

EXECUTIVE SUMMARY

Mobility of Health Professionals – Trends, Patterns and Attitudes in Romania

Maria Rohova

The **migration of health professionals within and between countries** is a growing phenomenon worldwide. This migration affects provision of services, quality of care, and distribution of staff across health care establishments, regions and countries (Diallo, 2004). Globalisation and liberalisation of regional labour markets accelerate the migration processes. There are different types of migration:

- **internal migration** - describes movements of health personnel within national borders, between rural and urban areas, for example;
- **international migration** - describes movements of health workers who temporarily or permanently settle abroad;
- **return migration** - includes migrants who return in home country and continue to work in health care and has mainly positive effects on health systems. A special form of this migration type is circular migration.

Health workers migrate from developing or less developed to developed countries to improve their socio-economic status or for the purpose of career development (Rutten, 2009). These outflows (permanent emigration of health professionals) are usually associated with so-called medical “brain drain” which causes the unique problem of severe workforce shortages in home countries’ health systems. The permanent departure of skilled labour might deplete the human capital of sending countries, thus, reducing the possibility for economic growth and raising the level of inequalities and poverty in those countries (Forcier et al., 2004). Because of this, international migration of health workers has become one of the major topics on health policy agenda.

The migration of young health professionals is very important issue for European health systems. If it is only temporal or circular migration, it could be beneficial for both receiving and sending countries; but in case of permanent emigration, it could be interpreted as a loss of human capital and a loss of investments in education and specialization.

Socio-economic and demographic context in Romania

Romania has experienced a long and difficult transition during the last 26 years. After the communist regime fall in 1989, there were significant changes in political and economic model in the country concerning also health system. After 1989, Romania has made a great progress in institutionalising the democratic principles, civil liberties, and respect for human rights. The Constitution of Romania guarantees private property rights and market economy. Romania joined the European Union (EU) on January 1, 2007. The prospect of becoming an EU member state constituted a solid external anchor for transformation of the country. But the

integration process is not completed. The reform agenda remains important and structural adjustments need to continue to ensure sustainable convergence with the EU.

Romania is classified by the World Bank as an upper middle-income country with gross national income per capita of USD 7 930 in 2008. Romania's economic performance was remarkable till 2009, although important vulnerabilities remain. Romania steadily converges in income, competitiveness and living standards towards the EU, but the gap remains large. The economic performance of the country was impressive between 2000 and 2008 - inflation and interest rates declined steadily, foreign exchange reserves increased to historic highs and external debt was held to comfortable levels. The export growth became vigorous. Progress in economic reforms was translated into robust annual Gross Domestic Product (GDP) growth, averaging 5–6%, for eight consecutive years till 2009. In 2007, the real GDP per capita reached 42% and in 2008, it was around 45% of the EU average. Among the 27 EU countries, Romania took 26th place in 2008, followed only by Bulgaria, according to real GDP per capita (Eurostat, 2009).

In 2009, after eight years of rapid economic growth and impressive gains in poverty reduction, the shockwave of the global economic crisis affected Romanian economy. In 2013, there was slightly recovery of the national economy and economic growth accelerated to 3.7% in 2015 from 2.8% in 2014, driven by domestic demand. Romania marked one of the highest growth rates in the EU in 2015 (World Bank, 2016). Now, Romania's macroeconomic situation is assessed as stable, with low inflation and external deficits, but according to the World Bank, risks are important. Gradual improvements in labour demand and recent wage policy changes have led to rapid increases in wages. Economic growth has had also positive impact on employment.

After the early 1990s, demographic trends in Romania show continual population decline that is supposed to accentuate in the future. The negative values of natural increase, associated to those of external migration, led to a considerable diminution of country's population. Demographic changes in Romania are a result of several basic developments:

- birth rate is low and further decreasing as a result of different socio-economic factors;
- death rate is close to the rate in EU countries but there is an increasing trend;
- life expectancy at birth increases slightly but still remains at the lowest levels among the EU countries.

In the context of economic transition, Romanian labour market knew significant changes in terms of main labour force indicators' volume and structure. In recent years, the active and employed population has been diminishing; the population's participation in economic activity has been decreasing. The proportion of the elderly in Romania has been increasing and the proportion of the youth diminishing. The ageing effects on labour market occurred after 2008 when the working age population include smaller generations born after 1990. These demographic trends will have the effect of increasing work pressure in the future and putting even more strain on working conditions in health sector. At present, demographic model tends to cope with the model of European developed countries, but the pace is regulated by the dynamics and effectiveness of reforms in the economic and social field.

Despite the improvement of some health indicators in recent years, there is still significant difference between health status in the country and in the EU member states. Life expectancy in Romania has been increasing since 1997; the infant and maternal mortality has been

diminishing. But the standardised death rate for all ages in Romania is higher than the EU average. In 2012, it was 901.31 per 100 000 people or around 55% higher than the EU average (WHO EURO, 2016). In the recent years the leading causes of death were cardiovascular diseases, cancer, digestive diseases, injuries and poisoning. Romania has a health profile comparable to the developed countries and a relatively high burden of chronic diseases.

Social health insurance plays a central role in the Romanian health system. Since 1998, the national budget for health care has had two major sources: state budget and National Health Insurance Fund (NHIF), with the latter representing more than two-thirds of the total health care budget. The introduction of health insurance scheme has increased public expenditures and total expenditures on health. The general trend of health expenditure as share of GDP was increasing in the last years. Between 1999 and 2013, health expenditures fluctuated between 4.22% and 5.95% of GDP and in 2013 they were 5.34% (WHO, 2016). Between 2009 and 2012, health expenditure in real terms decreased on average by 0.6% due to cuts in the health workforce and salaries, reductions in fees paid to health care providers, lower pharmaceutical prices, and increased patient co-payments. The annual average growth in per capita health expenditure in real terms was 0.4% in 2009-2012 compared to 9.1% in 2000–2009 (World Bank, 2016). Romania still have a percentage of GDP spent on health which is considerably lower than in all neighbouring countries, EU member states and almost all countries in the WHO European Region.

Health workforce in Romania

One of the main challenges for human resource management in Romania is the unequal geographical distribution of medical staff. There are significant imbalances in the territorial distribution of physicians. Most of health professionals are concentrated in the big university towns (Bucharest, Cluj-Napoca, Timișoara etc.) or in the most economically developed districts (from Transylvania and Western Romania). There are also significant imbalances in distribution of specialists between urban and rural areas. This situation is associated with the lack of effective incentives offered for physicians to work in rural or deprived areas. Public health care establishments have difficulties in hiring the necessary health professionals due to the lack of financial resources. According to the experts' interviews, the process of hiring in general is very difficult, long and time consuming.

Since 2000, there has been an increasing trend in the number of physicians in Romania (NIS, 2016). Although the number of physicians has been increasing, it is still comparably low in comparison with European countries, as well as with the neighbouring countries.

In Romania, the most important health professionals' deficit is of medical doctors and nurses. This problem was confirmed from all respondents, interviewed during the macro level phase of the research. The biggest deficit of specialists is in intensive care and paediatric. Other specialties, mentioned in the interviews, are clinical laboratory, clinical pathology, cardiology, etc. The major part of this deficit is due to emigration especially for intensive care. There are also problems with family doctors, psychologists, neurologists.

Despite of the increase in recent decade, the number of nurses in Romania, by European comparison, is low, almost at half of EU average, more than a half of EU-15 average and

below the average of EU members since 2004 (WHO EURO, 2016). In 2013 (the last available data), the number of nurses reached 580.8 per 100 000 inhabitants. There are several periods of decline in the number of nurses which are probably connected with the outflow of professionals both from the country and from the health sector. The midwife's density in Romania has been declining since 1999 and in 2006, it was 16.26 per 100 000 inhabitants, which was also far below the EU average (WHO EURO, 2016).

The social status of doctors and of other health personnel categories, especially nursing professionals, is low relating directly to their wages. Between 1999 and 2008, the average salary in health and social work rose, but it was below the national average salary as calculated by the National Institute of Statistics (NIS). After 2009, there was a salary cut in the public sector due to the negative impact of economic crises on Romanian economy. In 2014, the net monthly salary in health and social work reached 1 697 lei RON or approximately EUR 382. The low salaries lead to professional dissatisfaction, outflow of health professionals, and request for informal out-of-pocket payments by patients. According to the interviews on macro and micro level, one of the main reasons for emigration is low salaries in Romania, especially in public sector and significant higher remunerations abroad.

Methodology of the study

This book presents the main results from a study about migration of health professionals in Romania. The study was a part of the Mobility of Health Professionals¹ (MoHProf) project, funded by the European Commission within the Seventh Framework Programme and conducted between 2008 and 2011. General objective of the project was to investigate and analyse current trends of the health professionals' mobility, i.e. first of all physicians and nurses, to, from and within the European Union. The national research was conducted in 25 countries worldwide (in- and outside EU), which are determined as predominately receiving or predominately sending countries. One of these 25 countries is Romania.

The presented research combines quantitative with qualitative methods but emphasises on the qualitative studies (in-depth interviews). The general idea of this approach is to put the focus on key stakeholders (health professionals at micro level and different health associations, unions and institutions at national level) in order to collect existing data and statistics, but first of all to generate new qualitative data that can explain the statistics. The study is implemented in **two phases**:

- **macro level research** – this phase has two major tasks: to investigate the available statistics about migration, previous studies (desk research) and analyse existing policies and their impact on migration of health professionals; and to conduct in-depth interviews with representatives of institutions and organisations at national level as Ministry of Health, National Health Insurance Fund, associations of health professionals, scientific institutes, etc.
- **micro level research** – this phase is concentrated on conducting qualitative in-depth interviews with health professionals working in home country and with health

¹ For more details about the MoHProf project, please visit its site: <http://www.mohprof.eu/LIVE/about.html>.

professionals working abroad in order to investigate the attitudes toward migration, as well as reasons for leaving the country.

The **objectives** of the current study are as follows:

- 1) To analyse some quantitative data about supply of health professionals in Romania and statistics about general migration in and out of country.
- 2) To analyse the impact of current policies on health professionals' migration.
- 3) To present data and information about in- and outflows of health professionals in Romania, including available statistics and previous studies.
- 4) To discuss the results from in-depth interviews with key stakeholders at macro level.
- 5) To analyse the results from in-depth interviews with Romanian health professionals and to summarise the factors fostering and preventing their emigration.

The **approach** is the same as described above and combines quantitative (analyses of available statistical data) and qualitative (in-depth interviews) methods.

Every chapter finish with a summary of so called **push, pull, stick and stay factors**. Push factors are related with factors in the source (sending) country that force individuals to emigrate; pull factors are attributed to destination (receiving) country and they attract individuals or groups to leave their home country. Stick factors influence people decision not to move (emigrate) or they “prevent” emigration; stay factors are related with destination country and they hinder the return migration.

This study does not discuss internal and cross-sectorial migration of health professionals in Romania. The discussion is limited to international migration and partly refers to return flows to the home country. The terms “health workers”, “health personnel”, “health workforce” and “health professionals” are used interchangeably, as well as “physicians” and “doctors”.

Migration of health professionals

In Romania **immigration of health professionals** is not an important concern. There is a trend of immigration of health professionals from the Republic of Moldova to Romania and most of them are medical doctors - general practitioners. However, after the accession of Romania to the EU this trend had slow down. “Importing” health professionals from other countries is less likely to be a solution for Romania, first of all due to the Romanian language, which is not one spoken in other countries, except the Republic of Moldova.

Many of the immigrants are health professionals, who usually have studied in Romania. Often they have family in the country and stay in Romania.

According to the interviews on macro phase, usually the immigrants are attracted in Romania from possibilities to obtain a diploma that is recognised in the EU. Romania's membership in the EU and the opportunities to work somewhere in West Europe are also attractive for the immigrants. After graduation some of the foreign students try to emigrate in other countries, so, usually they use Romania as a transit country. The immigrants are attracted also from the way of life in Romania, the freedom and the opportunities at all, the living conditions and living standard, more democratic society, as well as greater security and lack of internal conflicts, repressions, etc.

According to the respondents, immigration has both positive and negative effects on the national health system. Positive is that some immigrants are motivated to work well and negative effects exist when they have used Romania only for transit country.

Emigration of health professionals is much more important phenomenon in Romanian health system but the data about the size and intensity of outflows are scarce or missing. There are several international studies providing partial information about this process.

Before the moment of Romania's accession to EU in 2007, nurses were more likely than physicians to practice the same profession in the country of destination, due to the bilateral agreements for diploma recognition. After January 2007, the situation changed with physician diplomas recognised in the EU area and now more Romanian physicians are willing to emigrate.

According to the interviews on macro level, it can be distinguished two main periods with a greater dynamic of emigration for medical doctors:

- the first one, after 1989 when the free movement of persons came in place;
- the second period in the EU member states especially after the accession of Romania to EU, when the mutual recognition of qualifications had begun to operate.

A study carried out by Garcia-Perez et al, (2007) shows that in 2005 4 397 Romanian physicians were registered in other countries or this was 10.37% of the total number of Romanian physicians. In the same year 1/3 of them or 1 523 Romanian physicians have been working in EU country.

According to the qualitative study (macro and micro level), the reasons for which the Romanian health professionals are emigrating in these countries are several. First, however, all respondents claimed financial reasons – low salaries in Romania, especially in public sector and significant higher remunerations abroad. The living and working conditions are also very important factors, pointed from almost all of the respondents. We may consider the payment, the working conditions and the standard of living as main factors, which push health professionals to emigrate from Romania and in the same time as pull factors, which attract them to the other countries. Other pull factors are:

- the level of professional development;
- professional development opportunities or career opportunities;
- respect that people from foreign countries have to health professionals;
- opportunities for the whole family – education for the children, etc.

The main obstacles to emigration of Romanian health professionals are language, lack of financial resources, differences in health systems and national peculiarities, psychological barriers – fear of change and unknown. Other potential barriers are unwillingness to take risk, lack of professional experience (for the younger health professionals), age, etc. The family and the friends, as well as the professional position, professional status and career are the factors, which keep them in the country. Few of the respondents mentioned patriotism as factor, which also contributes to the decision to stay in Romania.

The migration of young physicians is an important concern. Because mainly young doctors are leaving Romania, the health system may lose part of its best stock of young human resources together with its innovative capacity. In 2009, the president of the Romanian College of Physicians announced that in the last two years 5 000 Romanian physicians have

left the country. The physicians who emigrate are mainly specialists, between 25 and 36 years old. Many of them emigrate because of specialisation's opportunities abroad.

The prevailing opinion of the experts, interviewed during the macro level of the research, is that the main influence of the emigration on the national health system is a negative one as a whole, because generates mainly a health workforce deficit. The migration, especially leaving Romania has negative consequences on the expenses for educating health professionals. Also this type of emigration has negative consequences as fewer specialised services are available for the population, less research and developments public health services and knowledge transfer is disturbed. It is limiting the opportunities of providing medical care, restricting the access of the population to health services, creating an imbalance between the specialties. The trend has no major consequences on the level of the salaries, competition between the employers and also no consequences on the work conditions. There are also opinions that besides the negative effects, emigration may have positive impact on the health system, as well. They are related with return migration and shared experience and knowledge acquired abroad.

One of the possible measures of **migration potential** or at least of intention for migration relates to certificates issued to competent authorities. This information gives an overall idea of how many certificates were issued in respect of professionals who were considering moving to another country. Following January 1, 2007, the Romanian physician's diplomas were recognised within EU. Starting January 15, 2007 the Ministry of Health issues, on demand and after they were previously tested, a certificate which attests the physician's, nurse's and midwifery's diplomas.

The Ministry of Health reported that by the end of August 2007 there have been submitted 3 500 applications for attesting the physician diplomas (including dentist and pharmacists). Also, there were approximately 2 600 applications for obtaining the conformity certificate for nurses and midwives. By the end of 2008 around 4% of Romanian physicians have requested documents allowing them to leave the country to work abroad. Since 2007, between 2 000 and 3 000 certificates of conformity has been requested every year. Between 2008 and 2015, 16 272 certificates were issued (Boncea, 2016). The highest proportion of applications came from medical doctors in the North-East region, the most economically deprived area in Romania. The most common medical specialties of applicants were family medicine, intensive care and psychiatry (Galan et al., 2011).

Nevertheless, not all the persons who obtained such a certificate emigrate. These numbers may serve as roughly estimations of the health professionals who intend to leave the Romanian health system. It is also possible that health professionals, who are not yet verified, may still migrate and work either in position that do not require verification of their professional qualifications or in other sectors.

A study in 2007 by the College of Physicians had the following results of a survey: 54% of the physicians answered that they would like to work abroad; 89% of these would like to work in an EU country. Another study conducted in 2007 by the Health Solidarity Union among health workers found that 64.9% of the respondents expressed their wish to work abroad for a higher salary and 85.6% of them declared to have colleagues working abroad.

Our study on micro level has similar results. All of the interviewed physicians and dentists, predominately part of interviewed nursing professionals and the most of the interviewed

students have relatives, colleagues or acquaintances who work abroad. The respondents listed at least 2 and up to 6-7 health professionals who practice the medical profession abroad. This shows that the emigration processes are much more intensive and widespread than the indicated in available data and studies.

All of the interviewed physicians/dentists and nursing professionals, except two, declared willingness and intentions to work abroad. Regardless of nuances in the replies, all respondents stated as reasons for emigration desire for better payment, better working and living conditions. Other reasons are insecurity of present work and frequent reform and changes in health system, as well as social recognition of medical profession. The most attractive countries for the respondents are France, Italy, Spain, Belgium, the United Kingdom, Germany and Switzerland. The interviewees gave preference to the European countries but also the USA and Australia are desired destinations. Work abroad could be of benefit for career development, living conditions, and scientific activity, as well as provides better opportunities for the family. These statements together with the dissatisfaction with career development, remuneration and working conditions in Romania, suppose a significant emigration potential among physicians, dentists and nursing professionals.

During our study we interviewed 14 Romanian health professionals, who are currently working abroad. Most of the respondents are satisfied with their choice to work and live abroad. Other stated that although some problems and disappointments, they are satisfied in general. Most of the respondents don't intend to return in Romania or don't intend to return for the present. Only three respondents said that they will definitely return; other two intend to return "but not soon"; one respondent said that she would return but only if she find good working place in the homeland.

The large part of Romanian health professionals have emigrated in OECD countries and before the Rumania's accession to the EU a significant number of doctors and nurses from Romania were already working abroad. In the beginning of 21 century the main destination countries were the following:

- for physicians: the USA, Hungary, Canada, France, Sweden, Austria, the Switzerland;
- for nurses: the USA, Hungary, Canada, Australia, Greece, Sweden;
- for dentists: the USA, Hungary, Canada, Australia;
- for pharmacists: Hungary, the USA, Canada.

Before the accession to the Schengen Area in 2002 the main destination countries for Romanian health professionals were predominantly countries outside the EU. After that there was reversal and between 2004 and 2007 the main destination countries for Rumanian physicians were as follows (OECD, 2009):

- the USA (2006) – 2 687 physicians trained in Romania;
- Germany (2005) – 824 doctors, who are Romanian citizens;
- United Kingdom (2007) – 644 physicians trained in Romania;
- France (2004) - 568 physicians trained in Romania;
- Italy (2006) - 389 doctors, who are Romanian citizens.

Before the moment of Romania's accession to EU the main destination countries for nurses were Greece, Spain and Italy. In 2005, 2 420 Romanian nurses worked in Italy or they presented 60.6% of total foreign nurses in the country.

After January 2007, the situation changed with medical diplomas recognised in the EU area. France, Germany and the United Kingdom are the most popular countries within Romanian physicians for emigration, as they have active policies in recruiting external personnel, including from Romania. In these countries, the most popular specialisations are general medicine, intensive therapy and psychiatry. In recent years the physicians prefer to work in hospitals also in Italy and Belgium. Spain and Italy remain preferred countries for nurses, as well as Germany, the United Kingdom, France.

Over the last decade, the number of physicians trained in Romania has increased significantly in OECD countries. Romanian doctors climbed from 18th to 9th place in 2011. So, in 2011, Romania ranked among top ten countries of origin of doctors working in OECD countries – more than double than in 2000-2001 (OECD, 2015). The largest numbers of Romanian-born doctors are found in the United States (30%) and France (16%), where immigration is more recent. Health workers born in Romania are more numerous also in Germany, Hungary, Belgium, Israel, and France, with great number of Romania-born nurses working in Italy and Spain.

Conclusions and recommendations

Findings of our study have showed that in general, receiving countries have better information about inflows than about outflows. In Romania, as in most other countries, data on health workers migration are unreliable or not available. There are some estimations that provide just a rough idea about this phenomenon. Data on internal and external migration of health workers are scarce and there are no established procedures for collecting them.

Moreover, there is no policy regarding migration of health professionals and there are no special references to this issue in health policy. Interviews with representatives of key stakeholders also indicate that the role of health workers migration is missing from the Romanian discussion on health policy. It is mainly professional associations that discuss the situation and importance of health professionals' migration. According to the interviewees, it is urgently necessary to develop such policy. In 2009, a senior expert of the Ministry of Health said: *"... there is an urgent need to look more carefully on this problem (gathering more evidence about the health professionals' migration, research on factors determining the migration processes and development of policies and programs to address the problem). Research is needed in order to have the necessary data for development of policy."*

Suggested measures include incentives (such as salary increases, access to training and professional enhancement opportunities) and restrictive ones (for example, reimbursement of expenses for professional studies financed from public funds, if the professionals do not practice for a minimum period of time in their home country).

Findings from research lead to the following **recommendations**:

- 1) Reliable data is needed to provide a basis for evidence-based policy measures on migration. An electronic Pan-European Register of health professionals (at least at the EU level) could be a very practical step to facilitate this process.

2) Developing measures to retain the health workforce in the country is very important. A strategy for human resources addressing migration should be elaborated, including improvement and development of the following issues:

- quality of graduate and undergraduate doctors' and nursing professionals' education;
- continuous training opportunities, i.e. professional development;
- financial and social motivation;
- moral motivation - respect and recognition of the profession;
- opportunities for carrier development;
- organisation and financing of health system;
- working conditions, including access to modern medical technologies and advanced research in medicine;
- temporary professional mobility opportunities and experience exchange;
- benefits policies, etc.

Although permanent emigration is assessed mainly negatively, temporary mobility may have positive impact on health system. It is related with return migration and shared experience and knowledge acquired abroad. Besides measures to retain health professionals, there are some useful proposals for facilitating temporary mobility of health professionals, namely:

- larger student exchange and more professional exchange programmes;
- simplification of procedures and less bureaucracy;
- better organisation within recruitment agencies.

As a result from in-depth interviews and other studies we can summarise so called push, pull, stick and stay factors that affect health professionals' mobility in Romania.

Push, pull, stick and stay factors summary

Push factors	Pull factors
Low salaries in public sector	Rising demand of health professionals
Low social status of health professionals	Higher levels of pay
Lack of professionals opportunities (career development)	Professional development opportunities
Poor working conditions	Better working conditions, organisation and way of work
Lack of resources (especially modern medical equipment)	Better equipped and funded health care facilities, access to modern medical technologies
Under-funded health system	Attractive conditions and help with work and life settlement
Unsatisfactory living conditions	Higher quality of life
Unsatisfactory health system organisation and reform implementation	Low stress and not so frequent changes
Poor professional prestige – low social recognition of the profession (especially for	Social recognition of medical profession

nurses and midwives)	
Insufficient places for specialisation	Educational and training opportunities
Unstable economic situation	Better economic situation and economic development
Political instability, corruption	EU membership since 2007 (fully opening of the labour markets since 2014)
No policy on human resources	Mutual recognition of diplomas after 2007
Stick factors	Stay factors
Low unemployment rate and vacancies in health system	Remittances to the families in home country
Insufficient number of physicians, nurses and midwives	Promising career paths
Lower cost of living	Reluctance to disrupt new lifestyle patterns and social networks
Family kinship, social and cultural ties	Financial security
Social and professional status, professional position	Lack of return incentives
Free training and specialisation	Opportunities for the whole family (education for children, etc.)
Age	Economic development
Fear of change and unknown	Security at working place and social security
Language barrier	On-going education and specialisation
Patriotism (homeland)	
Attractive private practice in primary and specialised care, dentist care and pharmacy	
Visa and work authorisation outside the EU	

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