



# Medical Education System

Retaining health care workers through strengthening the medical education system in Romania

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## CALL FOR ACTIONS

The medical education system is fundamental in the development of young professionals, and the experience during the training period can represent the determinant factor in their decision to exit or remain in the Romanian healthcare system. Young professionals are motivated to leave the country from very early on in their careers, due to the obstacles and constraints that they experience during their training, using it as a mirror that reflects the whole national health system. Fortunately, **there is still openness to the idea of remaining and returning to the country and with key, relevant initiatives in place, we can flag their way into the Romanian health system.**

Yet, given the autonomy of the universities, it is also a very complex area to approach, and changes are very difficult to promote from outside entities.

Discussions on this topic that aim to raise awareness and provide valuable knowledge on how the young professionals and more experienced ones **see the needed improvements of the current medical education system can be launched with some key stakeholders** to address the issues, so as to produce generations of scientifically grounded, skilled and motivated healthcare professionals whilst maximising their educational development and experience.

**Therefore, the events organized with the stakeholders involved in the development of the medical education system aim to analyse and contribute to the crystallisation of solutions that we will all see as appropriate.**

## Introduction

A well-established medical education system is at the core of a strong, effective health care system. New health care professionals will serve the medical needs of the society and will become instrumental in solving complex problems in the health system. The traditional Romanian medical education system has been praised throughout the years and is known to have produced generations of highly skilled and scientifically grounded health care workers, appreciated world-wide.

Furthermore, despite the growing number of medical graduates coming from abroad, the challenges of the current medical education system

For all its traditional success, the current model of medical education in Romania faces challenges related to quality, the need for flexibility, the requirement to focus on the student and a series of deficiencies, not only in terms of training students, residents and nurses, but also regarding the

continuing medical education system. In addition, despite the growing numbers of international medical graduates, the challenges of the current medical education system have led to international or some of the domestic medical graduates not to consider Romania as an adequate place to practice their newly acquired profession.

## Undergraduate medical training

*"I still strongly believe that young doctors must receive a satisfactory training program, to feel that they are learning, that they are progressing, that they are getting better and better in the medical process."*

Despite its prestige earned throughout the years, the medical education system in Romania did not progress as expected. The educational path is not a systematic one, lacking unity and a guiding thread from year I to year VI, which restricts the instilling of a certain required mentality within the students.

*Teaching is no longer done; the quality of Romanian medical education is at an all-time low.* (Doctor, man)

The quality of the medical education system can also be widely observed in the level of involvement of the academic body. Sometimes, lecturers lack interest in teaching, which is also noticed by the students. Unfortunately, the system is also marked by lack of strategic

planning. The number of students is decided depending on training capacity so as to correspond to so as to correspond to the teaching norms of the academic body, without much consideration given to the current and future evolving health needs of the population.

Additionally, the undergraduate medical training curriculum lacks innovation, in a field where new knowledge, advancements and continuous learning is crucial for the improvement of the healthcare system.

*"There are also subjects where the information is not updated and we learn from books written before the '90s. If we are presented with statistics from the '80s, they are useless."* (media analysis)

### Recommendations from the research

There is an urgent need to establish a formal medical workforce planning process in Romania, linking decisions on the number of students admitted to all medical programmes with the current and projected future demand for doctors. Therefore, adjusting the number of graduates from medical universities and correlating places available in different specialisations with the needs of the population is crucial. The curriculum must be updated.

## Specialist training programme (Residency)

*"I think the emphasis should be on practical aspects. Let people do!"*

It is often during this stage of their medical training that young medical professionals from Romania are motivated to migrate and, therefore, careful consideration must be given to improving the residency programme. Students and resident doctors do not receive proper attention and lack practical training. They are forced to learn as they go, from what they observe from senior doctors rather than through practice in a systematic process.

*And, working with students and residents is very demanding and unfortunately, they don't always get what they need and probably wish for what we wished for too, for someone to come to the school to explain and talk to you. You have to read, be informed and take and learn the harder things, learn the practical activities, steal from the job. The practical training part is quite difficult to do, it is done among other tasks. (Doctor, woman)*

This leads to resident doctors not having their needs covered and lacking a satisfactory training program.

*In Romania, the doctor must be both a surgeon and a teacher, he has a lot to do, and in my opinion, I don't know if the medical education covers all the needs of a young graduate of the Faculty of Medicine. (Doctor, woman)*

The residency system is also perceived as rigid and lacking in support, that causes intrinsic battles and creates anxieties that lead to making the decision to migrate towards a more flexible system. Residents do not receive prior guidance in their decisive selection of the

specialisation that they undertake, leading to unfounded choices and to the realisation that their field of focus is not suitable for their abilities and personal traits. Furthermore, residents experience great difficulty in changing specialisations during their residency, whereas other European systems allow residents to change specialisations to enable them to search for their true calling.

*I have colleagues who went abroad, specialized in gynaecology, realized they didn't like it, and finally found their place in psychiatry, after going through three other specialties. And he found his vocation in psychiatry because they allowed him to try. If it suited you from the first try, you are a lucky case. They say that "it's nothing, you'll start to like the specialty as you learn it" but it's not true. (Doctor, woman)*

Aspects of remuneration for residents have also been a hot topic, as residents do not benefit from a proper financial stimulus.

*The resident is a slave, he is made to work, he takes unpaid guards, to do the work of nurses' assistants, which is degrading. (Doctor, woman)*

The on-call shifts done by residents are not paid, they do not receive bonuses and often are forced to be financially supported by their parents throughout the years of residency.

*I was a poor and embittered resident who was supported by my parents for up to year V of my residency. (Doctor, woman)*

### **Recommendations from the research**

The residency programme requires dedicated training personnel, by assigning a specialist whose main responsibility is to train and support residents and students. Romania could take the example of some European countries (e.g. Germany, United Kingdom), where such assigned specialists exist or at least there is a hierarchical system of support between students, whereby older students are peer mentors to younger ones and guide them throughout their training.

*'Residents should be involved in medical manoeuvres and in the diagnostic process. More course modules, more practical work, more involvement in the room, in the treatment process.'*

(Doctor, woman)

Additionally, more practical opportunities must be introduced during the undergraduate medical training, for students to gain a better understanding of each field and make informed choices regarding their future specialisation.

*'There are other factors, career counselling, better practical choice for training, so that they can choose something that they would like to do in the future. They should know all the areas well, somehow a better connection between the school and the hospital is needed.'*

(Doctor, woman)

### **Case study: Alex**

Alex represents the bright future of our health system. He is a Year V medicine student in one of the most prestigious university centres in the country. Apart from his studies, Alex is also involved in several extracurricular activities, chairing a student organization that implements projects and organizes professional exchanges in order to maximise the university experience of medical students and to offer them opportunities to practice their profession more widely.

Alex says that his experience through the student organization allowed him to deeply comprehend the health system and found numerous inefficiencies, such as bad working conditions and lack of highly advanced medical technology and has been disappointed by the lack of respect of patients. While his academic experience has been fairly satisfying, he finds serious issues in terms of the residency programme, as he strives for more practice and more attention from supervisors as well as he argues abundantly about the fact that the number of residency places available in different specialisations is not correlated with the needs of the population, constituting a severe concern.

When he was in high school, Alex took into consideration the idea to study at university abroad. But he changed his mind and decided to remain in Romania to pursue his studies, decision that he did not regret. In his first years of university, he was confident he will remain in the Romanian health system because he wanted to prove himself that he can excel in this profession despite not having extraordinary working conditions and a technical framework. He was also very fond of our Romanian patients, as he finds that they need his services the most and deserve adequate attention.

However, as he advanced in his studies, he became more disappointed with the system and realized that perhaps, in order to achieve high medical performance, he would require more than the Romanian system has to offer. Now Alex keeps an open mind and does not reject the idea of working abroad amidst graduation, if the opportunity arises.

Alex is still a good case, as he has not made up his mind yet. He can still be persuaded to remain in Romania in the long term and practice his profession at its fullest potential. Such dedicated, young students like Alex can still represent the future of Romanian health system.

## Nursing training

*“It is a factory, from my point of view, way too many students admitted.”*

Nursing training can be mainly characterised by the hyperproduction of nurses, as Romania has many nurse schools that provide low or at best medium quality training.

*Only in the city of Focsani there are 4 schools and in the whole county there are only 4 hospitals, there are also a few private ones. But, for example, very many family doctors no longer hire assistants. (Nurse, woman)*

The lack of proper training for nurses can be extensively explained by type of facilitation of the training. Hence, nursing students learn about patient care from doctors, whom do not necessarily truly comprehend the goal of modern nursing (which differs from the goal of their own profession) and are not in the best position to facilitate this type of training.

*Then the level of training of students drops and that leads to what I was telling you about, very poorly trained students and very poorly trained professionals. (Nurse, woman)*

Another issue with the nursing training is the existence of two types of training. On the one

hand, there is nursing programme at university level, which is established with a curriculum and training period in compliance with EU requirements. On the other hand, there are nursing schools in the form of vocational training, that takes three years after completion of high school, which can be pursued without basic admission requirements.

*Vocational health training has become quite easy, that is, there is no longer a very drastic entry system. There was this problem that you can enrol in vocational health training without the baccalaureate. Many of my colleagues entered these schools and completed it, unfortunately, without a change in vision and general training. Because it's easy to go through a 3-year post-secondary school, it goes quickly and you get a degree. (Nurse, woman)*

This differentiation of training creates discrepancies between the nurses, both professionally and socially. Tensions between nurses often arise due to the substantial difference in remuneration between nurses with different training, despite the fact that they undertake the same medical service.

### Recommendations from the research

The need for an uniformization of the nursing training at the national level.

*“From my point of view, I think that nursing schools should be abolished. Rather than mass producing some ‘handymen’.” (Nurse, woman)*

As well, the nursing training system requires changes in the academic body, through assigning nurses in teaching positions to facilitate learning in nursing schools.

## Continuous medical education

*“Something new always appears, you always have something to learn, you have to move on. You cannot remain with the knowledge from the end of your studies.”*

Another prominent decision to migrate is the lack of opportunities for professional growth in the form of continuous development and learning in the Romanian health system.

Romania uses a credit system, based on which the activity of professional development of doctors and nurses is evaluated with the aim to encourage the acquirement or improvement of the level of knowledge, skills and professional attitudes and to increase the quality of medical care and performance in that field.

While on paper the system is appropriate and exemplary, in practice, the system does not necessarily encourage professional growth and increasing one's skills. On the one hand, health care professionals are often forced to invest, in terms of money and time, in their professional advancements on their own. On the other hand, the system does not provide an organised space, in the form of an online platform, that promotes and displays all the accredited opportunities and courses available to them,

leaving the health care worker to search for opportunities on their own or through the traditional word-of-mouth approach.

*There are certain things for which you have to fight a little, such as the second specialization, courses, certain skills, they don't really come naturally, you have to be interested, manage them yourself. (Doctor, woman)*

Elements of exploitation in the continuous education process are also present, suggesting that the system can be “worked”. Along these lines, the official requirements can be met without much effort and healthcare professionals sign up for training sessions and often receive the credits without even participating to the educative sessions.

*If you want to accumulate credits, it is very easy to pay for a conference [the conference fee], obtain a diploma and get the credits without attending the event. So, we trick the system a little bit, we have the credits, we move on but without actually moving forward. (Doctor, woman)*

### Recommendations from the research

Experts in medical training are expected to focus their future efforts on identifying procedures that truly improve the quality and effectiveness of educational activities.

***Continuous training should carry on with bringing about changed skills, attitudes, and skills.’***  
(Doctor, woman)

In addition, the existence of a dedicated platform presenting the training offers and opportunities could facilitate access to all the training opportunities available to medical professionals.



