



1.1. Practicing geriatricians (per 10 000 population aged 65 years and over) (OLD-6)

1.1.1. Documentation sheet

Description	Number of practicing geriatricians per 10 000 population 65+
Calculation	<p>Primary indicator:</p> <ul style="list-style-type: none"> Number of practising geriatricians per 10 000 population 65+ <p>Numerator : Number of practising geriatricians x 10 000 (end-of-year situation, 31/12) Denominator: End-of-year Belgian population 65+ (1st January t+1)</p> <p>Secondary indicator:</p> <ul style="list-style-type: none"> Number of practising geriatricians, in FTE per 10 000 population 65+ <p>Numerator: Number of full time equivalent (FTE) practising geriatricians x 10 000 (see also the technical definitions) (end-of-year situation, 31/12) Denominator: End-of-year Belgian population 65+ (1st January t+1) Number of practising geriatricians acceding to the agreement, in FTE per 10 000 population 65+ <p>Numerator: Number of full time equivalent (FTE) practising geriatricians acceding to the agreement (conventionnés / geconventioneerde) x 10 000 (end-of-year situation, 31/12) Denominator: End-of-year Belgian population 65+ (1st January t+1)</p> </p>
Rationale	There is a shortage of geriatricians in our country. The High Council for physicians-specialists and general practitioners has worked on a reform of the studies for specialists in internal medicine. The reformed study trajectory of six years starts with a joint trajectory of 3 years in which every student also acquires experience in geriatrics. Only after these 3 years, a definite choice for subspecialties has to be made. It is hoped that this new approach will motivate more physicians to choose for geriatrics. Furthermore, more RIZIV – INAMI codes were created to improve the remuneration of geriatricians. This indicator is used to monitor the evolution of the geriatric medical workforce, considering that even more geriatricians will be needed in the future because of the ageing population.
Data source	RIZIV – INAMI yearly statistics
Technical definition	<p>Practising physicians: Physicians are considered to be practising (RIZIV – INAMI: “profiles”) if they provided more than 1 (i.e. minimum 2) clinical service(s) (i.e. consultations, visits, technical acts, but not prescriptions) during a given year. Physicians still in training are not counted.</p> <p>RIZIV – INAMI also calculates the number of full-time-equivalent (FTE) practising physicians. Because data on working time is not available, FTE is calculated as the ratio between the individual revenue (determined based on reimbursed RIZIV-INAMI</p>



	<p>expenditure) of a specialist compared to the P50 (median) revenue/RIZIV-INAMI expenditure of the same specialism between 45-55 years (N.B. all results above 1 are limited to 1).</p> <p>Regional analysis is based on the contact address transmitted by the physician to the RIZIV-INAMI. Some of them transmitted the address of their office and others transmitted their personal address.</p> <p>Language / community is based on the language of contact with RIZIV-INAMI (i.e. either Dutch or French-speaking physicians). Some data are also available on the number of German-speaking physicians based on the postal code of the contact address. It should be noted that these German-speaking physicians are included in the Dutch / French-speaking physicians (determined based on the language of contact).</p>
Limitations	<p>FTE are based on RIZIV-INAMI expenditure and not on the actual time of work and should therefore be interpreted with caution, especially for 2020 because the COVID-19 pandemic impacted the median income/reimbursed expenditure and therefore the resulting FTE estimates.</p> <p>In Belgium, geriatricians only works in hospitals. Their distribution therefore depend of the distribution of hospitals.</p>
International comparability	<p>No OECD data are available. Data for G-7 countries (Canada, Japan, Germany, Italy, USA, France, UK) are published in a systematic review of 2017.¹</p>
Dimension	<p>Care for older people; Accessibility</p>
Related indicators	<p>Practising physicians (A-10), Medical graduates (S-4), Foreign-trained physicians (S-14), Physicians aged 55 years and over (S-7)</p>
Reviewers	<p>Antoine Khalil and Pascal Meeus</p>



1.1.2. Results

Belgium

In 2021, there were 425 geriatricians licensed to practise and 377 of them were practising (275.9 in FTE). Almost all of them acceded to the agreement (99%). The number of practising geriatricians per 10 000 population aged 65 years and over is very low compared to other medical specialties (see also A-10) but increased by 23% between 2012 (1.35) and 2021 (1.66). In FTE, the increase between 2012 and 2021 was 22% (see Table 2).

Based on the advice of the Planning Commission – Medical Supply of the FPS Public Health, minimum quotas on geriatrics had been set for the years 2010-2018, i.e. at least 20 medical graduates had to opt for a medical specialisation in geriatrics (see also A-10 for an explanation of the quota system).² In addition, when giving advices on the overall quotas for the year 2022, the Planning Commission – Medical Supply of the FPS Public Health based their proposal on a recommended sub-quota of 29 medical graduates opting for a specialisation in geriatrics (16 in the Flemish Community, 13 in the French Community).³ The observed yearly increase is therefore insufficient compared to these recommendations.

Analyses per demographic characteristics

The share of Dutch-speaking FTE geriatricians is higher than the share of the population of the Flemish community in Belgium (62.4% of FTE geriatricians are Dutch-speaking, 2021 data).

Less than 1% had German as contact language with the RIZIV-INAMI (see Table 1). Only one quarter of geriatricians is aged 55 years and over, which is better than the share of all physicians aged 55 years old and over (38.6%, see also S-7).

Table 1 – Practising geriatricians: demographic characteristics and data by region, 2021

		2021
Age (based on FTE)	% aged 55 years and over	25.6%
	Mean age (FTE)	47.6
Language (based on FTE)	French-speaking*	103.8 (37.6%)
	Dutch-speaking*	172.1 (62.4%)
	Incl. German-speaking**	1.2 (<1%)
Number per 10 000 population aged 65+ by region	Flanders	1.58
	Brussels	2.56
	Wallonia	1.63
FTE per 10 000 population aged 65+ by region	Flanders	1.26
	Brussels	1.33
	Wallonia	1.10

Source: RIZIV – INAMI data, KCE calculation; *Based on the contact language (either French or Dutch); ** Based on the postal code of the contact address.


Table 2 – Number of geriatricians, Belgium, 2012-2021

		2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
Licensed to practise	Number	290	297	306	320	332	340	364	385	401	425
	Per 10 000 population 65+	1.48	1.49	1.51	1.55	1.58	1.60	1.68	1.75	1.80	1.87
Practising	Number	265	274	279	289	296	310	326	344	359	377
	Per 10 000 population 65+	1.35	1.37	1.37	1.40	1.41	1.46	1.51	1.56	1.61	1.66
Practising, in FTE	Number	196.4	200.9	202.0	215.1	213.3	222.2	240.5	242.5	264.6	275.9
	Per 10 000 population 65+	1.00	1.01	0.99	1.04	1.02	1.04	1.11	1.10	1.19	1.22
Practising geriatricians acceding to the agreement, in FTE (Conventioned)	Number	192.3	196.8	198.1	210.7	210.0	219.0	236.0	240.2	261.9	273.1
	Per 10 000 population 65+	0.98	0.99	0.98	1.02	1.00	1.03	1.09	1.09	1.18	1.20

Source: RIZIV – INAMI data, KCE calculation; * Based on preferred communication language with RIZIV-INAMI.

Regional comparison

The density of practising geriatricians per 10 000 population aged 65 years and over was higher in Brussels than in Flanders and Wallonia in 2021 (both in head counts and in FTE). This is due to an important increase in Brussels from 2020. Before 2020, Brussels had the lowest density in FTE. The increase in the number of FTE in 2020 can also be due to the way FTE are calculated (which was impacted by the COVID-19 pandemic, see the limitations in the documentation sheet).

By province, only the province of Namur has a density 20% lower than the Belgian density. It should also be noted that all geriatricians in Belgium practise in hospitals. The distribution of geriatricians based on the physician's office (data not available) should therefore be in line with the distribution of hospitals.

The convention rate (share of FTE practising geriatricians that acceded to the agreement) is high (>90%) in all provinces (see Table 3).



Figure 1 Practising geriatricians per 10 000 population 65+, in FTE, per region, 2011-2021

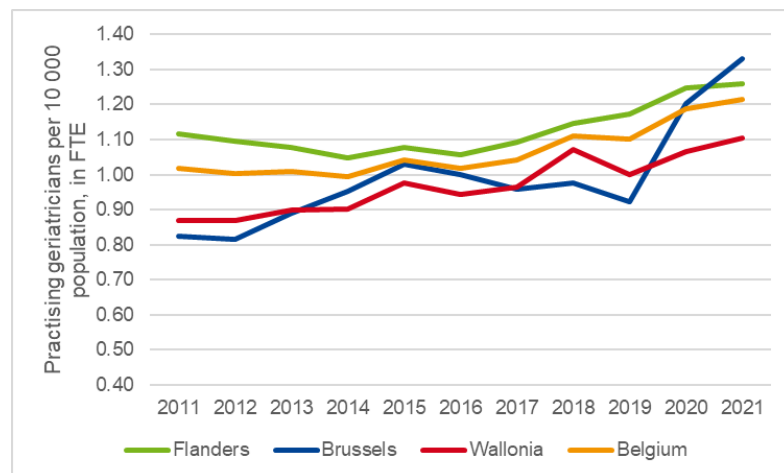


Table 3 FTE practising geriatricians and convention rate, by province, 2021

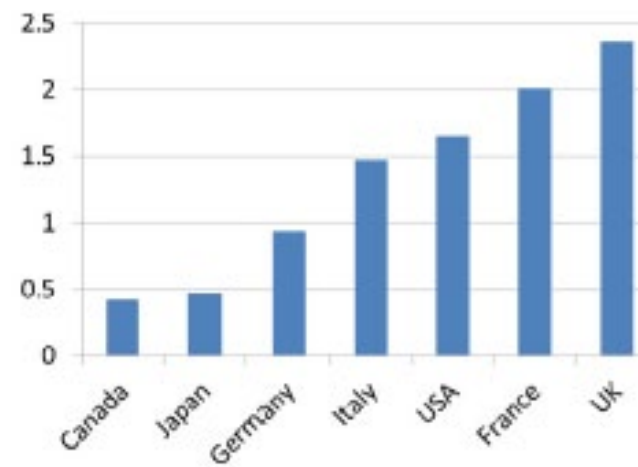
Provinces	N Practising, in FTE	Density per 10 000 population 65+	Convention rate
Antwerp	41.3	1.10	100.0%
Flemish Brabant	32.4	1.39	93.8%
Walloon Brabant	12.1	1.47	96.1%
West Flanders	37.4	1.29	100.0%
East Flanders	40.1	1.28	100.0%
Hainaut	28.5	1.09	100.0%
Liège	21.9	1.02	98.5%
Limburg	25.4	1.34	100.0%
Luxembourg	6.3	1.22	100.0%
Namur	9.2	0.95	100.0%
Brussels	21.3	1.33	100.0%
Belgium	275.9	1.22	99.0%

Source: RIZIV – INAMI data, KCE calculation. Orange = 20% variation compared to density for Belgium

International comparison

No recent data are available to compare the density of geriatricians internationally. The only publication we find dates from 2017 and provides data on the G-7 member countries (Canada, France, Germany, Italy, Japan, the United Kingdom and the United States) (see Figure 2).¹ The density ranges from 0.4 (Canada) to 2.4 (U.K.) geriatricians per 10 000 population 65+. Comparing these data with the density per 10 000 population 65+ in Belgium (1.87 licensed to practice; 1.66 practicing, 1.22 FTE practicing), Belgium scores average.

Figure 2 – Geriatricians per 10 000 population 65 and older in the G-7 countries



Source: Morley et al. (2017)¹



Impact of the COVID-19 pandemic

An important increase in the number of practising geriatricians can be observed in Brussels from 2020 (see Figure 1) but the analyses performed here are not sufficient to determine if this could be due to the COVID-19 pandemic. This can mainly be due to the way FTE are calculated (which was impacted by the COVID-19 pandemic, see the limitations in the documentation sheet).

Key points

- **There was a slight increase in number of practising geriatricians per 10 000 population aged 65 years old and over, from 1.35 in 2012 to 1.66 in 2021. The yearly increase was nevertheless insufficient considering the advices of the Planning Commission – Medical Supply.**
- **The density of practising geriatricians per 10 000 population aged 65 years old and over was higher in Brussels than in Flanders and Wallonia in 2021 (both in head counts and in FTE).**
- **Compared to G7 member countries for which data are available, the density of practising physicians per 10 000 population aged 65+ in Belgium is average.**

References

1. Morley J, Arai H, Cao L, Dong B, Merchant R, Vellas B, et al. Integrated Care: Enhancing the Role of the Primary Health Care Professional in Preventing Functional Decline: A Systematic Review. *Journal of the American Medical Directors Association*. 2017;18(6):489-94.
2. Royal decree of 7 May 2010 amending the royal decree of 12 June 2008 relating to the planning of medical provision, 2010.
3. Planningscommissie-Medisch aanbod. Formeel advies 2016-02 van de Planningscommissie-Medisch aanbod. 2016. Available from: https://overlegorganen.gezondheid.belgie.be/sites/default/files/documents/avis_medecin_signe-advies_arts_aanteken.pdf