

The evolution of the PA profession in Switzerland

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ABSTRACT

The physician associate (PA) profession was introduced in Switzerland through an informal hospital-based training program in 2014. In 2016, a formal education process was instituted at Zurich University of Applied Sciences (ZHAW) Institute of Public Health. ZHAW remains the only university with a PA curriculum in Switzerland. Presently, PAs are trained through a multi-tiered certification program with an option to complete a master's degree. Approximately 300 PAs practice in Switzerland as of 2025. As the number of PAs steadily increases, professional organizations, academic institutions, medical leaders, and Swiss authorities are working to develop policies for governance of the PA profession and to establish consistent expectations for PA education, training, and scope of practice.

Keywords: physician assistant, physician associate, scope of practice, standardization, clinical specialist, Switzerland



FIGURE 1. Map of Switzerland showing predominant language spoken by region²

HISTORY

The Swiss physician associate (PA) profession was introduced in 2014 in Winterthur, Switzerland, at Cantonal Hospital Winterthur (KSW). After observing the PA model in the United States, Markus Wepf, Surgery Manager at KSW, and Dr. Stefan Breitenstein, KSW's Chief Medical Officer and head of the surgical department, envisioned the integration of PAs into Swiss health care to address provider shortages and the growing aging population. They implemented a 3-year pilot hospital-based PA training program using experiential education to train accomplished nurses in advanced procedural and clinical decision-making skills.⁵⁻⁷ The overall feedback on the pilot program was anecdotally positive. In 2017, Markus Wepf partnered with the then-head of continuing education (CE) at the Zurich University of Applied Sciences (ZHAW) Institute of Public Health, Anita Manser Bonnard, to establish the first formal modular university-based PA education program at ZHAW Winterthur, in the German-speaking canton of Zurich. The inaugural class of students received their PA Certificate of Advanced Studies (CAS) in 2018. Most Swiss PAs graduate from ZHAW, but some immigrate from Germany and other European countries with PA training programs.

EDUCATION

To date, ZHAW is the only university in Switzerland offering a PA curriculum. Since its founding, the CAS system has expanded to include a three-tiered modular certificate program of increasing expertise (CAS I, II, and III). Each

Switzerland is a European country whose population of 8 million is divided into 26 cantons with distinct jurisdiction analogous to the states and territories of the United States.¹ Four languages are spoken throughout the cantons: German, French, Italian, and Romansh (Figure 1).² As of 2024, the Swiss national health care system is ranked the best in the world.³ Swiss citizens are required to have private insurance coverage, which is paid for by the individual or by local municipal governments for those who cannot afford it.⁴ Insurance beyond basic coverage is optional but recommended for complete coverage of health services.

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module takes 1 year to complete, and PAs have an option to obtain a Master of Applied Sciences in PA Skills (MAS PAS) after CAS III. The number of matriculating students in the ZHAW PA program has nearly tripled from 25 in 2017 to 67 in 2025 (Table 1; Figure 2). Eleven students have graduated with MAS PAS degrees as of 2025, with another seven expected by 2026.

PA program applicants must hold a Bachelor of Science or Higher Vocational Education diploma and have at least 2 years of clinical experience in areas such as physical therapy, nursing, surgical technology, or paramedicine.⁸ PAs are considered qualified to practice after completing CAS I—though no national PA certification process yet exists—but some choose to continue to CAS II and/or CAS III, and some proceed to obtain a MAS PAS by completing a master's thesis after finishing the CAS III module.

Completing the three CAS modules and MAS PAS degree requires 4 years if accomplished consecutively. Students may pause or slow their studies for financial, personal, or professional reasons, but those pursuing the MAS PAS must complete all requirements within 6 years. Throughout the programs, students continue working in their clinical roles to apply new skills under physician supervision.⁹

Didactic training Generally, students attend on-campus lectures 2 to 5 days a month. At the end of each CAS module, students must pass a written examination to advance to the next modular level. The Basic module (CAS I) expands clinical knowledge through studying and discussing medical cases; introduces financial concepts relevant to Swiss health care; and provides advanced training in interpersonal communication. The Advanced module (CAS II) focuses on medical assessments, clinical examinations, diagnosis, and treatment aspects of patient care, integrating up-to-date developments in the Swiss health care system. The Proficient module (CAS III) further refines skills in differential diagnosis, evidence-based medicine, and oral communication skills, promoting higher-level decision-making.⁹ CAS I through III include generalized foundational knowledge applicable to most specialties. This is contemporaneously put into practice during the PA students' clinical work, which is equivalent to US PA students' experiential education during rotations. The master's thesis required to obtain a MAS PAS degree, which students can begin to develop during CAS III, is a research or organizational project with the purpose of identifying areas in need of improvement within their clinical work site and proposing evidence-based, practical solutions. As the Swiss PA education model remains in active development, direct comparison to other international PA models is not yet possible (Figure 3).

Clinical training As of 2025, no standardized core competencies of clinical training exist.¹⁰ Unlike the North American PA model, where students are trained as generalists by completing core clinical rotations in varying medical disciplines at several clinical sites, the Swiss PA student learns their clinical skills on the job under the supervision of a physician. As a result, duties and responsibilities vary

TABLE 1. PA CAS I student matriculation at ZHAW from 2017 to 2025

Year of matriculation into CAS I	Number of students matriculated
2017	25
2018	24
2019	24
2020	24
2021	49
2022	49
2023	67
2024	67
2025	67

between and within specialties, and may even vary between and within health care settings, depending on supervising physicians' delegation policies, which are not regimented and may differ. The intent behind this model is that PAs who form relationships with their supervising physician during PA school will advance their own professional independence with time and experience.

Cost Students are financially responsible for the MAS PAS 4-year tuition which costs approximately CHF 22,000 to CHF 25,000 (roughly \$27,000 to \$31,000) depending on the elective modules selected.¹¹ Some employers cover the tuition in exchange for a commitment of employment following program completion. Because the CAS I through III levels of PA training have cantonal approval, minimal cantonal educational subsidies, equating to CHF 750 (\$850), are available for participating students. Cantonal approval has not yet been given for the MAS PAS level of training, so no subsidies are currently available.

PRACTICE

Scope of practice Practicing PAs' scope of practice varies depending on the clinical setting in which they completed their training; the physician who supervised their training; and the patient population.^{9,12} Swiss PAs primarily work within inpatient settings and are trained to perform history-taking, physical examinations, diagnostic assessments, treatment planning, and documentation.¹³ The PA's supervising physician or their designated delegate is required to remain available to the PA by telephone, although in-person availability is generally not mandated.

Reimbursement for services delivered by practicing PAs is not currently provided by Swiss health care system payers. The scope of practice of individual PAs does not influence reimbursement eligibility. As a result, services provided by PAs are billed under the supervising physician or incorporated into the health care institution's overhead costs.

It is anecdotally reported that legal variations in the scope of practice vary across cantons, but no data are yet published or available. In some Swiss settings, PAs are authorized to prescribe Schedule III to VI medications with a physician's

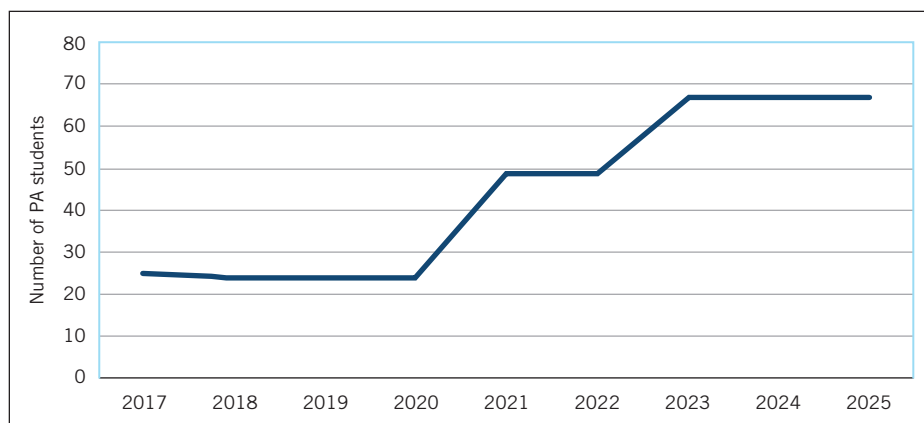


FIGURE 2. PA CAS I student matriculation at ZHAW from 2017 to 2025

co-signature, whereas in others, only a physician can prescribe any form of medication. In several hospitals, PAs are permitted to actively participate in training residents and junior physicians. Throughout Switzerland, PAs are not permitted to sign death certificates. Standardized policies defining the scope of PA practice are needed to progress the profession.

Workforce and practice distribution The number of practicing PAs in Switzerland has grown from 90 in 2020 to approximately 300 in 2025.¹⁴ There is a lack of national demographic data on practicing Swiss PAs, and efforts to gather information on workforce characteristics, PA con-

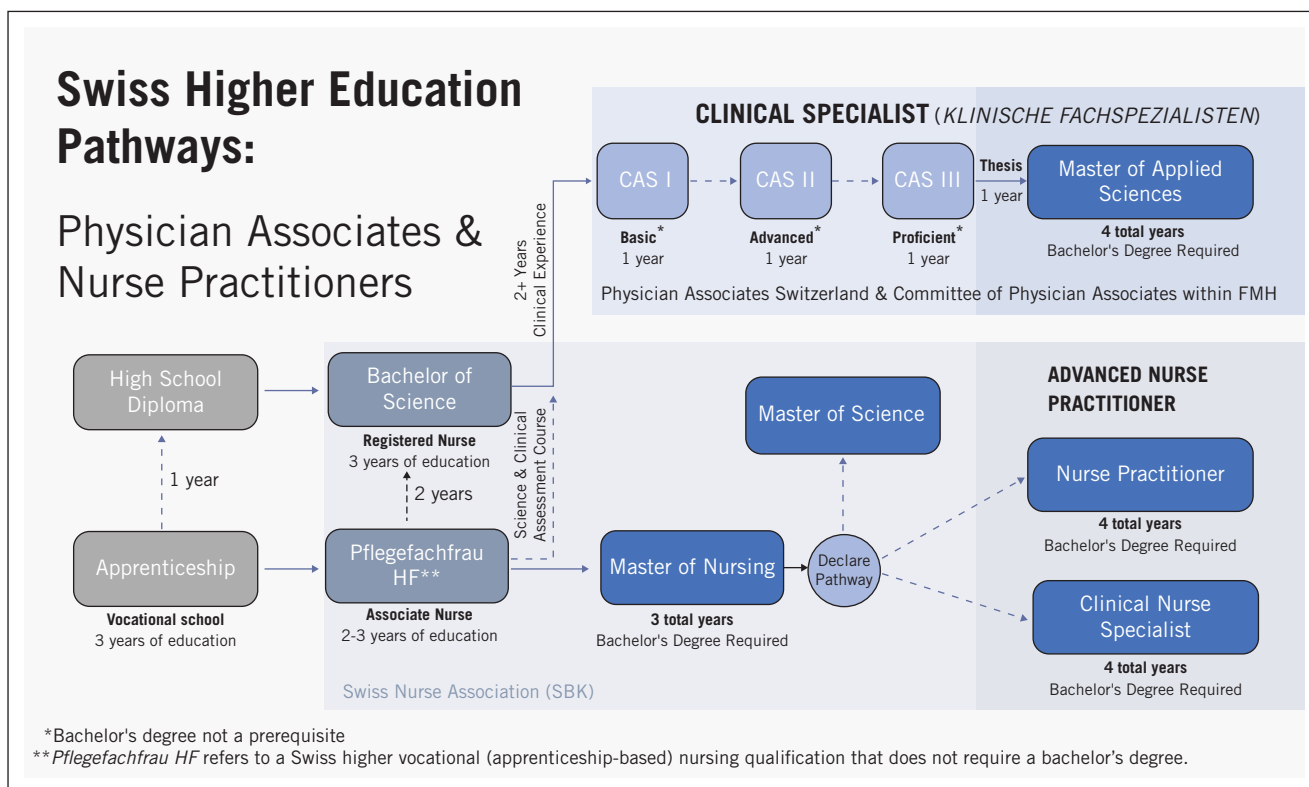
tributions to health outcomes, and patient satisfaction with PA-delivered care are in progress.

Practicing PAs have developed a reputation for excellence at KSW and have established roles providing care in multiple specialties.^{7,15} Swiss PAs are employed in many settings such as cantonal, national, and university hospitals; hospice and long-term care facilities; outpatient clinics; and within private practices. PAs practice in specialties including but not limited to: surgical subspecialties; obstetrics and gynecology; urgent care; pediatrics; emergency medicine; interventional radiology; and oncology (Figures 4 and 5).¹⁵ Surveys of their clinical colleagues indicate PAs are valued team members.^{15,16} This is evident in the spread of the profession throughout Switzerland, with pilot programs beginning in French and Italian-speaking cantons.¹⁷⁻¹⁹ PAs are currently unevenly distributed among Swiss cantons and municipalities—the US equivalent of a city or town (Figure 6).¹⁹

PROFESSIONAL ORGANIZATIONS

Professional organizations are critical to establishing and maintaining PAs as integral and valued medical providers

FIGURE 3. The educational pathway from nursing to becoming a practicing PA, the most common transitional track into the profession



worldwide. Presently, there are two recognized Swiss PA organizations whose missions focus explicitly on advancing the profession. In 2020, the Commission for Physician Associates (CPA) was established within the Foederatio Medicorum Helveticorum (FMH) Swiss medical association. Within the FMH CPA, representatives from ZHAW, KSW, and physician members of FMH meet quarterly to develop formal definitions and regulations of the Swiss PA profession.

Established in 2022, the Physician Associates Switzerland (PAS) is a formal organization whose 150 members consist entirely of PAs working in Switzerland who have at least CAS I certification or an international equivalent.²⁰ Their mission is to create a common professional identity by influencing the development of standardized training and educational models for PAs and social and professional policies to govern PA practice.²¹ The PAS also supports employers looking to hire PAs by providing institutional consultations and salary guides.²² In April 2025, PAS established an annual “PA Day.” The first annual ZHAW symposium highlighted the PA profession in 2025, during which PAS members attended CE lectures, networking, and plenary meetings with PAs from around the globe.

In 2023, the FMH CPA incorporated members of PAS to allow PAs to directly influence their profession.²³ PAS, the German University Association of Physician Assistants, and the German Society of Physician Assistants have also developed a relationship that has proven to be valuable for exchanging best practices.²³ For example, Swiss PAs cannot independently bill for their services currently. By collaborating with German PA organizations, Swiss PAs have learned the specifics of the German billing system, which has prompted discussions about transferable solutions to the Swiss system.²³

On a broader scale, the European Network for PA Education (ENPAE), a coalition of European academic centers outside of Switzerland involved in the education and training of PAs, guides the formation of degree programs and competency examinations. ENPAE works closely with the US PA Education Association (PAEA) and global educator associations such as the International Academy of Physician Associate Educators, sharing many of the same goals as the FMH CPA in establishing global standards.²⁴ Both the FMH CPA and the PAS aim to collaborate with European PA educators and professional associations, including ENPAE, to establish a unified set of standards which would enable the development of a framework for other nations seeking to adopt the PA training and practice model and facilitate international collaboration.

FUTURE OPPORTUNITIES

Education The ZHAW PA program hopes to receive cantonal approval to begin a Bachelor of Science in PA Skills (BScPAS) program in 2028. Although the university approved the BScPAS program in 2022, the Swiss system requires cantonal financial support of bachelor’s degree programs, and this remains under review by the ZHAW Council and a council



FIGURE 4. A CAS II-level Swiss PA working on a cardiology unit

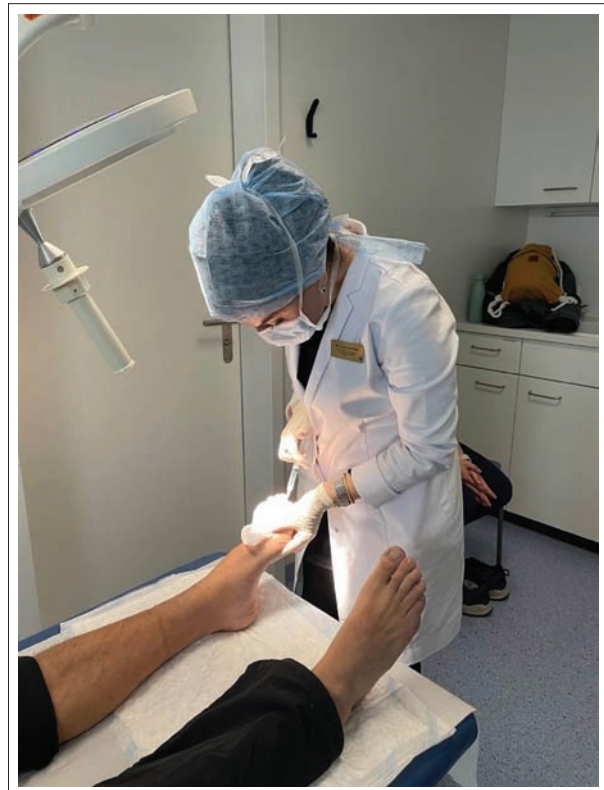


FIGURE 5. A Swiss PA performing a paronychia treatment

of physicians from the medical school at the University of Zürich (UZH), where a clinical rotation partnership is anticipated.²⁵ ZHAW is currently awaiting their approval and recommendations for standard competencies.

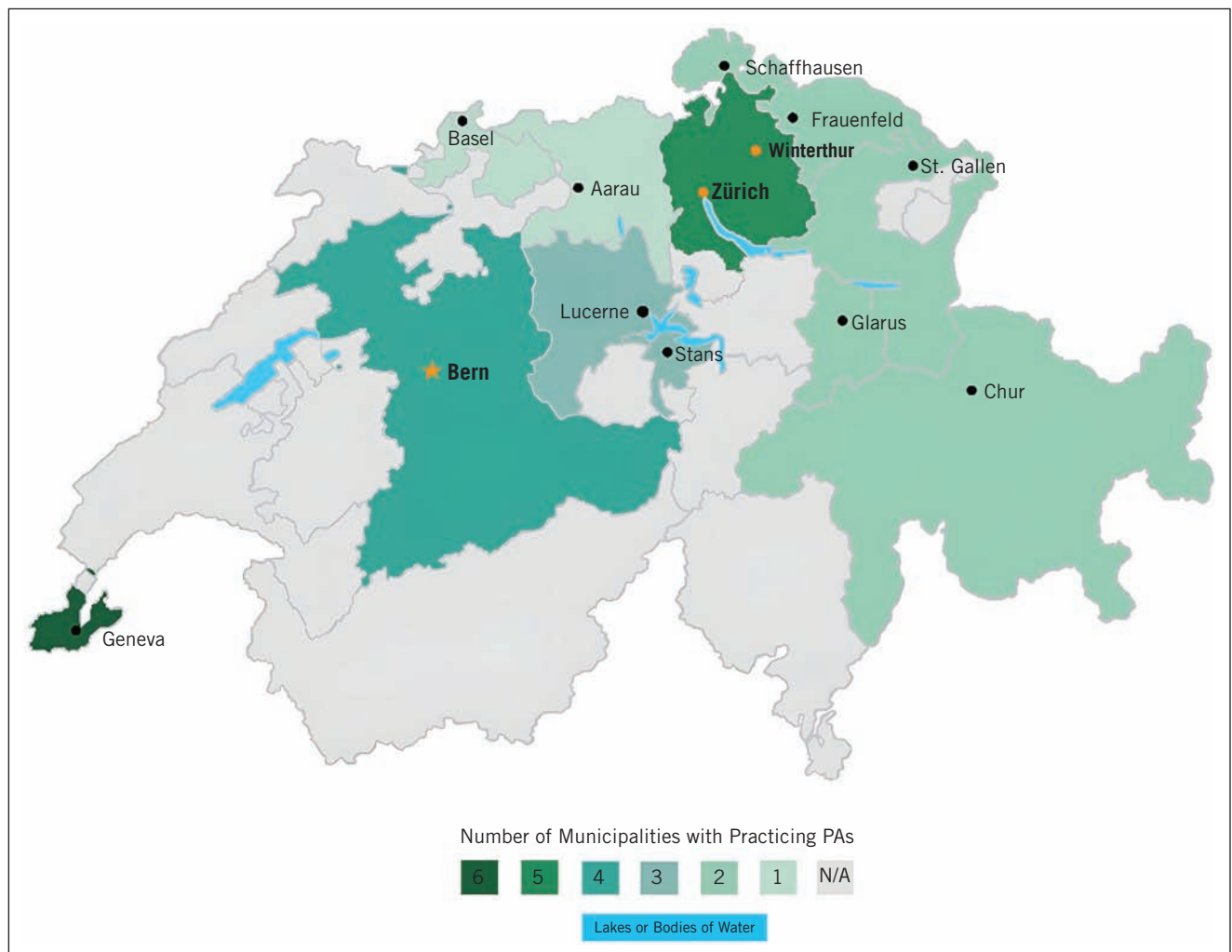
The addition of a BScPAS program at ZHAW would increase the overall number of providers in the health care workforce by expanding program eligibility to students who have a high school diploma or vocational training in a medical area and at least 1 year of clinical experience. This would be a 3-year program that combines a didactic curriculum with practical training and multiple clinical rotations. BScPAS graduates would be qualified to practice clinically, with the option to continue their education through the CAS/MAS PAS program to increase proficiency and gain more autonomy in practice.

Standardization Swiss PAs are not currently included in the Swiss Health Professions Act or Medical Professions Act. This legislation currently governs physician education; the inclusion of PAs would standardize PA program curricula and training and establish a cantonal or national examination

to grant licensure.^{26,27} Without standardization, discrepancies in skills and knowledge are a barrier to the ability of PAs to change specialties or employers. Lack of a common identity contributes to confusion about the role of the PA among other medical professionals and patients. There is no formal process or overseeing body for accreditation of PA programs in Switzerland, and few guidelines exist for the establishment of new programs. In the absence of an accrediting body, PAS and the FMH CPA take an active role each year in expanding and revising course content for the CAS program at ZHAW. They are also developing a list of core competencies that must be achieved by all students before PA graduation, as required for other health professions in Switzerland; this will likely become the framework for all future Swiss PA programs.¹⁰

In addition, while physicians in Switzerland maintain licensure through mandatory annual CE hours, PAs lack formal licensure and policies regarding practice regulations, CE requirements, and PA education. This policy development remains actively in progress with the FMH CPA.

FIGURE 6. 2023 distribution density of practicing PAs by municipality number within Swiss cantons, based on reports from PAs working in these areas¹⁹



Lack of legal recognition and precedence for PA remuneration presents barriers to practicing PAs' billing privileges. Inpatient hospital systems utilize the Swiss Diagnosis-Related Groups (SwissDRG) for their compensation structure, permitting hospitals to allocate salaries according to provider contracts.²⁸ The Swiss outpatient billing system, TARMED, was retired in December 2025 and did not recognize PAs as billable providers. The new Swiss tariff for billing outpatient medical services, TARDOC, transitioned to in January 2026, allows for direct billing for services that physicians explicitly delegate to PAs, incentivizing more outpatient clinics to integrate PAs into their workforce.²⁹

CONCLUSION

PAs constitute a growing segment of the Swiss health care workforce. Growing enrollment in ZHAW has increased the number of practicing PAs and broadened their presence across clinical settings. The lack of a national registry limits accurate accounting of the workforce and its characteristics, making the development of such a database an important next step. Persistent challenges—including incomplete reimbursement pathways, limited public and professional recognition, and the absence of standardized educational and regulatory structures—highlight the need for continued coordinated advancement of the profession.

The ongoing collaboration among PA organizations, academic institutions, medical leaders, and cantonal authorities will be essential to establishing consistent expectations for training, licensure, and practice. As these efforts progress and as evidence regarding high-quality, PA-delivered, team-based care continues to accumulate, Switzerland is positioned to strengthen the integration and effectiveness of the PA profession within its health care system. **JAAPA**

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