



**ASSOCIATION EUROPÉENNE DES MÉDECINS DES HÔPITAUX
EUROPEAN ASSOCIATION OF SENIOR HOSPITAL PHYSICIANS
EUROPÄISCHE VEREINIGUNG DER LEITENDEN KRANKENHAUSÄRZTE
EUROPESE VERENIGING VAN STAFARTSEN
DEN EUROPÆISKE OVERLÆGEFORENING
ΕΥΡΩΠΑΪΚΟΣ ΣΥΛΛΟΓΟΣ ΝΟΣΟΚΟΜΕΙΑΚΩΝ ΙΑΤΡΩΝ ΔΙΕΥΘΥΝΤΩΝ
ASSOCIAZIONE EUROPEA DEI MEDICI OSPEDALIERI
DEN EUROPEISKE OVERLEGEFORENING
ASSOCIAÇÃO EUROPEIA DOS MÉDICOS HOSPITALARES
ASOCIACIÓN EUROPEA DE MÉDICOS DE HOSPITALES
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ΕΒΡΟΠΕΪΣΚΑ ΑΣΟΪΑΪΑΝ Α ΝΑ ΣΤΑΡΣΗΤΕ ΒΟΛΝΗΧΝΗ ΛΕΚΑΡΗ
ASOCIATIA EUROPEANA A MEDICILOR DIN SPITALE**

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- Nowadays, Romania is confronting a serious deficit of medical personnel. In the last seven years, the number of doctors who left the country is more than 15000. Even if in 2009, Romania had one of the smallest number of doctors/1000 citizens, statistics from 2012 showed that the number of doctors went down until less than 1,9/1000 inhabitants. Today, Romania has fewer doctors than Republic of Moldavia because we solve a major problem of West Europe, but we create a bigger one for us.
- In Romania, the medical work-force is constituted by 39,800 physicians and 14,500 residents. In 2013, a number of 14.487 physicians worked in 340 hospitals (in 2011, the number was 20.648).
- The legal workload is 40 hours per week – but the reality corresponds to 65 per week (on duty shifts are not included in the usual working time)
- However national strategy will look like, medical system has some white spots which must be filled, one of these being the list of drugs partially covered by National Health Insurance. In Romania this list hasn't been reviewed for seven years. Now we are trying to change this list according to actual needs. A first package of 17 drugs was introduced – to be used for patients with several rare serious diseases. The budget for these drugs is over 40 million RON, money from unique national health fund and 7000 patients will take advantages of them.
- The working environment might be characterized in many cases by low income, lack of career opportunities, poor working conditions, reduced opportunities for education and specialization, economic instability, in a conflictual culture.
- One of the major objectives of Health Care System is to create an appropriate national management system of major pre-hospital and hospital emergencies. Hospital quality services' has lower standards than pre-hospital ones. MoH promoted the idea of a management program of major hospital emergencies and since last year there were introduced strategic programs called "priority actions". That is the reason why we hope that in less than one year, all of these actions will be implemented, the budget for them being over 222 million RON.
- Health budget is insufficient. But if we talk about the last eight years, budget raise was significant every year. For example, from 1.7 billion euro to 5 billion euro today. This was possible by introducing the health's insurances system.
- From 20 millions inhabitants, only 18 millions have health insurance. Moreover, from the 18 millions, 6 millions are waived from paying health insurances.
- 2014 is the year of great changes because of reviewing of medical services' package which will be introduced from June 2014.
- A very important issue is that costs for these waived inhabitants will not be paid from health insurance fund; they will be supported by state's budget.
- Computer program will be complete when MoH will finish the distribution of all health's cards. There are, at present, 10 million printed cards. In the next two weeks we will start the procedure of cards' delivering. Since this month on, there will be distributed the first cards for 5000-7000 inhabitants, especially for the patients with dialysis. Until end of the year, the system will be tested, functional and from 2015 we will work in a complete program.
- Hospitals' budgets are insufficient now, but we finished 2013 without any debts for health system and in 2014 there will be included contract terms for patients' benefit.
- Even if private hospitals had a shy start, with simple surgical interventions, now they can solve complex and various pathologies, which can be usually solved in every public hospital from outside the country. The main reasons for choosing the place of treatment are: expertise and abilities of the medical team, treatment cost (with impact of the market potential, patient's income and market specific conditions) hospital accommodation and hospitalization offers.