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Recognition procedures for foreign trained doctors in Germany

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As a part of the German network "Integration through Qualification", my colleague Martina Müller and I researched the German recognition procedures for foreign qualifications. Apart from analysing the legal situation, we also collected data by conducting two surveys, one with recognition authorities and one with migrants. In December 2007, we published the results in our study "Brain Waste". Since 2008, we have worked on building up an information website on professional recognition (www.berufliche-anerkennung.de); we also offer counselling on how to deal with recognition procedures for migrants, job placement officers and migration advisors.

1 Laws and regulations

The legal framework for recognition in Germany is quite complicated because of the federal system. In the case of doctors, this might be surprising because there is a national law for them – the *Federal Medical Practitioners' Act* ('Bundesärzteordnung'). But one also has to take into account European Directives concerning recognition; the *Federal Medical Practitioners' Act* is regularly adapted to new versions, after October 2007 to Directive 2005/36/EC. In addition to this, at federal state level, there are regulations regarding the medical associations and further training of specialists ('Weiterbildungsordnungen'). Some federal states also have implementation orders for the *Federal Medical Practitioners' Act*, like Bremen, but at the moment these orders are no longer up-to-date; there was no adaptation to the new regulations of 2007 so far.
Generally, the 16 federal states are responsible for all recognition procedures, and there is a patchwork of different applications in practice, also concerning academic healthcare professions and particularly doctors.
In order to practise in Germany, all migrant doctors are obliged to undergo recognition procedures. Recognition of foreign medical qualifications is based on the initial qualification as general practitioner. To use the right terminology: they don't have to apply for "recognition", but for a full or a provisional licence. If specialists are concerned, they also have to apply for the right to bear that specialist job title.
Application procedures depend on belonging to a certain migrant group: you have to differentiate between EU citizens who hold EU diplomas and between holders of third-country diplomas. In Germany, the latter case is two-fold as the important migrant group of ethnic German repatriates is treated specially.
Generally, holders of third-country diplomas have to expect more complicated procedures before they can continue working in their profession.

1.1 Different application procedures – different stakeholders

Before I start explaining the recognition procedures for these migrant groups, I want to mention the different authorities in the federal states and other important stakeholders that a foreign doctor has to address. Often, it is not easy for migrants to identify the right competent authority for recognition and to receive adequate information.
As a rule, the application is dependent on the place of residence. Due to the wide range of terminology used in the field of recognition, the applicant needs to know what he or she should apply for. Unfortunately, migrants often receive inadequate counselling about recognition options, due to the complicated legal situation and to the fragmentation of the recognition system in the federal states. In our migrant survey, around 25% stated that they had not received any information at all, some did not succeed in identifying the competent authority. Many reported that inquiries at the labour office or at migration advice centres did not help as they were misdirected or told that there was no way of recognizing foreign qualifications. This can be attributed to the inadequate knowledge of recognition options on the part of advisory services staff.
Though recognition for healthcare professions is not limited to certain nationalities, it is complicated because of different stakeholders. It's not enough to go to one competent authority, usually 3 to 4 different application procedures have to be initialized.

Example: A gynecologist from Iraq who is married to a German wants to work in his field in Augsburg where he lives. Augsburg is a town in Bavaria, a state with 7 decentralized district governments. If he obtained his credentials in Bagdad, he has to apply to the health department of the district government of Augsburg for a provisional licence. As he is married to a German, it will be no problem to prove that he has a work permit and a residence permit. But probably he will be told that he has to find a hospital first that wants to hire him on that basis: usually, the provisional licence is bound to a certain job. But the provisional licence does not include his specialization; the right to call himself gynecologist will be difficult to obtain, as different competencies and regulations are related with it. The medical associations and not the district governments are responsible for the further training of doctors and for the specialist examination. If the doctor from Iraq obtained his credentials in Paris, he should apply for recognition of his specialization through the Medical Association in Bavaria, the 'Landesärztekammer'. With EU diplomas, in certain circumstances, he might apply for a full licence. In that case, the district government of Augsburg would be the wrong authority for him because it has no right to grant a full licence. Hopefully, somebody will send him to the district government in Munich which is responsible for full licences.
If he was a doctor from Romania who wants to work in a hospital, there would be different barriers. He would have to apply for a work permit at the local labour office first, as nationals of new member states have the right to move and reside freely, but not to work so far. A positive assessment would be quite easy for him if his formal qualification was listed in the annex of the Recognition Directive.

1.2 Recognition procedures for the relevant migrant groups

1.2.1 EU doctors

For EU doctors, a full licence is available. A full licence is an unlimited permit to practise, and it allows doctors to work independently and self-employed throughout the country. It is a requirement for setting up one's own medical practice. After receiving it, doctors also have to apply for membership in the relevant medical association – usually there is one association in every federal state, the 'Landesärztekammer'. In some West-German States like Baden-Württemberg, the structure is decentralized. There doctors have to choose the regional 'Bezirksärztekammer' that is responsible for his or her place of residence.
Meanwhile EU citizens should obtain recognition easily as their diplomas are subject to the sectoral system of automatic recognition which requires at least six years of training at university level.
Nationals of the new EU member states who completed their training before their country became a member, have to provide a 'Certificate of Conformity' from their country of origin. This is handed out by the health authority there and says that the applicant's training conformed to the relevant Directive.
Even doctors who graduated from university many years ago – before the Recognition Directives were introduced – benefit from automatic recognition, according to their so-called "Acquired Rights". They only have to provide additional proof of three years' work experience during the five preceding years in their country of origin.
A full licence alone does not mean full recognition. Recognition for foreign doctors is based on the initial qualification as general practitioner, so foreign specialists still need recognition for their specialisation. According to the Directive, specialist EU doctors should also profit from automatic recognition. In Germany, they have to hand in an application including their formal qualification through the competent medical association.

1.2.2 Ethnic German repatriates

Ethnic German repatriates form the second group. They are EU citizens as they receive German passports immediately after their immigration, but as holders of third-country diplomas – usually from Russia, the Ukraine and Kazakhstan – they hardly ever profit from the regulations of the Recognition Directives.
As a full licence according to the *Federal Medical Practitioners' Act* has been bound to the German nationality since the 1930s, Ethnic German repatriates are entitled to apply for a full licence. Full licences for EU citizens have been introduced in Germany when EU law was implemented.
Ethnic German repatriates usually have to undergo a knowledge test before receiving a full licence. They also have to prove language skills.
Knowledge tests and language requirements are quite new and made recognition procedures more restrictive. They were introduced into healthcare legislation in 2002. Before, it was the responsibility of the authorities and of hospitals to evaluate the equivalence of the foreign training programme. It was usual that foreign doctors adapted to the German standards by traineeships in hospitals. After 12 to 18 months the supervisor in hospital confirmed that the foreign doctor demonstrated equivalence with German physicians. Though, hospitals and health departments complained that the lack of language proficiency hindered colleagues doing their job as they were absorbed with translations or with explanations concerning medical terminology.

Today, most federal states offer doctors who are ethnic German repatriates a provisional licence for a work placement before undergoing the knowledge test. Though, sometimes problems for the individual doctor turn up: Last year, we were contacted by a doctor from Northrhine-Westfalia who sent us a letter by the Health authority which said that a provisional licence cannot be granted to German citizens. In practice this means that ethnic German repatriates are then expected to pass the test without being able to familiarise with the German hospital system and to watch colleagues for some months. Institutes who offer bridging courses for foreign doctors say that it is impossible to pass the test without some practical training in the German hospital system.

1.2.3 Third-country nationals

Our last group has to expect the most interminable procedures. A full licence for third-country nationals is a so-called "exception". Usually, holders of third-country diplomas have to repeat their specialist training *and* become naturalized before they are granted a full licence. This might take many years. In Northrhine-Westfalia, the health authority informs that third-country nationals can apply for a full license after 10 years of work in his profession in Germany. Meanwhile they can hope to work with the restrictions of a temporary, provisional licence.
Doctors holding a provisional licence may not be self-employed; they usually work in hospitals on a level with an assistant physician. Often, a provisional licence is limited to areas where there is a shortage of doctors.
One positive aspect is that foreign doctors can use these years in hospital as further training times and specialize in one medical field. It is quite usual that foreign doctors have already passed their specialist examination in Germany – the medical associations are responsible for that – before they are allowed to apply for a full licence.
But of course, this is only positive for those foreign doctors who immigrate without a specialization. In our migrant survey, there were four doctors from Russia and the Ukraine, who achieved a provisional licence. Their specialist qualifications were not recognized, and they were not permitted to work in a self-employed practice. They felt devaluated, all mentioned that they had only been granted partial recognition. For them, the recognition procedure became a process of downgrading. One former chief-physician from Odessa told us that he immigrated as a Jewish-quota refugee, and felt regret not having immigrated to Canada. He argued that he was not treated equally as Ethnic German Repatriates with the same qualification had the right to apply for a full licence.
Indeed, this is the case for the evaluation as general practitioner. But ethnic German repatriates also have to repeat at least parts of their specialist training.
In theory, it is also possible for holders of third-country diplomas to have their specialist training recognized. The further training regulations of the federal states mention that possibility. Foreign doctors have to prove that the duration of training and the contents were equivalent to German standards; then all that is required is to take the specialist examination at the medical association. Usually that's an oral interview. But doctors have to hand in detailed documentary proofs of their specialist training. The Medical Association of Niedersachsen offers a "checklist". Specialists have to hand in all their work contracts from abroad, a written documentation of all their activities in hospital, including all operations, types of medical examinations and night service. Everything has to be signed officially, by a chief-physician who was responsible for supervision. Also documents about a yearly conversation with the supervisor are required. If

migrant doctors do not possess all these documents and wish to continue working in their field of specialisation, they will have to repeat at least parts of their specialist training in Germany. The Medical Association of Hamburg informs that 12 months of specialist training in a German hospital have to be completed before foreign further training times can be assessed and recognized.

Talking about the legal structure, one has to bear in mind that this is a theoretical system. We know from our recognition authority survey that the practical reality in the federal states is sometimes not as strict as the law. But one will also find the opposite: The latest version of the *Federal Medical Practitioners Act* introduced the so-called “deficit-exam”. That means that EU citizens who hold third-country diplomas should not undertake an extensive knowledge test, but an exam that only covers his or her deficits. Just a few weeks ago, a doctor from Niedersachsen called us to complain about the health authority there. He was naturalized one year ago, and since that day he has been waiting for a date to undertake the new deficit-exam. They told him that Niedersachsen wasn’t able to find an expert so far. Without such an expert, they were unfortunately not able to define the deficits in his foreign training. This doctor has now decided to take legal action.

2 The provisional licence: Problems for holders of third-country diplomas

It is an advantage to be a foreign doctor who profits from the regulations of Directive 2005/36/EC. In general, we speak about EU citizens who hold EU diplomas, but there is a small group of third-country nationals who hold third-country diplomas that is also mentioned there. In accordance with the Directive, migrants will be granted recognition if their training has been recognised by another EU member state and they gained three years of work experience there. These doctors can receive a full licence automatically, and that means: without any further individual assessment. For the first time, EU citizenship is not a requirement in Germany. However, other third-country nationals can also be granted a full licence according to the *Federal Medical Practitioners’ Act*, in so-called “special individual cases or for reasons of public health interest” (§ 3). In practice, this regulation is seldom used, immigrant doctors who are not EU-citizens are usually told that it is also an “exception” to receive a provisional licence.
According to the *Federal Medical Practitioners’ Act* (§ 10), the provisional licence can be granted to any immigrant who has completed his or her training and was entitled to practise as a doctor in his or her country of origin. However, numerous restrictions apply. It is written here that the provisional licence is granted or extended revocably and for up to a total duration of no more than four years. In exceptional cases, a licence may be granted for longer if this is in the interest of provision of medical care for the public or if the foreign applicant is incontestably recognised as refugee, or holds a permanent residency permit or is married to an EU citizen.
As one can see here that EU law is implemented beyond Recognition Directives: There should be legal equality with EU citizens for third-country nationals who are permanent residents (2003/109/EC), recognised refugees (2004/83/EC) or family members of EU citizens (2004/38/EC). All these Directives also have an article concerning recognition, but so far in academic healthcare professions in Germany, this is only related with provisional licenses.
The restrictions of a provisional licence cause different problems in practice: The duration of the license might be a problem in relation with knowledge tests: In Bavaria, the knowledge test is not necessary for the provisional licence, but in other states applicants have to pass it, usually

after 12 or 18 months. It is restricted to one federal state or even to a small region within, sometimes cities are excluded. Migrants who want to move to a different state will have to apply for a new licence. Usually the licence is bound to a certain workplace in a hospital or a doctor's surgery. In most cases, it will be a hospital because those, especially in Eastern Germany or in more rural areas, already have problems with a shortage of doctors.

Hospitals are required to prove that there are no Germans or EU citizens to fill their vacancies (‘Vorrangprüfung’). The district government that is responsible for the provisional licence might demand from the hospital that it had actively searched for an EU doctor for 3 months, sometimes they even have to document that the labour office was informed about the vacancy, and that it was not able to find an EU doctor either. If the provisional licence has to be renewed after one year, the hospital must again prove that there is no other candidate.

Exceptions because of public interest are possible, so the 3 months waiting period might be shortened. We know from our recognition authority survey that skills shortages put great pressure on credential evaluators: We heard from several health authorities that hospitals with a shortage of specialists ask actively for positive evaluations. The fact that the shortage of doctors already plays a role with regard to recognition was clear when interviewees stated that meanwhile headhunters initiate applications of foreign doctors. One authority in an East-German federal state told us that even mayors send doctors, looking for medical supply for their town or village. Doctors wishing to retire were also looking for successors.

Generally, for an application, one has to give in a detailed CV, graduation certificates, documents about 6 years of university studies including practical times, proofs that the applicant was entitled to practice, for example by being registered as a doctor in the country of origin, a written job offer by a German institution and – if it is a new immigrant – a Certificate of Good Standing attested by the home country. When applying for a licence, applicants also need a work permit and a residence permit.

Without a residence title, there is usually no way of applying for a provisional licence. Asylum seekers or people with a tolerated stay or short-term residence permit have no recognition options. Even if a humanitarian migrant belongs to the small group of people who are granted asylum in Germany, he or she has no chance of working as a doctor again when there is no documentary evidence of his or her qualifications. We know some examples of former doctors who are employed in low-skilled jobs today. Placement officers in job centres usually don’t offer qualified jobs to migrants and especially to refugees. To give you one example: A former chief-physician from Eritrea lives in Munich. He arrived as asylum seeker more then 10 years ago. When he got a work permit, he tried to find a way back into his profession. But he was told by the health authority that there was no way for him. He has been working as a dishwasher in a restaurant for many years now, and his boss often tells him he was the best dishwasher he has ever had in his staff.

3 Equivalence of foreign medical training

Since the 1980s, the EU Commission has been striving for the mutual recognition of qualifications among the member states, in Directives on recognition that have become increasingly extensive. Recognition procedures for EU citizens comprise not only credential evaluation, but also an appraisal of professional experience.

In all regulated professions, migrants have to prove that their training conditions were equivalent to German standards. EU doctors profit from automatic recognition as there are minimum training standards in all EU member states, and that means that their training and work experience is accepted as equivalent.
If other applicants are concerned, the equivalence of their qualifications is assessed individually by comparing level, duration and contents of the university studies and the practical training programme. There are two different ways of proving equivalence: either a positive credential evaluation through a recognition authority or passing a knowledge test.
Who can expect a positive assessment? As far as recognition assessments for doctors are concerned, there are only a few countries on a list by the Working Committee of the district governments in the Health Sector (AOLG): The list of March 2007 granted so-called “Objective equivalence” in human and dental medicine to seven countries: Australia, Israel, Japan, Canada, New Zealand, South Africa and the USA. Other countries were classified as Category 2, that means: Applicants require an individual assessment or a knowledge test. New EU member states, such as Poland, were placed in Category 2 until they became EU members.
In 2007, when we conducted our recognition authority survey — we questioned 25 authorities for academic healthcare professions – there were some exceptional cases about EU citizens from new member states who were sent to knowledge tests because the authorities didn’t accept the equivalence of Eastern European credentials. This does not conform to EU law, and meanwhile this practice is hopefully stopped.
Judgements can also lead to positive assessments, e.g. in one case the administrative court of Schleswig-Holstein confirmed the equivalence of a degree in dentistry from the University of Istanbul.
Category 2 is since 2002 often related with a knowledge test. “If the level of training is not equivalent to German standards, or the level can only be established by investing an inordinate amount of time and effort, the applicant has to prove that his or her level of knowledge is of the required standard. To do so, the applicant is required to take an examination that includes topics covered in a final medical examination.” One can find this passage in every German healthcare law; it was introduced in 2002. Of course, in healthcare professions quality assurance is extremely important. But apart from that, this regulation gets round one central problem of recognition authorities. Credential evaluators often have little information about the contents of foreign training programmes and therefore have difficulties in judging whether qualifications are equivalent to German ones.
Foreign doctors who apply for a licence have to hand in detailed documentary proofs of their course of studies including class schedules and weekly lessons of the courses. If they only possess a graduation certificate about the academic degree which doesn’t show these details, they meanwhile have to undergo a knowledge test.
This new practice is not without problems. The Council of Europe and the European Commission published quality standards concerning recognition procedures. One can find in these papers that receiving countries are responsible for providing information on foreign education systems. There is a “Code of Conduct” for recognition authorities by the EU Commission that criticizes information deficits and inadequate advice as “Unacceptable practice”. It is written here that information of a disproportionately detailed nature must not be requested. Applicants should only have to hand in their degree credentials and a CV.

4 Knowledge tests for foreign doctors

The knowledge tests in Germany are not completely standardized, there are differences in the federal states. It is still a new system for integrating foreign doctors: For a long time, adaptation to German medical standards and to job-related German language was mainly achieved through traineeships in hospitals. These traineeships usually formed a structured adaptation period, applicants received a provisional licence and passed through several hospital wards.

In recent years, the EU directives became more and more comprehensive and started to affect important immigration groups to Germany, especially from Eastern Europe. In contrast to that, the knowledge tests are one result of making the *Federal Medical Practitioners' Act* more restrictive, especially for doctors who hold third-country diplomas. But also EU doctors have to cope with new restrictions since 2002: They have to provide evidence of language skills, usually by turning up personally in the district government and talking to the responsible civil servant. Alternatively or rather additionally, they can prove that they passed a language test, most health authorities require level B2 of the Common European Framework of Reference for Languages. Sachsen is willing to accept B 1, but the applicant has to pass the B2-examination within one year.

Nowadays, most holders of third-country diplomas have to undergo language tests *and* an extensive knowledge test. Extensive means that it might cover all medical fields of the final examination for German doctors. In most federal states, passing a knowledge test is a requirement even for the provisional licence; sometimes the test can only be retaken once, in some states it may be repeated several times.

Only a minority of health authorities offers written information about that test, for example Berlin that offers quite good internet information for applicants: In Berlin, the test is an exam in form of an oral interview and it is held in German. It should not take longer than 90 minutes. The subjects of internal medicine and surgery are tested in detail, and the applicant may choose one additional subject. The test shall be as practise-relevant as possible, so case studies are prepared. For example, the candidate may be asked to interpret X-rays.

If doctors don't pass the test, there will occur different problems: Even if doctors are allowed to repeat the test, they might loose their provisional licence during the period in which they have to wait for the next test. Sometimes it is a fixed date, for example 4 months in Sachsen, or 6 months in Nordrhine-Westfalia.

If they fail the repetition test(s), they have no possibility of working as a doctor any more. In theory, they have to return to university. An alternative option is to move to a different state with more repetition options or to take legal action.

5 Bridging courses for foreign doctors

Some interviewees in our recognition authority survey pointed out that it was almost impossible to pass the knowledge test without first doing a preparatory course. The lack of preparatory courses results in a high percentage of failures.

Bridging courses for foreign doctors are not a part of the German integration programme, though there are some organisations that offer support, especially courses that include German lessons, like medical terminology, but also colloquial German. However, not enough places are available to prepare for knowledge tests, and these institutes do not cover all federal states.

To name some examples, the VIA Institute in Nuremberg offers a course that is called “Integration of immigrant doctors and other healthcare specialists” with a certificate upon completion. The Otto Benecke Stiftung e.V. that is funded by the ESF supported until 2008 especially ethnic German repatriates who are permitted to apply for a full licence. They organized a four-week examination preparatory course, and they also supported doctors in finding traineeships of eight to twelve months.
Ethnic German repatriates from Eastern Europe are often faced with the problem that, although as Germans they can be granted a full licence, their training is usually not recognised as being equivalent. But even when qualifications are recognised, health professionals require courses which allow them to familiarise with the German health system and regulations for doctors, and to learn to communicate with colleagues and with patients; special terminology also has to be used for the documentation of medical treatment.

In branches with a shortage of skilled workers, it is obvious that Germany has not yet developed adequate concepts for the immigration of skilled migrants. Germany needs doctors like many EU member states, and it is quite clear that the demographic change will affect more and more branches. So far, the German integration programme does not contain any job-specific bridging courses. The increasing need for doctors in Germany will certainly lead to improved labour market integration of doctors and greater flexibility in recognition procedures. Generally, special efforts are needed to assess and up-grade immigrants' skills, including language proficiency, to enable them to enter the labour market and to make sure that they have access to education and training on equal terms with nationals.

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