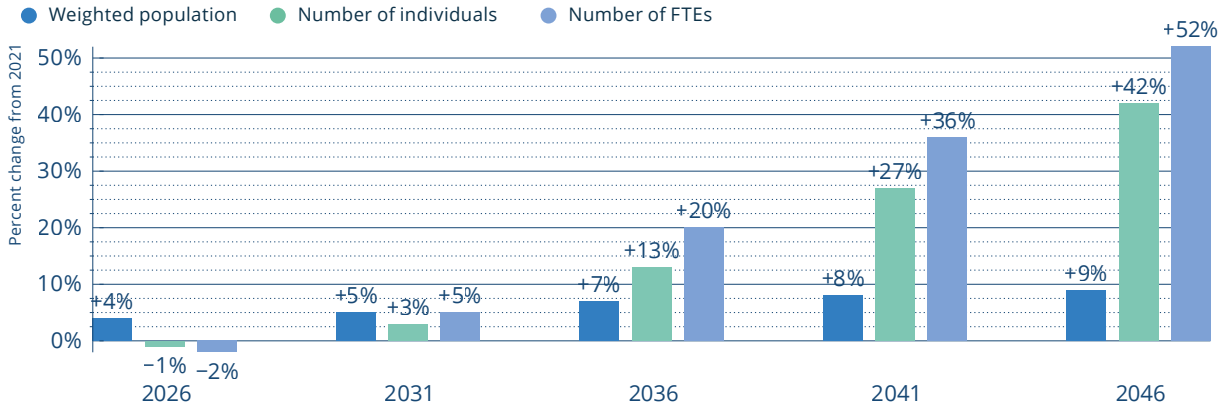
Based on historical data, future scenarios were developed that study the evolution of the relationship between the supply of dental care and the healthcare needs of the Belgian population, under unchanged conditions and policies with projections up to 2046.

The graphs below show the evolution of dental care needs and supply of care in Belgium.

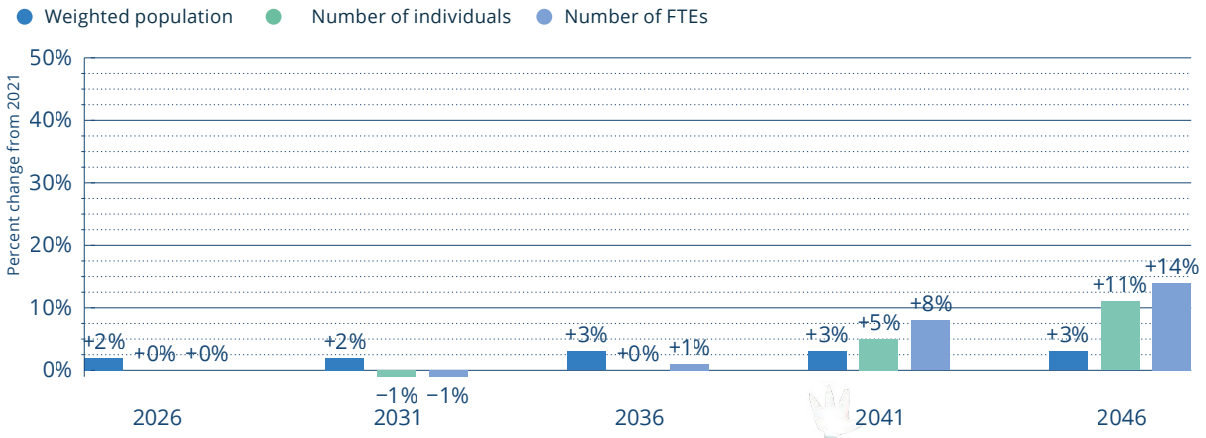
- The need for care is estimated on the basis of population growth and structure, weighted according to the consumption of dental care reimbursed by the NIHDI (= weighted population).
- The care supply refers to the evolution of the number of active general dentists (=number of individuals and their full-time equivalents (FTE) within the health care system).

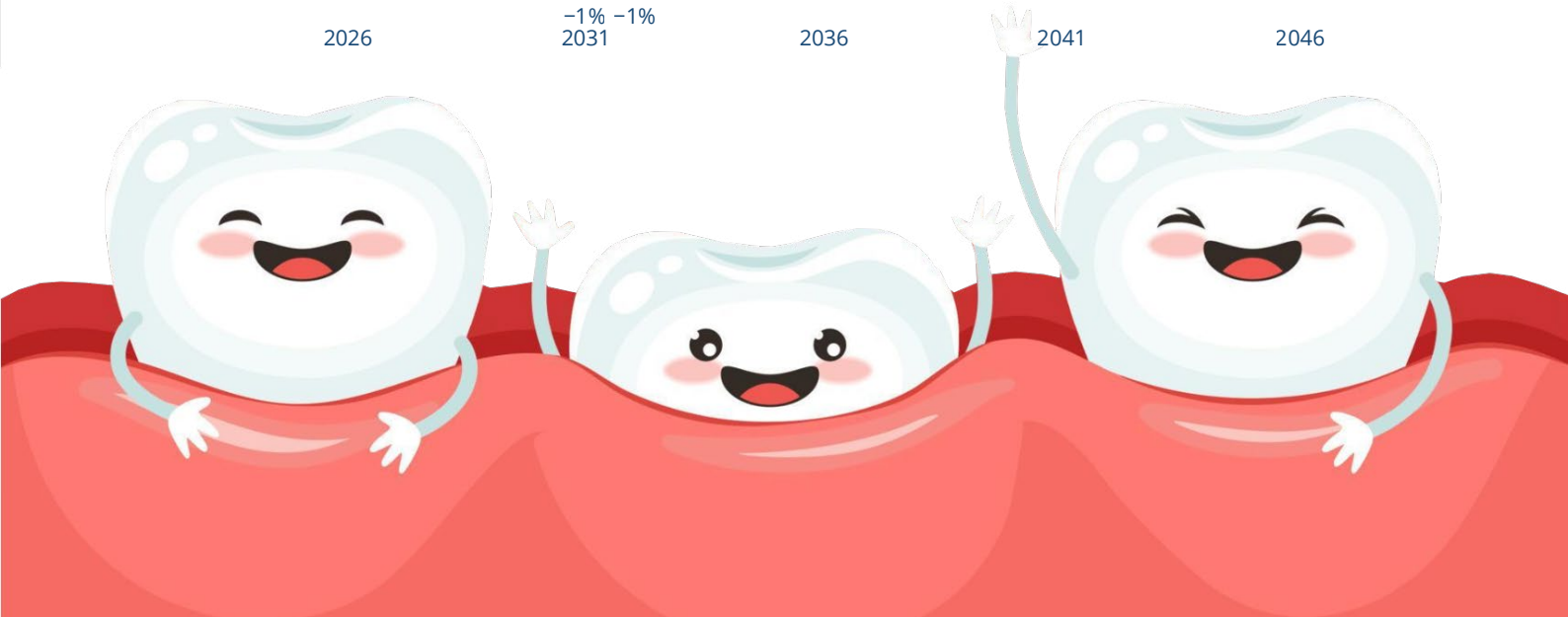
Both evolutions are shown by community as a percentage increase from the 2021 baseline year.

General dentistry - Flemish community Percent change from 2021



General dentistry - French Community Percent change from 2021



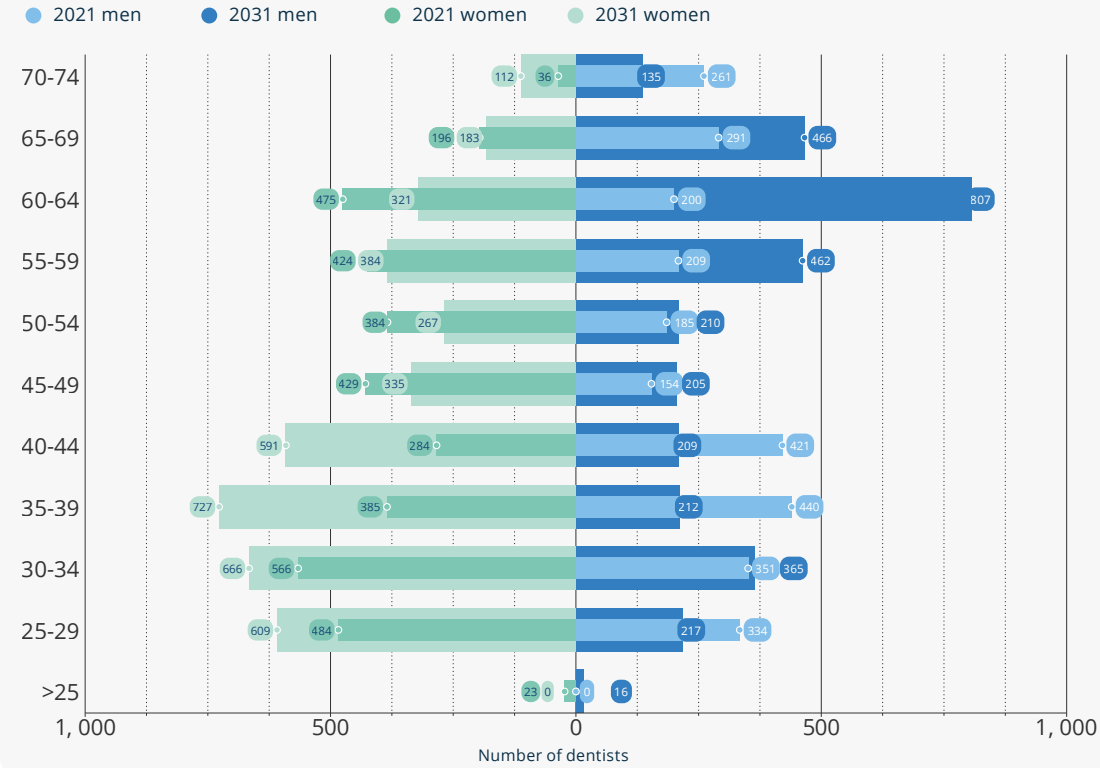


For both communities, we find that the supply of dental care by general dentists will increase between 2021 and 2046.

- In the Flemish Community, there will be a slight decrease in supply between 2021 and 2026, followed by a gradual increase until 2046. Moreover, the Belgian population's demand for dental care will increase until 2046. The ratio of care supply to care demand observed in 2021 will be less favorable until 2031, but will improve from 2036 thanks to a stronger increase in the supply of general dentists.
- In the French Community, the supply of dental care by general dentists will remain at approximately the same level between 2021 and 2036 and then increase until 2046. The need for dental care will increase by 2% between 2021 and 2026 and then remain relatively stable until 2046. The relationship between supply and demand for care observed in 2021 will be less favorable until 2036, but will improve from 2041 thanks to a stronger increase in the supply of general dentists.

In the age pyramid of general dentists active in healthcare in Belgium for 2021 and 2031 below, it can be seen that the older, more male workforce is slowly giving way to a younger, more female workforce.

Prospective number of general dentists by age and gender



In addition to these changes in the composition of general dentists, between 2021 and 2046, the proportion of general dentists with a non-Belgian nationality (regardless of the country in which they obtained their degree) will also increase significantly:

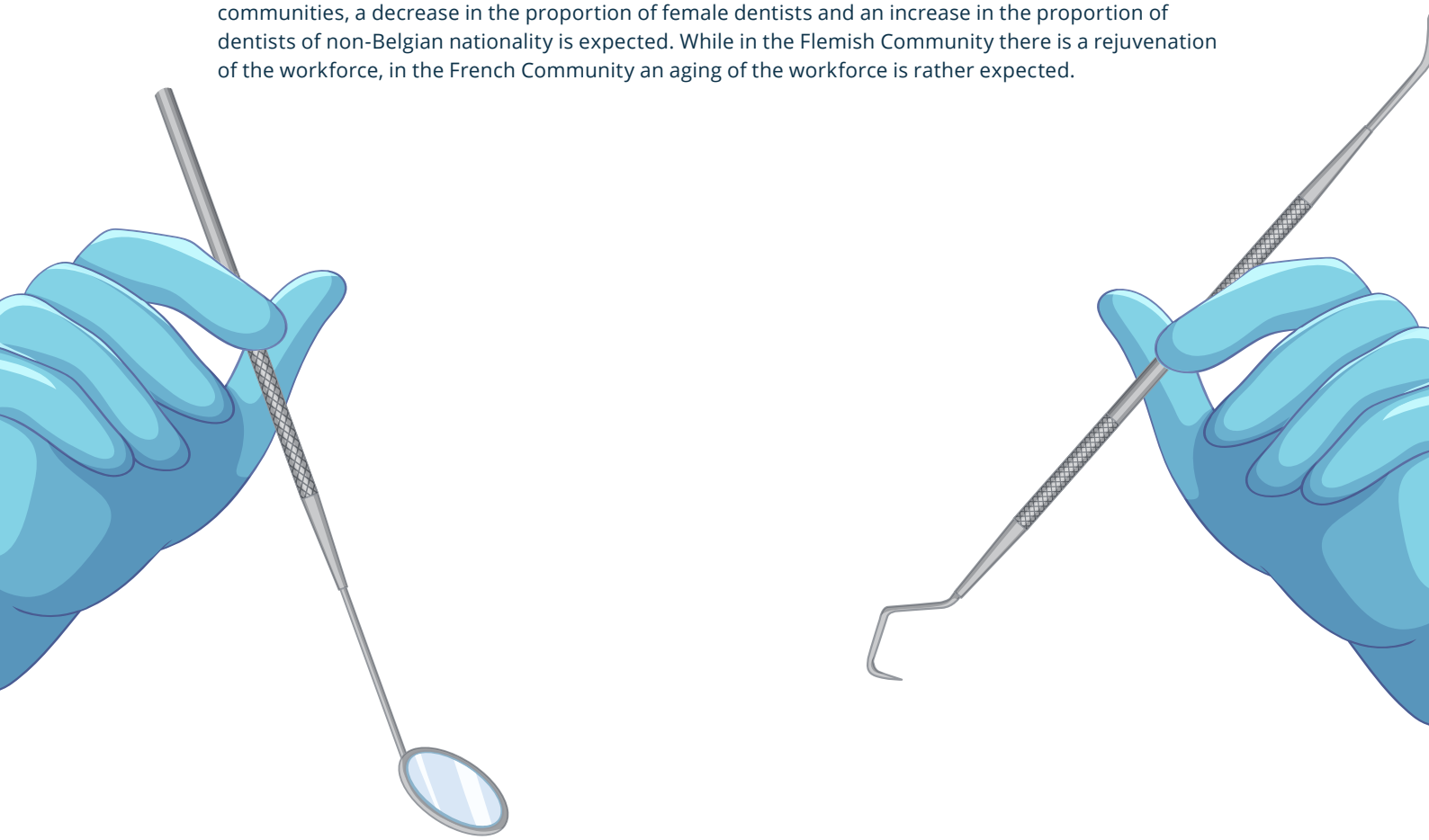
- from 5% to 10% in the Flemish Community.
- From 15% to 24% in the French Community.

Periodontology and orthodontics

With unchanged conditions and unchanged policies, the number of dental specialists in periodontology and orthodontics active in health care will increase significantly between 2021 and 2046. The demand for periodontal care will also increase between 2021 and 2046. In addition, a decrease in the need for orthodontic care is expected, mainly related to the future decline in the young population. This is the main target population for orthodontic treatment.

The socio-demographic composition of dental specialists in periodontology and orthodontics will also change between 2021 and 2046.

- Within periodontology, an increasing evolution of older dentists and dentists of non-Belgian nationality (regardless of the country where they obtained their degree) is expected.
- Within orthodontics, the evolution shows more differences between the communities. In both communities, a decrease in the proportion of female dentists and an increase in the proportion of dentists of non-Belgian nationality is expected. While in the Flemish Community there is a rejuvenation of the workforce, in the French Community an aging of the workforce is rather expected.



More figures on dentists?

- Dentists in the labour workforce: https://overlegorganen.gezondheid.belgie.be/nl/documenten/hwf-tandartsen-op-de-arbeidsmarkt-2017-2021
- Base case: https://overlegorganen.gezondheid.belgie.be/nl/documenten/hwf-tandartsen-de-workforce-2046-basisprojectie-uitgaande-van-de-reele-instroom-tot-2022

3 QUALITY

Launch of ProHealth to simplify data exchange between healthcare provider and government.

5

5 requests for recommendations from the high council to increase the quality of practical training of physician specialists.



1,428 **cases** have already been received by the Federal Control Commission.

3

Evidence Based Practice contains 3 pillars:

- best scientific evidence
- clinical expertise
- patient preference

A series of measures are being introduced to ensure both the quality of practitioner education and the quality of care. In this chapter, we discuss some of these initiatives.

Consultative bodies

Consultative bodies play an essential role. They can express their views on a wide range of issues related to the quality of care or the quality of education.

Based on their recommendations, the education of health professionals can be modified and adapted to scientific and technological developments, as well as to the needs of the population. For example, based on the recommendations of the councils, it is possible to expand the skills of certain professions when they deem it necessary. This is sometimes accompanied by the extension of the duration of education.

The consultative bodies may also decide to make continuing education mandatory throughout the entire career of professionals, ensuring that they regularly update their knowledge. Medicine and healthcare are constantly evolving, and it is important that the care provided evolves as well.

These consultative bodies include a large number of professionals who practice their profession on a daily basis. They are able to assess which changes are necessary to maintain the highest possible level of quality.

Quality Act

An additional guarantee of the quality of care provided is the law of April 22, 2019 [6] on quality healthcare practice, also known as the "Quality Act." The implementation of this law is still in progress. This means that several projects need to be carried out to put the provisions of the law into practice. Among these projects are:

Federal Control Commission	This commission replaces the Provincial Medical Commissions and has a broader mandate. This mandate is detailed below.
Register of practices	The register operates under the official name 'ProHealth' This platform is a collaboration between the FPS Public Health and the NIHDI. It enables healthcare professionals to manage all their interactions with both institutions at a single access point (see below).
Portfolio	This portfolio allows a health care professional to demonstrate that they have the required competences and experience to perform the practices listed in ProHealth.
Electronic patient record	The Patients' Rights Act establishes the principle that every healthcare professional must keep a carefully maintained and securely stored patient health record for each patient. The Quality Act specifies what information this record must contain.
Cooperation agreements for general practitioners' on-call services	In the past, there were different ways to organize and finance on-call services in general practice. The Quality Act aims to organize these on-call services more efficiently. The aim is to alleviate the pressure on individual general practitioners while ensuring high-quality on-call services for patients and improving financial efficiency.

6 April 22, 2019 Health Care Quality Practice Act. Accessed at https://www.ejustice.just.fgov.be/eli/wet/2019/04/22/2019041141/staatsblad

Federal Control Commission

The Provincial Medical Commissions were old institutions that existed before the creation of the Belgian State. With the enactment of the Quality Act, these commissions were abolished and replaced by one unique, centralized Federal Control Commission, organized in language chambers.

"1,428 cases have already been received by the Federal Control Commission."

Like the former commissions, this commission is responsible for monitoring the physical and psychological fitness of health care providers, as well as detecting and reporting cases of illegal practice of a health care profession.

In addition to the assumed duties of the former commissions, the new Federal Control Commission will have additional responsibilities including:

- **Monitoring healthcare providers' compliance with quality criteria of healthcare practice.**
- **The power to temporarily deny the right to practice to health care providers who pose a danger to patients or public health.**

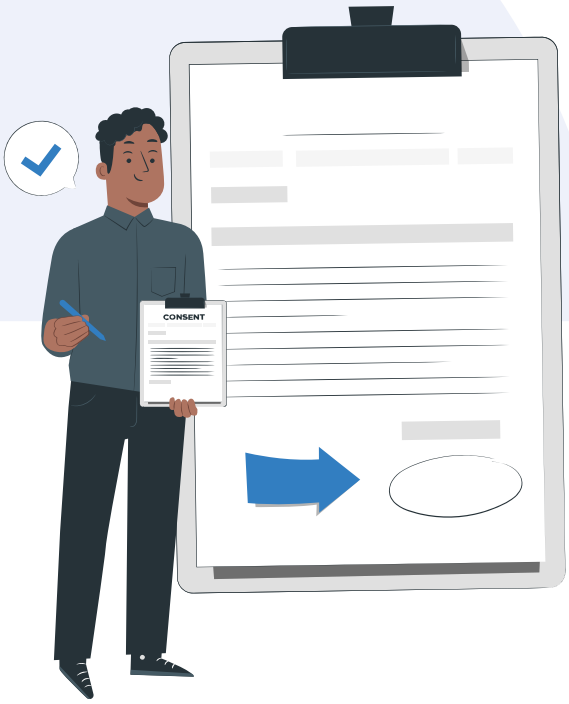
The Federal Control Commission consists of one or more French-speaking and Dutch-speaking chambers. These language chambers make the necessary decisions under the Quality Act based on records or data.

The Commission is assisted by quality inspectors, who handle the cases. They have enhanced investigative authority. In addition, inspections may also be carried out by inspectors of the Federal Agency for Medicines and Health Products (FAMHP) and by the Medical Evaluation and Control Department of the NIHDI. The Federal Minister of Health also has the authority to order an investigation.

The above measures are designed to protect public health and ensure the quality of healthcare practice. When a health care provider is no longer able to practice for physical or psychological reasons, it is essential to be able to determine the extent to which the practice should be restricted or prohibited. This is necessary to ensure patient safety. Similarly, when a health care provider's practice no longer meets quality standards, it is necessary to guide that person in a process of improvement.

Some provisions of the Quality Act have already entered into force, while others are still in preparation. The ultimate goal is to implement a modern, transparent and effective control policy in consultation and cooperation with all health care actors.

Learn more?
https://www.health.belgium.be/fr/themes/sante/qualite-securite-soins-sante/commission-federale-controle



Top 3 professional groups for which cases were received.

Physician 337

Dentist 232

Physician specialist 195

Register of practices

The Quality Act provides for the creation of a register of practices. To achieve this, the FPS Public Health, in collaboration with the NIHDI, has developed a new digital portal: **ProHealth.**

In this portal, at least the following information must be registered for each healthcare provider, who holds a visa:

- which healthcare profession he/she practices,
- at which location(s) the care is provided,
- and with which colleagues or partners this care is organized.

To make this process as efficient as possible, government agencies consult existing databases to pre-load already available data. The healthcare provider only needs to verify this data and correct or complete it where necessary.

ProHealth offers healthcare providers the possibility to consult and exchange various data and documents with the government.

Via the portal, healthcare providers can, among other things:

- pass on their contact details and other relevant information, for example for use during future crisis situations,
- download official documents from the NIHDI,
- as a healthcare provider without a NIHDI-number, indicate whether they are still active, and if applicable, register their work address(es).

By doing so, they comply with the legal obligation to register in the practice register, as provided for in the Quality Act.

ProHealth offers the following advantages, among others:

- smooth communication and rapid coordination with healthcare providers, for example in the event of a pandemic,
- an accurate and up-to-date overview of deployable healthcare professionals per profession and sector, which allows a better response to current and future healthcare needs.

Moreover, for healthcare professionals active within the health and disability insurance sector, ProHealth takes over most of the functionalities of the former NIHDI portal.

Learn more?
https://www.health.belgium.be/fr/outils/prosante

Quality of training for physician-specialists

Medical-specialists

After completing basic medical training, the new practitioner can undergo additional theoretical and practical training to obtain accreditation for a particular specialty. The theoretical part is given at the university. The practical training is given by training supervisors accredited by the FPS Public Health. Depending on the specialization, this additional training program can last from 3 to 6 years. After this, the medical-specialist in training can apply for accreditation in the desired specialization (e.g., anesthesia-resuscitation, .). After this specialization, the medical-specialist can undergo further training to obtain an additional qualification, such as, for example, a qualification in intensive care.

Medical-specialists in training are referred to as medical residents.



Funding of practical training

Since the conclusion of collective agreements in May 2021 and in December 2023, all medical residents receive the same minimum basic remuneration in Belgian hospitals. The financing of their pay consists of two components:

- the fees they generate through their medical activities;
- through the funding allocated to hospitals under the Budget of Financial Resources by the federal government.

In addition, the supervising physician also receives a payment through the NIHDI for the educational component of the training.

Learn more about reimbursement?
Training supervisor reimbursement of physician specialists in training | NIHDI

Quality of practical training

There is an ongoing project on the quality of the training for medical residents within the FPS Public Health. This project is proceeding in several phases. The ultimate goal is to improve the quality of internships, particularly through the introduction of a new system for evaluating and monitoring the quality of internships.

Several phases have already been completed. In addition to analyzing quality systems for training medical residents in different countries, the project team developed an e-brochure for medical-residents. The aim is to inform them about:

- the complex distribution of competencies between the federal government and the Communities,
- the legislation applicable to them,
- and the structures available in case of problems during the training program.

The brochure provides support and answers to the questions that medical residents often face during their training program.

Learn more?
https://www.aso-macs.be/nl/overzicht



Also, in 2022, the FPS Health launched a large survey of the main actors in the training program:

- the medical residents,
- the training supervisor,
- and the coordinating training supervisor.

The objective was to present the current state of the quality of practical training for medical residents in Belgium and to provide an overview of the vision for the future of the training. The results were compiled in a report. A workshop and a working group involving sector representatives offered an opportunity to further refine the results and overall recommendations presented in the report.

Learn more about reimbursement?
https://www.health.belgium.be/fr/rapport-sur-la-qualite-des-stages-des-medecins-specialistes-en-formation-en-belgique

Together, these initiatives led to a better understanding of the needs of those involved in practical training. An action plan was developed to enhance the quality of clinical training.

The first component of the action plan serves as a starting point for developing and implementing a quality framework with standards and indicators for high-quality clinical training, together with a quality evaluation and monitoring system. To this end, in May 2024, the Minister of Health submitted five related advisory questions to the High Council of Medical Specialists and General Practitioners:

- a request for recommendation on the standards and indicators for high-quality clinical training
- a request for recommendation on the roles and responsibilities of the various training actors in specialist medicine and the need for support
- a request for recommendation on accreditation criteria for training actors, criteria for maintaining accreditation and criteria for professional training
- a request for recommendation on the quality evaluation and monitoring system of the clinical training of medical residents
- a request for recommendation on the possibilities of a platform containing information on the training offer of accredited medical services for clinical training

The High Council issued its opinions in October 2025. They are available on the website of the advisory bodies. The Minister is analysing these opinions and may use them as a basis for the next steps in the action plan, such as amendments to legislation.

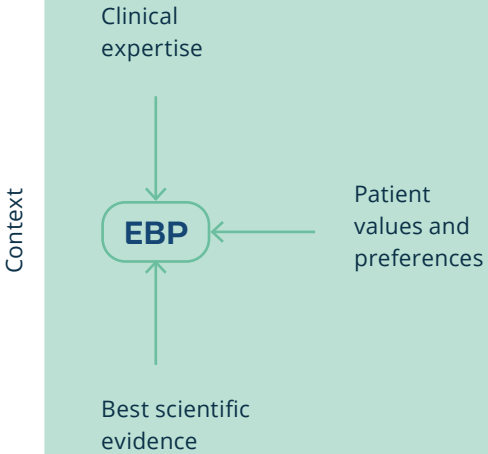
The involvement of all stakeholders is critical. Step-by-step efforts are underway to strengthen the quality of the clinical training and a safe and supportive training environment for the medical residents and the training supervisors.

Evidence-based practice

"EBP" stands for Evidence-Based Practice." It is defined as “the conscientious, explicit and judicious use of the best current scientific evidence in making decisions about the care of individual patients.”

EBP plays an important role in health policy in two main areas:

- It helps improve the quality of care in terms of effectiveness and efficiency.
- It helps control health care spending.



EBP combines three pillars:

01 The best available scientific evidence: often in the form of recommendations based on clinical research.

02 The healthcare provider's individual clinical expertise: accumulated experience, training and clinical skills.

03 The patient's preferences: values, expectations and concerns.

In addition, the clinical and social context also plays a role. Factors such as the cultural environment, health policies and collaborative opportunities can determine how recommendations are applied.

Healthcare practice is increasingly based on scientific evidence, which is constantly evolving. Staying up to date with the latest scientific evidence is a real challenge for healthcare professionals.

Therefore, clinical (evidence-based) practice guidelines are indispensable tools for the application of EBP. An evidence-based guideline is a source of information that provides recommendations on the possible treatment options that the healthcare provider can discuss with the patient to make a decision together about the best care.

Shared Decision Making is a process in which the patient and health care provider make a decision together about the most appropriate care. The provider discusses with the patient the available medical options, including the pros and cons and implications of treatment, diagnosis and follow-up care. Thus, patients are better informed and more involved, leading to better treatment effectiveness. In addition, this approach leads to higher patient satisfaction and reduces unnecessary care and associated costs.

To support healthcare providers in evidence-based practice, several tools are available. Among other resources, healthcare professionals can use databases with validated guidelines, summarized in a point-of-care format, allowing the recommendations to be easily integrated into daily practice.

For certain healthcare professions, an automatic connection was created that links relevant evidence-based information to a specific diagnosis entered in the electronic patient record (the 'evidence linker').

In addition, specific trainings are organized including e-learnings for healthcare professionals on, among other things:

- **the use of EBP in practice,**
- **on the development of clinical practice guidelines,**
- **the implementation of EBP recommendations in practice.**

Cebam also organizes customized trainings for professional groups.

Learn more?
https://www.health.belgium.be/fr/professionnels/professionnels-sante/sante-humaine/qualite-securite-soins-sante/securite-patients/evidence-based-practice

4 FUNDING

€287,692,477

€287,692,477 was allocated in 2025 through the Budget for Financial Resources to fund additional staff and to improve the working conditions of healthcare personnel.



The new **IFIC** functions emphasize the tasks performed and the content of the job to determine the wages to which employees are entitled.

As healthcare professionals are at the core of the healthcare system, it is crucial to mobilize the necessary resources to strengthen their functions and improve their working conditions over the long term.

We draw attention here to **two actions** launched with these goals in mind. One relates specifically to the nursing profession, while the other has led to a global reform of healthcare functions.

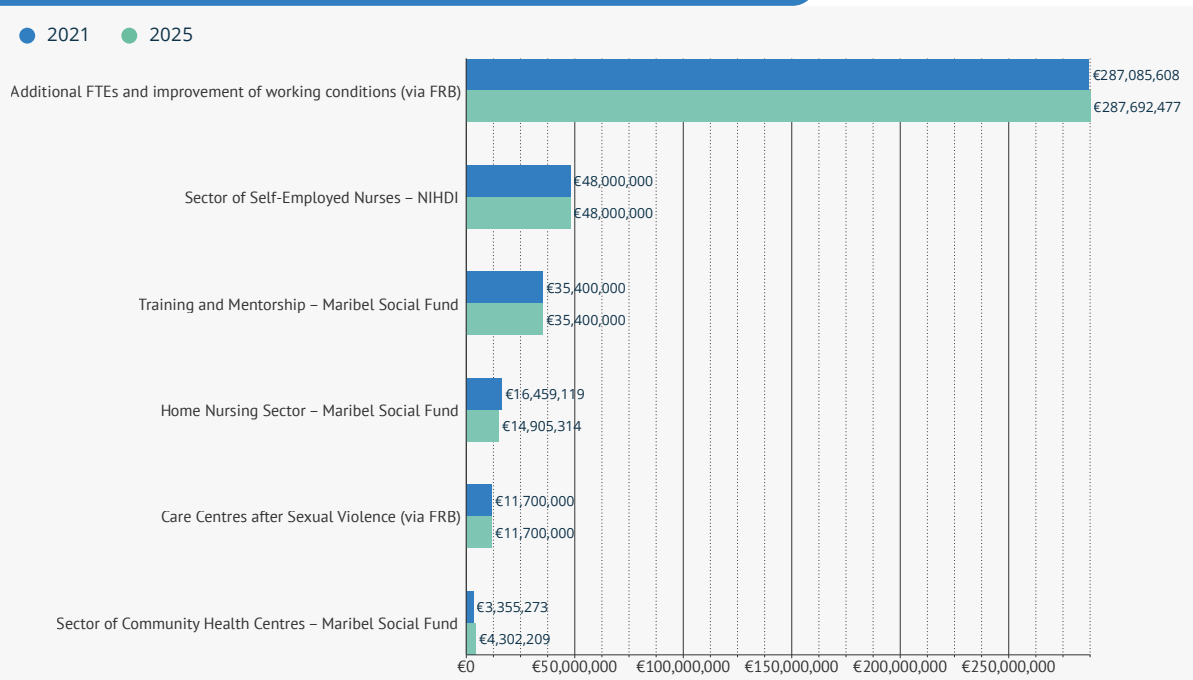
The Healthcare Personnel Fund

The Healthcare Personnel Fund was established by the adoption of the law of 9 December 2019.[7] Under this law, budgetary resources are made available to improve employment opportunities and support for nurses, and to increase the attractiveness of these professions.

The fund aims to finance the net increase in employment for care personnel, the improvement of working conditions for health care professionals, training and support for mentoring projects.

The costs of support staff who provide relief for healthcare personnel may also be covered by the fund. After all, the support staff is in direct contact with the health care professionals, allowing the latter to spend more time on the actual care of patients.

Overview of the distribution of healthcare staff fund resources



Learn more?
https://www.becaremagazine.be/becare-maart-2022-editie-16/ziekenhuisfinanciering

7 Act of December 9, 2019 establishing a Healthcare Personnel Fund. Accessed at https://www.ejustice.just.fgov.be/eli/wet/2019/12/09/2019206087/staatsblad

IFIC

The Institute for Job Classification (IFIC) guides and supports the development and implementation of analytical job classifications, mainly within the healthcare sectors.

The principle of the IFIC is as follows: each sectoral job is described using identical criteria and is assigned to a job category based on the result obtained.

Salary models are attached to these job categories. The new IFIC functions emphasize the tasks performed and the content of the job to determine the salary to which employees are entitled.

Each implementation project is managed on a parity basis. All projects are managed by the social partners (unions and employer federations) of the sectors for which they were developed.

Implementation in the federal private healthcare sectors

Between September 2016 and March 2021, several collective labour agreements were signed to put the new classification and its associated salary model into effect.

Either way, the procedures introduced by the social partners ensure that an employed worker does not lose wages.

Implementation occurred in two phases:

1. In phase 1, all employees who were employed on April 30, 2018 received a job assignment and were then given the choice of opting for the new IFIC scale or retaining their pre-existing pay conditions according to their pecuniary benefit for the rest of their careers, with the exception of specialized nurses who receive a premium for a special professional title or ability.

   Thus, an employee who decided not to join the IFIC system continued to enjoy his or her existing pay conditions, including agreed future increases.

   All employees hired since May 1, 2018 received their job assignment and the corresponding IFIC scale directly.

2. In Phase 2, starting July 1, 2021, 100% of the IFIC system was implemented; the system now covers all employees in service, always on the understanding that the application of the new pay scales must not in any way result in a loss of pay.

   Nurses who are accredited for a specific title or qualification and receive a specialization premium, but are not paid according to the IFIC model, maintain their right to this premium as long as they continue to perform nursing duties.

Application in the federal public health care sectors

Negotiations between the social partners led to the conclusion of four protocol agreements on IFIC in the public sector.

The job classification and corresponding scales are identical in the federal public and private healthcare sectors.

The procedures introduced for rollout in the federal public sector are similar to the application procedures in the private sectors, but have been adapted to the specifics of the public sector. This deals with the assignment of positions to employees and choice of pay scale.



Employees in service, who chose the IFIC scale before December 6, 2021, will be compensated according to the new pay scales since July 1, 2021.

Employees newly hired since Nov. 9, 2021, will be paid according to the new scales if their position has been activated at the hospital. Non-activated positions are not covered by the new scales.

In 2024, the total budget allocated to the federal health care sectors (private and public) amounts to **778,451,000** euros.

Learn more?
https://www.if-ic.org/nl



CONCLUSION

Through the journeys of **Milan, Amina** and **Yasmine**, we have been able to follow the path taken each year by thousands of people aspiring to work in the healthcare sector.

From their training to their daily practice, healthcare professionals dedicate themselves with passion and expertise to provide the best possible care to the population. Their role is essential to the proper functioning of our health care system, and their expertise is a fundamental pillar of the quality of care.

Through the health policy in place, the Directorate-General Healthcare accompanies these professionals throughout their entire career path: from entry into initial education to the accreditation of acquired competencies, as well as through support for continuing education and professional development.

This edition highlights the diversity of health professions, the challenges they face, and the structural responses to them. It also emphasizes the importance of adequate support structures, a supportive work environment, and recognition that is proportionate to their level of commitment.

Behind the numbers and indicators is the daily dedication of these women and men: the long hours of training, the night shifts, the consultations, the bedside care, the critical decisions made in moments of crisis, and the moments of doubt and shared satisfaction.

None of this goes unnoticed. Their efforts deserve recognition, support and appreciation - today and in the future. Directorate-General Healthcare reaffirms its commitment to listen to their needs and continue to build with them an accessible, equitable and quality health care system.





Health
Food Chain Safety
Environment