



FOLKETINGET
STATSREVISORERNE



FOLKETINGET
RIGSREVISIONEN

September 2024
– 22/2023

Extract from Rigsrevisionen's report
submitted to the Public Accounts Committee

The authorisation of healthcare professionals from third countries

1. Introduction and conclusion

1.1. Purpose and conclusion

1. There is a shortage of healthcare professionals in Denmark. There is currently a shortage of staff in general healthcare and in the care for the elderly where it is difficult to recruit the staff needed. In the future, recruitment of healthcare professionals is anticipated to become increasingly challenging as the Danes age and an increasing number of individuals are diagnosed with chronic diseases.

2. In August 2022, the then government established a commission (*The Resilience Commission*) to address, among other issues, the shortage of healthcare professionals. The commission was established in response to a political agreement on a healthcare reform from May 2022. The recommendations of the Resilience Commission that were published in September 2023, highlighted that foreign healthcare professionals made up “a very modest share” of staff in the healthcare sector – particularly when compared to comparable countries like Norway and Sweden.

3. Foreign healthcare personnel must have a medical licence to work in the Danish healthcare system. According to the findings of a taskforce established by the government in 2023, the current authorisation process is however, slow and rigid, and lacks transparency. According to the taskforce, a consequence of the authorisation process could be that competent applicants choose not to apply for a Danish licence altogether.

In January 2024, a majority of the Danish Parliament agreed to *create a better and more flexible framework for recruiting healthcare professionals from third countries* and in June 2024, the Danish Authorisation Act was amended. Following the amendment to the law, a special process was introduced aimed at healthcare professionals whose competencies were specifically requested. The Resilience Commission made the same recommendation.

4. The Danish Patient Safety Authority under the Ministry of the Interior and Health manages the authorisations. The Authority’s assessment of whether foreign healthcare professionals should be granted authorisation to work in Denmark is based on the Danish Authorisation Act, which aims to safeguard patient safety and enhance the quality of the Danish healthcare system.

The Danish Patient Safety Authority needs to balance two considerations when authorising healthcare professionals: (1) The Authority should only authorise individuals possessing adequate qualifications. (2) The Authority must ensure that individuals who have adequate qualifications are permitted to work in the healthcare system as quickly as possible.

5. The purpose of this report is to assess whether the Ministry of the Interior and Health is managing the authorisation process for foreign healthcare professionals in a satisfactory manner. In the report, healthcare professionals refer to doctors, dentists, nurses and midwives. The report answers the following questions:

- Is the Ministry of the Interior and Health ensuring that only foreign healthcare professionals possessing adequate qualifications are authorised?
- Is the Ministry of the Interior and Health ensuring that foreign healthcare professionals who have adequate qualifications are authorised as quickly as possible?

6. Rigsrevisionen initiated the study in September 2023 at the request of the Danish Public Accounts Committee.



Conclusion

The Ministry of the Interior and Health is not managing the authorisation process for foreign healthcare professionals in a satisfactory manner. The consequence is that foreign healthcare professionals have to wait longer than necessary to be authorised to work in the Danish healthcare system.

The Ministry of the Interior and Health has ensured that foreign healthcare professionals are only authorised if they possess adequate qualifications. However, the ministry has abolished the requirement for nurses to pass a language test without considering the consequences. Some nurses speak Danish so badly that they have jeopardized patient safety.

The study found that the Danish Patient Safety Authority authorises only foreign healthcare professionals who have submitted the statutory documentation of education, passed language test and professional skills tests. However, the Authority may find it helpful to specify the documentation requirements for third-country applicants. For example, on average, the applicants have been in contact with the Danish Patient Safety Authority eight times and forwarded more than 300 pages, before the Authority is satisfied that it has received all relevant documentation.

Rigsrevisionen finds it unsatisfactory that the Ministry of the Interior and Health has not considered the potential consequences of abolishing language tests for third-country nurses. According to the report, the number of negative assessments of the nurses' language skills has increased four times since the abolition of the language skills test, and so far, six nurses have jeopardized patient safety during their employment for adaptation and training purposes, according to their employers. Before the language skills requirement was abolished, no nurses were involved in such incidents.

The Ministry of the Interior and Health has not ensured that foreign healthcare professionals possessing adequate qualifications are authorised to work in Denmark as quickly as possible.

The report shows that it takes an average of approx. six months for applicants from the EU/EEA to be authorised to work in Denmark. For third-country applicants it takes approx. five years and six months. This means that it takes largely as long for a third-country applicant to be authorised and learn Danish, as it takes to complete the equivalent Danish healthcare education. Particularly for third-country applicants, the process includes much idle time and the applications are therefore not processed as quickly as possible. Idle time accounts for minimum 50% of the time reserved for the Authority's assessment of the applicants' education.

The timeframe for processing and completing authorisation is not regulated by law. However, Rigsrevisionen notes that foreign healthcare professionals wait longer for authorisation in Denmark than in Sweden and Norway. In these countries, the processing time for applications from third-country healthcare professionals is respectively eight months and 24 months shorter than in Denmark.

Language skills requirement

Healthcare professionals from third countries must pass a language test to obtain authorisation. However, nurses from third countries have been exempted from this requirement since June 2023. The health professional must attain a minimum score of 10 in oral communication and 7 in reading comprehension and writing.

Employment for adaptation and training purposes

Before healthcare professionals from third countries can obtain authorisation, they must complete an employment process that involves evaluation of their skills. The candidates will be employed in the Danish healthcare system for 6-12 months depending on their profession. During the adaptation and training period, the employer will assess the candidates' abilities and communication skills

EU/EEA

The European Economic Area (EEA) is a collaboration between the EU and Norway, Iceland and Lichtenstein. In this report, the term *EU/EEA* refers to the 27 member countries of the EU, the three EEA countries and Switzerland. All other countries are referred to as third countries.

Rigsrevisionen has identified initiatives in Sweden and Norway that contribute to speed up the authorisation process. The Ministry of the Interior and Health may find it helpful to conduct an analysis of the benefits and challenges associated with implementing the following:

- **A digital application system.** In Norway, a digital application system has shortened the authorisation process which has meant that considerably more applicants send all the relevant documents when they apply for authorisation.
- **Systematic collection of information of former assessments of education.** In Sweden and Norway, it has saved time to collect data on educations that the responsible body has previously approved or rejected, since educations are only subjected to external assessment if the assessment is particularly complex.
- **Maximum waiting time for the results of professional skills tests.** In order to prevent unnecessary waiting time for applicants, Sweden has implemented a maximum waiting time for the results of professional skills tests in the contracts with the organisations conducting the tests.