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Policy Perspectives on Migration of Romanian Health Personnel

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Policy Perspectives on Migration of Romanian Health Personnel

Irina CEHAN[1]

Abstract

The phenomenon of international migration of healthcare professionals has increased in the last decade and, although it is not a reason for the world crisis of labour in area of healthcare in some countries, it is indeed a major element of human resource shortages. Romania is an example for a country where the significant scale of emigration of healthcare professionals has severely added to the crisis of the health system. So far, Romania has failed to formulate a comprehensive strategy to address the existing shortage of medical personnel and to retain medical professionals trained in the country. The analysis has shown that there is a need to improve the current policies to guarantee the access to healthcare services to everyone.

This paper underlines the necessity of improving the Romanian existing policies in health system to address the problem of migration of health personnel, as it is fundamental for the functioning of the whole health system and also proposes some recommendations for future health policies.

Key words:

migration, health personnel, policy, recruitment

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Current Context

International migration of healthcare professionals has increased in the last decade, emphasizing the question of medical staff crisis in some countries (Dumont, Zurn, 2007:163). According to the World Health Organization (WHO), in 2006 there was a deficit of more than 4, 3 millions of medical staff worldwide, the developing countries being the most affected by this. Under these circumstances, the lack of healthcare professionals is associated to the phenomenon of migration, although the Organization for Economic Co-operation and Development (OECD) and WHO reports underline other factors too, which accentuate the lack of human resources in the medical field, such as the world economic crisis, pandemics, deficiencies in the healthcare systems, etc.

The human resource crisis in the health sector also has an important ethical dimension, raising a variety of issues regarding Romania's obligations under international human rights, individual health professional's social responsibilities and international mobility (Cehan, 2012). Social responsibility involves two levels: global and individual. The first deals with the relationship between the source and the destination (host) country and refers to policies related to migration, interstate agreements, recognition of qualifications, pull and push determining factors, while the second focuses on domestic issues related to the assimilation of values, moral principles, the option to exercise or not certain rights, and the limits of exercising the rights by respecting the principle of not doing harm. The fact that the individual lives in a community with various connections between individuals leads to a moral dut (Damian et all, 2012) of each one of them and also to social responsibility (Necula et all, 2012). On this grounds, the higher social responsibility of the healthcare professionals can be accounted for by these connections and the state of necessity, in which those who live in the source country find themselves, the state of the vulnerable persons who demand a fundamental right: the right to healthcare. Therefore, sometimes individual social responsibility requires some limitations of certain rights (for example the right of freedom of movement) and as Jeremy Snyder said, this could be even not a choice but an obligation (Dumont, Zurn, 2007: 163.) of doing so, in the light of the ethical principle of doing no harm. So, doctors' decision to leave the country

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has various echoes in personal plan (accommodation to other country, adapting to new requirements of work and to new environment, questions of identity and belonging) as well as in the social reality, as their leaving has a deeply impact in the health system.

In this context, the international recruitment of healthcare professionals also became an usual practice for many countries, as a solution to cover their lack of staff, but, at the same time, it became a problem for the developing countries, as Romania. The acceleration of the recruitment from these countries and the increased flow of migration lead to destabilizing their healthcare systems, already in danger due to financial difficulties.

The rise, in the last decades, of the phenomenon of international migration of doctors (especially to OECD countries) has drawn experts' attention to analyse the reasons of medical staff deficit worldwide and to study this phenomenon in order to understand its causes, consequences on providing healthcare services and to make recommendations that could help improve the current policies.

After Romania joined European Union in 2007, the health system struggled with an unprecedented migratory flow of health professionals and consequences are visible in the impact on providing people's access to health services, especially in rural areas. The real number of health care practitioners who left the country by now is unknown , it can only be estimated, because there are no records on this issue. The only official data is provided by the Ministry of Health and the Romanian College of Physicians on the basis of diploma verification certification and requests for certificates of good standing. But this can only highlight the intention of leaving the country and not stand up for the actually number of those who really left to practice abroad. The migratory flow (Netedu, Chmilevschi, 2012) is a dynamic one and monitoring it could be a continuous difficult process that involves various mechanisms and actors, as sometimes the decision to migrate is not a final one (in case of temporary migration), or doctors that practiced abroad return in the country of origin (not excluding the possibility of leaving the country again).

According to WHO, in 2006 in Romania there were 42538 doctors registered and 9,4% (4 397) were working abroad before 2007, most of them in west European countries. A study conducted in 2010

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showed that the number of doctors who left Romania in 2007 was 1500, in 2008- 2100, in 2009- 1800, and in 2010 approximate 2500.

Economic development and political opening have made possible that people might move freely within the borders of their countries and abroad. The freedom of movement is also guaranteed by the Romanian Constitution and Romania has clinched a series of agreements with the EU member states and started negotiations with other countries aimed at concluding bilateral agreements. These legal instruments determined a controlled and protected access of the Romanian workers to the European labor market, but couldn't stop the flow of migration of healthcare personnel.

Some EU stipulations and directives, such as Directive 2005/36/CE relating to the recognition of the professional qualifications have also facilitated the migration of Romanian medical staff in the EU. Until the apparition of this directive, the fact that the national studies were not recognized or additional training was needed to practice the same specialization as in the source country or procedures were difficult and took time, led to discouraging Romanian doctors to decide on practice abroad.

The WHO and OECD reports have underlined in the last years some of the reasons (pull factors) of the international migration of doctors: salary raise, access to new medical technologies, possibility to offer a better future to their children. Moreover, there are other specific factors such as: increased specialization of the healthcare services, ageing of the population in some countries, increased access to information, improvement of the transport means. At the same time, emigration has been a quick solution to covering the demand of medical staff in some OECD states, which had to cope or are coping with a lack of workforce in the medical field after the year 2000. The main destinations of doctors worldwide are: New Zeeland, Ireland, Great Britain, USA, and Australia as stated by OECD in 2010.

The analysis of the reasons for the migration of doctors highlights the significant contribution of the socio-economic and political environment in the country of origin when doctors decide to go and work abroad. This decision is not an easy, but a complex one due to personal and external factors involved (like family, high aspirations for professional development, financial matters, lack of possibility of

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practicing medicine in adequate conditions, social and political context, moral conduct in the society, adaptation to other country's style of life, language, work, etc).

A 2010 report of WHO underlines that the financial/economic aspects do not represent the main cause for the healthcare personnel' migration, but the career opportunities and the will to obtain professional satisfaction. Hence, the society plays an essential role in ensuring individual needs and in offering opportunities that may enable personal development and fulfillment. The same findings were highlighted in a qualitative study with Romanian doctors who practiced abroad and returned in the country: the will for professional experience in an efficient working environment was the main trigger to leave the country, the practice in foreign hospitals being a real source of personal satisfaction and valorization (Teodorescu, 2011: 176). So, Romanian doctors choose to practice abroad not as a question of survival, but as a recognition and confirmation of their personal knowledge and value.

The differences between the level of wages in Romania and the countries of destination has been indicated by the health system managers in Romania as one important reason for determining the migration in health system, in a survey done in 2007 with the help of Public Health Ministry. This is understandable as the Romanian wages for health personnel is way under the average level of European countries for the same category of medical staff.

General Physician Job Average Salary- International comparison-2005-worldsalaries.org

Country	Net monthly job income	Gross monthly job income
UK	$ 6,045	5,106 pounds
France	$ 2,843	2770 euros
Finland	$ 3,794	5,107 euros
Italy	$ 3,294	4,336 euros
Portugal	$ 1,591	1,720 euros
Czech Republic	$ 961	32,349 corunas
Romania	$ 430	1,771 new lei(390 euros)

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For 2012, the president of The College of Romanian Physicians specified that in Romania a resident physician earns 200 euros and the average wage for a specialist is 495 euros, while in European countries the average is of 1100 euros for a resident and 7995 euros for a specialist.

The same study states that a main measure that would lead to limitation of leaving and to stabilization of the situation could be a significant wage growth, followed by improving working condition; in the same time it emphasizes the need for a legislative framework in the health system that would support the existing problems. A wage growth measure could be feasible, but it requires a high mobilization of resources, which may not be available in the context of the current economic crisis. An advantage of such a measure will be a high degree of retention of medical staff (Snyder, 2009) in the country, but in the same time this should be correlated with improving working condition. A better legislative framework is the most feasible measure, but what is more important is to have the power and resources to implement the new legal provisions.

The above shows that the current public health policies in Romania have not been able to create and sustain an environment that would lead to developing medical professional (Manea, 2011; Plotnikova, 2011; Runnels, Labonte, Packer, 2011) career and have failed to provide adequate wages for the work done and to provide sufficient professional opportunities for all graduates that may enable personal development and fulfillment.

On the occasion of the G8 summits in Tokyo (Japan, 2008) and Aquila (Italy, 2009) the necessity to remedy the world crisis of healthcare professionals was pointed out, and the World Health Organization decided to develop a practice code of international recruitment which, in 2010, became *The WHO Global Code of Practice on the International Recruitment of Health Personnel*. This code isn't a completely new phenomenon, although its significance is granted by the worldwide dimension it wishes to assume and define. It highlights the practice of bilateral agreements and memoranda of understanding for supporting *ethical recruitment*. Such instruments were focused and efficient because of a small scale of application, and an international consent on such practices was needed.

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The Global Code appeared in a context where the assumption that the recruitment process was ethically questionable, especially when talking about recruitment from developing and poor countries so an internationally agreed frame was necessary. This code aims to establish a series of voluntary principles and practices for ethical international recruitment of healthcare professionals, taking into account the rights, obligations, expectations of the source and destination countries, as well as the interests of the migrant healthcare personnel. Besides these principles, the Code stipulates a series of responsibilities, rights and recruitment practices to assist an ethical recruitment, drawing attention to some extremely important aspects. One of these refers to the recruiter's understanding of the social responsibility of the healthcare personnel towards the source country, as an equitable contract of services and, consequently, recruitment is best to be avoided. For the first time, this Global Code recommends that active recruitment from the developing countries, which have an acute shortage of personnel, should stop, except the cases where states have bilateral and multilateral agreements between governments (Cehan, Manea, 2012: 19). In this way states have a reciprocity position and the recruitment process will take place as it was established, a practical control of the phenomenon being also possible.

The code is supposed to serve as a *reference point* for the member states when they establish and improve the legal framework regarding the international recruitment and also to act like a guide for the implementation of international treaties and other legal instruments.

Although Romania is a member state of WHO, the Global Code has not been yet incorporated into national legislation, so consequences are seen in the active recruitment of foreign agencies, which offer alluring working packages to Romanian doctors at fair jobs organized in different cities to determine them to leave their country, contributing in this way to the current shortage of personnel. Thus, not only in Romania, but in other WHO countries too, the support for these codes was more symbolic then a real one, as no country developed by now some mechanisms for monitoring the compliance with code's principles. Still the Code doesn't have any sanctions for failure to comply with its provision, so its effectiveness is limited. In the same time, as it is not a binding tool and its disposal being *voluntary,* it is unlikely to attain its

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objectives. Even at the stage of recommendation, it represents an *important tool to influence the recruitment's behaviours* (Willetts, Martineau, 2004: 4).

The appearance of the Global Code highlighted once again the clearer awareness that the ethical issues related to recruitment (Eckenwiler, 2009) should be an important element in elaborating suitable policies and tools by all the countries involved. No matter a state's interest in covering its shortage of personnel, the balance in the health workforce (List, 2009; Lowell, Findlay, 2002) at international level and the principle of not doing harm must be primary.

If this rhythm of migratory flow continues, and without no offset of its negative effects, Romania will face major imbalances in the provision of health services, in accordance with the current needs of society. If nothing will change, a real collapse of the health (Zivotovsky, A., Zivotovsky, N., 2009: 16-18; Watkins, 2005:240-243) system could be possible. This is why urgent actions must be taken by all the actors involved in the health system.

Policy Options

The 2011 Report of the College of Romanian Physicians showed that Romania has 2, 2 doctors to 1000 inhabitants, which is under the European average of 3, 3. For that we can say that Romania has currently a shortage of doctors and that the present approaches could not prevent the massive leaving of doctors to practice abroad. The medical migration (Connell, Buchan, 2011) is a phenomenon determined by complex factors deriving from the current context, that cannot face the expectations in job demands, educational standards, medical technology.

The lack of investment in the health system in the last decade has led to the endowment at a low level of public health units with modern medical equipment and performance utilities and granting low wages to health personnel comparing to their own opinion of their status. This had an impact on the quality of medical services for the citizens. The difference between rural and urban areas is higher concerning the infrastructure, in spite of changing policies over the years. The access to some isolated rural areas and the rudimentary equipment are facts sometimes where the poorest population needs the most medical care.

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Even today these disparities are still pronounced due to lack of effective investment policies in this matter. Also reduced financial involvement in initiating effective programs of public health and prevention have led to the result of a poor quality of people's health.

Although recently, The Strategic Plan of Ministry of Public Health for 2008-2010 has set its objectives in the development of human resources, in accordance with the needs of the population, the fact that the number of doctors who migrate is still increasing leads to the conclusion that the measures taken by the leaders in the system do not correspond with doctors' needs and it is necessary to establish new directions in health policies which should nationally be effectively implemented.

A possible explanation of the fact that strategies approached by now in the medical human resource couldn't be more specific and aimed, is because there were not enough data on the situation of migratory flow of health personnel, the existing information are still poor and disparately, and there aren't studies and researches focused on the determinants of leaving, as the role of doctors in the society and their responsibility is higher than of other professions. The migration phenomenon is a dynamic one and a focus on understanding it completely and observation on its effects supposes a mixture of forces in complementarity, from government actions, policy makers' strategies, actions of stakeholders, decisions of health personnel whether to leave the country to practice abroad or not, the demand of patients in healthcare services, etc.

The need of change must appear in the vision of the government and all the stakeholders, so that the measures taken not only in the health system but in other sectors of activities connected with the medical area collapses on doctors' expectations and patient's needs, as these are changing due to the economic crisis and socio-political reality. There is an imbalance in the jobs supply for doctors and their demands, and because the system is under financed, both human and financial resources existing cannot sustain an operational system and guarantee the basic human right to health. Because of that, even the access to healthcare services is in danger to be jeopardized and the right to health could not be properly protected.

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Policy Recommendations

The project findings suggest that the current health policies failed to account the reality of Romanian medical migration, the determinants of this phenomenon and the current needs and expectations of patients and doctors. The consequences of these policies on people, that failed to achieve practical improving objectives, determined real problems in the access of the healthcare services.

Therefore the following recommendations are required;

- Government strategies should focus on the retention of medical personnel in the country- so that the investment in education of healthcare staff could be kept
- Human resource strategies need to take into consideration the factors that contribute to the emigration of Romanian healthcare professionals and health personnel's expectations regarding wages, working conditions, professional opportunities to limit the migratory flow and decrease the intent of practicing abroad
- A comprehensive human resource management strategy in the national health system needs to involve coherent sectorial policies, the development of a continuous training system and strategies to allocate human resources in a balanced manner
- The World Health Organization' Global Code of Practice on the International Recruitment of Health Personnel should be incorporated into the national legal framework to have a legal frame as a basis for ethical recruitment of Romanian doctors by foreign recruitment agencies and also into legislations of destination countries where they usually emigrate
- A systematic monitoring of emigration of health professionals should be put in place to foresee and respond to overall shortages of health personnel and address regional imbalances in the allocation of medical doctors
- Romania as source country should demand substantial engagements from those who are offered education in the health care field and increased attention should be paid to resources when people are given training in this field. The state loses its investment when doctors migrate, and atonement of paying back for the studies would at least afford other investments in the system so the financial resource is recovered

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- A global cooperation would be desirable between the source and the destinationcountries, the latter helping the former to cope with the migration and to take action against the "brain drain" phenomenon all the while encouraging social responsibility of doctors.

Conclusions

The investment in human and financial resources and keeping the existing ones is an extremely important task for Romania, as for every other country and crucial for the surviving of a medical system and people's access to healthcare. A good strategy for better health policies should take into consideration all the factors determining the migratory flow of health professionals, the expectations of the health staff and patients' current needs. To sustain sufficient personnel to correspond to the demands in the providing of health services a monitoring process of migration flow outside the country is also needed. This would help keep the balance between the health workforce that went to practice abroad and its substitution with imported health staff or training of new personnel. The practice of active recruitment of the destination countries which harms a system already in need must be eradicated or limited on the basis of mutual agreement.

The phenomenon of healthcare personnel migration is dynamic and complex, influenced by social and personal factors of decision. More studies and research on this theme might be of great importance, as understanding it better, actions could be made in accordance and negative effects could be minimized. Its effects are crucial in a society where the health system is of maximum importance granting the fundamental right to health and measures should be taken to keep it under control.

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