

**Safeguarding access
to high-quality
dermatological care**

**Royal Belgian Society of
Dermatology and Venereology**

THE FUTURE OF DERMATOLOGY IN BELGIUM



www.belgiandermatology.be

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WHY THE FUTURE OF DERMATOLOGY MATTERS

In recent years, access to a dermatologist in Belgium has become increasingly challenging. **While dermatologists strive to prioritise urgent cases, waiting times of several months have become common for many patients.** This situation cannot be explained by a single cause, for instance because of a shortage of dermatologists.

The dermatology community in Belgium performed a structured analysis, supported by surveys, expert discussions, and published research, and identified several interacting root causes¹. We wanted to dig into ‘the Why?’.

Demand for dermatological care has increased significantly, particularly due to citizens’ skin cancer awareness and screening demands. While prevention and early detection remain essential, many consultations concern low-risk patients for whom there is no clear medical **or health-related need for specialist care**, resulting in substantial (over)use of specialist capacity.

At the same time, **the effective clinical availability of dermatologists is declining.** Although absolute numbers remain relatively stable, many dermatologists are approaching retirement age, and younger generations tend to work differently, with longer consultations per patient. At the same time, clinical complexity has increased, administrative workload has grown, and expectations regarding work—life balance have evolved.

Finally, structural aspects of **how dermatological care is organised and financed** limit the efficient use of specialist expertise. Consultation-based reimbursement, limited support for task delegation to trained staff, and insufficient triage mechanisms mean that dermatologists often spend time on activities that could be organised differently or handled at another level of care. At the same time, the current financing framework affects professional engagement in insured care, as reflected in a decreasing proportion of conventioned full-time equivalents (15% in 2024 versus 19% in 2013).

815

Active dermatologists

610

Number of FTE dermatologists

0,52

Average FTE dermatologist per 10 000 insured citizens (2013: 0,47 → +11,38%)

4744

Contacts per FTE dermatologist per year

9%

Active FTE dermatologists = 65+

24%

Increase in hospital dermatologists (2016: 17%)

Health Professionals Report 2024: Capacity, Accessibility and Production, RIZIV/INAMI.

1. Lambert, J., Lambert, J., Roegies, K., Nikkels, A., Garmyn, M., Snauwaert, J., Willaert, F., Bouffioux, B., Hoorens, I., Vossaert, K., Guterath, J. and Del Marmol, V. (2025), The doctor will see you now, in 4 months: A Belgian perspective on waiting times for dermatologic care. *J Eur Acad Dermatol Venereol*, 39: e204–e205. <https://doi.org/10.1111/jdv.20161>

FROM ROOT CAUSE ANALYSIS TO ACTION

Maximum skin health for all

Together, these factors create a system in which access problems persist despite strong professional commitment and high standards of care. Addressing them requires **coordinated, evidence-based action**, rather than isolated measures and jumping to conclusions.

In response, the Royal Belgian Society of Dermatology and Venereology launched the Future of Dermatology in Belgium project. The objective was not to assign responsibility, but to translate a shared diagnosis into **practical, implementable solutions**.

The project was structured around thematic **Working Groups**, each addressing a key dimension of the access challenge. The following pages present the outcomes of these Working Groups.



How **skin cancer** screening and follow-up can be organised more rationally,



How dermatologists can **increase the time** devoted to specialised patient care,



How the profession can remain **sustainable in terms of workforce** and clinical availability,



How **aesthetic dermatology** can be integrated responsibly within the specialty,



How **public expectations** can be aligned with medical necessity,



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Future of Dermatology Introduction

Chair

Annemiek Leeman

**Focus: Risk-based screening, follow-up, and prevention****Context**

Skin cancer represents a growing public health challenge and accounts for a substantial share of dermatological activity. The Working Group focused on ensuring that prevention, screening, and follow-up are organised in a way that safeguards early detection while using specialist capacity responsibly.

Key outcome

A national, risk-based guidance for skin cancer screening, follow-up, and prevention providing a framework for delivering the right level of care to the right patient at the right time. By supporting a more consistent and evidence-informed approach, it contributes to sustainable dermatological care while safeguarding quality and accessibility for patients at increased risk.

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Key elements of the guidance

- **Clear, risk-based follow-up intervals** tailored to individual risk profiles and cancer types.
- **Strong emphasis on patient education and self-inspection**, supporting early detection while reducing reassurance-driven consultations.
- **Lesion-directed screening**, focusing on lesions identified by the patient rather than systematic fullbody screening in low-risk individuals.
- **Reducing unnecessary consultations while safeguarding early detection** through targeted assessment and risk classification.
- **Careful integration of digital tools**, positioned as supportive aids under medical supervision.

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National Practical Skin Cancer Guidance



CHALLENGE:

EFFICIENT PRACTICE & SPECIALISED PATIENT CARE

Focus: Optimizing dermatologist time allocation for high-priority patient care

Chair

Arjen Nikkels



Context

Dermatologists face a growing mismatch between demand for care and available time. Administrative burden, inefficient workflows, and follow-up visits that could be organised differently reduce time for patients with genuine medical needs.

This Working Group focused on **practical, immediately applicable solutions** to improve efficiency without compromising quality or safety

Key outcomes

- Development of a **practice-ready framework** to increase time spent on specialised patient care.
- Identification of opportunities for **task delegation**, including expanded roles for trained nursing staff.
- Practical guidance on **agenda management, triage, and workflow redesign** (For example: allergy tests, surgery, standard skin checks, ... can be grouped within specific timeslots.).
- Promotion of **tele-expertise** (Pilot tests showed that 90% of cases where a GP teleconsulted a dermatologist, no visit to a dermatologist was needed) **and collaboration with general practitioners (GPs)** (eg. train GPs from your region on most common dermatological conditions, work with standard referral letters, ...).
- Creation of **standardised follow-up schedules** for systemic treatments, based on evidence based guidelines.
- Solutions designed to be also feasible for **solo** (73% of FTE dermatologists, 2024) **and small group practices**.

Participants

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Enhancing Dermatologists' Capacity
for Specialised Patient Care

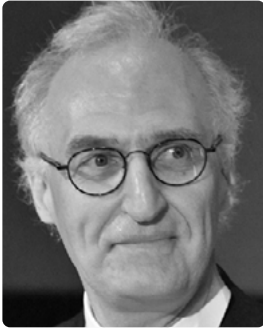
Follow-up Schedules of
Medications in Dermatology

CHALLENGE:

NUMBER OF PRACTICING DERMATOLOGISTS

Chair

Julien Lambert



Participants

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Focus: Workforce sustainability and access to medical dermatology

Context

Access challenges are often attributed to a shortage of dermatologists. National workforce data and professional experience show that the core issue lies in **maintaining sufficient clinical availability for insured, medical dermatology**, rather than in the absolute number of trained specialists.

Belgium counts a sufficient number of licensed dermatologists on paper (815). Pressure on access results from structural changes in care delivery, increasing demand, and evolving professional practice patterns.

Medical dermatology remains structurally financially undervalued, limiting investment in staff and infrastructure. The Working Group follows ongoing discussions on remuneration and future planning assumptions, and argues to ensure a sufficient number of dermatologists are trained in order to keep the number of active dermatologists at the same level.

Key findings

- **Stable headcount, declining effective capacity** due to retirement trends, longer consultations, and reduced direct patient care time. (Dermatologists 35-44 years: 4 316 contacts per FTE/year, dermatologists 55 - 64 years: 5 183 contacts per FTE/year, source: RIZIV/INAMI)
- **Consultations are longer and more complex**, with dermatologists seeing on average around 21–22 patients per day versus higher planning benchmarks.
- **Skin cancer workload has a structural impact**, limiting capacity for other insured dermatological care.
- **Inflow of new dermatologists and outflow of retiring dermatologists must be balanced.**

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Workforce: Letter to the Vlaamse Planningscommissie



Focus: **Quality, training,
and patient protection**

Chair

Samira Baharlou



Context

Aesthetic dermatology is an integral part of dermatology. At the same time, its rapid expansion outside a regulated medical framework raises concerns regarding patient safety, quality of care, and professional accountability. The Working Group aimed to reinforce aesthetic dermatology as a medical discipline and to ensure it is practised by appropriately trained specialists.

Key outcomes

- Clear positioning of **aesthetic dermatology as a medical activity**, reinforced by an **Ethical Charter for Non-Surgical Dermato-Aesthetics**.
- Strengthening public trust by positioning dermatologists **as qualified and trusted providers** of aesthetic care whilst emphasising the requirement to **allocate substantial time to medical dermatology**.
- Initiation of procedures to **report unsafe or non-qualified practices**, including a future reporting function on the Society's website.
- Active contribution to **national regulatory discussions** on competencies and authorised medical acts.
- Development of **structured training pathways**, including:
 - a safety-focused curriculum within the dermatology residency,
 - a national postgraduate programme in advanced aesthetic dermatology.

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**Ethical charter — non-surgical
dermato-aesthetics**

**Proposed Residency Programme -
Aesthetic Dermatology Basics**

**Proposed post graduate programme
in advanced aesthetic dermatology**

Chair

Jennifer Robinson



Focus: Aligning public expectations with medical necessity

Context

Growing pressure on access to dermatological care is partly driven by misinformation, unrealistic expectations, and anxiety about skin health. Many patients consult a dermatologist for reassurance or routine checks that are not medically indicated, while others delay care when it is genuinely needed. This Working Group was established to support better-informed choices by the public and to promote responsible use of specialist care.

This challenge is not a one-time initiative but a continuous piece of work for the coming years, where the Royal Belgian Society of Dermatology and Venereology will collaborate with several stakeholder instances

Participants

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Key actions

- Media briefing and press lunch to **provide journalists with context and nuance.**
- **Communication tools for dermatologists**, including this booklet and a slide presentation.
- **Support of evidence-based leaflets** (such as for medication intake follow up) **and prevention initiatives**, in collaboration with — amongst others - Euromelanoma.
- Development of an **educational video** explaining when skin checks are, and are not, medically indicated.

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The Future of Dermatology in Belgium,
Safeguarding access to high-quality dermatological care



STEERING COMMITTEE & ENDORSEMENT

Steering Committee

The project was guided by a multidisciplinary Steering Committee bringing together academic, hospital-based and private-practice expertise.

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ABOUT THE ROYAL BELGIAN SOCIETY FOR DERMATOLOGY AND VENEREOLGY (RBSDV/KBVDV)

Word of the president

As a scientific society and as dermatologists we strive towards a ‘maximal skin health for all’, our mission! With the Professional Association we ensure that we can exercise our profession in a qualitative way, and that we can communicate our qualities towards our stakeholders (citizens, industry, government). For that reason, we provide training, live and online, we provide access to up to date guidelines and recommendations, we award scientific prizes, we offer grants and we work at specific projects. Through our society we also offer visibility to our subdisciplines as paediatric dermatology, allergy, skin cancer, technical expertise as dermoscopy, laser and dermpathology. We are also defending our expertise towards the outside world and represent the Belgian Dermatology within the International League of Dermatological Societies.

Our objective

The objective of our society is the promotion of the study of the skin and its many diseases. There are 815 dermatologists in Belgium (2024).

Next to scientific activities and professional standards the RSDBV also has a public objective, namely informing the public and organisations on the prevention and approach of skin diseases.

Furthermore, the RBSDV represents the image of our specialism towards the government, the press, the pharmaceutical companies and other medical professional groups.

The RBSDV is a non-profit organisation established under law of June 27, 1921 with the identification number 523/92.



THE FUTURE OF DERMATOLOGY IN BELGIUM

Safeguarding access to high-quality dermatological care

The incentive to reflect on the future of dermatology in Belgium has been the dramatic increase in waiting times for patients to get an appointment with a dermatologist. The waiting time in Flanders amounted to 17.4 ± 10.8 weeks and in Wallonia to 12.7 ± 11.0 weeks with no difference between private practices vs. hospitals (Survey 2023, 248 responses).

Belgian dermatologists brought their collective brain power and lived experience together to identify problematic issues, implement actions and communicate them to different stakeholders.

Surveys, workshops and steering committee meetings were organised to gather input as broad as possible.

The surveys and workshop invitations were distributed amongst all active clinical dermatologists, member of the Society (n = 784).

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