

# Erasmus MC

Universitair Medisch Centrum Rotterdam



Board of Directors

To the Board of Governors  
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Our reference RvB 400126  
Date 7 April 2022

Dear Executive Board

Earlier this year, you asked us to submit an application regarding the Numerus Fixus (hereinafter NF) for the study of Medicine. You also requested that the faculty participation (Joint Assembly) be involved in the application by requesting their advice on the proposed capacity limitation and selection method. With this letter, I would like to inform you about the results of this request, with apologies for the delayed response caused by the necessary consultations.

First of all, I would like to ask you to keep the NF of the Bachelor of Medicine (ISAT code: 56551) for 2023- 2024 at 410 available places. We believe that at this NF, there is a good balance between the number of students, lecturers and infrastructure, a curriculum of sufficient quality can be offered and there is a good basis for further improving our curriculum.

Our application does not correspond to the opinion of the Joint Assembly (JR). The JR had previously indicated verbally that it was considering a negative opinion. The study programme subsequently consulted with members of the JR and later argued in an extensive letter why the study programme believes it should retain the NF at 410 places, see Appendix 1. Despite all the training's efforts, the JR nevertheless decided to issue a negative recommendation, see Appendix 2.

I would like to use this letter to comment on the reasoning behind the JR's negative advice:

- **National inflow for Medicine programmes.** It is true that the capacity agency issued a negative recommendation on the influx of students in the Medicine programme up to 2019. However, as of 2020, the capacity agency has issued a positive recommendation, and the Minister has decided, in line with this recommendation, not to reduce the national intake. The changed advice from the capacity agency and the subsequent Ministerial decision is mainly based on the estimation that the increasing ageing of our population will lead to a greater demand for healthcare. In view of the above, it would not be appropriate to reduce the NF.
- **Previous discussions with URAAD.** The discussion edge the NF has been running for several years and last year the waiting times issue was discussed extensively in the JR and in the University Council, see appendix 3 and 4. In 2017-2018, questions from the University Council were also answered by representatives of the Erasmus MC Medicine programme. During that session, the University Council president indicated that the questions were asked because the council felt insufficiently informed to reach a considered decision and not because the University Council had doubts about how they would advise.

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- Waiting time problem for the internship. The JR indicates that this problem, mainly caused by Covid, is one of the main reasons to give a negative advice. Every year there are five so-called "entry moments" for the internship. The fourth intake moment for the internship in March 2020 could not take place because of Corona. The 5<sup>th</sup> and final intake moment of academic year 2019/2020 took place as usual, making Erasmus MC the first UMC to resume the intake for the traineeship. Because of the fall of the 4<sup>th</sup> intake moment, in combination with the fact that quite a lot of students could not take their gap year because of Corona, logically the waiting times increased immediately. In response, Erasmus MC has increased the number of incoming students from 72 to 84 as of the first intake moment of the academic year 2020/2021. This increased intake applies to the entire academic year 2020/2021 and 2021/2022 and involves 120 extra incoming residents, which means that a large part of the waiting time can be caught up again.

Because Erasmus MC had also realised a similar increased enrolment when rolling out the new master's programme in 2017 and 2019 (7290 students), the current increased enrolment was relatively easy to implement. However, for one internship (the internships of Dermatology, ENT and Ophthalmology) the increased intake could not be absorbed. This was solved by shortening each of the three small sub-internships from 3 to 2 weeks and by strengthening the preceding educational programme.

Looking at the waiting time figures of the past years, we see an increase in the average waiting time from 1.13 months in 2020 to 1.32 months in 2021 due to a large intake of students. In our opinion, this is not an excessive waiting time, even compared to the national average (2020 = 2.86 / 2021 = not known).

- **Increasing student dissatisfaction due to lack of capacity.** It is correct that in the NSE 2021 students from Rotterdam score lowest. An analysis is currently underway to determine the underlying reason for this. The relation suggested by the JR with the size of the programme and that therefore a decrease in the NF will lead to higher scores is contested by us. Immers in previous editions of the NSE, large programmes scored at least as well, if not better, than programmes with lower numbers of students. Erasmus MC has also had better NSE results in the past; we do not see any connection with the number of students.
- **Facilities.** The lecture halls of Erasmus MC indeed have a maximum of 220 seats. Therefore, in the past, a second room was always made available to follow the lectures by means of a "livestream". This is only necessary for the bachelor Medicine because the maximum group size in the master is 72-84 students. In addition, during corona, both the study programme and the students gained a lot of experience with following the education remotely. During corona, often only 75 students were allowed to attend the lectures and the remaining students followed the education from home. These online facilities will remain available in the future.

It is also true that Erasmus MC does not have examination rooms. The facilities as present on the Erasmus University campus have also been made for Erasmus MC. Moving to the evenings or weekends to take exams is more the exception than the rule. Last year, within the Bachelor of Medicine, 60 examinations took place at Erasmus University, of which 2 in the evening and 6 at the weekend. We agree with the JR that offering exams in the evenings or weekends is not desirable, therefore this aspect is included in the development of a new testing structure in the new bachelor of Medicine, and in the consultations with the Erasmus University about the use of the examination rooms at Woudestein. In the Master of Medicine and in our other programmes, examinations never take place in the evenings or weekends.

- Feasibility of the new bachelor curriculum** In the new curriculum of the Bachelor of Medicine (ErasmusArts2030), project education has a prominent place. In this form of education, students will work partly in small groups on an assignment. During consultations with the student council, the programme repeatedly explained that there are sufficient rooms available for this type of education, whereby some students can use small 6 to 7 person rooms, and other groups can use education rooms that are not in use. Two important remarks in this regard: students can use an application with which they can immediately see whether a room is free for them to book for a few hours; the director of the Integral Construction programme, Menno Riemersma, has indicated that if there nevertheless turns out to be insufficient capacity for group work, rooms can be quickly added.

The plans for the new bachelor are currently being made and tested by a feasibility committee. The feasibility committee looks at teacher availability, financial feasibility and also at space usage. The parallel running of project education in different bachelor's years, as a result of which there are not enough rooms available for group work, has been ruled out. This has also been discussed with the student council.

- Capacity problems in Master of Medicine** As indicated above, the increase in the number of starting places in the master's programme is a temporary measure that was taken to mitigate the accumulated waiting times. Shortening the DKO (Dermatology, ENT and Ophthalmology) internship, with reinforcement of the prior education programme, is a measure that anticipates the ErasmusArts 2030 programme, whereby the bottleneck caused by the limited number of internship places for this internship has already been resolved. The aim is to return the intake to 72 students per intake as soon as possible. In the unlikely event that such calamities occur again in the future, increasing the intake to 84 is a relatively simple matter. solution in case of strongly increasing waiting times. This scenario can be realised immediately and will be implemented; it is not inconceivable that more coschapple places will be realised extramurally in the long run.
- Pressure on the labour market.** It is true that in some medical specialties there is unemployment such as in surgery, MDL, orthopaedics, radiology and internal medicine. On the other hand, of the 260 available training places for the specialism of geriatric medicine, only 151 were filled by 2021 and there is a great need for doctors with this specialism . There are also large shortages of psychiatrists, general practitioners, addiction doctors and doctors for the mentally handicapped. So there is mainly an imbalance in the labour market for doctors. Erasmus MC has indicated through the HoKa project MATCH and the NPO project Mix 'n MATCH that it is seriously committed to career guidance for students of Medicine. Assistance in preparing for a realistic career choice will therefore become part of regular business operations. In addition, the new ErasmusArts2030 curriculum pays more attention to general and social medicine, and geriatrics and care of the disabled are also more prominent in the curriculum.
- Financial aspects.** A reduction in the number of students from 410 to 350 will ultimately lead to a reduction in the government contribution of Erasmus MC of €7.5 million. €2.5M. As we have already argued above, a reduction of the NF does not lead to solutions for the problems that the JR indicates, such a reduction will lead to less staff deployment in the R&D domain. Immers a large part of this government contribution is used to cover the infrastructure essential for education, such as building and maintenance, ICT, etc. and these costs are virtually not dependent on the number of students. It should be clear that such a reduction in government funding, which will therefore mainly have to be absorbed by compulsory redundancies (estimated at 60-70 people), will be at the expense of the guidance of students in all our courses and will impede, if not render impossible, the implementation of the new ErasmusArts 2030 curriculum.

Apart from the discussion on the NF level, the selection method was discussed with the JR. The 410 available places were allocated via decentralised selection. The decentralized selection of Erasmus MC can only be used once. All information for the students has been made available on the EUR internet page:

<https://www.eur.nl/erasmusmc/education/decentralised-selection>. To give you an impression of the selection of the academic year 2020-2021, you can find the report of the Medicine selection in appendix 5. Within the current legislation and regulations, the JR believes the current selection procedure is a good way to select the right students, see appendix 6. However, the JR has a number of questions regarding these selection requirements and procedures. In consultation with the study programme, this will be taken up further.

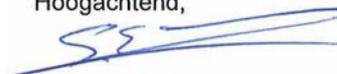
Furthermore, I request you to apply a selection due to capacity limitation for the Master of Medicine for the 2022-2023 academic year. The capacity of the Master of Medicine was a maximum of 360 students per academic year, based on an intake of a maximum of 72 students per ten weeks in the internship. The internships take place partly within Erasmus MC and partly at affiliated hospitals. As indicated, we will temporarily increase the intake to a maximum of 420 students (5 intake moments of 84 students). We can guarantee sufficient coschaplaces so students will be able to start their internship within a reasonable amount of time.

The structural admission of more than the above-mentioned number of students leads to an overload of the current system and consequently to a long waiting time for the internship. In addition, the capacity of our master's programme fits the number of students graduating from our Bachelor's programme in Medicine, supplemented by the students from the 2 premasters: Clinical Technology and Erasmus University College. In appendix 7, you will find the admission requirements for the master of medicine as published in the OER of the programme.

With the above, I wanted to make clear that, contrary to the opinion of the JR, a reduction of the NF does not offer a solution to the issues raised by the JR. This will be at the expense of jobs in the R&D field and disastrous for the quality of the training offered by Erasmus MC. It should be clear that we are of the opinion that the NF should remain at 410 students. We are pleased that we did reach an agreement with the JR on the selection methods, discussions on which are !

I hope that I have provided you with sufficient information and I am happy to take note of your decision concerning this application.

Hoogachtend,



Prof. Dr. Stefan Sleijfer  
Chairman and Dean of the Board

**Annex to this document:**

- 1) Annex 1. RvB 399915 numerus fixus JR
- 2) Annex 2. JR-00000164 Numerus Fixus
- 3) Appendix 3. Memo NF Medicine for JR
- 4) Annex 4. Questions U-Council waiting times - 20210611
- 5) Appendix 5. Report Medicine Selection 2021
- 6) Annex 6. JR-00000140 Decentralised selection
- 7) Appendix 7. Paragraph 2 GNK Master OER 2022 - 2023

**Report on selection and placement for bachelor's programmes with additional requirements (WHW Art. 7.26) and with limited teaching capacity (WHW Art. 7.53) 2021-2022**

**Part 1: Qualitative part**

**1. Information on the selection criteria used and the selection procedure followed.**

Students were admitted to the bachelor of medicine in 2021 via one of the following routes

- A. Route A of the Selection Medicine of Erasmus MC.
- B. Route B of the Selection Medicine of Erasmus MC.
- C. Junior Med School participants who have successfully completed the Junior Med School programme.

*Route A:*

Route A of the Bachelor of Medicine selection procedure was only open to VWO final exam candidates who were sitting the final central written exam in May 2021 in the profile Health and Nature plus physics or the profile Physics and Technology plus biology, and who had not previously participated in the selection procedure in Rotterdam.

Candidates who followed route A were assessed on three criteria in 2021:

1. the participation form indicating additional school achievements, distinctive skills and motivation
2. Average SE grades up to 15-1-21;  
In the assessment of the decentralised selection, the average SE grades up to 15-1-21 per subject at 1 decimal place for the subjects Dutch, English, mathematics, physics, chemistry and biology were used.\*
3. study skills tests.

\* Candidates who scored on average equal to or higher than an 8.00 for the SE- grades for the above-mentioned courses together (so not for each course separately) and who scored sufficiently well on the motivation section on the application form have been directly selected for the Medicine programme.

*Route B:*

Route B of the Bachelor of Medicine selection procedure was only open to candidates who had not previously participated in the selection procedure in Rotterdam:

- were already in possession of a vwo diploma with the right profile;
- in May 2021, partly participate in the final written exam of vwo with the aim of obtaining the vwo diploma with the right profile for this study programme;
- had fulfilled the prerequisites (being admitted to university and having completed the subjects of mathematics, physics, chemistry and biology at the level of VWO) before 1 August 2021.

Candidates following route B were assessed on two criteria:

1. the participation form indicating additional school achievements, distinctive skills and motivation
2. study skills tests.

**2. *Assessment whether the selection criteria and the selection procedure correspond to the purpose of the selection and whether there is or has been cause for adjustment.***

As far as we are concerned, the current selection criteria and procedure are still in line with the purpose of the selection, which is to select a student population that is diverse in terms of ability backgrounds and fits in with Erasmus MC. No major changes were made to the selection procedure last year. However, in accordance with national agreements, SE grades up to mid-January in 6-VWO were used instead of the final 5-VWO report. This is due to the corona measures and their effect on the 5-vwo final report. This adjustment also applies to the selection of 2022. At the moment, there are national discussions about continuing to use SE grades up to and including mid-6-vwo instead of the 5-vwo final report.

**3. *Composition of incoming students in terms of selection criteria (for IBA the tiers, for medicine the three routes) and in terms of intended class room (for IBA and IBCoM the internationality of the students).***

Route	Number of entrants candidates		
	2019	2020	2021
Route A	240	228	200
Route B	44	67	78
Route C (JMS)	21	13	24
Extended training place	5	1	0
Direct admission on the basis of 8 plus	98	100	106
<b>Total</b>	<b>408</b>	<b>409</b>	<b>409</b>

**4. *Study success first year.***

These data are not yet available.

**5. *Balance between number of selected students and the quality of education***

This question concerns the size of the cohort, or the number of students to be admitted, rather than the way in which these students are selected. As such, this question seems less appropriate for this report on student selection and placement.

## Section 2: Quantitative part

- 1. How many candidates registered for numerus fixus on Studielink on 15 January and for additional requirements how many candidates registered with the programme on the closing date.**

1159 registrations on 15 January 2021 (previous year 1064)

- 2. Number of students ranked (number submitted to Studielink before 15 April)**

1030 candidates ranked by 15 April 2021

- 3. Highest issued rank number**

451

- 4. Number of rank numbers issued and what has been refused, accepted and expired.**

Placement certificate received: 443

Refused: 34

Accepted: 408

Expired: 1

- 5. How many candidates have finally registered with a place certificate.**

408

- 6. Number of appeals and objections (formal and informal).**

Fortunately, there were significantly fewer notices of objection in 2021 than in 2020, but the number is still considerably higher than in the years prior to 2020. Next year will show whether this number will remain structurally higher or whether this was a temporary (corona) effect.

Number of appeals and objections	23
Placeable after re-assessment form	2
Objection withdrawn after defence/hearing	8
Correction of selection attempt	1
Settlement after hearing	1
Objection unfounded	11
<i>Hearings</i>	17
CBHO cases	0
Of which unfounded	

## Section 2 - Admission to the Course

### Article 2.1 - Admission requirements

1. The student is admitted if:
  - a. the student is in possession of:
    - a certificate of the Bachelor of Medicine programme, or
    - a certificate of admission to the Master of Medicine, obtained at the EUR if the Premaster programme in Medicine at the EUR has been successfully completed, or
    - a certificate of admission to the Master of Medicine, obtained at the EUR, if the student has successfully completed the Premaster programme in Medicine at the University of Leiden and is also in possession of a certificate of the Bachelor programme in Clinical Technology obtained at the University of Leiden/Delft;
  - b. the certificate or admission document as referred to under a is not older than five years at the start of the study programme;
  - c. the following components have been successfully completed in the preparatory training referred to under a:
    - Basic clinical skills (including professionalism), which the programme considers necessary to be able to work with patients in the Master's programme; with a comparable final level of the Bachelor of Medicine EUR;
    - an individually written essay in which the student, on the basis of a medical dilemma, takes up a position and substantiates it on the basis of self-discovered available scientific evidence applied in a medical-ethical framework, whereby the emphasis lies on the quality of the academic reasoning and writing; comparable to the final level of the Bachelor of Medicine EUR;
    - a collaborative assignment, preferably for a practice organisation with a public health or health care problem that has resulted in a scientific report, including advice appropriate to the organisation, which demonstrates that the student has entered into a professional relationship with his peers, the supervisor and the client; with a comparable final level of the Bachelor of Medicine EUR.
  - d. the student can demonstrate at the start of the programme that he has no vaccination deficiencies in relation to the national vaccination programme applicable to the student;
  - e. at the start of and also during the study programme, the student can show the certificate issued by the Health and Safety Executive to authorised trainers, teachers and staff members, stating that he poses no risk of infection for the spreading of hepatitis B;
  - f. the student has not previously enrolled in a Master's programme in medicine and his enrolment was terminated or there was an intention to terminate his enrolment due to serious fraud, serious disorder or unsuitability for the profession for which the programme is training him.
2. Every student who enrolls and is in possession of a certificate issued outside the Netherlands must provide proof of this before the start of the programme:
  - a. sufficient command of the Dutch language. [7.28 paragraph 2]. This proof can be provided by:
    - the successful completion of the test 'Dutch as a second language, second level' (NT-2, Exam II), or
    - the submission of a vwo part certificate in Dutch, or
    - otherwise demonstrate to the satisfaction of the Examination Board a sufficient command of the Dutch language to be able to follow the study programme properly.
  - b. sufficient command of the English language. [7.28(2)]. This proof can be provided by:
    - a sufficient vwo part certificate in English, or
    - a diploma of secondary education, obtained at an English-language institute of secondary education within or outside the Netherlands, or

- a final certificate of four-year higher vocational education and the subject English was part of the examination to obtain that certificate, or
- a satisfactory result in one of the following tests:
  - Computer-based TOEFL (a score of 213 or higher);
  - Internet-based TOEFL (a score of 80 or higher);
  - IELTS (a score of 6.0 or higher).
- 3. In special cases, the provisions under 1b may be deviated from under further conditions. These conditions may include that the holder of a Bachelor's degree older than five years is given the opportunity to demonstrate the relevance of his knowledge, skills and abilities.
- 4. Students who hold a Bachelor of Medicine degree from an institution outside the EEA may be asked for additional proof to demonstrate that they meet the admission requirements. The same applies to EEA students if a significant difference can be demonstrated between the general requirements for admission to the Master's programme in medicine in their own country and the general requirements that apply under or by virtue of the WHW.

### **Article 2.2 Limited training capacity**

The capacity is maximum 360 students per academic year, based on an intake of maximum 72 students per ten weeks in the internship. If the capacity changes, the dean will announce the maximum training capacity of the programme before the first of the month.

### **Article 2.3 Method of inflow**

1. The programme has five intake moments per academic year, for which a draw takes place twice a year.
2. When applying for the draw, a check is made beforehand whether the student meets the admission criteria from article 2.1. The method of drawing lots is described in the Regulation on the Allocation of Regular Internship Master's Programmes.

### **Article 2.4 Admission Committee**

The dean sets up an admission committee.

### **Article 2.5 Admission procedure**

1. The assessment of whether a candidate can be admitted to the Master's programme is the responsibility of the Admissions Board.
2. In addition to written evidence of the study programme(s) followed, the committee may have experts within or outside the university assess whether the candidate's knowledge, understanding and skills are at least at the level of a Bachelor's degree in Medicine obtained at Erasmus University Rotterdam. The committee shall include in its investigation knowledge of the language of instruction.
3. The admissions committee considers requests for admission to the Master twice per academic year, in February and in June.
4. Applicants must submit their application for admission by 1 February or 1 June.
5. The admissions committee may set further rules as to whether someone can be admitted to the study programme.

To the members of the JR

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Our reference RvB 399915

Date 25 February 2022

**Subject:** Numerus Fixus Erasmus MC

Dear JR,

As became clear during the JR of 17 February, the JR is considering giving a negative advice on the Numerus Fixus of the Medicine programme, which is set at 410, as an intervention to reduce the waiting times for the internship.

By means of this letter we would like to inform you about two topics in this context, namely 1) the waiting times themselves and actions taken to reduce them and 2) the financial consequences of reducing the Numerus Fixus. We consider the following relevant to get a complete picture of the actions we will take to reduce waiting times on the one hand, and to get an idea of the financial consequences of lowering the Numerus Fixus on the other hand. Given these very large negative effects, we strongly believe that lowering the Numerus Fixus is counterproductive for the quality of education at Erasmus MC.

From the students' point of view, one of the most striking problems is the waiting time. Of course, the Covid pandemic has played a role in the increase of waiting times, but we expect this to decrease in the coming period. Looking at the figures of recent years, we note an increase in the average waiting time from 1.13 months in 2020 to 1.32 months in 2021 due to a larger intake of students, see Appendix 1. In our opinion, this is not an excessive waiting time, even compared to the national average. In view of the predicted smaller group of students enrolling in the coming year (oak shared and discussed with the SC) we expect to reduce the waiting time in the coming year.

In order to examine the possibilities of further reducing waiting times, Fop van Kooten and Jelle Meerstra have worked out a number of scenarios, which you will find in Appendices 2, 3 and 4. We will implement scenario 1 in the short term. The reason for this is that this scenario can be implemented immediately without having to make any changes to the current educational programme.

The other scenarios require disproportionate consequences in the short term for the design and organisation of education, which in our view would not benefit the quality of education and would involve high costs. In addition, this requires a major change in the educational content, after which the content may need to be revised again in the run-up to the new EA2030 curriculum.

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The problems previously experienced with the increased intake in the small internship (DKO), which caused problems with an excessive number of coassistants in the department, have now been solved by changing the programme of this internship.

If the JR has any additional points that can be taken up within scenario 1, please let us know. We will monitor the actions in the coming period so that we can measure whether the actions are effective or whether adjustments are required.

With the above, we hope to make it clear that we are going to take action in the short term regarding waiting times.

As for lowering the Numerus Fixus as a means to reduce waiting times, this would have a very large effect in the short term that we would like to share with you. We have asked Douwe Walhain and Leen Blok to find out what the financial and other consequences are of lowering the Numerus Fixus from 410 to 350 students (a decrease of 15%).

The income Erasmus MC receives from the EUR is detailed in Appendix 5. For each category it is indicated whether a 15% reduction would affect these budgets. It has been calculated that a 15% reduction in the number of students would reduce the income by approximately €7.5 million. It should be clear that such a large amount has major consequences for our education.

Providing education involves high fixed costs that will be paid regardless of the number of students. A substantial reduction in the budget will therefore be at the expense of staff supervision of students, which will reduce the quality of the education. Below is worked out how this reduction of income will affect the operational management of education.

The income for medicine goes to two activities:

- I. **Education:** as far as small-scale education is concerned, if there is a reduced intake of students, this education will be given to fewer groups and will therefore cost less.
- II. **Fixed costs:** the costs of the fixed costs of education remain unchanged with reduced intake. We are talking about costs for:
  - Buildings
  - Coordination of education
  - Administrative support Educational support Programme Management
  - Programme Committee Examination Committee

Based on the OFMNERONA, we know that 1/3 of the education given and organised is in small-scale form. Therefore, reducing the number of students by 15% means 1/3 of 21 million x 15% = 1 M€ less costs. As for other activities in education, a 15% reduction in the number of students will hardly lead to a reduction in costs. An estimation is that here approximately 1 million euro cost reduction will be achieved. In other words, the 7.5 million reduction in income is accompanied by a total cost reduction of 2 million.

The financial effect would then be a cut in fixed costs of approximately €5.5 million. This would be at the expense of education and the staff who provide, support and organise this education. We believe that compulsory redundancies in both the departments and the R&D pillar would then be inevitable and that we would also be forced to adjust the number of available cosch positions at Erasmus MC and peripheral hospitals downwards, which would have no or even a negative effect on the waiting times issue.

We hope that the above has clarified two important points for you. In the short term, you can expect actions from us concerning the further reduction of waiting times. Naturally, we will monitor this and inform you accordingly. However, we remain of the opinion that lowering the Numerus Fixus has such major consequences for Erasmus MC that it will not benefit the continuity and quality of our education.

Kind regards



Stefan Sleijfer  
Dean / Vice-President



Maarten Frens  
Prodecaan Education

Annexes:

1. Waiting Time Monitor 2018-2019-2020-2021 - 20220221
2. Waiting time reduction interval 8-9-10 weeks - principles and consequences - 20220221
3. Waiting time reduction interval 8 weeks - 20220215
4. Waiting time reduction interval 9 weeks - 20220215
5. Financial effect of scaling down to 350 students GNK



Prof. Dr. S. Sleijfer  
Ms Dr A. Woltman

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Our reference JR-00000140  
Date 3 March 2022

Dear Prof. Dr. Sleijfer and Mrs. Dr. Woltman,

The JR has received the request for advice on decentralised selection and is responding to it with this letter.

First of all, the JR notes that currently the law only allows for a decentralised selection procedure and that another form of selecting students, such as drawing lots, is not currently possible. However, a change in this law may be in the future. The JR expects that in the near future, drawing lots will again be one of the selection possibilities.

The JR argues that the current selection procedure results in less diversity within the programme, both in terms of cultural and ethnic background, but also in the 'type' of student. The JR therefore argues for a selection method that incorporates diversity more into the procedure. **For this reason, the JR recommends setting up a working group in the coming academic year.**

**which will open up opportunities outside the current selection procedure. explore and will see if there are better and more appropriate ways for the students to select.**

Within the current law, the JR finds the current selection procedure a good way to select the right students. However, the JR has some questions regarding these selection requirements and procedures.

First of all, the JR wonders why a distinction is made between candidates **who have an average of 8.00 for their 5-vwo final grades or SE grades up to and including 13-1-2023** and candidates who do not. **Previously mentioned reason for this students perform better in the Bachelor of Medicine.** However, because these candidates do not have to take the tests, one of the three important pillars of the selection procedure, the **study skills tests**, is ignored.

The application form also treats differently candidates who have an 8.00 for their 5-vwo final or SE grades. **For them, only a sufficient on the application form.** For the other candidates, the Z-score determines whether their application form is good enough to be admitted. This means that a candidate with an 8.00 average can be admitted even though his application form is not that good. This means that a <sup>second</sup> pillar of the selection procedure is also, at least partially, bypassed.

Given that these candidates pass the bachelor's historically well, the expectation is justified that they should also be selected by means of a Z-score after taking the study skills tests and comparing the application forms.

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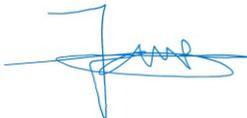
Of course, a situation could arise in which some of these candidates are not selected if they go through the full selection procedure. However, the conclusion could then be drawn that either the student is not a good match for the programme after all, or the current selection procedure does not select the students that the programme would like to admit.

All this together makes the JR wonder what the reason is for a 5-vwo final grade or SE- grades of 8.00 in combination with a sufficient grade on the Application form for motivation is decisive to be selected.

Furthermore, the JR notes that students who have participated in Junior Med School are automatically admitted to the programme. The JR wonders whether accessibility to Junior Med School is not determined too much by demographic differences. The concern is that students from different high schools and from different parts of the country are less likely to know about the existence of Junior Med School and therefore do not have the opportunity to take advantage of this opportunity. Thus, the JR is interested in the backgrounds of students participating in Junior Med School.

Finally, the JR wonders what the weighting of the three different criteria is in relation to each other. The JR is also interested in the figures from which the Z-scores are determined. The JR is curious about the relationship between the different scores and how these students perform later on in the programme. In the future, the JR would like to use these figures to better assess the effectiveness of the selection procedure.

Kind regards,



J. (Jasper) Klasen Msc.  
Chairman Joint Assembly

Prof. S. Sleijfer Prof.  
M.A. Frens

Telephone 010-7039394  
E-mail JR@erasmusmc.nl  
Our reference GV-00000164  
Date 10 March 2022

Dear Prof. S. Sleijfer and Prof. M. Frens,

With this letter the JR gives its reaction to the request for advice concerning the numerus fixus for the study programme in medicine for the academic year 2023-2024. The JR has decided to issue a negative advice.

In this letter, the JR will first explain the reason for this, after which the arguments that have led to this position will be mentioned. The JR strongly hopes that this advice will be followed in order to improve the quality of the medical training.

### Reason

Both at the national and regional level, various bodies have been urging for years that the numerus fixus for the Medicine programme be reduced.

In 2012, the Ministry of Education, Culture and Science (OCW) decided to increase the number of places on medical study programmes from 2,850 to 3,050 students per year<sup>1</sup>. At the time, this caused much discussion because there was fear that this increase could not be absorbed. Various umcas were of the opinion that this would lead to 'enormous loss of quality'<sup>2</sup>. In 2013, 2016, and 2018, the capacity agency advised the Ministry of Education, Culture and Science to reduce the intake again because it appeared that the labour market was becoming too wide, as a result of which basic doctors could no longer find a job<sup>3</sup>. This advice was not followed. At the end of 2019, De Geneeskundestudent, an advocacy group, also sent a letter to the Ministry of Health, Welfare and Sport, signed by the KNMG and LAD, to reduce enrolment<sup>4</sup>. The arguments given were the surplus of basic doctors, the long waiting time for the internship and the reduced quality of the medical training due to both the lack of supervision and instructive coschapple positions. Research by

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<sup>1</sup> <https://zoek.officielebekendmakingen.nl/kst-29282-148.html>

<sup>2</sup> <https://www.medischcontact.nl/nieuws/laatste-nieuws/artikel/opleiding-niet-eindeloos-stretching.htm>

<sup>3</sup> Foundation Capacity Organisation for Medical and Dental Continuing Education: 1. Capacity plan 2013, October 2013; 35-36, 63-73; 2. Capacity plan 2016, October 2016; 27-29, 55-65; 3. Training reservoir of primary care physicians, Calculating 7 scenarios, November 2018; 3-23

<sup>4</sup> [https://www.lad.nl/wp-content/uploads/2019/12/Brief-DG-KNMG-LAD-rapport-capacity\\_agency.pdf](https://www.lad.nl/wp-content/uploads/2019/12/Brief-DG-KNMG-LAD-rapport-capacity_agency.pdf)

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The Ministry of Education, Culture and Science revealed in 2018 that 70% of medical students have a waiting period of 6 months or more during their studies<sup>5</sup>.

In addition to these national developments, the discussion about lowering the numerus fixus has also been going on for some time at Erasmus University. Already in the academic year of 2017-2018, the University Council was hesitant to give a negative advice, and there was correspondence about this with our faculty. In the following years, the university council remained critical of the numerus fixus. Until now, however, the JR has given a positive advice. This is because of the confidence that the commitments made will be kept. At this moment, the JR can unfortunately only conclude that the situation within the Medicine programme has not structurally improved sufficiently in recent years as a result of the capacity issue.

Last year, the University Council expressed its concerns about the increasing waiting time problem. The faculty indicated that it was working hard to find a structural solution. However, the JR felt that they had to push for these solutions themselves. In the opinion of the JR, the structural solutions that are now proposed are (further) at the expense of the quality of education. With that, the JR notes that previously promised increases (increasing the number of students from 72 to 84 per intake) could not be realised, which meant that in the middle of a year internship had to be shortened. This is one of the main reasons why the JR now decides to issue a negative advice with regard to the numerus fixus. Further arguments will follow below.

### **Increasing student dissatisfaction due to lack of capacity**

The JR increasingly receives signals that students feel they are seen as a number rather than as an individual student. In our opinion, this dissatisfaction is also expressed in the results of the most recent National Student Survey (NSE) 2021, the national survey on student satisfaction. In this survey

Study guidance' and 'involvement and contact' during the master's phase are rated lowest by students compared to other medical programmes in the Netherlands. In the bachelor's phase the above-mentioned points receive the second lowest and lowest score respectively. Furthermore, the EUR programme in medicine, both bachelor's and master's, scores lowest compared to other medical programmes.

In our opinion, the excessive intake of students contributes significantly to this. This suspicion is confirmed in the research report on capacity conducted by the advocacy group De Geneeskundestudent<sup>6</sup>. This study shows that on average 49% of students experience negative consequences due to the number of medical students. For the internship, this is even 58%. It is striking that the two faculties with the largest number of students, Groningen and Rotterdam, both with 410 students per year, score the worst. Faculties that receive a lower number of students (Maastricht, Leiden and Utrecht with 315, 315 and 304 students respectively) score much better in this respect.

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<sup>5</sup> Monitor policy measures higher education 2017-2018 <sup>6</sup>Research report capacity, *The Medical Student* <https://degeneeskundestudent.nl/wp-content/uploads/2020/05/capaciteit.pdf>

## **The Bachelor of Medicine and capacity problems**

### Facilities

The study facilities have often been the subject of discussion in recent years. In particular, the lecture halls, with room for only 220 students, are far from adequate. In the opinion of the JR, it is highly undesirable that it is not possible for all students to follow lectures live. The inspiration of the student by the lecturer and the interaction between the two takes place mainly in the physical space. In our opinion, the fact that this is not possible for all students affects the quality of education. Before the COVID-19 pandemic, it was not unusual for students, especially first-year students, to arrive early to 'secure' a place in the lecture hall and for the stairs to be full as well. This problem will also not be solved with the new building of 'Eread layer' because it was decided not to build a new lecture hall, while it is not the case that lectures will disappear completely.

The current facilities are also inadequate for taking exams. Because Erasmus MC does not have its own examination rooms, students have to move to campus Woudestein. Unfortunately, it is no exception that students have to take their exams on Friday evenings or Saturdays, because the tight schedule and the possibilities do not allow for a more suitable moment. Obviously, this is highly undesirable, especially in view of the already high workload, as revealed by the NSE survey.

### Concerns about logistical feasibility of new bachelor curriculum

The JR is increasingly concerned about the feasibility of the new Bachelor of Medicine. The current vision regarding the new bachelor curriculum is that it should be small-scale, with a strong emphasis on project-based education. The faculty also agreed that there will not be enough facilities to give all this project education a physical location. In the normal situation, there is only physical space for 2/3rds of the students who follow project education. In the current set-up, towards the end of the year there is even room for 1/3rd of the groups because of overlap in year 1 and 3 of the new bachelor. The idea here is that students themselves will look for other places to meet. Although the JR hopes for this, the question is whether this will be the reality.

Apart from the facilities aspect of the new bachelor's, there are also concerns about safeguarding content. The JR wonders whether there is sufficient "manpower" to realise and facilitate >100 projects. The JR also wonders whether, because of the small scale, there will be enough lecturers to guide all the students. A reduction of the numerus fixus would increase the feasibility and prevent an increase in work pressure.

## **Master of medicine and capacity problems**

### Waiting times internship

The waiting times for the internship are a topic that has been around for years, both nationally and regionally. Because there was great dissatisfaction about this from students last year, partly due to the COVID-19 pandemic, the student council devoted a Green Paper to the waiting time issue last November, in which it argues for structural solutions.

In its correspondence about the waiting times, the programme has indicated that it does not regard them as problematic. As an argument, it states that the average waiting time in 2020 was 1.13 months and in 2021 only 1.32 months. The JR would like to emphasise again that the waiting time is indeed experienced as a problem. The use of 'averages' is not a good indicator and only has a distorting effect because the data are strongly (right) skewed. The JR is not concerned with the 'average' waiting time of the internship but with the number of students that have to wait longer than >3 months before they can start the internship. These numbers can be considerable.

The waiting period has major financial consequences for medical students. Students are forced to remain enrolled in the programme in order to retain their right to a student loan and thus be able to continue paying their room rent. However, this means they have to pay tuition fees without being able to follow the programme. In addition, postponement of the internship results in postponement of future salary.

#### Hustle and bustle during the internship

In recent years, several attempts have been made to reduce the waiting time by increasing the number of starting places per intake moment. Although effective, and also supported by the JR out of necessity, increasing the number of coschapple places is undesirable and the aim should be to bring the places back to the original numbers as soon as possible.

The JR wishes to emphasise that increasing the number of internship places is seen as an emergency measure because it lowers the quality of the internship. Currently, there are often too many residents in a department, resulting in little individual supervision and therefore a lower learning curve. Earlier, 58% of coassistants experienced negative consequences in 2019 due to the large number of medical students. Now that the intake has been further increased, this percentage will probably be even higher. It is for this reason that the programme has recently shortened the small internships (dermatology, ENT and ophthalmology). However, although necessary, students would rather not give up clinical weeks.

So it is a balancing act between, on the one hand, a waiting period that should not be too long and, on the other hand, quality, which should not be too much of a problem. It is obvious to the JR that these problems on both sides can be solved in the future by lowering the numerus fixus.

#### Buffer capacity

Furthermore, the JR would like to point out that currently there is no room for manoeuvre when unexpected coschapples are lost. This became very clear during the pandemic. It is to be expected that also in the future unexpected events may occur. One can think of mergers or bankruptcies of hospitals (as has happened before at the University of Amsterdam) or the closure of individual departments due to, for instance, transgressive behaviour. It would be in keeping with sound policy management to take such emergencies into account. At the moment, this will have a direct effect on the students who will then be forced to stay at home longer.

### Structural solutions

The JR has urged several times in the past year to find a structural solution for the waiting time problem within the master's programme. Early this year, as an incidental solution, it was decided to temporarily increase the intake of the internship from 72 to 84 per intake moment.

In the letter of 25 February of this year from the Board of Directors, three structural solutions are proposed: 1. permanently increasing the intake to 84; 2. shortening the internship by 10% and 3. Shortening the internship by 20%.

All three solutions are, in the opinion of the JR, accompanied by a further deterioration of the quality of the internship. Therefore, the JR advises against putting these solutions into practice. The student council has also talked about this with several student groups. They indicate that they would rather tolerate a longer waiting period than having to hand in 10 or 20% of their internship. In the end, of course, the students studied medicine to become doctors and are convinced that sufficient practical experience is inextricably linked to this.

The JR therefore advises against these solutions, whereby the JR finds it regrettable that up to now no solutions have been found that do not harm the quality of the internship. One possibility is to increase the number of places by creating more extramural internship places instead of more internship places in the same department.

However, a reduction in the numerus fixus would, of course, be the most effective solution in the longer term.

### **Pressure on the labour market**

When a student graduates and becomes a primary doctor, he or she enters the so-called 'training reservoir'. This reservoir has grown considerably in recent years, causing increasing competition among medical students and basic doctors to secure a place in a follow-up programme. Nowadays, it is therefore not unusual for students to have to complete several years of residency or feel compelled to take a PhD to increase their chances, while you would expect that medical school would provide sufficient experience to be able to immediately move on to a subsequent course. All this causes a lot of stress for students, who now feel they have to distinguish themselves from all other medical students from the very first year of study.

Because this pressure on the labour market has been going on for years, it is now painfully clear that even doctors who have just finished their advanced training, the so-called 'young graduates', are finding it difficult to get a job. These young clerks then move abroad against their will to avoid losing their qualifications, or decide to quit and go into consultancy, for example.<sup>7</sup> Not only does this lead to a great deal of individual suffering, as these doctors have been working for >12 years to become specialists, but it is also a considerable waste of capital for society.

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<sup>7</sup> The Green Amsterdammer: "Why young doctors quit their training".

<https://www.groene.nl/artikel/24-uur-per-dag-dokter-nee-bedankt>

Although the JR is aware of the fact that the medical school is not about the capacity of the subsequent courses, it must be prevented that everyone remains on their own "island" because the individual student has to travel this entire route in the end. The intake of doctors and the job market are inextricably linked. As a counterargument, it is often mentioned that there are shortages in specific fields of medicine, such as insurance medicine and geriatrics. These shortages have existed for years and are not solved by permanently increasing the intake. Empirical findings show that students rather choose to go into consultancy or to work at the ministry. This while the increased intake does have many adverse effects that have already been listed above.

#### **Increasing work pressure among teachers**

Naturally, a higher number of students also means a higher workload for the lecturers. In medicine exams, for example, this means that a lecturer has to check 410 questions if he or she asks an open question. Open questions are therefore a rarity in examinations.

#### **Financial aspects**

As the most important argument against lowering the numerus fixus, the study programme brings up the financial argument. Although this is certainly a realistic argument, it feels all the more bitter that the only reason not to reduce the enrolment is ultimately to reduce it to money. This while the high enrolment does have other, non-financial, detrimental consequences. The training threatens that in case of a reduction, compulsory redundancies will have to be made. Below, the JR will explain how they view this financial argument. The study programme has calculated that a reduction of 60 students (15%) would entail a loss of income of €7.5 million. Although the JR cannot verify whether this amount is correct, it assumes it is. It is noteworthy that incidental funds, such as the HoKa funds, are also included in this calculation, while these funds do not fall under normal business operations.

The programme indicates that of this EUR 7.5 million, EUR 2 million can be saved through a reduction in variable costs. This means that 5.5 million are fixed costs. In other words, almost 75% of the costs of training are overhead costs. If this is really the case, the JR is somewhat surprised about this. In a normal operational management, these overhead costs should not be absorbed by uncertainties to such an extent. After all, the Minister can always decide to reduce the intake. Furthermore, this also means that the individual student will notice little of the money involved directly, because it will mostly flow through to things like the ICT, buildings and administration.

The JR wants to mention that the faculty is in charge of the division of the state contribution in education and research. At the moment the ratio of education-research is about 30:70. Other medical faculties have made other choices in this respect. In Maastricht, for example, the ratio is 50:50. This discrepancy has been emphasised for years in the approval of the budgets by the JR. Again, the letter from the Executive Board indicates that the reduction of the intake will only be at the expense of education, while the

Of course, the government contribution also applies to research. It seems reasonable to the JR to investigate whether the reduction of the state contribution can be divided over both domains. In the letter from the Board of Governors, there is the threat of dismissal of the teaching staff. We as a JR would like to point out that the medical school has >1200 lecturers, who are in permanent or temporary employment with a research or clinical department.

Often these teachers teach only a few hours a year. The JR shares this concern but does not think that teachers should be dismissed as a result. It is true that there are a number of lecturers who are appointed for a larger part within the programme. However, these 'core lecturers' form such a crucial part of the programme that the JR assumes that these positions will not be reduced either.

The JR does not want to deny that a cutback of 5.5 million entails consequences, but is convinced that the advantages of a reduced intake outweigh these disadvantages. The study programme indicates that this cutback will further reduce quality, but the JR wonders how other faculties with significantly fewer students are managing. Utrecht, for example, only has an intake of 304 students (25% less) but it also has a research department and the faculty has been very popular among students for years. <sup>8</sup>

### Finally

Finally, the JR would like to indicate that it is aware of the sensitivity of the discussion about the numerus fixus. She also realises that this negative advice will cause extra workload for the faculty, but hopes that the faculty understands why the JR has decided to do this and takes this advice to heart. Of course, the JR is always open to further dialogue about this.

Kind regards,

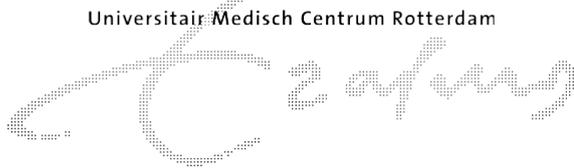


J. (Jasper) Klasen Msc.  
Chairman Joint Assembly

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<sup>8</sup><https://www.medischcontact.nl/nieuws/laatste->

[news/news-article/medical-medicine-education-again-popular-likelihood-of-admission-smaller-.htm](https://www.medischcontact.nl/nieuws/laatste-news/news-article/medical-medicine-education-again-popular-likelihood-of-admission-smaller-.htm)



**To** University Council  
**From** Dr. Fop van Kooten and Saskia Van den Kieboom  
**Subject** Questions about waiting times for master's programmes

Direct dial number 010-7037802

E-mail [s.vandenkieboom@erasmusmc.nl](mailto:s.vandenkieboom@erasmusmc.nl)

Our reference MaT/FvK/SvdK/2021/04

Date 10 June 2021

Dear members of the University Council,

Herewith an answer to your questions concerning the waiting times and the numerus fixus for medicine:

**1. How have the average waiting times for students to start their internships developed over the past 5 years and how will the expected waiting times develop over the next 3 years;**

In attachment 1 (Waiting time monitor - ultimate waiting time internship per calendar year 2013-2020 - SvdK - 20210610.xls) you can see the average waiting time in months since 2013. The average waiting times have not increased significantly in recent years.

In addition, in Appendix 2 (Average waiting time per draw 2018-2019-2020 - 20210610.xlsx) we have made the development of the waiting time immediately after the draw visible. We normally draw lots twice a year: in April, a preliminary draw, in which part of the next academic year is drawn, and a main draw in August, in which the remaining places in the next academic year are drawn and also a maximum of half of the available places of the following academic year are drawn.

Normally, a limited group of students are allowed to participate in the draw in April. This year, due to the soft cut, more students were allowed to participate. The average waiting time in April is usually higher than in August, because part of the available places in the first two intake moments have already been drawn by the previous cohort. After August, we will know what the waiting time will be for this entire cohort.

**2. How has COVID affected waiting times for students? What are the waiting times now?**

For the internship there are within the Master of Medicine in Erasmus MC five intake moments per year, every 10 weeks. Because of Covid the regular master program was halted for one intake, so 10 weeks. As of Monday, May 25, the Master's programme has continued in its entirety from the point where it stopped on March 13, 2020.

As a result, all students who had already been placed for an intake moment have been postponed for 10 weeks. The pre-scheduled intake moment 4 for 72 students has been cancelled entirely due to Covid. A large number of the students who had already been enrolled were moved forward by 10 weeks to the next intake moment.

The 72 starting moments that were dropped in the 2019-2020 academic year have been divided into six inflows: all starting moments in the 2020-2021 academic year and starting moment 1 in the 2021-academic year.

2022. Per intake, 12 extra starting places (84 instead of 72) have been made available. This has reduced the waiting time for some of the students.

Despite this increased intake, the waiting time for 17 students from cohort 2020 at the draw has risen to 50-70 weeks. To reduce this waiting time, more places in intake 1 for 2021- 2022 have been made available for this cohort and the capacity for intake 2 from 2021-2022 has also been increased. This has brought the maximum waiting time for this cohort to 40 weeks.

At the drawing in April 2021 for academic year 2021-2022, the applications were higher than the number of places. Therefore, we immediately increased the other intake moments in 2021-2022 and created 36 additional places.

The current average waiting time is: 11.28 weeks. In addition, there is a group of 95 students who did not receive a place in the draw in April. The waiting time of this group has not been included yet, as the waiting time can only be calculated when they actually receive a starting date. They will have a waiting time between 10 and 90 weeks. We will only know the exact waiting time after the draw in August. These students will be drawn in August for a starting date in 2022-2023.

**3. If there is a COVID effect, what steps is the faculty taking to reduce waiting times?**

As described in question 2, we have already created 20% more places by increasing from 72 to 84 over two years. In addition to the 72 dropped places, this is about 48 extra places. This is currently the maximum we can increase in our region.

We are looking into other possibilities to reduce the waiting time, but that has a much greater impact on the entire training and needs to be thoroughly investigated before anything can be done. As soon as the throughput is known at the end of August, we will analyse the numbers and make a further prognosis, so that we know what to expect.

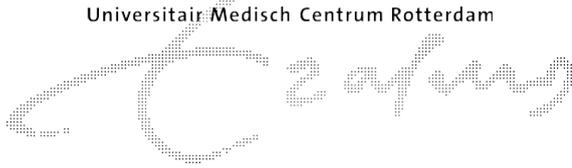
We hope that we have been able to answer your questions.

Kind regards,

Dr. F. van Kooten,

Saskia Van den Kieboom

Programme coordinator Master of Medicine Director of internships and affiliations Master of Medicine



**To** The Joint Assembly of Erasmus MC  
**From** Leen Blok  
**Cc.** Prof. Dr. M.A. Frens  
Prof. W.W. van den Broek  
**Subject** Discussion on NF Medicine

Forwarding number

Fax number

Internal mail  
address

E-mail

Our reference

Date Aug 2020

The reason for this memo is that in recent years the University Council (URAAD) has on two occasions asked critical questions about the numerus fixus medicine. In both cases, the URAAD ultimately issued a positive advice to the CvB. It has expressly indicated that in the future it would also like to receive the advice of the University Board.

The procedure surrounding the application for the numerus fixus medicine is as follows. Between December and February the Dean informs the JR of his intention to admit 410 new first-year students to the medical study programme at Erasmus MC. The JR has the right to advise on this information. Subsequently, before March 1 of the same year, the Dean asks the CvB to fix the numerus fixus for medical studies at Erasmus MC at an intake of 410 students. The CvB then informs the URAAD that it intends to admit 410 first-year medical students to the programme. The URAAD has the right to advise on this information.

The national intake for the medical courses has been set at 2785 (+ about 200 lateral entrants) by the Minister. The capacity agency recently advised against lowering this number and the Minister, in line with this, has indicated to maintain this intake. Together with the UMCG, Erasmus MC is the largest training centre for medical students in the Netherlands. In addition, Erasmus MC is the largest UMC in the Netherlands, and therefore we train many medical students, and we are proud of that. Erasmus MC is the leading UMC in the Netherlands. Less training ultimately leads to loss of influence and Erasmus MC has a social responsibility in this as well.

**Effect of scaling down the intake from 410 to 350 first-year medical students:** Revenues for the medical school are currently around 40 million euros per year. A reduction of 60 students per year means a 6 million euro reduction in income in the long run. Because part of the annual expenditure goes on fixed costs, the effect of the reduced intake will have to be at the expense of education. Because the total influx of first-year medical students is divided among the UMCs, a reduction in the number of students at Erasmus MC will lead to an increase in the number of students at other UMCS.

The URAAD has put forward the following topics for discussion, and I will briefly outline the medical school's position on them:

**The labour market for basic doctors** The unemployment rate among doctors is very low compared to other training programmes in the Netherlands. By focusing on career development, we try to ensure that students are best prepared for the labour market, which will also further increase their chances on the labour market.

**Facilities:** A whole new part two will be added to the existing education centre in the coming years. Furthermore, the climate control in the OWC has been improved, Wi-Fi has been enhanced, many more quiet areas and workplaces have been added, and power points will be realised this year. Finally, the student council unfolded a plan to divide the OWC into three parts (Study, Learn and Relax), and this plan has also been implemented (e.g. a terrace, extra seating areas have been realised and the number of study places has been increased by 80).

**Resident density and waiting times for the internship: We have gone through** a three-year period in which Erasmus MC did "double duty" due to the introduction of the new EA2020 master curriculum. So temporarily the resident density has been higher in a number of departments and this period of increased intake will phase out in the coming year. This double rotation has ensured that we have been able to keep the waiting times for the internship within acceptable limits. The double shift has also ensured that we can effectively make up for the backlog of coschap positions that has now arisen due to the corona crisis, so that the waiting times for coschairs remain acceptable.

**Accommodation for residents:** Accommodation is arranged where necessary. Sometimes it was not easy and we had to buy extra rooms, like in Zeeland. This also played a role in Tilburg and the arrangement of extra rooms went well for a long time. Last year, however, there was a temporary problem. The Master Coordinator took this up with Tilburg and a solution was found. Long-term residence in Tilburg is still possible, on the understanding that students who choose to do so arrange for their own accommodation, for short-term residence in Tilburg, sufficient accommodation has been arranged by us.

**The number of self-study places for the students:**

-	Self-study places without PC	280
-	Self-study places with PC	110
-	Quiet self-study places with PC	34
-	Silent self-study places without PC	48

A total of 472 study places on a population of 3850 students (part of these students are present 50% or 33% (NB and KT)) is 1 place per 8 students. At the indication of the SC Erasmus MC is busy dividing the education centre roughly into three parts: Studying, Learning and Relaxing. In the relaxation section 60 extra seats have been created and the terrace has been realized, and in the study section noise nuisance is maintained and another 80 extra workplaces have been created, which means that the ratio is 1 workstation to 7 students.

In view of the above, the medical school is of the opinion that there is no need to reduce the annual intake of medical students.