
How do we protect our human resource for primary health care?

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If we take a look at the health indicators, a person born in Romania seems to be clearly disadvantaged compared to someone born in another EU member state.

But what exactly indicates this?

Several figures support this claim: first, life expectancy at birth in Romania is among the lowest in the European Union (74.2 years in 2020 and 72.8 years in 2021), and life expectancy at the age of 65 has fallen from 16.9 years in 2019 to 14.6 years in 2021. Then, the self-reported unmet need for health care services in 2021 was more than double in Romania (4.9%) compared to the EU average (2%). Moreover, Romania had the highest mortality rate for treatable conditions in people aged under 75 among EU Member States in 2020, with 235.1 deaths per 100,000 inhabitants and the highest preventable mortality rate, with 358.14 deaths per 100,000 inhabitants, with a significant gender gap (source: Eurostat, 2023).

By comparison, health systems that are built on a strong primary health care system, such as those in Spain, Norway, Denmark, or the Netherlands, have consistently better indicators of life expectancy or healthcare expenditure. These are essentially those health systems in the European Union where systematic investments have been made to strengthen primary health care.

By contrast, if we examine the data on Romania's primary health care system over the last 20 years, we find that it has always been underfunded and underused, largely because the health system has relied too heavily on treating patients rather than maintaining the health of the population. This is one of the main reasons why Romania has an inefficient health system. The lack of emphasis on primary health care in the Romanian health system can also be reflected in the drastic gap between rural and urban areas, the lack of an instilled culture of prevention among the population, excessive bureaucracy, and the shortage of General Practitioners in certain areas considered "unattractive".

The new framework contract that will regulate the conditions for the provision of healthcare, medicines and medical devices in the coming future (included in [GD 521/2023](#)), scheduled to take effect from 1st of July 2023, finally appears to focus on boosting prevention in primary care and specialised ambulatory care, strengthening the role of the GP in the health system and increasing access to primary care services for people living in rural areas.

However, when discussing in greater depth with primary care professionals about the factors that influence the decision of doctors, including GPs, to migrate, as we have done in the research carried out in Romania over the last 2 years as part of the Pillars of Health project (the research report can be [accessed here](#)), we discover that more complex matters remain to be addressed, such as: **the professional independence of the GP, the need to build better collaboration between primary care and other specialties, or the need for more practice for medical students, including in rural areas, to encourage them to opt for practising family medicine in areas where they are much needed.**

Thus, according to one of the testimonies, the GP experiences a lack of professional independence. *"It's wrong for you (i.e. the GP) to send the patient to the specialist, then they come back to you, you send them to the specialist again and they come back again. Rather than you being the one to decide if specialists are needed and which specialists to send the patient to. Because, after all, that's what a GP does all over the world. It's a kind of gatekeeper in the system... Of course there has to be some guidance, and this guidance is done for certain diagnoses and on certain presumptions of diagnoses, through protocols. But is it normal not to be able to refer for investigations when I (i.e. the GP) have all the signs, say, for a herniated disc? Is it normal that I can't recommend a more technical radiological examination, namely a CT scan or an MRI?"*. (GP from an urban area, Romania)

This is a situation that differs significantly from primary care in Spain, for instance. In this country, the main feature of primary healthcare is really the gatekeeper role it plays in the health system, as specialised medical care cannot be accessed without a prior referral from the GP. And the number of referrals is relatively low, as a mere 6% of visits in Spanish primary care result in a referral to another level of care (Peiró, 2008). This is influenced, firstly, by the lack of barriers for GPs to request laboratory and imaging tests in most Spanish autonomous communities and, secondly, by the level of qualification and training of these professionals (Violan et al., 2009) [1].

Then, the discussions within the research conducted in Romania revealed that properly conducted practice remains a desideratum that could limit the migration of young doctors and direct them towards family medicine in areas where they are so vitally needed. *"In general, the good kids leave. The vast majority are young people with potential who could stay and practise in the country. Most of those who leave are successful overseas. Sometimes they get homesick for the country they came from and they return. They come back with a different experience, which is beneficial. But not all of them do. It depends on how much they were "sickened" by the system, it depends on the experience they had in the system. But the Romanian school is still a very good one. In my opinion, the story is that the residency period and the period of gaining practical experience should be rethought. It should be focused on practical experience, as in other countries' models."* (GP from an urban area, Romania)

For more information on the themes discussed and the research findings on the factors influencing the migration of Romanian health workers, the analysis of their personal work experiences, as well as the solutions identified by the respondents for the retention and return to Romania of the departed healthcare professionals, we encourage you to explore [the research report](#).

The Pillars of Health Romania team

[1] [Spain - Building primary care in a changing Europe - NCBI Bookshelf \(nih.gov\)](#).