



On 10 November 2018, the CPME Board adopted the 'CPME Statement concerning the integration of refugee doctors into the European workforce' (CPME 2018/022 FINAL).

CPME Statement concerning the integration of refugee doctors into the European workforce

The Standing Committee of European Doctors (CPME) represents national medical associations across Europe. We are committed to contributing the medical profession's point of view to EU and European policy-making through pro-active cooperation on a wide range of health and healthcare related issues.¹

As established in long-standing CPME policy², refugee³ doctors are a valuable potential resource; they are motivated professionals who want to contribute to the country that has given them shelter rather than depend on it. Furthermore, they are our colleagues who have lost all but their medical expertise and knowledge.

National Medical Associations (NMAs) are ideally placed to take the lead in raising awareness of the problems they face and in offering them moral and practical support. The integration of refugee doctors, including the recognition of their qualifications is a matter to be addressed primarily at national level. However, it is also beneficial to develop links between CPME members to share good practice, recognising that NMAs have an important role to play in supporting these colleagues and helping them to re-establish their careers

¹ CPME is registered in the Transparency Register with the ID number 9276943405-41. More information about CPME's activities can be found on www.cpme.eu.

² Please consult the [Statement concerning the integrating refugee doctors into the European workforce: the way forward](#), adopted in March 2003 and [Integrating refugee doctors into the European workforce : a suggested framework](#), adopted in March 2002

³ The United Nations High Commissioner for Refugees (UNHCR) definition of a refugee is "a person who "owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group, or political opinion, is outside the country of his nationality, and is unable to or, owing to such fear, is unwilling to avail himself of the protection of that country" as quoted in the 1951 Convention Relating to Refugees.

CPME policies on 'refugees' use the term as referring to all forcibly displaced persons regardless of legal status or reason for displacement. This includes migrants who have been granted legal status as refugee or asylum seeker and undocumented migrants.



On the basis of exchanges of experiences and good practice, CPME highlights the following:

- Within the boundaries of their competences and available resources, NMAs are encouraged to promote refugee doctors' access to the recognition of professional qualifications and licensing procedures to re-gain the right to practise medicine. In this, it is recommended to take into account possible specificities in these doctors' situation, such as adapting administrative procedures to accommodate loss of papers. In no instance however may such specific procedures endanger patient safety. It is therefore necessary to ensure requirements as to authenticity of qualifications, the level of medical skills and competences, language knowledge, and good standing are upheld for refugee doctors on equal terms.
- Beyond these administrative processes, NMAs are called upon to facilitate the development of programmes that support the integration of refugee doctors into the profession. With regard to the NMA itself, this may include the invitation to refugee doctors to become a member. In addition, NMAs can encourage the implementation of good practices including the creation of mentorship programmes; and the coordination of databases, for example with public bodies or language schools, to facilitate the identification of refugee doctors.
- Shared culture and language can uniquely equip refugee doctors to respond to the needs of refugee patients. Following the licensing procedure, this is an important factor to take into account in the employment of refugee doctors.
- Medical care provided in 'hotspots'⁴ must respect refugees' human rights and doctors' ethical obligation to provide the same level of care to all patients, regardless of ethnicity, skin colour, political status or religion. However, 'hotspots' may see a need for medical care which significantly exceeds the response capacity of the medical workforce on site, thus resulting in emergency situations. In such cases, the NMAs in the countries affected are to be supported in their involvement in crisis management to respond to refugee patients' urgent health needs and maintain the ethical obligation to safeguard their rights' to high quality healthcare.

CPME will continue to raise awareness for the positive potential of refugee doctors and liaise with the European Commission, the International Organisation for Migration, the EU/EEA Member States and any other relevant actor as to opportunities to improve their situation, for example by allocating special EU funding to support initiatives to assist the integration of refugee doctors into the workforce. CPME will also continue collaboration with the other European Medical Organisations on this issue, by building on past achievements, such as the important work and research in this area carried out by the European Junior Doctors and the Panhellenic Medical Association.

⁴ According to Article 2 of Regulation (EU) 2016/1624 on the European Border and Coast Guard and amending Regulation (EU) "hotspot area' means an area in which the host Member State, the Commission, relevant Union agencies and participating Member States cooperate, with the aim of managing an existing or potential disproportionate migratory challenge characterised by a significant increase in the number of migrants arriving at the external borders."

