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Recognising forcibly displaced doctor qualifications in Europe: a comparative policy and process analysis

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ABSTRACT

Introduction: Forcibly displaced doctors represent a substantial yet underutilised resource within European healthcare systems, with their professional integration into host country systems hindered by systemic barriers, particularly qualification recognition. This study examines national policies and processes governing qualification recognition for displaced doctors across Europe.

Methods: This comparative desk review study analysed policies and processes for recognition of medical qualifications in 13 European countries. Data were coded and synthesised across four dimensions: regulatory and public policy frameworks; educational access and training pathways; access to employment prior to full authorisation; and strategic governance and coordination. Emphasis was placed on accessibility, proportionality, and relevance to displaced doctors.

Results: Recognition pathways differ markedly, reflecting legal framework variations and unequal institutional capacities. Evidentiary burden placed on displaced doctors, coupled with unclear processes and timelines and unequal access to educational opportunities were the most significant barriers. Lacking stakeholder coordination within countries contributed to and exacerbated these issues. Innovative practices included tailored bridging programmes, partial recognition models, and personalised coaching and facilitated documentation procedures.

Conclusion: Shortcomings in systems determining qualification recognition contribute to prolonged unemployment, deskilling, and loss of professional identity for displaced doctors. Coherent, rights-based policies are needed to develop recognition frameworks, improve access to preparatory medical and linguistic education, and professional placements. Such mechanisms would enable the equitable incorporation of refugee expertise, prevent deskilling and contribute to sustainable, ethically sound, health-workforce development and employment across Europe.

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What is already known on this topic

Some country-specific studies describe general barriers to the recognition of professional qualifications, including in regulated professions; however, these rarely address in detail the specific challenges faced by refugee healthcare professionals.

What this study adds

This study provides the first European comparative, multi-country analysis of qualification recognition pathways for displaced doctors. By examining evidence across four key dimensions: regulatory and policy frameworks; educational access and training pathways; access to employment prior to full authorisation; and strategic governance and multi-stakeholder coordination, it identifies systemic barriers and structural gaps that hinder integration.

How this study might affect research, policy or practice.

This study highlights actionable strategies to improve the accessibility, proportionality, and relevance of recognition pathways for displaced healthcare professions graduates, including clearer, personalized and multilingual guidance, alternative assessment mechanisms in cases of missing documentation, targeted bridging and language programmes, and early access to supervised practice.

INTRODUCTION

Effective healthcare provision for a globally aging population is increasingly challenging due to worsening shortages within the healthcare workforce.¹ International organisations have long been warning of the consequences of these shortages, with the United Nations High Level Commission on Health Employment and Economic Growth in 2016 calling for greater investment in education and jobs, and international cooperation on professional mobility.² One element supporting international movement of professionals is recognition of their qualifications, with the European Commission stating that in order to create the millions of jobs required to meet healthcare needs by 2030,³ optimisation of these qualification recognition systems are needed.⁴ However, qualification recognition processes for re-entry into clinical practice for foreign-trained healthcare graduates in host nations remain structurally convoluted, especially for refugee doctors who have been forcibly displaced into host countries; herein referred to as displaced doctors (see **Table 1**).⁵

Table 1. Terminology and definitions distinguishing the population of interest in this study.

Terminology	Definition
Displacement	The movement of persons who are forced to leave the place where they normally live due to armed conflict, generalised violence, human rights violations or natural or man-made disasters.
Asylum seeker	Someone who intends to seek or is waiting for a decision on their request for international protection, to be approved status as a refugee.
Migrant	Someone who moves away from their place of usual residence, whether within a country or across an international border, temporarily or permanently, voluntarily or involuntarily, for any number of reasons.
Refugee	A person outside their country of nationality and is unable to return because of a well-founded fear of persecution for reasons of race, religion, sexuality, nationality, membership of a particular social group or political opinion.
Foreign-trained graduate	A person who obtained their higher education or professional training in their country of origin before relocating for any reason elsewhere.
International medical graduate	A physician who has graduated from a medical school outside of the country where he or she intends to practice.

Displaced doctors as a subset of the total migrant and international medical graduate populations are a key underutilised resource in host countries.⁶ Firstly, convoluted qualification recognition

processes prevent host country health systems from benefiting from their often substantial expertise. A UK cohort study identified that displaced doctors had on average eight years of clinical experience before arrival, with many also having achieved specialist registration status in their country of origin.⁷ Secondly, these barriers generate significant professional stagnation and psychosocial stress, with prolonged exclusion from practice risking deskilling and loss of clinical relevance.⁶

Due to displacement-specific constraints, displaced doctors face a more comprehensive set of challenges than usually encountered by internationally trained medical graduates. These include interrupted education and careers, missing or inaccessible documentation, prolonged asylum procedures, restrictions on employment, periods of enforced inactivity, and heightened socioeconomic vulnerability.⁶⁻⁹ Displacement may occur at any career stage, from undergraduate medical education to advanced specialty training, each presenting distinct legal, administrative, academic, and financial barriers to resuming studies or practice.⁷ These differentiated pathways require stage-sensitive and context-adapted policy responses, supporting recognition systems designed to accommodate constraints to become more equitable, efficient, and adaptive. In the context of rising global displacement including for displaced doctors,⁹ this perspective is essential for European healthcare workforce and migration policy.

This study aims to support the European Commission, national authorities, policymakers, educational institutions, and regulators to develop more coherent and harmonised national and European frameworks for medical qualification recognition procedures, including the articulation of minimum standards. To achieve this aim and facilitate more efficient and effective qualification recognition processes for displaced doctors, a comparative analysis was conducted of processes, obstacles and enabling factors through detailed country-specific approaches and operational tools.

METHODS

Study Design

This study was a systematic documentary analysis of legal and administrative frameworks governing the recognition of medical qualifications. Data were collected across 13 European countries: Austria, Belgium, Denmark, France, Germany, Ireland, the Netherlands, Norway, Poland, Portugal, Spain, Sweden, and the United Kingdom.

Data Source Identification

The authorship team are employed across five European countries with roles in refugee healthcare professional training and/or lived experiences, providing initial awareness of policies and processes relevant to their contexts. Existing professional networks further expanded the volume of relevant documents through informal interviews with representatives of authorities across the 13 listed countries responsible for professional qualification recognition, such as professional regulatory bodies, healthcare institutions, universities, and specialised civil society organisations supporting displaced healthcare professionals. Potential interviewees were identified through desk research and consultation with experts in migration and qualification recognition policies, including senior specialists at the Organisation for Economic Co-operation and Development (OECD). The final list of documents included official national legislation, regulatory frameworks, institutional policy documents, administrative guidelines, and publicly available procedural information relevant to the recognition of healthcare qualifications (**Appendix 1**).

Data Extraction and Analytical Framework

Data extraction from the identified documents was undertaken between January 2024 and January 2025. Seven excel templates were utilised and populated, across the themes: documentation requirements, timelines for recognition, costs and financial support, information and orientation,

pathways to resume medical studies and training, assessment methods for recognition, and access to employment (**Appendices 2 to 8** respectively). The authorship team held regular meetings to ensure correct document translation and interpretation. Coding and synthesis were organised across four analytical dimensions: regulatory and public policy frameworks; educational access and training pathways; access to employment prior to full authorisation; and strategic governance and multi-stakeholder coordination. Within these dimensions, emphasis was placed on the principles of accessibility, proportionality, and relevance to displaced doctors, including barriers to qualification recognition and practicing clinically that disproportionately affect refugees, such as interrupted studies or careers, missing documentation, prolonged asylum procedures, and periods of enforced clinical inactivity. Themes were systematically compared and synthesised into country narratives and comparative tables (**Appendices 2 to 8**), enabling cross-national analysis.

Reflexivity and Validation

To strengthen the interpretation of findings in relation to lived experience, analysis was led by one of the authors (MB), a Syrian-trained physician who experienced displacement and currently practices in France. This perspective ensured that institutional accounts and documentary evidence were systematically assessed against practical realities. The analysis was further supported by co-authors with leadership experience in refugee healthcare professional training and reintegration programmes, including contributors from the Newcomer Programme hosted by the University Medical Centre Utrecht,¹⁰ the UK REACHE programme co-hosted by the Northern Care Alliance and University of Manchester,^{6,7} and the World Health Organization.

Several stages of member checking were performed to further validate the findings. Firstly, a complete list of documents identified were distributed to the interviewed representatives to confirm the list was comprehensive, or to advise on further documents to review. Secondly,

preliminary findings were presented and discussed at a European colloquium hosted by the OECD in January 2025, with representatives from the World Health Organization, the European Commission, and national experts on the recognition of displaced doctors' and nurses' qualifications from ten participating countries. Insights from this exchange were incorporated into the final analysis. Thirdly, written reports were created and distributed to relevant organisations for comment which provided further external insight into the findings.

Ethical Considerations

According to national regulations, this study was exempt from formal ethics approval given the policy- and systems-focused nature of the study utilising only public-facing policies and documents, with interviewees only providing information aligning with their normal institutional capacities and viewpoints. All interview participants were informed of the purpose of the study and provided verbal consent for the use of their anonymised contributions, with interviews not recorded, and no personal health data or sensitive individual information collected.

RESULTS

Data Sources

Over 120 documents were examined (**Appendix 1**) including public communications, scientific literature, news reports, and policy documents. Accumulation of these documents was partially informed through interviews with 47 stakeholders including refugee doctors with lived experience of displacement and reintegration, healthcare professional and refugee non-government organisations, Ministries of Health and Education, and credential recognition authorities. Further to the cross-country comparison analysis detailed below, country-specific resource sheets were developed for the European Commission and World Health Organisation.¹¹

Overview of Dimensions

Across Europe, recurrent structural obstacles were identified alongside several policies and practices with potential for positive impact on displaced doctors. These findings are organised across the aforementioned four analytical dimensions, each composed of multiple sub-dimensions. It was identified that national systems differed considerably, though there were also consistencies in the nature of systemic gaps, and potentially transferable policy innovations. Together, these findings provide evidence to inform more equitable, coherent, and efficient public policies at both national and European levels.

Regulatory Foundations of Qualification Recognition

This dimension is concerning policies and process underlying qualification recognition, including comprehensiveness of information provided to displaced doctors, documentary evidence required, administrative complexity of these processes, and how they impact on timelines for achieving recognition and subsequently entering clinical practice.

Comprehensiveness of Information on Requirements

Whilst all 13 countries have websites providing information on the licensing process for non-European-Union trained doctors, some were limited to simply providing information on diploma recognition, rather than complete licensing procedures usually required for displaced doctors. There was also evidence of information fragmentation across organisations within countries, with instances of each organisation overseeing only a specific stage of their overall process. This siloed governance limits transparency over the full pathway and makes the establishment of effective ‘one-stop-shop’ models particularly challenging, and contributes to prolonged timelines.

All country-specific sites except for Spain were further translated into English, with four other countries providing multi-lingual (≥ 2) translations. Other examples of best practice include nine country-specific sites having search engine functionalities that directed readers to information tailored towards specific professions and different backgrounds, as well as details of each stage of the relevant procedure including assistance available. Seven countries provided support further to these sites, including national-level information and guidance centres with personalised qualification recognition support, often required due to the complexity of procedures, underlying stressors, and cultural differences. **Appendix 5** provides further information for this section.

Documentation Requirements and Evidentiary Burden

The level of evidence of previous education and experience required by refugee doctors to practice in host countries varied significantly (see **Appendix 2**), expected to further compound difficulties in meeting these requirements based on insufficient information mentioned above. Documentary requirements were least significant for Portugal and the Netherlands, whilst countries such as Poland, Austria and the United Kingdom had the most comprehensive documentary requirements, placing the largest evidentiary burden on displaced doctors aiming to re-enter clinical practice. France was in a unique position where there are no formal diploma recognition processes, with access to practice dependent on authorisation procedures. However, these procedures are prohibitive for displaced doctors; to sit the national examinations for foreign-trained doctors residing in France, candidates must either demonstrate two years of professional experience in France or hold an authorisation for supervised practice. This supervised authorisation is granted only to those who have worked at least one year within the previous three years. Given prolonged asylum procedures and employment interruptions, many displaced doctors cannot meet these cumulative conditions and are effectively excluded from the pathway to full authorisation.

Often underlying these requirements are associated financial burdens which also vary significantly (see **Appendix 4**). In Portugal, fees for document recognition and assessments may reach €1,500, with no financial support available, and in Germany the total cost may exceed €3,000 with some level of support available. Certain European countries such as Belgium, the Netherlands and UK have heavily or completely subsidised fees, though some of these may have limitations such as number of examination attempts funded.

Refugee doctor access to documentation further impacts on evidentiary burden, which in theory is mitigated through Article VII of the Lisbon Recognition Convention, requiring signatory States to develop procedures to assess if refugees meet requirements for access to higher education or employment, even when qualifications cannot be fully documented. In practice, however, there is a lack of transparency regarding the existence and scope of such procedures, typically concerning non-regulated professions and lacking clarity whether they are applicable to regulated professions such as medicine. Recognition authorities and institutional stakeholders interviewed for this study were frequently unable to clarify this point and provide direction to relevant documentation. Germany represented an exception to this limitation, with a resolution adopted in 2015 by the ‘Standing Conference of the Ministers of Education and Cultural Affairs’, setting out detailed procedures enabling access to higher education without documentary proof of prior qualifications.

Beyond the diploma, educational transcript, curriculum vitae and identity documents required by most countries, several countries also require certification of good standing, criminal record checks, proof of recent clinical practice, or proof of current accommodation. Such requirements can constitute significant barriers for refugees, many of whom are unable to obtain documents from their country of origin or demonstrate recent professional practice due to displacement, conflict, or prolonged asylum procedures. Evidentiary burden also usually requires examination;

in all countries except France, recognition of primary medical qualifications relies on multiple-choice theoretical and practical examinations. In France, recognition traditionally requires written theoretical and practical exams, disadvantageous to displaced doctors not yet fluent in medical French. A June 2025 reform introduced multiple-choice theoretical exams for foreign doctors already employed in supervised practice, though displaced doctors were largely excluded from this measure, limiting its equity and accessibility.

Examinations can constitute a major barrier when candidates lack access to preparatory training. Only half of the examined countries provide bridging courses, with examples of best practice including the Netherlands' adaptive 'progress test' approach, assessing theoretical knowledge by tailoring questions to candidate responses. Rather than a pass-fail outcome, the assessment compares the candidate's knowledge level with that expected at the end of Dutch medical training and helps determine content and duration of any required bridging education. This competency-based approach improves proportionality by linking results directly to targeted training pathways.

Administrative Complexity and Timelines for Qualification Assessment

Recognition process complexity and duration are a critical obstacle for displaced doctors, with consistent and reliable data on expected durations and outcomes of such processes rarely available. Moreover, differences are frequently observed between refugees and other internationally trained doctors, with no meaningful 'average duration' calculable according to the documents analysed or representatives interviewed. There is also a notable lack of national data on qualification recognition, particularly data disaggregated to distinguish refugees from other migrant groups.

From the limited data observed, "official timelines" for diploma recognition of a primary medical qualification ranges from several months up to a year, though these periods are often extended in

practice. Further to primary medical qualification recognition, the recognition of specialisation adds further administrative complexity, including substantial documentation requirements of application dossiers, for example exceeding 1,000 pages in the United Kingdom. Outcomes of recognition processes are also inconsistent and dependent on pathways used, for example in the United Kingdom, the previous CESR/CEGPR route had an average 50% success rate, with the more recent portfolio pathway approving more than two-thirds of applicants. Promising practices relating to specialist status recognition include direct access to hospital-based internships to validate all or part of specialty training, as implemented in several Nordic countries. In addition, some countries offer specialty examinations free of charge to refugees.

Systems aiming to overcome these complexities and extended timelines include the joint ERIC-NARIC (European Networks for Information Centres – National Academic Recognition Information Centres) network which operate under the Lisbon Recognition Convention. The German ENIC-NARIC centre has a specialised unit for health professions which evaluate foreign medical diplomas and professional experience according to standardised criteria. Experts within the centre facilitate cross-country comparisons of training levels and either partial or full recognition of qualifications with recommendations to adapted bridging programmes. This centre also hosts a publicly available database listing university degrees globally, specifying course training and requirements for licensure in the country of origin. This approach facilitates identification of which level of the German system the diploma is equivalent to.

For specialist-trained physicians, the German system also enables the use of documented professional experience to support the assessment of their primary medical qualification and have full recognition of their diploma. France also provides an example of good practice that allows physicians with a speciality qualification to sit the speciality-specific “Épreuves de vérification

des connaissances” (EVC; knowledge assessment test) without requiring evaluation of their primary medical qualification. However, they are often required to sit examinations without access to bridging courses or exam preparation support.

Educational Access and Training Pathways to Recognition

This dimension encompasses educational requirements for clinical practice, including for displaced doctors who had their studies interrupted through displacement, as well as developing and maintaining clinical competencies during recognition processes. Unlike other foreign-trained doctors, refugees face additional barriers stemming from forced displacement, including interrupted studies or prolonged exclusion from education or clinical practice. They must also navigate significant differences between health systems, educational structures, and intercultural practices in their host country compared to their country of origin, without having been prepared.

Resumption of Medical Education

Refugees are often required to manage interrupted studies, though little information is available within Europe on resuming medical studies, with only four countries having clear information offices for resuming studies at certain medical universities. **Figure 1** outlines the pathways to enrolment for refugees without a primary medical qualification as well as barriers affecting this process identified within the documentation and by interviewees. Barriers identified include long delays accessing university, insufficient places to meet demand, requirements to repeat early years of medical school, or sit institution-specific exams with unclear content or criteria. Examples of good practice supporting refugees to complete their medical studies include Portugal’s reservation of training places for refugees to resume their studies, and the Netherlands’ options for refugees to attend university as auditing students in English while learning Dutch and resumption of medical studies if diploma equivalence is not recognised.

Interrupted Speciality Training

In most countries, refugee doctors who had started specialty training in their home country were required to restart training following the same pathway as host-country doctors who had finished their primary medical qualification. Countries with restrictive practices include Portugal and Poland, which require two separate exams: one for initial recognition of primary medical qualifications, and another for specialty entry. In France, doctors who have not completed a specialty must pass exams in general medicine, geriatrics, or emergency medicine, and are then restricted to practicing only in those specialties. However, examples of best practice include the UK and Ireland having reduced-duration internships and access to specialty exams, enabling faster validation and specialist utilisation. In Germany and Austria, partial speciality recognition is possible, with specific skills and training periods able to be validated. In the Netherlands, a special program was established for Ukrainian doctors who had to interrupt their specialization, who could complete their training through hospital-based work and have their original specialty recognized.

Maintaining and Developing Clinical Competencies and Language Proficiency

The third educational category are those who have completed their primary medical qualifications and specialty requirements and need to maintain clinical relevance during potentially prolonged recognition processes. These processes usually involve examination(s) and associated training; unlike other foreign-trained doctors, displaced doctors are not prepared for such examinations. They experience prolonged interruptions in their professional trajectories due to forced displacement, time spent reaching a host country, and the duration of asylum procedures. They are usually unable to practice or maintain clinical skills, and are unprepared for the additional competencies required in the host country, including familiarity with the healthcare system, regulatory standards, professional culture, as well as unfamiliarity with the host country language.

Nine countries offered dedicated courses on the host country healthcare system. In Denmark, the “Danish health legislation course” provides an overview of the organisation of the healthcare system, including the rights and responsibilities of patients and health professionals. Some countries have also developed integrated “tailored support programmes” within medical schools or hospitals, focusing on medical language acquisition and understanding of healthcare culture, with the objective of facilitating clinical placements. For example, the German “Integration through Qualification” programme, combines specialist seminars, case discussions, intercultural training, and legal aspects of medical liability, delivered online and complemented by hospital placements. The programme also helps participants identify and finance the training required to fulfil compensatory measures following a partial recognition decision. In Sweden, the ‘PLUS Intro’ initiative enables asylum seekers to attend Swedish medical language courses, gain an introduction to the healthcare system, and obtain support throughout the licensing process.

Half of the countries studied provide free medical language courses for refugees, delivered both in person and online, including small-group programmes tailored to refugee healthcare professionals, combining preparation for language examinations with clinical knowledge assessments. These programmes typically address all components of professional language testing in detail such as patient interviews, clinical documentation, comprehension of medical literature, and oral presentation of clinical cases, while also emphasising doctor–patient communication and the organisational culture of the host country’s healthcare system. However, these initiatives are often developed at the local level by individual universities, hospitals, or non-governmental organisations rather than embedded within coherent national policies. The absence of these supports consistently at the national level limits consistency in outcomes, sustainability, and equitable access across regions.

Access to Employment Prior to Full Authorisation

This dimension outlines employment opportunities for refugee doctors whilst they pursue qualification recognition and entering clinical practice commensurate with their skillset. Unlike international medical graduates recruited from abroad, who often arrive with hospital placements secured, displaced doctors face substantial barriers to re-entering any level of the healthcare workforce. Despite comparable qualifications, they lack access to clinical placements or supervised practice, essential steps for recognition and employment.

Employment in Alternative / Lower-Level Health Roles

Easy access to employment within the healthcare system albeit at a ‘lower level’ enables a reduction in time spent out of clinical environments, and opportunity to learn about the host country's healthcare system. In the UK, the recent introduction of the ‘medical support worker’ role has supported hundreds of doctors in obtaining medical assistant positions with 120 of these able to secure work as medical doctors within a year. These positions are typically part-time and embedded within a structured programme that includes clinical and educational support, career guidance, examination preparation, and language training, with the aim of supporting progression towards full authorisation to practise. However, such opportunities are limited across Europe, with eight countries not facilitating clinical work below their actual qualification level, and four additional countries having this as a possibility but without related support.

Interim or Supervised Practice Permits

Further to opportunities for lower-level work, some countries provide supervised practice permits, which fall under three main models across the countries examined. Firstly, short-term permits linked to hospital reception agreements are implemented in Denmark and Portugal, with Poland adopting similar though more limited variations during the COVID-19 pandemic, and in response

to the arrival of refugees from Ukraine. These permits allow temporary clinical engagement under institutional supervision, though access often depends on securing prior agreement from a hosting hospital, which may be difficult according to host hospital capacity and language barriers.

Secondly are authorisations based on partial recognition of qualifications granting access to internships or residency programmes. This model, observed in the Netherlands and Spain, enables candidates to complete additional training requirements within the formal postgraduate system while progressively advancing toward full recognition. Thirdly, time-limited supervised practice permits, typically valid for up to two years, are granted following successful completion of a medical language examination, as in Germany. This model facilitates relatively rapid access to paid employment under supervision and has been associated with improved outcomes in subsequent knowledge examinations, as candidates gain familiarity with the host country's clinical environment. Although a comparable pathway formally exists in France, access remains highly restricted. It requires both a hospital reception agreement (rarely obtained by displaced doctors) and proof of three years of prior professional practice, including one year within the preceding three years. These cumulative conditions significantly limit practical accessibility of this pathway.

Strategic Governance and Multi-Stakeholder Coordination

This dimension highlights high-level stakeholders with input or power over policies and processes impacting displaced doctor qualification recognition and capacity to re-enter clinical practice.

Roles of stakeholder groups

Regarding policy development and implementation, ministries of health and/or higher education are typically responsible for the formal recognition of healthcare qualifications, organisation of authorisation-to-practise procedures, and regulation of access to universities for the resumption

or completion of studies. Ministries of education, often supported by ENIC-NARIC centres, contribute expertise in diploma comparability and verification of academic credentials. Ministries of labour and in some contexts ministries of the interior or integration and their affiliated agencies through public employment services play a central role in providing information, career guidance, funding for language and bridging programmes, and broader integration support. Their engagement in these processes is crucial to aligning qualification recognition pathways with labour market needs and health workforce planning. Municipalities facilitate access to housing and offer social support services, with local and regional authorities often responsible for healthcare, social care and other social services, therefore essential in designing and implementing all strategies and plans relating to the workforce in these areas.

Educationally, universities and teaching hospitals in several countries offer publicly funded bridging or equivalence programmes designed to enable foreign-trained doctors to meet national standards. These may include tailored preparatory courses for licensing examinations, supervised clinical placements, mentorship schemes, modular training, and specialised medical language instruction. Health professional associations and specialised non-governmental organisations frequently act as intermediaries between institutions and refugee doctors. They provide guidance on procedures, advocate for regulatory adjustments, facilitate access to preparatory resources, and support peer networking and coaching. Broader refugee-support organisations also contribute by assisting with orientation, administrative procedures, and social integration. Displaced doctors themselves are also central to processes. In multiple contexts, they have established associations, peer-support networks, or structured programmes to share information, mentor newcomers, and collectively address systemic barriers. Their leadership not only improves navigation of complex systems, but it informs institutional reforms by bringing lived experience into policy discussions.

Coordination models between stakeholder groups

Overall, coordination across national, regional, and local-level stakeholders was demonstrated to be weak or absent, with fragmented responsibilities and each stakeholder group often overseeing only one segment of the pathway (for example education, recognition, employment). This leads to procedural inefficiencies, administrative delays, and legal or practical obstacles. Related to coordination, there were two apparent models in supporting displaced doctor integration into host healthcare systems which mitigate these largely fragmented approaches.

Firstly, the ‘government model’ at national level as demonstrated in Sweden, Germany and Norway. Sweden’s ‘Snabbspår’ model established in 2015 by their Ministry of Employment, aimed to support recruitment for professions with historical difficulties in meeting national needs. The multilevel model includes national, regional, and local stakeholders, offering information on the licensing process, access to resource banks compiled by universities, links with hospitals to find jobs or internships, an online Swedish healthcare introductory course, and training courses to prepare for the knowledge test. This approach has demonstrated the added value of cooperation between public authorities, employment services, universities, healthcare employers, and professional organisations, enabling accelerated and better-supported entry.

Secondly is the ‘healthcare professionals model’, at local level, with non-governmental organisations serving as the point of contact for refugee doctors and liaising with higher-level stakeholders for supports. Examples of this approach are the UK charity-based ‘REACHE’ programme, which has been active for over 20 years, and recent Newcomers program of the University of Utrecht. REACHE is a joint hospital-university initiative, receiving financial support from the healthcare system and accommodation support through other charity organisations. This approach has demonstrated effective and fiscally responsible support. The

Newcomers Programme, developed through multi-stakeholder collaboration, provides integrated support including intercultural communication training, Dutch medical language up to B2 level, and an introduction to the healthcare system (practice, organisation, reimbursement, and insurance). It also offers personalised guidance, group reflection, and practical support with CVs, networking, and access to employment, alongside housing and financial assistance.

DISCUSSION

This comparative study examined qualification recognition pathways for displaced doctors across 13 European countries through the dimensions of regulatory and administrative frameworks, educational access and training, access to employment, and coordination among stakeholders. Existing qualification recognition systems appear to have been designed to accommodate voluntary migrants rather than forcibly displaced migrants, poorly reflecting the realities experienced by displaced doctors. These systems suffer from fragmented information, insufficiently accounting for interrupted studies, missing documentation, and prolonged asylum processes, with these shortcomings expected to contribute to prolonged unemployment, deskilling, and loss of professional identity, undermining both individual well-being and health-system resilience. However, several pockets of good practice exist across countries, demonstrating potential measures to overcome (or at least offset) the negative effects of such processes. **Figure 2** illustrates European-level and national-level recommendations stemming from these findings.

The European Union have projected shortages of over four million health workers by 2030, including 600,000 medical doctors,¹² highlighting the urgency of mobilising qualified professionals already present in Europe, including refugees, and reducing reliance on recruitment from countries facing their own workforce shortages.⁶ Guidance from the World Health Organization emphasises streamlined recognition processes based on assessing similarities and

differences in training and providing bridging pathways to address gaps.² This study however highlighted a lack of streamlined processes with regard to recognition of displaced doctor qualifications, instead represented by isolated measures with opaque responsibilities and communication across stakeholders. Even in the absence of formal legal barriers, this lack of coordination prevents the creation of coherent pathways linking training, recognition, and employment.¹³

This study's mapping of international practices can inform more harmonised and resilient qualification recognition systems for displaced doctors, which have applications both within and across countries. Harmonisation of qualification recognition with minimum standards established at the European-level for refugee healthcare professionals, based on the comparative key obstacles and enabling factors observed, could substantially improve the accessibility, proportionality, and efficiency of national systems while maintaining patient safety and professional standards.¹⁴ Adoption of elements of good practice observed with positive implications applicable to individual nations as well as across Europe include prioritising applicants with documented clinical experience, pre-assessment guidance, and parallel evaluation of documents and practical competencies. European-level harmonisation of assessment standards and timelines could establish minimum expectations for transparency and efficiency, ensuring refugee doctors receive equitable and predictable procedures regardless of the Member State in which they apply.^{15,16}

Such achievements would likely be best facilitated through a European-level portal dedicated to supporting the portability of health professional qualifications, while accounting for differences in national training systems, as highlighted by the World Health Organization. Such a portal could itself draw on national recognition databases and facilitate cooperation and information sharing among Member States, thereby strengthening mutual trust. Such a platform could also be linked

to tailored bridging programmes for applicants from diverse educational backgrounds and used to share recognition tools, including competency assessments, sample examinations, and preparatory courses. Whilst this study has focused on refugees, asylum seekers would also benefit from such infrastructure. Long asylum procedures extend periods of professional inactivity and make it harder for refugee doctors to return to practice. EU-level harmonisation should also promote the inclusion of asylum seekers in qualification recognition procedures, allowing them to begin the process while their asylum application is pending. Some countries such as Sweden facilitate earlier integration by allowing asylum seekers to join dedicated training programmes,¹⁷ and the United Kingdom also recently re-allowing asylum seekers to work in occupations listed on the Immigration Salary List, including doctors, nurses, and other health professionals.¹⁸

Within this broader level of across-country harmonisation, national-level online portals would likely negate the observed fragmentation and inconsistencies in information, particularly through the successful integration of regulators, universities and employers, and being available in multiple languages.¹⁹ In addition, personalised information and orientation services are essential to help navigate procedural complexity, direct applicants to the appropriate institutions, and provide tailored support throughout the process. Minimising procedural complexities, linguistic barriers, and financial burdens (where feasible) promotes more equitable access which are required for displaced doctors, with eligibility criteria required to be proportionate and compatible with their realities of forced displacement. Where removal of strict criteria is not feasible, alternative compliance mechanisms should be made available, such as supervised practice periods compensating for gaps in recent activity. Clear alternatives for missing documentation are critical and should also be defined and harmonised. Adoption of consistent minimum standards would promote models for resumption of studies, supervised employment pathways, and diploma

recognition processes that are competency-based and linked to accessible and adapted preparatory training. Minimum standards should also entail stronger coordination among actors at national, regional, and local levels. At the national level, regulatory frameworks should align with the objective of creating faster pathways to professional integration and clearly define the roles and responsibilities of the different actors involved. This would facilitate the development and implementation of coordinated regional and local support programmes. Finally, greater investment in capacity, data, and research on refugee healthcare professionals, including evidence on the effectiveness, costs, and long-term outcomes of refugee-specific recognition pathways,^{6,7} would support the scaling up of successful models and inform both national and EU-level policy reforms.

Overall, harmonisation of these processes and requirements that consider displaced doctors does not imply uniformity, but rather the establishment of minimum accessibility, proportionality, and coordination standards. Strategic governance reform would help ensure that recognition pathways are not only legally compliant, but are operationally coherent, equitable, and aligned with Europe's pressing health workforce needs.

The authors would like to acknowledge the limitations associated with this work that should be considered when interpreting and applying the results. Firstly, the interviews conducted primarily served to verify and contextualise procedural information identified through documentary analysis rather than as a formal data collection method aligned to usual research standards. Secondly, broader social determinants affecting professional integration such as housing conditions, financial precarity, and psychological needs were not analysed, as these factors are highly context-dependent and comparable data across countries were unavailable. Finally, available administrative and research data rarely distinguish refugees from other internationally trained healthcare professionals, limiting the possibility of refugee-specific analysis.

CONCLUSION

This comparative study identifies key obstacles, enabling factors, and promising practices in the recognition of medical qualifications for displaced doctors across European Member States. Displaced doctors face distinct barriers to resuming medical education and professional practice, revealing structural limitations in recognition systems largely designed for other categories of internationally trained professionals. Concurrently, displaced doctors represent a strategic opportunity for European health systems. Already present within host European countries, they bring valuable qualifications, experience, and strong motivation to contribute. Enabling their integration can help address projected workforce shortages while reducing reliance on international recruitment that may exacerbate shortages in low- and middle-income countries.

STATEMENTS

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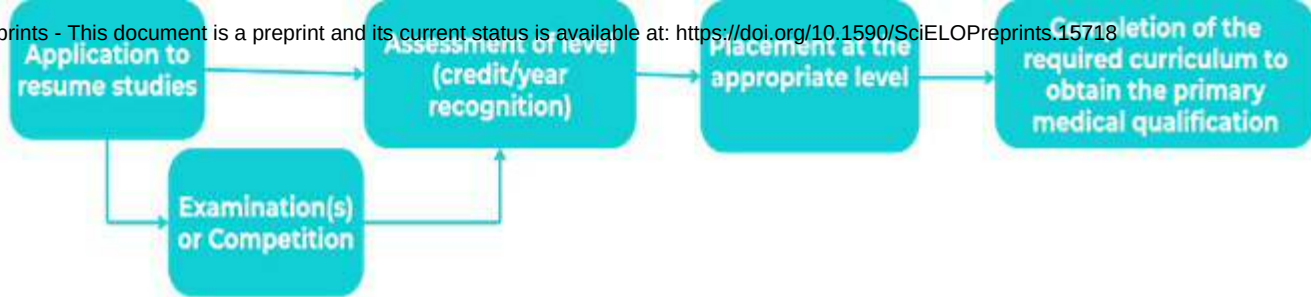
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FIGURE LEGENDS

Figure 1. Pathway for refugees to resume medical studies and associated barriers.

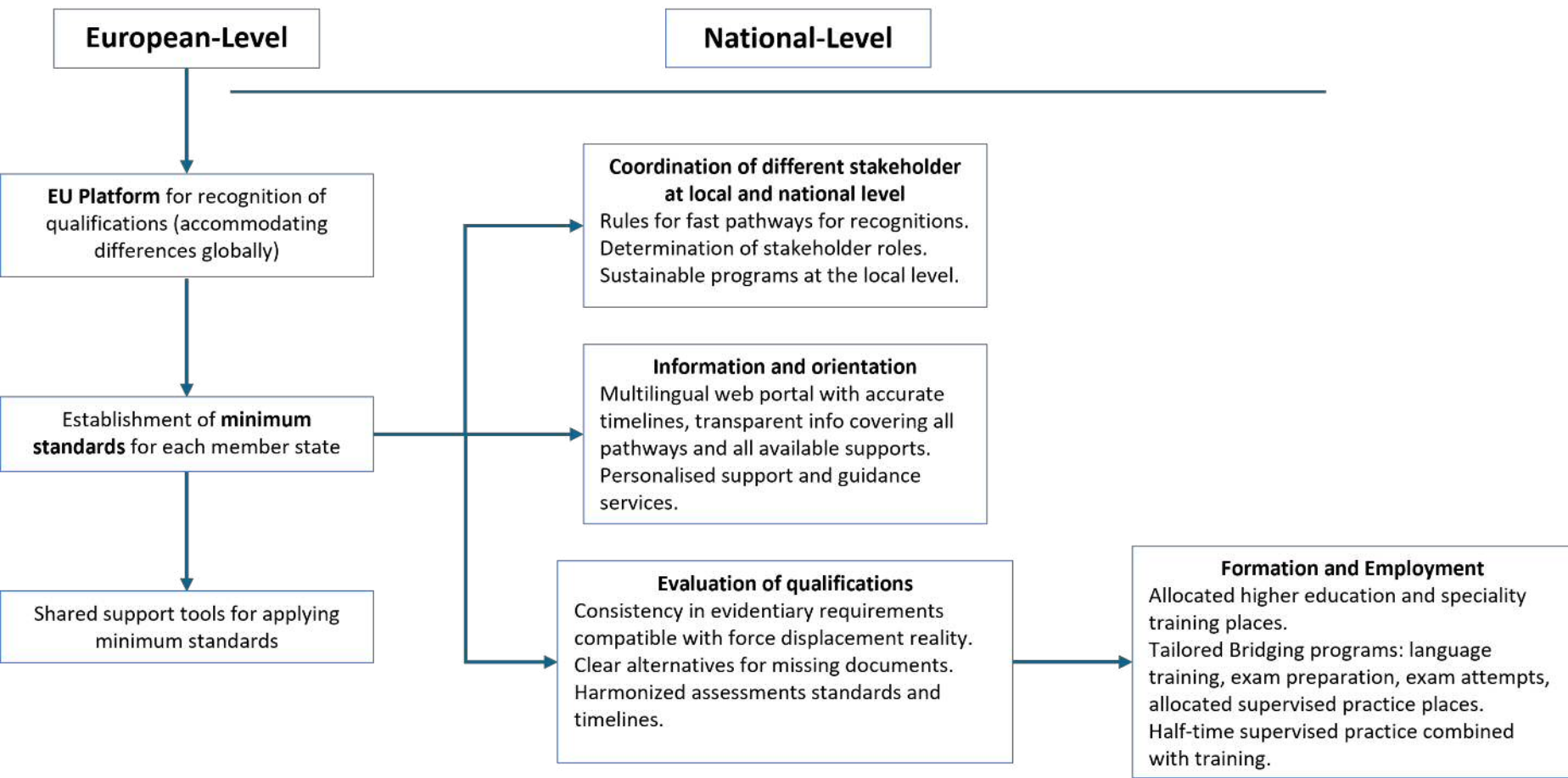
Figure 2. Recommendations for Europe and individual countries from the synthesis of evidence.

● Typical pathway



○ Limits/Blockages





List of Appendices

Note that tables were originally built in excel with some being quite large and are therefore presented as several separated tables as one appendix.

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Appendix 1. Documents sourced for desk review.

Country	Site	Documents and Links	Type of Document	Findings from Documents
Germany	Ministry of education	Information portal of the German government for the recognition of foreign professional qualifications	Public Communication	In Germany, partial recognition of the specialty is possible, and certain skills and training periods can be validated. Physicians who can use degree or training equivalence to support the assessment of their primary medical degree which can expedite the recognition process. Germany also provides university medical training and supervised practice.
	WHO	World Health Organisation, Health and care workforce in Europe: time to act, 2023	Scientific Literature	Germany faces severe healthcare workforce shortages, intensified by the Covid-19 pandemic, with significant vacancies in nursing and increased work stoppages. These shortages underpin strong reliance on foreign-trained doctors and nurses.
	BAMF	Integration courses	Public Communication	Doctors must demonstrate German language skills (B2 recommended) during the recognition procedure. Language certificates are not required at application submission. Preparatory language courses are partially or fully funded by BAMF.
		German for professional purposes courses	Public Communication	BAMF provides partially or fully funded German language courses from A0 to C1 (“Deutsch & Beruf”) to support integration and recognition of foreign professional qualifications, including healthcare professions.
		Online applications making progress	Public Communication	Describes progress in digitalising the recognition process, enabling online submission of recognition applications for doctors and other professions in several federal states under the Online Access Act.
	Federal Government	Working as a doctor in Germany	Public Communication	Germany faces major healthcare staff shortages. In 2023, 57,200 foreign doctors were practicing, over 32,000 from non-EU countries. In 2021, 9,636 foreign doctors applied for recognition, making medicine the second most requested profession after nursing.
		IQ Network	Public Communication	IQ Network offers advice, preparatory training, adaptation measures, and support for foreign-trained professionals seeking recognition of their qualifications, including language and professional exams.
	ZSBA	Service Centre for Professional Recognition	Public Communication	Provides comprehensive advice and support for qualified professionals abroad on the recognition procedure, helping to determine the German equivalent qualification, prepare documents, and guide applicants through the process.
	ZAB	Anabin database	Public Communication	Maintains the Anabin database listing international university degrees and their components, allowing recognition authorities to assess equivalence with the German system. Information is developed in cooperation with ENIC/NARIC centres, Council of Europe and UNESCO.
	Kultusministerkonferenz	Adapted Procedure	Public Communication	Defines an adapted procedure allowing those without official school leaving certificates to qualify for university entrance by evaluating biography, plausibility, and personal aptitude.
	Higher Education Compass (HRK)	Hochschulkompass	Public Communication	German universities provide information, advice and guidance services for international students, including support for diploma validation. Some institutions also offer dedicated orientation services for refugees. The Higher Education Compass lists universities and services relevant to medical professions.
	Bildungsberatung G-FH	Educational counselling and financial support for migrants	Public Communication	22 advisory centres support young migrants and refugees in study and career orientation, taking into account foreign education and feasibility in Germany. The programme also provides scholarships covering training costs, diploma recognition, translations, travel and living expenses.
	Studimed	Overview of Landesprüfungsämter in Germany	Public Communication	Landesprüfungsämter in Germany are responsible for recognition of foreign medical studies for programmes with national exams.
	Hochschulstart	Central allocation system for restricted university places	Public Communication	Hochschulstart coordinates nationwide admissions to restricted university programs (medicine, dentistry, pharmacy, veterinary). It allocates limited study places and affects how foreign-trained applicants and refugees can enter medical studies after equivalence is established.
	IMED-KOMM-EU	Intercultural Medical Communication in Europe	Public Communication	IMED-KOMM-EU develops and disseminates language learning tools and certification techniques for intercultural professional communication tailored to foreign-trained doctors and healthcare professionals, used in professional courses often subsidised by BAMF.

	German Academic Exchange Service (DAAD),	INTEGRA programme	Public Communication	The INTEGRA project subsidises specialised university language courses, including those related to health, to support the academic integration of refugees and foreign-trained professionals.
Austria	Federal Ministry of Education, Family Affairs, Senior Citizens, Women, and Youth	Recognition in Austria	Public Communication	In Austria, partial recognition of a specialty is possible, and certain skills and training periods can be validated.
	OeAD	Information for refugees and protected persons	Public Communication	Provides official information for refugees on resuming studies in Austria, including access to regulated professions and pathways for qualification recognition.
	OECD	Health at a Glance	Scientific Literature	COVID-19 revealed shortages in multiple healthcare professional categories
	Austrian Government	Skilled Workers in Shortage Occupations	Public Communication	Austria lists healthcare professionals (including doctors) among the occupations in shortage to support targeted labour migration and workforce planning.
	Federal Ministry of Social Affairs, Health, Care and Consumer Protection	Nursing Staff Demand Forecast for Austria, Vienna (2019)	Policy Document	Projects that Austria will need approximately 76,000 additional care staff between 2017 and 2030 due to growing healthcare demand.
	European Institute of Health and Sustainable Development	Health workforce demand and supply : Austria	Scientific Literature	Austria had 4.8% foreign-trained doctors in its workforce in 2017—below the EU average—and most trained in Germany, Hungary, or Romania.
	AST	Anlaufstelle	Scientific Literature	Free advice centers that provide information and guidance on the assessment and recognition procedure for qualifications obtained abroad.
	Austrian Public Employment Service (AMS)	Berufsinformationscomputer (BIC)	Public Communication	Provides public, multilingual information on all professions, qualifications, and sectors in Austria. Includes tools to compare courses, explore vocational training options, and understand qualification pathways.
	Federal Ministry of Education, Science and Research	Information on Nostrifizierung	Public Communication	Recognition of foreign medical diplomas (Nostrifizierung) must be requested from one of the three medical universities (Vienna, Graz, or Innsbruck). Applicants must submit a certificate from the Austrian Medical Chamber confirming that recognition is required to practise. Certified translations are generally required, but refugees may justify missing documents through residence status, and applications can be submitted during the asylum process.
	Medical University of Vienna	WNWmed-NOST program	University Document	The WNWmed-NOST program at the Medical University of Vienna offers peer support and structured study groups to help foreign-trained doctors prepare for the Austrian recognition procedure, sample tests, and language requirements.
Belgium	Belgian Federal Government	Directive on the recognition of professional qualifications	Public Communication	The Directive 2005/36 outlines processes for qualification recognition in Belgium.
		Frank Vandenbroucke press release	Public Communication	Announces spring measures (€55 million) supporting general practitioners, including incentives for general practitioner to work in shortage areas, funding for staff and chronic care, and improved remuneration.
	OECD	Health at a Glance: Europe 2024	Scientific Literature	Belgium faces a shortage of medical staff despite a doctor density close to the EU average (3.6 per 1,000 vs 4.2 EU average).
		State of Health in the EU Belgium	Scientific Literature	Belgium exhibits significant shortages and geographic imbalances in healthcare workforce, particularly in primary care; recruitment and retention concerns persist across regions, negatively affecting service accessibility.
	The Ordre des Médecins	Registration of a doctor holding a foreign diploma	Public Communication	Explains steps from recognition of qualifications to registration and authorization to practice medicine.
	FPS Public Health	Santé Publique	Public Communication	Provides information about the procedure and responsible for issuing the authorization to practice.

	CIRE	Equivalence procedures	Public Communication	CIRÉ’s “Work, Equivalence and Training” service provides information and support on how to obtain recognition/equivalence of foreign diplomas in Belgium, including guidance on procedures and documentation required.
		mondiplo.me.be	Public Communication	Multilingual platform (FR/NL/EN) centralizing information and links to Community authorities responsible for diploma equivalence.
	Alter Echos	Online article : Luong, J. (2025). Les médecins étrangers, roues de secours du système de santé	News Report	Reports that the number of foreign-trained doctors in Belgium has significantly increased over the past decade, making them a key support for the healthcare system. The article explains that reforms transferring recognition competence to Community level (post-2014) have made diploma equivalence easier in Flanders compared to Wallonia.
	University of Namur	New training courses and pedagogical innovations in 2024 at UNamur	University Document	Announces new training programs and pedagogical innovations in 2024 at the University of Namur, including updates relevant for medical and healthcare studies, which may support the integration of foreign-trained or refugee students into Belgian higher education.
	Federation of Wallonie-Bruxelles	Login page for diploma equivalence application platform	Public Communication	This portal is used by applicants (including refugees) to authenticate and access the online system for submitting equivalence requests for foreign diplomas in the French-speaking Community (Fédération Wallonie-Bruxelles).
		Refugees and beneficiaries of subsidiary or temporary protection	Public Communication	In the Fédération Wallonie-Bruxelles, refugees, beneficiaries of subsidiary or temporary protection, and asylum seekers without full educational documents can use an alternative procedure to prove qualifications: completing an academic career questionnaire and passing an expert panel interview.
	NARIC-Vlaanderen	Government service page	Public Communication	NARIC-Vlaanderen (National Academic Recognition Information Centre) evaluates and recognises foreign diplomas for people who want to work or study in Flanders or Brussels. It issues equivalence certificates, provides information on Flemish and foreign education systems, and guides applicants through the recognition process.
	ULB University	Welcome Desk For refugees	University Document	ULB offers a Welcome Desk for Refugees to guide refugee/asylum students through administrative procedures, equivalence requests, registration, and French language support.
	University of Liège	Hospital University	University Document	ULiège actively welcomes and integrates refugee students, offering administrative guidance, free French language courses, and integration programs to facilitate access to higher education.
	UCL Universiy	Support For Refugees	University Document	UCLouvain participates in the Higher Education in Emergencies movement, offering preparatory programmes (Access2University), administrative support, French language learning, and inclusion efforts for refugee students.
	UNHCR Belgium	Refugee Education Help	Public Communication	Lists Belgian universities (including UCLouvain, ULiège, UNamur, UMONS) that accept and support refugees in higher education and provide information on admissions, sometimes without formal recognition requirements.
Denmark	The Local Denmark	Denmark confirms deal to recruit 1,000 health staff from abroad	News Report	Denmark requires medical schools to be certified on the directory and require EPIC authentication of diplomas Denmark also provides medical prepatory courses and lessons on national health systems with potential for short-term hospital agreements.
	OECD	State of Health in the EU Denmark	Scientific Literature	Denmark has a high density of doctors (4.5 per 1,000 inhabitants in 2022), above the EU average. However, shortages persist, particularly among general practitioners and hospital specialists, with strong regional disparities.
	Danish Ministry of Health	Government policy documents	Policy Document	In response to healthcare workforce shortages, Denmark increased general practitioner training positions and established a commission on health workforce shortages. In January 2024, a political agreement introduced measures to accelerate recruitment of foreign healthcare professionals, including abbreviated authorization procedures and supervised employment.
	Danish Patient Safety Authority	Recognition and authorization of healthcare professionals	Public Communication	The Danish Patient Safety Authority is the competent authority for recognition and authorization of healthcare professionals. It provides guidance on legislation, qualification requirements, and recognition procedures for regulated healthcare professions.
		Language Test for Non-EU Doctors	Public Communication	Foreign-trained doctors must pass the Danish language test (Danish 3, B2 level) as part of the process for recognition and authorization to practice. The test is available twice a year and can be taken up to 12 months before applying for authorization; successful completion is required before registering for the medical knowledge exams.
		The Regional Councils for Medical Postgraduate Training	Public Communication	Describes the regional councils responsible for postgraduate medical training (specialist training) in Denmark. These councils guide foreign doctors seeking specialist recognition, oversee training placements, and evaluate specialist qualifications as part of the pathway to specialist status

	ECFMG Commission for Education of Foreign Medical Graduates	Verification Tool	Public Communication	Foreign-trained doctors must create an EPIC account for verification of medical diplomas directly with the awarding universities. This verification is mandatory for authorization in Denmark.
	University of Copenhagen	University of Copenhagen	University Document	Foreign-trained doctors must pass written and oral medical knowledge exams, identical to those taken by Danish medical graduates. Exams are organized twice a year, are free of charge, and each exam may be attempted three times
Spain	Ministry of Science, Innovation and Universities	Recognition of foreign diplomas in regulated professions (“Homologación”)	Scientific Literature	Recognition of medical and nursing diplomas requires electronic submission and certification by the Ministry. Most applications concern medical degrees. Processing times officially start at six months but often extend to two or three years. Conditional recognition may require aptitude tests, adaptation internships, or additional academic work.
		Training program for each specialty	Scientific Literature	Reviews specialist equivalence applications, administers competency-based specialty tests, and issues conditional reports used by the Ministry of Health to organize required professional practice periods and determine internship or training requirements for recognition of specialist qualifications
	OECD	Spain: Country Health Profile 2023	Scientific Literature	In Spain, recognition of foreign qualifications has been accelerated through fast-track procedures, particularly for doctors and nurses, to facilitate faster integration into the healthcare system.
	SEMES	Introductory course to the Spanish health system for refugee health professionals	Policy Document	SEMES supports refugee and foreign-trained health professionals through assistance with diploma recognition and by offering training on the Spanish health system, including clinical language modules to facilitate faster integration.
	EU	European Directive 2005/36/EC on the recognition of qualifications.	Policy Document	Recognition of professional qualifications
	UAM and USC	Map of university actions for refugees in Spain	Public Communication	Provide an interactive multilingual map (Emapic.es) detailing available support services and scholarships for refugees, including funding for further studies and Spanish language courses.
France	Réfugiés.info	Practical information sheets for refugees : “Fiches parcours”	Public Communication	Provides step-by-step guidance made by JRS France, for refugee doctors and paramedics on obtaining authorization to practise in France, resuming studies, and navigating administrative procedures. Highlights language requirements (B2 French), limited availability of associate practitioner positions, and structural barriers in hospitals and universities. Offers translations in multiple languages to support accessibility.
	OECD	Official information on individual authorization to practise and EVC procedures	Public Communication	Provides information on the competitive exams (EVC) for non-EU trained doctors, including written tests in fundamental and practical knowledge and the requirement to pass before the two-year skills consolidation. Very few beneficiaries of international protection succeed due to limited associate practitioner positions and hospital placements.
	CNG	Authorizations to practise	Public Communication	Competent authority issuing individual authorizations to practice for non-EU doctors, pharmacists, dentists and midwives. Manages EVC procedures and associate practitioner pathways.
		EVC statistics	Public Communication	Confirms very low success rates for beneficiaries of international protection (List B) compared with List A and the impact of limited associate practitioner positions.
	Ministry of Health	Santé Gouvernement	Policy Document	Describes the Epreuves de Vérification des Connaissances (EVC), distinction between List A and List B, exam structure, quotas, and consolidation of skills.
		IFSI	Public Communication	Describes the possibility for foreign doctors to obtain state-qualified nurse certification through a 6-month IFSI program, sometimes financed by France Travail.
	ARS	Demander une autorisation d'exercice provisoire pour un professionnel étranger	Public Communication	Responsible for issuing temporary authorizations to practice, subject to the availability of a host healthcare institution.
	Ministry of Higher Education	Enseignementsup	Public Communication	Explains university admission, credit exemptions, limited places in medical studies, and discretionary organization of knowledge verification exams by universities.
	National medical council	Registering at the medical council	Public communication	Explains how to register to the medical council in order to obtain an authorisation to work.

	Campus France	Student grants information	Public Communication	Confirms age limits for student grants and financial barriers to resuming long medical or paramedical studies.
Ireland	OECD	Health at a Glance: Europe 2024	Scientific Literature	In Ireland, it is possible to reduce internship lengths and pass exams to enable faster validation of specializations. They also require medical schools to be certified on the directory and EPIC authentication of diplomas.
	Citizens Information Ireland	Information on Your Rights & Entitlements	Public Communication	Identifies the competent authorities for regulated professions in Ireland and provides contact details and procedural guidance for authorization to practice.
	Irish Medical Council	Medical Council Registration	Public Communication	Official authority responsible for registration and licensing of doctors. Provides interactive guidance on recognition pathways for doctors trained inside and outside the EU.
		Information for Doctors Arriving from Ukraine	Public Communication	A dedicated information page explains the recognition procedure for doctors trained outside the EU, with specific guidance for Ukrainian arrivals. A dedicated contact email is available to support Ukrainian doctors throughout the process.
		First Time Registration Applicants - English Language	Public Communication	Applicants must demonstrate sufficient knowledge of English, generally at C1 level, through accepted language tests or recognized exemptions. Proof of English proficiency is mandatory to ensure safe and effective communication with patients and colleagues before registration is granted.
		Registration – PRES pathways	Public Communication	Two registration routes exist for non-EU doctors: (1) exemption from PRES based on recognized post-graduate training, or (2) passing the PRES exams. Applications are submitted to the IMC together with verified credentials.
	ECFMG Educational Commission for Foreign Medical Graduates	Electronic Portfolio of International Credentials	Public Communication	Before applying for registration, foreign-trained doctors must have their medical diploma verified through EPIC (Electronic Portfolio of International Credentials). The diploma must be issued by a recognized medical school listed in the World Directory of Medical Schools. EPIC also verifies the authenticity of internship certificates.
	Irish University	Recognition of Prior Learning	University Document	Irish universities allow Recognition of Prior Learning (RPL): prior medical training or apprenticeship can be recognized, credits are transferred, and students are exempt from modules with equivalent learning outcomes.
Norway	Norwegian Directorate for Higher Education and Skills	Regulated Professions	Public Communication	Professionals from outside of the EU/EEA must contact the Directorate of Health for process guidance in Norway.
	OECD	Norway: Country Health Profile 2023	Scientific Literature	Norway has a high physician density, but GP shortages persist in rural areas. Declining interest in medicine among youth and low domestic training supply lead to high reliance on foreign-trained doctors. Long-term strategy focuses on optimizing existing workforce rather than recruiting more staff
	Norwegian Directorate of Health	Authorisation and licensing of health personnel	Public Communication	
		User guidance for “Application Form for Authorisation and Licence as Health Personnel in Norway”	Public Communication	Official user guide for completing the Altinn application form for authorization and licence as a healthcare professional in Norway. It details required documentation, application steps, how to submit via the Altinn portal, and what to expect in the process for regulated health professions, including doctors.
		Electronic Portfolio of International Credentials	Public Communication	Physicians must verify credentials via EPIC. Non-EU qualifications are evaluated for equivalence. If recognized, applicants have 3 years to meet permanent authorization requirements. Competency exam for doctors includes written and oral tests; candidates must also complete a 71-hour Norwegian health legislation course. Learning aids and practice centers are available for exam prep.
	HK direktoratet	Norwegian Language Proficiency Portal	Public Communication	This is the official portal for the Norwegian language proficiency exam required for authorization/licensing of healthcare professionals in Norway. It provides information and access to the national B2-level exam and other subtests that can be used to demonstrate language competence for regulated healthcare professions.
	University of Bergen	Recognition of external education	University Document	Procedure detailed - It is necessary to attend the compulsory courses in the subject for which exemption is requested until the request is approved.
Netherlands	Advisory Council on Migration	From asylum seeker to healthcare provider	Scientific Literature	The Netherlands allows refugees to initially attend university as auditing students in English while learning Dutch. They also provide university medical training and provide internship placements.

	Dutch Ministry of Health	Certificate of competence	Public Communication	Step-by-step recognition procedure explained. Features an interactive “advice wizard” providing individualized guidance and info on available assistance. Roadmap outlines the process. Ministry organizes information and orientation sessions for qualification recognition and knowledge test prep. Personal appointments with recognition consultants are possible. Stichting Op Weg naar Werk (OWNW) supports foreign doctors toward BIG registration, offering tailored guidance based on integration experience.
		Advice Register	Public Communication	
		Roadmap to working in the Netherlands	Public Communication	
	NUFFIC	Database	Public Communication	NUFFIC database compares foreign diplomas with Dutch equivalents, including healthcare. Language requirement: B2+ Dutch (and B2 English for reading) certified by a Dutch language center, submitted with recognition application
	UAF University	Medical Dutch	University Document	“Dutch in Dialogue” offers free B2-C1 medical Dutch courses for refugee doctors, pharmacists, dentists, preparing for B2+ exam and knowledge tests.
		Let refugee talent flourish	University Document	Offers refugees guidance on course selection, exam prep, job search, financial support, and mentoring
	International Medical Graduates Association	StudyGuide	Public Communication	Provides study guides, sample exams, workshops, mentor pairs, online info, and career advice to help doctors pass knowledge tests and integrate into Dutch healthcare.
	Commission for Foreign Health Care Graduates (CBGV)	The Commission for Foreign Healthcare Graduates	Public Communication	Evaluates foreign-trained healthcare professionals; may require additional training, supervised work, or internships.
	University of Groningen	medical sciences : Ocasys course catalog	University Document	Refugee students can participate as auditors, submit CVs and transcripts, and explore medical courses via the Ocasys course catalog; participation depends on space availability.
	University of Amsterdam	Study Adviser	University Document	Refugee students can audit courses, resume studies, apply for research internships; prior credits individually assessed; study advisors assist throughout.
	UMC University	Education for refugee students at UMC Utrecht	University Document	Ukrainian refugee program: English-language summer school, 6-week clinical observation, paired with final-year students; rapid integration demonstrated.
Poland	OECD	International students in Polish medical schools	Scientific Literature	Poland provides temporary work permits and partial recognition in addition to standard exams.
	Unions Help Refugees	Work of doctors and nurses and nostrification	Public Communication	Provides information on recognition of diplomas and authorization to practice for doctors, dentists, and nurses, especially for Ukrainians.
	Ministry of Health	Ukrainians healthcare professionals	Policy Document	Summarizes the procedure for healthcare professionals with non-EU diplomas; includes a dedicated page for Ukrainian healthcare professionals.
	Supreme Medical Chamber NIL	Polish language exams	Public Communication	Non-Polish and non-EU healthcare professionals must demonstrate B2-level Polish, including medical terminology, via a state exam. The exam includes practical patient communication and medical interview skills.
	UNICEF	Reconnaissance des qualifications en Pologne pour les Ukrainiens	Public Communication	Provides information on how Ukrainian qualifications can be recognized in Poland, including the nostryfikacja process to validate diplomas for work or further studies.
	Minstry of Education	Coordination Point for Polish and European Qualifications Framework	Public Communication	Provides information and coordination on the recognition of Polish and European qualifications, supporting credential comparability and equivalence

	Nawa	System Kwalifikator	Public Communication	Tool for comparing and recognising foreign qualifications in Poland. It provides guidance on how a foreign diploma can be evaluated relative to Polish qualifications
Portugal	Health Systems in Transition	Portugal: Health System Review	Scientific Literature	Portugal reserves specific places for refugees and short-term permits in addition to standard exams.
	OECD	OECD Economic Surveys: Portugal	Policy Document	Portugal faces medical staff shortages with strong regional disparities; aging population and upcoming retirements will worsen the situation. Doctors per capita are slightly above EU average, foreign-trained doctors are 12%, below the EU average.
	DGES	Reconhecimento de Graus e Diplomas Estrangeiros de Ensino Superior	Public Communication	Provide general information on higher education and regulated professions, but do not include profession-specific procedures for doctors. Content available in Portuguese and English.
		Situações de emergência humanitária decorrentes do conflito militar na Ucrânia	Public Communication	Students with temporary protection can enroll in Portuguese higher education, including medicine. Equivalence is assessed by academic level and course content. Alternative procedures allowed if documents are missing.
	DGERT	Direção-Geral do Emprego e das Relações de Trabalho	Public Communication	Provides a list of regulated professions in Portugal with contact details of the competent authorities responsible for recognition and authorization.
	Portuguese Medical Association	Ordem dos Médicos	Public Communication	Provides information on required documents to register with the Medical Association and to recognize a medical specialty, depending on the applicant's status. Includes a dedicated page and guide for the medical communication test organized by the Association. No detailed procedural guidance is provided.
	GAQ	Gabinete de Apoio à Qualificação	Public Communication	Offers information and individualized guidance to foreigners on the recognition of non-EU professional qualifications. GAQ mediators direct applicants to Qualification and Training Centers (CQEP) or other competent bodies and collaborate with employment and education services to suggest alternative training pathways.
	University of Coimbra	specific recognition panel	University Document	Universities assess the level, duration, program, and content of prior courses. Applications may be processed faster if an identical diploma was previously recognized. Recognition panels can: require a specific exam, reject the application (e.g., major differences in content or workload), or grant recognition under bilateral agreements (Portuguese-speaking countries).
United Kingdom	BMJ	How can international medical graduates use the 'portfolio pathway' to register to work in the UK?	Public Communication	Refugees experience documentation challenges
		Training refugee and asylum-seeking doctors: a cohort study of the UK REACHE programme	Policy Document	The REACHE program provides language, acculturation, clinical training and placement support for refugees.
		Training Refugee and Asylum-Seeking Healthcare Professionals – an ethical and sustainable UK workforce strategy	Policy Document	A UK study has shown that displaced doctors had notable clinical experience.
	REACHE	Supporting refugee and asylum-seeking doctors and nurses into NHS employment.	Scientific Literature	Reache XXX - Support for refugee doctors
	GMC	Acceptable overseas qualifications for doctors	Public Communication	Assessment of recognition of overseas PMQ in the UK
		Guide to register	Public Communication	Registers for healthcare professionals
	BMA	Help for refugee doctors	Public Communication	The British Medical Association supports refugee doctors

	Ministry of Health- BIG Register	Apply for BIG registration	Public Communication	Health professionals can be registered in the BIG register with certain qualifications for recognition of foreign qualifications
Sweden	OECD	Sweden Country Profile	Scientific Literature	The Swedish programmes such as the Fast Track programme and PLUS Intro support entry to the healthcare system, language support, and licensing guidance.
	National Board of Health and Welfare	Licence to practise as a medical doctor educated outside the EU	Public Communication	Licensing pathway: education assessment, knowledge test (theoretical & practical), Swedish law course, 6-month clinical internship, language requirements, processing time (2–4 weeks), specialist recognition.
	Swedish Council for Higher Education (UHR)	Recognition of foreign qualifications	Public Communication	Diploma equivalence procedures; certificate as diploma ('background paper'); ENIC-NARIC cooperation; regulated professions framework.
	County Administrative Boards	Information portal for asylum seekers and newly arrived migrants	Public Communication	Run by the County Administrative Boards that contains information about Sweden for asylum seekers and people who have recently been granted a residence permit. Multilingual guidance in 11 languages, orientation based on user situation and redirection to competent authorities.
	Swedish Public Employment Service	Fast Track (Snabbspår) & Introduction Programme	Policy Document	Introduction Programme for newly arrived migrants; diploma recognition support; Fast Track in
	Umeå University	Knowledge Test for doctors	University Document	Administration of theoretical and practical knowledge tests; 4 sessions per year; attempt limits (5 theoretical, 3 practical); 5-year completion limit.
	Karolinska Institutet	Karolinska Institutet	University Document	24-week preparatory course; funded by Employment Service; online lectures; language support; cooperation with Swedish Medical Association.
	Lund University	Preparatory medical course for foreign doctors	University Document	15-week course; Employment Service funding; review of medical knowledge; Swedish language training
	Swedish Medical Association	Mentoring programme for foreign doctors	Public Communication	Mentoring programme launched in 2019; initially funded by Employment Service; later self-funded.
	Centrala studiestödsnämnden (CSN)	Student financial aid information	Public Communication	Access to financial assistance for complementary medical education for residents and asylum applicants.
	Västra Götalandsregionen	PLUS Intro programme	Public Communication	Healthcare-focused Swedish language training; introduction to healthcare system; C1 exit level; licensing support.

Appendix 2. Evidentiary burden on displaced doctors

	Identity documents (e.g. passport)	Proof of refugee status/ international protection	Proof of asylum seeker status	Certificate of completed medical studies (diploma)	Educational transcript including courses taken and programme duration	Thesis, dissertation, supervised project, internship report	Secondary school diplomas (high school)	Application form for evaluation of studies abroad	Proof of internships/ professional experience	Language certificate	Certificate of good standing/ authorisation to practise in the country of origin	Formal curriculum vitae with relevant professional activities	Certificate of eligibility to practise the profession	No criminal record	EPIC certificate	Total number of documents required
Germany	Yes	No	No	Yes	Yes	No	No	No	No	No	Yes	Yes	Yes	Yes	No	7
Austria	Yes	No	No	Yes	Yes	Yes	No	Yes	No	Yes	No	Yes	No	No	No	10
Belgium	No	No	No	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No	No	No	7
Denmark	No	No	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	Yes	5
Spain	Yes	No	No	Yes	Yes	No	No	No	No	Yes	No	Yes	No	No	No	6
Ireland	Yes	No	No	Yes	No	Yes	No	No	No	Yes	Yes	Yes	No	No	Yes	8
France	No	No	No	No	No	No	No	No	No	No	No	No	No	No	No	1
Norway	No	No	No	Yes	Yes	No	No	No	No	No	Yes	Yes	No	No	Yes	8
Netherlands	Yes	No	No	Yes	No	No	No	No	No	No	Yes	Yes	No	No	No	4
Poland	Yes	No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No	Yes	Yes	No	13
Portugal	No	No	No	Yes	Yes	Yes	No	No	No	No	No	No	No	No	No	3
United Kingdom	Yes	Yes	Yes	Yes	No	No	No	No	Yes	Yes	Yes	Yes	Yes	No	Yes	10
Sweden	Yes	No	No	Yes	Yes	No	No	Yes	No	No	No	No	No	No	Yes	5
Across all countries	8	1	2	12	9	4	1	4	2	5	6	9	3	2	5	

Appendix 3. Timelines for qualification recognition

Country	Recognition of diploma		Entire procedure	Fast track	Measures upon application for asylum		
	Official duration of diploma recognition	Average duration or range	Average duration	Existence	Medical language courses	Exam preparation courses	Recognition procedure
Germany	4 months	Minimum 6 months	Minimum 14 months	Yes	Yes	Yes	Yes
Austria	3 months	Not stated	From 2 to 6 years	No	/	/	/
Belgium	3 months (Wallonia-Brussels Federation) 4 months (Dutch-speaking Community)	Not stated	Not stated	No	/	/	/
Denmark	Between 1 and 2 months	Not stated	3 years	Yes	/	/	/
France	NA	Not stated	4 to 10 years	No	No	No	Yes
Ireland	1 month	Not stated	12 months	No	Yes		
Spain	The average time for approval is 6 months in the decrees. In reality, it can take up to two or three years.	Not stated	From 1 to 4 years	No	/	/	/
Norway	11 months	Up to three years from the date of application for recognition	From 1 to 3 years	No	No	/	/
Netherlands	Less than 3 months	Between 6 and 18 months	Between 9 and 21 months	Yes	/	/	/
Poland	Approximately 3 months	18 months	From 2 to 3 years	No	/	/	/
Portugal	Maximum 3 months	Not stated	Not stated	No	/	/	/
United Kingdom	Application is valid for 3 months. After this period, a new application must be submitted	Not stated	Not stated	Yes	Yes	Yes	Yes
Sweden	3 months	Not stated	Between 1 and 4 years	Yes	Yes	Yes	Yes

Appendix 4. Costs related to qualification recognition and available supports

Country	Recognition of qualifications - Application				Registration with the medical association/licence		Sworn translation		Clinical/oral/written examination (or as part of additional training)			
<i>(does not take into account medical specialisations)</i>	Cost		Assistance		Cost		Assistance		Cost	Assistance		
	Existence	Details	Existence	Details	Existence	Details	Existence	Details	Existence	Details	Existence	Details
Germany	Yes	between 200 and 2800 for equivalence assessment	Yes	Various institutions can help cover the costs of the procedure (up to €600 from the <i>Federal Government recognition grant</i> /Employment Agency/other <i>grants</i> in the <i>Länder</i>). The employer may also cover the costs.	Yes	/	Yes	/	Yes	Between €400 and €1,100 depending on the federal state	Yes	The Employment Agency may provide subsidies. + "Integration through Qualification (IQ)" offers free training courses
Austria	Yes	150 (application) + 372 (recognition of medical training periods)	Yes	Two programmes by ÖIF - <i>Promotion of professional recognition-Reimbursement of tuition fees for nostrification in healthcare professions</i>	Yes	747€	Yes	Immigration Office: Förderung Berufsanerkennung	Yes	up to 1750 (all exams) - or between 1000 and 3000	Yes	by AMS in some cases
Belgium	Yes	€180 Flemish Community €200 Wallonia Brussels	Yes	Free for asylum seekers, refugees and beneficiaries of subsidiary protection	Yes	€200 but free of charge for the first year	Yes	Financial support in the Flemish Community	No	/	N/A	/
Denmark	Yes	€250 for EPIC + 470	Yes	Only in certain municipalities or associations	Yes	€470 non-specialist €696 specialist	No	/	No	(included in recognition)	N/A	/
Spain	Yes	166€	Yes	Free for Ukrainians. Social assistance	/	/	No	/	Yes	31	Yes	Regional
France	NA	NA	NA	NA	NA	NA	No	No	No	/	NA	/
Ireland	Yes	700€	No	/	Yes	560€	No	/	Yes	1130	No	/

Norway	Yes	€250 for EPIC + €140	No	/	Yes	€146 for Altinn	No	/	Yes	4,300€	Yes	Job seekers
Netherlands	Yes	The cost of the entire recognition procedure up to registration is €85	Yes	UAF: https://www.uaf.nl/en/ondersteuning/ik-wil-werken/medische-assessments/	Yes	€85	Yes	UAF	Yes	1,700€	Yes	UAF
Portugal	Yes	Between €500 and €1,500	No	/	No	/	No	/	/	/	N/A	/
Poland	Yes	From €160 to €1,400	Yes	by the employment agency			No	/	Yes	23€	No	/
United Kingdom	Yes	200€	Yes	The costs are covered by the GMC for refugees	Yes	€30 provisional registration €208 permanent registration	No	/	Yes	2,140€	Yes	The first two attempts are free for refugees + assistance from refugee charity
Sweden	No	/	Yes		Yes	250€	Yes	Free for all job seekers	No	(part of the cost of recognition)	Yes	for travel with the Employment Agency

	Examinations (language, health language)				Assistance with the cost of exam registration (excluding language)				Cost range	Other comments
	Costs (exam preparation)		Financial assistance		Availability of assistance	For job seekers	Recognition body	For refugees	Not including certified translation and apostille, not including preparation or other technical costs, not including specialisation*	
	Existence	Details	Existence	Details						
Germany	Yes	Fachsprachenprüfung: Between €300 and €600 depending on the federal state	Yes	- Face-to-face courses are either free or partially subsidised by the BAMF and the Employment Agency to prepare for the test - Free online courses IMED-KOMM	Yes	Yes	Yes	No	Between €900 and €4,500	
Austria	Yes	1,106€	Yes	Immigration Office: Promotion of professional recognition + AMS	Yes	Yes	No	No	€2,375 to €4,125	

Belgium	/	/	/	/	Yes	No	/	Yes	€0 to €400	Free for refugees
Denmark	Yes	€70 to €270	Yes	Tests are free for migrants with legal status enrolled in language centres	Yes	N/A	No	No	Between €1,190 and €1,416	
Spain	Yes		No		Yes	Yes		No	200€	
France	NA		NA		Yes			No		No cost
Ireland	Yes	200€	/	/	No	No	No	N/A	Between 1460 and 2590	
Norway	Yes	200€	Yes	Free the first time when the test is mandatory	Yes	Yes	No	No	Between €4,550 and €4,750	See information sheet for details of the healthcare system exam.
Netherlands	Yes		Yes		Yes	No	No	Yes	1,785€	
Portugal	Yes	300€	/	/	Yes	No	No	No	Between 800 and 1800	
Poland	Yes	115€	No	/	Yes	N/A	N/A	No	from £240 to £1,400	The first attempt is free, while the second and subsequent attempts cost £23 each. n/a: free or reduced cost
United Kingdom	Yes	250€	Yes	Refugee charity	Yes	No	Yes	Yes	From £0 to £2,828	Free for refugees
Sweden	No	(part of the cost of recognition)	Yes	for travel with the Employment Agency	Yes	Yes	No	No	250€	link to the knowledge test: If you are registered as a jobseeker, it is a good idea to contact your local employment office to see if there is any support available.

Appendix 5. Information and guidance available on qualification recognition

	Information and guidance on recognition of qualifications															
	Platform							Tel.	Email	Information desk and individual support				Specific assistance / programme		
	Existence	Bilingual English	Multilingual (+ 2 languages)	Language Conclusion	Table	Search engine	Examples of best practice			Existence	For migrants in general	Specific to refugees	National level	Existence	International	Refugees
Germany	Yes	Yes	Yes (9)	Multilingual	Yes	Yes	Platform for employers, professionals and career advisors, which provides guidance on the relevant authorities and the required documents. + Application (new feature: for certain professions, including healthcare professions, it is possible to submit your application for recognition digitally)	Yes	Yes	Yes	Yes	No	Yes	No	Yes	No
Austria	Yes	Yes	Yes (6)	Multilingual	Yes	Yes	Clear platform for professionals, available in several languages, which directs them to the competent authority and the required documents, coupled with physical contact points	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	No
Belgium	Yes	Yes	No	Bilingual English	No	Yes	Platform offering a pathway specifically for healthcare professions	Yes	Yes	Yes	Yes	Yes		Yes	Yes	Yes
Denmark	Yes	Yes	No	Bilingual English	Yes	Yes	No	Yes	Yes	No	n/a	n/a	No	No	/	/
Spain	Yes	No	No	National language only	Yes 1	No	No	Yes	Yes	No	No	n/a	No	No	/	/
Ireland	Yes	Yes	No	Bilingual English	Yes	Yes	Information on the procedure tailored to the doctor's career path	Yes	Yes	No	No	n/a	No	No	/	/
France	Yes	Yes	Yes	Multilingual	Yes 1	No	Specific platform for refugees			No	n/a	n/a		No	/	/

Norway	Yes	Yes	No	Bilingual English	Yes	Yes	No	Yes	Yes	No	No	n/a	/	No	N	/
Netherlands	Yes	Yes	No	Bilingual English	Yes	Yes	Search engine specifically for healthcare professions	Yes	Yes	Yes	Yes	No	Yes	Yes	N	/
Poland	No	Yes	No	Bilingual English	No 2	No	No	Yes	No	No	No	n/a	No	Yes	N	/
Portugal	No	Yes	No	Bilingual English	No 2	No	No	Yes	Yes	Yes	Yes	No	Yes	No	N/A	/
United Kingdom	Yes	Yes	No	Bilingual English	Yes	Yes	Search engine based on the doctor's career path	Yes	Yes	Yes	Yes	Yes	Yes	Yes	N	/
Sweden	Yes	Yes	Yes (12)	Multilingual	Yes	Yes	Information platform on the procedure specifically for healthcare professions, with information for refugees	Yes	Yes	Yes	Yes	No	Yes	Yes	N	/

	Information and guidance on returning to education									
	Website with information on resuming health studies unfinished studies				Guidance for international students					
	National public website	Accessible university website	Information for international students	Specific information for refugees	Platform	Help desk	tel	Email	specific refugees	
Germany	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	
Austria	Yes	Yes	Yes	No	Yes	Yes	Yes	Yes	No	
Belgium	No	Yes	No	No	No	Yes	Yes	Yes	Yes	

Denmark	No	No	No	No	Yes	Yes	No	No	No
Spain	No	Yes	Yes	No	No	No	Yes	Yes	n/a
Ireland	No	No	No	No	No	No	No	No	n/a
France	No	No	No	No	No	No	No	No	n/a
Norway	No	Yes	No	No	Yes	No	Yes	Yes	n/a
Netherlands	No	Yes	No	No	No	Yes	Yes	Yes	Yes
Poland	No	/	No	No	No	No	No	No	n/a
Portugal	No	No	No	No	No	No	/	/	n/a
United Kingdom	No	No	/	/	No	Yes	Yes	Yes	Yes
Sweden	No	Yes	No	No	No	Yes	Yes	Yes	Yes

Appendix 6. Pathways to resuming medical studies and training

	Resuming studies without proof of qualification				Resuming unfinished studies (no diploma)								
	Test	File	National	Method	Test		Interview	File Recognition	Recognition authority	National	Close to previous level	Restricted quotas (no exceptions for refugees)	Details
					1st year test as nationals	Specific test							
Germany	Yes	Yes	Yes	Affirmation "in lieu of oath"	No	Yes	No	Yes	State Examination Board (LPA)	Yes	Yes	Yes	No quotas for refugees, but limited places for everyone.
Austria	Yes	Yes	Yes	It depends, but it is possible to take tests to have your degree recognised, or technical discussions, work samples	Yes	No	/	No	Three universities	Yes	Yes	Yes	To resume medical studies, you must either pass the MedAT admission test (and have some of your prior learning credited) or pass a "cross-disciplinary test" and apply for a transfer to a higher semester if there are places available at the university in question.
Belgium	No	Yes	Yes	Submit an application for equivalence based on academic documents available to the BPI + complete a questionnaire detailing your academic history in higher education (Wallonia-Brussels) // You will need at least one piece of evidence that you completed your studies abroad (NARIC Vlaanderen)	Yes	No	Yes	Yes	Higher education institutions	Yes	Yes	No	Recognition of credits. Refugees, beneficiaries of subsidiary protection and asylum seekers are considered as national students. They are not subject to the numerus clauses imposed on international students, which is 15% of students.
Denmark	No	Yes -		Complete an application form detailing the candidate's studies: "background report". But not sure for the medical studies	Yes	No	No	Yes	Higher education institution			Yes	Limited number of places for everyone. Question asked to the refugee serviceemail@sund.ku.dk
Spain	/	/	/	/	No	Yes	No	Yes	Universities	Yes	Yes	Yes	There is a very limited number of places available for admission through "validation".

France	No	No	No	/	No	Yes	Yes	Yes	Universities	Yes	No	Yes	
Ireland	/	/	/	N/A	No	Yes	/	Yes	/	/	/	No	A university department questioned about the procedure and the existence of quotas did not mention it.
Norway	Yes	Yes		Interview at the university plus test	No	Yes	No	Yes	University	No		Yes	With the detailed curriculum, you must request an exemption from certain subjects You must first enrol in the first year or quotas. Question asked to info.med@uib.no
Netherlands	No	Yes	No	Assessment by the university to which the refugee wishes to apply	No		No	Yes	Universities	No	Yes	Yes	Possibility of participating as an auditor in the English-language medical degree programme Recognition of credits. Question about quotas posed to: international.office@umcg.nl Very limited places available in the first year
Poland	/	/	/	/	/	/	/	/	/	/	/	/	No information on returning to study.
Portugal	/	/	/	/	Yes		Yes	Yes	University	Yes	/	No	Admission to medical school is not subject to quantitative restrictions based on the prior establishment of vacant places and may take place in all cycles of study, including medicine.
United Kingdom	No	/	/	/	No		No	No	/	No	/	n/a	Resuming studies is not possible.
Sweden	/	Yes	Yes	Assessment returns to university (no standardisation)	/			Yes	Swedish National Board of Health and Welfare	Yes	Yes	Yes	Recognition of credits following a first-year exam or late entry application where places are available

	Access to specialisation (not started)				Recognition of a specialisation started but not completed			Recognition of a completed specialisation				
	Examinations		Direct access to medical residency (based on application)	Details	Existence	Credit recognition	Specific pathway	Need for recognition of basic qualification?	Test	File	Supervised work/internship	
	Take two examinations (one for recognition/one for continuation of specialisation)	Take a single examination like nationals for continuation of the speciality										
Germany	n/a	n/a	Yes	Apply directly to the hospital once you have obtained your licence to practise and registered with the Medical Council.	yes	yes		Yes	No	Yes	Yes	Additional internship period depending on results
Austria	n/a	n/a	Yes	Apply directly to the hospital after obtaining your bachelor's degree and recognised medical degree.	No	No	No	Yes	Yes	Yes	Yes	
Belgium	No	Yes	No	COMPETITIVE EXAMINATION TO ENTER A SPECIALISED MASTER'S PROGRAMME	No	No	No	Yes	No	Yes		If the specialisation is not recognised, the training must be completed, and the duration extended with an additional internship.
Denmark	No	Yes	Yes	Once the basic qualification has been recognised, it is possible to resume studies at boarding school level. Examination, but not to gain access to specialisation	No	No	No	Yes	No	Yes	Yes	Employment or additional training
Spain	No	Yes	No	The examination of foreign doctors in the recognition procedure is the same as that for nationals. COMPETITIVE EXAMINATION TO CHOOSE A SPECIALITY	Yes	/	No	Yes	Yes	Yes	Yes	Additional requirements depending on test results

France	No	No	No	No access to specialisation not yet started but resumption of studies.	NA	NA	NA	No	Yes	No	Yes	
Ireland	Yes	Yes	No	Doctors who have just completed their degree without a year of internship must take another test.	No		Yes	Yes	Yes	Yes	Yes	In particular, depending on the speciality, there are compulsory courses that must be passed. If equivalent courses have not been taken in the country of origin, there are courses available online and even course pathways depending on the speciality. A certificate of completion can be obtained for these courses. A recommendation to grant registration usually results in immediate registration. If the recommendation is to refuse registration, the candidate will be offered a written examination. If the recommendation following a written examination is that gaps in training and/or existing experience continue to be identified, the applicant will be offered an oral examination.
Norway	n/a	Yes	Yes	There are a very limited number of places for foreigners	Yes			Yes	No	Yes	Yes	
Netherlands	n/a	n/a	Yes	Non-specialist doctors begin working as doctors' assistants for 1 to 3 or 4 years and then choose a speciality.	Yes		No	Yes	No		Yes	Depending on recognition, internships will be required for a specified period
Poland	Yes	No	No	As in Spain, a final examination allows students to obtain a place in a specialised programme.	/	/	/		No	Yes	Yes	

Portugal	Yes	No	No	Depending on their position in a national test, candidates are awarded one of the places of their choice.	/	/	/	Yes	Yes		Yes	Depending on the application, additional measures may be required. The test may be one of the additional measures.
United Kingdom	Yes	Yes	No	To enter the speciality, candidates must have passed specific examinations, which can be taken as part of the authorisation to practise procedure if they are already advanced in the speciality.	No	No	Yes	Yes	Yes	Yes	Yes	
Sweden	n/a	Yes	Yes	If you have not passed the medical exam, there is also the option of entering the sixth year at university to obtain a Swedish degree and then begin your internship.	Yes	/	No	Yes	No		Yes	Possibility of having 4-5 years of specialisation acquired outside Sweden recognised. It is up to the supervisor to confirm that the training has contributed to the acquisition of the required skills.

	Assistance for refugees				Adapted supplementary training programme		Courses on the national healthcare system and/or other courses/tools to bridge differences in background (cultural)
	Existence	Study group Mentoring	Financial assistance Free	National level	During PMQ recognition	During speciality	
					Existence	Existence	Existence
Germany	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Austria	No	n/a	n/a	Yes	No	Yes	No
Belgium	Yes	Yes	Yes	/	Yes	Yes	No
Denmark	Yes	No	Yes		No	Yes	Yes
Spain	Yes	No	Yes	Yes	Yes	No	Yes
France	No	No	No	No	No	No	No
Ireland	No	n/a	n/a	N	No	Yes	Yes
Norway	No	n/a	n/a	No	Yes	Yes	Yes
Netherlands	Yes	Yes	Yes	No	Yes	Yes	Yes
Poland	No	No	No		No	Yes	Yes
Portugal	No	n/a	n/a	/	Yes	Yes	No
United Kingdom	Yes	Yes	Yes	No	No	Yes	Yes

Sweden	Yes	Yes	Yes	/	Yes	Yes	Yes
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Appendix 7. Assessment methods for recognition

Countries	Recognition authority								Use of a database	ENIC-NARIC collaboration	
	National	Depends on the Ministry of Health	Depends on the Ministry of Education or Higher Education	Details	Varies for returning to education	Details	Varies for specialisation	Details		Database with health studies	Exchange of information/advice
Germany	No	Yes	no	-	yes	State Examination Office (LPA)	yes	Medical Association of each federal state	yes	yes	yes
Austria	No	no	Yes	3 universities responsible for recognition: Vienna, Graz, or Innsbruck	No		No		yes	yes	no
Belgium	No	no	Yes	/Dutch-speaking Community = NARIC Vlaanderen French-speaking Community = through the service for the academic and professional recognition of foreign higher education qualifications of the Wallonia-Brussels Federation	yes	University admissions board	yes	Medical Association	no	no	yes

Denmark	Yes	yes	no	The recognition body cooperates with universities	yes	Educational institution	yes	Regional councils for postgraduate medical training.	yes	no	
Spain	Yes	yes	yes	Equivalence of non-specialist medical qualifications = Ministry of Science, Innovation and Universities					no	no	
Ireland	Yes	yes	/	/	/		No		yes	No	/
France	NA	NA	NA	NA					no	no	
Norway	Yes	yes	Yes	collaboration with Norwegian universities					yes	no	yes
Netherlands	Yes	Yes	No	/	yes	Universities/Ministry of Education	yes	Committee for the Registration of Specialist Doctors	yes	yes	no

Poland	Yes	yes	yes	/	/	/	No	/	no	No	/
Portugal	Yes	No	yes	DGES (Directorate-General for Higher Education)	no		yes	Speciality College of Portuguese Medical Association	no	No	/
United Kingdom	Yes	yes	No	/	/		No		yes	No	/
Sweden	Yes	yes	No	/	yes	You must enrol in the first year of medical school, then the university will determine which subjects can be validated.	no		yes	yes	yes

	EPIC (Electronic Portfolio of International Credentials) medicine database		Application file	Deadlines
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		Test	Medical database	Language proficiency test	Medical language	Flexibility for missing evidence		Possibility of presenting a diploma in English	
				Certification	Examination	Existence	Details		
Germany	no	no	yes	no	yes	Yes	Sworn statement when evidence is lacking + tests / Universities and plausibility check when resuming studies	no	4 months
Austria	no	yes	no	Yes	yes	yes	Recognition can be based on tests, interviews, etc.	Yes	3 months
Belgium	no	no	no	no	no	yes	Wallonia-Brussels Federation: academic documents + questionnaire to trace academic background Flanders: proof that studies were completed abroad	Yes	3 months (Wallonia-Brussels Federation) 4 months (Dutch-speaking community)
Denmark	yes	no	yes	Yes	yes	/	/	Yes	Between 1 and 2 months

Spain	no			Yes	no	/	/	/	Average duration of accreditation is six months but can take two to three years.
Ireland	yes	Yes	yes	yes	no	/	/	no	4 months
France	NA	NA	NA	NA	NA	NA	NA	No	
Norway	Yes	Yes	yes	Yes	no	yes	In the absence of evidence, there is an interview with experts and an examination	yes	Between 6 and 12 months
Netherlands	no	Yes	yes	Yes	yes	yes	Additional questions about the programme followed with Indicatie Onderwijsniveau	/	Maximum 12 weeks
Poland	no	yes	no	Yes	yes	/	/	No	Approximately 3 months
Portugal	no	yes	no	yes	no	/	/	Yes	6 months

United Kingdom	Yes	yes	yes	yes	no	N/A	N/A	No	/
Sweden	no	yes	No	no	no	yes	/	Yes	/

Appendix 8. Access to employment

Country	Starting at a lower level			Temporary authorisation to practise (supervised practice)			Additional training (bridging courses)		Course on the rules of the national health system		Examination
	Existence	Support Progress	Accuracy	Existence	Clarifications	Duration	Existence	Clarifications	Existence	Clarifications	
Germany	No	/	No, but as a junior doctor, yes	Yes	Work permit	2 years	Yes	IQ Network	No	/	Yes
Austria	No	/	Not possible for doctors	No	No	No	No	No	No	Only examinations	Yes
Belgium	No	/	/	No	/	/	No	/			Yes
Denmark	Yes	No	Soon to be assistant doctor. New decree must be applied. Reforms are moving towards work at a lower level and temporary authorisation.	Yes	Authorisation for supervised work (for assessment purposes) must be obtainable from the start of the authorisation procedure following a decree of January 2024.	/	Yes				Yes
Spain	No	/	/	Yes	It is possible to recruit non-EU specialists without an approved diploma, provided they have a conditional approval report from the evaluation committee.	1 year, 3 months renewable.	No	Introductory course on the Spanish healthcare system for Ukrainian healthcare professionals.			Yes
France	Yes	No	Yes, subject to training as a doctor	No	Yes in principle, but in practice almost non-existent			Yes			
Ireland	No	/	/	No	/	/	Yes	Depending on the course			Yes
Norway	No	/	/	No	/		Yes	Courses on Swedish legislation and safe handling. Additional training during conditional recognition			Yes
Netherlands	Yes	No	/	Yes	Pending full recognition, the doctor may be granted	2 years	Yes	Access to free courses at the university; courses organised			Yes

					authorisation to work.			for Ukrainians			
Poland	No	/	/	Yes	Simplified temporary authorisations for Ukrainians and following COVID while awaiting recognition	5 years, non-renewable 3 years for Ukrainians	No	/			Yes
Portugal	No	/	/	Yes	Holders of a medical degree are recognised as having a master's level qualification, which allows them to obtain a temporary licence to practise in a hospital	Until 2026	No	/			Yes
United Kingdom	Yes	Yes	Creation of the medical assistant profession	No		/	No	/			Yes
Sweden	Yes	No	Opportunity to work in an unregulated profession as a nursing assistant	No		/	Yes	Umea , Gothenburg , Lund , Karolinska) and nursing (Karolinska , Lulea , Gavle , Gothenburg)			Yes

	Help with exam preparation									Examination			Best practices
	Existence	National	Clarifications	How	Funded courses	Internships	Mentoring Groups Learning	Bibliography Web resources	Specific Refugees	Clinical/Oral	Written	Multiple responses	
Germany	Yes	Yes	Yes (subsidised by the employment agency)	All 3	Yes	Yes	Yes	Yes	No	Yes	No	No	IQ Network
Austria	Yes	/	/	All 3	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	
Belgium	No	/	/						n/a	(only for specialisation)			
Denmark	No	Yes		n/a	No	No	No	Yes	n/a	Yes	Yes	Yes	
Spain	No	Yes	Online application to prepare for exams that are the same as those for nationals	n/a	No	No	No	Yes	n/a	Yes	Yes	Yes	
France	No			n/a					n/a				
Ireland	Yes	/	Online courses	Courses and mentoring	Yes	No	Yes	Yes	No	Yes	Yes	Yes	The examination is not necessary if you have completed a year of internship.
Norway	Yes	No	Online learning portal and corrected past papers	Courses	Yes	No	No	Yes	No	Yes	Yes	Yes	
Netherlands	Yes	Yes	Association of Foreign-Educated Doctors // UAF (University Foundation)	All 3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	

Poland	No	No		n/a	No	No	No	No	n/a	Yes	Yes	Yes	
Portugal	No	/	No	n/a	No	No	No	No	n/a	Yes	Yes	Yes	
United Kingdom	Yes	No	Programmes for all stakeholders	All 3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Possibility of working immediately as a medical assistant. Numerous resources made available to refugees
Sweden	Yes	Yes	Assistance through regional Fast Track programmes. Courses at universities	All 3	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes	15-week training course funded by Arbetsformedlingen (FAST TRACK) Supplementary Qualifications can be recognised and work can be accessed either through examinations, specialised training or further study

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