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Supporting health care professionals who are asylum seekers or refugees in starting their licensing process in Finland

DISCUSSIONPAPER

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who are asylum seekers or refugees in
starting their licensing process in
Finland**



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Foreword

Many new activities carried out in the social and health care field are done within projects, which eventually end. This makes it important to share the experiences and findings of even small projects in such a way that new activities can be built on the previous ones. We hope that this 2016 report describing the support of health care professionals who are asylum seekers and refugees in Finland will help in the future those deciding on and carrying out activities and building structures to support asylum seekers and refugees to use their capacity to the fullest on entering the country.

We want to thank the Ministry of Economic Affairs and Employment for supporting and funding this project as well as the Finnish Immigration Service and reception centers for spreading information about our project to asylum seekers. The work in this project was carried out at the National Institute for Health and Welfare (THL) and we would like to thank THL for providing facilities for the seminars and for making this whole process possible. We were honored to see the enthusiasm of the speakers in the seminars and would like to thank them for their expertise. We would also like to express gratitude for the active involvement of several organizations such as the Finnish Medical Society Duodecim, the Finnish Medical Association (FMA), The Union of Health and Social Care Professionals in Finland (Tehy) and the Universities of Tampere and Helsinki. Finally, we want to thank Dr Rian Al Ramadhani and Dr Samee Mohammed Faiq Samee who helped us with this project. We also want to thank all the seminar participants for their active interest in the seminars and for giving us feedback that helped us with this process.

Abstract

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Earlier research and reports have described the problems of integrating non-EU/EEA health care professionals into the Finnish labor market. Problems identified include a lack of guidance on the licensing process, a lack of skills and support in Finnish/Swedish language in general and in professional language, a lack of established preparatory courses, difficulties in accessing training places, and a lack of coordinated cooperation between authorities, health care and professional trade unions. In this report, we focus on how to support health care professionals who are asylum seekers or refugees in starting their journey towards licensing. We summarize the findings of a literature search, a survey on the numbers of health care professionals who are asylum seekers in Finland and our own experiences of arranging a series of seminars for health care professionals who were asylum seekers or refugees. Health care professionals who are asylum seekers or refugees were scattered all over Finland and many are in very remote places. Asylum seekers / refugees entering a country are in a completely new situation, both concretely and psychologically. Many cornerstones of life are left behind and the future is unpredictable. Getting an overview of the steps needed to obtain the right to practice one's profession in a new country brings hope and structure, even if the journey to a full license is long. A transparent system and easily accessible and welcoming information help asylum seekers and refugees to start the journey towards licensing efficiently. If located near each other, asylum seekers who are health care professionals can support each other, share information, and have easier access to already existing meetings, seminars and courses. A short introductory course offered as soon as possible after entering the country and welcoming web pages that would offer centralized information would be helpful. Detailed information should be given on how to obtain a training place, how to find hospitals and health centers, and whom to contact. All TE-services that have health care professional as clients should also receive concise information about the licensing process of health care professionals and the steps needed to start the process. Having a voluntary collegial mentoring system would be beneficial and speed up integration and help to avoid many problems. Many health care professionals who were asylum seekers or refugees were active not only in promoting their own situation but also in sharing information actively with their colleagues. Many Finnish colleagues and experts were ready to help and share their expertise when asked. The aim is not to make the requirements for professionals to work in Finnish health care any less strict, but to help newcomers to use their capacity to the fullest from the moment they enter the country.

Keywords: non-EU/EEA health care professionals, asylum seekers, refugees, licensing process, doctor, health care

Tiivistelmä

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Aikaisemmat tutkimukset ja selvitykset ovat kuvanneet EU ja ETA alueen ulkopuolelta tulevien terveydenhuoltoammattilaisten ongelmia suomalaisille työmarkkinoille integroitumisessa. Integroitumisen esteiksi on todettu opastuksen puute laillistamisprosessissa, ongelmat suomen- ja ruotsinkielien taidoissa ja vakiintuneiden valmentavien kurssien puute. Myös harjoittelupaikkoja on vaikea saada ja koordinoitu vakiintunut yhteistyö eri viranomaisten, terveydenhuollon ja ammatillisten järjestöjen välillä puuttuu. Tässä raportissa pohdimme, miten terveydenhuoltoalan ammattilaisia, jotka ovat turvapaikanhakijoita tai pakolaisia, voi tukea laillistamisprosessin alkuun pääsemisessä. Kuvaamme löydöksiä kirjallisuuskatsauksesta ja kyselystä, joka tehtiin terveydenhuoltoalan ammattilaisille, jotka ovat Suomessa turvapaikanhakijoina tai pakolaisina. Kerromme myös kokemuksistamme ammatillisten seminaarien järjestämisestä kohderyhmälle. Suomessa turvapaikanhakijoina olevat terveydenhuoltoalan ammattilaiset oli sijoitettu eri puolille Suomea, monet syrjäisille seuduille hankalien kulkuyhteyksien päähän. Maahan tulevat turvapaikanhakijat ja pakolaiset ovat sekä konkreettisesti että psykologisesti uudessa tilanteessa. Elämän peruspilarit ovat jääneet ja tulevaisuus on ennakoimaton. Kokonaiskuvan saaminen edessä olevasta laillistamisprosessista toisi toivoa ja selkeyttä, vaikka täysien ammatillisten oikeuksien saaminen kestää vuosia. Avoin, helposti löydettävissä oleva ja tervetulleeksi toivottava tieto auttaisi turvapaikanhakijoina ja pakolaisina olevia ammattilaisia pääsemään laillistamisprosessin alkuun tehokkaasti. Jos turvapaikanhakijoina ja pakolaisina olevat terveydenhuoltoalan ammattilaiset olisi sijoitettu lähelle toisiaan, voisivat he tukea toisiaan ja jakaa saamaansa tietoa keskenään ja heillä olisi myös parempi pääsy olemassa oleville kursseille. Lyhyt esittelykurssi mahdollisimman pian maahan tulon jälkeen ja verkkosivut, joissa olisi keskitetysti tietoa laillistamisprosessin eri vaiheista, vaadittavista asioista ja miten suorittaa ne, olisivat hyödyllisiä. Laillistamisprosessin aloittaneet tarvitset yksityiskohtaista tietoa myös siitä, miten saada harjoittelupaikka ja kuinka löytää terveyskeskukset ja sairaalat ja kehen ottaa yhteyttä. TE-toimistoille tulisi antaa lyhyesti ydintiedot terveydenhuoltoalan laillistamisprosessista ja sen aloittamisesta. Kollegiaalisen mentorointi-systeemin järjestäminen nopeuttaisi laillistamisprosessia ja ehkäisisi monia ongelmia. Monet kohtaamamme turvapaikanhakijoina ja pakolaisina olevat terveydenhuoltoalan ammattilaiset eivät olleet ainoastaan aktiivisia edistämään omia mahdollisuuksiaan laillistamisprosessin aloittamisessa, mutta jakoivat myös aktiivisesti saamaansa informaatiota auttaakseen toisia. Monet suomalaiset kollegat ja asiantuntijat olivat valmiita pyydettyä auttamaan ja jakamaan osaamistaan. Tavoitteena ei ole helpottaa vaatimuksia EU ja ETA alueen ulkopuolelta tulevien terveydenhuoltoammattilaisten pääsyssä suomalaiseen työelämään, vaan tukea heitä käyttämään kapasiteettiaan mahdollisimman hyvin heti, kun he tulevat Suomeen.

Avainsanat: EU ja ETA alueen ulkopuolella koulutetut terveydenhuoltoammattilaiset, turvapaikanhakijat, pakolaiset, laillistaminen, lääkäri ja terveydenhuolto

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1 Introduction

In this report we have gathered information on how to support health care professionals who are asylum seekers or refugees in starting their journey towards licensing, which is required to enter working life as a health care professional in Finland. We also share our own experiences of a process of supporting health care professionals who are asylum seekers or refugees in Finland. The process was carried out at the National Institute for Health and Welfare (THL) and started in December 2015 and lasted until October 2016. It consisted of five full-day seminars and one concluding meeting with health professionals who are asylum seekers or refugees and Finnish stakeholders. A literature search for previous studies and information from other European countries was carried out. In addition, a survey on the numbers of health care professionals who are asylum seekers in Finland was carried out. The Ministry of Economic Affairs and Employment financially supported the process. Health care professionals who are asylum seekers or refugees were trained outside European Union (EU) and European Economic Area (EEA) countries and they face the same requirements to obtain a practice license as any other health care professionals coming from these areas. In this report we discuss the challenges and possible solutions regarding specifically professionals who are asylum seekers or refugees. We do not discuss licensing process itself nor the contents of training because these issues concern all the health care professionals trained outside EU and EEA area and are out of scope of this report.

In 2015 more than 30 000 asylum seekers came to Finland, which was many times more than any year previously. Most asylum seekers came to Finland in the late summer and autumn. The four most common nationalities among asylum seekers at this time were Iraqi (20 485), Afghanistan (5214), Somali (1981) and Syrian (877) (Finnish Immigration Service 2015).

Based on United Nation's (UN) reports, doctors and other professionals such as journalists and lawyers in Iraq are target of the so-called "Islamic State of Iraq and the Levant" (ISIL) killings and abductions and therefore it was expected that there would also be some health care professionals among asylum seekers coming to Finland (UNAMI 2016), even if it is known that the EU is attracting more low educated people from Middle East and North Africa than is North America. It has been found that 54% of first-generation migrants from these regions with a university degree reside in Canada and the USA, while 87% of those with less than a secondary education are in Europe (Carrera et al 2014).

There is no comprehensive overview of the educational levels of asylum seekers who came to Finland in 2015. However, an interview-based study was done among 1004 asylum seekers in Uusimaa between December 2015–March 2016, where 27% of those interviewed reported that they had studied at university level and 16% reporting having a bachelor's, master's or PhD level degree. Of the asylum seekers who reported having a university level education, 8% reported having studied in the nursing, medical or pharmaceutical field and two reported having a PhD. (Sandberg and Stordell 2016). If this was representative of the situation in the whole country, it would mean that there are several hundred asylum seekers who have studied in the nursing, medical or pharmaceutical field.

According to the most recent available OECD statistics, a considerable portion (almost 20%) of doctors practicing in Finland are foreign trained (4154 foreign trained out of 20 866 licensed doctors in Finland). In contrast, only a few nurses, approximately 2% in 2012, were foreign trained (1293 out of 72 471). Most foreign-educated doctors come from Estonia (1276 doctors), Sweden (950 doctors), and Russia (669 doctors). Of the foreign trained nurses about half received their training in Estonia (659 nurses), with the next most common locations being Sweden (282 nurses) and Germany (82 nurses). In 2012, Finland had 23 doctors who had been trained in Iraq, six in Afghanistan, three in Syria and three in Somalia. Of the nurses, one was trained in Iraq and none in Somalia, Afghanistan or Syria (OECD 2012).

Doctors whose training took place outside the EU/EEA area and do not have EU/EEA area nationality must pass a Finnish/Swedish language exam, undergo six months of training, and pass an exam with three parts: a clinical part, knowledge of legislation and the health care system, and a practical part. The process begins with approval of certificates from the country of origin by the National Supervisory Authority for

Welfare and Health (Valvira). The process for dentists is similar, beginning with the approval of certificates and a language exam, although the exams are divided in more parts. There is not a corresponding approval system for nurses and the process is more individually based (Valvira 2008).

Three PhD studies have investigated integration and challenges in the Finnish work environment of foreign-born doctors coming from outside of EU/EEA states (Markkanen 2008, Haukilahti 2014, Kuusio 2014). Sanna Markkanen's study specifically investigated opportunities and barriers to obtaining paid employment for health care professionals who are refugees. Lämsä and colleagues' study further confirmed the findings of the previous doctoral studies (Lämsä et al 2012). In general the findings suggest that the licensing process in Finland is experienced as difficult and time consuming, in part due to the lack of information and guidance. In addition, better preparation courses, increased training possibilities and especially medical language courses are needed. Despite Sweden having more experience of integrating immigrants and refugees, the doctoral study of Muskoe (2012) found that obtaining a Swedish medical license was experienced as confusing, long, unfair and frustrating, although it was not described as discriminatory or prejudiced. The problems and challenges described are well known among authorities. In Valvira's web pages, Director Jussi Holmalahti has summarized that problems in language in general together with inadequacies in professional language are the biggest barriers to the integration of health care professional immigrants into the labor market. Thus, the next step would be to establish preparatory education and training for health care professionals. Coordination of training places and coordination between authorities, health care bodies, and professional unions is called for. (Holmalahti 2015).

2 Findings from other countries

Several web pages were searched for information on how health care professionals who are asylum seekers or refugees were integrated into work life. In addition a literature search on the subject was made by the information officer at THL. Due to very limited resources and time, reading through the web pages focused on doctors and three countries: Sweden, Germany and Denmark. Below we present the findings but do not describe the licensing requirements per se. More detailed information of the licensing processes can be found in the links presented.

We found few descriptions of activities or structures targeted specifically at asylum seekers, with the exception of daily newspaper articles (Kendall 2014, Muilu 2016) about intensive language courses that started soon after many refugees came to Europe in autumn 2015.

Compared to the Finnish system, the other countries investigated had more detailed and friendly web pages and online brochures, as described below. In all countries, obtaining a license to work as a medical doctor or dentist is a demanding process that lasts many years. The process starts with obtaining one's documents approved and passing language exams and different exams, and fulfilling training. Besides the informative web pages, other countries seemed to have established continuous language training, medical practice training, and the introduction of legislation and health care system courses to prepare doctors for examinations and working life.

2.1 Sweden

Refugee and asylum seeker doctors in Sweden can find clear information in English on the licensing process both in the web pages of the [Swedish Medical Association](#) and [the National Board of Health and Welfare](#). Some information on the web pages of the National Board of Health and Welfare are also available in Arabic.

The web pages are written with a friendly and personal style and contain detailed advice on where to find more information, for example, telling about different sources of Swedish language courses in the municipalities (following receipt of the residence permit), at the Swedish Institute, at Folkuniversitetet, as well as information on language courses designed exclusively for healthcare staff in Södertälje. The web pages tell about how to search for training places and give information on average waiting times for training. Pages provide links to immigration service information.

An immigrant doctor who is not yet licensed can apply to be a member of the Swedish Medical Association in Sweden, which also provides its own counselling and support. The Swedish Medical Association has a brochure with basic information for doctors coming from outside the EU/EEA area.

The medical knowledge exam, the so-called TULE-exam, which establishes whether the applicant has a theoretical medical knowledge that corresponds with the Swedish medical education, is held twice a year and previous exams can be found in the web pages of the Karolinska Institutet. A course covering medical laws and regulations, referred to as "Hälsa- och sjukvårdsrätt med författningskunskap," is offered and must be passed before licensing is granted. A one-year supplementary education in medicine is arranged at the University of Gothenburg, Linköping University, and the Karolinska Institutet.

2.2 Germany

In Germany you can find information on licensing on the web pages of the [Federal Ministry of Education and Research](#), which also has [a brochure on licensing procedure for healthcare professionals](#). The brochure explains in lay-language the requirements and steps to entering working life. Information on immigration is also provided. The brochure also gives information on where to find German language courses, provides other information sources, and provides a hotline phone number for receiving information on working and living in Germany.

Also the [German Medical Association](#) has web pages providing information for doctors who completed their basic medical training outside the EU, EEA or Switzerland and who wish to work or train in

Germany. The pages do not give detailed information on various practical issues but has a link for useful information of all state authorities of recognition with addresses, names for responsible persons and phone numbers.

The third information source is a brochure [Medical Onboarding Germany »FAQ«](#) published by a recruiting and consulting agency that provides immigrant health care workers with necessary information about working and living in Germany. The brochure gives practical information especially on language learning, where to find courses, and how to get the costs reimbursed. Practical information on licensing is also provided.

The fourth source of information is the [Marburger Bund trade union](#), which is an alliance of all employed doctors in Germany. The website of the Marburger Bund gives answers to the most frequently asked questions by foreign doctors and provides web links to further information. The web pages discuss practical issues, such as the costs and timetables of exams.

Various institutes in Germany offer integration courses for foreign doctors and offer preparatory courses for the medical knowledge exam, with the following institutes approved by the Federal Employment Agency: [bfw Unternehmen für Bildung](#), [Freiburg International Academy](#), [Gemeinnützige Gesellschaft für berufsbildende Maßnahmen mbH Berlin](#), [Interkulturelle Bildung Hamburg](#), [Kulturakademie Dresden](#), [mibeg-Institut Medizin](#), [VIA-Institut Nürnberg](#). In Germany, there is a possibility to obtain a six-month visa for the purpose of seeking employment if one has a foreign degree from a university that is recognized in Germany.

2.3 Denmark

In Denmark, the [Danish Patient Safety Authority](#) provides clear, practical and detailed information on the different steps involved in licensing, as well as providing additional links. The structure of the licensing process is described and detailed information provided on dates and places of exams, registration on them, costs etc.

In Denmark, the medical tests required for licensing consist of a written and an oral exam. The exams are in Danish and they are free of charge. Both exams are held twice a year and one can register for one or both at a time. After the medical exams, one must pass a course in Danish health legislation, which is a 3-day course that includes three modules, with both group teaching and group work. The course is in Danish and free of charge. There is a written test at the end of the course. The course is usually held three times a year. Material, including relevant legislative acts, executive orders etc., are handed out at the start-up of the course.

2.4 Other good practices

In addition to the abovementioned, we found that clinical mentors in Canada (Greig et al 2013) and a foreign medical graduate liaison officer in Australia are used to support foreign-trained health care professionals (McGrath et al 2009). We also found that in the United Kingdom the refugee doctors can apply a discount on the fees to register with General Medical Council.

3 Seminars on the Finnish health care system and licensing process December 2015 – June 2016

At THL, five full-day monthly seminars were arranged free of charge between 21.12.2015 and 3.6.2016. The target group was health care professionals who are asylum seekers or refugees but the seminars were also open to other immigrants and to Finnish healthcare professionals. The topics covered were: structure, responsibilities and principles of primary health care and KELA, public health, epidemiology of common health problems in Finland, specific health questions (infectious diseases, mental health, alcohol, tobacco and substance abuse, sexual and reproductive health) and the licensing system for doctors and dentists. Lectures on primary healthcare included also preventive services by maternity and well-baby clinics. One lecture presented various possibilities of studying Finnish in general and one lecture presented a web course for learning Medical Finnish. The principles of evidence-based medicine (EBM) and the Current Care Guidelines were presented in two seminars by the Duodecim society, which also gave the participants free use of the EBM website for one year. The central role of nurses in the Finnish health care system was discussed in several lectures. The Finnish Medical Association and Tehy, the Union of Health and Social Care Professionals in Finland, were also introduced in seminars. (Programs of the seminars see attachment 1).

The seminars were arranged by a THL team that included a Finnish doctor, a researcher and a doctor who was also an asylum seeker in Finland. During the seminars, the participants discussed their wishes regarding speakers and subjects, and it was attempted to fulfill those wishes in the subsequent seminars. Having a member of the target group in the team preparing the seminars was important from the point of view of the topics covered and the practical arrangements. Seminars were announced through various Facebook groups, while the Finnish Immigration Service sent information on the last three seminars to all the reception centers.

The seminars were arranged in Helsinki and video connections were available at THL localities in Turku, Tampere, Kuopio and Oulu. Reimbursement for travel costs was offered as well as home accommodation for the two last seminars. Both were used very little. There were 20–35 participants in the seminars, while a further 1–10 participants followed the seminars through videos in THL localities outside of Helsinki. Written feedback was elicited after the seminars. The desires for improvements concerned practical matters and a request for more frequent seminars. All the presentations of the seminars are available in [THL's SlideShare account](#).

4 Survey on health care professionals in Finland

A survey targeted at health care professionals who are asylum seekers or refugees in Finland was conducted by THL in spring and summer 2016. The data were collected during the seminars arranged for the target group. In each seminar, new participants were asked to fill in a one-page questionnaire asking the name, profession, asylum seeker / refugee status, year of birth, place of residence, language skills and information on the degree (year and the granting organization) and work experience. In addition, in week 25 (the second last week of June 2016) Finnish Immigration service delivered the questionnaire to all reception centers in Finland. An introduction letter to the questionnaire explained to the head of the reception center the purpose of the survey and she/he was asked to deliver the information on the survey both in paper and via email to health care professionals at the reception center. The information letter for asylum seekers described briefly the purpose of the survey and gave links to the Webropol survey, which was in English and Arabic. (See attachment 2). Three reception centers informed that they had no healthcare professionals resident there and one informed they had difficulties completing the questionnaire because they did not have an Arabic keyboard.

Altogether 62 persons replied to the survey. Of these 44 were asylum seekers (71%) and 18 were refugees (29%). It was not possible to send reminders because there was a process ongoing to close the reception centers and many asylum seekers were transferred from one center to another. The estimate on the number of health care professionals is therefore likely to have been underestimated. During our activities, we met some asylum seeker doctors who had not completed the questionnaire, either in the seminars or when the survey was carried out.

Most of the participants were medical doctors (44%) and one third were specialists. In addition a variety of other health care professionals answered the survey. Of the participants, 19% were dentists, 18% nurses, 8% pharmacists, 5% laboratory personnel and 7% had other health care expertise (e.g. midwife).

Most of the respondents were from Iraq (81%), with some 10% from African countries and some 10% from other countries (e.g. Syria). Almost all (93%) of the doctors and most of the dentists (63%) were from Iraq. The mean age of the participants was 32 (sd 7) years. The youngest were 21 and the oldest over fifty. Of the participants, 75% were aged younger than 34 and 50% were younger than 30 years. Most of the participants were men.

Most of the participants (75%) had graduated in 2008 or later and others in the period 2000–2007. Some participants reported having graduated in the 1980s or 1990s (less than 5 respondents). Of all the participants, some one in four (24%) reported not having their original certificate with them in Finland. However, this was the case only for 4% of doctors.

A majority of participants (80%) received their degree from an institution in their country of origin. Eleven percent had received their degree in Ukraine and 9% elsewhere. Of the doctors, 73% graduated from an institution in their country of origin and the rest had received their certificate from Ukraine.

Most of the participants spoke Arabic (85%). Almost all reported at least basic skills in English (94%) and less than half skills in Finnish (37%). In addition, 18% reported speaking Russian and 26% at least one other language that was not previously mentioned.

A majority of the participants (76%) had arrived in Finland in 2015–2016. Over half (53%) lived in the Helsinki-Uusimaa region, 24% lived in other parts of southern Finland, 14% in western Finland and 10% in the north east Finland.

5 Discussion and Recommendations

The earlier research and reports have described the problems of integrating non-EU/EEA health care professionals into the Finnish labor market. Problems identified include a lack of guidance on the licensing process, lack of skills and support in Finnish/Swedish language in general and in professional language, a lack of established preparatory courses, difficulties in accessing training places, and a lack of coordinated cooperation between authorities, health care and professional trade bodies.

In this section we describe the strengths and challenges specifically faced by asylum seeker and refugee health care professional. Thereafter, we sum up recommendations that would smooth their steps towards integration into working life.

5.1 Strengths

During the THL process of arranging the seminars, conducting the survey, and searching for information on other countries, the cooperation with health care professionals who were asylum seekers or refugees was very easy and constructive. Most health care professionals came from Iraq, where studies in medicine and dentistry are in English and the British traditional curriculum is followed, with communication in English being easy and fluent. Many of the health care professionals were active not only in promoting their own situation but also in sharing information actively with their colleagues.

Many Finnish experts and those experts who had immigrated to Finland earlier were willing to give a lecture at short notice to support asylum seekers. The Finnish Medical Association gave presentations twice at the seminars and the Duodecim society three times. Some Finnish colleagues who came into contact with the asylum seeker colleagues were willing to help and offered to introduce their working place, offered home accommodation for colleagues coming to seminars, gave study materials, or were just willing to meet and discuss. So it seems that there is motivation among at least some Finnish health care professionals to support asylum seeker and refugee colleagues.

5.2 Challenges

During the seminar process in spring and summer 2016 we recognized the problem that health care professionals who are asylum seekers or refugees are scattered all over Finland and many are in very remote places. Coming to meetings was difficult, even if participation through a video connection was arranged at THL localities outside Helsinki. There was a plan among some asylum seekers and refugees to organize a professional study group in autumn 2016, but the long distances were too big an obstacle. Almost all of the doctors and dentists we met were the only ones in their profession in their reception center. A lot of information is typically shared between colleagues, while colleagues can support and encourage each other. The licensing system is difficult in each country and has numerous details. If the target group could from the beginning share information more easily with each other, it would help them and also save Finnish officials time (especially at Valvira).

As is true of other asylum seekers, the health care professionals are mentally in very hard situation when living in the reception centers, where they obtain security but are in circumstances and a society that functions very differently to what they are used to. Health care professionals need to maintain and update their skills and knowledge constantly, and time spent without possibilities to continue one's practice or promote the licensing process brings an extra mental burden.

Several health care professionals reported on the contradictory situation of living in a reception center. They were not given any official or recognized role in the camps in translating or helping in health care matters. However, as other asylum seekers knew their profession, they were often asked to translate, give advice in health care problems and accompany other people to services, since the official translators or nurses were not always available when problems occurred.

Some asylum seekers had asked about possibilities to be an observer in a healthcare unit, as it is a common professional habit to visit and observe each other's practices. There were a variety of responses:

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observing that would be possible if a Finnish colleague was taking responsibility for the arrangements, but also that it is not possible because of bureaucracy or that an asylum seeker should bring an official paper that permits such observation. It seems that it is not widely known that asylum seekers do not have any specific restrictions on how to use their time and what activities to do, though in that sense they are like any other new foreign professional in the country.

For those who had already obtained refugee status and the right to TE-services (employment services), it followed that they sometimes received wrong or misleading information, since there are not many non-EU/EEA trained health care professionals appearing as clients in TE offices. It was also noticed that it was not always clear for chief physicians or those receiving training what are the responsibilities and rights of both sides: the unit offering the training and the one in training.

Online guidance relating to the licensing process when found were found to be less informative and less welcoming than websites in many other countries. During the summer of 2016, Valvira added a lot of information and links to their pages, giving information relevant to non-EU/EEA professionals. The Finnish Medical Association also added information to their web pages for non-EU/EEA trained doctors.

5.3 Recommendations

As suggested in previous studies and reports, intensive language training and training to develop preparedness to work in the Finnish health care system would speed up the integration process. We are not discussing these training issues in this report specifically because a lot of work has been done already. In this report, we have concentrated specifically on the issues concerning health care professionals who are asylum seekers or refugees and what would help them when they arrive in Finland.

For asylum seeker and refugee professionals, it is important to obtain an overview of the process in the country they are arriving in, even if the process would last some years. Asylum seekers / refugees entering a country are in a completely new situation, both concretely and psychologically. Many cornerstones of life are left behind and the future is unpredictable. Many health care professionals have devoted their life to their profession. To obtain an overview of the steps needed to obtain the right to practice one's profession in a new country brings hope and structure, even if the journey to a full license is long. A transparent system and easily accessible welcoming information help asylum seekers and refugees to start the journey towards licensing efficiently.

When asylum seeker health care professionals enter Finland, it would be beneficial if they would be placed near each other and in an area where there is a medical faculty and research institutes, ensuring that there are experts nearby who are available to share their knowledge and experiences. If located near each other, asylum seeker health care professionals could support each other, share information, and have easier access to already existing meetings, seminars and courses. Letting asylum seeker health care professionals use their knowledge and skills in reception centers would benefit the health care professionals themselves but also other asylum seekers and the reception services.

A short introductory course offered as soon as possible after entering the country would be useful in offering a brief overview of the Finnish licensing system, sources of information, places for language courses, and the Finnish health care system.

Welcoming web pages that would offer centralized information would be helpful for a new immigrant professional in Finland, but would also save time from Finnish officials. It would be important to include representatives of the target group in planning and preparing all activities and information resources. The web pages should give information not only about the licensing process, but also about language courses, and how and where to apply for training. Some asylum seekers entering the country have not yet finished their degrees and some are already specialists. It would be beneficial to give information about what one could and should do when at different stages of a career.

As the health care system structure in Finland is very decentralized and different from those countries where asylum seekers are arriving from, detailed information should be given on how to get a training place, how to find hospitals and health centers, and whom to contact.

The process of licensing and integrating non-EU/EEA trained professionals into working life would also be smoother if chief physicians, dentists and nurses were motivated to give training places and were offered

materials that summarized the necessary bureaucracy and the rights and responsibilities of the trainee. All TE-services that have health care professional as clients should also receive information in-a-nutshell about the licensing process of health care professionals and the steps needed to start the process.

For asylum seekers and refugees, a new society and new health care system presents numerous features that cannot be comprehensively presented in any course and web pages. Having a voluntary collegial mentoring system would be beneficial and speed up integration and help to avoid many problems.

The current world sees more refugees than ever and migration pressures are expected to continue or even increase, not only due to wars and unrest but also due to environmental changes. It is in everybody's interest to use human resources in the best way possible. Many health care professionals who come to Finland as asylum seekers remain here, and Finland has an obligation under international agreements to take care of and supporting them in the same way as other asylum seekers and refugees. Smoothing the path of integration of health care professionals who are asylum seekers or refugees into working life would save not only the resources of asylum seekers and refugees themselves, but also the resources of Finnish immigration services as well as social, health and labor market services. The aim is not to make the requirements for professionals to work in Finnish health care any less strict, but to help newcomers to use their capacity to the fullest from the moment they enter the country.

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Attachments

Invitation to meeting and mini-seminar Health care and Health promotion in Finland

Place: The National Institute for Health and Welfare, THL

Address: Mannerheimintie 168b, 6. floor / meeting room Iso-Kuusi Helsinki

Time: 21st of Dec 2015, 11- 16 o'clock

Target group: Health care professionals who are as refugees or asylum seekers in Finland (medical doctors, dentists, nurses)

Registration: Please send e-mail to address: Paivi.santalahti@thl.fi latest at 17th of Dec. Tell your name and profession.

Program

11.00 – 11.15	Opening, Prof., Director General of THL Juhani Eskola
11.15 – 11.30	Introduction of participants, Dr. Päivi Santalahti
11.30 – 11.50	Welcome to THL, Communication Officer Terhi Hulkko, THL
11.50 – 12.15	Learning Finnish: web applications, SPR language club coordinator Katri Särkkä
12.15 – 13.00	Tobacco and alcohol policies in Finland as part of health promotion, Dr. Eeva Ollila, Cancer society of Finland
13.00 – 13.45	Lunch
13.45 – 14.45	Let's make sense of the health care system (s) in Finland! Dr. Anneli Milen, THL
14.45 – 15.30	How to start the process of certification in Finland, Dr. Päivi Santalahti and Dr. Ali Al-Rubaye
15.30 – 16.00	Certification process of dentists, Dr. Terhi Karaharju-Suvanto

Invitation to meeting and seminar

Primary healthcare in Finland

At THL, The National Institute for Health and Welfare
Address: Mannerheimintie 166, F1 Helsinki

It is possible to follow the seminar also with video in THL localities in Turku, Tampere, Kuopio and Oulu

Time: Friday 4th of March 2016, 10-16 o'clock

Target group: Health care professionals who are as refugees or asylum seekers in Finland (medical doctors, dentists, pharmacists, psychologists, nurses). Also other health care professionals who are interested to share their experiences with the target group are welcome.

Registration: fill in the form here by the 2nd of March 12 o'clock.

Presentations are in English

If you need further information please contact Noora Berg (noora.berg@thl.fi, tel. 029 524 8519) or Thair Al-Janabi (thair.al-janabi@thl.fi, tel. 029 524 7140)

Program:

10.00 -10.30	Opening and introduction of the participants, Dr. Päivi Santalahti
10.30 -11.00	Health in Finland, Prof. Seppo Koskinen
11.00 -12.00	Health centers, the cornerstones of Finnish health care system Dr. Arja Lassila
12.00 -12.30	Discussion
12.30-13.15	Lunch
13.15 – 14.15	Mental health in health centers, Dr. Maria Vuorilehto
14.15 – 14.45	Care of substance abuse disorders in primary level, M.Sc. (Health Care) Airi Partanen
14.45 -15.00	Discussion
15.00 – 16.00	Licensing process for doctors in a nutshell, Dr Eliisa Kekäläinen

Invitation to meeting and seminar

Evidence Based Practices in Primary healthcare in Finland

At THL, The National Institute for Health and Welfare
Address: Mannerheimintie 166, F1 Helsinki

It is possible to follow the seminar also with video in THL localities in **Turku, Kuopio and Oulu**
Those living in or near Tampere or more than 100 km away from any meeting place, please contact noora.berg@thl.fi **before the seminar** to get reimbursement for your travel costs

Time: Friday 1st of April 2016, 10-16 o'clock

Target group: Health care professionals who are as refugees or asylum seekers in Finland (medical doctors, dentists, pharmacists, psychologists, nurses). Also other health care professionals who are interested to share their experiences with the target group are welcome.

Registration: fill in the form [here](#) by the 30st of March 12 o'clock.

Presentations are in English

If you need further information please contact Noora Berg (noora.berg@thl.fi, tel. 029 524 8519) or Thair Al-Janabi (thair.al-janabi@thl.fi, tel. 029 524 7140)

Program:

10.00 - 10.30	Opening and introduction of the participants, Dr. Päivi Santalahti
10.30 - 11.30	Work at health center and how to cope with information flow, Dr. Minerva Krohn
11.30 - 12.30	Controlling and treating infectious diseases at primary care, Dr. Topi Turunen
12.30 - 13.15	Lunch
13.15 - 14.15	Current Care Guidelines, Dr. Jorma Komulainen
14.15 - 15.00	Evidence based practices and mental health Dr. Kristian Wahlbeck and Expert by experience Sami Munther
15.00 – 16.00	Licensing process for dentists, practical issues Dr. Rian Al Ramadhani

Invitation to a meeting and a seminar

Reproductive, maternity and child health in primary healthcare in Finland

At THL, The National Institute for Health and Welfare
Address: Mannerheimintie 166, F1 Helsinki

It is possible to follow the seminar also via video in THL localities in Turku, Tampere, Kuopio and Oulu. Those asylum seekers living more than 50 km away from any meeting place, please contact noora.berg@thl.fi **before the seminar** to get reimbursement for your travel costs.

If you want to come to Helsinki already Thursday the 28th of April we can arrange home accommodation. Please contact thair.al-janabi@thl.fi tel. 029 524 7140.

Time: Friday 29th of April 2016, 10-16 o'clock

Target group: Health care professionals who are as refugees or asylum seekers in Finland (medical doctors, dentists, pharmacists, psychologists, nurses). Also other health care professionals in Finland are welcome.

Registration: fill in the form [here](#) by the 27th of April 12 o'clock.

Presentations are in English.

If you need further information, please contact Noora Berg (noora.berg@thl.fi, tel. 029 524 8519) or Thair Al-Janabi (thair.al-janabi@thl.fi, tel. 029 524 7140).

Program:

10.00 -10.15	Opening and introduction of the participants, Dr. Päivi Santalahti
10.15 -11.15	Nurses in Finnish health care system, Senior Lecturer, Marianne Sipilä
11.15 -12.15	Maternity and Child health clinics in primary care, Ministerial Advisor Marjaana Pelkonen
12.15 -13.15	Lunch
13.15 – 14.15	Introduction of Medical Finnish eLearning course, eLearning Specialist Hanna Turunen
14.15 – 14.30	Break
14.30 -15.30	Sexual and reproductive health and health services, Research Manager Reija Klemetti
15.30 -16.00	Discussion

Invitation to a meeting and a seminar **Friday 3rd of June 2016**, 10-16 o'clock

Practical issues for integration into Finnish healthcare system

At THL, The National Institute for Health and Welfare
Address: Mannerheimintie 166, F1 Helsinki

All participants are welcome to come to Helsinki. It is also possible to follow the seminar via video in THL localities in Turku, Tampere, Kuopio and Oulu. We can arrange reimbursement for travel costs to all asylum seekers living outside the metropolitan area (Helsinki/Espoo/Vantaa/Kauniainen). Please contact noora.berg@thl.fi before the seminar to get the reimbursement.

If you want to come to Helsinki already Thursday the 2nd of June we can arrange home accommodation. Please contact thair.al-janabi@thl.fi tel. 029 524 7140.

Target group: Health care professionals who are as refugees or asylum seekers in Finland (medical doctors, dentists, pharmacists, psychologists, nurses). Also other health care professionals in Finland are welcome.

Registration: fill in the form [here](#) by the 1st of June 12 o'clock.

Presentations are in English.

If you need further information, please contact Noora Berg (noora.berg@thl.fi, tel. 029 524 8519) or Thair Al-Janabi (thair.al-janabi@thl.fi, tel. 029 524 7140).

Program:

10.00 - 10.15	Opening and introduction of the participants, Päivi Santalahti
10.15 - 10.45	KELA, What every health care professional should know, Olga Tarsalainen, KELA
10.45 - 11.15	TE-services for health care professionals after residence permit, Susanna Piepponen, Ministry of Employment and the Economy
11.15 - 12.15	Project to develop doctors qualification and licensing process, Merja Toivonen, University of Tampere
12.15 - 13.15	Lunch
13.15 - 14.15	Dentistry in primary health care, Battsetseg Tseveenjav
14.15 - 14.30	Break
14.30 - 15.30	Current care guidelines in practice, Piia Vuorela, Duodecim
15.30 - 16.00	Discussion

Kysely vastaanottokeskuksissa olevista terveydenhuoltoalan ammattilaisista

Hyvä vastaanottokeskuksen johtaja,

Tämän selvityksen tarkoituksena on selvittää, kuinka paljon Suomeen tulleiden turvapaikanhakijoiden joukossa on terveydenhuoltoalan ammattilaisia.

Toivon, että voit lähettää sähköpostilla oheisen liitteen vastaanottokeskuksesi turvapaikanhakijoille, joilla sinun käsityksesi mukaan on jokin terveydenhuoltoalan koulutus (lääkäri, hammaslääkäri, psykologi, hoitaja, laboratoriohoitaja jne.) JA että annat liitteenä olevan tiedotteen heille myös paperikopiona. Olisi tärkeää, että voisit parhaasi mukaan kannustaa keskuksesi turvapaikanhakijoita vastaamaan tähän kyselyyn.

Panoksesi tämän kyselyn onnistumiseen on arvokas. Vaikka tulokset tulevat olemaan suuntaa antavia, kotoutumisen ja voimavarojen tehokkaan käytön vuoksi tulokset tulevat olemaan tärkeitä.

Kysely on vain yhden sivun pituinen ja sen voi täyttää englanniksi tai arabiaksi. Kysely täytetään suojatussa yhteydessä Webropol järjestelmässä.

Lisätietoja kyselystä saa allekirjoittaneelta.

Ystävällisin terveisin,

Päivi Santalahti
Ylilääkäri
Mielenterveysyksikkö
Terveyden ja hyvinvoinnin laitos
PL 30, 00271 Helsinki
puh. 029 5246757
sähköposti paivi.santalahti@thl.fi

Survey on Asylum seeker health care professionals in Finland

Dear Sir / Madam,

We kindly ask you to fill in a short questionnaire on your health care profession qualification. The questionnaire can be filled in either in English or in Arabic. **It would be important for everybody to participate.**

The survey is done by THL (National Institute for Health and Welfare). THL is national agency doing research and gathering information. Reliable information is bases for good governance and national planning. THL do not give licences or arrange workplaces for any individuals but the information THL is providing is widely used in Finland to develop services and education.

Your information is processed confidentially at THL (National Institute for Health and Welfare). Information of no individual is given outside THL. Results of the survey are given by numbers describing different groups of professionals. If you have filled in similar questionnaire already in seminars at THL there is no need to answer again.

Please, enter the survey in English

<https://www.webpolsurveys.com/S/C2AAA4CCA56AAB60.par>

Please, enter the survey in Arabic

<https://www.webpolsurveys.com/S/0B8FDC674358FA6A.par>

If you have any questions you can contact Thair Al-Janabi at thair.al-janabi@thl.fi

With best wishes,

Päivi Santalahti

Chief Physician

Department of Health

THL, National Institute for Health and Welfare

PL 30, 00271 Helsinki

tel: 029 5246757

email: paivi.santalahti@thl.fi

Dear participant,

This survey is done to find out asylum seekers' health care professional qualifications. The information is processed confidentially at THL (National Institute for Health and Welfare). Information of no individual is given outside THL. Results of the survey are given by numbers describing different groups of professionals. If you have filled in similar questionnaire already in seminars at THL there is no need to answer again.

THL is national agency doing research and gathering information. THL do not give licences or arrange work for any individuals but the information THL is providing is widely used in Finland to develop services and education. Reliable information is bases for good governance and planning.

Name _____ Year of birth _____

Nationality _____ When arrived in Finland? _____

E-mail address _____

Place of residence in Finland, town _____

Are you
1. Asylum seeker
2. Have refugee status
3. Other, what _____

Profession
1. Dentist. Any speciality? _____
2. Medical doctor. Any speciality? _____
3. Nurse. Any speciality? _____
4. Psychologists
5. Other, what _____

When have you got your degree? _____

Which institution did you get your degree from? _____

Do you have your original certificate with you in Finland
1. Yes
2. No

What are your language skills? _____

Describe shortly your work experience _____
