

Resident in the Netherlands – when life is a lottery

European tour of residencies



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higher grades at high school do give an applicant some advantage. The lucky ones follow a 4-year theoretical programme succeeded by 2 years of internship. Each of the 8 medical schools differs slightly in their implementation of the rotations during the 2-3 years of clinical clerkship and the exams of these rotations. Nevertheless, once a student has met the requirements of his/her medical school, he/she will be registered as physician in the Netherlands. The Individual Health Care Professions Act, or in Dutch the BIG Act, regulates the provision of care by health care professionals. Only registered individuals may use the legally protected title. The register enables the expertise of the registered practitioners to be recognised by all. Besides physicians, the BIG-register includes pharmacists, physiotherapists, health care psychologists, psychotherapists, dentists, midwives and nurses.

How to become a resident

Roughly one third of the Dutch physicians continues his/her study to become a medical specialist, one third specialises as general practitioner and one third chooses social medicine.

The application for the residency programme in urology consists of three phases. If your application has been rejected (irrespective of the phase) you can apply once more in the next year. If an applicant is again rejected there is no possibility to become a urologist in the Netherlands. The first phase consists of a written application accompanied by three letters of recommendation. The second phase is an annual national selection in Utrecht by a panel of urologists on behalf of the “Nederlandse Vereniging voor Urologie” (Dutch Urological Association (DUA); www.nvu.nl). Once selected by this central panel, application at one of the eight university centres for a definitive training spot follows. The chances of being selected are increased if the applicant has related experience, either by working as a resident not in training or by performing research (PhD) prior to application.

Then a training period of six years starts. Everyone starts a basic surgical training with a two-year stint of general surgery. The programme of the first 2 years is the same for everybody following a surgical career path, be it general surgery, orthopedics, urology et cetera. For most of us, this period is spent in a non-academic training centre in which surgery training mainly consists of laparoscopic cholecystectomies, (inguinal) hernia corrections, varicosis treatment (stripping), etc.

Specialisation: urology

The urology part of the residency consists of four years and is divided into an academic and a non-academic part (mostly two years each). The daily practice of the residents is the outpatient clinic, small procedures (circumcisions, vasectomies, prostate biopsies) and surgery. The degree of supervision depends on the training year. The 4 years of urology training are supported by 8 days of theoretical courses (2 each year) in which all aspects of urology are discussed in a frontal-lecture type of approach. These courses are organised by the “urologisch onderwijs instituut”, UOI, which is a part of the DUA. Since all Dutch residents have a 4-year programme, everyone will follow all 8 days, albeit in a different order. At the end of each year, an exam covering the subjects discussed during that year is held. Furthermore, each training year has specific practical courses, ie ultrasound, laparoscopy, anatomy of the

Flag of the
Netherlands

retroperitoneum, to name a few. These courses are grouped according to training year.

During any residency, it is mandatory to present at least one abstract at a congress or publish a paper in a peer-reviewed medical journal. The final exam is the written part of the FEBU-certification; there are, however, no repercussions for failing anymore.

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Dear residents and colleagues,

What can I tell you about being a resident in the Netherlands?

The Netherlands has a population of 16.75 million inhabitants. 131 urological departments and 23 training sites are in operation. There are 356 urologists (1 urologist per 47,000 inhabitants) and 124 residents (1 resident per approx. 3 urologists).

The BIG Act

In the Netherlands the number of applications to study medicine greatly exceeds the number of available places. Therefore a numerus fixus (a lottery) decides who is allowed to start studying at one of the 8 medicine faculties in the Netherlands, although



The Netherlands' 12 provinces

Residents Corner



Test your knowledge!

The EBU offers you the possibility to test your knowledge by answering three MCQs. For this issue, June 2007, the questions are:

1. The use of 3 months of androgen deprivation prior to radical prostatectomy will:
 - a. Increase the number of cured patients.
 - b. Decrease the risk of failure after 3 years of follow up.
 - c. Increase the risk of PSA relapse 3 months postoperativity.
 - d. Decrease the number of patients with positive surgical margins.
2. Distal ureteral calculi may be treated by:
 - a. ESWL
 - b. Loop extraction
 - c. Ureterorenoscopy
 - d. All of the above
3. Erectile dysfunction due to diabetes mellitus is mainly caused by:
 - a. Psychogenic.
 - b. Venous leakage.
 - c. Penile neuropathy.
 - d. Hormonal disorders.

To view the answers please go to:
www.ebu.com / Examinations / Study Material



European Board of Urology

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Programme changes

Currently, several changes take place in the residency programmes in The Netherlands. The most important change for every new resident (general practitioners in training as well as medical specialists in training) is the implementation of seven key competencies needed for medical education and practice. The framework is based on the seven core CanMEDS Roles:

- Medical Expert,
- Communicator,
- Collaborator,
- Manager,
- Health Advocate,
- Scholar and
- Professional.

It is the responsibility of each resident to show his capability as a medical expert for each of these competencies at the end of the six years of training. This is done using a portfolio.

Further subspecialisation

A global discussion, which is also taking place in The Netherlands, concerns the ongoing sub-specialisation of urologists into paediatric urology, oncology, andrology, laparoscopy and functional urology. At the moment all residents are trained to be general urologists, practising as such. The question is whether

future urologists will treat all patients and perform all types of surgery. So how should future urologists be trained? There are fellowships for paediatric urology, laparoscopy and oncology. These fellowships start after six years of general training and last 1 or 2 years. It is likely that in the near future every resident will choose a sub-specialisation in the sixth year. Only a few, probably academic young urologists, will subsequently continue with a fellowship.

Consequently, only certified urologists in certified centres will most likely treat larger oncologic surgery/laparoscopy cases and specific patient populations.

Young urologists represented

The “Jonge Urologen Commissie” (Young Urologists Committee; JUC) represents the Dutch residents. The JUC consists of 8 representatives, one from each of the 8 Dutch training clusters. The chairman is the direct voice of all residents as he/she takes place in the board of the DUA. Furthermore, members of the JUC take place in a variety of committees of the DUA and UOI. Two members will also function as the National Communication Officers (NCO's) within the European Society of Residents in Urology (ESRU; www.esru.net). At the moment the prospect for young urologists is good, thanks to the strict selection procedure for residents, a Dutch population that is getting older and the reality that more and more urologists prefer to work a 4-day week instead of 5 days. The future looks bright.