

STUDY

Requested by the EMPL committee



Labour mobility and recognition in the regulated professions

Annex C - III Romania: case study



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Abstract

This study analyses the impact on labour mobility and employment of the 2013 revision of the Professional Qualifications Directive (DIR 2005/36) and related EU initiatives. It analyses trends in mobility and recognition, focussing on the health sector and four country case studies - Germany, Italy, the Netherlands and Romania. It reports findings from consultations with stakeholders at EU and national level and highlights best practice.

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LIST OF ABBREVIATIONS AND DEFINITIONS

Active	Any person who is either employed or unemployed (EU Labour Force Survey (EU-LFS) definition)
CEFR	Common European Framework of Reference for Languages
CNRED	National Council of Equivalence and Recognition of Diplomas (<i>Centrul Național de Recunoaștere și Echivalare a Diplomelor</i>)
Employed	Any person who, during a reference week, worked for at least one hour, or had a job or business but was temporarily absent (EU-LFS definition)
EPC	European Professional Card
EU	European Union
EU-2	Bulgaria and Romania
EU-8	Poland, Czech Republic, Slovenia, Slovakia, Hungary, Lithuania, Latvia, Estonia
EU-28	This term refers to citizens of the 28 Member States of the European Union
EU-28	All current EU Member States
IMI-system	Internal Market Information System
Inflows	Inflows refers to the sum of all persons (of another nationality and/or previously living in another country) who moved to a certain country during a certain year
Mobility	This term refers to migration of EU-28 citizens within the EU
NAP	National Action Plan
PQD	Directive 2005/36/EC of the European Parliament and of the Council of 7 September 2005 on the recognition of professional qualifications (Professional Qualifications Directive)

Stocks

Stocks of mobile workers refers to the total number of EU citizens that live and work in an EU country other than their citizenship in a certain year; stocks of foreign-trained doctors and nurses refer to the total number of doctors or nurses working in a certain country in a certain year, who received training in another country. Stocks refer to a certain population at one specific date

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MAIN STUDY

[http://www.europarl.europa.eu/RegData/etudes/STUD/2019/631056/IPOL_STU\(2019\)631056_EN.pdf](http://www.europarl.europa.eu/RegData/etudes/STUD/2019/631056/IPOL_STU(2019)631056_EN.pdf)

ANNEX C - III

ROMANIA: CASE STUDY

Romania

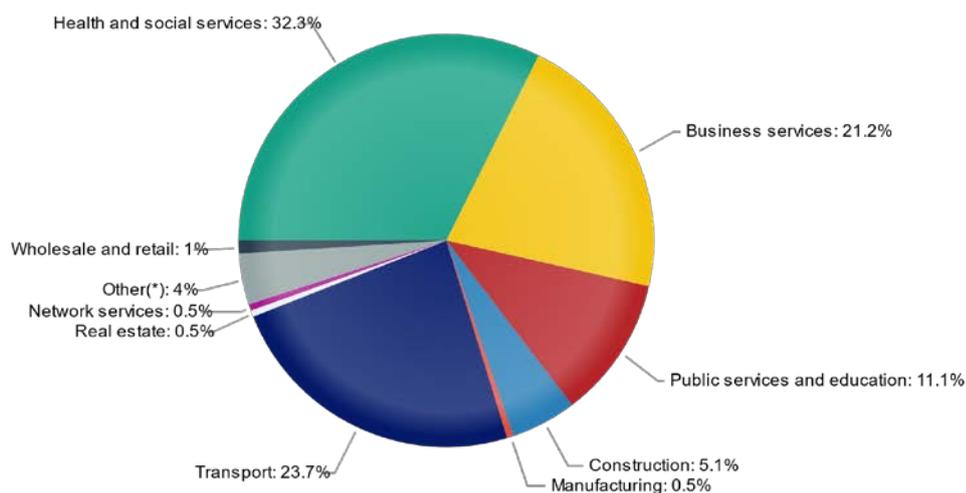
Author: Cristina Vasilescu
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1. GENERAL NATIONAL CONTEXT FOR THE RECOGNITION OF PROFESSIONAL QUALIFICATIONS

1.1. General approach to Occupational Regulation

The last 15 years have seen a **steep rise** in the number of regulated professions in Romania. In 2004, Romania regulated 45 professions¹, increasing to 189 in 2016 and representing around 22 % of the Romanian labour force². In 2019, Romania regulates a total of 198 professions³, the majority of which are in the healthcare sector, transport and business services (see Figure 1 below).

Figure 1: Distribution of regulated professions by economic sector in Romania⁴



Occupational regulation in Romania is controlled by the Ministry of Labour and Social Justice and the Ministry of Education through the **National Authority of Qualifications** (ANC) and the Sectoral Committees. The ANC is responsible for monitoring, evaluation and control of the professional training and skill formation system in Romania⁵.

Various **stakeholders**, including the chambers, trade unions and professional associations, are involved in the design of occupational regulation through the **Sectoral Committees**. According to Law No 268/2009, Sectoral Committees are coordinated by the ANC and have a specific role in:

- development of occupational standards;
- development and update of qualifications related to their specific fields;

¹ Ministry of National Education and Scientific Research, National Action Plan on the assessment of regulated professions in Romania, 2018, available at:

<https://webcache.googleusercontent.com/search?q=cache:b89VjBtU9UEJ:https://ec.europa.eu/docsroom/documents/31943/attachments/19/translations/en/renditions/pdf+&cd=1&hl=it&ct=clnk&gl=it>.

² Koumenta, M. and Pagliero, M., Measuring Prevalence and Labour Market Impacts of Occupational Regulation in the EU, 2016, available at: <http://ec.europa.eu/DocsRoom/documents/20362>.

³ Regulated professions database, available at: http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=map&b_services=true (accessed January 2019).

⁴ *ibid.*

⁵ Eurofound, Skills, learning and employability in Romania, 2018, available at: <https://www.eurofound.europa.eu/country/romania#skills-learning-and-employability>.

- validation of ANC proposals for qualifications and related standards, with the exception of higher education;
- consultation on updates to the classification of occupations in Romania;
- proposals on the design of qualifications and related competencies, as well as the correlation between qualifications and their related occupations;
- supporting the promotion of competency training and its assessment system;
- development of legal provisions on training, assessment and certification of competencies⁶.

Stakeholders also contribute to the design of occupational regulation through the **Social Dialogue Commissions** within each Ministry. Whenever a new piece of legislation is proposed, the relevant Ministry discusses it within the Social Dialogue Commissions. In addition, an online consultation procedure is activated, facilitating contributions from the general public to the design of the legislation⁷.

Despite the various forms of **stakeholder engagement** in the design of occupational regulation, their voice and influence on policy development remains **insufficient**⁸. This conclusion is in line with the European Commission's 2018 Country Specific Recommendations (CSR) for Romania to improve social dialogue and social partner involvement in its policy design and legislative processes⁹. The Commission noted that while the relevant institutional structures are available, genuine dialogue is rarely applied. It went on to stress that 'weak social dialogue / social partner involvement affects quality and predictability of regulation'¹⁰.

A 2018 study by Eurofound analysed the involvement of the national partners in the European Semester 2017 and identified various reasons for ineffective social dialogue / social partner involvement in Romania. The **lack of sufficient time for consultation**, as well as internal **weaknesses of social partners** (e.g. lack of financial and human resources, fragmentation of associations and chambers, uneven representation at sectoral and territorial level) were among the reasons mentioned¹¹.

■ **Justification and proportionality of regulation**

Desk research and stakeholder consultation identified **no specific mechanism** to examine the justification and proportionality of occupational regulation in Romania (neither prior to its adoption nor evaluation over time). Law No 200/2004 on professional qualifications, as amended in 2011 and 2015, does not foresee a specific framework for the examination of the justification and proportionality

⁶ World Bank, SABER Workforce Development, Romania Country Report 2017, available at:

<http://documents.worldbank.org/curated/en/35327151377522586/SABER-workforce-development-country-report-Romania-2017>.

⁷ Romanian Parliament, Emergency Order No 23/2017 for the changing of Social Dialogue Law No 62/2011 and for the changing of Article 11 (paragraph 2, point C) of Law 248/2013 on the Functioning of the Economic and Social Council, available at:

<https://lege5.ro/Gratuit/ge2tinzqgeza/ordonanta-de-urgenta-nr-23-2017-pentru-modificarea-legii-dialogului-social-nr-62-2011-si-a-art-11-alin-2-lit-c-din-legea-nr-248-2013-privind-organizarea-si-functionarea-consiliului-economic-si-social>;

Romanian Parliament, Social Dialogue Law No 62/2011, available at:

<https://lege5.ro/Gratuit/gmzdoovjgm/legea-dialogului-social-nr-62-2011>.

⁸ World Bank, SABER Workforce Development, Romania Country Report 2017.

⁹ European Commission, European Semester: Country Specific Recommendations / Commission Recommendations, 2018, available at: https://ec.europa.eu/info/publications/2018-european-semester-country-specific-recommendations-commission-recommendations_en.

¹⁰ *ibid.*

¹¹ Eurofound, Involvement of the national social partners in the European Semester 2017: Social dialogue practices, 2018, available at: https://www.eurofound.europa.eu/sites/default/files/ef_publication/field_ef_document/ef18028en.pdf.

of regulation¹².

However, Romanian authorities actively participated in the **mutual evaluation exercise** introduced by the revised Directive, submitting the National Action Plan (NAP) to the Commission, together with an overview of the legislative framework of the regulated professions. The NAP specifies that Romania regulates 'certain occupations or professions in agreement with the overall interest in the respective sector of activity, and in view of ensuring the protection of public health and consumers, under the circumstances in which, in certain situations, the specific control mechanisms cannot fully ensure this protection, so that the regulation was also determined by socioeconomic realities and the requirements of society; in certain situations, the consumers have seen their interests better protected by regulating a profession / occupation'¹³.

According to the NAP, some of the reasons used for justifying regulation include:

- Imperative reasons of overall interest in respect of **public safety and health**, protection of beneficiaries of construction services, as well as protection of the urban environment, including territorial set-up (given that Romania is one of the Member States with the highest levels of vulnerability to natural risk factors, particularly seismic risk (e.g. construction professions));
- Patient safety and quality of healthcare (e.g. general nurses);
- Child safety (e.g. childminders, babysitters);
- Public health, food safety and **consumer protection** (e.g. veterinary assistants and technicians);
- Public order and citizen safety (e.g. professions in the security field, such as security guards, security systems engineers, trespass inspectors, etc);
- Public safety protection (e.g. divers)¹⁴.

The NAP **does not explain** how it assessed justification of the regulation to protect specific interests and ensured that it does not exceed the requirements to achieve that goal. It simply mentions the need to protect general interests (both generally and in relation to healthcare professions) but does not clearly specify the criteria and steps taken to analyse that need or the appropriateness of regulation, thus offering little evidence to substantiate the argument for regulation.

The NAP does not discuss the **strengths and weaknesses** of the Romanian approach to occupational regulation. However, it draws a number of conclusions: the number of regulated professions is relatively low in Romania, with much of the regulation in the transportation field deriving from international or European law; the specific national framework requires a control on certain professions; in most cases, regulation implies only the obligation to obtain an authorisation to practice the profession / an approval based on academic qualifications or exams; and the Romanian authorities are engaged in providing training jointly with educational institutions¹⁵.

¹² Law No 200/2004 regarding the recognition of diplomas and qualifications of regulated professions in Romania (*Legea nr. 200/2004 privind recunoaşterea diplomelor și calificărilor profesionale pentru profesiile reglementate din România*), available at: <https://lege5.ro/Gratuit/gu3tambs/legea-nr-200-2004-privind-recunoasterea-diplomelor-si-calificarilor-profesionale-pentru-profesiile-reglementate-din-romania>.

¹³ Ministry of National Education and Scientific Research, National Action Plan on the assessment of regulated professions in Romania, 2018, available at: <https://webcache.googleusercontent.com/search?q=cache:b89VjBtU9UEJ:https://ec.europa.eu/docsroom/documents/31943/attachments/19/translations/en/renditions/pdf+&cd=1&hl=it&ct=clnk&gl=it>.

¹⁴ Ministry of National Education and Scientific Research, National Action Plan on the assessment of regulated professions in Romania, 2018.

¹⁵ Ministry of National Education and Scientific Research, National Action Plan on the assessment of regulated professions in Romania, 2018.

The Romanian approach to occupational regulation has not changed or evolved significantly on foot of initiatives at EU level, with the NAP announcing only **limited changes** for certain professions¹⁶. For instance, the profession of labour protection inspector was deregulated¹⁷ and less restrictive regulation is being considered for other professions, such as surveying (e.g. land and cadastral surveyors)¹⁸.

According to the stakeholders consulted, the **evaluation process** for regulated professions in Romania is **still ongoing**¹⁹. At the time of preparation of the NAP, Romania indicated that guidance in this regard would be much appreciated²⁰. This framework has now been established under Directive (EU) 2018/958 on a proportionality test²¹, which needs to be incorporated into Romanian legislation by 30 July 2020.

However, stakeholders have expressed doubts about the application of the proportionality test to **healthcare professions**. This resonates with the criticism expressed about the inclusion of health professions in the scope of the Directive at the negotiations stage. The European Public Services Union, for instance, feared that this Directive will have a 'chilling' effect on Member State regulation, making them less inclined to give full weight to social concerns and objectives of health, social, employment and professional training policies and measures²². This view seems to be supported by the Romanian College of Doctors, which has indicated that the **administrative burden and costs related to the evaluation of regulation** might deter authorities from making changes or proposing new legislation to regulate health professions²³.

Member States with **high emigration levels** of healthcare professionals - such as Romania - may use regulatory measures as a way of **retaining healthcare professionals**. This is done by changing the status of professionals or the revision of scopes of practice²⁴, including introducing new specialisations. Such measures are intended to raise the profile of a profession and thereby improve retention of professionals. However, they can also make it more burdensome for professionals to have their qualifications recognised abroad (e.g. in case of new specialisations, which do not exist in other Member States) thus discouraging them from leaving Romania. The assessment of proportionality of such measures is not straightforward and is likely to hinder authorities in proposing new measures.

1.2. Recognition of professional qualifications

The recognition of foreign professional qualifications in Romania is regulated centrally at state level by **general and sectoral laws**.

Law No 200/2004 regarding the recognition of diplomas and professional qualifications of regulated professions, as amended in 2011 and 2015 through Governmental Order No 43/2015, provides for the

¹⁶ European Commission, Commission Staff Working Document Accompanying the document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on reform recommendations for regulation in professional services COM(2016) 820 final (2017), available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016SC0436&from=DE>.

¹⁷ NAP, p. 21.

¹⁸ *ibid*, p. 8.

¹⁹ Information obtained through consultation with stakeholders (national coordinator) in February 2019.

²⁰ NAP, p. 25.

²¹ Directive (EU) 2018/958 of the European Parliament and of the Council of 28 June 2018 on a proportionality test before adoption of new regulation of professions, OJ L 173, 9.7.2018, pp. 25-34.

²² Baeten R., Social policy in the European Union: state of play 2017, Healthcare regulation: an obstacle to cross-border trade in services? On the muffled application of the EU Single Market Strategy and CETA, 2017, available at: <https://www.etui.org/content/download/33121/307018/file/Chapitre+7.pdf>.

²³ College of Doctors from Romania, Position document of the College of Doctors from Romania on the proposal of the Directive of the European Parliament and the Council regarding the proportionality test (not published).

²⁴ European Commission, Recruitment and Retention of the Health Workforce in Europe, 2015, available at: https://ec.europa.eu/health/sites/health/files/workforce/docs/2015_healthworkforce_recruitment_retention_frep_en.pdf.

general legal framework²⁵. It applies **to all regulated professions**, with the exception of doctors, dentists, pharmacists, general nurses, midwives, veterinarians, architects, and the activities of freelancers and intermediaries in industry, food and beverage industry, commerce, distribution of toxic products, services (e.g. hotels, restaurants, bars, camping and other types of accommodation), insurance agents and brokers, transport, tourism agencies, hairdressers and mobile activities²⁶. However, the law applies equally to the professions of doctor, nurse, dentist, veterinarian, pharmacist and architect, where practitioners do not comply with the provisions of the law for practicing their profession in Romania under the automatic recognition procedure²⁷.

The professions of doctor, dentist, veterinarian, pharmacist, nurse and architect are regulated by specific **sectoral laws**, such as: Law No 306/2004 on the practice of the profession of doctor and functioning of the College of Doctors, and Law No 95/2006 regarding reform in the health sector; Law No 229/2006 regarding the functioning and practicing of the profession of physiotherapist, as well as the creation, organisation and functioning of the College of Physiotherapists; Law No 278/2015 regarding the change and integration of the Governmental Emergency Order No 144/2008 on the practice of the profession of nurse of general care, midwives and medical nurses, as well as on the functioning and organisation of the Order of Nurses of General Care, Midwives and Medical Nurses; Order No 12/2006 for the change and integration of Law No 184/2001 regarding the organisation and practice of the profession of architect.

Recognition of qualifications is at national level. No competences are delegated to regional or local levels.

Recognition is carried out either by public authorities and/or professional associations²⁸. The specific institutions involved in the recognition of qualifications are listed on the website of the National Council of Equivalence and Recognition of Diplomas (CNRED), part of the Ministry of National Education and the **national coordinator** for the recognition of professional qualifications, as well as the centre of assistance.

In the **health and social care sector**, the recognition of foreign professional qualifications is mainly the competence of **professional associations**. For example, the Order of Nurses of General Care, Nurses and Midwives is the competent authority for the recognition of qualifications of nurses and midwives²⁹. The Order of Physiotherapists was created in October 2018 and is currently in the process of taking over the competence for the recognition procedure from the CNRED³⁰. The Ministry of Health and the College of Doctors are in charge of the recognition process for doctors. The College of Doctors is involved in verifying applicants' training and providing advice to the Ministry of Health on the recognition of specific professional titles. The **Ministry of Health** remains the competent authority for recognition, however.

²⁵ Romanian Parliament, Law No 200/2004 regarding the recognition of diplomas and qualifications of regulated professions in Romania, available at: Romanian Government, Governmental Order 43/2015 amending and integrating Law No 200/2004 regarding the recognition of diplomas and qualifications of regulated professions in Romania (*Ordonanța nr. 43/2015 pentru modificarea și completarea Legii nr. 200/2004 privind recunoașterea diplomelor și calificărilor profesionale pentru profesiile reglementate din România*), available at: <https://lege5.ro/Gratuit/g42tonrvga/ordonanta-nr-43-2015-pentru-modificarea-si-completarea-legii-nr-200-2004-privind-recunoasterea-diplomelor-si-calificarilor-profesionale-pentru-profesiile-reglementate-din-romania>.

²⁶ Romanian Parliament, Law No 200/2004 regarding the recognition of diplomas and qualifications of regulated professions in Romania.

²⁷ Romanian Parliament, Law No 200/2004 regarding the recognition of diplomas and qualifications of regulated professions in Romania.

²⁸ 'Competent authorities', CNRED website, available at: <https://cnred.edu.ro/en/competent-authorities> (accessed February 2019). The website lists all organisations involved in the recognition of qualifications in various fields.

²⁹ 'Competent authorities', CNRED website, available at: <https://cnred.edu.ro/en/competent-authorities> (accessed February 2019).

³⁰ Information obtained through consultation with stakeholders (Order of Physiotherapists) in March 2019.

It is clear that responsibility for the recognition of foreign qualifications in Romania is **highly fragmented**. Even a single profession, such as medicine, has various authorities involved in the process. This is further complicated by frequent changes to the legislation on the recognition of doctors and health professions in general. This translates into **higher degree of complexity** of the recognition process and greater uncertainty for professionals, which may discourage them from seeking recognition of their qualifications in Romania. This concerns both EU applicants and those from third countries. Romanian nationals educated abroad cite full recognition of their qualifications as among the most important obstacles to returning and working in Romania. Given Romania's considerable labour force shortages, for instance in the healthcare sector³¹, this demonstrates the need to **improve the institutional environment** to make Romania more attractive for a high-skilled labour force studying and working abroad³².

KEY FINDINGS

- In January 2019, a total of **198 professions** were regulated in Romania. This represents a **significant rise** since 2004, when only 45 professions were regulated.
- It is unclear whether there is a specific analytical framework in place to examine justification and proportionality of regulation. No specific mechanism is mentioned in Law No 26/2004, as subsequently modified.
- The mutual evaluation exercise did not, in itself, impact Romania's approach to regulation. The NAP indicated **limited changes** for certain professions. According to the stakeholders, the evaluation process for regulated professions is still ongoing in Romania.
- Despite the various forms of stakeholder engagement in the design of occupational regulation, stakeholder involvement in policy design and legislative processes remains insufficient in Romania. Potential reasons are the **lack of sufficient time for consultation**, as well as internal **weaknesses of social partners** (e.g. lack of financial and human resources, fragmentation of associations and chambers).
- **Professional associations** in Romania play an **important role** in the recognition of foreign qualifications as they are often charged with the recognition process, alone or jointly with other competent authorities (e.g. the College of Doctors and the Ministry of Health are both involved in the recognition of qualifications of specialised doctors).
- Responsibility for the recognition of qualifications is **highly fragmented**. This translates into a **higher degree of complexity** in the recognition process, which may discourage professions from seeking recognition of their qualifications in Romania (including those Romanians educated abroad).

³¹ Cedefop, Mismatch priority occupations in Romania, 2016, available at: https://skillspanorama.cedefop.europa.eu/en/analytical_highlights/romania-mismatch-priority-occupations#_shortage_occupations.

³² World Bank, Romania: Systematic Country Diagnostic Migration, 2018, available at: <http://documents.worldbank.org/curated/en/210481530907970911/pdf/128064-SCD-PUBLIC-P160439-RomaniaSCDBackgroundNoteMigration.pdf>, p. 13.

1.3. Type and Intensity of Regulation

According to the European Commission, the level of restrictiveness of regulation in Romania in January 2017 was higher than the EU average for certain specific professions analysed (i.e. tourist guide, lawyer, civil engineer, architect and accountant). The exception was patent agents, where the restrictiveness of regulation was lower than the EU average³³.

Health professions in Romania are subject to **quite strict regulation**. The professions of medical doctor with basic training and general nursing are regulated by reserves of activity. These **reserves are exclusive**, i.e. they can only be performed by professionals with a specific qualification and cannot be shared with other medical professionals. In addition to these reserves, the professional titles of these two professions are also protected, being the strictest form of occupational regulation.

For these two professions, Romania imposes **additional requirements**, such as compulsory registration with professional bodies, compulsory professional development, etc. Requirements seem to be even stricter in the case of medical doctors with basic training, with stakeholders noting that they can register with the College of Doctors only if they already have an **employment contract**³⁴.

Since 2016, physiotherapists are regulated by the protection of their title, which is a less strict approach. Prior to that, Romania considered the profession of physiotherapist unregulated, although access to, and pursuit of the profession in the public sector was subject to the possession of specific professional qualifications, and numerous specialisations were subject to different qualification requirements. Thus, the profession was in effect regulated before 2016³⁵.

Long-term care worker is not a specifically regulated profession in Romania, with the only regulated profession being the care of adult persons with disabilities (i.e. special needs care worker). Here, regulation is by way of **reserves of activities and protection of title**, with additional requirements (such as compulsory professional development) not yet imposed.

In relation to **language skills** imposed on professionals, knowledge of Romanian is foreseen for the practice of the profession of medical doctors (including basic training), general nurses and physiotherapists³⁶. However, only for physiotherapists is the required level of language proficiency clear (B1: CEFR)³⁷.

³³ European Commission, Commission Staff Working Document Accompanying the document Communication from the Commission to the European Parliament, the Council, the European Economic and Social Committee and the Committee of the Regions on reform recommendations for regulation in professional services (COM(2016) 820 final) (2017), available at: <https://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52016SC0436&from=DE>.

³⁴ Information obtained through consultation with stakeholders (see reference list for details) in February and March 2019; Romanian Parliament, Law No 95/2006 regarding reform in the health sector, available at: <http://legislatie.just.ro/Public/DetaliuDocument/71139>.

³⁵ European Commission, Mutual evaluation of regulated professions: Overview of the regulatory framework in the health sector - the example of physiotherapists. Report based on information transmitted by Member States and on the meeting of 6 March 2015.

³⁶ Romanian Parliament, Law No 95/2006 regarding reform in the health sector: 'Documents required for the application for the recognition of professional qualifications obtained in another EU, EEA, Swiss Confederation' available on the website of the Order of Nurses of General Care, Medical Nurses and Midwives, <https://www.oamr.ro/documente-necesare-intocmirii-dosarului-de-recunoastere-a-diplomelor-a-certificatelor-si-a-titlurilor-de-asistent-medical-generalist-si-de-moasa/>.

³⁷ 'Documents needed for the right to practice the physiotherapist profession', available on the website of the Order of Physiotherapists, available at: <https://colegiulfizioterapeutilor.ro/inscrierea-in-cfzro-obtinerea-autorizatiei-de-libera-practica/>.

Table 1: Regulatory requirements for selected healthcare professions in Romania³⁸

Restrictiveness indicator	Medical doctors (with basic training)	General nurses	Physiotherapists	Long-term care workers (people with disabilities) ³⁹
Exclusive reserved activities	Yes	Yes	N/A	Yes
Protection of title	Yes	Yes	Yes	Yes
Shared reserves activities (i.e. activities not limited to one profession)	No	No	N/A	No
Years of education and training	Six years General post-secondary education (Bachelor's degree)	Three-four years Vocational or general post-secondary education	Three-four years General post-secondary education (Bachelor's degree)	Attestation of competencies after mandatory general education (secondary education)
Number of ways to obtain qualifications	One	Two	One	One
Mandatory traineeship	Yes	Yes	Yes	No
Obligation to have professional experience	No	No	No	No
Mandatory state exam	No	No	No	No
Continuous professional development obligations (mandatory)	Yes	Yes	Yes	No
Compulsory membership or registration in professional body	Yes	Yes	Yes	No
Limitation of licences (quantity restrictions)	N/A	No	No	N/A
Territorial validity of a licence	N/A	No	No	N/A
Age restriction	No	No	No	No
Knowledge of language (if yes, the level required)	Yes (level not known)	Yes (level not known)	Yes (B1: CEFR)	Yes (level not known)
Other	Professional	Professional	N/A	N/A

³⁸ The information in the EU Regulated Professions Database in relation to requirements imposed by Romania on medical doctors and physiotherapists is missing, and it is incomplete in relation to general nurses. The table has been completed based on national sources.

³⁹ Information included refers only to the personal professional assistants for people with severe or accentuated disabilities.

	indemnity insurance	indemnity insurance Recertification in case of not practising the profession for a certain period of time		
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Source: EU regulated professions database.

KEY FINDINGS

- Regulation of professional activities in the health field is **quite intense**, in particular for medical doctors (with basic training) and general nurses. These professions are regulated by exclusive reserves of activity and protection of title, which is the **strictest form of regulation**.
- The same applies to the only regulated category of the profession of long-term carers, i.e. a carer for persons with disabilities.
- Access to the profession of physiotherapist is regulated only by protection of title, which is less strict than the other professions analysed.
- Regulation is intensified by **various additional requirements** imposed on these professions, such as compulsory professional development obligations and compulsory registration with a professional organisation. Medical doctors with basic training can only be registered with their professional association if they can present an employment contract.
- The level of required language proficiency is clearly indicated only in relation to physiotherapists. In relation to the other three professions, no information is publicly available, leading to significant **uncertainty for foreign professionals**.
- The EU Regulated Professions Database specifies professional access requirements across the EU. However, this **information is often missing or incomplete for Romania**.
- There is room for improvement in the transparency of regulation in Romania.

1.4. Non-regulatory factors (such as access to information)

The CNRED is the Point of Single Contact for Romania. The CNRED provides access to information on the procedures for the recognition of foreign qualifications but is not responsible for the recognition of **professional** qualifications⁴⁰. It chiefly recognises academic titles.

Even though some of the stakeholders interviewed consider that the establishment of the Point of Single Contact does not have an effect on the recognition process (neither positive nor negative), **foreign professionals face various issues in accessing information** on recognition of qualifications in Romania. These issues typically concern the lack of clear and comprehensive information in languages other than Romanian, and the lack of online application procedures.

⁴⁰ In some cases, the CNRED is the authority recognising qualifications, for instance, for physiotherapists and medical doctors with basic training.

The Point of Single Contact provides general information on the competent authorities and procedures for the recognition of professional qualifications in Romanian, English and French⁴¹. However, details on the recognition procedure, the documents and fees required are provided directly by the competent authorities.

The Point of Single Contact links to the general websites of Ministries or professional associations/orders⁴², meaning that the clarity and comprehensiveness of information **varies between competent authorities and professions**. For instance, clear and complete information on the recognition procedure, fees and the required documents, is provided by the Order of Nurses. However, in the case of carers for people with disabilities, the link provided by the CNRED⁴³ redirects to the general website of the National Authority for Persons with Disabilities⁴⁴, which contains **no information** on the recognition of qualifications for this profession.

Generally, the information provided by the competent authorities (with some limited exceptions e.g. accountants)⁴⁵ is **only in Romanian**. Similarly, references to laws and governmental decisions regulating the recognition of professional qualifications are also only in Romanian⁴⁶.

According to the Point of Single Contact, Romanian competent authorities **do not use electronic procedures for the recognition of professional qualifications** (even though, in the healthcare sector, Law No 95/2006 specifically provides for this⁴⁷). This is in line with Romania's general ranking in relation to access to e-services, where it places last in the EU when it comes to digitalisation. Romania's 2018 Digital Economy and Society Index (DESI) is 37.5 %, compared to an EU average of 54.8 %⁴⁸. According to the 2018 DESI report, Romania also ranks last when it comes to the digitalisation of public services⁴⁹.

The stakeholders consulted for this study did not consider the **fees and costs** involved in the recognition process as an obstacle to the recognition of foreign professional qualifications. The fees are relatively low (for instance, around EUR 25 for general nurses; EUR 10 for medical doctors with basic

⁴¹ 'Certificate of compliance of studies with European Union Directives', available on the website of the CNRED, available at: <https://cnred.edu.ro/en/certificate-about-compliance-of-studies-with-European-Union-directives>.

⁴² <https://www.cmr.ro/new/index.php/tag/en/>;
<https://colegiulfizioterapeutilor.ro/>;
<https://www.obbcssr.ro/>;
<http://anpd.gov.ro/web/>.

⁴³ 'Competent authorities' available on the website of the CNRED, available at: <https://www.cnred.edu.ro/en/competent-authorities>.

⁴⁴ <http://anpd.gov.ro/web/>.

⁴⁵ 'Documents needed for the preparation of the application for the recognition of diplomas, certificates and professional qualification of nurse of general care and midwife', available on the website of the Order for Nurses of general care, midwives and medical nurses, available at: <https://www.oamr.ro/documente-necesare-intocmirii-dosarului-de-recunoastere-a-diplomelor-a-certificatelor-si-a-titlurilor-de-asistent-medical-generalist-si-de-moasa/>; 'Recognition of professional qualifications' available on the website of the Body of expert and licensed accountants of Romania available at: http://ceccar.org/en/?page_id=1126; <https://colegiulfizioterapeutilor.ro/>; <http://www.dspb.ro/>.

⁴⁶ 'Legislation', available on the website of the College of Doctors, available at: <https://www.cmr.ro/new/index.php/category/cmr/legislatie/>;

'National legislation', available on the website of the Order of Nurses of general case, midwives and medical nurses, available at: <https://www.oamr.ro/category/legislatie/nationala/>;

'Practice of the profession of physiotherapist, kinesiologist and teacher of physical medical culture in Romania', available on the website of the Order of Physiotherapists, available at: <https://colegiulfizioterapeutilor.ro/exercitarea-profesiei-de-fizioterapeut-fiziokinetoterapeut-kinetoterapeut-profesor-cultura-fizica-medicala-in-romania/>.

⁴⁷ Romanian Parliament, Law No 95/2006 regarding reform in the health sector.

⁴⁸ European Commission, Digital Economy and Society Index (DESI) 1 2018 Country Report Romania, 2018, available at: <https://ec.europa.eu/digital-single-market/en/scoreboard/romania>.

⁴⁹ *ibid.*

training⁵⁰). A more significant financial burden is the cost of translating the large number of documents required for the recognition process. Registering with a professional association after the recognition of qualifications usually also involves some costs.

Romania has not put in place any national initiatives to facilitate the recognition of foreign professional qualifications for EU citizens. Given the limited number of EU citizens applying for recognition of professional qualifications in Romania, its main focus is on attracting highly skilled workers from **third countries**. Therefore, national initiatives in facilitating recognition is focused on third country nationals (i.e. the adoption of Governmental Decision No 764/2017⁵¹ to facilitate the recognition process in the health field for medical doctors from third countries).

KEY FINDINGS

There are various non-regulatory barriers to the recognition of professional qualifications in Romania, including:

- **language barriers** in access to clear and detailed information on the recognition procedure;
- **lack of an online application** procedure;
- large numbers of documents required for the recognition process, which may need to be translated, involving additional **costs for applicants**.

Romania has not put in place any national initiatives to facilitate the recognition of foreign professional qualifications for EU citizens. Given the small number of EU applicants, Romania's main focus is on attracting skilled third country nationals and, therefore, simplifying recognition procedures for those qualifications.

1.5. Recognition rates and length of proceedings

According to the 2014-2016 data in the EU Regulated Professions Database, the recognition rate in Romania, at 99.8 %, is **above the EU average**⁵². The database includes data on applicants from EU Member States, with stakeholders noting that Romania experiences a more significant problem in the recognition of professional qualifications of third country applicants.

Romania also rates **better than the EU average** for quick positive decisions: 62.06 % compared to an EU average of 36.12 %⁵³. However, it is worth noting that the number of requests for the recognition of qualifications obtained in another EU Member State for medical doctors and general nurses is quite low: 29 in 2014 and 14 in 2016⁵⁴. This means that there is not much pressure on the competent

⁵⁰ 'Documents required for the application for the recognition of professional qualifications obtained in another EU, EEA, Swiss Confederation', available on the website of the Order of Nurses of General Care, Medical Nurses and Midwives, <https://www.oamr.ro/documente-necesare-intocmirii-dosarului-de-recunoastere-a-diplomelor-a-certificatelor-si-a-titlurilor-de-asistent-medical-generalist-si-de-moasa/>.

⁵¹ Romanian Government, Decision no. 764/2017 regarding the approval of the regulations concerning the recognition of diplomas, certificates and professional qualifications of specialised doctors released by a third country different from Australia, Canada, Israel, New Zealand and USA, available at: <http://www.monitoruljuridic.ro/act/hot-r-re-nr-764-din-11-octombrie-2017-pentru-aprobarea-normelor-privind-recunoa-terea-diplomelor-certificatelor-i-titlurilor-de-medic-specialist-eliberate-de-un-stat-ter-altul-dec-t-australia-194162.html>.

⁵² 'Professional qualifications', available on the website of the European Commission (the EU Single Market section), available at: http://ec.europa.eu/internal_market/scoreboard/performance_per_policy_area/professional_qualifications/index_en.htm#maincontentSec2.

⁵³ *ibid.*

⁵⁴ Data provided by Milieu Consulting SPRL.

authorities, thus the **recognition process for EU qualifications is faster**.

The stakeholders interviewed do not consider the processing times of applications for recognition an obstacle to mobility and employment of professionals from the EU. According to the Point of Single Contact, the deadlines set out in the Directive are generally respected⁵⁵. Romanian authorities have even issued recognition decisions within a month, except when compensatory measures were applied. From the point of view of a professional, however, the time necessary for the preparation of an application is longer than the recognition process itself, as authorised translations and notarised copies may be required for the recognition of the qualification. This implies a certain amount of time for their preparation, in addition to the time necessary for processing of the application.

Stakeholders highlighted that Romania faces **more challenges in the recognition of third country qualifications**. Even though no specific data were provided during interviews, stakeholders consider that proceedings for the recognition of professional qualifications (i.e. medical doctors and general nurses) are much longer for third country applicants than for EU applicants. The fragmentation of competences in the recognition process (as explained in Chapter 1.2) and the substantial differences in training requirements between Romania and third countries are among the main reasons affecting the length of recognition procedures⁵⁶.

KEY FINDINGS

- According to data provided by the EU Database on Regulated Professions, Romania scores **better than the EU average** for both positive and quick recognition decisions. However, the indicators do not take into consideration the time necessary for the preparation of the application, which impacts considerably on the overall length of the process from the point of view of the professional.
- Based on both indicators, **Romania scores well in relation to recognition of qualifications of EU citizens**. However, due to significant emigration, Romania needs highly skilled third country nationals. Here, Romania faces challenges, as a result of the complexity of the procedure, higher fragmentation of competences and significant differences in the training requirements between Romania and third countries. This means the recognition process longer.

⁵⁵ Information obtained through consultation with stakeholders (Point of Single Contact) in February and March 2019.

⁵⁶ Information obtained through interviews conducted with stakeholders in February and March 2019; 'Study: 84% of Romanian doctors emigrated in the search for professional development', available on the website of the online newspaper *Angajatorul meu*, available at: <https://angajatorulmeu.ro/studiu-84-la-suta-dintre-medicii-romani-au-plecat-strainatate-pentru-se-dezvolta-profesional/?cn-reloaded=1>;

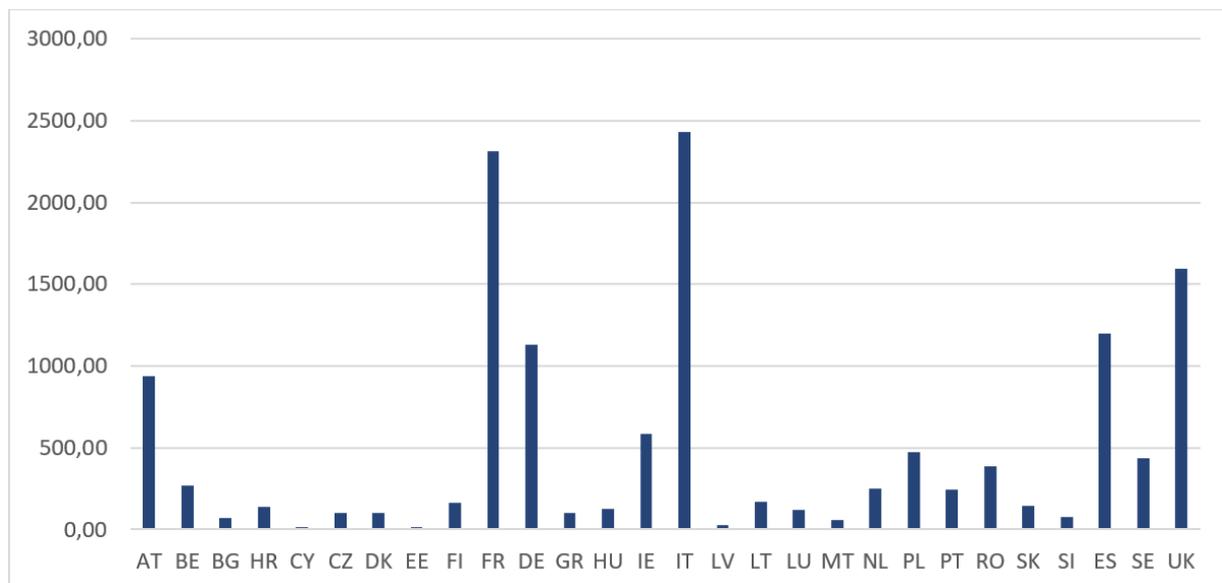
'What stops Romanian emigrated doctors from returning home', available on the website of *Romania Libera*, available at: <https://romanalibera.ro/societate/sanatate/ce-ii-impiedica-pe-medici-sa-se-intoarca-in-romania-469543>.

2. EFFECTS OF IMPLEMENTING THE MAIN 2013 PQD AMENDMENTS AIMED AT FACILITATING RECOGNITION OF PROFESSIONAL QUALIFICATIONS

2.1. European Professional Card (EPC)

The data⁵⁷ show that in the period from January 2016 to September 2018, Romania dealt with **385 EPC applications** as home and host Member State⁵⁸ (see Figure 2 below). Romania is a **significant source country** of mobile professionals in the EU, thus a much larger number of applications would have been expected. For example, 134 applications⁵⁹ for the EPC came from general nurses qualified in Romania, while in the same period⁶⁰ a total of 6,708⁶¹ decisions were taken in the EU on the recognition of Romanian qualifications for this profession. Thus, most nursing professionals **preferred to use the traditional recognition procedure** instead of the EPC.

Figure 2: EPC applications, January 2016-30 September 2018⁶²



Based on the data available for 2016 and 2017, a total of **51 EPCs were issued** involving Romania (see Table 3 below). 'Involvement' covers both the number of EPCs issued by Romania but also those where Romania, as the home Member State, ensured that the professional's application was complete before it was transferred to the host Member State⁶³. Thus, only four EPCs were issued to foreign professionals to practice in Romania. In all other cases, Romania was involved as the home Member State assisting

⁵⁷ European Commission data, available at: http://ec.europa.eu/internal_market/imi-net/docs/statistics/2017/12/epc-applications-issued.pdf.

⁵⁸ European Commission data, available at: http://ec.europa.eu/internal_market/imi-net/statistics/index_en.htm (accessed March 2019).

⁵⁹ Data provided by the Order of General Care Nurses, Nurses and Midwives of Romania (accessed March 2019).

⁶⁰ This period covers data from 2016 to 2018 (inclusive).

⁶¹ Regulated Professions Database, available at: <http://ec.europa.eu/growth/tools-databases/regprof/index.cfm?action=homepage> (accessed March 2019). Data include recognition for establishment and temporary services.

⁶² European Commission data, available at: http://ec.europa.eu/internal_market/imi-net/docs/statistics/2017/12/epc-applications-issued.pdf.

⁶³ Assessment of stakeholder experience with the European Professional Card and the Alert Mechanism procedures, available at: https://ec.europa.eu/growth/single-market/services/free-movement-professionals/european-professional-card_en.

persons with Romanian qualifications wishing to provide services abroad.

According to data provided by the Order of General Care Nurses and Midwives in Romania, only 34 of the 134 requests for the EPC were completed and approved for general nurses (these data differ from Table 3 below, which excludes 2018).

For pharmacists, 34 requests as home country were submitted in 2016 and 2017, while only four requests as host country were registered in the same period. Of the 34 applications submitted, only nine EPCs were issued⁶⁴.

For physiotherapists, 71 applications as home country were registered in 2016 and 2017, while no application as host country was received in the same period. Of the 71 applications made, only 13 EPCs were issued⁶⁵.

In relation to mountain guides, five applications were submitted and four EPCs were issued. For real estate agents, one application was submitted and subsequently approved (EPC issued)⁶⁶.

Table 2: EPCs concerning Romania as host country (2016 and 2017)⁶⁷

Profession	EPC applications submitted	EPCs issued
Mountain guides	5	4
General nurses	6	0
Pharmacists	4	0
Physiotherapists	0	0
Real estate agents	0	0

Table 3: EPCs concerning Romania as home country (2016 and 2017)⁶⁸

Profession	EPC applications submitted	EPCs issued
Mountain guides	0	0
General nurses	95	24
Pharmacists	34	9
Physiotherapists	71	13
Real estate agents	0	1

These data reflect a **very limited use of the EPC**. This can partly be explained by the novelty of the instrument, but, in the context of Romania, with its high number of emigrating professionals, other factors might usefully be considered. According to the Order of General Care Nurses and Midwives in Romania, in many cases the applicants **do not submit all of the documents** requested by the host Member State or **have some difficulties using the EPC platform**, and therefore do not complete the procedure. In particular, professionals often do not have sufficient digital skills and are not accustomed

⁶⁴ European Commission data, available at: http://ec.europa.eu/internal_market/imi-net/statistics/index_en.htm.

⁶⁵ *ibid.*

⁶⁶ *ibid.*

⁶⁷ *ibid.*

⁶⁸ *ibid.*

to the application of digital procedures and there is confusion created by the inconsistency between the documents provided in the notification to the host Member State and its request for documents to complete the EPC application. In addition, limited internet connection might also hinder the use of digital procedures in this field⁶⁹.

Romanian stakeholders replying to the survey in 2017 underlined other issues in the EPC procedure, such as the **lack of training on the use of the IMI-system** through which the EPC is issued, lack of knowledge of whom to contact in case of problems, and the **complexity of the procedure**⁷⁰.

KEY FINDINGS

- The use of the European Professional Card (EPC) in Romania remains limited for all professions considered.
- This limited use is partly due to the **novelty of the instrument**. However, the large number of incomplete applications imply other reasons (e.g. difficulties using the platform, changes in personal circumstances and a decision to withdraw or not to proceed with application, etc.).
- Other barriers mentioned by stakeholders include the **lack of training on the use of the IMI-system** used to issue the EPC, the lack of knowledge of whom to contact in case of problems, and the complexity of the procedure.

2.2. Partial access to professional activities

The use of partial access is **extremely limited** in Romania, with only one such decision between 2008 and 2017⁷¹. This was granted by the Order of General Care Nurses, Nurses and Midwives in Romania to a nurse with foreign qualifications. The Order considers the use of this procedure to be an exception, as most of the specialisations existing in the other EU Member States have a corresponding profession in Romania. The Order of Physiotherapists have also acknowledged the possibility of partial access but no such application has yet been received.

Stakeholders did not provide any information on the barriers to the use of the regime of partial access, and there appears to be no public information available.

KEY FINDINGS

- The use of partial access is **extremely limited** in Romania, with only a single instance noted since 2008.
- Stakeholders did not provide any information on any barriers to the use of the regime of partial access.

⁶⁹ Information obtained through consultation with stakeholders conducted in February and March 2019.

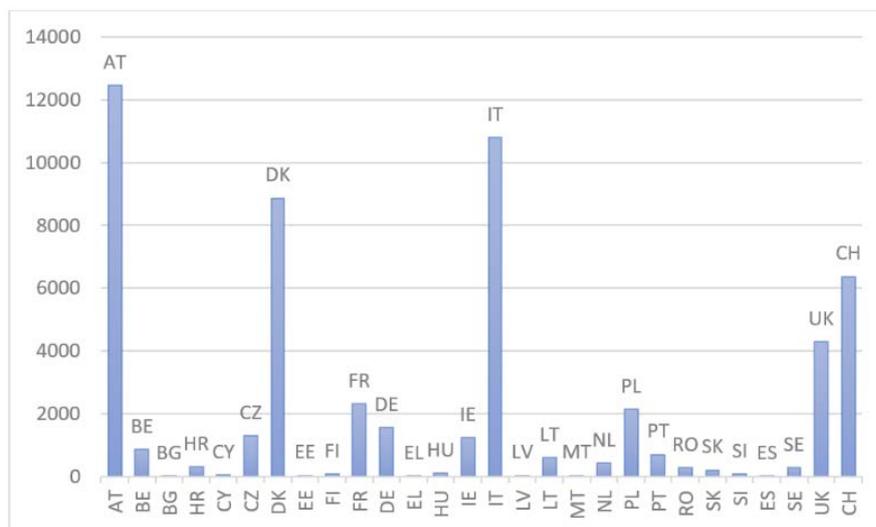
⁷⁰ European Commission, Survey on the first year of the European Professional Card, Anonymous and non-anonymous responses to the survey, 2017, available at: http://ec.europa.eu/growth/content/take-part-our-survey-first-year-european-professional-card-0_en.

⁷¹ Data provided by Milieu Consulting SPRL.

2.3. Temporary service provision

Based on the available data, it is not possible to determine the extent to which amendments to the PQD have contributed to the increased use of the temporary service regime. This regime in general is used **relatively rarely**. Overall, 264 declarations (based on Articles 7(1) and 7(4) PQD) were received by Romania between 2008 and 2018. This is a **small number** compared to other EU countries (see Figure 3 below), which to some extent can be explained by the fact that Romania is mainly a country of origin of mobile professionals.

Figure 3: Temporary mobility in the EU⁷²



EU Regulated Professions Database, available at: <http://ec.europa.eu/growth/tools-databases/regprof/index.cfm>. (accessed March 2019)

Similarly, professionals with Romanian qualifications have not used this option regularly. Between 2008 and 2018, 619 declarations for provision of temporary services were submitted to other EU Member States by professionals qualified in Romania⁷³.

The study found no public information on issues hindering the increased use of this regime.

KEY FINDINGS

- The temporary service provision regime has been little used for mobility, either to or from Romania.
- The reasons behind the limited use of this regime are unknown.

2.4. IMI-SYSTEM: exchange of information and the Alert Mechanism

The European Commission survey on the IMI-system shows a high level of satisfaction of Romanian respondents using the system: 91 % declared themselves satisfied with the timeliness of replies received and 94 % with the effort made⁷⁴.

⁷² EU Regulated Professions Database, available at: <http://ec.europa.eu/growth/tools-databases/regprof/index.cfm> (accessed March 2019)

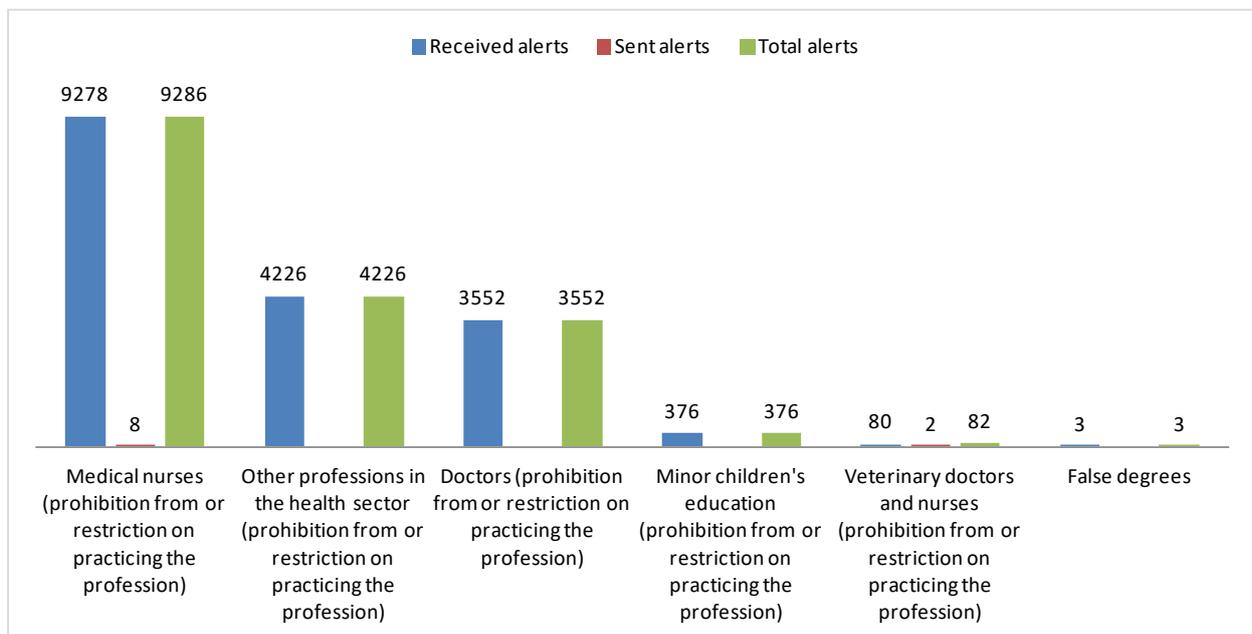
⁷³ *ibid.*

⁷⁴ http://ec.europa.eu/internal_market/imi-net/statistics/index_en.htm#maincontentSec5.

Opinions on the IMI-system are divided among stakeholders, however. Some consider the IMI-system of benefit to the competent authorities, as the **system eases direct communication and collaboration with competent authorities** in other EU Member States and **shortens the time** for checking the documents submitted by the applicants. By contrast, others find the system **difficult to use**, chiefly citing the difficulty in accessing the university curricula of EU Member States in which applicants obtained their degree. According to these stakeholders, this is partly due to language barriers (most of the curricula included in the database are in the original language and not in English) and partly to the diversity of education systems (in many countries there are no national curricula). The stakeholders underlined that this is a particularly significant problem for specialisation degrees, of which only a limited number are commonly recognised at EU level, while in Romania there are over 50 types of medical specialisations for doctors, for example. In addition, they highlighted that in some cases they received **partial answers**, making it impossible to assess the equivalence of qualifications. Notwithstanding some malfunctions in specific cases, stakeholders believe that the system allows for the exchange of information.

Figure 4 below provides an overview of the exchanges through the alert mechanism in 2017.

Figure 4: Legal exchanges through the alert mechanism, 2017



Source: https://cnred.edu.ro/imipqnet/doku.php?id=imi:calificari_profesionale:alerte.

As noted in the figure above, Romania received 17,515 alerts and sent 10 alerts in 2017.

KEY FINDINGS

- Opinions are divided on the IMI-system. While some stakeholders consider it useful for **reducing the duration of the recognition process**, others find it hard to use, especially when it comes to specialisations not commonly recognised at EU level.

2.5. Sectoral amendments

No information is available on the impacts of the sectoral amendments to the recognition of qualifications.

Some of the stakeholders interviewed stated that while the minimum training requirements ease the recognition process, they can also raise sensitive issues. As the PDQ discusses only hours of training and not the content of training, this has led to some frustration regarding automatic recognition. For instance, in France, Romanian diplomas were not considered to be equivalent to French ones, yet had to be recognised⁷⁵. Despite this, stakeholders consider a common framework to be an asset.

Knowledge of the Romanian language (at an unspecified level) is requested for the profession of medical doctors and general nurses. In the case of physiotherapists, the requested language level is B1 (CEFR). Language knowledge is verified after the recognition of the professional qualification, together with the registration with the specific Orders in the health field. Stakeholder information is unclear regarding the extent to which language rules affect the recognition process. However, from the outset, it is clear that professionals wishing to work in Romania cannot access information online on the proficiency required. This may discourage persons from undergoing the recognition process if they are unsure whether or not they have sufficient language skills to actually secure a job.

KEY FINDINGS

- There is no specific information on the impacts of the sectoral amendments to the recognition of qualifications.
- The lack of information on the required language proficiency level may discourage persons from undertaking the recognition process if they are unsure whether or not they have sufficient language skills to access the labour market.

⁷⁵ International Organisation for Migration, *Mobility of Health Professionals to, from and within the European Union*, 2014, available at: <https://publications.iom.int/books/mrs-ndeg48-mobility-health-professionals-and-within-european-union>.

3. TRENDS IN RECOGNITION OF QUALIFICATIONS AND MOBILITY IN THE HEALTH SECTOR

3.1. Romania as a host country

The attractiveness of Romania as a host country remains very limited, as confirmed by several data sources: annual inflows were at 5,000 in 2016, a small increase compared to 2009 (4,000). In both years, Romania was among the 10 countries with the lowest annual inflows of citizens of other Member States⁷⁶. In 2017, there were 45,000 EU citizens of working age from another Member State living in Romania (Eurostat population statistics). Data on economically active citizens from another EU Member State are too low to be published (EU Labour Force Survey (EU-LFS)).

The number of **decisions for recognition of qualification from other EU Member States** actually decreased between 2009 (around 180 decisions) and 2017 (around 60 decisions). A slight peak was noted in 2014, interrupting the otherwise constant **downward trend**⁷⁷.

Over the whole period, auditors/accountants were the most common profession for which recognition was sought for qualifications from other EU Member States. Further important professional groups were secondary school teachers (2009-2013) and lorry drivers/heavy goods vehicle drivers and architects (2014-2017). Medical doctors, nurses and dental technicians were also among the top 10 professions for which recognition of qualifications was sought⁷⁸. These professions do not completely correspond with indications of labour shortages (based on the EU-LFS) which mainly highlight shortages in low-skilled occupations in different sectors, and in craft and trade occupations in the construction sector⁷⁹. Nevertheless, shortages do exist in other occupations (but not captured by the LFS indicators⁸⁰), with stakeholders noting such shortages in the health sector.

Despite these shortages, decisions on recognition for both doctors and nurses from other EU Member States remained below 100 per year between 2010 and 2014. For **nurses**, there was a **strong increase in 2016 and 2017** (see Figure 6; data on doctors are not available after 2014). This might be related to an increase in return mobility⁸¹ of Romanian citizens. According to Eurostat figures⁸², such return mobility decreased annually between 2012 and 2015 (by around -10 % per year) but likely increased again in 2017⁸³ (by 28 % on 2015).

⁷⁶ Eurostat Immigration Data [migr_imm1ctz].

⁷⁷ DG GROW, Regulated Professions Database, Overall Statistics for Professionals moving abroad (establishment).

⁷⁸ *ibid.*

⁷⁹ European Commission, 2018 Annual Report on intra-EU labour mobility, Chapter 3.4.2, prepared by Fries-Tersch, E., Tugran, T., Markowska, A., Jones, M., 2019.

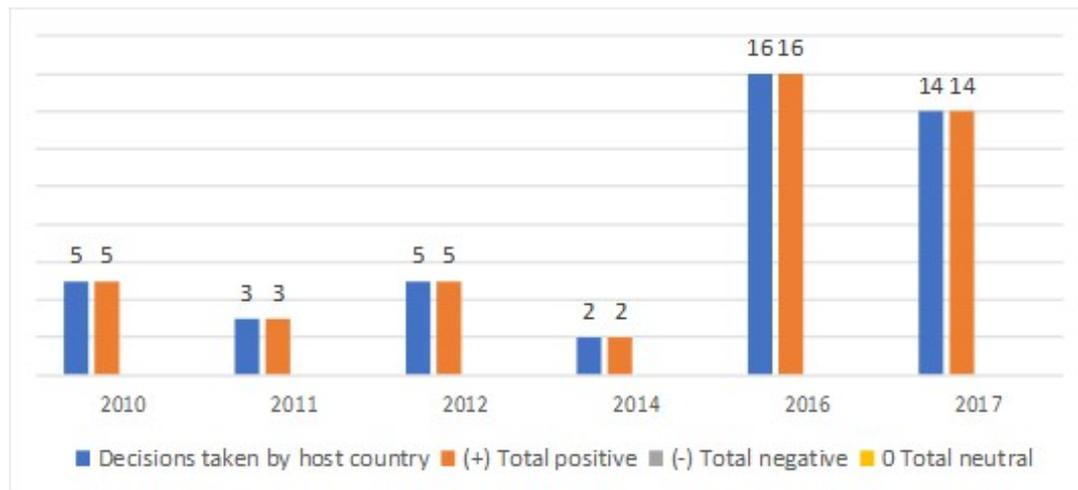
⁸⁰ This might be the case where shortages exist only in very specific professions or only in certain geographical areas, thus they might be hidden in more aggregate figures of the EU-LFS.

⁸¹ Return mobility is approximated by the number of Romanian citizens aged 15 to 64 years who immigrate to Romania in the respective year.

⁸² Eurostat Immigration Data [migr_imm1ctz], extracted on 15/03/2019.

⁸³ The Eurostat figure for 2017 is flagged 'estimated', and the 2016 figure is not available. Therefore, this can be only read as an indication. However, a change towards an upwards trend is very likely.

Figure 5: Decisions taken by Romania as host country for general nurses

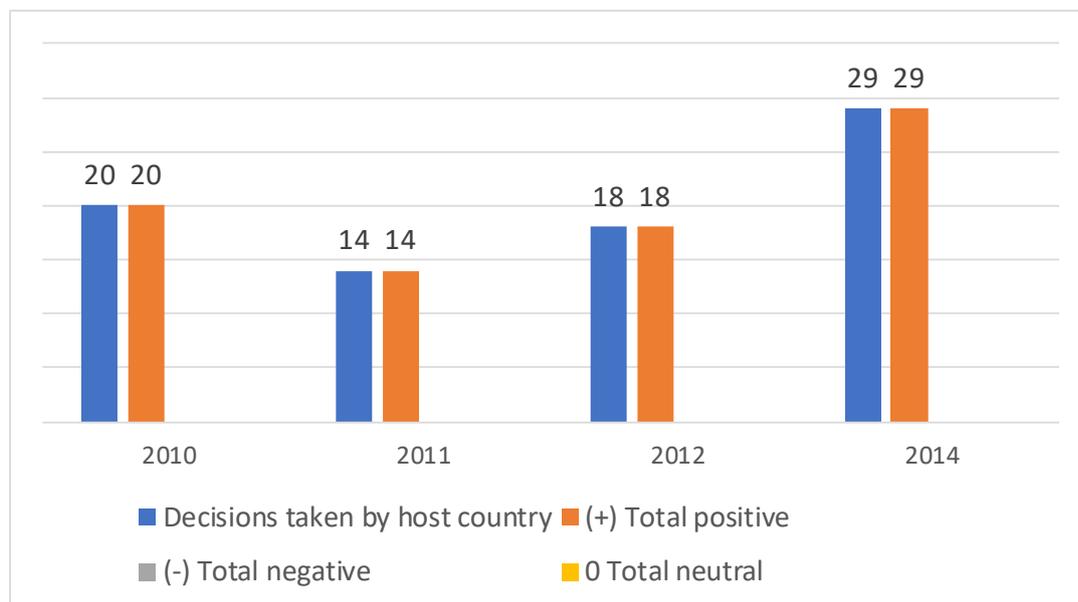


Source: DG GROW, Regulated Professions Database, Overall Statistics for Professionals moving abroad (establishment). (extracted in January 2019)

Over half (56 %) of the decisions taken in 2010-2012, 2014, 2016 and 2017 refer to qualifications obtained in Hungary. The other decisions refer to qualifications obtained in Latvia, Germany, Italy, Netherlands, Slovakia, Belgium, France, Poland, Spain and the UK.

Most of the decisions are taken under the automatic sectoral professions’ regime.

Figure 6: Decisions taken by Romania as host country for medical doctors



Source: DG GROW, Regulated Professions Database, Overall Statistics for Professionals moving abroad (establishment). (extracted in January 2019)

Most of the qualifications recognised for medical doctors were obtained in Hungary, with the remainder obtained in various EU Member States (Bulgaria, France, Italy, Spain, Greece, Ireland, UK, Germany, Slovakia and Portugal).

All decisions are taken under the automatic sectoral professions regime.

The occupation ‘professional personal assistant’ is recognised by the competent authority. However, no requests from foreign EU citizens for recognition of qualifications for this occupation have been

received by the competent authority (National Authority of Persons with disabilities – ANPD)⁸⁴.

Interviews with stakeholders⁸⁵ confirmed the **low attractiveness of Romania as a host country**. They pointed to the same reasons as those triggering the emigration of Romanian medical doctors and nurses: poor working conditions, limited opportunities for professional development, high level of corruption and limited transparency of the health system, low wages and high level of hierarchy of the health system.

Most of the stakeholders interviewed believe that it is unlikely that Romania could cover the shortage of general doctors or other types of staff in the health sector with professionals from EU Member States. Rather, they consider that the human resources gap could be closed by encouraging Romanian professionals, in particular doctors to practice their profession in Romania⁸⁶. According to them, this would require an improvement in the overall conditions and performance of the Romanian health system.

Some stakeholders also consider that attracting professionals, in particular doctors, from third countries could also contribute to closing the gap. However, they underlined that in order to attract third country doctors or other health professionals, the procedure for the recognition of qualifications should be more flexible. A balance must be struck between the need for flexibility and the institutional capacity of competent authorities to ensure the necessary checks. In addition, they underlined that Romanian authorities should pursue a considerable reduction in the level of bureaucracy triggered by this procedure.

3.2. Romania as a country of origin

In absolute numbers, Romania is the most important country of origin of EU movers. In 2017, the 2.3 million Romanian movers were the largest national group of EU citizens of working age living in another EU country⁸⁷. Together with Lithuania and Latvia, it has had the largest rates of annual outflows of its nationals (between 1 % and 1.5 % in the period 2009 to 2016), compared to its population. Annual outflows of Romanians decreased between 2009 and 2012, before increasing again. The increase since 2012 is reflected in the number of decisions on recognition of qualifications from Romania in other EU Member States, from around 4,000 in 2012 to around 10,000 in 2016 (interestingly, 2017 shows a strong decrease again). However, the share of positive decisions has remained between 74 % and 85 % in this period, and no change in trend can be seen in recent years.

Health professionals constitute by far the most important group of Romanians who move abroad and seek recognition of their qualifications. Nurses and doctors are the most significant professions for which Romanians have sought recognition of qualifications in other EU Member States. Both in the period 2008-2013 and 2014 to 2017, these two professions alone made up over 50 % of the requests for recognition. In the period 2014-2017, the share of nurses became even more important than before, with nurses alone making up 42 % of all requests for recognition abroad. Secondary school teachers ranked in third place, followed by several other health professions, namely dentists, physiotherapists, pharmacists and veterinary surgeons. In both periods, these health professions (including nurses and doctors) made up 70 % of all requests for recognition.

⁸⁴ Information obtained in stakeholder consultation.

⁸⁵ Information obtained in stakeholder consultation.

⁸⁶ Information obtained in stakeholder consultation.

⁸⁷ EU-LFS 2017, Milieu calculations.

Several studies⁸⁸ have pointed out that Romania is a source country for staff in the health sector. Indeed, according to the European Commission (2018), Romania is one of the most important countries of origin of mobile health (associate) professionals⁸⁹, both in total numbers and as a share of its total population of health (associate) professionals. In 2016, the number of Romanian health (associate) professionals working in another EU country was 16 % compared to all Romanian health (associate) professionals, making Romania the country with the third-highest share of health (associate) professionals working abroad⁹⁰.

For personal care workers working in another EU country, Romania far outranks all other countries: in 2016, the share of Romanian personal care workers working in another EU Member State was over 130 % compared to those working in Romania. This is much greater than any other country; Poland, with the next highest share, was just above 60 %⁹¹.

A **comparison over time** shows that the total number of health (associate) professionals working abroad (as a share of all Romanian health (associate) professionals) has increased steadily since EU accession, and in particular since 2011, with a particularly strong increase between 2015 and 2016⁹².

However, annual flow data indicate that in the case of Romanian **doctors**, annual emigration may have peaked a few years ago. The flows of doctors trained in Romania to the important destination countries (UK, Germany, France and Belgium) peaked in 2010-2013 and have since declined, although they remain above pre-2011 levels (see Figure 7 below). Only flows to Sweden, Ireland and Hungary continued to increase until very recently.

Some studies⁹³ point out that emigration of Romanian doctors is expected to continue in the coming years, as health students express considerable interest in emigrating. According to a survey of medical students at the University of Iasi, more than 50 % of the students expressed interest in emigrating after obtaining their Bachelor's degree⁹⁴.

⁸⁸ European Commission, 2017 *Annual Report on intra-EU labour mobility*, Chapter 2.4.2, prepared by E. Fries-Tersch, T. Tugran and L. Rossi, 2018; Galan A., Olsavszky V. and Vladescu C., 'Emergent challenge of health professional emigration: Romanian's accession to the EU' in M. Wismar et al. (eds). *Health professional mobility and health systems: Evidence from 17 European countries*. Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2011; Dornescu V. and Manea T., *Migration of Romanian doctors: social and economic dimensions (Migratia medicilor romani: dimensiuni socio-economice)*, 2013, available at: http://profitpentruoameni.ro/wp-content/uploads/2013/05/05-MIGRATIA-MEDICILOR-ROMANI_DIMENSIUNI-SOCIO-DEMOGRAFICE-SI-ECONOMICE.pdf.

⁸⁹ Definition based on the Labour Force categories which are based on: ISCO-2D code 220 (health professionals); this includes: medical doctors, nursing and midwifery professionals, traditional and complementary medicine professionals, paramedical practitioners, veterinarians, other health professionals AND ISCO-2D code 320 (health associate professionals); this includes: medical and pharmaceutical technicians, nursing and midwifery associate professionals, traditional and complementary medicine associate professionals, veterinary technicians and assistants, other health associate professionals.

⁹⁰ European Commission, 2017 *Annual Report on intra-EU labour mobility*, Chapter 2.4.2, prepared by E. Fries-Tersch, T. Tugran and L. Rossi, 2018.

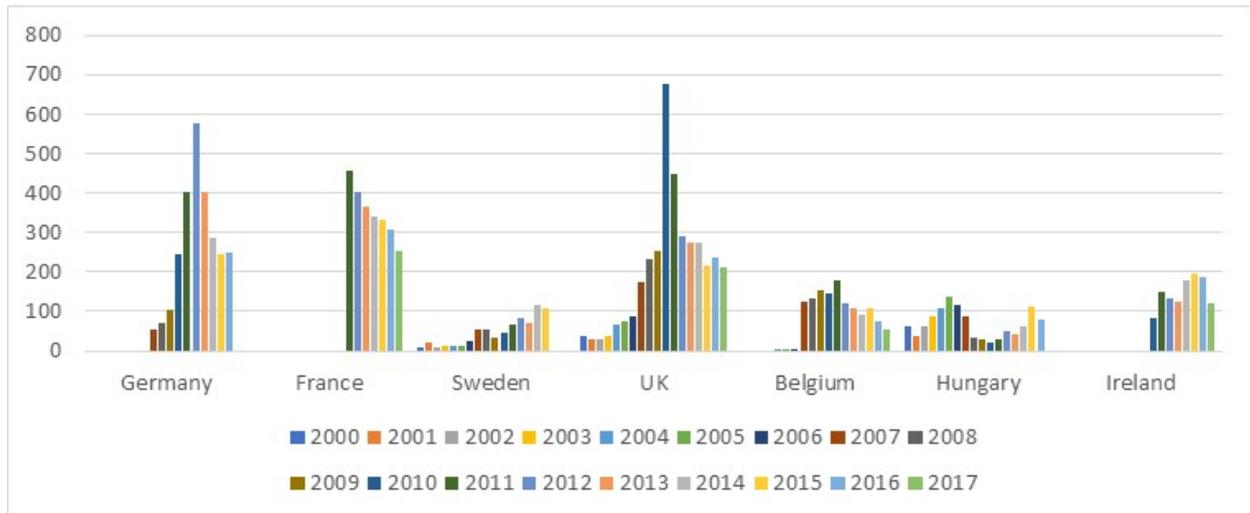
⁹¹ *ibid.*

⁹² *ibid.*

⁹³ Botezat, A. and Botezat, D., *Socioeconomic drivers of migration intentions among Romanian medical students: what is the role of the intergenerational transfer of the medical profession*, 2017, not published.

⁹⁴ *ibid.*

Figure 7: Annual inflows of Romanian doctors in EU Member States

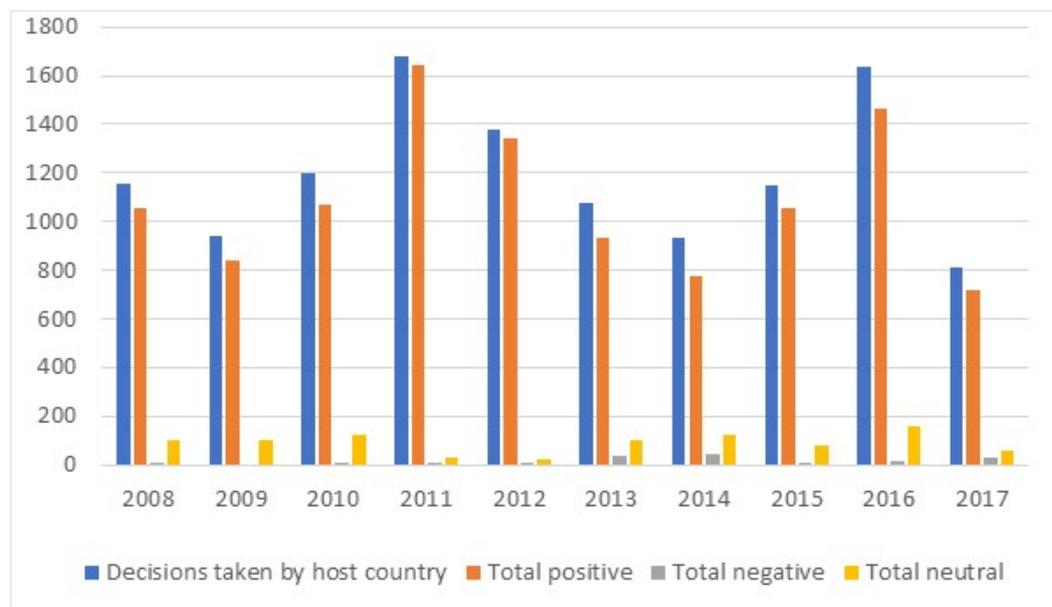


Source: OECD Statistics on Health Workforce Migration, available at: https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_WFMI. (extracted in January 2019)

Data on decisions on recognition for qualifications for doctors trained in Romania, however, show a peak in 2011 (reaching around annual 1,600 decisions), but again in 2016 (reaching around 1,600 decisions again, see Figure 8 below). No clear trend can be identified as to the share of positive decisions, which was already at 98 % in 2011, then decreased to 83 % in 2014, and then increased again to around 90 % in 2015/2016.

Interestingly, in these two years, the shares of positive decisions taken under the automatic recognition regime declined to 82 % and 84 %, respectively, whereas before the share had been almost 100 % in the years 2011-2014. Conversely, the share of positive decisions taken automatically but under the general recognition regime, increased in 2015 and 2016. One possible explanation might be that there was an increase in emigration of doctors with specialisations not listed in Annex V.

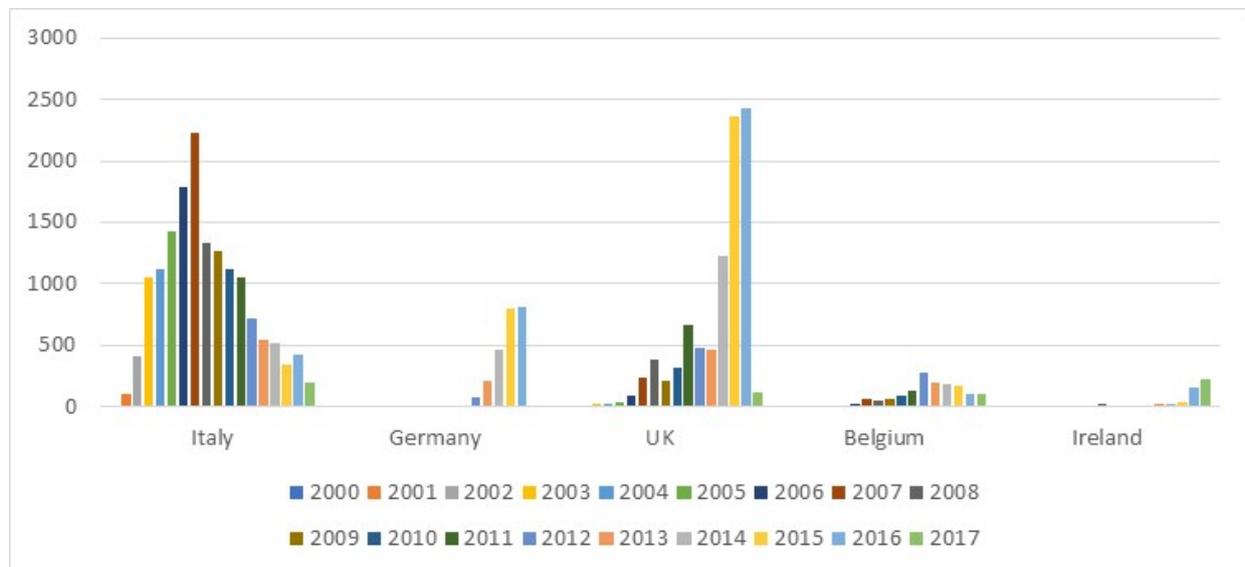
Figure 8: Decisions on doctors qualified in Romania



Source: DG GROW, Regulated Professions Database, Overall Statistics for Professionals moving abroad (establishment). (extracted in January 2019)

For **nurses**, an overall trend of annual emigration flows is less clear, as they depend a lot on the destination country (see Figure 9 below). Migration of Romanian nurses trained in Romania to Italy, for example, peaked in 2007 and declined since. On the other hand, migration to the other two most important destination countries (Germany and the UK), as well as Ireland, has increased significantly since 2014/2015.

Figure 9: Annual inflows of Romanian nurses in EU Member States, 2000-2017



Source: OECD Statistics on Health Workforce Migration, available at: https://stats.oecd.org/Index.aspx?DataSetCode=HEALTH_WFMI. (extracted in January 2019)

The numbers of decisions on nurses qualified in Romania increased up to 2010, then decreased until 2012, then increased again until 2016, with the strongest increase between 2014 and 2015 (see Figure 10 below).

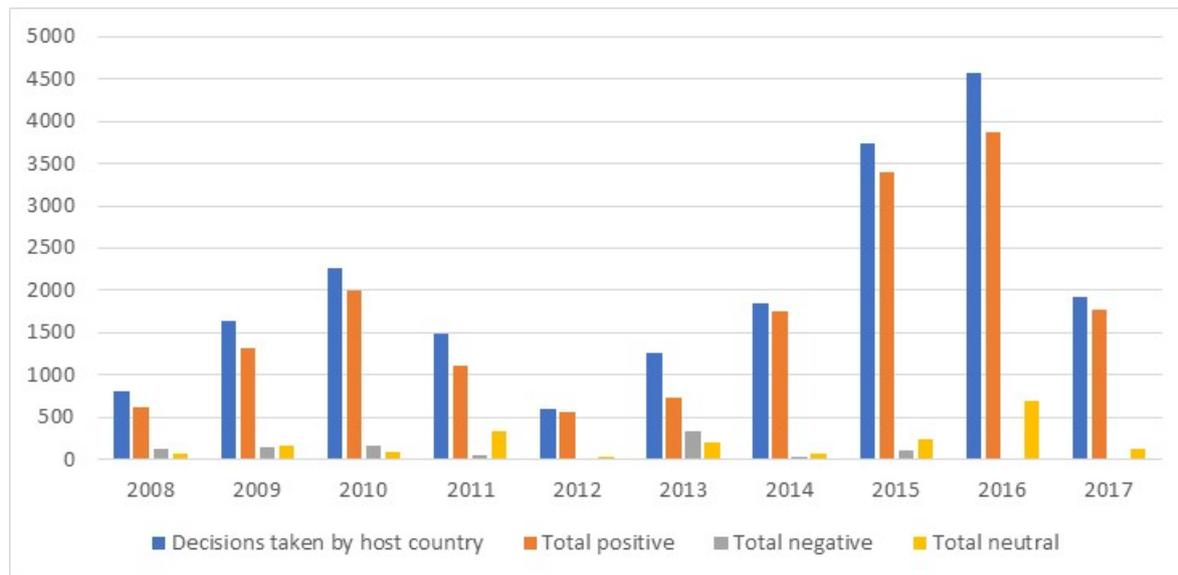
The share of positive decisions varied, with no clear trend, although in the past four years (2014-2017) they were consistently high (84-92 %).

The share of decisions taken based on the automatic system varied considerably in the past and was low in several years. There was a peak in 2013, where 87 % of positive decisions were based on the automatic system, but the share then declined again to around 30 % or slightly more in the years 2014-2016. In 2017, the share went up again to 61 %.

There is no clear trend in the development of compensation measures, with shares of positive decisions not requiring compensation measures consistently high in most years (80-96 %).

No data on recognition decisions is available for physiotherapists.

Figure 10: Decisions on nurses qualified in Romania



Source: DG GROW, Regulated Professions Database, Overall Statistics for Professionals moving abroad (establishment). (extracted in January 2019)

3.3. Potential impacts of the PQD on mobility of health professionals

As mentioned previously, the EU framework facilitates the recognition process and mobility. However, according to some of the stakeholders⁹⁵ and studies⁹⁶, the social, economic and political conditions remain the main drivers for emigration among Romanians, as well as being the chief reasons for the limited attractiveness of Romania as a destination country for skilled EU workers, especially in the health sector. These drivers were for example, EU accession and the opening of the labour market in 2014 in those countries that had implemented transitional arrangements, as suggested by trend data of both Romanian EU movers overall, and those working in the health sector.

According to research for this study, the lack of attractiveness of the Romanian health system is the main reason for workers leaving Romania. Both stakeholders and studies point out that the lack of attractiveness of the Romanian health system is mainly due to poor working conditions, poor health infrastructure, low wages, high levels of corruption and limited transparency of the health system⁹⁷. Studies also show that the poor living conditions (e.g. low social and education infrastructure), high levels of corruption within Romanian institutions, and the low quality of public institutions are other drivers of emigration among highly skilled Romanian people.

With regard to the recognition of qualifications, some of the stakeholders interviewed noted that it facilitates the mobility of professionals by allowing them to practice their professions abroad. There are indications that issues related to recognition of qualifications may constitute a more important barrier to mobility in Romania than in other countries. According to Eurobarometer data, the share of Romanians who have unsuccessfully tried to work in another EU Member State is well above the EU average (7 % in Romania, compared to 4 % EU average), with this share higher only in Slovakia, Austria and Lithuania. When asked about the difficulties related to their qualifications, 22 % of respondents in the new Member States said that they did not have enough information on whether their qualification would be recognised, while 17 % said that their qualifications were not accepted by a prospective employer. Data are not available by country, but, given the weight of the Romanian population in the new Member States, it is very likely that these results can be extrapolated to the Romanian case. The Eurobarometer results also show that those shares are lower in EU-15 Member States.

When looking at recognition decisions for nurses, Romania used to have considerably higher rejection rates than the EU average (10 %, compared to an EU average of 4 % from 2008-2013). However, it should be noted that the share of negative decisions for Romania decreased substantially since 2014, and for the period 2014-2017, rejection rates matched the EU average (1 %). Rejection rates for doctors were at the EU average for both periods. For physiotherapists, rejection rates, although slightly down on 2008-2013, remained significantly higher than the EU average in the 2014-2017 period (7 % and 2 %, respectively). When looking at recognition decisions across all professions, Romania has not had higher rejection rates than the EU average, and shows similar rates to Italy, Poland and Germany.

The question of whether administrative barriers or gaps in recognition of qualifications were an important reason for overqualification among Romanian movers in other EU Member States was outside the scope of this study, nor could stakeholders or EU-LFS data for Romania provide any information.

Another question is whether the prospective recognition of qualifications in another EU country provides an incentive for health professionals to upgrade their skills. Some of the stakeholders interviewed declared that enrolment in medical training (i.e. doctors) is influenced more by the economic and social status of the profession than by the ease or length of recognition of qualifications.

3.4. Potential impact of mobility on labour supply in the health sector

National initiatives to retain or attract workers in the health sector

The main initiatives undertaken by Romanian authorities to prevent emigration among professionals in the health sector, in particular medical doctors, consisted of a continuous increase in wages. However, all stakeholders interviewed agreed that wage increases alone are not sufficient to prevent emigration of doctors, as wages represent only one of the drivers. According to stakeholders, investments in the improvement of health infrastructure, professional development opportunities, quality of health management and reduction of corruption, together with increased transparency, should accompany increases in wages in order to retain the skilled workforce in this sector. In addition, several studies⁹⁸ highlight that the quality of social and economic infrastructure and that of public institutions are equally important in retaining a skilled workforce.

The stakeholders interviewed underlined that Romania has not yet implemented a human resources strategy in the health sector, despite promoting a human resources plan in 2016.

Other initiatives have been adopted by the Romanian authorities to encourage the return of skilled

⁹⁵ Information obtained in stakeholder consultation.

⁹⁶ European Commission, Annual Report on intra-EU labour mobility, Chapter 2.4.2, prepared by E. Fries-Tersch, T. Tugran, and Rossi, L., (2018); Galan, A., Olsavszky, V. and Vladescu, C., 'Emergent challenge of health professional emigration: Romanian's accession to the EU' in M. Wismar et al. (eds), *Health professional mobility and health systems: Evidence from 17 European countries*, Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2011; Dornescu, V. and Manea, T., *Migration of Romanian doctors: social and economic dimensions (Migratia medicilor romani: dimensiuni socio-economice)*, 2013.

⁹⁷ Galan, A., Olsavszky, V. and Vladescu, C., 'Emergent challenge of health professional emigration: Romanian's accession to the EU' in M. Wismar et al. (eds), *Health professional mobility and health systems: Evidence from 17 European countries*, Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2011; Dornescu, V. and Manea, T., *Migration of Romanian doctors: social and economic dimensions (Migratia medicilor romani: dimensiuni socio-economice)*, 2013; <https://romanalibera.ro/societate/sanatate/ce-ii-impiedica-pe-medici-sa-se-intoarca-in-romania-469543>; Vasilescu, C. Case study North East (RO), in ESPON, *The Geography of New Employment dynamics in Europe*, 2017, available at: <https://www.espon.eu/employment>.

⁹⁸ Galan, A., Olsavszky, V. and Vladescu, C., Emergent challenge of health professional emigration: Romanian's accession to the EU, in M. Wismar et al. (eds), *Health professional mobility and health systems: Evidence from 17 European countries*, Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2011; International Organisation for Migration, *Mobility of Health Professionals to, from and within the European Union*, 2014, available at: <https://publications.iom.int/books/mrs-ndeg48-mobility-health-professionals-and-within-european-union>; Vasilescu, C. Case study North East (RO), in ESPON, *The Geography of New Employment dynamics in Europe*, 2017, available at: <https://www.espon.eu/employment>, accessed 29 March 2019.

Romanian emigrants, such as the Diaspora Start-Up programme funded by ESF Operational Programme (OP) Human Capital. The programme, managed by the Romanian Ministry of External Affairs, was launched in 2016 with the aim of incentivising Romanian emigrants to invest in all areas of Romania other than Bucharest-Ifov. It targets Romanian emigrants who have lived abroad for at least one of the last 3 years, have previous entrepreneurial experience abroad, and have specific work experience and professional training in the area of investment. Funding is awarded on the condition that both entrepreneur and the enterprise created are based in Romania. However, the measure does not specifically target professionals in the health sector.

The Romanian government eased access to the Romanian labour market for doctors from third countries, in particular Moldova, with the adoption of Government Resolution 764/2017 approving the methodology for the recognition of qualifications in the health sector obtained in tertiary states other than USA, Australia, Canada, Israel and New Zealand.

Effects of international mobility on the labour supply in the health sector

According to European data, in 2016, Romania was among the Member States with the lowest number of doctors per 100,000 inhabitants (284). It was also one of the Member States with a low number of general practitioners/family doctors, at 77.2 per 100,000 inhabitants, compared to 152 in France and 114 in Belgium⁹⁹. The 2013 study 'Migration of Romanian doctors: social and economic dimensions' points out that family doctor is one of the specialisations particularly in demand by foreign employers¹⁰⁰.

According to the stakeholders interviewed and several studies¹⁰¹, the shortage of doctors is the result of high emigration of doctors (especially after EU accession) an ageing workforce and wide imbalances in the territorial distribution of doctors, among others. The stakeholders noted that one of the main problems is the shortage of doctors in rural areas and small towns, which is the result of poor working conditions and health infrastructure and lack of professional development opportunities in these areas, as well as poor social and economic conditions. Some of the stakeholders pointed out that emigrant doctors wishing to return are mostly interested in working in university centres and not in rural areas or towns.

Similarly, the shortage of nurses is also a major problem in rural areas, with stakeholders noting that the number of graduates in this area is sufficient to cover the labour force demands. However, as mentioned previously, this shortage of workers (i.e. doctors, nurses) is mainly due to unbalanced territorial distribution and increased emigration, especially after accession to the EU.

According to some of the stakeholders, the recognition of qualification has favoured emigration of doctors. Studies on mobility of the health workforce also confirm this assertion. For instance, an increased number of Romanian doctors entered France upon the opening of the labour market in the health sector, while in Belgium, an increase in the recognition of the qualifications of Romanian specialist doctors was noted after Romania's accession to the EU, as Romanian specialisation diplomas

⁹⁹ European Commission website, available at: https://ec.europa.eu/eurostat/statistics-explained/images/7/7f/Physicians%2C_by_speciality%2C_2016_HLTH18.png.

¹⁰⁰ Dornescu, V. and Manea, T., Migration of Romanian doctors: social and economic dimensions (*Migratia medicilor romani: dimensiuni socio-economice*), 2013.

¹⁰¹ Galan, A., Olsavszky, V. and Vladescu, C., 'Emergent challenge of health professional emigration: Romanian's accession to the EU', in M. Wismar et al. (eds), *Health professional mobility and health systems: Evidence from 17 European countries*, Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2011; Dornescu, V. and Manea, T., Migration of Romanian doctors: social and economic dimensions (*Migratia medicilor romani: dimensiuni socio-economice*), 2013; Botezat, A. and Botezat, D., Socioeconomic drivers of migration intentions among Romanian medical students: what is the role of intergenerational transfer of the medical profession? 2017, not published.

were not recognised prior to that¹⁰².

KEY FINDINGS

- Since its accession to the EU, Romania has become **one of the most important countries of origin** for the EU healthcare labour market. By contrast, Romania has **limited attractiveness** as a destination country for healthcare professionals. In addition, Romania faces severe imbalances in the geographical distribution of healthcare professionals, with a high concentration of medical doctors in university centres and a very low number of professionals in rural areas and towns.
- High emigration and limited immigration is explained by the **poor performance of the healthcare sector** (e.g. outdated specialisations, limited professional development opportunities, poor working conditions, high level of corruption, limited transparency), by the poor conditions of the social and educational infrastructure, and the low quality of public institutions. These reasons are exacerbated in rural areas, which face **severe social and economic development challenges**.
- **Recognition of professional qualifications** is not considered an important driver for emigration of Romanian healthcare professionals but seems to constitute an **important obstacle** for those who unsuccessfully tried to work abroad. There are indications that recognition might be more difficult for qualifications in certain professions obtained in Romania than elsewhere, such as in the nursing profession.
- Public initiatives for retaining a skilled workforce in the healthcare sector have focused on continuous increases in wages. However, the stakeholders consider this insufficient, as wages are not the main driver for emigration in this sector.
- According to stakeholders, **recognition of qualifications favours mobility of healthcare professionals**, as it facilitates their practising the profession abroad. Nevertheless, stakeholders do not seem to include it among the primary drivers for emigration in the sector.
- Emigration in the healthcare sector had a **negative impact on the Romanian labour market** and contributed to the shortage of workers, especially in rural areas.

¹⁰² Galan, A., Olsavszky, V. and Vladescu, C., 'Emergent challenge of health professional emigration: Romanian's accession to the EU', in M. Wismar et al. (eds), *Health professional mobility and health systems: Evidence from 17 European countries*, Copenhagen: WHO Regional Office for Europe on behalf of the European Observatory on Health Systems and Policies, 2011; International Organisation for Migration, *Mobility of Health Professionals to, from and within the European Union*, 2014, available at: <https://publications.iom.int/books/mrs-ndeg48-mobility-health-professionals-and-within-european-union>; Wismar, M, Maier, C.B., Glinos, I.A., Dussault, G. and Figueras J., *Health Professional Mobility and Health Systems*, 2011, available at: <https://novaresearch.unl.pt/en/publications/health-professional-mobility-and-health-systems-evidence-from-17-e>.

LIST OF STAKEHOLDERS CONSULTED

Table 1: Stakeholders consulted for the case study on Romania

Stakeholder	Category
Romanian College of Physicians	Professional organisation (doctors)
Order of the Nurses of general care, nurses and midwives in Romania	Professional organisation (nurses of general care, medical nurses)
Health Management and Policy Center	Nonprofit organisation
Romanian Health Observatory	Non-governmental organisation
National Centre for the Recognition of Diplomas, Ministry of Education – Single Contact Point	Romanian Single Contact Point

This study analyses the impact on labour mobility and employment of the 2013 revision of the Professional Qualifications Directive (DIR 2005/36) and related EU initiatives. It analyses trends in mobility and recognition, focussing on the health sector and four country case studies - Germany, Italy, the Netherlands and Romania. It reports findings from consultations with stakeholders at EU and national level and highlights best practice.

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