Admission to Medical Curricula in the Netherlands

rules and regulations

Albert Scherpbier
Dear Faculty, Health, Medicine and Life SciencesFHML
Maastricht University
Halle, May 2013
Medical curricula in the Netherlands

Programmes have to fulfil the Requirements as described in

the 2009 Framework for Undergraduate Medical Education in the Netherlands

and

## The Maastricht Medical Curriculum

<table>
<thead>
<tr>
<th>Year</th>
<th>Content/theme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ba1</td>
<td>Man in health and disease</td>
</tr>
<tr>
<td>Ba2</td>
<td>Integration of knowing and doing: towards clinical practice</td>
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<tr>
<td>Ba3</td>
<td>Chronical diseases: a practical exploration</td>
</tr>
<tr>
<td>Ma1</td>
<td>Clerkships</td>
</tr>
<tr>
<td>Ma2</td>
<td>Clerkships</td>
</tr>
<tr>
<td>Ma3</td>
<td>Independent participation in healthcare and scientific research</td>
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</table>

Practice | Theorie
The Netherlands → 8 medical schools

Every year:
7000-8000 applicants
for
2850 places

Therefore,
Medicine is a so-called
fixed quota degree programme
Decision on quota for medical schools

Decision about quota → national government

Based on advices from a national institute, that predicts the expected need for medical healthcare,

taking into account parameters like:

- number and age of medical doctors and percentage of medical doctors that work full-time/parttime
- demographic information concerning the Dutch population
- percentage of students that finish medical school successfully
- percentage of these students that enter a postgraduate specialist trainee programme in the Netherlands
Decision on quota per medical school

The total quota is divided over the eight medical schools →

- roughly 1/8 per school (315-410 per school)
- variations based on regional availability of clerkship-places
- all in joint agreement (more or less)
Demands for admission to Medical School

Applicants should have:

- successfully finished a recognised form of (Dutch) education, including mathematics, physics, chemistry and biology at sufficient level

- in case of a foreign diploma: finished a form of education that has to be equivalent to the required Dutch education

- in case of a non-Dutch diploma: proof of sufficient mastery of the Dutch language (NT2 diploma)
4. How are the study places assigned?

Three ways:
- applicants with GPA ≥ 8 are admitted to the school of first choice (8+)
- central procedure → weighted lottery (GPA)
- decentralised procedures → selection by individual medical schools

Up to 2011:
- at least 50% of admissions per medical school by central procedure
- maximum of 50% of admissions per medical school by decentralised selection (incl. 8+ admissions)

From 2012 onward:
- schools can choose to select up to 100% → variation of 0-80%
- the rest is admitted through the central procedure
- 8+ applicants are still admitted to the school of first choice
A lottery?

The central (=national) selection procedure = a weighted lottery

5 selection categories based on GPA’s →
A. GPA > 8 automatic admission to the school of first choice
B. GPA 7.5-8.0
C. GPA 7.0-7.5
D. GPA 6.5-7.0
E. GPA 6.0-6.5

Changes → B : C : D : E = 9 : 6 : 4 : 3
A lottery?

Yes and no

In society lottery has not much support, decentralised selection procedures have more support!

The question is also do you want many medical students that have a mark higher than 8 or are you looking also for other competencies?

We started in 2011 with experiments around decentral selection And will go for 100% in 2014
UM-Bachelor Medicine

% 1ste choice UM
% no choice for UM
% decentral selection

Invoering decentrale selectie
Decentralised Selection Procedure in Maastricht

**Part 1.** Portfolio (online)
- personal information
- secondary school and grades
- distinctive qualities
- why Medicine in Maastricht?
- opinion on problem based learning (PBL)

*Top 250 applicants →*

**Part 2.** Saturday in Maastricht
- several assignments, among which a computerized test with video vignets (CASPer)

**CASPer** = *Computer-based Assessment for Sampling PERsonal Characteristics* (Eva et al, McMaster University)
Aim of CASPer

The assignments aim to gain information about the following core competencies, such as:

- biomedical knowledge
- empathy
- reflection on own functioning and behaviour
- societal and medical awareness
- handling of ethical dilemmas
- logical reasoning
- cooperation
- organisation
### Decentralised selection 2011-2012 → numbers in Maastricht

<table>
<thead>
<tr>
<th>Category</th>
<th>Number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of applications for Maastricht</td>
<td>1,134</td>
</tr>
<tr>
<td>Admitted through Dec. Sel. Procedure (155 - 8\textsuperscript{ers})</td>
<td>124</td>
</tr>
<tr>
<td>Rest (156) through central selection</td>
<td></td>
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</table>
First results: % students with 60 ECTS punten
Future

We just started, only first results from UM

Other schools have longer experience

We use different procedures in 7 schools

In 2011 the eight medical schools decided to fund two PhD students together to study the different procedures and the effects
Thanks