

Statement on the Zulassungssteuerung/Clause du besoin

The original version of the document is in English.

1. Introduction

The Swiss medical students' association (swimsa) represents more than 9'000 students at a national level. As the next generation of physicians in Switzerland, we follow the major reforms of our healthcare system closely and remain vigilant. In the case of the "Zulassungssteuerung/Clause du besoin" reform, swimsa believes that its position must be communicated to the stakeholders, as the consequences of this reform will be substantial for our careers as soon as we graduate from university. This statement presents the position and perspective of the Swiss medical students on several aspects of the new rule.

2. Background information

On the 1st of July 2021, a change in the federal health insurance law (LAMal/KVG) entered into force. The article 55a introduces a new limit on the number of physicians who provide outpatient services chargeable to the compulsory health insurance (AOS/OKP), in one or more specialties or in certain regions.^{1,2} This change will block new admissions above a certain threshold determined by the cantons to be the maximum number of physicians they need in a certain specialty. The Cantons are now responsible to adapt their regulations and comply with federal law until June 30th, 2023.³ Those measures will have wide reaching implications, all the way to medical students. As the Cantons still have some margin in the implementation of this law,⁴ swimsa asks for the following points, relevant to us as future doctors, to be taken into account in that process.

3. Opinion of the medical students

a) Risk for the integration of graduates in the hospitals

As newly trained specialists discover they are not allowed to open their own private practice, their options will be limited. As per article 55a of the LAMal/KVG or in the cantonal regulations such as the one from Geneva, these specialists can avoid the limitation by continuing to provide outpatient services at the same

hospital.^{5,6} swimsa is concerned that too many will keep their hospital jobs instead of opening them up when leaving to open their own practices.⁷ The overall number of open positions in the hospitals for medical graduates looking for their first jobs would therefore be reduced. In addition, the first cohorts of graduates from St Gallen, Lucerne and USI will increase the overall number of graduates entering the workforce. Hospitals might not be able to offer them all an appropriate job to begin their specialty training. Such a situation would especially affect the ones currently in their studies who will graduate in the coming years, when the new regulations will have fully come into force.

b) Predictability of future admissions for medical students

For most medical students, choosing and committing to a specialty happens sometime during the six years of their studies. Once their decision is taken, they start early with internships, bachelor's and master's thesis, or their clinical year to build up their profile according to their chosen specialty. Many factors come into play in their decision, such as workload, compensation, or work settings. swimsa thinks future numbers of admissions in each specialty should be at the disposal of the medical students when they take this crucial decision. Students will therefore need to know many years in advance which specialties have availabilities and in which cantons. This predictability is essential for the decisions we take during our studies to make sense. We, therefore, ask for maximum transparency and predictability in the way the cantons set the thresholds, with a clear view of the number of admissions as many years as possible in advance, and the trends they expect. We think the medical faculties should also carry some of the responsibility in continuously informing their students about the number of admissions and relevant developments.

c) Attractivity of the medical profession

In our current system, Swiss medical students start their studies thinking they will be allowed to choose their specialty, their work setting (practice or hospital), and the canton they want to work in, in a way that aligns as best as possible with their professional strengths and personal interests. This ensures competent upcoming physicians with a high motivation to work in their medical profession in the long term. It is hard to quantify the extent in which it participates in the attractivity of the medical studies and profession in Switzerland, but its impact should not be neglected. New physicians begin their specialty training by finding a corresponding job as a resident. As we explained in the first paragraph, the "Zulassungssteuerung/Clause du besoin" might reduce the number of available places in those jobs, thus increasing the competition to get them. This prospect

could deter some from beginning medical studies to become physicians. A stable flow of new and competent physicians is vital to our healthcare system, and it is made possible by attractive medical work settings. Universities and Cantons should carefully consider and monitor the impact of the “Zulassungssteuerung/Clause du besoin” on the attractiveness of a medical career.

5. Conclusion

swimsa asks all the actors influencing the implementation of the law in the cantons to consider its impact on the medical students and make use of the margin they have.⁴ The points of particular attention should be:

- The number of available jobs in the hospitals for medical students just finishing their studies
- The predictability and transparency on the future number of admissions
- The attractiveness of the medical profession in Switzerland

6. Bibliography

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