

New “Profiles” for tomorrow’s health professionals: Welcome! We need you.

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Many countries have to address important challenges on the road to a sustainable health system. Indeed, adaptations including new training concepts and new profiles for health professionals are needed to respond better to the important changes seen in societal and individual expectations for medical care. In Europe and in Switzerland in particular, some of the major problems are related to a serious and progressive limitation of resources; the costs are escalating continuously, and well-trained professionals are lacking more and more. The gap is widening between the insufficient number of physicians trained, on the one side, and the increasing demands of medical services on the other, in part owing to rising numbers of patients living with chronic diseases and to an older age. In addition, a maldistribution of forces exists: a severe shortage of community doctors and general physicians is felt outside the big cities, as compared with a high density of medical specialists overall in metropolitan areas. Therefore, there is not only a clear necessity to train more physicians, but also for better ways to train them, to improve the matching of knowledge and skills acquired with the expectations of the patients and the population.

The year 2016 looks like a good moment to elaborate a new and modern framework for the undergraduate training programme in medicine in Switzerland. A significant increase of training places in medicine is proposed in our country for this and the next years, both by existing as well as in new study programmes. The national government is currently considering an additional funding of 100 million CHF for a 20–30% increase in the number of medical trainees. Not unexpectedly, such an attractive pot of honey generates many interests and diverse ideas for good ways to meet the requested goals, combined with fiercely hostile attitudes towards other or new competitors on the turf. Within the framework of the new funding phase, we will witness interesting and heated discussions concerning means and methods to train more and better physicians in our country. A number of voices suggest that this opportunity should not be missed for a broadened analysis of the problem of the increasing doctor shortage. It is proposed to look not only at the quantitative part, i.e., the number of physician trainees, but also at qualitative aspects to improve medical care for all in the country. Indeed, it may be appropriate to

develop innovative ideas to alleviate primarily the most relevant deficits in the system. Do we really want to produce more of the same, i.e., predominantly medical specialists, or is it a good time to propose some significant changes in the curriculum to train more primary care and other most needed physicians? As a recent report from the ministers of education of the Länder of Germany points out: “A higher number of places for medical students alone will not solve any problem or deficit in medical supply. The additional trainees will continue to go into medical specialties and regions where an abundant offer exists already” [1]. Accordingly, creating new opportunities for teaching and training in cantons with the most significant shortages can contribute to a better coverage in medical care [2].

By introducing the framework for an entirely new concept of the Swiss Catalogue of Learning Objectives for Undergraduate Medical Training (SCLO), the group of P.-A. Michaud provides an interesting opportunity for significant changes in the curriculum to respond to some of the current challenges in medical practice [3]. During the last few years, a number of organisations and think-tanks have proposed different prerequisites for a sustainable healthcare system, including the necessity to train a higher number of physicians, the requirement for more inter-professional cooperation and the creation of new profiles of health professionals [1, 4–6]. The resulting conclusions and recommendations are quite similar, and many of them are included in a strategic programme of the Swiss government called “Health2020” [7]. The potential of the *Profiles* document presented in Swiss Medical Weekly now [3] and its further developments are promising, going beyond the ideas published before in the area. This text is in line with the continuous interests of this group and others in the development of a modern undergraduate medical curriculum in Switzerland [8, 9], and is based on up-to-date and widely recognised concepts of modern medical education [10]. The present considerations take a few important steps further and propose a completely renewed basis for the SCLO, i.e., the framework for teaching and learning. The approach outlined distances itself from classical speciality or organ-based definitions of diagnostic and therapeutic entities, going towards new proposals for competencies including knowledge, reasoning, skills and attitudes.

This new concept, called Entrustable Professional Activities (EPA) [11], can bring important changes and improvements to medical education. It aims to take some educational responsibilities out of the hands of the representatives of narrow specialities in medical practice, and gives these to those supporting a more global view of the essential goals in undergraduate teaching, and the preparation required for the entry into postgraduate training and practice. One of the most important principles for the preparation of the trainee for real clinical activities seems to me the following: “Physicians need to learn to work within teams, and respect the roles of each member of any group of professionals working together in specific situations, be it in the operating theatre, an ambulance or within a primary care setting” [12]. This is easier to write than to do: we wonder how this concept will be anchored adequately into undergraduate teaching for all health professionals. There is, however, no doubt that more inter-professional collaboration could bring significant progress to some of the problems mentioned in the beginning of this text. The introduction of a spirit of working together, with mutual recognition of competences and values between different professional profiles in very early phases of training will be more efficient than in later phases. This should lead to an enhanced delegation of responsibilities and tasks by doctors to other health professionals, easing existing shortages in medical care in many areas [13].

The *Profiles*-initiative has a great potential to stimulate real improvements in medical education, because it will, first, provide interesting, modern guidelines for the objectives, contents and methods of the undergraduate training, which have to be followed by all training institutions in the country, but, second, leave a certain flexibility for the application of these principles, allowing space to individual institutions for further developments and reforms. At a moment when important extensions of existing medical schools and creation of new programmes of undergraduate medical training are proposed in Switzerland, including initiatives in the under-served regions of the southern and eastern parts of the country, the opportunity should not be missed to create innovative curricula to promote better models of healthcare for tomorrow.

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References

- 1 Fachkräftesicherung im Gesundheitswesen. Kultusminister- und Gesundheitsminister-Konferenz, Deutschland, June 2015. www.kmk.org
- 2 Grobler L, et al. Interventions for increasing the proportion of health professionals practising in rural and otherunderserved areas (Review), in: The Cochrane Library, Issue 2, 2009. CD005314. doi: 10.1002/14651858.CD005314.pub2.
- 3 Michaud PA, Jucker-Kupper P. The “Profiles” document: a new concept to present the educational outcomes of undergraduate medical studies in Switzerland. *Swiss Med Wkly.* 2016;146:w14270.
- 4 Ärztedemographie und Reform der ärztlichen Ausbildung, SWTR 2007 www.swtr.ch
- 5 Sustainable medicine. Position paper, Swiss Academy of Medical Sciences 2012. www.samw.ch
- 6 Die zukünftigen Berufsbilder von ÄrztInnen und Pflegenden in der ambulanten und klinischen Praxis. SAMW 2011 www.samw.ch
- 7 Federal Office of Public Health. Health 2020: global strategy. Bern; 2013. www.bag.admin.ch
- 8 Michaud PA. Reforms of the pre-graduate curriculum for medical students: 9 The Bologna process and beyond. *Swiss Med Wkly.* 2012;142:w13738.
- 9 Guttormsen S, Beyeler C, Bonvin R, Feller S, Schirlo C, Schnabel K, et al. The new licencing examination for human medicine: from concept to implementation. *Swiss Med Wkly.* 2013;143:w13897.
- 10 Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet.* 2010;376(9756):1923–58.
- 11 Chen HC, van den Broek WE, ten Cate O. The case for use of entrustable professional activities in undergraduate medical education. *Acad Med.* 2015; 90: 431–6.
- 12 Smith SM, Soubhi H, Fortin M, Hudon C, O'Dowd T. Managing patients with multimorbidity: systematic review of interventions in primary care and community settings. *BMJ.* 2012;345:e5205.
- 13 Hawkes N. New models of healthcare will replace nearly three quarters of NHS by 2024, report says. *BMJ.* 2014;348:g4088.