

Im Nachgang zur Veröffentlichung eines durch das Staatssekretariat für Bildung, Forschung und Innovation (SBFI) beauftragten Berichts im Spätsommer 2015 wurde das Medizinstudium wieder auf die Traktandenliste der eidgenössischen Behörden gesetzt. Dieser Bericht enthält eine Reihe von Beurteilungen und Vorschlägen, die möglicherweise mit einem grösseren finanziellen Engagement der Eidgenossenschaft verbunden sein könnten.

Das Universitätsstudium im Allgemeinen und das Medizinstudium im Besonderen ist Sache der Universitäten selbst, d.h. also der Kantone. Zum jetzigen Zeitpunkt verfügen fünf Universitäten über einen vollständigen, durch das OAQ akkreditierten Bachelor-Master-Lehrgang der Medizin. Im Rahmen der Implikation der Universitäts-spitäler in der Ärzteausbildung, namentlich auf Master-Stufe, hat der Verband Universitäre Medizin Schweiz (früher bekannt unter der Bezeichnung G15) von den Dekanen der fünf medizinischen Fakultäten der Schweiz eine Stellungnahme verlangt.

Diese Stellungnahme wurde anlässlich der Sitzung des Collège des Doyens vom 19. November 2015 vorbereitet und in ihrer definitiven Fassung am 29. Januar 2016 verabschiedet.

Prof. Henri Bounameaux, Präsident des Collège des Doyens der Medizinischen Fakultäten der Schweiz

Collège des Doyens des Facultés de Médecine suisses

Statement regarding medical education in Switzerland

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1. The organization of medical studies has been a topic of discussion for several years in Switzerland.
2. This discussion has come into focus again after a report of the Federal Council in 2011 in reaction to the so-called Motion Fehr. This report states that a yearly production of 1200–1300 medical doctors would be necessary to maintain the present medical coverage in our country, which is one of the best in the world, both in quality and in quantity¹.
3. The five faculties of medicine in Switzerland have dramatically increased the numbers of Master students and at the horizon 2019, it is anticipated that about 1100 new doctors will have their diploma each year (in 2009: 720).
4. The above-mentioned shortage is highly variable across medical specialties, geographic regions, and hospital or private practice conditions: – without any doubt, there will be not enough general practitioners (or family medicine doctors), a situation that will not be changed by just increasing the number of Master students; situations across other specialties may vary considerably, but for sure, some specialties are in a plethora situation; – as a matter of fact, the French-speaking part of Switzerland produces more doctors than the German-speaking part (32% of the doctors for 25% of the population), which also explains why the main immigration of doctors in Switzerland originates from Germany (report of the Federal Council in 2011). Likewise, the distribution between rural and urban regions is likely to remain uneven if specific measures are not taken at the political level; – the often-mentioned shortage of doctors in hospitals could be easily compensated by a one-year prolongation of the duration of the time spent by doctors in hospitals during their post-graduate education.
5. The medical studies in Switzerland are organized as a continuum from the first to the sixth year, and the reforms that were introduced 10–20 years ago aimed at introducing the concepts of clinical medicine, including clinical humanities and clinical skills as early as possible in the curriculum, i.e. in the Bachelor program. Moreover, the whole program (Bachelor-Master) requires official accreditation.
6. The many recent initiatives to increase the number of Master programs (Fribourg, USI, St. Gall) are

¹ Density of physicians (total number per 1000 population): Austria 4.8; Russia 4.3; Switzerland 4.1; Italy 4.1; Sweden 3.9; Australia 3.8; Spain 3.8; Germany 3.7; Denmark 3.5; France 3.3; Netherlands 3.0; Belgium 2.9; UK 2.8; USA 2.4; Canada 2.1.

welcome if they really result in an increase of medical doctors; a coordination with the five faculties of medicine will be absolutely necessary to ascertain this because the transfer of Bachelor students from these five universities to other Master programs is not obvious.

7. The decision of the ETHZ to establish a Bachelor program in medicine will result in more medical doctors in the German-speaking part of Switzerland (which is desirable) only if agreements are reached with the institutions that provide Master programs and if the financial aspects are clarified.
8. The EPFL and the French-speaking faculties of medicine have reached an agreement to integrate a certain number (approximately 30–40 per year) of students with an EPFL Bachelor in their Master programs (20–30 in Lausanne and no more than 10 in Geneva), after a one-year bridge to put them at the necessary level to integrate the first-year Master program (a total of 7 years of medical studies). In Geneva, the aim is to produce a new category of doctors, namely «ingenieur-doctors» who

might become more and more necessary in the next decades (these students will continue optional technological studies at EPFL during their Master in medicine). In parallel, a project between EPFL and the University of Geneva will develop simulation programs, especially for the education of family medicine specialists.

9. The *Collège des Doyens* welcomes all initiatives that tend to increase the variety of MDs that are educated in Switzerland, as far as the educational objectives are fulfilled.
10. The *Collège des Doyens* has no strong feelings in favor of the so-called Anglo-Saxon «medical school» model that is at considerable variance with the Swiss model of medical education. The medical school model was put forward in the recently publicized *Loprieno report*, without convincing evidence of its advantages.

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