



CPME/AD/Brd/160302/2/EN/fr

At its Board meeting, Brussels, March 16th, 2002, the CPME adopted the following policy : **Integrating refugee doctors into the European workforce : a suggested framework** (CPME 2001/105 Final EN/fr)

INTEGRATING REFUGEE DOCTORS INTO THE EUROPEAN WORKFORCE: A SUGGESTED FRAMEWORK.

The 20th century has seen populations displaced on an unprecedented scale. One country's displaced person is another country's asylum seeker and many European countries are struggling to cope with increased numbers of asylum seekers and refugees. Among the asylum seekers and refugees, are a number of doctors. Surely we should be helping these doctors use their skills in their adopted country? It makes not only moral but good economic sense to help this group of doctors. A number of European countries have shortages of doctors.

Refugee doctors share the problems of all asylum seekers and refugees. They have been forced to flee their homes, families and friends and arrive in a new country where they are isolated by language, culture and subject to unprovoked adverse publicity and racism in an increasingly xenophobic Europe. Many are forced to live in poverty. Due to the sheer numbers of asylum seekers, states such as the UK have adopted dispersal policies which means that asylum seekers and refugee doctors may be far from established national communities and support networks.

Problems faced by refugee doctors hoping to re-establish their medical careers are identified as follows:

- Language difficulties
- Difficulty accessing appropriate information
- Documentation may have been lost
- Difficulty in securing references
- Training may have been interrupted
- They may be well advanced in their careers and have difficulty adjusting to the training and language requirements which will allow them to practise
- Poverty, isolation, no contact with family members or other support networks

These difficulties add to the trauma they may have experienced in their personal lives and which has led them to seek refuge.

Refugee doctors are motivated professionals who want to contribute to the country that has given them shelter rather than depend on it. Most refugee doctors when they first arrive in a new country feel they will never be able to practice as a doctor again. What follows is a suggested framework for integrating refugee doctors, based on a research project undertaken by the PWG.

Integrating Refugee Doctors - A Framework

1. Identification.

At the port of entry, most applicants are not recognised by profession. Unless refugee doctors are identified, need can not be highlighted. So that refugee doctors have the best chance of being able to re-establish their medical careers, this should be done at the earliest opportunity. Any database should be voluntary. National refugee groups and national medical associations are perhaps in the best position to co-ordinate this.

2. Information

It can be extremely difficult for refugee doctors to obtain information about routes to registration / exams. Their needs for information are similar to those of overseas doctors from non-EU countries. Refugee doctors also benefit from information about the national health system and career structure and opportunities for doctors in general in that country. In countries where there are a number of study groups and initiatives to help refugee doctors, then these should be promoted. Access should be linked to the database.

Orientation 1

Ideally a mentor for every refugee doctor to provide information, careers advice and informal one to one support to the refugee doctor
This person is well placed to carry out needs assessment and honest appraisal of the refugee doctor's chance of re-establishing their career as a doctor

Preparation

On average it takes 2 years to obtain registration in the UK. Achieving language competency is key. Refugee doctors benefit from language courses, structured teaching programmes and access to self - help study groups. At this stage refugee doctors may benefit from a short clinical attachment in a hospital or primary care setting.

Examinations

Most refugee doctors will be required to sit exams, which test language and medical skills. For many refugee doctors these prove a major financial and personal hurdle

Registration

On successful completion of exams most refugee doctors will be in a position to register with the appropriate medical body. Some countries will require refugee doctors to do a further period of supervised clinical practice.

Orientation 2

Many refugee doctors will not have practised medicine for some years and need to build up their confidence in a supportive environment. During clinical attachments refugee doctors should have the opportunity to work alongside a team of doctors in a hospital or primary care setting, and have an opportunity to develop an understanding of the particular country's medical practice and health service "culture".

Clinical attachments should be free and proper learning contracts and feedback arrangements drawn up between the refugee doctor and the clinical supervisor. For many refugee doctors these attachments present an opportunity to acquire that all important first reference.

Employment

Despite having completed the registration requirements, refugee doctors still find it extremely difficult to obtain a job. They may experience prejudice against their age, experience, their status and race. In some European countries, with doctor unemployment, it may prove a greater hurdle. Countries may wish to consider developing a career advice service for refugee doctors, helping refugee doctors find posts. Countries may consider funding and setting up special one off designated training posts for refugee doctors.

Refugees make valuable contributions to the cultural and economic life of a country. It is vital that the potential contribution of refugee doctors is acknowledged and that all efforts are made to ensure that their talents and enthusiasm are nurtured and developed, for the benefit of the refugee doctor, for the national state health service and for the community as a whole. All medical associations should initiate efforts to integrate refugee doctors into the professional workforce.

Suggestions for possible activities for the CPME

It is difficult to generalise about this issue for Europe in its entirety. Many EU Member States may have far more developed structures in place than the UK. Furthermore, unlike the UK, some Member States have a surplus of doctors and the opportunities for refugee doctors to integrate into the workforce are therefore more limited. The exchange of information between Member States on the experiences of refugee doctors is therefore crucial. Nonetheless, the following is a list of suggested discussion points:

- CPME members could discuss the integration of refugee doctors with their medical associations, professional organisations and governments
- CPME members may wish to place articles in medical journals highlighting the needs of refugee doctors
- CPME members may wish to use, amended to take into account their various situations, the BMA framework for integrating refugee doctors as a model of best practice in their own countries

- CPME members might consider, either separately, or under the aegis of the CPME, lobbying the EU for special funds to support initiatives to assist the reintegration of refugee doctors into the work force
- Take the issue to other European medical organisations affiliated to the CPME, such as UEMO and UEMS

Appendix I: The work of the BMA

Over the last few years, taking its lead from the interest and commitment shown by its members, the BMA has become increasingly active in the campaign to help refugee doctors re-establish their careers. Resolutions were passed at its Annual Representative Meeting in 1999, 2000 and 2001 that have initiated a number of measures to help their integration, and work is being co-ordinated by the BMA International Committee.

Working with the government

The BMA successfully lobbied the UK government to take an interest in the plight of refugee doctors. It took part in a government working group which looked at the difficulties which refugee doctors faced and which made a series of recommendations to help improve the situation. The report was launched in November 2000, as part of the government's strategy for the integration of recognised refugees, and the UK's Department of Health has provided £500 000 to be allocated to projects to help refugee health professionals return to work.

The integration of refugee doctors has become an area of positive co-operation between the BMA and the UK government, and we have developed an excellent working relationship with ministers in this area.

Working with other organisations

There are many other organisations with a long history of helping refugee doctors and other professionals continue their careers in the UK, including refugee organisations, educational bodies and support services. In order to build on the experience of these organisations, the BMA has established the Refugee Doctor Liaison Group, an informal communication and action group which brings together representatives of a wide variety of organisations and individuals currently working with refugee doctors. We believe that it is important to share the experiences of those who are already working in this area and to co-ordinate future action.

Working with other members of the group, we hope to develop a seamless process of integration for refugee doctors, and have been involved in activities which will help all stages of this process:

- Identification

Refugee Doctor Database One of the problems which has been identified is that there are no precise data on the number of refugee doctors in the UK, where they are living, their career stage and the help which they need. The BMA and the UK Refugee Council have recently developed a voluntary database of refugee doctors. This is to be used for statistical purposes and also to provide each refugee doctor on the database with information on recent developments and assistance currently available. All information provided is strictly confidential.

We believe that this will be an invaluable resource which will enable help for refugee doctors to be more accurately targeted.

- Information

Information pack The BMA and other organisations have collaborated with the UK's Jewish Council for Racial Equality to provide a clear and comprehensive guide to the UK's health system, registration procedures and sources of help for refugee doctors. This information pack will be distributed to all refugee doctors who are identified on the database.

- Induction

Mentoring Refugee doctors need support and orientation at several stages of the registration process. Many members of the BMA are interested in helping refugee doctors and have volunteered to become mentors for refugee doctors in their local area, providing information on the UK health system and registration procedures, or helping them to find a job. We are supporting a pilot mentoring scheme in the London area, organised by the Refugee Education and Training Advisory Service (RETAS).

Clinical attachments We are encouraging BMA members to provide clinical attachments, or observer posts, for refugee doctors, and have published best practice guidelines to help both parties make the most of this experience. We are also seeking to work more closely with postgraduate deaneries on the provision of attachments as they are of proven value to refugee doctors. However, in our experience they can prove extremely difficult to locate.

Working with the media

Refugees and asylum seekers are often the target of negative media coverage. We are strongly opposed to this attitude and are working hard to publicise the issue of refugee doctors as a "good news" story, with considerable success. By focusing on the social, cultural and economic benefit of integrating these doctors into the NHS, we believe that we can develop a more positive media image which will help all refugees and asylum seekers.

BMA assistance

For many years, the BMA has provided grants to refugee doctors through its Charities Board. In March 2001, the BMA held a seminar for 50 refugee doctors in the London area, looking at issues such as registration procedures, alternative careers, writing a CV and clinical attachments, and we plan to hold similar seminars in the future.

The BMA now also waives the membership fee for refugee doctors eligible for BMA membership who are suffering financial hardship and has recently launched a package of benefits for refugee doctors who are not yet eligible for full membership. This package will include weekly copies of the *British Medical Journal*, use of the BMA's library and some of the services provided by the BMA's regional offices which are spread around the country, often in areas targeted for refugee dispersal by the UK government.

The BMA believes that refugees can make a valuable contribution to the cultural and economic life of a country and fully supports all efforts to integrate them into the professional workforce. It is vital that the potential contribution of refugee doctors is acknowledged, and that all efforts are made to ensure that their talents and enthusiasm are nurtured and developed, for the benefit of the refugee doctor, for the health service and for the community as a whole.

Appendix II: PWG Survey on Refugee Doctors

This survey was initiated by the resolution made at the PWG meeting in Utrecht (October 2000), stating that the PWG "will develop a policy statement on the support and integration of refugee doctors into the medical workforce in the EU by using examples of best practise"

The following survey was sent to 15 countries in Europe. 10 replies.

The Survey

In the UK we define a refugee as being

"Someone who has applied for asylum on the basis of a well-founded fear of being persecuted on the basis of race, religion, nationality, membership of a particular social group or political opinion, and who has been granted asylum under the terms of the 1951 UN Convention relating to the status of refugees or has been given exceptional permission to stay in the UK"

We estimate there to be between 500 and 2000 refugee doctors currently in the UK.

1. Approximately how many refugee doctors are there in your country?
2. What process do refugee doctors need to go through in order to register and work as a doctor?
3. Are there any special initiatives to help refugee doctors in your country? If so please give details.

Table of Results

Country	Refugee Dr Numbers	Doctor U/E Y/N	Registration process	Initiatives
Austria	20-100	Yes	Proof of medical studies / sufficient knowledge of German Surveillance bodies, medical training examined by specialist from AMA ?formal exam	NO
Denmark	200-300	?No	Danish National Board of Health is responsible for the evaluation of doctors' qualifications	DMA / Association of County Councils are establishing language courses for refugee doctors. Local branch associations of DMA setting up clinical attachments Other initiatives at municipality / county level
Finland	20	Yes	3 part exam i. Administration & legislation of Finnish health system ii. Clinical medicine iii. Practical medicine Exams are in Finnish. Then 6/12 practical training period	Ministry of Education provides help Help with linguistic skills
France	No specific concept of refugee Dr. Many overseas doctors from Sub Saharan / C Africa	Yes	Can work without MD in France but limited opportunities Discrimination	None

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Germany	? However Germany has many refugees	Yes	Proof of qualification / evidence of work. Evidence of proficiency in German Exams for non EU doctors to be introduced 2001	Marburger Bund offers advice
Holland	No exact data. 370 refugee doctors being supported by University Assistance Fund	No	Diploma must be recognised by Ministry of Health i. Recognition granted ii. Nearly equivalent iii. Non equivalent MSRC propose content / length of training required (6 month - 2 years). May be required to retrain. Once diploma recognised need permit which depends on status	UAF invests in refugees with good prospects. "Job support", a support fund to help find jobs for graduates SIBIO helps all foreign doctors find posts for additional training Barriers: - Language courses not adapted for doctors. Cultural input not valued
Portugal	Drs from East / C. Europe not working as Drs. 1998 Drs from ex-Portugal Guinea requested asylum	?	No details	None
Sweden	1000	No	Exams to test language, medical knowledge and clinical skills. Then enter pre-reg grade If specialist must successfully complete a probationary 6/12 clinical placement	Courses to help refugee doctors pass exams Help for specialists to find probation period placements

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Switzerland	?	Yes	Required to pass federal medical exams although possibility of getting a job if haven't passed the federal exam	None
UK	500-2000	No	<p>2 routes for Non EU Doctors</p> <p>i. Pass exams testing language, medical knowledge and clinical skills (IELTS and PLAB) Gain limited registration - equivalent to 1st year SHO</p> <p>ii. If have 5 years postgraduate experience in a specialty, can work in UK if sponsored by Royal Colleges / Need offer of job. Little flexibility</p>	<p>National initiative BMA / voluntary sector / Government</p> <ul style="list-style-type: none"> -Database -Provision of information -Careers advice / mentoring -Support for exams, practical and financial -Clinical attachments -Exploring funded designated training posts

Issues arising from results

- Poor data collection on refugee doctor numbers. Most countries do not collect data on the professional status of asylum seekers on arrival. Once in the country refugee doctors may be difficult to locate. People seeking asylum may be suspicious of data collection.
- Distinguishing refugee doctors as a separate group with special needs from "overseas doctors" i.e. non-EU. Refugee doctors may be viewed as part of the "overseas doctor" group. However they have separate needs and require added support to put them on a "level playing field" with other overseas doctors
- Language course provision and examination is hugely variable between countries. There are formal written and verbal examinations in some countries and no formal exams in others. Few specialist language courses are available in countries.
- Very few initiatives to help this group of doctors. However countries with significant numbers of refugee doctors and shortages of doctors i.e. Denmark, Holland, UK all have initiatives for refugee doctors
- Difficulty in getting jobs / discrimination post registration