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Sufficient physicians, but a misguided repartition leads to a shortage of primary care doctors and an excess of various specialists

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According to the federal government, Switzerland should train between 1200 and 1300 new doctors each year to compensate for retirements and a large increase in part-time practice [1]. For French-speaking Switzerland, this would represent about 300 to 325 new doctors. However, by 2023, more than 400 new physicians are expected every year. The problem is that less than 20% of this oversized cohort are likely to become primary care practitioners. The result will be that the French-speaking region is planned to produce a plethora of various specialists and far too few primary care doctors. A similar imbalance will occur in German- and Italian-speaking Switzerland following the federal incentive to increase the number of physicians.

A shortage of primary care doctors is already obvious and, as outlined above [2, 3], can only get worse unless a profound change occurs in the present health politics of "laisser faire". Health politics involve at least four main stakeholders: the insurers, the Federal Office of Health (BAG), the doctors (represented by the FMH and the medical societies) and the patients. Each stakeholder has a different, if not opposing, vision of what should be done.

What is obvious, however, is that if no action is taken in the near future, the average population, in the absence of a primary care doctor, will drift from one specialist to another until his or her problem is solved, or is believed to be so, leading to many consultations and procedures, at considerable cost. In the obituary of Dr Barbara Starfield [4], a universally respected advocate of primary health care, one reads: "There is lots of evidence that a good relationship with a freely chosen primary care doctor, preferably over several years, is associated with better care, more appropriate care, better health, and much lower costs"; it is also stressed that, in industrialised countries, roughly half the doctors should work in the primary sector. In confirmation of this, a recent publication by Basu et al. [5] has shown that an increase of primary care physicians among the general population was associated with an increase in life expectancy.

Why is this not so in our country? We see at least three main factors and point to some putative remedies.

A first factor is that the university hospitals – by the way they are organised, serve the city and are funded – cannot follow the desirable policy that would allow them to train residents in each medical specialty only according to the needs of the general population (i.e., more primary care physicians). A reorganisation of the university hospitals should be considered such that specialty departments rely for their functioning more on permanent medical staff and less on temporary positions, such as residents in training, that eventually end up in releasing more specialists in private practice.

The second factor is the erroneous belief that the medical profession is a liberal one, i.e. with complete freedom in the choice of medical specialty and private practice installation. Given the large amount of public money supporting medical care and the fact that insurers are obliged to contract with any registered doctor, supposedly "liberal" medicine is in fact not so. It is largely subsidised and, as such, private practice should somehow be regulated much more strictly to make sure that the necessary proportion of primary care doctors is covered.

The third factor for the deficit in general practitioners is that there are not enough incentives for young physicians to embrace a career that is not only very demanding in terms of availability, but also relatively poorly rewarded in terms of recognition and annual income when compared with many medical specialties, in particular those involving technical acts. In spite of the formal move made by Swiss medical faculties in favour of primary care medicine, it is doubtful that the enthusiasm of freshly graduated physicians, female or male, will follow. Here too, some form of regulation should be introduced before postgraduate training.

Everything summarised above is known by the federal authorities that oversee medical training and activity in Switzerland. However, at present, reforms and stricter regulation are very difficult to implement. This because of the complexity of the Swiss health care system regulated at both the federal and cantonal levels, the various resistances of the different stakeholders, as well as the differing (if not opposite) views as to how medical care has to be conducted.

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Note added in proof

According to a very recent article in the *Bulletin des médecins suisses* of March 25th, 2020 [6], the number of students in master training in 2019 (3 years of training) is 3322. By year, this represents approximately 1100 new physicians available for all Switzerland. Since French-speaking Switzerland trains about 400 doctors a year, German and Italian-speaking Switzerland can count on about 700 new recruits annually.

As mentioned above in our present article, Switzerland needs each year 1200 to 1300 new physicians: 300 to 325 for French-speaking Switzerland, 900 to 975 for German and Italian-speaking Switzerland.

These numbers show that while the needs are largely met in French-speaking Switzerland, there is still a lack of about 200 new professionals in German and Italian-speaking Switzerland. Fortunately, this deficit will be limited in time, as the Faculties of medicine in German-speaking Switzerland have massively increased their training capacity in the past 2 years, an increase that will translate into the adequate number of new physicians in about 4 years. Remember that the total duration of the formation is 6 years, a fact not emphasized in the article of the *Bulletin* which assumes from the number of new physicians in 2019 that the Swiss Faculties of medicine are presently not training enough physicians for the coming years.

So, we do not share the rather alarmist view of the mentioned article of the *Bulletin*, which hides the real problem, i.e. that our medical formation releases too many specialists at the expenses of general practitioners.

Disclosure statement

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