



6.4. Accessibility to agreed tariffs: Practising GP in FTEs acceding to the agreement (per 10 000 population) (A-12) and Practising dentists in FTEs acceding to the agreement (per 10 000 population) (A-13)

6.4.1. Documentation sheet

Description	Number of practising conventioned GPs FTE (care providers) per 10 000 population Number of practising conventioned dentists FTE (care providers) per 10 000 population
Calculation	Numerator: number of GPs FTE acceding to the agreement (conventionnés / geconventioneerde, x 10 000) Denominator: number of persons insured to a sickness fund
Rationale	Practitioners acceding to the agreement between INAMI – RIZIV and sickness funds (“conventioned” practitioners) allow patients to know what they will pay when consulting, giving them price certainty (sécurité tarifaire / tariefzekerheid): no supplement fees are charged, ensuring financial accessibility to the patients. The density of care providers who accede to the agreement gives important information regarding the accessibility of healthcare (geographical as well as financial) for the insured population. Since some practitioners exercise part time, full time equivalent (FTE) has been used instead of head counts.
Data source	RIZIV – INAMI annual statistics
Technical definitions	<p>Compared to the fiche on practising physician, the denominator here is the number of insured people and not the Belgian population. The number of persons insured to a sickness fund is discussed in the technical sheet A-1.</p> <p>As some practitioner do not exercise full time, RIZIV – INAMI also calculate the number of practising physician in full time equivalent (FTE): it is estimated by the ratio between individual income and the median revenue for the same specialism for practitioners between 45 and 55 years old (with a cap at 1 FTE for a given practitioner).</p> <p>Contacts with care providers have been defined from the first two digits of the care provider number and qualification code:</p> <p>GPs: number=10 and qualification code=003, 004, 007, 008</p> <p>Dentists: number=30 and qualification code=001, 002, 003, 004</p> <p>Gynaecologists: number=10 and qualification code=340, 369, 978</p>
Limitations	<p>General practitioners working as salaried in medical houses or in homes for elderly do not declare income as self-employed and thus cannot be counted: they are subsequently added to the FTE numbers. Physicians still in training are excluded.</p> <p>Practitioners who did not accede to the agreement can also charge the agreement tariffs.</p> <p>This indicator is a proxy for financial accessibility.</p> <p>Regional analysis is based on the personal address of the practitioner and not on the addresses where (s)he practice. This mainly impact estimates in Brussels (underestimation).</p>



International comparability	No comparison
Dimension	Sustainability, access, healthwork force
Related performance indicators	Qualification levels of healthcare providers (GP versus SPs). Medical graduates
Keywords	

6.4.2. Results

Belgium has an even distribution of its medical doctors across the territory (around only 20% difference of density between regions while in other European countries, a higher concentration of physicians in capital cities is observed). The population of general practitioner is relatively aging in Belgium, there are difficulties to find replacement GPs in some areas (see other workforce indicators such as medical graduates (S-4), medical graduates becoming GPs (S-5), mean aged of practising GPs (S-6) and practising physicians aged 55+ years (S-7) as well as practising physicians (A-5)). The 2016 geographical distribution has been looked into at the provincial level (see Table 40) and the district level (see Figure 76-79). Brussels and the Brabant wallon have a lower level of conventioned GP density when considering the FTE numbers, Luxembourg has a very low level of conventioned gynaecologists, and Antwerpen has a low level of conventioned dentists. At the district level, the geographical difference is

mitigated when considering conventioned FTEs over number of conventioned GPs: in the former case, only the districts of Philippeville (province of Namur) and Arlon (province of Luxembourg) are far from the national mean. Conventioned FTEs have a greater significance for patient accessibility than the absolute number of conventioned practitioners; this is why for gynaecologists and dentists, the maps presented show the conventioned FTEs per 10 000 population only. The density of conventioned gynaecologists is low in some parts of Flanders: West-Vlaanderen except for the districts of Brugge and Oostende, in Aalst, Eekloo and Sint-Niklaas (Oost-Vlaanderen), in Mechelen (province Antwerpen); in Wallonia as well: Waremmes and Verviers (Liège), Arlon, Bastogne and Virton (province Luxembourg) and in Philippeville (province Namur). Brussels and its neighbourhood (both Brabants) as well as Mons (Hainaut) have a somewhat higher density (not far from 1 conventioned gynaecologist per 10 000 population). The distribution of conventioned dentists (in FTE) is more even: only Veurne, Antwerpen and Charleroi are districts with a lower density while Liège is above average.

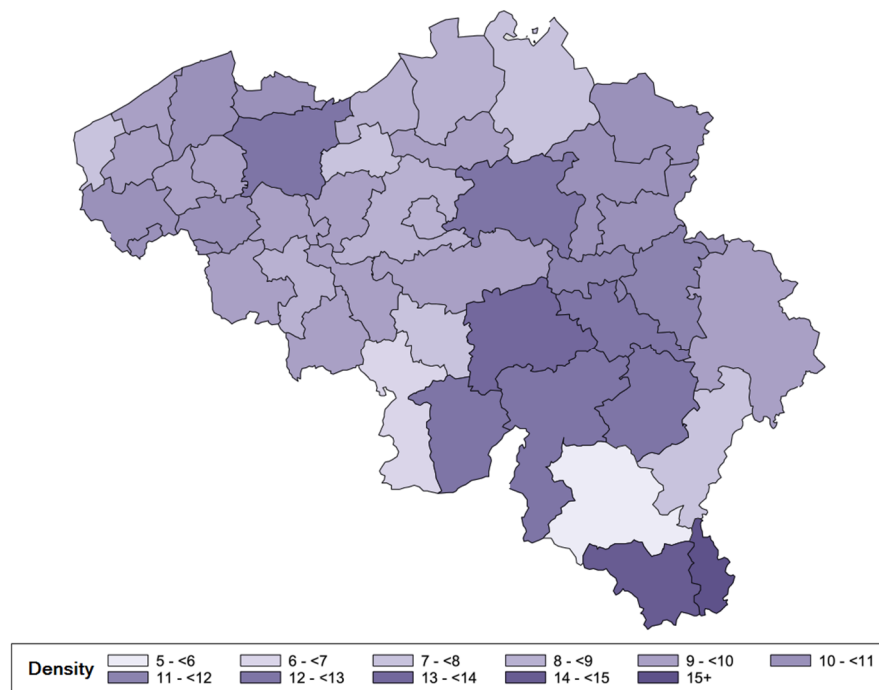

Table 40 – Conventioned practitioners: FTE density per 10 000 population, 2016 (see also for more medical specialties)

Geographic level	GPs (FTE density per 10 000 population)	Gynaecologists (FTE density per 10 000 population)	Dentists (FTE density per 10 000 population)
Province			
Antwerp	6.23	0.22	1.84
Walloon Brabant	5.70	0.68	3.14
Brussels Capital	4.95	0.52	4.29
Hainaut	6.02	0.51	2.50
Liège	7.47	0.31	4.81
Limburg	8.48	0.28	3.93
Luxembourg	6.85	0.08	3.57
Namur	8.33	0.26	2.84
East Flanders	7.80	0.22	2.99
Flemish Brabant	7.26	0.48	3.32
West Flanders	8.03	0.17	3.01
Region			
Belgium	6.97	0.33	3.17
Brussels	4.95	0.52	4.29
Flanders	7.40	0.26	2.85
Wallonia	6.81	0.41	3.40

Source : INAMI – RIZIV

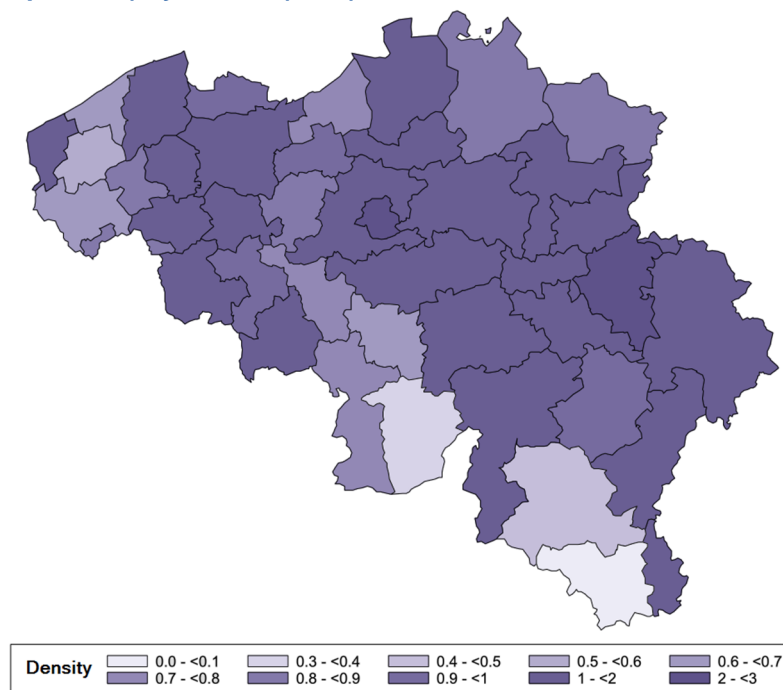


Figure 76 – Conventioned GPs density (by 10 000 insured population) by district (2016)



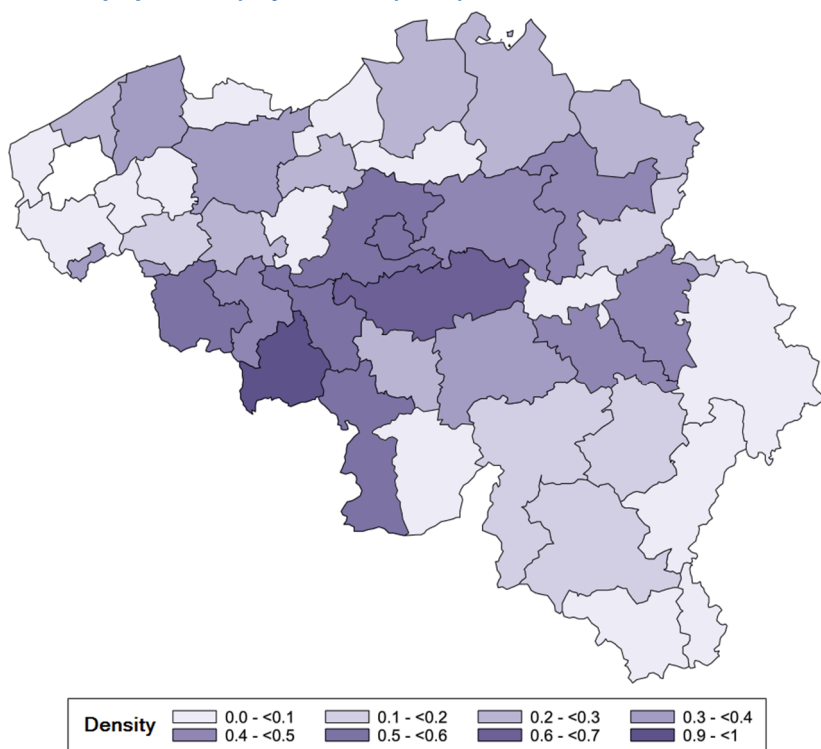
Source: INAMI - RIZIV

Figure 77 – Conventional GPs density (FTE by 10 000 insured population) by district (2016)



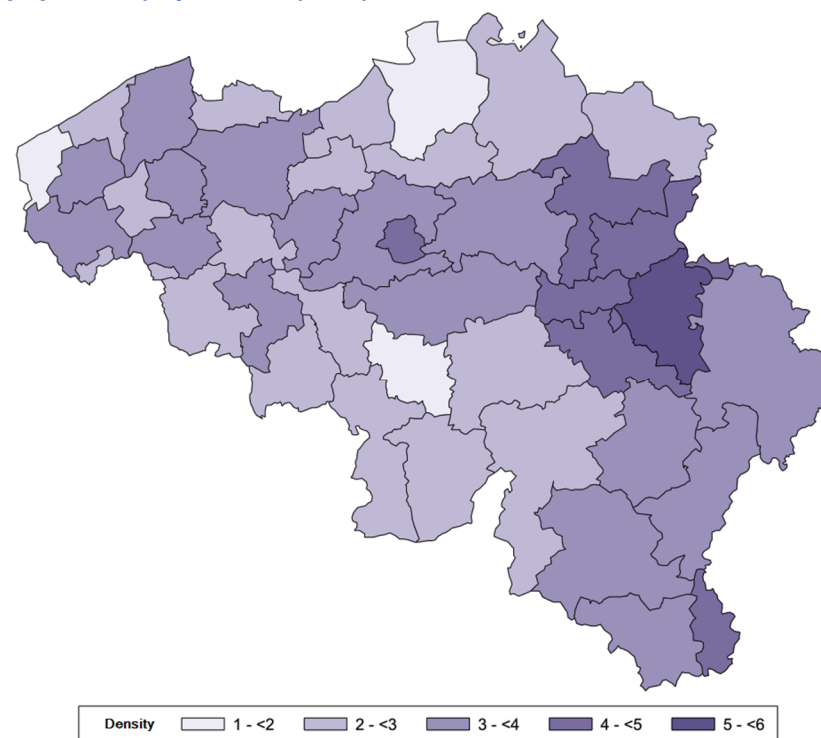
Source: INAMI – RIZIV

Figure 78 – Conventional gynaecologists density (FTE by 10 000 insured population) by district (2016)



Source: INAMI – RIZIV

Figure 79 – Conventional dentists density (FTE by 10 000 insured population) by district (2016)



Source: INAMI - RIZIV Key points



- The density of practitioners acceding to the agreements can be used as proxy for geographical and financial access to outpatient healthcare
- When considering FTEs for active conventioned practitioners, the distribution is rather even for GPs and dentists (with small gaps

for the districts of Antwerpen, Veurne and Charleroi for the latter); the density of conventioned gynaecologist (in full time equivalent) is generally low in Belgium, with the exception of Mons