

**Table S1** Questions of online questionnaire

| Question Nr | Questions   | Answer choices (simplified)                         | Conditions        |
|-------------|---|---|-------------------|
| 1           | Is your practice part of practice network consisting of practices at different places?  | Yes/No (Y/N)  | Mandatory for all |
| 2           | How many doctors do work in your practice?  | Number  | Mandatory for all |
| 3           | Are there medical practice assistants working in your practice who do patient counselling?  | Y/N   | Mandatory for all |
| 4           | How many of these practice assistants in such roles work in your practice?  | Number  | If Q3=Y           |
| 5           | Are there health professionals working in the practice?   | Y/N   | Mandatory for all |
| 6           | Which professional group do they belong to and how many are there per occupational group?   | Numbers per profession                              | If Q5=Y           |
| 7           | How many health professionals work in the respective level of employment?   | Number sorted by profession and level of employment | If Q5=Y           |
| 8           | What is the total fulltime equivalent of all health professionals in your practice?   | Number  | If Q5=Y           |
| 9           | How many health professionals have completed one of the following educational degrees?  | Numbers sorted by profession and educational degree | If Q5=Y           |
| 10          | How many health professionals have completed one of the following further education qualifications?   | Numbers sorted by profession and qualifications     | If Q5=Y           |
| 11          | Are the health professionals practicing in advanced roles or with extended competencies?  | Y/N   | If Q5=Y           |
| 12          | Which specialisations did the continuing education courses, which the health professionals with advanced roles completed, have?                 | Text box  | If Q5=Y           |
| 13          | You have indicated that health professionals work in your practice. Would you be willing to be at our disposal for any further data collection? | Y/N   | If Q5=Y           |
| 14          | Please enter below an email address and/or telephone number, where we can contact you.  | Text box  | If Q5=Y           |
| 15          | Which medical specialties are offered in your practice?   | List of all medical specialties                     | Mandatory for all |
| 16          | In which canton does your practice operate?   | List of all Swiss cantons                           | Mandatory for all |