

# "THE SANITARY SOLIDARIDARITY " FROM ROMANIA FEDERATION



CNS „Cartel Alfa” members,  
CNS „SAN.ASIST” members,  
Afiliated at EUROFEDOP

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Bucarest, Splaiul Independenței  
no.202 A, floor 3, room.36  
Phone: +40788195186  
Fax: +40236313128

[www.solidaritatea-sanitara.ro](http://www.solidaritatea-sanitara.ro)

E-mail: [solidaritateasanitara@yahoo.fr](mailto:solidaritateasanitara@yahoo.fr)



**To:**

**European Commission**

## **Our response to the issues raised in the Green paper**

Our observations are grounded on the surveys on health care system problems that we made in the last years together with University “Dunărea de Jos” Galați, Faculty of History and Philosophy, Department of Philosophy and Sociology, especially the survey developed in January – March 2009 having like subjects all health care managers.

### **4.1. Demography and the promotion of a sustainable health workforce**

#### *A. The Romanian situation*

The adverse health care system budget and the adverse management from last few years having the following effects:

- A constant pressure for reducing the expenses with health care work force.
- Expenses with work forces evaluation it is made heavy both by the fact that there is a big personnel deficit, that is conserved by the decision maker by reason of adverse budget, and the fact that the level of salary income is conserved at a low level
- Awkward work conditions, 59% managers claiming the lack of work condition needed for development of a good professional activity. It is not elaborated a strategy for investing on improvement of work conditions.
- There is not a preoccupation for keeping in activity and employing the persons over 55 years; a contrary, there is the tendency to drop out the “old persons” (the persons in pension state) from the health care system.
- There is not an adequate system for chronic disease management practices and long-term care provision closer to home or in a community setting; it is trying to introduce such system, especially trough the health care services decentralization.

#### *A. Proposal*

We consider necessary to impose some minimal personnel standards, work conditions and measurements on the human resource from UE Commission.

### **4.2. Public Health Capacity**

#### *A. The Romanian situation*

- The data show that 95% from managers are claiming lack of personnel ( 83% managers are claiming doctors deficit, and 61% nurses deficit)

- There is also a personnel lack at level of public health jobs that are not very well known (biologist, epidemiologist, etc.)

#### A. *Proposal*

To introduce a human resource system project according to community citizen number, and to health state of these community members.

### 4.3. Training

#### A. *The Romanian situation*

- There is implemented the *Continuous Professional Development* system (our abbreviation EMC), but his efficiency it is not the expected one, especially because of adverse financing of continuous professional training, and also because of institutional factors interference; 45% of managers had indicate the financing of continuous professional training like a big priority, appreciating the level of training like inconvenient.
- There are organized management training but their efficiency it is very small, especially because of political interference on the hospitals management, trough the designation of the hospitals managers only by political criteria (without according any kind of importance for theirs competence), going even to the lower level of the management.
- In Romania we do not have *numerus clauses*.
- There is not a preoccupation at the institutional level for linguistic training of the personnel, this situation having consequence on accessing the sources of public health information from EU.
- There is not a monitoring and planning system of health workforce.
- There is not a rigorous of the initial training forms of health care personnel; many managers had indicate a low level of training of young graduated (especially the practical training), mentioning that it is needed a reform of initial formation.
- The lack of some objective criteria for personnel evaluation, doubled by the adverse applying of those that exist, is operating like a strong demotivation factor, especially regarding the health care services qualities and the level of professional satisfaction.

#### A. *Proposals*

- We believe that it is imposing to introduce a monitoring system of the professional competency level at the national and EU level.
- There is need by a quantification of the existing workforce and that is necessary on competency structures, that to allow good evaluations.
- To create some training standards in health care area at EU level, as a rough guides.
- To create some advisor mechanisms of EU states in the health care workforce training and for the health care system managers.
- To create some site, in all national languages from EU, regarding medical procedures, activities, etc., that to constitute platforms for experience changing; to create some European medical professional guides, as rough guides.
- To facilitate the circulation of medical publications on all state EU members.
- There is a need of experience changing between hospitals managers and between different representatives of medical specialization from different EU state.
- Taking account the level of preparation on this area, it is necessary to facilitate rapidly the access at information trough the translation of more important health public information and to lay this kind of information on special site. These measures have the goal to homogenize, at the high plan, the competencies level on entirely EU.
- To develop some language training programmes for the medical personnel, for take away the linguistic barriers.

- We are considering there is necessary to create some forums on-line at the national and European level for human resources specialists.
- To create some bigger professional route, to stimulate the professional training (through the possibility for the personnel to advance accordingly with his training), for all medical personnel category.

#### **4.4. Managing mobility of health workers within the EU**

##### *A. The Romanian situation*

- The only measure of promoting “the circular movement” of Romanian health care workers it was introduced through the social dialog way, and this is the health care employee that is working in other state to return at the initial workplace, without any penalization, through one year since his leaving.

##### *A. Proposal*

Many hospitals managers had appeal to us to create some informational platforms for facilitating the change of experience in this area

#### **4.5. Global Migration of Health Workers**

##### *B. The Romanian situation*

- The lack of monitoring system of the deficit/excess of health care workers in all country regions, may the indifference regarding the existing situations, lead on at the impossibility of ethic codes applying in recruiting the health care workers from Romania.
- 95% from hospitals managers had declare that they have deficit of personnel. The bigger deficit it was indicated in the doctors case (83%), closer follow by the professionals nurses deficit (61%). The health care worker deficit it is structural one, having like reason both health care workers migration and the adverse budget for the additional personnel payment.
- 60% from hospitals managers are declaring they are having employee that had gone abroad in the last two years, the main reason being the level of salary income (conforming with 98% of managers). Regarding the migration reason, the frequently answer model is follow:
  - o improper salaries
  - o awkward work conditions
  - o the lack of medical equipment
- The migration phenomenon it is determinate both by the *push* and *pull* factors.

##### *C. Proposals*

- It is necessary monitoring system of health care workers migration at national level; the applying of deontology principles in personnel recruiting suppose the knowing of regions that have major lack of personnel.

- To assure the transferability of the social insurance right from the destination states, that the period of others states contributions do not be any more a gap regarding the contribution at the national social system.

- To stimulate the “circular migration”, this mediating efficiently a change of experience.

#### **4.6. Data to support decision-making**

##### *A. The Romanian situation*

- Our surveys had shown that at the hospitals managers level the situation of workers leaving it is not know, both leaving for other activity area and migrating in other state.
- We do not have a monitory national system for health care workforce from this area of activity and for the level of competences, that to make a correlation between the competences and need of population to care.
- The averse budgets are determining a continuous undervaluation of requests and available resource.

##### *B. Proposals*

- To stimulate the foundations of some hospitals managers associations, that can mediate the information sending
- The EU involvement in take off the management of hospitals from political influences (we do not know the situation from other state, but in Romania the changing of power draw in the changeling of all hospitals managers, since the lower level) and the constituting of some professional persons in health care management.

#### **5. THE IMPACT OF NEW TECHNOLOGY: IMPROVING THE EFFICIENCY OF THE HEALTH WORKFORCE**

##### *A. The Romanian situation*

- 45% from managers are appreciating that exist a deficit in health care workers training; the main cause of this deficit it is the insufficiency of economical resources for financing the professional training.
- There is a sever deficit of new technology in Romanian hospitals, this pull in a proportional deficit in the using new technology area.

##### *B. Proposals*

- To constitute a special financing line from structural funds for professional training of health care worker, especially on the *Continuous Professional Development* framework.
- For in some cases the hospitals managers are not buying specific technology because they do not know their utility, is necessary some popularization measure in the case of some special utility and efficiency them; for this is very fruitful also the elaboration of some European standards in this area, as rough guides.
- To introduce a “European accreditation”, multilevel, for all hospital from EU.
- Taking account to the linguistic barriers, the utilization of new information technology can be facilitate in the first step trough building up or some national languages interface for those sites that can be considerate like major importance for the health sector, at EU level.

#### **6. COHESION POLICY**

##### *A. The Romanian situation*

In Romania there is the possibility of apply for structural funds for professional formation in the framework of a financing line regarding in generally the investments in human resources; first project session it was closed in December 2008. We do not have date regarding all projects. We had applied for two projects on health care workers training area, for two different regions, three months ago, and still we are waiting their evaluation, the evaluation procedure being very heavy.

### *B. Proposals*

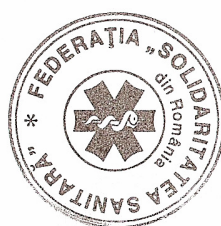
- Popularization of structural funds that can be applied for investment in health sector on one of the following direction: professional training, work conditions improvement and medical technologies.
- To develop some training seminars for hospitals managers on the applying structural funds area.
- To initiate some international project on personnel training, type consortium.
- Some change of good practice regarding the utilization of structural funds in health care area at the level of different hospitals from EU.

#### A general observation:

The European Court of Justice`s decision about on-call time are not applied on Romania; even if we had presented to our Ministry of Health these decisions, the authority had decided to not consider them. The survey had shown that 24% form Romanian hospitals have “guard (on-call) at home” services, paying only for the time when the doctors are actual working, the number of normal on-call duty being away bigger. This facts lead on at the situation in which a big part of doctors are exceed the legal time of work.

The situation is proving also some indifference of the Romanian institutions regarding EU legal framework (at least on the health care area). We consider that is need of measure to remediate this kind of situations, becoming with training for institutions agents and going to the control of this kind of decisions.

President,  
Viorel ROTILĂ,  
Ph.D.



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