

‘New labour migration in Germany’ - an option to meet the demand in the medical field as well?

The Federal Republic of Germany has become a land of immigrants, as politicians have now acknowledged for a few years ¹. As it is well known, we in the health sector currently complain about shortage of skilled workers (which, depending on the source, reaches 12,000^{2,3} physicians in clinics) that by 2019 can increase to 37,000 vacancies ^{4,5} (2010) if it is not met with adequate resources. This shortage has arisen since the middle of the last decade because of a variety of factors.

- through the implementation of the labour protection laws from Brussels ⁶ and Berlin⁷,
- through the reduction of admissions to medical school⁸,
- through career switch by medical graduates who do not work as doctors⁹,
- through the introduction of part-time contracts¹⁰,
- through emigration abroad of German doctors¹¹
- through the legal implementation of parental leave after the birth of a child, and
- through a shift in the gender distribution. That is how today 2/3 of all students starting medical schools are women¹².

The full right of abode inside the European Union is valid also in the health system and, therefore, for doctors. The medical profession in Germany is regulated, and it is defined particularly by the certification process (Approbationsordnung)¹³ for doctors. On the part of the migrants there must be a high commitment through their necessary prior learning of the German language (up to at least language level B-2).

A secure and transparent framework of a collective agreement ¹⁴ in virtually all the hospitals in Germany prevents the attempt of salary dumping on new and foreign colleagues, and would thwart any such elaborate efforts by the employer when hiring employees. Knowing the work place and the expected work performance help to avoid misunderstandings. Also, there is no guarantee that the integration will always be successful. Personal contacts and social networks¹⁵ offer the highest level of security for the successful integration of foreign employers. The professional field, therefore, differs greatly between some countries and Germany. This can lead to avoidable problems if no sufficient and precise description is previously at hand. In the case of foreign medical colleagues, it should be therefore clarified which activities were perhaps not learned in the country of origin and how a corresponding training should look like.

Moreover, in the last year we have been looking for medical colleagues especially in Spain. Spain had become the focus of our attention because their rate of

unemployment among doctors, as in the rest of the Spanish society, is increasing^{16, 17}, whereas the quality of their medical schools is comparably high.

Besides this, the contact with the Andalusian colleagues was deepened by three presentations about the German health system¹⁸ at the Medical School of the University of Granada. The presentations¹⁹ were of a general tenor and did not have the purpose of direct recruiting. Among the subjects covered were the differences between Germany and Spain, special problems in finding a job, legal requirements to work in Germany as a doctor, regulations on further education, the German social security system, earning potential, collective agreements, funding opportunities, and assistance.²⁰

A specific homepage with tips and information on this subject was created. This homepage, in three languages, (www.medicoenalemania.org)²¹ offers a summary of the multiple topics on the issue of doctors migrating to Germany. It also contains a number of links to official sites, where one can, for example, download application documents. Through email contacts with interested parties it becomes clear how limited the knowledge of many foreign colleagues is about the complexity of the application process and the subsequent employment in Germany.

We can consider ourselves lucky that in our clinic, with five doctors (another one comes in the spring), almost 8 % of all colleagues speak Spanish (some with dual nationality). This enables the development of a small "community", with a higher degree of stability to it. The importance of a mentor or godfather becomes also clear from our experience. The three-page check list to "good practices" is also helpful to those interested²². It was developed by the Spanish embassy in Berlin in collaboration with German associations and institutions. Of course these may only be used as recommendations.

Given that the "Mobi-pro" language promotion programs expect and seek a shared responsibility from the participating companies, another thing to have in mind is how the livelihood will be secured during this time. We, as a hospital, have established a monthly payment as a loan to the candidates and, therefore, accomplished a stronger contractual bond with our institution.

The support of colleagues of foreign origin through paid language courses show clearly the employer's interest in them, enables a higher linguistic competence, ensures the necessary quality the contact with patients (also of legal significance) and promotes a higher identification with the employer, which makes a longer stay in the job more likely.

For this reason, the employer should look into the need and possibility of having a corresponding linguistic training. The EU provides funds to support exactly this sort of initiatives. In order to have access to ESF-BAMF funds, there is a series of authorised regional partners²³. In general terms, a 50% co-funding is expected. In the case of a temporary exemption of the relevant doctors, the salary to be paid in the future can be

considered as virtual co-funding alongside the actual costs, such as room rental and costs of the language specialists.

Two times in our clinic, we've given full permission to medical colleagues to attend a two-week language course. This alone enabled us, through the continued salary payment as co-funding, to have access to more than 15,000 Euro from the ESF-BAMF resources.

In summary, there is number of possibilities to face the demand for skilled workers in Germany in innovative ways. Policy makers have created the groundwork through the provision of funding.

Programs like mobi pro (´job of my life´ since 28th of February 2014) and ESF-BAMF-language courses (since first of april 2014) are cancelled for skilled workers. Principal programs like these give aspirants first options to think about migration to Germany.

When recruiting foreign doctors, a time period of 6 - 9 months is to be considered for the language training with the ensuing application for "Approbation". Therefore, no vacancies in the team can be filled in the short term using this method.

Success in the market will come to those who, apart having from a linguistic competence in recruiting foreign colleagues in their native language, can advertise their vacancies in a highly competent and reliable fashion. This includes a comprehensive description of the actual possibilities in the specialist training and further education, support through the necessary contacts with officials and services, support when looking for a place to live, providing a welcoming culture, preparing those already at the work place for the new colleagues, and, last but not least, keeping a close contact with them through mentors or godfathers. In the case of the newly arriving colleagues, the success of their integration and staying at the workplace depends more on offering a positive climate in the workspace and social environment than on economic factors.

The "New labour migration" portrays the reality of life in its colourful, multicultural mix of peoples in Europe. In our interaction with Europe, we have to take into consideration that we, as Germans, currently enjoying a strong economic situation, may not end up attracting the intellectual elite of our neighbours (generating thus a "brain drain"²⁴). As a consequence of the right of abode there are no domestic labour markets remaining, but a whole continent is now seen as labour market.

In order to maintain the quality of education at the universities, more money needs to flow into them. In every country working conditions must be adjusted to the requirements of the young colleagues. In particular, more family-friendly basic conditions must be offered by the politicians and the hospitals.²⁵

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¹ <http://www.bundesregierung.de/ContentArchiv/DE/Archiv17/Pressemitteilungen/BPA/2013/01/2013-01-30-boehmer-deutschland-einwanderungsland.html>

² http://www.kliniken.de/fileadmin/user_upload/downloads/Presse/2013/vergleich_bundeslaender.jpg

³ <http://www.kliniken.de/presse/presse-detailansicht/studie-akuter-aerztmangel-in-sechs-bundeslaendern/2.html>

⁴ http://www.dkgev.de/dkg.php/cat/38/aid/7497/start/10/title/Kliniken_befuerchten_weitere_Verschaerfung_des_AErztmangels_-_2019_koennten_mehr_als_37.000_AErzte_fehlen

⁵ Blum, Löffert, "Ärztmangel im Krankenhaus", Deutsches Krankenhausinstitut, 11.10.2010, Page 35

⁶ http://europa.eu/legislation_summaries/other/c10405_de.htm

⁷ www.arbeitszeitberatung.de/...ArbZG-Novellierung_2004_Schlottfeldt.pdf

⁸ <http://www.aerzteblatt.de/pdf.asp?id=74089>

⁹ <http://www.audimax.de/news-detail/article/berufsfelder-fuer-mediziner-01500/>

¹⁰ <http://www.aerzteblatt.de/pdf.asp?id=91442>

¹¹ <http://www.zeit.de/karriere/beruf/2010-05/mediziner-abwanderung>

¹² <http://www.aerzteblatt.de/archiv/128438/Medizinstudium-4-8-Bewerber-pro-Studienplatz>

¹³ http://www.gesetze-im-internet.de/_appro_2002/BJNR240500002.html

¹⁴ <http://www.marburger-bund.de/tarifpolitik/tarifvertraege>

¹⁵ Review article by Montero Lange in Pfeffer-Hoffmann, Hrsg. 2014 „Arbeitsmigration nach Deutschland“, minor-projektkontor

¹⁶ http://sociedad.elpais.com/sociedad/2014/01/30/actualidad/1391113575_604573.html

¹⁷ http://sociedad.elpais.com/sociedad/2013/06/01/actualidad/1370110531_661956.html

¹⁸ http://www.medicoenalemania.org/crbst_12.html

¹⁹ <http://www.granadahoy.com/article/granada/1538206/alemania/oasis/con/plazas/para/los/medicos/dispuestos/emigrar.html>

²⁰ http://www.youtube.com/watch?feature=player_embedded&v=I7Xc-cOkAAA

²¹ <http://www.medicoenalemania.org/>

²² http://www.medicoenalemania.org/wa_files/Handlungsempfehlung_20Gute_20Praxis_20in_20der_20Mobilit_C3_A4t.doc

²³ http://www.bamf.de/SharedDocs/Anlagen/DE/Downloads/Infothek/ESF/01_Grundlagen/liste-berechtigte-traeger-pdf.pdf?__blob=publicationFile

²⁴ <http://de.wikipedia.org/wiki/Braindrain>

²⁵ <http://www.hartmannbund.de/enews/1875/317/Junge-aerztegeneration-will-flexible-familienfreundliche-und-planungssichere-Weiterbildung/>