

# Medical Education System in Romania: a path with aspirations and challenges

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As each year unfolds and the admissions period for the universities of medicine approaches, we observe a growing interest among Romanian high school graduates towards the medical field. This trend can be attributed to a multitude of factors, and one can only hope that a significant driving force behind it is the earnest desire to actively contribute to the well-being of the Romanian population through healthcare services.

This is reflected in the constant rise in the enrolments at medical universities over the years, despite the decline in the young population in Romania. An eloquent example of this is the University of Medicine and Pharmacy "Carol Davila" Bucharest, which has reported a steady increase in the number of candidates over the last four years. Thus, this year, the number of applicants reached a record of 3,844, compared to 3,497 in 2022 and an increase of almost 30% compared to the 2019 admissions, when 3,058 candidates were registered. The number of places has also increased by more than 40% to meet demand, from 1,154 in 2019 to the current count of 1,625. ([UMFCD](#), 2023).

With most medical universities having scheduled the admission exam date for the end of this month, this period marks a crucial moment for young individuals aspiring to pursue their professional dreams in the medical field. While the choice of the university centre or the exam are now the top priorities for applicants, those that do manage to get accepted into medical school are often faced with a much more complex reality than they initially imagined. A prime illustration of this lies in the student protest at the University of Medicine and Pharmacy "Grigore T. Popa" Iasi, which took place at the end of June, triggered by their dissatisfaction with certain deficiencies in the organisation of the university medical education system. This occurrence serves as a warning sign, prompting a more careful and coherent approach to the process of training prospective doctors and nurses. In this regard, it is worth exploring the various facets of university medical education in order to identify viable solutions to the challenges faced by students and residents.

In the research carried out over the last 2 years in Romania within the Pillars of Health project (the [research report is available here](#)), which investigated the main factors influencing the decision of doctors and nurses to migrate, we also discovered a series of shortcomings in the medical education system. The research indicated that obstacles and constraints experienced during university training may determine the decision of young people to leave or stay in the Romanian healthcare system to start their career.

A recurring theme in the interviews with Romanian health professionals is that not enough career guidance and counselling is offered to students during their years of study. This can lead to decisions that may not always align with their true interests or abilities, consequently impacting not only their careers, but also the medical system as a whole: *"We have a residency exam that does not make a fair and real selection, nor does it provide guidance in the specialty you think you want or think you can do. Some try, but fall short in securing a spot for the specialty they want. Others get in, but find they don't like their chosen specialty and then can't change it. And then they prefer to go to a country where they can make these changes more easily. Thousands of graduates finish medical school every year, yet we see few of them as specialists in hospitals. We don't see dozens of fellows a year coming in. One or two at most. And that against a background of five or six retiring each year. You realise that the losses are not being compensated for and that we are becoming fewer and fewer."* (doctor, woman)

On the other hand, the discussions that took place during the project's research in Romania showed that students and residents often do not receive enough practical training and, in particular, do not get enough guidance and direction from the coordinators: *"Working with students and residents is very demanding and, unfortunately, they do not always get what they need. They probably want what we wanted, someone to come to the school to explain and talk to them. You have to read, get informed and take and learn the harder things, learn the practical activities, "steal" the skills. The practical training part is quite hard to do, it's done among other tasks."* (doctor, woman)



This aspect becomes even more relevant when considering the demographic situation and the emergence of new generations of students, whom are bringing with them new needs and mindsets that can be challenging on their own. Thus, during the research validation meetings held across various counties in the country, a young student pointed out this issue, emphasizing its relevance in the context of current societal changes: *"We have a generation Z that in 20-30 years will retire. I don't think there will be so many people willing to do medicine or nursing anymore. Because now we're talking about a generation of people who have 20 jobs in 5 years, who get bored quickly, who, if they're not appreciated, will very easily quit a job. 4, 6 years, 8 years, 12 years of school is not going to be an option for them anymore. We will end up with even fewer family doctors and even fewer nurses"* (2nd year medical student)

Other countries have taken proactive steps to prevent and manage these problems that can arise during the training of new generations of doctors, such as in the UK, where aspiring doctors are supported in navigating the complexities of their educational and professional pathway. There, mentoring programmes are widespread, and most medical schools offer their own mentoring programme ([University of Exeter](#), [University of Oxford](#)), or participate in wider national initiatives such as the [British Medical Association Mentoring Programme](#). This initiative facilitates valuable interaction between students and experienced professionals, offering guidance on career choices, personal development and navigating the challenges specific to the medical profession. Thus, either local or part of a national network, such programmes enable students to develop academically and professionally, transforming them into future doctors equipped not only with the knowledge and skills, but also with confidence in their abilities, that are imperative to excel in the medical field.

Therefore, the development and implementation of a well-defined career counselling and mentoring programme to facilitate the orientation process of medical students and residents in the Romanian healthcare system could also be a viable and relevant intervention for Romania.

The usefulness of such an initiative was also confirmed by some of the respondents involved in the research carried out as part of the project in Romania, who stressed that career guidance and improving the way practical work is organised are indispensable for truly enhancing the quality of health training: *"There are other factors, career counselling, better choice based on practical exposure in training, so that the student can choose something they would like to do in the future. They should know all the fields well, there is somehow a need for a better link between education and clinical practice."* (doctor, woman)

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

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