

**Improving recognition of qualifications
of refugee healthcare professionals
in the European Union**

A comparison of European practices

European Conference, Paris, 15 January 2025

**JRS France
(Jesuit Refugee Service)**

For over 10 years, JRS France (Jesuit Refugee Service) has been working alongside displaced people to welcome them with dignity, facilitate their integration, and defend their rights.

Our organization is present in nearly 40 cities in France and is part of JRS International, which operates in 57 countries around the world.

Learn more about JRS France:



This booklet was created by: Irinda RIQUELME & Émilie TRANNOY

Introduction

Since 2016, long before the COVID pandemic, the United Nations Commission on Employment, Health, and Economic Growth has been highlighting the need to invest in healthcare personnel to better prepare for international health crises. It called for the creation of new healthcare jobs and stressed the importance of facilitating mobility and strengthening international dialogue.

In April 2022, the European Commission estimated that seven million healthcare jobs would need to be created across the EU by 2030, with one of the priorities being to strengthen healthcare systems, particularly through the development of a skilled workforce.

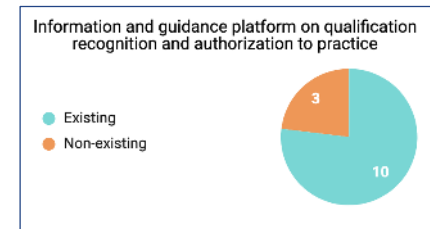
Investing to ensure that refugees with healthcare qualifications can work as quickly as possible should be part of this strategy.

Refugees represent only a portion of the non-European healthcare professionals, but this limited number presents an opportunity. On the one hand, it is easier to test new methods with smaller groups than with larger ones. On the other hand, preparing to better integrate those granted international protection into healthcare education and professions addresses ethical concerns while reinforcing Europe's and the international community's commitments to refugees.

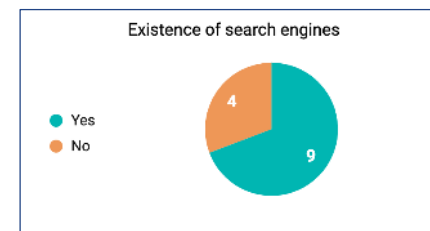
To further explore this opportunity, the Jesuit Refugee Service (JRS France) conducted a comparative study on the recognition procedures for qualifications of non-European doctors and nurses in thirteen European countries, with a particular focus on those implemented for refugees. The goal is to highlight the best European practices, especially in areas such as diploma and skill recognition, university access procedures, and the development of tailored training and employment pathways. It also aims to underline the role that various stakeholders can and must play and to identify the best tools they have at their disposal.

Information et orientation

While all countries have information websites about the authorisation process for non-European doctors, some only provide details on diploma recognition rather than the entire procedure of authorisation. These websites are translated into English (8 countries) and are even available in several other languages (4 countries).

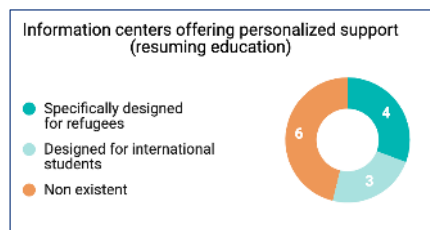
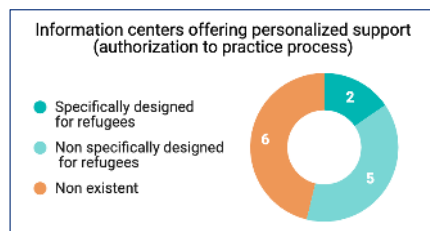


On these websites (except in Spain, France, Poland, and Portugal), search engines help users navigate the authorisation procedure by organizing information by profession and, for medical professions, adapting it to different backgrounds. Some of these search engines also provide detailed information on each step of the process and any available support.



However, there are **hardly any information websites about resuming medical studies**, particularly for those who were unable to complete the basic medical training required to pursue a specialisation in their country. This is often the case for refugees. Information on this topic is scattered and can only be found on certain medical school websites.

Just over half the countries studied have established information and guidance centers offering personalized support—an essential service given the complexity of procedures and cultural differences. These centers help with resuming studies, recognising qualifications, and obtaining authorisation to practise. Some are even specifically designed for refugees.

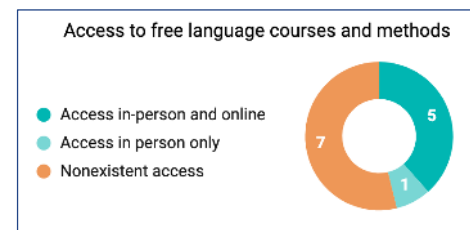


Licensing process before the specialisation

Medical language

Nearly half of all countries provide free medical language courses.

Notable examples include the Netherlands, which offers refugees a variety of language programmes to help bridge gaps in experience and integration within the host country.



The programmes are structured to include:

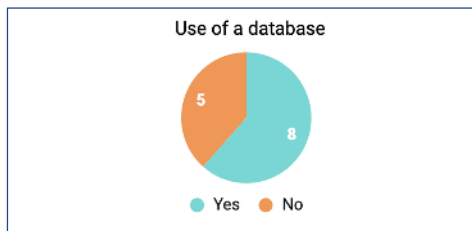
- **Small groups tailored specifically for refugees.**
- **Preparation for both language and knowledge exams, covering all aspects in detail**—patient interviews, medical reports, reading professional articles, and presenting medical information.
- **A focus on the doctor-patient relationship and the host country's healthcare culture.**
- **Free access to e-learning platforms for refugees.**

Qualifications assessment

Except in France, access to licensing involves a preliminary assessment of diplomas and professional experience from the country of origin.

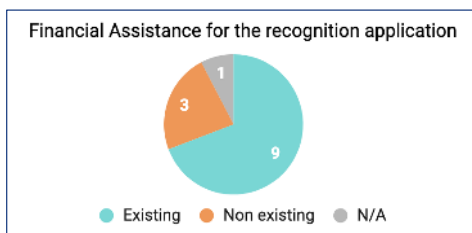
Within the German ENIC-NARIC (the ZAB - Zentralstelle für ausländisches Bildungswesen), a group of experts in health professions evaluates the diplomas and experience of foreign doctors to establish clear, up-to-date, and standardized criteria. They then issue an opinion to the recognition authority. To do so, the experts may directly contact the universities of origin, with the help of documentalists who specialize in each country.

Some countries also use international databases to streamline the evaluation process. One example is the [World Directory of Medical Schools](#), a platform with a search engine designed to help medical regulatory authorities make informed decisions about medical schools worldwide and their graduates. It also provides information on whether medical schools are certified by relevant bodies (particularly in the U.S. and Canada), with certification based on information from the appropriate government authorities in the respective countries.



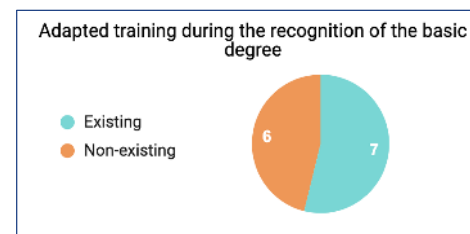
Some countries (such as Denmark, Norway, Ireland and the United Kingdom) require medical schools to be certified on a registry before they can assess a diploma. They also mandate the use of EPIC (Electronic Portfolio of International Credentials) to authenticate diplomas directly with the institutions that issued them.

Other countries have developed their own databases to assess the qualifications of medical and paramedical professions and assign them a level of equivalence. This is the case in Germany with the ANABIN platform, developed by ZAB. This platform is accessible to: administrative authorities, students, foreign professionals and employers.



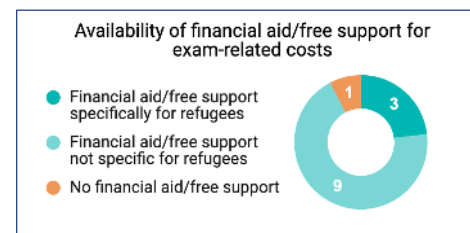
Partial recognition and adapted training

It is therefore possible to decide, on a case-by-case basis, whether to grant full recognition of qualifications leading directly to authorisation to practise (although not the most common situation, in Germany, for example, it applies to nearly one in three cases), partial recognition with a requirement for appropriate training, or refusal of recognition. **Seven out of thirteen countries offer appropriate training after a partial recognition. Candidates can then obtain a level equivalent in the host country, before continuing the process of obtaining authorisation to practise by passing knowledge validation exams and/or adaptation courses.**



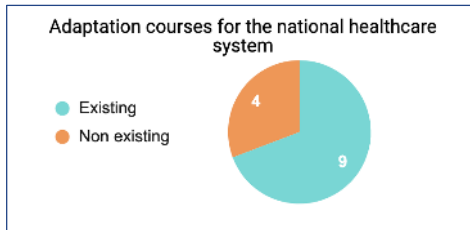
Exams

Almost all countries provide support with exam fees or offer them free of charge. **There are also free courses, mentorships and/or internships to help prepare for exams.** In Austria, France and Poland, there is no additional training or official free exam preparation.



In addition, most countries offer courses that cover the specific features of the host country's healthcare system. In Denmark, for example, the "Danish health legislation course"

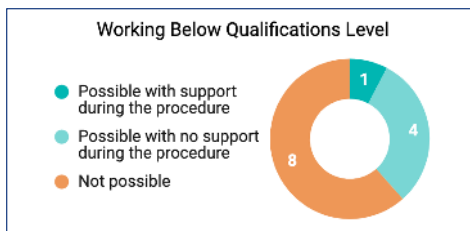
gives candidates an introduction and overview of the organisation of the Danish healthcare system, including the rights of patients and health professionals.



Accelerated access to work

- Access to healthcare work at a lower level

Given the length of these procedures, gaining rapid access to lower-level positions allows refugees to avoid extended periods out of practice and helps them become familiar with the host country's healthcare system. **In the United Kingdom, the medical assistant role, introduced in 2021, has delivered excellent results by providing doctors with support to transition as quickly as possible to roles at their own level.** According to data from the *British Medical Journal*, 400 doctors secured positions as medical assistants within the NHS (*National Health Service*) in 2021, and 120 were working as doctors the following year.



- Simplified practice authorisations

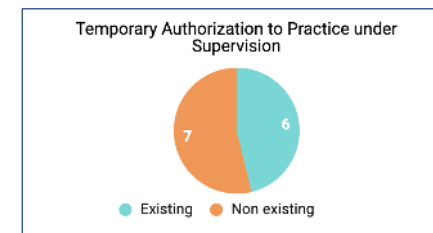
When it comes to supervised practice in the medical field, around half of the countries have introduced systems for temporary authorisation to practise before full diploma recognition.

There are three possible scenarios:

In the first instance, as in Poland, the practice developed with Covid 19 and the arrival of refugees fleeing Ukraine. Conditions were imposed, such as a minimum of three years' practice. In Denmark and Portugal, decrees have been issued (in 2024 and 2023 respectively) to enable simplified temporary practice permits to be issued. These agreements are issued within the framework of reception agreements in a given hospital and for a pre-established period of time.

In the second case, as in the Netherlands and Spain, authorisations are issued as part of a partial recognition process, allowing access to work placements or internships.

In a third case, as in Germany, doctors are authorised to work temporarily for two years under the supervision of an approved professional, after passing a medical language test. The experience gained enables them to access paid medical work quickly and to pass the knowledge test with a greater chance of success. In theory, this is also the case for refugee doctors in France. However, in practice it is virtually impossible, as they need to have a reception agreement with a hospital in order to do so, and are generally unable to obtain said agreement.



- Pathway from the asylum application onwards

Since the procedure for obtaining authorisation to practise in Europe is open to all non-European doctors, asylum seekers can begin the process as soon as they apply for asylum. This also applies to doctors starting the process from their country of origin. However, a residence permit is required to obtain full authorisation to practise.

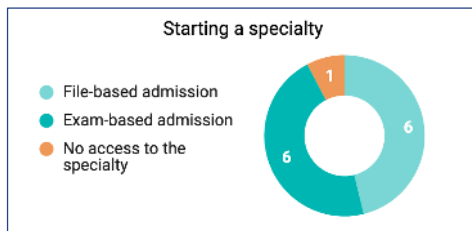
A good practice is to include asylum seekers in training programmes designed for refugees. For instance, some regional programmes in Sweden, such as 'PLUS Intro,' allow asylum seekers to participate in Swedish language training with a focus on healthcare. They also receive comprehensive support, a basic introduction to the Swedish healthcare system, and ongoing guidance throughout the licensing process.

Medical specialisation

Access to the specialisation

Access to specialisation can be facilitated if a single examination, as for nationals, is used both to certify the level of study for recognition of the basic diploma and to gain access to the specialisation pathway. This approach is followed in most countries:

- Access to specialisation may be through a competitive examination, which foreign doctors must take as part of the authorisation process to practise;
- or access may be granted by application and direct entry into an internship after obtaining authorisation to practise. In this case, foreign doctors have passed the same end-of-studies test as national students (or an equivalent test) during the recognition procedure.



In the United Kingdom and Ireland, non-European doctors may have to sit two examinations, like nationals, one at the end of the fifth year of health studies, the other at the start of specialisation (which may take place three or four years later). Doctors who have already completed at least one year of internship can attempt to take the competitive examination for entry into the specialisation directly (three to four years after earning their basic medical diploma). This allows some recognition of prior training and experience before obtaining the specialisation.

In Portugal and Poland, two examinations are required, one to check the level of basic knowledge and the other to enter the specialisation.

Apart from the United Kingdom and Ireland, only Germany and Austria allow some recognition of experience to shorten the internship period for doctors who have not completed their specialisation. Everywhere else, it is necessary to start from the beginning.

France is the only country that does not allow non-European doctors direct access to specialisation studies. Instead, they must restart their studies, entering the second, third, or fourth year of medical school, and then complete the internship alongside nationals. Moreover, the number of places available for this type of access is highly limited.

Recognition of medical specialisation

In all countries except France, the medical specialisation already acquired in the country of origin is recognised by examining an individual file. Additional measures (training, internships, supervised work) may be prescribed depending on the patient's background.

In six countries (Germany, Austria, Spain, Ireland, Portugal and the United Kingdom), a test is used to verify the level of knowledge. In Germany, with a very detailed logbook of professional experience, it is possible in some cases to obtain recognition of the specialisation without taking an exam.

Ireland has a list of mandatory courses required for each specialisation. These courses are available online, allowing doctors to complete their training at their convenience.

There are two pitfalls:

- On one hand, the individual analysis of a patient's history can result in highly complex application requirements. In the UK, for instance, doctors from outside the EU often need to submit around 1,000 pages of documentation and spend approximately nine months gathering evidence to support their application. Despite this effort, only about half of the applications are approved. The ability to practise the specialisation is not demonstrated through practice.
- In France, by contrast, individual career paths are not taken into account. Authorisation to practise as a specialist depends on passing the 'tests to verify knowledge' (EVCs) in the relevant specialisation. The first challenge is that the process is the same for all non-European doctors—whether they have just completed a master's degree in health, are nearing the end of a specialisation, or are already specialists, general practitioners, emergency physicians, or geriatricians—they all must pass the same EVCs. The second challenge is that the skills consolidation programme takes place after the exam. There is no prior training to help bridge the differences between the pathways in the home country and those in the host country.

Resuming studies

Access to university for refugees who have not been able to complete their medical studies, or whose studies prior to specialisation are not comparable to those in the host country, can be facilitated in various ways.

Some countries, such as the Netherlands, facilitate access to university through the following measures:

- Admission as an auditor (particularly for courses in English) and access to online courses, pending the acquisition of sufficient language skills.
- Organisation of medical language courses.
- Individual assessment of the applicant's file, allowing entry at an appropriate level.
- 'Bridging' access: In the Netherlands, if the diploma is not recognised, it is possible to resume studies in the 3rd or 4th year. For individuals who were close to completing their medical master's degree but had to leave their country urgently, there is an option to continue their internship to complete the requirements for the diploma in their country of origin. This pathway was initially set up by doctors at a hospital in Utrecht for students fleeing Ukraine, and later extended to other refugees. However, for these refugees, obtaining a diploma from their university of origin remains very difficult, and they should be granted de facto equivalence.
- Inclusion in research teams or non-regulated professions (at any level of the study programme).

However, the biggest obstacle remains the existence of quotas or a very limited number of places, which often work against refugees, even if they have already gone through the selection process in their country of origin, have pursued a lengthy medical course, and possess the required qualifications.

In some countries, such as Poland and the UK, it is not possible to resume studies at all. Without the basic medical diploma, one must start from the beginning.

Only Portugal offers a quota-free return to study for people under temporary protection or for students in emergency situations.

Authorisation to practise for nurses

In Denmark, Norway, the Netherlands, and the United Kingdom, nurses must pass both a theoretical and practical test to be authorised to work. In Denmark, this includes an assessment interview followed by work in a supervised position. In the UK, nurses must also begin working under supervision.

In Germany, Austria, Ireland, Portugal, and Sweden, additional measures may be required after reviewing the case file, often offering a choice between a test, training/internship, or a supervised position.

In Belgium, Spain, and Poland, authorisation to practise is granted without a test, after completing internships or periods of supervised work, with the duration depending on the individual's case.

Only in France previous experience is not considered. Nurses must repeat the entire course from the first year, following a selection process for entry to nursing schools that is designed for young French students who have just completed their baccalauréat, but is not suited to former non-European professionals.

Role of the different stakeholders

The study above highlights the importance of the roles that each stakeholder can and should play.

The Ministries of Health and/or Higher Education are the authorities responsible for recognizing qualifications in the healthcare field. They organize procedures for obtaining authorization to practice and accessing universities for the resumption of studies, where such processes exist.

The Ministry of Education, supported by ENIC-NARIC, assists the competent recognition authorities in the healthcare sector with questions related to diploma comparability and verification of authenticity.

The Ministry of Labor and/or the public employment service, and/or the Ministry of the Interior (or Integration), are responsible for providing information and guidance and funding training programs and support initiatives for refugee healthcare professionals.

Universities and hospitals can offer equivalency programs to help foreign-trained doctors obtain the qualifications required to practice. Universities may grant access to courses as auditors, provide online courses—especially to prepare for licensing exams—and organize mentorship programs. They may also offer medical language courses.

Organizations specifically focused on healthcare professionals often bring together academics and physicians, some of whom are former refugees themselves, and support the actions of hospitals and universities where they exist. Generalist associations working for the reception and integration of refugees also contribute to providing information and guidance. Well aware of the challenges faced, they offer solutions to improve pathways to qualification and employment.

ACCESS TO COUNTRY STUDIES and international tools:



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12 rue d'Assas
75006 Paris
secretariat@jrsfrance.org
01 44 39 48 19
www.jrsfrance.org

