

Swiss National Report 2016

Three subjects although old matters became acutely actual:

1. Medical training and medical practice license.
2. Fee for service negotiations
3. Contracting freedom

1. Medical training and medical practice license

The five Swiss faculties are “producing” actually 800 medical students/year, i.e. half the needs of the hospitals. The failing people are hired mostly in the EU. On the other side the number of medical practitioners is extremely inhomogeneous with roughly speaking to many specialists in the cities and not enough GPs anywhere. The “numerus clausus” proclaimed to block the number of new surgeries is one of the reasons for this situation. Postgraduate training is prolonged in the hospitals because of the inability to open a new surgery and the number of specialists increases...It is therefore suggested to increase the number of students in each faculty and to modify the conditions for obtaining a medical practise license. The debates takes place at the moment in Parliament with a decision taken by the National Council (the “People” Chamber) to allow the Cantons to provide licenses according to the needs. This means a stop in the cities except eventually for GPs and to favour remote and mountains areas.

2. Fee for service negotiations

The actual system in vigour now for ten years is extremely complicated and does not reward adequately the GPs and paediatricians. This very detailed presentation of almost 4000 fee positions is the result of the demand by insures to exclude by principle any package or forfeit to assure transparency. The result is just an unmanageable jungle.

The main point in these negotiations, primarily between social insurers and the Swiss Medical Association is the so-called neutrality of costs demanded by the payers and at the same time considered as “politically correct”. This is very difficult to achieve as any increase for the GPs means a decrease for the specialists, which they are not ready to accept. Further no adaptation to the increase of life cost has been made during the past ten years with the same argument. If the partners cannot manage an agreement, the Government threatens to edict himself the fees and their scale.

On the top of this a third argument id playing a major role: the so-called freedom of contracting for the insurers to which the Swiss Medical Association and the people have been steadily opposed.

3. Contracting freedom

Contracting freedom means that the insurers could choose freely the practitioners with whom they are working, and thereby improve the cost of care. This would limit considerably the free choice of medical practitioners which is guaranteed by the law. Therefore the insurers are putting pressure to design a fee structure which would support this aim. The attitude of the Government in the matter is not absolutely clear. Further the general tendency particularly in the German speaking part of Switzerland is to establish medical practice groups which are mostly financed by businesses unrelated to medical care. The easy way of life favoured by the younger generations is of course extremely pleased to work in the frame of such organisations, even if they are salaried. But its

possible implication in the future may also be a limitation of therapeutic freedom. This explains why the Swiss Medical Association is fighting hard to keep the medical profession in its traditional landmarks: free choice of the doctor, freedom in therapeutic approach.