

**Name of Country:** Belgium

**Name of Association:** AXXON

AXXON consists of:

- AXXON, Physical Therapy in Belgium asbl/vzw = umbrella organization
- AXXON, Kwaliteit in kinesitherapie vzw = Dutch (Flemish) wing organization
- AXXON, Qualité en kinésithérapie asbl = French (Walloon) wing organization

**Sole Association of that country or not:** Yes

Although there is a second organization active in the French speaking part of Belgium named UKB (Union des Kinésithérapeutes Belges). But not representative and not recognized by the Ministry of Social affairs as stakeholder. AXXON is the only organisation recognized by the government.

**Number of members:** 4.874 (excluding app. 450 student members – free membership)

**Numbers of paid staff:** Divided over the different parts of the organization: 11

i.e. 9,24 FTE's (= full time equivalent).

Throughout the year we also work with different job students. In total they represent for app. 25 up to 30 hours on a weekly base, all year long. This varies from year to year.

**Competences (areas of expertise) of paid staff:**

Customer service

- Professional advice & governance advice
- Support to members from private practitioner to physiotherapist employee
- Administration support service
- By phone, mail, social media etc.
- No face-to-face contact at a counter service
- With the help of some of our main partners in social security, bookkeeping, insurance etc.
- Account service: follow up and updating customer database of physiotherapists

General staff member, organization & policy

- Support to our local circles of physiotherapist
- Follow up on the Dutch (Flemish) policy regarding physiotherapy

- Event organization
- Follow up professional customer services
- Project management

#### Assistant Project management

- Support project management
- Support event organization
- Personal assistant to president and CEO

#### Accountancy

- Financial support services

#### Public relations

- Sponsor contracts
- Advertisement management
- Follow up partnerships

#### Communication service

- Printed communication
- Digital communication f.e. newsletters
- Website content management
- Publications
- Social media
- Press

#### Management

- Leadership
- HR
- ICT
- Board support
- Implementation and follow up strategy
- Planning, management and delivery of professional customer services

**Annual turnover:** app. € 1.600.000

**Financial Issues:** None for the time being.

Just finished the monitoring of the membership renewals for 2019 (we work with an annual fee from 01/01 until 31/12).

Renewal went rather smoothly this year due to some major achievements in different areas by AXXON.

We will probably increase the annual membership fee for 2020. But we would also like to go for another structure. Today the membership fee is based on the work status of the member. But in the

future, we would like to base ourselves on the type of service the member in question would like to receive.

**Brief outline of governance structure:**

Each of the organization has a general meeting, a board and an executive committee.

Each board has a president (chairman), treasurer, secretary, and in some cases a vice-president (vice-chairman).

For more details see below.

AXXON consists of:

AXXON, Physical Therapy in Belgium asbl/vzw = umbrella organization

General meeting = board members of the wing organizations

Board = min. 6 persons including the presidents of the wing organizations

The wing organizations appoint the candidates for the board, equal number of members on the board for each organization.

The CEO's of the wing organizations are part of the board but have no voting capacity.

Executive committee = 3 presidents + 2 CEO's

AXXON, Kwaliteit in kinesitherapie vzw = Dutch (Flemish) wing organization

AXXON, Qualité en kinésithérapie asbl = French (Walloon) wing organization

General meeting = every physiotherapist can, based upon his language, join the general meeting of his wing i.e. one representative per 30 members.

Bottom up principle.

Board = max. 8 by preference min. one per province + CEO (non-voting member).

Executive committee = president (chairman), treasurer, secretary and in some cases a vice-president (vice-chairman) + CEO (non-voting member).

We still work through a system of processes:

- 3 national: strategy, stakeholders and study service
- 5 regional: membership recruitment, member services, improvement, stakeholders influencing and ICT (Quality)

Each "process" is led by a "process owner" who will plan the issues to discuss and also the finances needed for this process.

Each organization also has ad hoc working groups put together in function of a project or an issue that needs to be addressed.

## **Vision/mission, strategy:**

### Vision/Mission:

Please see: <http://www.AXXON.be/nl/missie/>- <https://www.AXXON.be/fr/mission/> and please use Google to translate the page.

### Strategy

- Increasing the fees for private practices
  - Financing Continuing Professional Development (CPD)
  - Achieving an acceptable Convention once again
  - Supporting the salaried physiotherapist in their professional practice
  - Setting up of networks for the salaried physiotherapist
  - Direct Access
  - Abolition difference in refunding of physiotherapy treatments
  - Continue to start up AXXON Belgian Clinical Interest Groups
  - Improve our working relationship with the physiotherapy education in Belgium
- It is our intention to try to establish a long-term partnership.

## **Strategic priorities:**

In view of the elections in Belgium AXXON has put together a memorandum for all our stakeholders as well as the different political parties.

This document lists all our strategic priorities brought together in 14 points:

### 1. Elimination of the discrimination in physiotherapy

Patients who consult a physiotherapist who does not accede to the convention receive a lower reimbursement by the health insurance. This is however not the case with other medical professions. Therefore, AXXON urges the legislator to act against this outdated, discriminating and patient-unfriendly legislation.

### 2. Fees at a market level for independent physiotherapists

The current gross fees are insufficient for covering investments in the practice, maintenance costs, administrative management, further training, accrual of pension rights etc. An evaluation of the remuneration for physiotherapists is required. Next to that, AXXON proposes a regulating legal framework that defines the fees for treatments that are not covered by the health insurance.

### 3. Creation of a deontological body for physiotherapy

If someone feels disadvantaged by a care provider, they should be able to make a swift and efficient declaration about it. That is why AXXON pleads for the creation of a deontological body for physiotherapy.

### 4. Wage scale of the physiotherapist

The pay-scaling for physiotherapists is way under their level of education and competences. AXXON wants to review and raise this pay-scaling.

### 5. Prevention through physiotherapy

Sitting is the new smoking. AXXON pleads in its memorandum for more prevention by means of physiotherapy. In this regard, the legislation is strongly outdated and needs to be adjusted for the sake of the patient.

### 6. Digitisation of health care

Computerisation of the health care system provides us with administrative simplification. This demands some adjustments in the initial phase, but very soon it will deliver multiple advantages.

### 7. Statute and advisory body

Since 1995, physiotherapists received a separate medical statute. AXXON strives for a separate body for advice and statute within the health care system.

### 8. Expansion of the professional competences

The Belgian legislator acknowledges six professional competences within physiotherapy. These provide patients with clear knowledge about the specific and scientific competences of the physiotherapist. AXXON wishes to work out the Belgian ministerial decisions concerning geriatrics, psychomotor and sports physiotherapy.

### 9. Direct access to physiotherapy

The lack of direct access to physiotherapy affects the patient and the public health budget. AXXON pleads for direct access to minimise administration and suffering for the patient as much as possible.

### 10. Physiotherapists in hospitals

Despite their enormous added value, the competences of physiotherapists in care centres and hospitals are underutilised. This needs to change. Therefore, AXXON proposes the adjustment of the Belgian Hospital Law, for physiotherapists to completely become part of the multidisciplinary therapeutic process.

### 11. Physiotherapists in the geriatric setting

The competences of the physiotherapists in geriatrics are insufficiently valorised. Also, the wages are not in proportion to the level of competence.

### 12. Physiotherapy training

The training of physiotherapists is valued and validated the same way in Flanders, Wallonia or Brussels. Therefore, it is essential to harmonise this training in both communities and to fully academise the French-speaking physiotherapy training by integrating the colleges into the universities.

### 13. Adjustment of the current consultation model

Negotiations and consultations with government institutions concerning budgets and conventions are often difficult. Physiotherapists and other medical professions are not always a partner at the table. AXXON demands that physiotherapists should be involved in all agreements and convention talks that have a direct influence on the profession and its budget.

### 14. Social statute of the physiotherapist

Regarding the social statute, there is a need for progressive harmonisation of the social advantages for all health care providers. Unfortunately, AXXON establishes that this is still not the case.

### **Membership issues:**

Urgently looking for solutions for the following issues:

1. The aging of our permanent membership base.
2. How to make a membership more attractive for the age group under 30 and the age group between 30 and 45?
3. How to attract the physiotherapists who are currently not members?  
5.000 members versus a potential group of app. 20.000 and more!
4. Find out if the feminization of the profession has an impact on our regular membership base.

### **Key professional issues impacting on the business:**

- The increasing number of youngsters that take up physiotherapy studies as this pressurizes the available budget in the long run as well as the quality of the services offered.
- Looking for advanced practice opportunities outside the refundable system of healthcare.
- Develop a different business model not only based on working in the refundable system of healthcare.
- The development of a job profile for physiotherapists employed in other areas than a private practice i.e. geriatric setting, hospital etc.

- The difference in the education of physiotherapists in Flanders and Wallonia: 5 year versus 4 years. Only university (Flanders) versus university and college (Wallonia).
- Get physiotherapists in Belgium more involved as far as prevention is concerned.
- Continue to focus on digitization on all fronts such as electronic prescription, tele-revalidation, telemonitoring. The last two in combination with the development of apps.
- The development of the future healthcare (2030-2040), including physiotherapy, is a very hot topic in Belgium probably also due to the elections this year. Different brainstorm groups are formed to address this issue. As AXXON we try to participate as much as possible.
- AXXON (Flanders – Dutch speaking part) is strongly involved in the further development of primary care zones together with all care and welfare providers within primary care. Within this system, the patient is the central pivotal figure who organizes his or her own care. In 2020 this will result in local care councils.