

Health Workforce Policies in OECD Countries

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Netherlands

Right Jobs, Right Skills, Right Places

Trends in Medical Education and Training in the Netherlands

1. Brief Overview of Medical Education and Training Pathways

- Entry to medical education in the Netherlands can occur in two ways: students can access
 medical schools directly from secondary school or after having received a first bachelor's degree
 in biomedical sciences. At the end of their initial medical education, students must to pass an
 exam to be granted a Doctor of Medicine (M.D.) degree.
- Following this medical degree, new medical graduates can apply to enter in four different types of post-graduate clinical training programmes that are of various length: general practice (lasting 3 years), more than 30 different medical or surgical specialties (lasting 4 to 6 years), public health specialty (lasting 2.5 to years), or nursing home specialist (lasting 2 years) (Cate, 2007).
- To become a doctor in the Netherlands, a student can therefore expect to go through 8 to 12 years of higher education and post-graduate training (Figure 1).

Undergraduate Medical Education
(6 years)

Or

Graduate Medical Education
(4 years)

Initial Medical Education

Post-graduate training

General Practitioner (3 years)

Specialist (4-6 years)

Public Health Specialist (2.5-4 years)

Nursing Home Specialist (2 years)

Figure 1. Medical education and training path, the Netherlands

Source: Foundation for Advancement of International Medical Education and Research, www.faimer.org/.

2. Trends in Admissions to Medical Schools

- Since 1976, a *numerus clausus* policy (i.e., an annual quota) determines the number of students that will be admitted to medical schools each year in the Netherlands. Admission to medical education is normally determined by the score obtained in a national exam. The higher the student's grade, the higher the chance of being accepted in a school of his/her preference. Nonetheless, if the number of applicants that have successfully passed the exam exceeds the quota (which is often the case), a lottery determines who is admitted (Ketel et al., 2012).
- Figure 2 shows the trend in the number of students admitted to medical schools in the Netherlands since 2000. Student intake in medical education increased rapidly (by 50%) between

2000 and 2003 (from about 2 000 per year to 3 000 per year). From 2003 to 2010, the number remained relatively stable or even decreased slightly, until it went up again to about 3 000 in 2011 and 2012. This recent increase has been driven by concerns over an expected decrease in the number of foreign-trained doctors coming to work in the Netherlands following previous projections that there might be widespread shortages of doctors in Europe (Advisory Committee on Medical Manpower Planning, 2010). However, these concerns did not materialise and the 2013 report from the Advisory Committee on Medical Manpower Planning recommended to reduce the admission numbers back to their 2010 level to avoid any over-supply.

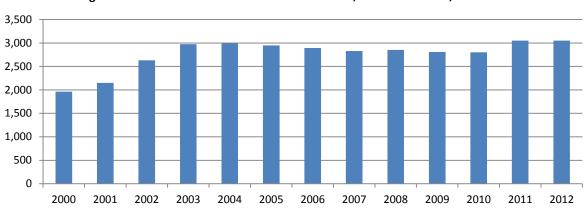


Figure 2. Students admitted to medical education, the Netherlands, 2000 to 2012

Source: Advisory Committee on Medical Manpower Planning (2013).

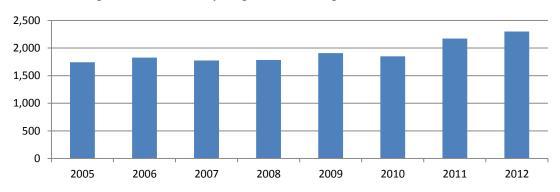
Box: What is the evidence about student dropout rates from medical schools in the Netherlands?

- A 2009 study by Schmidt and colleagues on graduation rates for 10 waves of students enrolled in Dutch medical schools between 1989 and 1998 found that, on average, 83% of students who were admitted graduated within a period of seven years.
- A more recent report from ACMMP (2013) estimated a 10% dropout rate from Dutch medical schools.

3. Trends in Admissions to Post-graduate Training

- Students intake to post-graduate training in the Netherlands is also subject to a numerus clausus
 (i.e., annual quota), determined by the Ministry of Health, Welfare and Sports in consultation
 with other stakeholders, taking into account the financial resources available for teaching
 hospitals and other training institutes, and the human and physical capacities to take on people
 in post-graduate training programmes (ACMMP, 2013).
- Figure 3 shows trends in admissions in post-graduate training places from 2005 to 2012. Admissions to post-graduate training increased throughout this period, with most of the growth occurring in 2011 and 2012. This followed recommendations from the 2010 ACMMP report calling for an increase in training places given widespread concerns over possible shortages of doctors in Europe at that time and a possible reduction in the number of foreign-trained doctors coming to work in the Netherlands (ACMMP, 2013).

Figure 3. Admission to post-graduate training, the Netherlands, 2005-2012

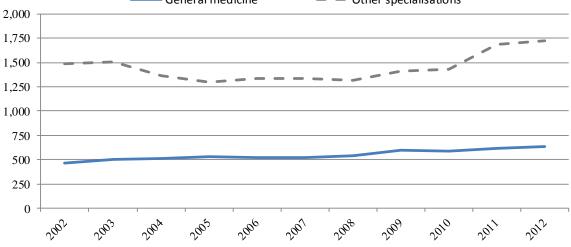


Source: Advisory Committee on Medical Manpower Planning (2013).

By contrast with some other countries like France and Canada that have expanded more rapidly the number of post-graduate training places in general medicine to address projected shortages of general practitioners, in the Netherlands, the number of post-graduate training places in recent years has increased more rapidly for different medical and surgical specialisations than for general medicine. Between 2008 and 2012, the number of post-graduate training places in general medicine increased from 537 to 638, an increase of almost 20%. Yet, this growth was more modest than the number of places in other medical and surgical specialties which grew by 30% Figure 5). In its 2013 report, the ACMMP recommended that the number of places in general medicine training remain the same as in 2012, while the number of places in other specialisations should reduce back to their level of 2009 and 2010, given concerns about a possible over-supply of doctors in certain specialties. In assessing the future demand for GPs, the ACMMP also took into account the fact that a growing number of physician assistants and nurse practitioners could respond to the demand for primary care services. This more comprehensive approach of looking at the primary health care workforce as a whole is quite innovative, as interactions and possible substitutions between different health care providers are often neglected in health workforce planning models and policy discussions in other countries.

Figure 5. Places filled in medical post-graduate training, the Netherlands, 2002-12

—— General medicine —— Other specialisations



Source: ACMMP – Advisory Committee on Medical Manpow er Planning (2013)

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