

# Medical Education System

*Retaining health care workers through the improvement of the medical education system in Romania*

## Summary

The Romanian medical education system is well known for producing generations of highly skilled and scientifically grounded health care workers, appreciated world-wide.

Currently, in the case of doctors, the opportunity for professional growth and career development is the main factor that drives the decision to leave the Romanian health system. This need also addresses issues related to deficiencies in the basic and continuous training of doctors.

In the case of nurses, finding a better-paid job with an appropriate workload is the main factor in the decision to leave Romania. And this need hides behind elements that are related to deficiencies in vocational training or university education and continuous medical education.

Such concerns regarding the challenges of the education system can represent the determining factor in the decision of recent medical education graduates to leave or stay in the Romanian healthcare system.

This factsheet aims to synthesise the inefficiencies and concerns with regards to the medical education system and to propose preliminary recommendations and solutions from the grassroots, for policymakers to make more informed policy dialogues.

## What's the issue?

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. The recognition and prestige of medical schools in Romania, placed within the wider context of the lower admission fees and living costs have also made Romania an attractive destination

for international medical students, forming a medical hub. According to OECD (2019), foreign-born students accounted for nearly 30% of the total number of medical students in the academic year 2018-2019.

For all its traditional success, the current model of medical education in Romania is challenged by concerns of quality, inflexibility, lack of learner centeredness and a series of shortcomings, not only in the training of students, residents and nurses, but also in the case of the continuous education system. In addition, despite the growing numbers of international medical graduates, the inefficiencies in the current medical education system have led to international or some domestic medical graduates not to consider Romania as an adequate place to practice their newly acquired profession. This can be demonstrated by the low share of foreign-born medical graduates admitted in residency training, with only 4% of residents in 2017 (OECD, 2019).

This brief situates the issue of migration in the dynamics of the medical education system and in the challenges faced by medical students, residents and nursing students throughout their initial and continuous training, that affect the decision to migrate.

This factsheet aims to alert policymakers to the urgent need **for strengthening the medical education system**, which can in turn lead to an increase in the satisfaction of medical students, residents and nurses and to the retainment of young healthcare workers within the Romanian health system.

The justification and several recommendations at the basis of this brief are extracted from a country research report conducted within the programme **“Pillars of Health – Towards solidarity for health worker balance in Europe”**. More information about the research and programme can be found at the end of this brief.

### **Undergraduate medical training**

The study suggests that the quality of the 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 instillment of a certain required mentality within the students.

Based on the interviews, the quality of the education medical system can also be observed in the level of involvement of the academic body. Sometimes, lecturers lack interest in teaching and often are underprepared, which is noticed by the students. Similarly, the system has been

described as being marked by lack of strategic planning. The number of students is decided depending on training capacity, 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.

Media analysis also uncovers the lack of innovation within the medical education, in a field where new knowledge, advancements and continuous learning is crucial for the improvement of the healthcare system. Thus, the curriculum for certain course units is outdated, with teaching being based on textbooks and statistics elaborated before the 1990s.

Recommendations:

*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 are crucial.*

*The respondents also address the need for improving and updating the curriculum.*

**Specialist training programme (Residency)**

After six years of undergraduate medical training, students have a national examination, based on which physicians may start a specialist training programme (residency). 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.

The predominant theme in the study is based around the fact that 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. Working with residents is a very demanding task merely alone and in Romania, senior doctors are responsible for both practicing their profession and teaching residents. This leads to resident doctors not having their needs covered and lacking a satisfactory training program.

The respondents also express their dissatisfaction with the rigidity of the residency system and the lack of 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 guiding 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.

Aspects of remuneration for residents have also been brought up in the interviews, as residents do not benefit from a proper financial stimulus. The on-call shifts done by residents are not paid, they do not receive bonuses and often forced to be financially supported by their parents throughout the years of residency.

Recommendations:

*A number of suggestions were collected from the respondents, in order to improve the support of the students throughout the residency programme and to enhance practical training. Respondents speak of the need for dedicated training personnel by assigning a specialist whose main responsibility is to train and support residents and students. Comparisons were made to other residency systems around 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.*

*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 decisions regarding their future specialisation. Ideally, all students would experience every essential inpatient and ambulatory clinical experience, would be attended and monitored during their performance, and would receive formative feedback in order to guide them in developing their knowledge, competences, and familiarity to the profession.*

### **Nursing training**

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. The respondents argued that 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.

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. For instance, after finalising their high school studies, students can apply to the vocational training without having passed their Bacalaureate exam. 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 services.

*Recommendations:*

*The study proposes the need for an uniformization of the nursing training at the national level, in order to close the gap between the preparation of nurses and to fix the surplus of nurses.*

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

**Continuous medical education**

Another prominent decision to migrate suggested in the research 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 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 practice is appropriate and exemplary, the study found that, in general, 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 desired 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 HCW to search for opportunities on their own or through the traditional word-of-mouth approach.

One interview also uncovered elements of exploitation in the continuous education process, 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.

Recommendations:

*Experts in medical training should focus their future efforts on identifying procedures that truly improve the quality and effectiveness of educational activities, but also on identifying tools that increase the accuracy of the training process and the beneficial impact on public health.*

*In addition, the existence of a dedicated platform presenting the training offers is required, to facilitate access to all the training opportunities available to medical personnel.*

### **What could policy makers do in the short term?**

The medical education system is fundamental in the development of young professionals, and the experience with the system can represent the determinant factor in their decision to exit or remain in the Romanian healthcare 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. Nonetheless, discussions on this topic that aim to raise awareness and provide valuable knowledge on the current medical education system can be launched with some key stakeholders to address the issues in the near future, so as to continue to produce generations of scientifically grounded and skilled healthcare professionals whilst maximising their educational development and experience.

Summarising the solutions and recommendations collected from the research, the preliminary list of key discussion points include:

1. Adjusting the number of graduates from medical universities and correlating places available in different specialisations with the needs of the population.
2. The need for improving and updating the curriculum.
3. Assigning a dedicated specialist whose main responsibility is to train and support residents and students.
4. Introducing more practical opportunities during the undergraduate medical training.
5. Standardising nursing training at the national level, in order to close the gap between the preparation of nurses.
6. Assigning nurses in teaching positions so as to facilitate learning in nursing schools

7. Implementing a dedicated platform to facilitate access to all the training opportunities available to medical personnel.

## References

OECD (2019) “Recent Trends in International Migration of Doctors, Nurses and Medical Students”, OECD Publishing, Paris

## About the research

The research at the base of this factsheet was carried out within the programme “**Pillars of Health – Towards solidarity for health worker balance in Europe**” (POH), a 3-year programme focusing on building evidence, strengthening civil society, and carrying out advocacy at the national and at the EU level, to improve health worker availability and accessibility for all European citizens.

The study aimed to identify the factors that influence the migration of Romanian health workers, to analyse their personal working experience as well as to outline the respondents’ solutions to retainment and returning. The research was elaborated based on **a desk research and a series of 19 in-depth interviews conducted with health care professionals that graduated in Romania and remained to work in the country, health care professionals that graduated in Romania and who now work abroad, managers from different health care facilities in Romania, representatives of professional organizations representing the College of Physicians and the Nurses Order, representatives of students’ associations and finally a representative of a HCW diaspora organization.** The in-depth interview method was chosen with the purpose to collect information about the mobility behaviour, the perceptions of the respondents related to it and the push and the pull factors as well as their attitude towards the migration phenomenon and the potential solutions they see without any limitation that would have been generated by more controlled research methods (such as a written survey). It allowed the project team gain insight into the experiences, feelings, and perspectives of the interviewees and to generate more in-depth responses regarding sensitive topics related to push or pull factors.