

Joint Action Health Workforce  
Planning and Forecasting



**Administrația Prezidențială**  
**Departamentul Sănătate Publică**  
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# Migration of the highly skilled: the case of Romanian medical doctors

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## AGENDA

- 1. How many medical doctors are leaving?**
- 2. Where do they leave? The main destination countries**
- 3. Who leaves? The profile of the Romanian medical doctor who emigrates**
- 4. Why do they leave? Push and pull factors**
- 5. Solutions to medical brain drain**



## BACKGROUND

The emigration of medical doctors accelerated after Romania's accession to the European Union and, in particular, in the context of austerity measures during the economic crisis.

In less than 10 years, Romania has become not only the "**largest exporter of medical doctors in Europe**", but also the largest exporter of young labor force.

Effects of concern: shortage of medical personnel, the closure of hospital wards or even hospitals.



## BACKGROUND

### AIM OF THE STUDY:

- to provide a radiograph of the phenomenon of migration of medical doctors from Romania
- to identify policy measures to reduce the phenomenon

### OBJECTIVES:

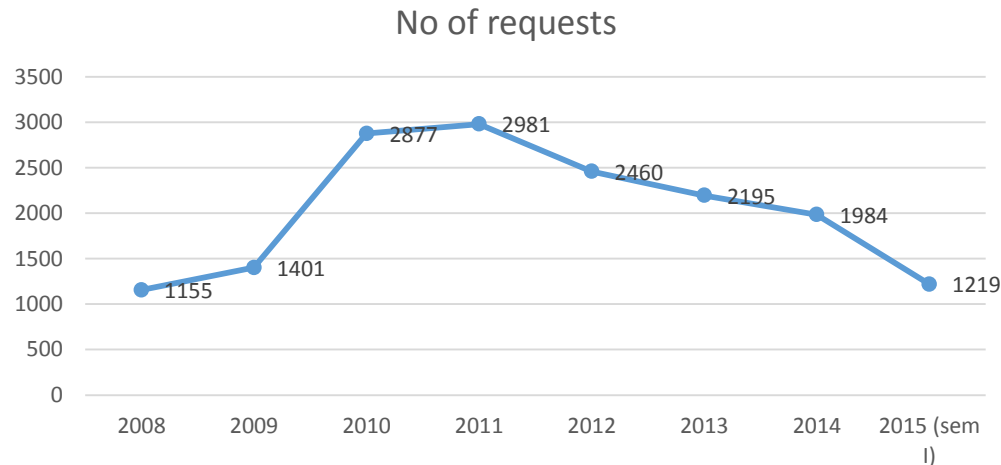
- to identify the magnitude and evolution of the migration of medical doctors
- to identify the causes of the migration of medical doctors



# 1. How many medical doctors are leaving?

## Available data series

a. Data collected in Romania =>The intention to emigrate: the number of certificates of Good Medical Practice issued by the College of Physicians : 16272 requests between 2008-2015(Q1+Q2)





## 1. How many medical doctors are leaving?

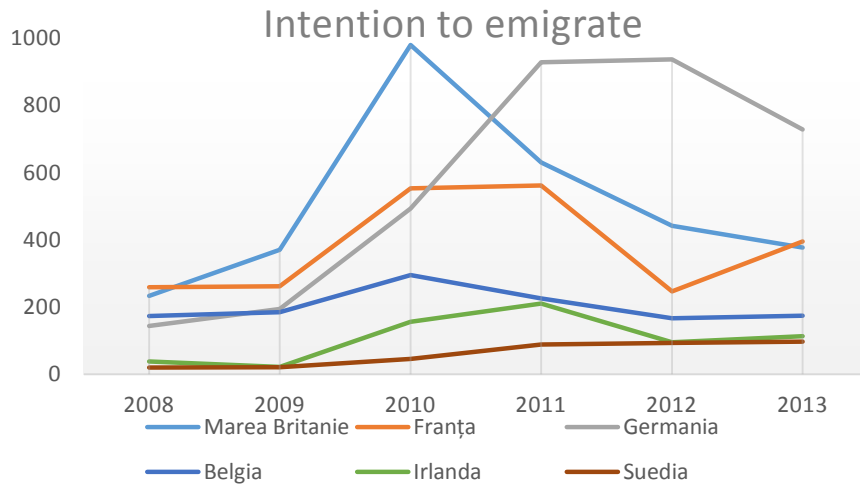
b. Data collected from the main destination countries => number of Romanian medical doctors registered in the main destination countries

These data offer a better description of the real situation. However, they must be interpreted cautiously because:

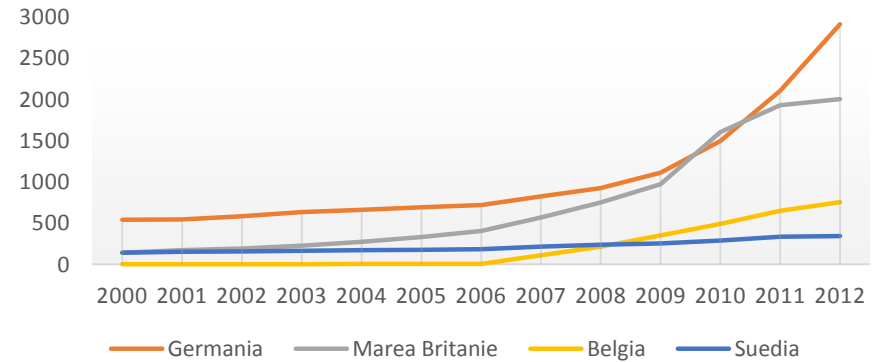
- registration with the competent authority in the country of destination does not guarantee that the Romanian doctor carries out its professional activity in that country
- differences in criteria for defining the foreign physician (Germany and Belgium use the nationality, while United Kingdom use the country of training as criteria)
- some countries exclude from statistics the physicians in training (junior physicians)



# 1. How many medical doctors are leaving?



Romanian MD registered in main destination countries







## 1. How many medical doctors are leaving?

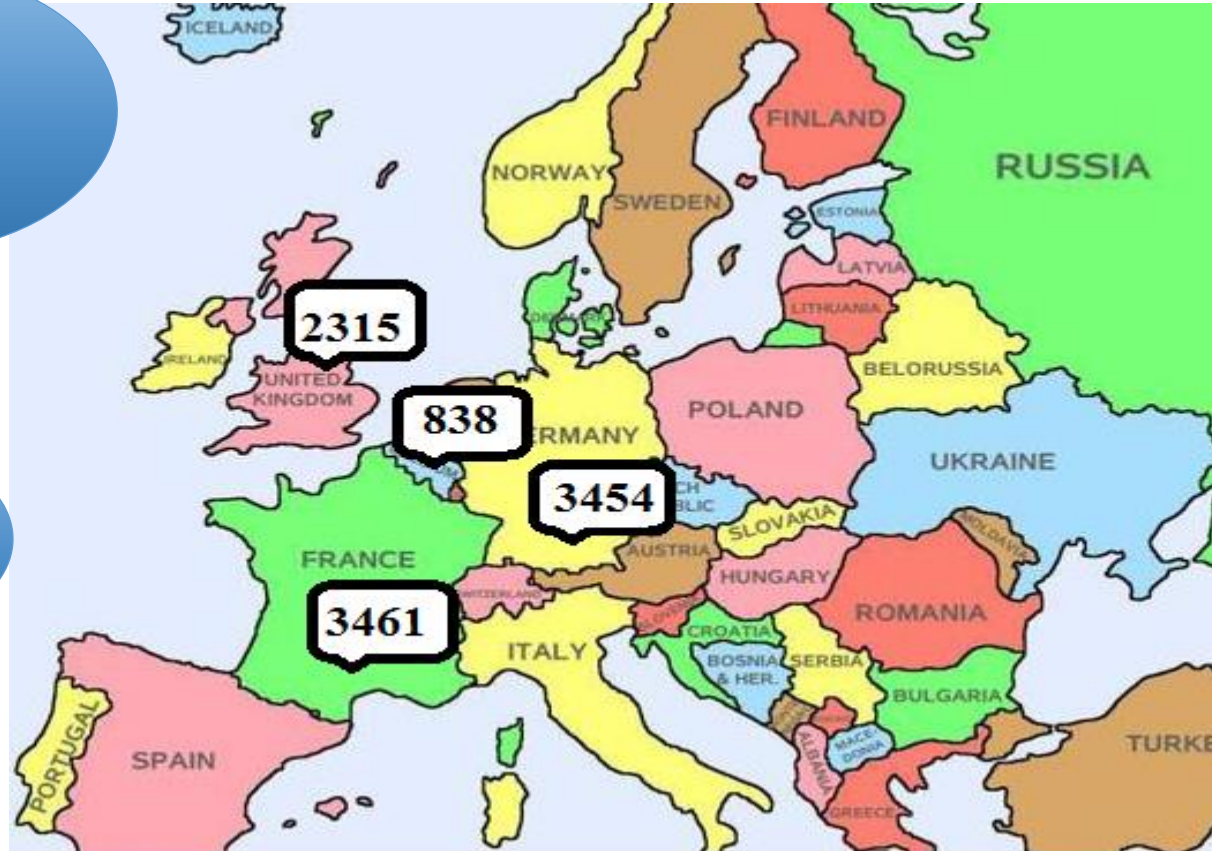
- a significant increase in the number of medical doctors after 2007, compared with the previous period; 2007 represented a peak in the migration flows, especially in the case of emigration to France and Belgium.
- a significant increase in the emigration flows in 2010 and 2011 (and in 2012, in the case of Germany), due to austerity measures (the 25 percent salary cut, the freezing of positions in the health system).



## 2. Where do they leave?

Over  
10000  
in EU

3914 in  
USA  
(2004)





### 3. *Who are they?*

*The profile of the Romanian medical doctor who emigrates includes young physicians, at the early state of their career, rather specialists than general practitioners.*

**A first matter of concern : the young workforce is leaving.**

Romania is facing a paradoxical situation: compared to the main destination countries, it produces the highest number of medical graduates of medicine, it ranks last in terms of physicians per 1,000 inhabitants, registering serious shortages of doctors in certain specialties.

Aging population:

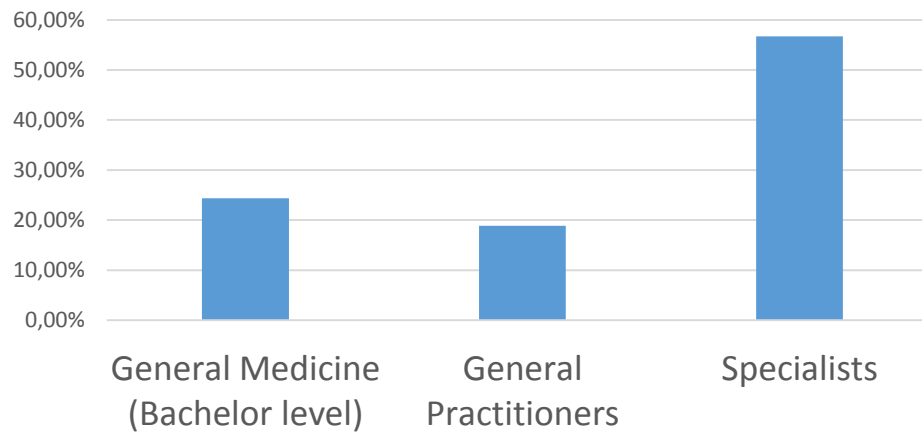
- Increased need for medical services
- 41% of the physicians in hospitals are over 50 years old



### 3. *Who are they?*

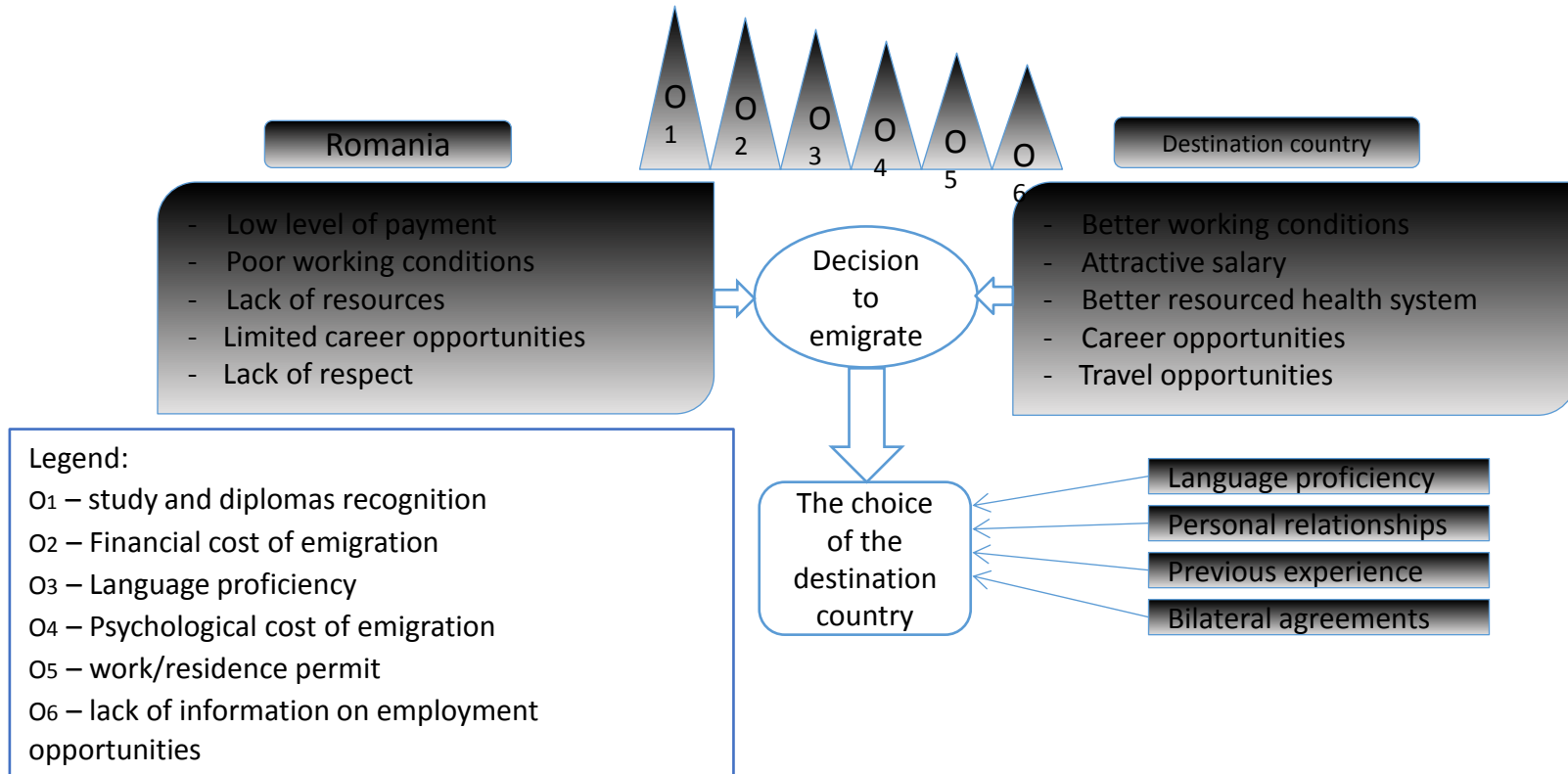
**A second matter of concern: the prevalence of specialists in the profile of the Romanian medical doctor who emigrates.**

- Higher financial loss
- The specialties the most affected by migration are those involving the longest period of training (11 or 12 years) : surgery, anesthetics, obstetrics and gynecology, pediatrics, cardiology





## 4. Why do they leave?





## 5. Solutions

### **At global level:** *The WHO Global Code of Practice on the International Recruitment of Health Personnel*

- cooperation between the countries of origin and destination to **monitor migration:** *“each Member State should progressively establish and maintain updated data from health personnel information systems and provide data collected to the WHO Secretariat every three years. For purposes of international communication, each Member State should, as appropriate, designate a national authority responsible for the exchange of information regarding health personnel migration and the implementation of the Code”*
- **ethical recruitment:** *“Member States should discourage active recruitment of health personnel from developing countries facing critical shortages of health workers.”*



## 5. Solutions

### At national level: 5R's

Retention

Restriction

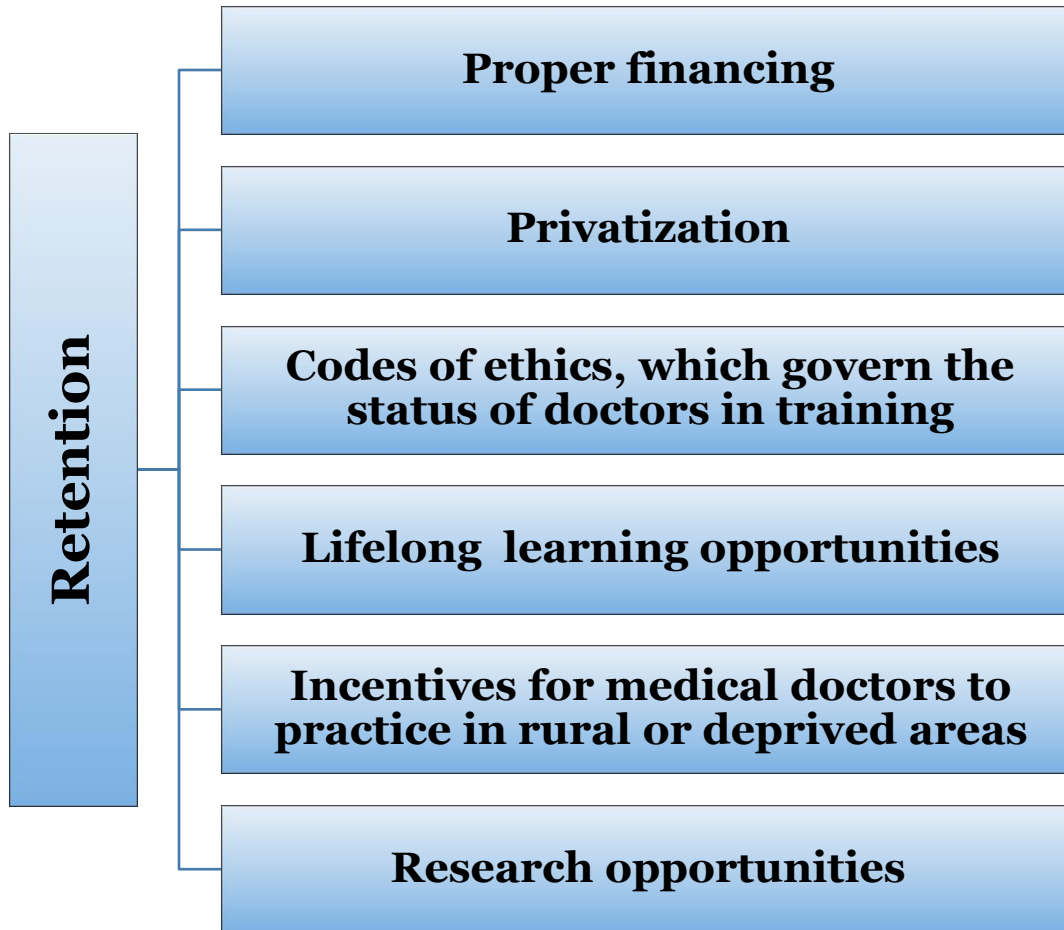
Return

Resourcing

Recruitment



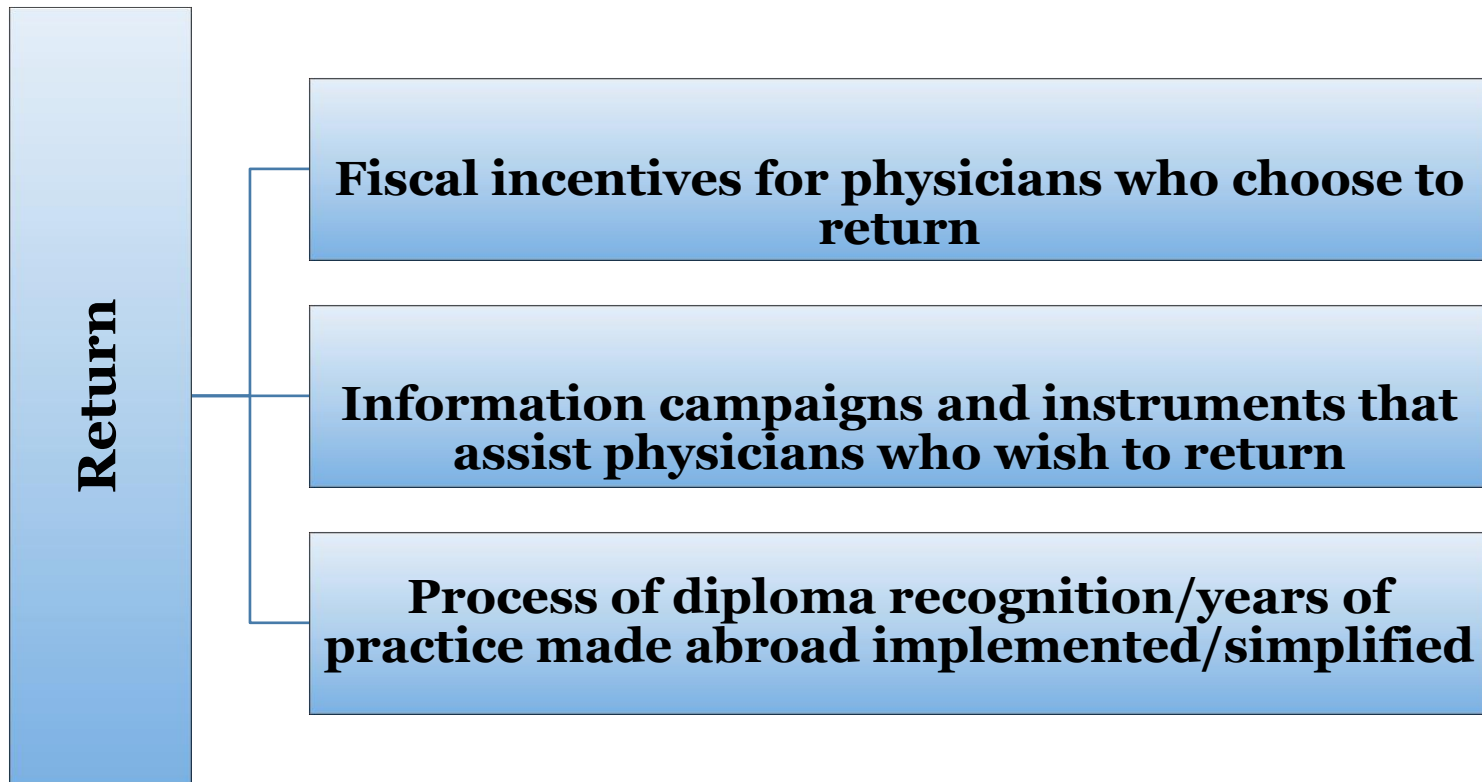
## 5. Solutions





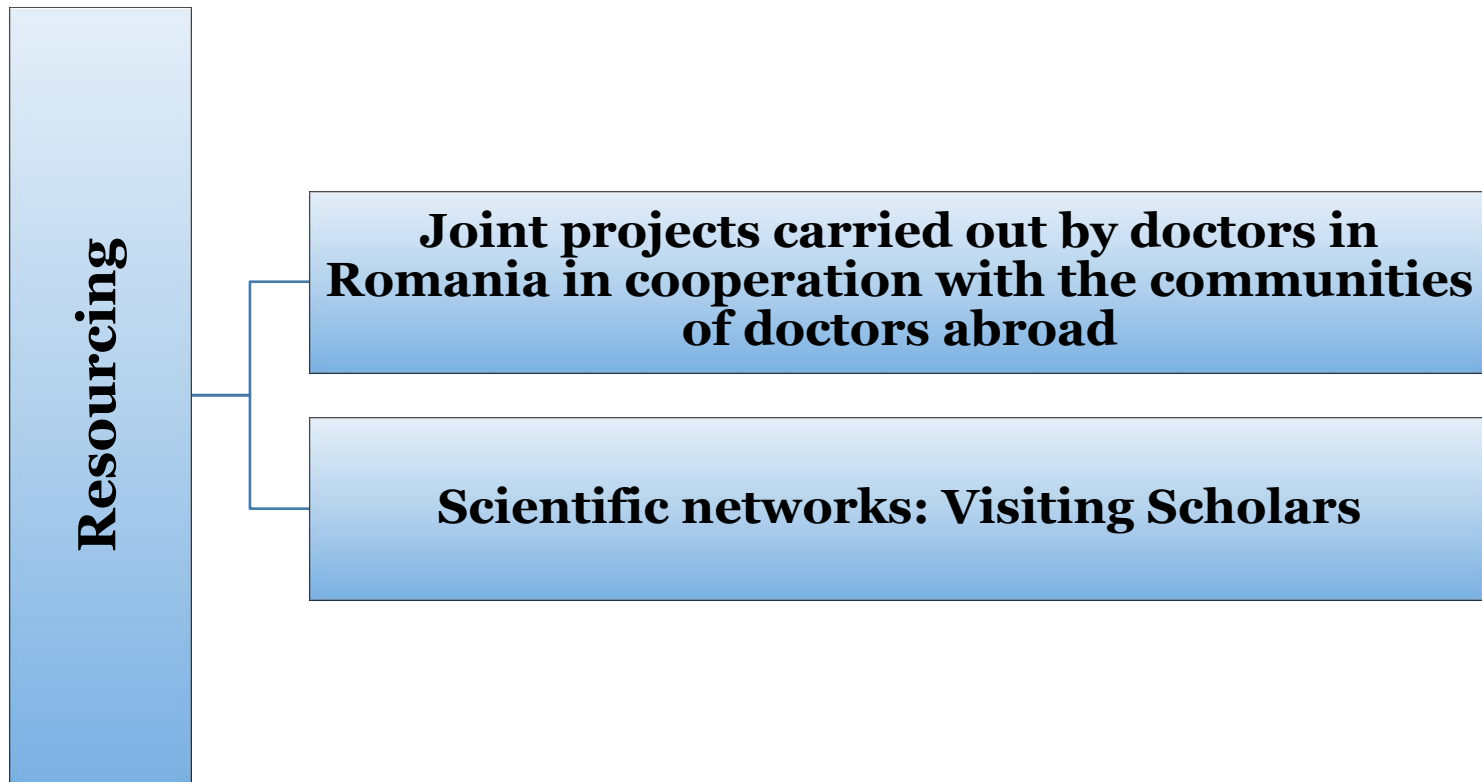


## 5. Solutions



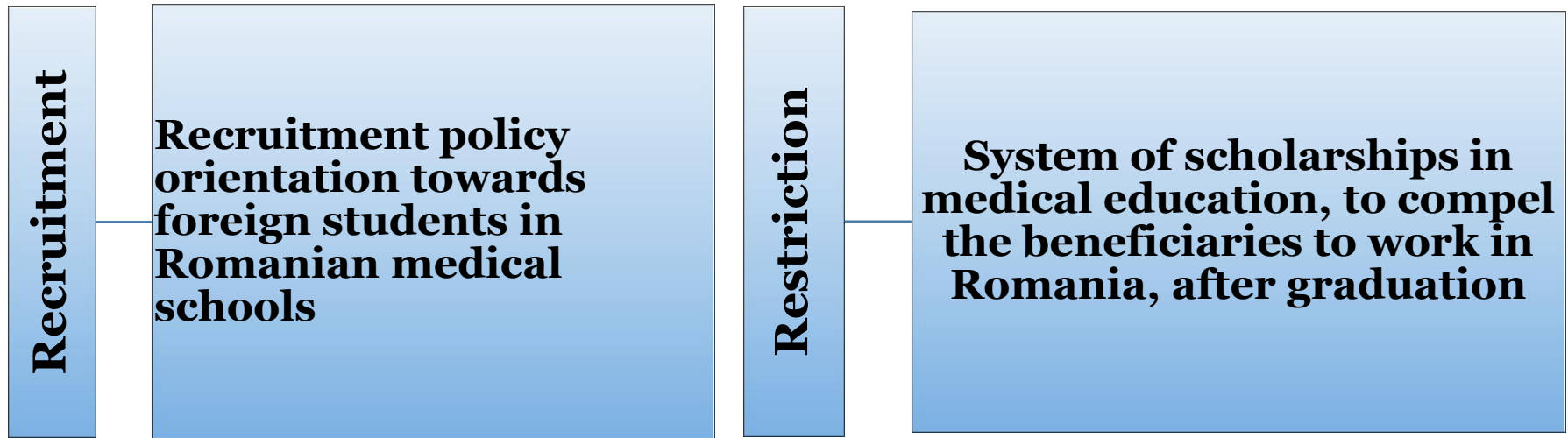


## 5. Solutions





## 5. Solutions





## CONCLUSIONS

- 1. Urgent need to adopt a set of complete and adequate measures, covering all aspects that constitute determinants of migration**
- 2. Special attention should be given to the timeframe (measures on the short term, on the medium and long term) and the resources**



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**THANK YOU!**

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