

Labour Market Participation of Non-Germans in the Health Sector in Germany: Study within the European Migration Network "Managed Migration and the Labour Market - The Health Sector"

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Bundesamt
für Migration
und Flüchtlinge

Labour Market Participation of Non-Germans in the Health Sector in Germany

by Peter Derst, Barbara Heß and Hans Dietrich von Loeffelholz

Study within the European Migration Network:

“Managed Migration and the Labour Market – The Health Sector”

German National Contact Point



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1. Executive Summary

The health sector is one of the most important economic sectors in Germany. In the year 2003, total health spending amounted to as much as €240 billion, with 4.2 million people, or ten percent of the country's total workforce, being employed in the health sector, a considerable number of them being non-Germans.

There are detailed legal regulations concerning the medical professions in which non-Germans can be granted work permits. In addition to the general regulations on the access of migrants to the German labour market, non-German physicians have to submit an application with local health authorities in order to be granted permission to work as a doctor. The local health authorities also review whether applicants have the necessary qualifications for practising medicine. Similarly, nursing staff have to provide proof that their qualifications are equivalent to the requirements of German employment regulations.

An overview of non-German labour in the health sector shows that the percentage of non-German employees (subject to social insurance contributions) has stood at approximately 4% in recent years, in relation to the total number of employees in this sector, and has slightly decreased since 2004. If one compares this percentage to figures for the entire labour market, it becomes obvious that the percentage of non-German employees in the health sector is lower than that of non-German employees (subject to social insurance contributions) on the labour market as a whole, which stood at 6.7% in 2004. However, the percentage of non-German medical doctors and dentists has increased, for medical doctors and dentists who are subject to social insurance contributions as well as for all medical doctors. The largest percentage decrease, on the other hand, is shown by assistants in nursing.

The percentage of non-German employees (subject to social insurance contributions) originating from one of the EU 14 member states (EU 15 without Germany) amounts to 25%, approximately, in relation to all non-German health-sector employees, and has remained relatively constant over the last years. The percentage of employees from the new member states joined the EU in 2004 (EU 10), on the other hand, has risen considerably, increasing from 8.5% in 1999 to 11.4% in 2005. Developments in the total number of non-German medical doctors have been similar.

2. Introduction: The health sector in Germany

The health sector is one of the most important economic sectors in Germany. In the year 2004, 4.2 million people, or ten percent of the country's total workforce, were employed in the health sector. Due to major demographic changes and the continuously increasing significance of the health sector, a service sector that is both publicly and privately organised, questions concerning the extent of non-German employment in this sector and about the occupations that have been taken up by migrants are of vital importance. They are closely related to further questions, i.e. how migrants integrate economically by participating in creating, using and distributing national added value.

2.1 Aims of the study

This study has been conducted on behalf of the European Migration Network (EMN). As part of the EMN network, 10 national studies on the employment of migrants in the health sector are compiled in the respective countries. Subsequently, the results of the national studies will form the foundation of a Synthesis Report.

The main aim of the project is to outline migration trends in the health sector and provide an overview of national measures and regulations concerning the employment of migrants in the health sector of the respective countries. In order to achieve that aim, the EMN needs information on the structure of health care systems in participating countries as well as quantitative data on the scope of employment of migrants in national health systems in recent years.

In Germany, the health sector is one the most important sectors of the national economy and the labour-market participation of non-German employees and self-employed persons is of considerable significance for German society and the national economy as a whole. But the results of the country study are not only relevant for Germany, they are also indispensable for comparing health sectors in different European countries.

2.2 Structure of the health sector

Health care in Germany is provided predominantly by private entities. The majority of health care providers work in certain professions as freelancers (e.g. physicians, pharmacists) and as employees of private corporations in the pharmaceutical or medical engineering industry. Hospitals are frequently organised as non-profit institutions. But there is also state participation in health care provision in the form of local health authorities, municipal and district hospitals or university hospitals.

The structure of Germany's health sector, which aims at providing health care for all citizens, rests on three main pillars (cf. <http://www.committee-german-medicine.de>):

- 1st pillar: Primary health care provided by resident doctors:

Approximately 120,000 self-employed doctors practise medicine in Germany. They ensure the provision of out-patient care. Apart from general practitioners (family doctors), many consultants also have their own private surgeries. This organisational structure ensures a high diagnostic standard in primary care. Resident doctors also initiate hospital admission in cases where in-patient care is necessary.

- 2nd pillar: in-patient care in hospitals

The total number of hospitals providing in-patient care in the Federal Republic of Germany amounts to 2,250 approximately. This large number of hospitals ensures that health care can be provided at a comparable level throughout the country. The majority of hospitals (approximately 1,600) specialises in providing general care, with a further 450 clinics also providing special treatment and intensive care. These clinics offer highly-specialised wards for the treatment of complex illnesses and diseases. In addition, 48 university hospitals offer medical treatment of the highest standard and also include facilities for comprehensive medical research and training.

- 3rd pillar: aftercare / rehabilitation

A network of more than 1,000 rehabilitation clinics ensures aftercare and rehabilitation subsequent to in-patient treatment. These rehabilitation units provide special training and treatment enabling patients to cope with every-day life and return to employment.

Within Europe, Germany trains the highest number of medical doctors, in relation to the size of its population. A large number of young doctors participate in international and global research projects. International research projects are conducted by all university hospitals, in cooperation with medical institutions and universities in the US, Europe and Asia.

The comprehensive health care provided in Germany is funded by the health insurance system. Almost all employees are required to join a health insurance scheme. These health insurance funds protect employees and their families from the financial risks entailed by necessary medical treatment. Health insurance contributions vary according to the income level of employees. Employers are also required to contribute to health insurance premiums (in most cases, employers have to pay 50% of health insurance contributions). Insured persons have guaranteed access to all forms of medical treatment, irrespective of the actual amount of their health insurance contributions. Neither are there any restrictions or exclusions from medical treatment

(e.g. for senior citizens); similarly, waiting lists for operations do, apart from a few special cases, generally not exist.

Health insurance provides financial protection against the financial costs and risks posed by illness and maternity. Long-term care is funded by a separate mandatory insurance system. Within the statutory health insurance system, the so-called family compensation system ensures that health care is also provided free of charge for spouses and children of an insured person if they have no income of their own or if their income does not exceed a certain level. People who are required to join a statutory health scheme can choose between several types of health funds: general health insurance schemes at district level (AOK), other health insurance companies within the statutory system, company or trade association insurance funds. Among statutory health insurance funds, there are only minor differences concerning contributions and medical services provided, as all health funds are required by law to provide a comprehensive level of health care. Statutory health funds do not offer additional insurance schemes for their members. However, insured persons are free to enter into additional private health insurance schemes. All employees up to a certain income level are required to join one of the statutory health funds. Above that income level, which is annually adapted to the general income development and, in 2006, stands at a gross annual salary of €47,250, membership of a statutory health scheme is voluntary. People with incomes above that level thus also have the possibility of joining a private health insurance scheme. Within the private system, contributions vary according to the medical services that insurance companies and policy holders have agreed upon. In addition, contributions also depend on the state of health and the age at which a person joins a private insurance scheme.

According to the most recent data available (Micro Census 2003, which was published in November 2004), approximately 82.3 million people in Germany are covered by health insurance (out of a total population of 82.5 million). Out of that total, about 72.5 million people, or 87.8%, are members of statutory health funds. About 8 million people, or approximately 9% of the total population, are members of private insurance schemes, with an additional 2% having some other form of health insurance. According to this data, only about 200,000 people, or 0.2% of the population, are not covered by health insurance.

The health care system is funded by health insurance contributions and, in addition, by contributory or mandatory additional fees for patients, which have been imposed on medicines or hospital treatment, for example.

Necessary investments in the health sector (e.g. the construction of new hospitals) are funded by municipalities and districts, state governments, churches or private institutions; subsequently,

they are refinanced by payments that health insurance schemes make in return for the medical treatment that patients have received.

In Germany, the costs of medical treatments are regulated by law. The cost structure of hospital treatments is negotiated between health insurance funds and hospitals, with the negotiated price being mandatory for all hospitals. However, there are some cost differences between general-care and university hospitals, as university hospitals can charge more for medical treatment in order to compensate them, at least partly, for their expenses for medical training.

In response to demographic changes, there have been numerous proposals for reforming the health care system in Germany, aiming, above all, at limiting the cost of health care. The current trend is marked by proposals that call for restricting the funding of statutory health funds by all members in accordance with the principle of solidarity, and limiting the contributions of employers, who currently pay 50% of the employees contributions. Instead, proposals call for imposing differentiated contributions on insured persons, according to their individual risks ("personal responsibility"). Since 2002, the debate has focussed on reforms that would abolish the current duality of statutory and private health insurance funds. The main reform proposals focus on health premiums and different forms of a so-called "citizens' insurance" (*Bürgerversicherung*). Under such a system, the current system of income redistribution, e.g. for the benefit of families, would remain within the statutory health fund system, whereas health premiums or standard contributions (*Pauschalprämien*) would leave the responsibility for redistribution to the tax system.

2.3 Overall economic context of employment of migrants in Germany's health care system

The economic significance of the health sector and its contribution and potential for the integration of migrant labour, provided that they have the necessary qualifications and work experience, can be gathered from statistics on the financial resources that are allocated annually in Germany in order to provide health care and rehabilitation. Detailed information on health care providers, expenditure and allocation of funds can be obtained from the national health expenditure statistics, which provide annual data on the years 1993 to 2003 (cf. Table 1).

Table 1: Health care expenditure in Germany

Health care expenditure in Germany in million € ¹									
	1993	1994	1995	1996	1997	1998	1999	2001	2003
Total health care expenditure	168.002	180.137	193.878	202.953	203.800	208.673	214.527	227.788	239.703
Funds allocated by									
State/public authorities	22,994	23,196	23,496	21,780	17,646	17,042	17,060	18,315	18,786
Statutory health funds	99,210	107,665	112,893	116,598	115,632	118,191	121,636	128,865	136,031
Statutory long-term care insurance	-	-	4,918	10,012	13,955	14,656	15,216	15,895	16,499
Statutory pension fund	4,122	4,396	4,727	4,872	3,542	3,490	3,592	4,087	4,344
Statutory accident insurance	3,230	3,404	3,523	3,544	3,614	3,657	3,756	3,850	4,097
Employers	7,372	7,678	8,377	8,493	8,790	8,824	9,095	9,621	9,923
Private health insurance funds ²	12,875	13,758	14,518	14,792	15,811	16,313	17,206	18,677	20,612
private households/organisations	18,599	20,042	21,452	22,863	24,809	26,501	26,967	28,478	29,409
according to type of services									
Prevention/preventive health care	7,484	7,991	8,690	9,006	8,597	8,808	9,481	10,329	11,096
Medical services by doctors	47,929	50,850	53,275	54,453	55,425	55,193	57,169	59,783	62,278
Nursing/therapeutic services	32,733	35,674	40,841	45,587	47,000	48,720	49,585	51,902	54,746
Compensation f. effects of illness	2,402	2,595	2,859	3,109	3,280	3,512	3,821	4,467	4,823
Accommodation/catering	13,827	14,691	15,296	14,717	13,259	13,600	13,959	14,664	14,953
Goods	42,500	46,230	49,117	52,069	52,709	55,000	55,740	60,479	64,142
Transport/emergency services	2,378	2,692	2,944	3,037	2,998	3,136	3,326	3,616	3,968
Administration	8,523	9,076	10,139	10,120	10,401	10,902	11,416	11,928	13,155
Research/training/investment	10,227	10,339	10,716	10,855	10,131	9,803	10,031	10,619	10,542
according to institutions									
Preventive health care	2,816	2,884	3,025	3,095	3,216	3,379	3,716	4,207	4,520
out-patient centres	74,897	80,600	86,199	91,888	93,523	95,420	98,137	105,380	111,896
in-patient centres / hospitals	67,369	72,625	76,583	78,604	79,118	81,749	83,654	87,578	91,027
Transportation/emergency service	1,534	1,729	1,829	1,853	1,848	1,947	2,056	2,195	2,452
Administration	9,196	9,756	10,984	11,020	11,231	11,723	12,254	12,862	14,166
Private Households/organisations	5,115	5,385	7,762	8,874	8,043	8,041	8,143	8,640	9,059
Providers from abroad	374	347	383	422	374	374	381	406	419
Investment	6,701	6,810	7,114	7,198	6,445	6,041	6,188	6,519	6,163
Selected reference data: health care expenditure									
in relation to GDP (in %)	10.2%	10.4%	10.8%	11.1%	10.9%	10.8%	10.8%	11.0%	11.3%
per inhabitant (in €)	2,070	2,210	2,370	2,480	2,480	2,540	2,610	2,770	2,900
Additional information:									
Income supplements ³	61,369	62,674	67,986	66,343	62,170	62,238	65,067	67,687	65,264

1) Total health expenditure in Germany

2) Since 1995: including private long-term care insurance

3) Income supplements (incapacity of further employment, illness and maternity; income benefits)

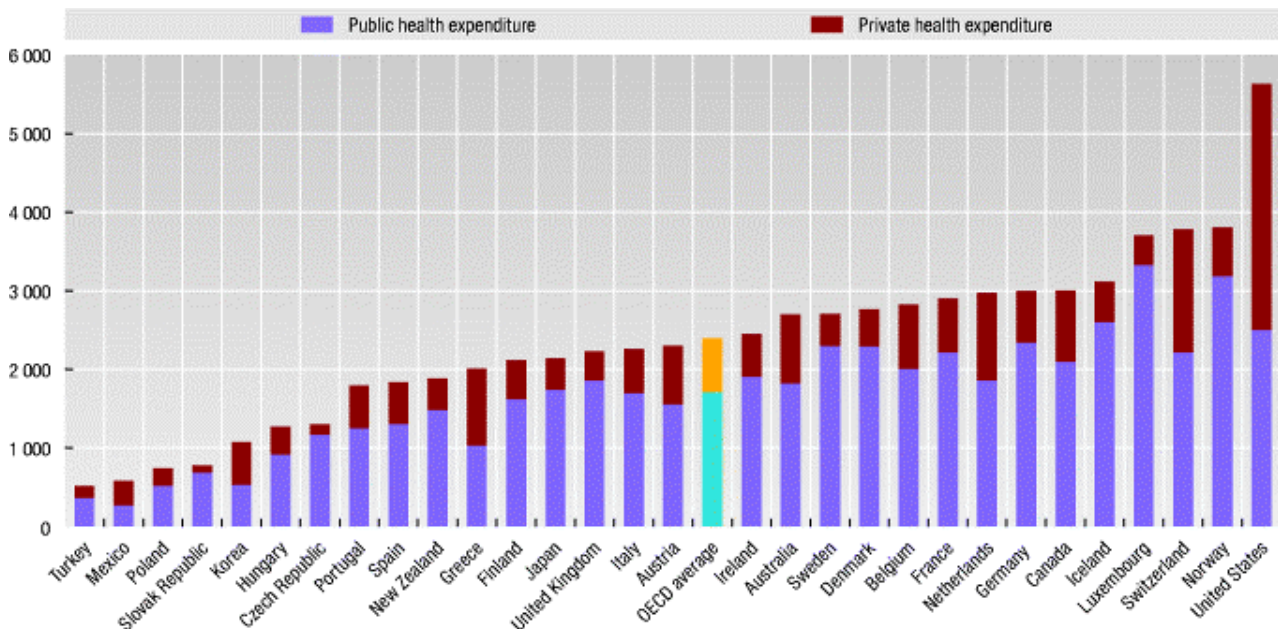
Source: SVR JG 05/06

According to the most recent data available, health expenditure in Germany amounted to as much as €240 billion in the year 2003. Out of that total, €65 billion were allocated to income supplements for people unable to work because of illnesses, such as sickness benefit, continued

payment of salaries or wages in the event of illness, or early retirement pensions for persons that are incapable of further gainful employment or of continuing to work in their profession or trade. These benefits are measures redistributing financial resources from insurance contributors and tax payers to recipients. Consequently, the allocation of these benefits does not require any labour input of (German or non-German) medical staff. However, the largest part of health expenditure, amounting to approximately €175 billion in the year 2003, is allocated to medical treatments, medication and other forms of medical aid. In this area, medical staff (German and non-German) is indispensable for producing and distributing these medical services and doing the required work.

In 2003, health expenditure per head stood at €2,900 in Germany, compared to €2,070 in the year 1993. In an international perspective, Germany ranked seventh in health expenditure per head (in US \$) among the 30 most developed industrialised countries (cf. diagram). Health expenditure per head in Germany (at \$ 3,000) was thus lower than in the United States (\$ 5,600), Norway and Switzerland (at \$ 3,800 each) as well as Luxembourg (\$ 3,700), Iceland (\$ 3,100) and Canada (\$ 3,000). Among the seven leading industrialised nations (G7), Germany ranks third (lower than the United States and Canada, but higher than France (\$ 2,900), Italy (\$ 2,300), the United Kingdom (\$ 2,200) and Japan (\$ 2,100).

Diagram: Public and private health expenditure per head in US \$, adapted to purchasing power parities (2003)



Source: OECD Fact Book 2006, p. 209.

Health care expenditure in Germany increased from 1993 to 2003 by almost €72 billion nominally (without adjustment for inflation), from €168 billion in 1993, which equals a total increase of almost 43%, or an average annual increase of 3.6%. The high level of expenditure in the year 1993 and subsequent steep increases until the year 1996 (€204 billion) were mainly due to the financial costs resulting from German re-unification. In the following years, increases slowed down considerably, and have levelled out between 2% and 3% since 1997. Between 2001 and 2003, health care expenditure rose by 5.3% or €12 billion. Between 1993 and 2003, total health care expenditure rose faster (nominally, i.e. without adjustment for inflation), than Germany's total economic output (GDP) – with the exception of the years 1996 to 1998 and 1999 to 2000. Consequently, the percentage of health care expenditure in relation to GDP increased from 10.2% in 1993 to 11.1% in 1996. In subsequent years, the percentage of health care expenditure remained stable. In 2001, for example, it stood at 10.9%. It was only in the year 2003 that the percentage exceeded the 11% level once again (for the first time since 1996). The respective figure for the year 2003 was 11.3%.

Traditionally, the largest part of health care expenditure in Germany has been financed by statutory health funds, which can thus also be regarded as the main employer for medical staff of German and foreign nationality. In the year 2003, statutory health funds have spent a total of €136 billion on health care, which equals 57% of total health care expenditure. Between 1992 and 2003, the financial resources allocated by statutory health funds increased by €37 billion, an average annual increase of 3.2%. The health care expenditure of private households and nonprofit organisations increased by €11 billion over the same period, which equals an average annual increase of 4.7%. The health care expenditure of private health insurance funds also rose during that period (by almost €8 billion, or 4.9% annually). However, one has to keep in mind that the funds allocated by private health insurance schemes only equal one seventh of the expenditure financed by statutory health funds.

The data in Table 1 also shows that expenditure for out-patient care providers, which offer the largest number of employment opportunities for migrants in the health sector in Germany, stood at almost €112 billion in the year 2003, which equals 47% of total health care expenditure. Providers of out-patient care comprise, among others, surgeries of physicians and dentists as well as pharmacies. 38% of total health care expenditure were allocated to providers of in-patient care, such as hospitals (€62 billion) and nursing homes (€15.9 billion), which is another important sector offering employment opportunities. In the period between the years 1993 and 2003, expenditure on providers of in-patient and out-patient care has risen by €37 or €24 billion, respectively. Administrative costs have increased by €9 billion, reaching a total of €14 billion, which equals an average annual increase of 4.5%.

Table 2 illustrates the importance of the health sector for the labour market. In 2004, the health sector offered employment opportunities for more than 4.2 million people, an increase by 120,000 over the year 1997. In relation to the total number of employees in Germany, the health sector has continued to account for more than 10% of total employment. Between 1997 and 2004, the percentage of part-time employees has increased from about one third to two fifths. Most employment opportunities are offered by providers of in- and out-patient care, which each account for approximately 1.7 million employees (cf. Table 3). The structure of employment in different medical professions for the year 2004 can be gathered from Table 4.

Table 2: Employees in the health sector in Germany, 1997 – 2004

year	Employees in the health sector ¹⁾			
	total in 1000	In % of all employees	part-time employees ²⁾ in 1000	in % of all employees in the health sector
1997	4,107	10.6	1,283	31.2
1998	4,104	10.4	1,325	32.3
1999	4,096	10.2	1,364	33.3
2000	4,088	10.1	1,401	34.3
2001	4,131	10.2	1,455	35.2
2002	4,185	10.5	1,514	36.2
2003	4,219	10.6	1,586	37.6
2004	4,229	10.5	1,657	39.2

Source: Federal Office for Statistics
 Statistisches Bundesamt, Zweigstelle Bonn (StBA): Gesundheitspersonalrechnung (GPR)

1) Including all forms of employment contracts

2) Including minor employment contracts

Table 3: Employees in the health sector (in 1,000), according to institutions and type of employment, Germany, 1997 - 2004

Year	Institutions							
	Total	Preventive health care	Providers of out-patient care	Providers of in-patient care	Emergency services	Administration	Other institutions	Suppliers
	Employees ¹⁾							
	Total							
1997	4,107	49	1,767	1,657	39	217	91	287
1998	4,104	48	1,753	1,680	39	214	92	277
1999	4,096	48	1,724	1,704	41	215	92	273
2000	4,088	50	1,673	1,731	44	217	95	278
2001	4,131	49	1,693	1,745	46	219	95	283
2002	4,185	45	1,713	1,768	46	219	99	295
2003	4,219	46	1,743	1,774	47	214	99	296
2004	4,229	46	1,770	1,760	46	214	100	293
	Full-time employees							
1997	2,824	37	1,200	1,087	30	170	68	231
1998	2,779	36	1,174	1,084	30	165	69	222
1999	2,733	36	1,137	1,080	31	165	67	216
2000	2,687	37	1,083	1,081	34	165	69	217
2001	2,676	36	1,083	1,068	35	165	68	221
2002	2,661	33	1,077	1,059	35	162	70	225
2003	2,633	33	1,083	1,032	35	157	70	224
2004	2,572	33	1,072	994	33	153	69	217
	Part-time employees ²⁾							
1997	1,283	12	566	570	9	46	22	56
1998	1,325	12	579	597	10	49	24	56
1999	1,364	12	587	624	9	50	25	57
2000	1,401	13	590	650	10	52	25	60
2001	1,455	13	610	677	11	54	27	63
2002	1,524	12	636	709	11	57	29	69
2003	1,586	13	660	742	12	58	30	72
2004	1,657	13	698	766	13	60	31	76

Source: Federal Office for Statistics
 Statistisches Bundesamt, Zweigstelle Bonn (StBA): Gesundheitspersonalrechnung (GPR)

1) Including all forms of employment contract

2) Including minor employment contracts

Table 4: Employees in the health sector (in 1,000), according to occupational group and institutions, Germany, 2004

Occupations in the medical sector	Institutions							
	Total	Preventive health care	Out- patient care	In-patient care	Emer- gency services	Admin- istration	Other institutions	Suppliers
Health service occupations	2,247	23	1,050	992	45	35	72	31
Medical doctors, dentists, pharmacists	426	6	244	150	1	6	13	7
Doctors	306	5	133	146	1	5	11	5
Pharmacists	54	0	48	2	-	0	2	2
Dentists	65	1	62	1	-	0	1	0
Other health service occupations	1,822	17	806	842	44	30	59	24
Receptionists/ dental-medical expert staff	511	3	453	48	-	2	4	1
of whom: dental-medical expert staff	197	0	191	4	-	0	1	0
Dietician	13	0	3	5	-	1	3	1
Alternative medical practioner	21	0	20	0	-	0	0	-
Assistant in nursing	221	6	52	81	41	17	16	8
Nursing staff	710	3	107	588	3	5	2	2
of whom: midwifery professionals	17	0	9	8	-	0	0	-
Physiotherapists, masseurs, medical bath attendants	136	2	73	46	-	0	14	1
of whom: medical bath attendants	78	1	36	33	-	0	7	0
Assistant medical technician	96	2	20	51	-	3	13	7
Pharmaceutical-techn. assistant	52	0	45	2	-	0	2	3
Therapeutical professions	61	1	34	21	-	1	4	1
Social occupations	317	5	94	208	-	10	-	-
Elderly care nurses	296	2	92	195	-	7	-	-
Social therapists	8	1	1	5	-	1	-	-
Remedial teachers	13	2	1	9	-	1	-	-
Health craftsmen	139	0	71	0	-	0	3	64
Optician	40	0	30	-	-	0	0	9
Orthopedics mechanic	10	-	4	0	-	-	1	5
Dental technician	71	0	23	-	-	0	1	47
Other health craftsmen	18	-	14	0	-	0	1	3
Other health expert occupations	78	8	47	3	-	2	7	11
Health engineers	13	0	10	0	-	1	0	1
Health-maintaining occupations	14	8	0	-	-	0	5	-
Health technician	9	0	1	0	-	1	1	7
Pharmaceutical producer	5	0	1	-	-	0	1	3
Pharmaceutical-commercial staff	38	-	35	3	-	-	-	-
Other occupations in the health sector	1,448	10	508	557	2	166	18	187
Occupations in total	4,229	46	1,770	1,760	46	214	100	293

Source: Federal Office for Statistics

Statistisches Bundesamt, Zweigstelle Bonn (StBA): Gesundheitspersonalrechnung (GPR)

3. Methodology

The data for this study have been provided by the Federal Office for Statistics, the Federal Employment Agency, the German Medical Association, the Federal Association of Dentists and the Federal Association of Pharmacists¹. More detailed information on individual data sources can be found in Chapter 5.

Whereas the general data on the health sector, which has been used for Chapter 2, is publicly accessible, the tables in the Appendix had, at least partly, to be compiled on the basis of special surveys of the Federal Employment Agency, as data on the nationality and occupation of non-Germans working in the health sector is not generally available.

A migrant survey using the definition that the EMN has agreed upon (“a natural person who establishes his or her usual residence in the territory of a Member State for a period that is, or is expected to be, of at least twelve months, having previously been usually resident in another Member State or a third country“) has not been possible, as there are no surveys compiling such data. It is possible, however to differentiate between persons of German and non-German nationality.

The most detailed information is available for employees that are subject to social insurance contributions. In addition, the German Medical Association has provided data on the total number of medical doctors employed in Germany, which also differentiated between Germans and non-Germans. For a limited number of countries, it has also been possible to differentiate the data according to employees' country of origin.

¹ Regarding the extent or structure of the private households that employ illegal female migrants as care workers as a typical healthwork, for example, there is naturally no precise and reliable quantitative information. Qualitative studies on illegal migration are giving some hints that such a labour market exists in this private sphere. Unfortunately systematic and wide-spread analysis covering a mid- or long-term time span are missing ; the individual communications and press releases do not amount to any more than partial, anecdotal evidence.

It is also not known how far the German health care system has affected the situation, for example, whether illegal employment has increased through the privatization and deregulation of certain areas of public hospitals such as laundries and cleaning services. However, these types of not typical health care occupations were not, as a general rule, the focus of the present study.

The spectrum of subsequent employments in the German health sector for illegal employees is not very wide . Instable labour conditions, characterized by low qualification levels and high fluctuation of the employees are typical.

Macroeconomically the share of foreign employees as members of the social security system in Germany has been on the decline for a decade. This probably has less to do with a drift away from “normal” occupations into the black market, rather the cause is more generally a drift into self-employment, low-paid jobs without social security contributions, niche labour markets, unemployment or the total retreat from the labour market. The introduction of the nursing care insurance as an additional pillar of the Social Security System in the mid-1990s has considerably improved the "normal" job- and income opportunities. Overall, the employment in the black market is in decline.

For the group of dentists and pharmacists, however, it has only been possible to provide general data, without any differentiation between German and non-German employees. One can, however, derive from the data the percentage of employees that are subject to social insurance contributions, in relation to the total number of employees.

The information for the years 1997 and 1998 has proved to be especially problematic, as no detailed analysis of this data is available. But a detailed analysis has already been published for the year 2005, which for the first time has also differentiated between non-German male and female employees as well as between German male and female employees.

4. The legal basis for the employment of non-Germans in general and for the employment of non-Germans in the health sector in particular

For employees of all medical occupations the general regulations regarding right of residence and work permits apply, which categorize the occupations according to vocational qualification and the demands of the labour market. For that reason, medical doctors and other medical personnel fall into the category of general regulations for qualified skilled labour with academic or comparable training, in case of excellent qualifications they are considered high-skilled personnel or they can receive the permission to work self-employed in their own surgery. Only residence and work permits for foreign nursing staff are explicitly regulated with special procedures for recruitment. Because of the special responsibility of staff in healing and nursing occupations for the public health, the professional legal requirements for exercising this occupation have to be guaranteed, in principle, at the point when the residence title is being decided upon.

4.1 Former legal basis

Until the Immigration Act came into force on January 1, 2005, residence and employment of third country nationals were regulated in a twofold way: the foreigner had to apply for the residence permit at the foreigners' office and for the work permit at the labour administration. The prospect or the issuing of the work permit was the prerequisite for obtaining the residence permit as a temporarily limited work permit or a temporarily unlimited work authorisation. The work permit was firstly restricted to a certain professional activity with a certain employer. The work authorisation required the legal residence on German territory for several years, it was unrestricted and entitled the holder to apply for jobs on an equal footing with Germans and EU citizens.

The decision on the work permit was based on the Work Permit Directive (*Arbeitsgenehmigungsverordnung*) which regulated the procedures and also cases that didn't require work permits, as well as on the Directive on Exceptions to the Ban on Recruiting Foreign Labour (*Anwerbestoppausnahmeverordnung*) which listed the occupations that were exempt from the recruitment ban. The occupational groups that were exempt from the recruitment ban explicitly included female and male nurses, female and male childrens' nurses as well as elderly care nurses with vocational training from those European countries that have entered a bilateral agreement between their labour administrations on the proceedings of the recruitment. Nurses from countries outside the European Union could only obtain a work permit if they were of German origin or if they had previously taken up employment as a nurse in Germany. Medical doctors could obtain a residence title as high-skilled labour with academic degree if there was a public interest in their employment due to their special skills.

4.2 New legal basis

The Residence Act – enacted as article 1 of the Immigration Act that came into force on January 1, 2005 – regulates the basic principle of the requirement of a residence title for practicing a profession (§ 4 Par. 2 and 3) and substantiates the requirements according to the respective forms of occupations (§§ 18 to 21).

A fundamentally new regulation compared to the former legal basis has been enacted which replaces the formerly two application procedures (regarding residence and labour) with a one-stop government. This only requires one administrative procedure for issuing the residence title by the public authorities responsible for foreigners (§ 4 Par. 2, § 18 Par. 2 compared to § 39). The work permit is issued by the local labour agency by way of an internal administrative approval and is included in the residence permit as an extra requirement, if applicable with restrictions to the occupational activity. This internal administrative approval replaces the former work permit proceedings. For that reason, the foreigner only needs to appeal to the local foreigners' authority. The latter contacts the labour administration with regard to the issuing of a work permit (exception: new EU citizens).

On the basis of the Residence Act (§ 42) the Directive on Employment regulates the admittance of non-Germans to the labour market who have just entered Germany, and basically continues the admittance requirements of the former Directive on Exceptions to the Ban on Recruiting Foreign Labour (*Anwerbestoppausnahmeverordnung*) and the Work Permit Directive

(*Arbeitsgenehmigungsverordnung*). Based on the principle of the obligation to obtain approval from the foreigners' authorities, it is determined as follows:

- residence purposes that are exempt from the obligation to obtain approval from the foreigners' authorities (vocational training and further education, international sports events and others) and professional groups (high-skilled labour, executives, journalists and others),
- occupations that do not require qualified vocational training and which can be taken up, by way of an exception, by obtaining approval from the Federal Employment Agency, as well as
- occupations with the obligation to obtain approval from the foreigners' authorities with qualified vocational training (for example IT specialists and academic professions such as medical doctors and nurses) and for certain groups of migrants (e.g. ethnic Germans and certain nationalities on the basis of bilateral agreements).

For non-Germans who are living in Germany, the "Directive on the Procedure and Admittance of Non-Germans Living in Germany for taking up Employment" (*Beschäftigungsverfahrensverordnung*) substantiates the types of employment that are exempt from the obligation to obtain approval from the foreigners' authorities – based on the fundamental principle of the obligation to obtain approval - as well as when to obtain approval without a priority assessment, and the admittance of non-Germans to the labour market who have a toleration residence title. It also regulates the responsibilities and proceedings.

The approval of the Federal Employment Agency requires a labour market assessment for the defined cases (§ 39 Par. 2). This assessment will review as to whether

- there are no negative consequences for the labour market
- the access of German and preferential non-German unemployed persons to the labour market is safeguarded (priority assessment),
- the filling of job openings with non-German applicants in certain occupational groups and sectors of the economy is in accordance with labour market policies and integration policies, and
- non-Germans are not employed under less favourable terms and conditions than Germans.

It therefore depends on the previous residence title and the type of employment to be taken up by third country nationals as to whether the approval of the Federal Employment Agency is required and as to whether, in line with that, a labour market assessment including a priority assessment is carried out.

To take up qualified employment, a temporarily restricted residence permit for the purpose of employment can be therefore obtained by non-Germans with approval by the Federal Employment Agency, if they are specialists who have completed a university degree or a degree by a university for applied sciences, or who have similar qualifications, and whose employment is

for the public benefit because of their expert skills (§ 18). Due to the lack of a special regulation, this group also includes medical doctors and other medical personnel with at least three years of vocational training.

The admittance of nurses and the issue of a residence permit is carried out in a joint administrative procedure by the Federal Employment Agency with the labour administration of the country of origin and after an individual labour market assessment. At present, the only existing agreement on the recruitment of nursing staff has been closed with the Croatian labour administration. Citizens of the new EU member states can also be admitted without a recruitment agreement of this kind as this constitutes a type of employment that requires qualified vocational training. However, they also need to meet the requirements for occupational admittance (see below).

High-skilled workers can obtain a temporarily unlimited settlement permit right from the beginning of their stay (§ 19). This regulation aims at top-level executives in business and industry and senior academics with exceptional professional qualifications, in particular at scientists with special expertise as well as lecturers and academic researchers in leading positions. Specialists and executive employees, who are also addressed by this regulation, require a salary that amounts to twice as much as the (annually newly determined) social security contribution ceiling of the compulsory health insurance (in 2005: gross salary of €7,050 per month or €84,600 per year). In these cases no approval from the Federal Employment Agency needs to be obtained, which means that no labour market assessment will be carried out. Because of these very demanding requirements even academics in medical occupations will only be eligible for this residence title in outstanding exceptional cases.

As almost 50% of medical occupations are performed in own surgeries in Germany, the residence permit for self-employed persons might apply, as it has been introduced by the Residence Act for the first time (§ 21). This regulation postulates a broader economic interest or a special regional need for this type of occupation and that the self-employed occupational activity might result in a positive impact for the economy. As a rule, these requirements are fulfilled when an investment of at least 1 million Euros or the creation of at least ten jobs is guaranteed. In order to assess the feasibility of the business plan, the foreigners' authorities can consult expert corporate bodies, trade authorities, trade associations governed by public law, and others. Non-Germans of more than 45 years of age can only obtain the residence permit if they can prove appropriate pension provisions. Already after a residence permit of three years a settlement permit can be issued, if the foreigner has successfully realised his or her planned occupational activity.

In the case of setting up a (general) medical surgery, the above-mentioned required amount of investment might be (arguably) cut back and the assessment might instead be made on the basis of a potential special regional need for sufficient medical care for the population. As to whether a medical doctor might obtain permission to set up a surgery will be decided according to the actual need for this self-employed activity as medical doctor with own surgery.

The Residence Act also introduced the possibility to extend the residence permit for foreign students by one year in order to enable them to look for a job that is adequate for their level of qualification (§ 16 Abs. 4). In order to ensure that they can earn a living during that time, they can practice a profession that requires a lower level of qualification, if approval by the Federal Employment Agency is obtained.

For certain cases, the entitlement to work, without restrictions and further assessments, immediately results from the Residence Act. This, for example, applies to persons with a temporarily unlimited settlement permit (§ 9 Par. 1), to accepted asylum seekers or convention refugees (§ 25 Par.1 and 2), or in cases of subsequent immigration of dependent family members to Germans (§ 28 Par. 5).

An important regulation that makes the residence in order to take up employment in Germany attractive is the right to gainful employment for family dependants (§ 29 Par. 5). The independent right of residence of spouses after divorce or death of the partner also entitles the person in question to gainful employment (§ 31 Par. 1 section 2).

For citizens of the Central and Eastern European countries that have joined the European Union on May 1, 2004 (excluding Malta and Cyprus), transition periods apply that restrict the freedom of movement for workers (the so-called “2+3+2 regulation”). These regulations exclude, in principle, citizens of the accession states from taking up employment (and from providing services in the construction business, including related branches of industry, cleaning services for buildings, plants, equipments and means of transportation as well as interior decorators). These new citizens of the EU may, however, obtain approval from the Federal Employment Agency for taking up employment. If they have been admitted on the labour market in one of the “old” member states for at least 12 months without interruption, the new EU citizens will continue to have access to this national labour market without restriction, until they leave it.

For Turkish citizens, the general regulations of the Residence Act apply which regulate the initial entry via the visa proceedings as well as the take-up of employment. Staggered according to one, three or four years of lawful employment, their residence title to take up gainful employment is gradually getting more secure.

4.3 Legal occupational regulations

As the decision on the residence title applies to the intended residence purpose, the underlying legal vocational regulations for practicing medical and nursing occupations in Germany do not only apply to practicing the profession, but already to issuing the residence permit.

The precondition for unlimited access to practice the medical profession is the official licence to practice medicine, which is issued by the responsible authorities in the federal states, following an application and the presentation of the required qualification certificates. The official licence to practice medicine entitles the medical doctor to practice medicine as medical doctor in hospitals, at institutes and other facilities as well as in his or her own surgery. A medical doctor who does not obtain the official licence to practice medicine, can (in accordance with § 10 of the Federal Medical Regulation) apply for the permission to practice a medical profession at the local public health authority which is responsible for the administrative district in which the medical doctor intends to practice. To do that the applicant has to certify that he or she has concluded medical training as medical doctor or has the right to practice the medical profession in his or her country of origin. The permit to practice the profession is issued particularly for the purpose of further education and for a maximum time of up to four years. For that reason, the residence title is accordingly issued for the purpose of vocational training and further education (§ 17). The permit can also be considered if the further education programme is for the public benefit, as it is the case for participants in state-sponsored stipend programmes. It is possible to extend the four-year period if it is required for the benefit of the public health or in case of accepted asylum applicants, so-called contingent refugees, non-Germans with German spouses or for non-Germans who have obtained written confirmation that they will be naturalized (www.bundesaerztekammer.de - „So weit die Füße tragen – Ausländische Ärzte in Berlin“ (“As far as my feet will carry me – foreign medical doctors in Berlin”) by Antje Müller-Schubert).

Foreign nursing staff also requires vocational qualifications that are similar to the corresponding German levels of qualification and legal vocational regulations. At the same time, sufficient knowledge of the German language is required (as it is implicitly required for medical doctors and other medical staff). The same requirements apply to all other medical occupations.

5. Employment of immigrants in the health sector

Data on employment in the health sector is, on the one hand, collected by the Federal Employment Agency, and, on the other hand, by individual associations. In accordance with the sources, the tables in the appendix are marked as a) and b).

5.1 Statistics by the Federal Employment Agency

The Federal Employment Agency maintains the statistics of employees which, however, only include information on employees subject to social insurance contribution. A categorization according to German males / German females as well as foreign males / foreign females has only been possible as from the year 2005. Detailed analyses do only exist since 1999, so no information can be provided for 1997 and 1998.

The respective numbers are calculated as to June 30 of each year. The basic unit of the statistics of employees is the occupational category (Berufsordnung – BO) which summarizes similar occupations. “Occupations” are defined according to the practiced or planned vocational activities, independently of the concluded vocational training. Only regarding special groups, the professional group of medical doctors and pharmacists (occupational category 84) among others, this general principle was deviated from; here, only data on persons with university degree were considered. In total, the data for 3 occupational areas, 20 occupational fields as well as – in accordance with the official classification by the Federal Employment Agency - 83 occupational groups and 319 vocational categories is shown. This classification does not correspond with the classification according to ISCO, but has a similar structure. In the overview below, the individual occupational groups and vocational categories are listed.

Non-Germans are defined by their citizenship. As it is usually the case in German official statistics, no persons with migration background, naturalized migrants or ethnic German migrants are therefore registered in this group.

Overview: Considered occupational groups and vocational categories in the health sector

Occupational group	Vocational categories	Name of occupation	Among them (males and females respectively)
84		Male/female medical doctors, female/male pharmacists	
	841	Male/female medical doctors (human medicine)	Medical doctors during practical training, general medical doctors, medical specialists
	842	Male/female dentists	Dentists, specialised dentists
	844	Male/female pharmacists	Pharmacists (university degree)
85		Other medical occupations	
	853	Male/female nurses, midwifery professionals	Male/female pharmacist assistants, male/female expert childrens' nurse, male/female expert nurse, male/female assistant nurse, male/female district nurse, male/female head nurse, mobile male/female childrens' nurse, midwifery professionals
	855	Male/female dietician, male/female pharmaceutical-technical assistant	Dieticians, pharmaceutical-technical assistants, assistant nutritionists
	856	Male/female receptionists	Expert assistants to medical doctors, assistants to medical doctors, expert assistant to orthodontist, assistant to orthodontist, receptionists, assistant to veterinaries, assistant to dentists
	854	Assistants in nursing	Assistants in hospitals, assistants to hospital nurses, night watch, surgical nurses, assistant nurses
	852	Masseurs/masseuses, male/female physiotherapists and similar occupations	Masseurs, physiotherapists, medical bath attendants
	851	Male/female alternative medical practitioners	Alternative medical practitioners
	857	Male/female medical laboratory assistants	Medical laboratory assistants, veterinary-medical-technical assistants

Source: Federal Employment Agency

5.2 Statistics by the associations

The information provided in 5.1 is supplemented by numbers collected by various associations (the German Medical Association, the Federal Association of Dentists and the Federal Association of Pharmacists). They collect the total number of medical doctors and pharmacists, including employees subject to social insurance contribution as well as self-employed persons and civil servants. For pharmacists, only data for pharmacists working in public pharmacies is available from the Association.

The respective jobs that are registered form the basis for the data. For these total numbers, a categorization according to non-Germans and Germans as well as a categorization according to countries of origin for the group of medical doctors is available. Non-Germans are also defined on the basis of their citizenship here. Further categorizations according to persons with migration background, naturalized persons or ethnic German immigrants are also not available. As it is the case with the statistics by the Federal Employment Agency, detailed analyses are only available as from 1999 and for that reason, the respective tables for 1997 and 1998 are missing in the Appendix. In addition, the respective information is not available for all countries of origin.

5.3 Summary of the most important trends

Employees subject to social insurance contribution

- The total number of employees subject to social insurance contribution in the health sector has continuously increased from 1.8 million to 1.95 million between 1999 and 2005 (increase by about 8%).
- The total share of non-Germans in the researched vocational categories amounts to about 4% in the specified period of time, as from 2004 there is a slight decrease and in 2005 the share dropped to 3.7%. In that year, a total of 1.7 million non-Germans were employees subject to social insurance contribution in all vocational categories. Considering the total number of employees subject to social insurance contribution which stood at 26 million, this represents a share of 6.7%. In this respect, the share of non-Germans employed subject to social insurance contribution in the health sector only amounts to about half of the total average.
- The share of foreign medical doctors as well as the share of foreign dentists of the total number of medical doctors and dentists stood at 3.5% to 4% between 1999 and 2002. Regarding doctors, a significant increase of the share of non-Germans can be seen starting in 2003: the share increases to 4.5% in 2003 and amounts to almost 5% in 2004 and 2005.
- Already starting in 2001, the share of non-Germans of the total number of dentists increased to about 4.8% and levels off around 4.5% to 4.8% during the following years.

- The share of non-Germans among pharmacists stood at 1.5% to 1.8% in the specified period, remaining relatively constant.
- The share of non-Germans among male and female assistants in nursing has been relatively high with about 7.5% at the beginning of the specified period. It slightly dropped during the ensuing years, only amounting to 6.7% in 2005. This corresponds exactly with the share of non-Germans among the total number of employees subject to social insurance contribution.
- The share of foreign male and female nurses and midwifery professions as well as the share of foreign alternative medical practitioners stood at about 4%. For the group of male and female nurses as well as midwifery professionals a decrease in numbers was registered as from 2004: in 2004, the share clearly dropped below 4% and stood at only 3.6% in 2005.

Employees in total

- The total number of medical doctors, dentists and pharmacists slightly increased from around 400,000 in 1999 to 417,000 in 2004 (an increase of about 4%).
- Information on the total number of foreign dentists and pharmacists is not available.
- The share of foreign medical doctors of the total number of medical doctors tends to be on the increase, similar to the number of foreign employees subject to social insurance contribution. The share of non-Germans among medical doctors went up from almost 5% in 1999 and 2000 to more than 5% in 2001 and was registered with 5.7% in 2003 already. In 2005, it reached an all-time high at more than 6%.

Employees subject to social insurance contribution in comparison to employees in total

- The share of employees subject to social insurance contribution among the total number of employees varies according to the different vocational categories. Whereas among medical doctors about 50% are in employment that is subject to social insurance contribution, only 11% of the dentists, but more than 80% of the pharmacists (but only with regard to pharmacists working in public pharmacies) fit into this category.
- Related to non-Germans, it can be stated for the group of medical doctors that the share of non-Germans tends to be on the increase. Here, the share of non-Germans in relation to the total number of medical doctors amounts to 6% per year and is therefore higher than the corresponding share in the sub-group of employees subject to social insurance contribution, which stood at about 5% in 2005. As it is rather an exception that non-Germans get the status of civil servants, this higher share is to be traced back to more self-employed persons; from this it can be concluded that non-Germans are more likely to be self-employed or more of them are inevitably self-employed than Germans.

Male and female employees in 2005

- Since 2005 it has become possible to categorize male and female German and non-German employees (subject to social insurance contribution) and this categorization shows that the share of female employees in the health sector amounts to more than 80%. Thereby the share of Germans is about 85% and is therefore slightly higher than that of non-Germans with 82%. However, there are significant differences within the occupational groups according to gender. Whereas about 99% of the receptionists are female, the share of male medical doctors is 56% among Germans and 57% among non-Germans and is therefore higher than the share of females.
- In most of the occupational categories the share of females among non-Germans is smaller than that of Germans, in particular regarding the groups of masseurs, alternative medical practitioners and pharmacists (about 10% less than among Germans respectively). Exceptions are the groups of nurses and assistants in nursing in which the share of non-German females is higher (by 0.8 percentage points and 8.4 percentage points) than the share of German females.

Countries of origin: EU member states and EU 10 countries

- Regarding employees subject to social insurance contribution in the health sector it can be seen that the non-Germans' share from the EU 14 countries (EU member states without Germany) amounts to about 25% of the total number of non-Germans. Between 1999 and 2005 it changed only slightly. In this time period it fluctuated between 24.7% in 2003 and more than 25% in 2005.
- The share of non-German employees subject to social insurance contribution from the EU 10 countries has been continuously on the increase, rising from 8.5% in 1999 to 11.4% in 2005.
- For the total number of medical doctors regarding the EU 10 countries a similar picture can be seen. Numbers are only available as from 2002: the share of EU 10 medical doctors among the total number of non-German medical doctors has increased from 8.1% in 2002 to 11.6% in 2005 and therefore shows the same tendency as the employees subject to social insurance contribution.
- The share of EU member states citizens among foreign medical doctors, however, is higher than that of employees subject to social insurance contribution. It increased from 27.4% in 1999 to 29% in 2005.

6. Conclusions

The health sector in Germany represents an important economic area. The participation of non-Germans in this sector varies according to occupational groups. Regarding medical doctors and

dentists, the share of non-Germans is on the increase. Regarding male and female assistants in nursing – an occupation with a traditionally and comparably high share of non-Germans – the number of non-Germans is decreasing though.

As a lot of medical doctors in Germany are not satisfied with their working conditions and income, it might be possible that the emigration of German medical doctors will continue to be on the increase, as many of them hope to find better conditions in Scandinavian countries or in the classical immigration countries such as the United States and Canada. As a consequence, the share of non-German medical doctors in Germany might increase.

It can also be seen that the share of non-German employees from the new EU member states has significantly increased. As part of further rounds of EU accessions and the lifting of labour market restrictions for the EU 10 countries in 2011 at the latest, more immigrants from the countries in question can therefore be expected.

The available data provides fundamental information on the quantitative proportions of the participation of non-Germans in the health sector. However, no detailed statements can be made about the level of qualification among non-Germans, particularly in comparison to Germans in the same occupational group. This would be particularly interesting in order to investigate the issue of the recognition of graduation and vocational training certificates as there is a large number of non-Germans who work below the level of qualification they completed in their countries of origin.

In addition, data is missing on the participation of persons with migration background in the health sector. As this group is certainly larger than the investigated group of non-Germans, the inclusion of these persons would result in much higher participation rates than presented here. On the basis of adequate data it could be analysed as to whether the second and third generation differs in the choice of occupation, compared to their parents.

Against, on the background of emigrating medical doctors from Germany and the improved opportunities for persons from the new EU countries to participate in the German labour market, there is more need for research results. Here, the identification of data on persons with migration background and their respective levels of qualifications is of vital importance.

Annex: Tables

Table A1a: Employees subject to social insurance contribution as of June 30, 1997

As no detailed data is available, table 1a is missing.

Table A1b: Medical doctors, dentists and pharmacists in total 1997

As no detailed data is available, table 1b is missing.

Table A2a: Employees subject to social insurance contribution as of June 30, 1998

As no detailed data is available, table 2a is missing.

Table A2b: Medical doctors, dentists and pharmacists in total 1998

As no detailed data is available, table 2b is missing.

Table A3a: Employees subject to social insurance contribution as of June 30, 1999

Employees subject to social insurance contribution		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	141,522	5,397	87,636	59,283	146,919
	dentists	7,587	313	3,336	4,564	7,900
	pharmacists	36,881	644	6,356	31,169	37,525
Other medical service occupations						
of whom	male/female nurses, midwifery professionals	641,536	28,154	90,773	578,917	669,690
	dieticians, pharmaceutical-technical assistants	43,511	820	1,023	43,308	44,331
	receptionists	465,811	16,332	3,105	479,038	482,143
	assistant in nursing	196,177	15,930	52,665	159,442	212,107
	masseurs, physiotherapist and similar occupations	107,821	3,934	25,489	86,266	111,755
	alternative medical practitioners	3,338	154	1,105	2,387	3,492
	medical laboratory assistants	80,846	2,360	6,256	76,950	83,206

Source: Federal Employment Agency

Table A3b: Medical doctors, dentists and pharmacists in total in 1999

Medical doctors in total		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	276,928	14,243	183,914	107,257	291,171
	dentists	-	-	-	-	62,564
	pharmacists in public pharmacies	-	-	17,136	28,928	46,064

Source: Federal Medical Association

Table A4a: Employees subject to social insurance contribution as of June 30, 2000

Employees subject to social insurance contribution		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	146,186	5,515	89,578	62,123	151,701
	dentists	7,145	319	3,011	4,453	7,464
	pharmacists	37,481	622	6,303	31,800	38,103
Other medical service occupations						
of whom	male/female nurses, midwifery professionals	650,568	27,427	92,090	585,905	677,995
	dieticians, pharmaceutical-technical assistants	45,626	829	1,081	45,374	46,455
	receptionists	469,951	15,513	3,408	482,056	485,464
	assistant in nursing	204,537	16,062	55,359	165,240	220,599
	masseurs, physiotherapist and similar occupations	112,957	3,830	26,220	90,567	116,787
	alternative medical practitioners	3,549	155	1,155	2,549	3,704
	medical laboratory assistants	81,018	2,297	6,466	76,849	83,315

Source: Federal Employment Agency

Table A4b: Medical doctors, dentists and pharmacists in total in 2000

Medical doctors in total		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	280,073	14,603	185,360	109,316	294,676
	dentists	-	-	-	-	63,202
	pharmacists in public pharmacies	-	-	15,989	30,089	46,078

Source: Federal Medical Association

Table A5a: Employees subject to social insurance contribution as of June 30, 2001

Employees subject to social insurance contribution		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	148,606	5,859	90,455	64,010	154,465
	dentists	7,205	367	2,984	4,588	7,572
	pharmacists	38,032	663	6,382	32,313	38,695
Other medical service occupations						
of whom	male/female nurses, midwifery professionals	653,275	28,193	92,749	588,719	681,468
	dieticians, pharmaceutical-technical assistants	47,669	922	1,103	47,488	48,591
	receptionists	473,870	15,859	3,511	486,218	489,729
	assistant in nursing	211,038	16,931	57,748	170,221	227,969
	masseurs, physiotherapist and similar occupations	118,564	3,817	27,114	95,267	122,381
	alternative medical practitioners	3,765	172	1,199	2,738	3,937
	medical laboratory assistants	80,833	2,498	6,571	76,760	83,331

Source: Federal Employment Agency

Table A5b: Medical doctors, dentists and pharmacists in total in 2001

Medical doctors in total		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	282,750	15,143	186,389	111,504	297,893
	dentists	-	-	-	-	63,854
	pharmacists in public pharmacies	-	-	16,008	29,861	45,869

Source: Federal Medical Association

Table A6a: Employees subject to social insurance contribution as of June 30, 2002

Employees subject to social insurance contribution		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	151,719	6,435	91,395	66,759	158,154
	dentists	7,258	360	2,898	4,720	7,618
	pharmacists	38,517	677	6,369	32,825	39,194
Other medical service occupations						
of whom	male/female nurses, midwifery professionals	663,077	27,381	93,840	596,618	690,458
	dieticians, pharmaceutical-technical assistants	50,174	993	1,172	49,995	51,167
	receptionists	487,543	16,192	3,845	499,890	503,735
	assistant in nursing	220,338	17,392	61,400	176,330	237,730
	masseurs, physiotherapist and similar occupations	125,326	3,705	28,042	100,989	129,031
	alternative medical practitioners	3,955	180	1,252	2,883	4,135
	medical laboratory assistants	81,764	2,404	6,701	77,467	84,168

Source: Federal Employment Agency

Table A6b: Medical doctors, dentists and pharmacists in total in 2002

Medical doctors in total		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	284,900	16,160	187,038	114,022	301,060
	dentists	-	-	-	-	64,294
	pharmacists in public pharmacies	-	-	16,931	29,582	46,513

Source: Federal Medical Association

Table A7a: Employees subject to social insurance contribution as of June 30, 2003

Employees subject to social insurance contribution		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	153,419	7,301	91,813	68,907	160,720
	dentists	7,240	358	2,842	4,756	7,598
	pharmacists	37,937	633	6,231	32,339	38,570
Other medical service occupations						
of whom	male/female nurses, midwifery professionals	668,298	27,129	94,747	600,680	695,427
	dieticians, pharmaceutical-technical assistants	50,702	977	1,156	50,523	51,679
	receptionists	495,866	16,266	3,757	508,375	512,132
	assistant in nursing	222,633	17,519	62,390	177,762	240,152
	masseurs, physiotherapist and similar occupations	130,210	3,718	28,413	105,515	133,928
	alternative medical practitioners	3,873	189	1,188	2,874	4,062
	medical laboratory assistants	81,676	2,381	6,719	77,338	84,057

Source: Federal Employment Agency

Table A7b: Medical doctors, dentists and pharmacists in total in 2003

Medical doctors in total		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	286,799	17,318	187,981	116,136	304,117
	dentists	-	-	-	-	64,609
	pharmacists in public pharmacies	-	-	17,118	29,022	46,140

Source: Federal Medical Association

Table A8a: Employees subject to social insurance contribution as of June 30, 2004

Employees subject to social insurance contribution		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	155,564	8,055	92,541	71,078	163,619
	dentists	7,274	346	2,770	4,850	7,620
	pharmacists	37,982	559	6,227	32,314	38,541
Other medical service occupations						
of whom	male/female nurses, midwifery professionals	669,755	26,284	95,618	600,421	696,039
	dieticians, pharmaceutical-technical assistants	51,609	958	1,169	51,398	52,567
	receptionists	498,609	15,860	3,810	510,659	514,469
	assistant in nursing	219,756	16,742	61,969	174,529	236,498
	masseurs, physiotherapist and similar occupations	131,586	3,604	28,062	107,128	135,190
	alternative medical practitioners	3,931	180	1,170	2,941	4,111
	medical laboratory assistants	81,310	2,364	6,659	77,015	83,674

Source: Federal Employment Agency

Table A8b: Medical doctors, dentists and pharmacists in total in 2004

Medical doctors in total		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	288,444	17,991	187,967	118,468	306,435
	dentists	-	-	-	-	64,997
	pharmacists in public pharmacies	-	-	15,875	30,139	46,014

Source: Federal Medical Association

Table A9a: Employees subject to social insurance contribution as of June 30, 2005

Employees subject to social insurance contribution		Indigenous (1)	Migrants (1)	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	156,530	8,143	92,348	72,369	164,717
	dentists	7,209	357	2,653	4,915	7,568
	pharmacists	38,295	587	6,276	32,612	38,888
Other medical service occupations						
of whom	male/female nurses, midwifery professionals	678,313	25,347	96,721	607,054	703,775
	dieticians, pharmaceutical-technical assistants	54,105	985	1,201	53,900	55,101
	receptionists	504,588	15,919	3,899	516,711	520,610
	assistant in nursing	219,021	15,843	61,521	173,461	234,982
	masseurs, physiotherapist and similar occupations	134,944	3,516	27,883	110,602	138,485
	alternative medical practitioners	3,902	184	1,127	2,960	4,087
	medical laboratory assistants	81,801	2,299	6,602	77,517	84,119

(1): In contrast to the previous tables designations that cannot be categorized are not corrected automatically. As a consequence, for example, the sum of "Migrants" and "Indigenous" does not result in "Employees in total", but is slightly smaller.

Source: Federal Employment Agency

Table A9b: Medical doctors, dentists and pharmacists in total in 2005

Medical doctors in total		Indigenous	Migrants	In total		In total
				Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	288,995	18,582	187,076	120,501	307,577
	dentists	-	-	-	-	-
	pharmacists in public pharmacies	-	-	16,289	29,987	46,276

Source: Federal Medical Association

Table A9c: Employees subject to social insurance contribution as of June 30, 2005, according to gender

Employees subject to social insurance contribution		Indigenous		Migrants		In total (1)
		Männer	Frauen	Males	Females	
Medical doctors, pharmacists						
of whom	medical doctors	87,648	68,882	4,668	3,475	164,673
	dentists	2,503	4,706	148	209	7,566
	pharmacists	6,125	32,170	149	438	38,882
Other medical service occupations						
of whom	male/female nurses, midwifery professionals	93,425	584,888	3,281	22,066	703,660
	dieticians, pharmaceutical-technical assistants	1,153	52,952	47	938	55,090
	receptionists	3,636	500,952	261	15,658	520,507
	assistant in nursing	58,572	160,449	2,904	12,939	234,864
	masseurs, physiotherapist and similar occupations	26,762	108,182	1,118	2,398	138,460
	alternative medical practitioners	1,058	2,844	69	115	4,086
	medical laboratory assistants	6,116	75,685	482	1,817	84,100

(1): In contrast to the previous tables designations that cannot be categorized are not corrected automatically. As a consequence, for example, the sum of "Migrants" and "Indigenous" does not result in "Employees in total", but is slightly smaller, see also table 9.

Source: Federal Employment Agency

Table A10a: Changes of the number of employees subject to social insurance contribution compared to the previous year

Employees subject to social insurance contribution		Indigenous					Migrants						
		2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005
Medical doctors, pharmacists													
of whom	medical doctors	+ 4,664	+ 2,420	+ 3,113	+ 1,700	+ 2,145	+ 966	+ 118	+ 344	+ 576	+ 866	+ 754	+ 88
	dentists	- 442	+ 60	+ 53	- 18	+ 34	- 65	+ 6	+ 48	- 7	- 2	- 12	+ 11
	pharmacists	+ 600	+ 551	+ 485	- 580	+ 45	+ 313	- 22	+ 41	+ 14	- 44	- 74	+ 28
Other medical service occupations													
of whom	male/female nurses, midwifery professionals	+ 9,032	+ 2,707	+ 9,802	+ 5,221	+ 1,457	+ 8,558	- 727	+ 766	- 812	- 252	- 845	- 937
	dieticians, pharmaceutical-technical assistants	+ 2,115	+ 2,043	+ 2,505	+ 528	+ 907	+ 2,496	+ 9	+ 93	+ 71	- 16	- 19	+ 27
	receptionists	+ 4,140	+ 3,919	+ 13,673	+ 8,323	+ 2,743	+ 5,979	- 819	+ 346	+ 333	+ 74	- 406	+ 59
	assistant in nursing	+ 8,360	+ 6,501	+ 9,300	+ 2,295	- 2,877	- 735	+ 132	+ 869	+ 461	+ 127	- 777	- 899
	masseurs, physiotherapist and similar occupations	+ 5,136	+ 5,607	+ 6,762	+ 4,884	+ 1,376	+ 3,358	- 104	- 13	- 112	+ 13	- 114	- 88
	alternative medical practitioners	+ 211	+ 216	+ 190	- 82	+ 58	- 29	+ 1	+ 17	+ 8	+ 9	- 9	+ 4
	medical laboratory assistants	+ 172	- 185	+ 931	- 88	- 366	+ 491	- 63	+ 201	- 94	- 23	- 17	- 65

Source: Federal Employment Agency

Table A10b: Changes of the number of medical doctors, dentists and pharmacists in total compared to the previous year

Medical doctors in total		Indigenous / in total					Migrants						
		2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005
Medical doctors, pharmacists													
of whom	medical doctors (Indigenous)	+ 3,145	+ 2,677	+ 2,150	+ 1,899	+ 1,645	+ 551	+ 360	+ 540	+ 1,017	+ 1,158	+ 673	+ 591
	dentists (in total)	+ 638	+ 652	+ 440	+ 315	+ 388	-	-	-	-	-	-	-
	pharmacists (in total)	+ 14	- 209	+ 644	- 373	- 126	+ 262	-	-	-	-	-	-

Source: Federal Medical Association

Table A11a: Changes of the number of employees subject to social insurance contribution in per cent compared to 1999

Employees subject to social insurance contribution		Indigenous, in %						Migrants, in %					
		2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005
Medical doctors, pharmacists													
of whom	medical doctors	+ 3.30	+ 5.01	+ 7.21	+ 8.41	+ 9.92	+ 10.60	+ 2.19	+ 8.56	+ 19.23	+ 35.28	+ 49.25	+ 50.88
	dentists	- 5.83	- 5.03	- 4.34	- 4.57	- 4.13	- 4.98	+ 1.92	+ 17.25	+ 15.02	+ 14.38	+ 10.54	+ 14.06
	pharmacists	+ 1.63	+ 3.12	+ 4.44	+ 2.86	+ 2.99	+ 3.83	- 3.42	+ 2.95	+ 5.12	- 1.71	- 13.20	- 8.85
Other medical service occupations													
of whom	male/female nurses, midwifery professionals	+ 1.41	+ 1.83	+ 3.36	+ 4.17	+ 4.40	+ 5.73	- 2.58	+ 0.14	- 2.75	- 3.64	- 6.64	- 9.97
	dieticians, pharmaceutical-technical assistants	+ 4.86	+ 9.56	+ 15.31	+ 16.53	+ 18.61	+ 24.35	+ 1.10	+ 12.44	+ 21.10	+ 19.15	+ 16.83	+ 20.12
	receptionists	+ 0.89	+ 1.73	+ 4.67	+ 6.45	+ 7.04	+ 8.32	- 5.01	- 2.90	- 0.86	- 0.40	- 2.89	- 2.53
	assistant in nursing	+ 4.26	+ 7.58	+ 12.32	+ 13.49	+ 12.02	+ 11.64	+ 0.83	+ 6.28	+ 9.18	+ 9.97	+ 5.10	- 0.55
	masseurs, physiotherapist and similar occupations	+ 4.76	+ 9.96	+ 16.24	+ 20.76	+ 22.04	+ 25.16	- 2.64	- 2.97	- 5.82	- 5.49	- 8.39	- 10.63
	alternative medical practitioners	+ 6.32	+ 12.79	+ 18.48	+ 16.03	+ 17.77	+ 16.90	+ 0.65	+ 11.69	+ 16.88	+ 22.73	+ 16.88	+ 19.48
	medical laboratory assistants	+ 0.21	- 0.02	+ 1.14	+ 1.03	+ 0.57	+ 1.18	- 2.67	+ 5.85	+ 1.86	+ 0.89	+ 0.17	- 2.58

Source: Federal Employment Agency

Table A11b: Changes of the number of medical doctors, dentists and pharmacists in per cent compared to 1999

Medical doctors in total		Indigenous, in % / in total, in %						Migrants, in %					
		2000	2001	2002	2003	2004	2005	2000	2001	2002	2003	2004	2005
Medical doctors, pharmacists													
of whom	medical doctors (Indigenous)	+ 1.14	+ 2.10	+ 2.88	+ 3.56	+ 4.16	+ 4.36	+ 2.53	+ 6.32	+ 13.46	+ 21.59	+ 26.31	+ 30.46
	dentists (in total)	+ 1.02	+ 2.06	+ 2.77	+ 3.27	+ 3.89	-	-	-	-	-	-	-
	pharmacists (in total)	+ 0.03	- 0.42	+ 0.97	+ 0.16	- 0.11	+ 0.46	-	-	-	-	-	-

Source: Federal Medical Association

Table A12a: Increase of vacant posts in the health sector in 2004

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ø	%*
Medical doctors, pharmacists															
of whom	medical doctors	472	574	533	491	520	507	586	387	446	471	452	400	487	0.30
	dentists	32	38	42	24	20	17	51	18	18	24	21	24	27	0.35
	pharmacists	132	155	141	138	145	129	146	135	129	122	147	91	134	0.35
Other medical service occupations															
of whom	male/female nurses, midwifery professionals	1,434	1,370	1,812	1,260	1,611	1,563	1,726	1,271	1,474	1,441	1,416	1,438	1,485	0.21
	dieticians, pharmaceutical-technical assistants	215	222	195	183	239	393	272	232	199	213	217	180	230	0.44
	receptionists	2,223	2,104	2,001	1,567	2,084	1,799	1,968	1,545	1,715	1,729	1,817	1,612	1,847	0.36
	assistant in nursing	422	355	399	390	387	499	431	363	457	424	331	316	398	0.17
	masseurs, physiotherapist + similar occupations	908	992	1,192	1,017	1,215	1,099	974	838	869	790	838	810	962	0.71
	alternative medical practitioners	14	12	10	10	9	11	9	6	11	5	18	7	10	0.24
	medical laboratory assistants	164	145	162	130	151	148	152	119	156	108	126	117	140	0.17

* [vacant posts / (vacant posts + employees subject to social insurance contribution)]*100

Source: Federal Employment Agency

Table A12b: Stock of vacant posts in the health sector in 2004

		Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Ø	%*
Medical doctors, pharmacists															
of whom	medical doctors	2,471	2,484	2,214	2,132	2,103	2,042	2,060	1,925	1,853	1,773	1,782	1,739	2,048	1.24
	dentists	107	122	143	137	125	111	123	116	121	92	84	82	114	1.47
	pharmacists	323	372	377	388	407	394	390	397	398	372	359	332	376	0.97
Other medical service occupations															
of whom	male/female nurses, midwifery professionals	3,183	3,056	3,219	2,928	3,038	3,099	3,260	2,993	2,687	2,545	2,498	2,532	2,920	0.42
	dieticians, pharmaceutical-technical assistants	334	354	310	300	347	521	552	520	496	514	526	384	430	0.81
	receptionists	2,944	2,958	2,670	2,500	2,719	2,632	2,486	2,210	2,110	2,105	2,248	2,233	2,485	0.48
	assistant in nursing	662	666	555	558	526	620	607	608	672	692	663	598	619	0.26
	masseurs, physiotherapist + similar occupations	2,280	2,237	2,183	2,179	2,291	2,253	2,077	1,862	1,688	1,562	1,477	1,504	1,966	1.43
	alternative medical practitioners	27	30	21	28	26	24	19	15	20	15	22	19	22	0.53
	medical laboratory assistants	375	369	317	304	287	250	235	213	224	178	180	200	261	0.31

* [vacant posts / (vacant posts + employees subject to social insurance contribution)]*100

Source: Federal Employment Agency

Table A13a: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/1997

As no detailed data is available for 1997, table 13a is missing.

Table A13b: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/1998

As no detailed data is available for 1998, table 13b is missing.

Table A13c: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/1999

Nationalities	medical doctors	dentists	pharmacists	male/female nurses, midwifery professionals	dieticians, pharmaceutical-technical assistants	receptionists	assistants in nursing	masseurs, physiotherapists and similar professions	alternative medical practitioners	medical laboratory assistants	in total
In total	146,919	7,900	37,525	669,690	44,331	482,143	212,107	111,755	3,492	83,206	1799,068
EU-15 countries	143,286	7,663	37,042	647,908	43,702	469,631	199,231	110,401	3,402	81,620	1743,886
Germany	141,522	7,587	36,881	641,536	43,511	465,811	196,177	107,821	3,338	80,846	1725,030
Austria	244	3	32	1,248	35	517	507	462	10	177	3,235
Denmark	23	*	6	128	*	32	43	21	*	17	270
Finland	49	*	4	315	6	32	90	47		32	575
France	120	3	26	528	10	224	287	76	6	86	1,366
Belgium	116	5	5	232	10	80	71	199	5	29	752
Greece	437	28	33	537	34	671	345	151	6	90	2,332
Ireland	*	*		96		12	24	8		5	145
Italy	210	5	15	874	36	1,296	621	121	6	74	3,258
Luxembourg	*		*	38		13	9	6		7	73
The Netherlands	207	10	13	990	29	220	282	1,313	26	151	3,241
Portugal	24	*	*	476	*	266	281	32	*	20	1,099
Spain	132	5	6	443	*	318	266	45	*	36	1,251
Sweden	33	3	3	73	*	39	32	39	*	18	240
United Kingdom, Northern Ireland	99	6	11	394	6	100	196	60		32	904
EU-10 countries	473	28	49	2,979	57	638	1,388	401	27	264	6,304
Slovakia	*	*	*	98	*	8	37	12	*	*	155
Slovenia	*		*	155	*	53	56	5		*	269
Poland	245	18	27	1,904	43	391	953	221	9	172	3,983
Lithuania	*		*	48		14	18	*		*	80
Latvia	*		*	*		4	*	*		*	4
Malta	*			*							0
Cyprus	19			*		*	*	*			19
Czech Republic	66	5	*	376	*	78	168	89	*	38	820
Estonia	9			16		*	6	*			31
Hungary	91	*	13	359	6	86	140	66	15	40	816
Norway	29		*	45	*	*	19	36		7	136
Iceland	*		*	10		*	3	*		3	16
Liechtenstein				*		*	*	*			0
Switzerland	41	*	*	212	4	75	79	72		27	510
Other countries in total	3,089	208	416	18,535	567	11,783	11,386	842	63	1,285	48,174

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*) For reasons of data protection and reasons of statistical secrecy numbers smaller than 3 and data which allow the calculation of the difference, are made anonymous with *.

Table A13d: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/2000

Nationalities	medical doctors	dentists	pharmacists	male/female nurses, midwifery professionals	dieticians, pharmaceutical-technical assistants	receptionists	assistants in nursing	masseurs, physiotherapists and similar professions	alternative medical practitioners	medical laboratory assistants	in total
In total	151,701	7,464	38,103	677,995	46,455	485,464	220,599	116,787	3,704	83,315	1831,587
EU-15 countries	148,054	7,224	37,666	656,922	45,818	473,564	207,620	115,459	3,609	81,802	1777,738
Germany	146,186	7,145	37,481	650,568	45,626	469,951	204,537	112,957	3,549	81,018	1759,018
Austria	292	6	35	1,215	38	478	503	469	9	184	3,229
Denmark	21	*	8	133	*	31	48	18	*	17	276
Finland	52	*	4	307	5	26	77	33		28	532
France	125	7	28	541	*	201	312	89	*	88	1,391
Belgium	110	3	7	227	8	64	71	184	4	28	706
Greece	484	26	36	555	37	652	366	161	5	95	2,417
Ireland	14			81		10	23	9		6	143
Italy	207	9	20	900	32	1,256	663	129	8	72	3,296
Luxembourg	62		*	36		12	10	7		5	132
The Netherlands	210	7	15	953	25	200	286	1,207	23	154	3,080
Portugal	26	*	7	508	11	260	272	32	4	22	1,142
Spain	134	5	9	438	*	298	249	53	*	37	1,223
Sweden	38	6	*	73	*	37	34	45	*	17	250
United Kingdom, Northern Ireland	93	5	12	387	*	88	169	66	*	31	851
EU-10 countries	474	30	45	3,113	51	614	1,503	419	22	250	6,521
Slovakia	20		*	128	*	12	52	12	*	4	228
Slovenia	8		3	189	*	43	68	*		9	320
Poland	243	21	21	1,945	38	392	1,014	221	9	168	4,072
Lithuania	*		*	52		14	24	*		*	90
Latvia	21		3	23	*	*	11	4		*	62
Malta	3			*		*		*			3
Cyprus	*	*		*		*	*	*			0
Czech Republic	51	6	*	428	*	58	192	98	*	37	870
Estonia	8			*		7	*	*			15
Hungary	84	*	11	332	5	84	133	74	8	28	759
Norway	30		*	39	*	9	15	36	*	7	136
Iceland	*		*	7	*	5	3	*		3	18
Liechtenstein				*		*		*			0
Switzerland	47	*	14	203	*	80	74	77	*	28	523
Other countries in total	3,094	209	373	17,710	579	11,191	11,384	793	67	1,225	46,625

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Table A13e: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/2001

Nationalities	doctors	dentists	pharmacists	male/female nurses, midwifery professionals	dieticians, pharmaceutical- laboratory assistant	receptionist	assistants in nursing	masseurs, physiotherapists and similar professions	alternative medical practicioners	medical laboratory assistant	in total
In total	154,465	7,572	38,695	681,468	48,591	489,729	227,969	122,381	3,937	83,331	1858,138
EU-15 countries	150,593	7,291	38,230	659,554	47,855	477,468	214,215	120,966	3,831	81,633	1801,636
Germany	148,606	7,205	38,032	653,275	47,669	473,870	211,038	118,564	3,765	80,833	1782,857
Austria	322	7	45	1,240	38	482	518	474	11	182	3,319
Denmark	23	*	8	136	3	37	43	16		15	281
Finland	49	3	5	292	5	23	76	36		30	519
France	130	7	20	529	8	182	331	77	7	89	1,380
Belgium	117	3	9	226	7	80	75	170	5	31	723
Greece	533	*	34	545	36	647	397	171	5	108	2,476
Ireland	11			72		13	20	10		6	132
Italy	237	12	23	910	37	1,246	701	124	7	73	3,370
Luxembourg	61		*	39		13	10	8		4	135
The Netherlands	211	6	15	885	22	207	281	1,128	22	148	2,925
Portugal	28	*	*	523	11	256	263	33	4	30	1,148
Spain	130	5	12	431	*	295	259	50	*	36	1,218
Sweden	36	3	*	65	*	33	28	38	*	18	221
United Kingdom, Northern Ireland	99	6	13	386	*	84	175	67	*	30	860
EU-10 countries	480	40	47	3,342	62	642	1,703	422	22	265	7,025
Slovakia	*		*	158	3	15	63	12		8	259
Slovenia	6		3	192	*	39	69	5	*	12	326
Poland	251	28	24	2,111	43	412	1,164	221	11	176	4,441
Lithuania	*		*	58		19	31	*		*	108
Latvia	*		*	24	3	*	13	4		*	44
Malta	*			*							0
Cyprus	*	*		*		*	*	*			0
Czech Republic	52	*	5	453	*	64	192	99	*	38	903
Estonia	11			14		6	15	*		*	46
Hungary	74	6	12	330	6	84	155	72	8	28	775
Norway	33		*	36	*	7	19	31	*	5	131
Iceland	*		*	7	*	6	6	3		*	22
Liechtenstein				*		*		*			0
Switzerland	55	3	7	202	*	84	76	67	*	30	524
Other countries in total	3,302	238	407	18,326	669	11,521	11,950	891	78	1,396	48,778

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Table A13f: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/2002

Nationalities	doctors	dentists	pharmacists	male/female nurses, midwifery professionals	dieticians, pharmaceutical- laboratory assistant	receptionists	assistants in nursing	masseurs, physiotherapists and similar professions	alternative medical practitioner	medical laboratory assistants	in total
In total	158,154	7,618	39,194	690,458	51,167	503,735	237,730	129,031	4,135	84,168	1905,390
EU-15 countries	153,849	7,352	38,729	669,251	50,378	491,201	223,531	127,609	4,026	82,549	1848,475
Germany	151,719	7,258	38,517	663,077	50,174	487,543	220,338	125,326	3,955	81,764	1829,671
Austria	406	7	44	1,206	39	478	519	448	11	176	3,334
Denmark	21	*	10	138	4	38	46	20	4	19	300
Finland	51	*	4	275	5	21	75	31		30	492
France	130	5	28	513	9	194	335	82	7	90	1,393
Belgium	112	4	8	220	6	86	73	168	6	30	713
Greece	580	32	35	534	45	679	403	177	3	104	2,592
Ireland	*		*	68		*	25	10	*	7	110
Italy	252	14	32	932	42	1,289	719	121	5	78	3,484
Luxembourg	56	*	*	46		11	8	6		4	131
The Netherlands	203	7	15	850	22	183	260	1,022	21	140	2,723
Portugal	*	*	8	523	12	273	267	39	6	27	1,155
Spain	144	8	13	445	11	*	245	49	*	33	948
Sweden	33	*	*	61	3	*	33	44	*	15	189
United Kingdom, Northern Ireland	102	6	10	363	6	81	185	66	3	32	854
EU-10 countries	562	36	46	3,536	64	678	1,921	426	18	268	7,555
Slovakia	48	*	*	148	*	14	94	7		*	311
Slovenia	13	*	4	199	*	39	66	4		*	325
Poland	281	19	19	2,265	44	441	1,284	230	8	177	4,768
Lithuania	16	*	*	76	*	17	39	*		*	148
Latvia	20		3	26	*	6	12	4	*	*	71
Malta	*			4							4
Cyprus	11	*		*		*		*			11
Czech Republic	67	6	6	471	*	68	235	111	*	35	999
Estonia	18			*		*	16	*		*	34
Hungary	87	7	12	331	8	85	175	62	7	33	807
Norway	31	*	3	32	*	7	19	26		*	118
Iceland	*		*	9		6	*	*		*	15
Liechtenstein				*			*	*			0
Switzerland	67	*	9	201	5	83	72	70	3	33	543
Other countries in total	3,643	226	405	17,427	719	11,760	12,183	898	88	1,311	48,660

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Table A13g: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/2003 ¹⁾

Nationalities	doctors	dentists	pharmacists	male/female nurses, midwifery professionals	dieticians, pharmaceutical- laboratory assistants	receptionists	assistants in nursing	masseurs, physiotherapists and similar professions	alternative medical practitioners	medical laboratory assistants	in total
In total	160,720	7,598	38,570	695,427	51,679	512,132	240,152	133,928	4,062	84,057	1928,325
EU-15 countries	155,741	7,333	38,129	674,401	50,917	499,485	225,851	132,444	3,951	82,459	1870,711
Germany	153,419	7,240	37,937	668,298	50,702	495,866	222,633	130,210	3,873	81,676	1851,854
Austria	538	10	37	1,205	32	482	513	429	17	177	3,440
Denmark	22	*	10	123	6	30	46	24	4	19	284
Finland	46	*	4	266	6	19	71	31		25	468
France	141	5	24	511	10	188	321	91	8	90	1,389
Belgium	101	3	8	222	5	87	73	175	5	33	712
Greece	598	32	27	518	57	679	413	163	5	107	2,599
Ireland	13			70		10	22	*	*	6	121
Italy	271	14	30	947	45	1,296	757	143	6	83	3,592
Luxembourg	66	*	*	43		11	9	8		3	140
The Netherlands	196	8	13	846	21	180	244	966	25	134	2,633
Portugal	31	3	9	522	13	269	278	32	4	24	1,185
Spain	160	3	14	426	*	253	247	*	*	35	1,138
Sweden	35	*	*	58	*	35	38	47	*	18	231
United Kingdom, Northern Ireland	104	6	12	346	6	80	186	66		29	835
EU-10 countries	849	33	54	3,633	57	688	2,014	456	20	270	8,074
Slovakia	93		3	159	*	20	92	*		12	379
Slovenia	13		3	201	*	43	67	*		12	339
Poland	426	22	26	2,375	39	429	1,352	250	7	183	5,109
Lithuania	*	*	*	76	*	22	54	*		*	152
Latvia	22		*	33	*	5	14	*		*	74
Malta				*				*			0
Cyprus	*		*	*		*		*			0
Czech Republic	132	4	5	455	5	77	235	120	3	30	1,066
Estonia	17			16		*	18	*		*	51
Hungary	110	*	11	313	7	81	182	54	10	29	797
Norway	33	*	*	34	*	*	19	23	*	6	115
Iceland	*	*	*	7		3	4	3			17
Liechtenstein				*			*				0
Switzerland	77	*	8	194	7	85	75	67	*	31	544
Other countries in total	4,018	228	375	17,157	697	11,865	12,188	935	89	1,291	48,843

1) preliminary results

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Table A13h: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/2004 ¹⁾

Nationalities	doctors	dentists	pharmacists	male/female nurses, midwifery professionals	dieticians, pharmaceutical- laboratory assistants	receptionists	assistants in nursing	masseurs, physiotherapists and similar professions	alternative medical practitioner	medical laboratory assistants	in total
In total	163,619	7,620	38,541	696,039	52,567	514,469	236,498	135,190	4,111	83,674	1932,328
EU-15 countries	158,142	7,364	38,166	675,673	51,836	502,148	222,787	133,713	4,003	82,083	1875,915
Germany	155,564	7,274	37,982	669,755	51,609	498,609	219,756	131,586	3,931	81,310	1857,376
Austria	670	7	37	1,151	35	455	425	417	15	176	3,388
Denmark	*	*	8	111	3	33	42	26	3	17	243
Finland	50	*	*	237	6	22	62	26		24	427
France	151	*	21	472	10	183	299	80	7	86	1,309
Belgium	103	4	6	219	10	71	66	164	5	37	685
Greece	683	44	31	530	56	666	396	157	5	103	2,671
Ireland	*	*		62	*	10	20	7	*	*	99
Italy	283	11	23	953	51	1,268	755	126	5	92	3,567
Luxembourg	68	*	5	45		11	8	8		3	148
The Netherlands	193	5	9	807	24	184	242	942	24	123	2,553
Portugal	29	*	9	532	11	277	267	37	3	28	1,193
Spain	172	*	16	402	*	251	245	41	*	32	1,159
Sweden	37	3	4	58	*	33	35	35	*	*	205
United Kingdom, Northern Ireland	105	3	10	339	*	75	169	61	*	29	791
EU-10 countries	1,125	33	49	3,487	68	732	2,028	433	26	278	8,259
Slovakia	173		*	141	3	23	89	11		15	455
Slovenia	17	*	4	200	5	48	83	7		13	377
Poland	567	19	21	2,312	43	473	1,388	244	9	189	5,265
Lithuania	*		*	64	*	22	64	7	*	*	157
Latvia	16	*	*	33	*	8	19	3		3	82
Malta	*			*				*			0
Cyprus	*		*	*				*			0
Czech Republic	176	4	4	435	6	72	211	100	*	*	1,008
Estonia	14			15		6	17				52
Hungary	110	7	11	283	7	80	157	59	13	28	755
Norway	34	*	*	29	*	12	19	23		5	122
Iceland	*	*	*	3		*	4	*			7
Liechtenstein				*			*				0
Switzerland	80	*	11	192	*	83	60	67	*	36	529
Other countries in total	4,235	217	312	16,654	654	11,492	11,599	953	81	1,272	47,469

1) preliminary results

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Table A13i: Employees subject to social insurance contribution of selected professional groups in Germany according to nationality at the reference date 30/06/2005 ¹⁾

Nationalities	doctors	dentists	pharmacists	male/female nurses, midwifery professionals	dietician, pharmaceutical- laboratory assistants	receptionists	assistants in nursing	masseurs, physiotherapists and similar professions	alternative medical practitioner	medical laboratory assistant	in total
In total	164,717	7,568	38,888	703,775	55,101	520,610	234,982	138,485	4,087	84,119	1952,332
EU-15 countries	159,218	7,309	38,481	684,082	54,338	508,361	221,947	137,088	3,965	82,590	1897,379
Germany	156,530	7,209	38,295	678,313	54,105	504,588	219,021	134,944	3,902	81,801	1878,708
Austria	749	12	38	1,101	32	494	401	412	12	180	3,431
Denmark	22		5	110	*	32	44	23	*	16	252
Finland	*		*	225	4	25	64	34		24	376
France	148	6	*	465	11	191	267	90	7	88	1,273
Belgium	90	3	4	205	11	78	60	165	4	35	655
Greece	714	44	29	528	62	684	377	169	5	111	2,723
Ireland	*	*		62	*	11	18	*		5	96
Italy	293	10	28	938	53	1,370	725	123	3	96	3,639
Luxembourg	76	*	5	38		14	9	9		3	154
The Netherlands	190	6	13	783	21	192	236	947	22	134	2,544
Portugal	34	3	7	522	17	308	288	31	3	25	1,238
Spain	169	5	15	402	10	262	240	42	3	30	1,178
Sweden	33	3	4	55	*	32	36	*	*	18	181
United Kingdom, Northern Ireland	107	*	9	335	*	80	161	60	*	24	776
EU-10 countries	1,290	33	49	3,466	71	765	1,979	432	37	286	8,408
Slovakia	227	*	3	140	*	28	85	10	*	12	505
Slovenia	25	*	3	204	5	54	85	5		15	396
Poland	634	19	23	2,262	46	485	1,347	244	13	196	5,269
Lithuania	42	*	*	80	*	28	58	8	*	3	219
Latvia	17	*	*	32	4	*	24	3		*	80
Malta	*			*				*			0
Cyprus	*	*	*	*				*			0
Czech Republic	186	6	*	435	*	72	198	105	*	29	1,031
Estonia	13			17		*	20	*		*	50
Hungary	125	*	10	291	3	82	162	54	18	28	773
Norway	30	*	3	32	*	11	20	22	*	4	122
Iceland	*		*	4		*	*	*			4
Liechtenstein				*		*	*	*			0
Switzerland	72	5	11	202	*	83	64	64	*	32	533
Other countries in total	4,106	219	343	15,987	681	11,388	10,967	878	83	1,207	45,859

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Table A14: Male and female doctors in Germany in total, according to country of origin, 1999-2005

Nationalities	1999	2000	2001	2002	2003	2004	2005
In total	291,171	294,676	297,893	301,060	304,117	306,435	307,577
EU-15 countries	280,833	284,092	286,937	289,337	291,550	293,533	294,389
Germany	276,928	280,073	282,750	284,900	286,799	288,444	288,995
Austria	553	592	678	792	958	1,130	1,269
Denmark	66	66	66	65	66	63	59
Finland	97	99	103	106	113	111	109
France	333	338	352	362	360	366	382
Belgium	253	242	241	239	235	224	222
Greece	908	954	1,014	1,083	1,162	1,265	1,357
Ireland	30	31	31	32	30	30	32
Italy	501	525	538	556	584	614	660
Luxembourg	112	115	116	121	133	135	129
The Netherlands	503	498	483	488	487	497	500
Portugal	45	46	47	49	52	62	68
Spain	236	259	259	277	295	320	326
Sweden	116	88	90	93	92	91	91
Unitd Kingdom, Northern Ireland	152	166	169	174	184	181	190
EU-10 countries				1,316	1,651	1,983	2,160
Slovakia				81	155	255	297
Slovenia				8	11	18	22
Poland	675	683	685	734	919	1,086	1,171
Lithuania				27	37	49	48
Latvia				36	37	40	40
Malta				4	4	4	4
Cyprus				45	42	43	42
Czech Republic				123	175	211	239
Estonia				21	23	25	26
Hungary	217	216	220	237	248	252	271
Norway				70	72	78	74
Iceland							
Liechtenstein							
Switzerland				142	147	153	163
Other countries in total*	9,446	9,685	10,051	10,195	10,697	10,688	10,791

* including those countries that are listed in the table and for which no individual data is available.

Source: Federal Medical Association