

Statement on the *causa* Numerus Clausus

Introduction

On the 23rd of September 2024, the Swiss Federal Parliament passed a motion addressing the Numerus Clausus (NC)¹, which is the admission system used in $\frac{2}{3}$ of Swiss medical schools². The Federal Council is instructed to take measures in consultation with the cantons, so that the admission of students is primarily based on competence and quality criteria. In addition, the reform should ensure a better supply of study places and clinical internships, particularly in primary care and in the outpatient sector, with the overarching goal of alleviating the severe shortage of doctors in Switzerland.

Although the NC was initially intended to be a fair system for medical school admission, it has numerous negative aspects that hinder its effectiveness. swimsa recognizes that the current form of the NC is not ideal and welcomes the political commitment to improve it. However, we are disappointed by the general lack of concrete solutions to tackle the systemic multifaceted issues within the medical education and healthcare system. We believe that more suitable and sustainable measures are desperately needed.

swimsa also wishes to clarify the ongoing public discussion. The motion approved by the parliament calls for the development of a new or modified admission process. The NC will not be completely abolished, as misleadingly suggested by several media reports.

Context

In Switzerland, as in most countries, there is a persisting discrepancy between the amount of study spots in medical school and the number of applicants. Over 5'500 applicants apply yearly for roughly 2200 spots².

Numerus Clausus (which means “restricted numbers” in Latin) refers to the notion of capacity-related limitation of admissions, though it is colloquially used to refer to the admission test itself. In Switzerland, the NC is enforced via the Eignungstest für das Medizinstudium (EMS)³, which is a cognitive ability test used to determine admission to medical studies. It was introduced in 1998 and designed to assess psychocognitive skills that are deemed essential to successfully study medicine. It is this very test that is questioned today, not the concept of limiting the study places altogether. It is currently used by the majority of Swiss universities with the exception of Geneva, Lausanne and Neuchâtel, that choose not to limit admission through an entrance exam. Instead, they adjust the cut-off point in the second year according to the average level of the students and the intrinsic difficulty of the exam. However, the end results are the same : this system also leads to an important selection.

The NC was initially designed to be a fair system, where students with the same aptitude for the programme would achieve the same EMS test score and thus have the same chance of

¹https://www.parlament.ch/de/services/news/Seiten/2024/20240923194753288194158159026_bsd155.aspx

²<https://shk.ch/de/dokumentation/newsarchiv/263-empfehlung-zur-zulassung-zum-medizinstudium-fuer-das-studienjahr-2024-2026>

³or “Test d'aptitudes aux études de médecine (AMS)” in French

admission⁴. In reality, experience has shown that the objectivity and fairness of the selection is undermined as more and more students opt for specific preparation for the test offered by certain organizations with effective but very expensive services.

A call for sustainable solutions

Switzerland is currently facing a healthcare crisis. It is well known that there is a growing shortage of doctors in Switzerland. The situation is expected to worsen in the coming years and an insufficient number of effective measures have been taken to counteract the growing demand for doctors. This ultimately affects all levels of medical education, as well as patient care. There is a high reliance on doctors with a foreign diploma - according to the FMH⁵, 40.4% of doctors practicing in Switzerland completed their medical studies in a foreign country. In addition, there is a high early drop-out rate of 10-20%⁶ among physicians. Furthermore, 70% of residents consider quitting their residency⁷ and 34% of medical students consider not starting to work as doctors after practical experiences⁸.

These figures highlight the need for sustainable solutions to address the current challenges. **swimsa is convinced that changing the admission system alone will not resolve the deeper systemic issues.** A more holistic approach is needed - one that not only increases the amount of study spots but also prioritizes the retention of existing doctors in the workforce.

Increasing the number of study spots is essential to train enough doctors to meet the growing demand. However, it is crucial to ensure that this does not compromise the quality of medical education. Moreover, working conditions for doctors must be improved. This includes reducing working hours and bureaucratic work, offering more flexible working models such as part-time positions, and enhancing digitalization in the clinical environment. These measures represent the best tools available to combat the shortage of doctors in a sustainable fashion.

A comprehensive approach to admission reforms

swimsa welcomes the political commitment to revise the admission system for medical studies and the expected efforts to expand the number of available study spots. However, we believe that these reforms have to be approached with caution, ensuring that the following key elements are carefully considered:

1. **A call for careful deliberation:** The NC has been a contentious issue for two decades and there were multiple attempts to reform it at the federal parliament. We urge all stakeholders to carefully consider this reform and **abstain from proposing any hasty measures** that overlook the complexity of this issue, risk deteriorating the situation long-term, or fail to address its root causes on a structural level.
2. **Adopting a multi-stakeholder approach:** This reform represents a major shift in Switzerland's approach to the entrance in the medical curriculum, and relevant stakeholders need to be represented in the political work that will follow. **The voices of**

⁴<https://www.unifr.ch/ztd/de/ems/was-ist-der-ems.html>

⁵https://www.fmh.ch/files/pdf30/1377245206-de-fmh---aerzttestistik_0001-1.pdf

⁶<https://saez.swisshhealthweb.ch/de/article/doi/saez.2016.04953/>

⁷<https://www.nzz.ch/zuerich/umfrage-mit-assistenzaezten-burnouts-und-buerokratie-im-spital-ld.1722170>

⁸https://new.swimsa.ch/wp-content/uploads/2024/07/2023_Policy-Paper-on-the-Working-Conditions-of-Medical-Professionals_E.pdf

future health professionals, including swimsa, need to be at the centre of this discussion. This will ensure that Switzerland is working towards the best possible solution considering all perspectives.

3. **A holistic approach for admissions:** swimsa advocates for an admission process that not only values intellectual abilities, but also emphasizes skills and competencies. While it is important to select students with a strong likelihood of academic success, we believe that interpersonal skills are also essential when assessing a person's potential for a successful career in medicine.
4. **Ensuring equal access to medical education:** It is essential that everyone who aspires to pursue medical studies has the opportunity to be admitted into the curriculum without facing any form of discrimination. The NC must also not become a financial barrier for any applicant.
5. **A cohesive approach across cantons:** It is crucial that all cantons affected by the future measures work together to ensure the implementation of a coordinated system. It is unacceptable that disparities in access to medical education could emerge based on a person's canton of residence.
6. **Ensuring smooth communication:** It is critical to avoid confusion and lack of clarity given the technical nature of this system and the young age of most applicants to medical studies. We urge political instances to be transparent, as well as ensure a timely and adapted communication with all actors involved. This includes all organizations that are directly impacted by this process and future medical students.