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HEALTH WORKERS ORIGINATING FROM THE REPUBLIC OF MOLDOVA WHO LIVE AND WORK IN ROMANIA



HEALTH WORKERS
ORIGINATING FROM THE
REPUBLIC OF MOLDOVA WHO
LIVE AND WORK IN ROMANIA



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LIST OF ABBREVIATIONS

CPhR	College of Pharmacists in Romania
CMDR	College of Dentists in Romania
CMR	Romanian College of Physicians
CNRED	National Centre for Recognition and Equivalence of Diplomas
CPA	central public authority
GDHRC	General Division of Human Resources and Certification
LPA	local public authority
NHIC	National Health Insurance Company
PHD	public health division
OAMR	Order of Nurses, Midwives and Medical Assistants in Romania

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EXECUTIVE SUMMARY

The World Health Organization (WHO) is addressing the issue of health workers' migration by developing specific actions to reduce the negative impact of this phenomenon. The *World health report 2006* (WHO, 2006) notes that adequate monitoring of the migration process can reduce its negative effects on national health systems.

The Republic of Moldova is one of the countries in the European Region most affected by migration: 21.5% of the population is involved in migration flows, including different socioprofessional categories (World Bank, 2011). Over the years a number of surveys have been carried out to study the migration trends of the population from different socio-economic aspects, but much remains unclear. Over the last 20 years, internal and external migration has resulted in excessive brain drain of human resources in the Moldovan health system, without any clear records or monitoring of the process. Unofficial statistics and publications show that a significant number of health workers have left the Republic of Moldova to work in the Romanian health system. Nevertheless, no study has yet been carried out to reveal the real situation regarding this particular flow of human resources.

Within the EU-funded project: *Better managing the mobility of health professionals in the Republic of Moldova*, WHO Regional Office for Europe supported a comprehensive study on the situation of Moldovan health workers working in the Romanian medical system including factors motivating emigration; their professional and social integration; and their prospects of return. The results of the study may be used to develop some strategic recommendations to streamline labour-force management in the Moldovan national health system.

The study used a complex methodology: analysis of statistical data completed with data collected with the help of sociological research methods (quantitative and qualitative). The research covered four different groups of social stakeholders: (i) representatives of Romanian central public authorities (CPAs) (Ministry of National Education, Ministry of Health); (ii) representatives of Romanian professional medical associations; (iii) representatives of local authorities and health divisions, and managers of medical institutions in Romania; and (iv) health workers originating from the Republic of Moldova and working in the Romanian health system.

Data were collected through a questionnaire-based survey and in-depth individual interviews, completed by analysis of the existing legal framework that serves as the basis for integrating Moldovan health workers in the Romanian health system. The quantitative component was based on questionnaires completed by 100 Moldovan health workers both living in Romania and working in the Romanian health system (78 doctors, 18 dentists, two pharmacists, two nurses). The qualitative component included 28 in-depth individual interviews with two representatives of the Romanian CPAs: National Centre for Recognition and Equivalence of Diplomas (CNRED) from the Ministry of National Education and the General Division of Human Resources and Certification (GDHRC) from the Ministry of Health; four representatives of the professional health specialist unions (Romanian College of Physicians (CMR); College of Dentists in Romania (CMDR); College of Pharmacists in Romania (CPhR), county branch; Order of Nurses, Midwives and Medical Assistants (OAMR), county branch; four directors of health institutions; and 18 health professionals originating from the Republic of Moldova and living and working in Romania.

The study has revealed the lack of official records on categories of health specialists originating from the Republic of Moldova and employed in the Romanian health system. Currently, no origin monitoring is undertaken for people employed in any medical areas in Romania, representatives of central authorities and some professional unions included in the survey consider this to be unnecessary.

Interviewees/stakeholders in Romania confirmed unanimously that the recruitment of health workers originating from the Republic of Moldova solves the current deficit of human resources in the Romanian health system. Indeed, although Moldovan health workers' specialties (doctors, dentists, pharmacists, nurses) have rather different profiles, their emigration process is positively appreciated, as is their high level of professional training. These migrants are reported to work throughout the country: in rural localities, small towns, county centres, municipalities and university centres. Precise numbers are not known, but they represent around 10–15% of the total medical staff in some medical institutions.

Moldovan health workers have been migrating to Romania for more than 20 years, but the push factors have changed over time. The first wave of migration (1991–1996) was characterized by the influence of a national renaissance and new possibilities to train and live in Romania. The second wave (1997–2006) comprised high numbers of health workers who emigrated for reasons related to family needs, financial problems and the sociopolitical situation in the Republic of Moldova. The third wave (2007 onwards) is

motivated mainly by push factors including salary differences, working conditions and the possibility of working in an EU Member State.

The survey reveals that chain migration is characteristic for over 30% of the health workers originating from the Republic of Moldova, providing support in the process of social and professional integration. Communication is maintained by the establishment of some diaspora mini-communities at the local level and over one third of the health workers originating from the Republic of Moldova have married and had children in Romania.

The study has identified a number of push factors for Moldovan health workers: poorly motivated working conditions; insufficient remuneration; corruption and nepotism; lack of professional development; unfriendly attitudes in institutions; and the sociopolitical situation. Pull factors identified for the Romanian health system include: vacancies and higher chances of practising in a desired specialty; professional development and career progress; attractive remuneration; wider possibility to set up in private practice; prospect of safe and attractive governmental social support programmes; more qualitative professional training; more modern working conditions and equipment; and possibilities for eventual migration to other EU countries. The decision to emigrate to Romania, rather than other countries, was frequently informed by sociocultural factors such as: lack of linguistic barriers; and similar traditions and customs. These led to the perception that migration presented no major difficulties for doctors.

Recognition of educational diplomas, certificates and scientific titles awarded in the Republic of Moldova is based on the Agreement between the Government of Romania and the Republic of Moldova (1998) and the Protocol for amending the agreement (2010).¹ The recognition process takes account of the duration, area and profile of education of pre-Bologna Process graduates; and the duration, area, profile, accumulated transferrable credits and curriculum of Bologna Process graduates. The procedure for equivalence of education and recognition of qualifications of people originating from the Republic of Moldova includes two stages for all categories of health workers: (i) equivalence of education diploma (college, university) under the Ministry of National Education, and (ii) recognition of qualifications/specialties under the Ministry of Health.

The Republic of Moldova and Romania have some variations in the training of certain categories of health workers. Differences in the duration of residency programmes for some

¹ See <http://lege5.ro/Gratuit/ge4danz/acordul-intre-guvernul-romaniei-si-guvernul-republicii-moldova-privind-recunoasterea-reciproca-a-diplomelor-certificatelor-si-titlurilor-stiintifice-acordate-de-institutii-de-invatamant-acreditate-in->, accessed 21 May 2014.

specialties are a particular problem. Differences in the training programmes for nurses and midwives mean that diplomas issued to Moldovan medical college graduates before 2006 are recognized as bachelor's degree diplomas with a sanitary profile in Romania.

Health workers originating from the Republic of Moldova face several problems in the process of equivalence and recognition of education in Romania, including: duration of the process; bureaucracy; lack of information about the set procedures; and, in certain cases, non-recognition of qualifications.

The basic criterion for employment in the Romanian health system is Romanian citizenship. Almost one in five health workers did not have Romanian citizenship when getting employment. The procedure for acquiring Romanian citizenship is much more difficult than the procedure for equivalence of education or recognition of qualifications.

Health workers originating from the Republic of Moldova are organizing their own recruitment by identifying and applying for vacancies in the Romanian health system. They face no major difficulties: 55% of the health workers who participated in the quantitative survey stated that they did not encounter any problem gaining employment. Examples of positive and negative experiences were presented so as to understand some of the difficulties encountered by those who intend to work in Romania.

About 90% of survey participants responded that they have met their pre-emigration expectations in terms of successful careers, improvements in their financial situation and professional growth; 60% of the respondents are sure that they will never return to live in the Republic of Moldova; and 40% of health workers in the survey have accepted the probability of returning only after significant changes in the Republic of Moldova, in both society (improvement of the political, economic and social situation), and the health system (higher salaries, creation of opportunities for affirmation). Only 2% of participants confirmed that they plan to return to the Moldovan health system.

The recommendations of the study are structured according to the needs of the decision-makers to whom they are addressed (CPAs, local public authorities – LPAs, medical institutions, medical educational institutions) and include important strategic aspects of the actions needed to retain health workers, to harness the migration experiences, and to develop conditions which would prevent brain waste in the health system of the Republic of Moldova.



Introduction

The Republic of Moldova is one of the countries most affected by migration: 21.5% of the population is involved in migration processes (World Bank, 2011). There is no region, rayon², locality or socioprofessional category that has not been affected by migration since the Republic of Moldova declared independence in 1991. Quantitative and qualitative results of a number of studies and evaluations of population migration trends have been published over the years, but this topic has not yet been fully examined. This is due to the multifactoral nature of the phenomenon, as well as deficiencies in the monitoring and record-keeping mechanisms. The heterogeneous mass of emigrants should be differentiated on the basis that migration effects differ according to the categories of the people involved in the process. The few surveys that do reflect the migration of some socioprofessional categories usually cover the categories of teaching staff (Cheianu-Andrei, 2012), scientists³ and health workers (Jelamschi & Rotundu, 2013; Galbur, 2010b).

Over the last 20 years, Moldovan society has been aware that a significant number of health workers are migrating to the health system in Romania. The magnitude of the phenomenon is confirmed by authorities and unofficial statistics, and reflected in some surveys. In a study performed in 2010 (Jelamschi, 2012), the doctors interviewed mention Romania as one of the top three countries of interest for their “intention to leave the country”. Data from a study performed in 2012 show Romania as the top preference among Moldovan doctors intending to emigrate. Hence, this migration-intention vector has increased from 16.6% of those interviewed in 2010 to 31.7% in 2012 (Jelamschi & Rotundu, 2013).

Nevertheless, to date, there have been no official records or studies that could shed light on this flow of human resources for health from the Republic of Moldova to Romania. This report aims to improve this situation by analysing the situation of health workers originating from the Republic of Moldova who live and work in Romania.

The *World health report 2006* (WHO, 2006) notes that, to solve the problem of health workers’ migration, it is important to strike a balance between the freedom for every human being to choose his/her job and the need to avoid the excessive brain drain among health workers resulting from internal and external migration. The international

2 Territorial administrative unit in the Republic of Moldova.

3 Cheianu-Andrei D, unpublished report, 2013.

experience shows that states that succeed in regulating and monitoring the migration process show far fewer negative effects and less impact on their national health systems than the states with irregular migration.

The problem of Moldovan health workers' migration is being addressed by the WHO Regional Office for Europe which aims to improve the Moldovan authorities' capacities to manage health workers; improve the normative framework related to legal migration of health workers from the Republic of Moldova; and reduce the negative impact of migration on the health system. At the same time, it is very important to identify the factors which could motivate the return of those with health professional education who have abandoned the Moldovan health system. These could inform some strategic recommendations for human resources for health policies and retaining existing human resources in the health system.

The study: *Health workers⁴ originating from the Republic of Moldova who live and work in Romania* aims to discover the situation of these health workers, the factors that have motivated their emigration, their problems, and their strategies for the future.

The specific objectives of the study focused on the following aspects.

- Evaluation of the possibilities for the health information system in Romania to follow the situation of health workers originating from the Republic of Moldova.
- Estimation of the number of specialists originating from the Republic of Moldova working in the Romanian health system and specification of their sociodemographic characteristics.
- Analysis of the motivational factors which have determined health workers' migration to Romania.
- Knowledge of the perception shared by the health workers originating from Republic of Moldova and working in Romania regarding the recognition process for qualifications and diplomas.
- Evaluation of the level of professional integration achieved by medical specialists originating from the Republic of Moldova who live and work in Romania.
- Provision of recommendations for developing policies and interventions which could help health workers who have migrated to Romania work in line with their qualifications.

4 This study covers four categories of specialists from the health area: (i) doctors; (ii) dentists and other related technical workers; (iii) pharmacists; (iv) nurses, midwives and medical assistants.

The specific nature of this study involves identifying and analysing the opinions of different social actors: representatives of Romanian CPAs (Ministry of National Education, Ministry of Health); representatives of Romanian professional medical associations; managers of Romanian medical institutions; and different health workers originating from the Republic of Moldova and working in the Romanian health system. At the same time, the study aimed to study the current legal framework which serves as the basis for integrating health workers from the Republic of Moldova in the health system in Romania.

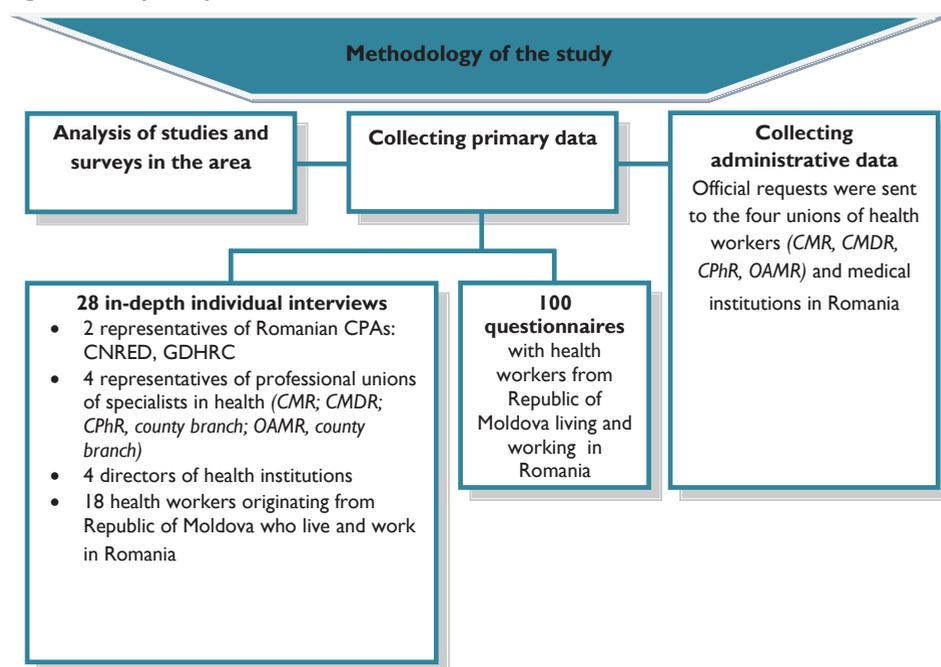
This study is intended for the representatives of the WHO Country Office in Moldova; the Moldovan and Romanian authorities; health workers and their families; the Moldovan diaspora in Romania; and all those interested in the migration of human capital and the possibilities for their involvement in developing their countries of origin.

Methodology of the study

Research methods

The goal and objectives of this study required a complex methodological approach. As well as analysing existing studies and surveys related to health workers' migration, official letters were sent to the four professional unions of health workers from Romania (CMR, CMDR, CPhR, OAMR) and medical institutions in order to collect administrative data on the number of health workers originating from the Republic of Moldova who work in the Romanian health system. These data were completed with primary data collected via quantitative and qualitative sociological methods (see Annex 1) from representatives of the Romanian central authorities, representatives of professional associations and managers of medical institutions (see Annex 2), as well as health workers originating from the Republic of Moldova working in the Romanian health system (see Annex 3 and Fig. 1).

Fig. 1. Survey sample



The in-depth individual interviews were used to study in detail the factors which determined the health workers' emigration, their experience during the procedures to obtain

equivalence of training and recognition of qualifications, and any difficulties integrating in the Romanian health system. This method allowed understanding and explanation of the ways in which personal priorities and socioeconomic conditions have influenced emigration decisions.

The questionnaire-based sociological survey was selected as a quantitative method. Questionnaires were applied via the standardized face-to-face interview and through the self-completion method.

The data collection period was 30 September to 31 December 2013.

Data processing and interpretation of obtained results

The qualitative analysis covered the codification and sorting of the categories derived from in-depth examination of the interview transcripts, discovering the common problems and distinct issues. Transcription of the verbal narrations was carried out as a result of the initial codification. This revealed the thematic relations, enabled themes to be grouped in clusters and reflected some common and distinct experiences of the survey participants. Fragments from the in-depth individual interviews were included in the analysis so as to offer an integral picture on the experience of the health workers originating from the Republic of Moldova who work in the Romanian health system.

Quantitative analysis of the data collected via the sociological survey method was carried out through codification and processing of data using SPSS software, depending on variables such as: sex, age, category of health worker, training institution, and migration wave.

Ethical aspects of the survey

Participation in the survey was voluntary and unremunerated. Participants were informed that they could withdraw from the survey at any moment, without prejudice, and/or could refuse to answer certain questions that may have felt too personal or too uncomfortable.

Limitations of the survey

The Romanian health system does not have data regarding the number of health workers originating from the Republic of Moldova. This is because the majority hold Romanian citizenship or are the spouse/child of a Romanian citizen; some hold citizenship of other EU States (e.g. Bulgaria). The file records that Moldovan health workers submit to the Romanian professional unions also contain data about the institutions from which they graduated. Currently, these details are not entered in a database which would allow extraction of the exact number of health workers originating from the Republic of Moldova working in the Romanian health system.

To meet the request of the research group, the representatives of the professional associations would have had to inspect records in the archives of each county branch in order to verify the origin of the health workers registered within each county. The majority of county branches of the professional associations responded that they do not keep records on the origin of health workers and were not willing to initiate individual searches of the file records. At the same time, representatives of some county branches of the CMR provided data about doctors registered as being trained in a faculty in the Republic of Moldova only, not those who have been trained in Romanian universities. There was no differentiation between doctors who had completed both university training and residency in the Republic of Moldova and doctors who were trained in a Moldovan university but undertook their residency in Romania. Hence, Moldovan health workers who trained in Romanian universities cannot be identified through the file records submitted by the professional associations.

The representatives of the professional unions mentioned that electronic databases are just being established and it is possible that in future the professional unions will be able to submit exact data on the number of health workers originating from the Republic of Moldova and carrying out their professional activity in Romania. Currently, the professional unions cannot be sure how many doctors originating from Romania are working in the health system, as those who emigrate to work in other EU countries are not always erased from the records.

Conduct of the survey was hindered by the resistance of health workers originating from the Republic of Moldova who work in the Romanian health system: many indicated that they did not want to participate in the survey. The most common explanation was that they did not want to be identified separately from Romanian doctors. Some were

concerned that the results of the study would have a negative influence on the perception of health workers originating from the Republic of Moldova within the Romanian health system, thereby damaging the process of professional integration. Similar concerns were expressed by representatives of Moldovan diaspora doctors.

Data collected at the level of some counties enabled identification of the health workers (doctors, dentists, pharmacists, nurses and midwives) originating from the Republic of Moldova who now work in different medical institutions in Romania and, in turn, the factors which determined their migration.

The quantitative data collected within the survey: *Health workers originating from the Republic of Moldova who live and work in Romania* have some limitations, especially concerning the representativeness of the results. This is because the Romanian health system lacks statistical data about health workers from the Republic of Moldova and working in the Romanian health system, thereby limiting sample representativeness.

In spite of these limitations, the goal and objectives of the survey were achieved. It was possible to outline a general profile and to describe the main characteristics of the health workers originating from the Republic of Moldova and working in the Romanian health system, and the factors which determined their migration. Hence, the findings and recommendations of the survey are valid and relevant for informing operational decisions and developing policies on human resources in the Moldovan health system.

I. Record keeping on health workers originating from the Republic of Moldova

The survey has identified the lack of official data regarding the categories of specialists in the health area originating from the Republic of Moldova and working in the Romanian health system. Currently no records are kept about the origin of people employed in health areas. Representatives of the central authorities and professional unions covered by the survey consider such monitoring to be both useless and discriminatory, as all those who work in the health system are Romanian citizens.

Other surveys have made similar findings: Romania does not hold data on the number of foreign health workers and it is very difficult to estimate the number of health workers who have migrated from the Republic of Moldova. The majorities of doctors originating in Moldova have obtained Romanian citizenship and are not included more in the category of foreign citizens (Jelamschi & Rotundu, 2013).

The management representative from the CNRED, the Romanian competent authority to recognize diplomas obtained abroad, reported that the department has no statistics on the number of people originating from the Republic of Moldova who have passed through the process of equivalence of their education in health or any other area, “Our information system does not allow us to provide any information regarding the number of persons from the Republic of Moldova who were subject to recognition or equivalence of their education” (IE_7).

The GDHRC representative also noted that there are no specific records on health workers originating from the Republic of Moldova, “Neither the Ministry of National Education nor the Ministry of Health have any record about the doctors originating from the Republic of Moldova” (IE_8). However, the GDHRC’s activities have enabled identification of some trends in resident doctors from the Republic of Moldova obtaining certificates, “I would say that most of them requested such certificates before Romania joined the EU (2007) and in 2008, after accession. These were the years with the highest numbers, probably” (IE_8).

The individual interviews with the national-level representatives of the professional unions confirmed that the Romanian health system does not keep statistics about health workers originating from the Republic of Moldova, even though they constitute a significant number, “There are a lot of them! From well known in the whole country doctors, up to simple family doctors in rural areas. I have personally met about 60 people” (IE_1).

File records of health workers registered with professional unions (CMR, CMDR, CPhR, OAMR) are kept at county level. However, every record would have to be verified in order to reveal how many originated from the Republic of Moldova, “To identify them, it would be necessary to take every file record and to check the educational diploma” (IE_1). CMR representatives reported that there are no records of the institutions that have issued educational diplomas to health workers, as other authorities deal with equivalence of diplomas, “We don’t have any reason to verify the educational diploma, as the equivalence of diploma was already performed before coming to us. Why should we have centralized record keeping?” (IE_1). At the same time, it was pointed out that a database set up to keep records of the original citizenship of health workers working in the health system could be stigmatizing and could lead to discriminatory actions.

Only two CMR county branches responded to the researchers’ requests. The data that they provided reveal that the professional unions can identify doctors originating from the Republic of Moldova according to the diploma of a higher education institution from which they graduated, but only since 2007 when the CMR began issuing the licence to practice. Between 2007 and 2012, the annual number of health workers who graduated from a Moldovan faculty and registered with the professional unions in these counties varies from 18 to 22. Most of the doctors (27) registered in 2007, numbers decreased thereafter (10 people in 2008, 2 in 2009 and 1 in 2012). Their specializations are various: family medicine (8), internal medicine (7), orthopaedics (5), obstetrics-gynaecology (4), ophthalmology (2), general surgery (2), neurology (2), paediatrics (2), occupational medicine (1), urology (1), pulmonology (1), rheumatology (1), gastroenterology (1), otorhinolaryngology (ENT) (1), diabetes/nutrition/metabolic diseases (1), anaesthesiology and intensive care (1). The age of the doctors originating from the Republic of Moldova and working in these two counties ranges from 34 to 64 years.

A similar situation was identified for dentists. The CMDR representative stated that a county-level database of records was under construction and establishment of a centralized database was likely to start in early 2014. These would allow identification of the training establishments of dentists working in the Romanian system. Although it was not possible to identify the migration trends for the dentists originating from the Republic of

Moldova to Romania, it was noted that the number registered by the CMDR in 2012 was not high, “Since I have been dealing with this, I can tell you that there have been not so many ... In 2012 we had eight to 10 files ...” (IE_6).

No statistics were found on pharmacists originating from the Republic of Moldova and working in Romania. The chair of a county branch of the CPhR noted that numbers are small, and hence record keeping is not necessary, “I don’t know what separate record keeping would serve for, when the main condition for getting accepted and integrated in the Romanian pharmaceutical system refers to performance” (IE_3). Nevertheless, in accordance with the authors’ request, the CPhR collected data from the county colleges on the number of pharmacists originating from the Republic of Moldova and registered in the professional union. The data reveal 10 pharmacists (five men, five women), all graduates of the University of Medicine and Pharmacy “Nicolae Testemitanu”, registered in seven county colleges (Iași, Buzău, Galați, Bacău, Vrancea, Sibiu, Alba) and in Bucharest between 2010 and 2012. Their ages range from 28 to 56 years, with an average age of 39 years.

The CPhR representative noted increases in the number of pharmacists emigrating from the Republic of Moldova to Romania in recent years. It was also remarked that some pharmaceutical networks/companies have recruited graduates from the Republic of Moldova without any official records. This fact was confirmed during the field survey, as the researchers identified pharmacists originating from the Republic of Moldova and working in counties other than those identified by the CPhR.

As for other categories of health workers, there is no centralized record keeping on nurses and midwives originating from the Republic of Moldova and employed in Romania. The interviews revealed that this was a smaller category of health workers than others. The chair of an OAMR county branch pointed out:

I think that at the county level, we have at most four to five people per year ... Talking about the national level: a lower level is registered for the southern and western regions. In the last six to seven years, after accession, more people have come ... I think that at the national level, we would have an annual figure not higher than 20 (IE_2).

The OAMR representatives also did not consider that records on the origin of nurses currently working in Romania were relevant or necessary:

I don't know what we would need it for. We don't even have a filter which would allow us to select them somehow from our database. As the diplomas of these people were recognized and they have Romanian citizenship, they just submit their file to us like any other specialist from our system (IE_2).

Each professional association assumes responsibility for keeping their members' records on courses attended and hours of continuous medical education, without any differentiation of their original training institutions.

The manager of a county PHD noted that, at that level, no specific records are kept on the origin of the health workers recruited. However, he/she knows two couples who trained in the Republic of Moldova and are now doctors in the municipal hospital of a small town. These husbands and wives have been working in Romania for more than 10 years and are very pleased with the working conditions (IE_6).

Every manager of a medical institution or county division interviewed during the survey mentioned that they know around two to six health workers originating from the Republic of Moldova and now working in their respective institutions. The manager of a Bucharest hospital noted that three of the 80 employees are from the Republic of Moldova (IE_9). The director of a county hospital in western Romania said that the county hospital employed five doctors originating from the Republic of Moldova but there is no reason to keep records on the origin of such specialists, "I know where these doctors come from, because I have recruited them, I have helped them from the very beginning ... But to have something centralized? It is useless!" (IE_5). The manager of another county hospital stated that six of the 40 doctors in that institution come from the Republic of Moldova (15%); two other doctors originating from the Republic of Moldova have left Romania and moved to other countries. (IE_10).

The quantitative study data reveal that 95% of the responding health workers know other health specialists who also originate from the Republic of Moldova and live and work in Romania. Their numbers range from 2 to 50 doctors (average 18); from 1 to 21 dentists (average 7); and from 1 to 10 pharmacists and nurses (average 3) (Table 1.1).

Table 1.1. Number of health workers originating from Republic of Moldova known by participants of the quantitative survey

	Doctors	Dentists	Pharmacists & nurses
Average	18	7	3
Minimum	2	1	1
Maximum	50	21	10

The in-depth individual interviews held with the health workers originating from the Republic of Moldova and working in different regions reveal that every respondent knows from 20 to 30 people who work in the Romanian health system.

A forensic doctor from a county hospital specified that he knows 14 forensic specialists originating from the Republic of Moldova and working in the Romanian health system, accounting for around **10%** of the total number of forensic doctors in Romania, “There are forensic doctors from the Republic of Moldova in Iași, Vaslui, Focșani, Tulcea, Reșița, Bistrița, Brașov, Galați, Brăila, Piatra Neamț” (IIA_11). Of around 30 other health workers from the Republic of Moldova that he knows to be working in his county 11 are dentists, one is a pharmacist and one is a nurse. These data are largely similar to those provided by the CMR of the same county which showed 16 doctors (including surgeons, anaesthesiologists, rheumatologists, forensic doctors, neurologists, dermatologists, cardiologists, infectionists). A nurse originating from the Republic of Moldova and working in a county hospital noted: “There are three people from the Republic of Moldova in our hospital” (IIA_12).

Health workers who have emigrated from the Republic of Moldova to Romania may be divided into two categories: (i) those employed in the Romanian health system; and (ii) those employed in other sectors of the Romanian economy. The quantitative research data indicate that about 8% of the health workers originating from the Republic of Moldova do not work in the health system. The survey participants noted the following causes for this: activity in better-paid areas (31%); did not obtain recognition of education (14%); did not obtain recognition of qualifications (14%); did not find work in their specialty (13%); are retired (12%); or were not interested (5%).

Health workers originating from the Republic of Moldova are working throughout the Romanian health system, “Doctors by different areas – surgery, orthopaedics, ophthalmology, urology. In almost all areas ... All the dentists I know are working according to their qualifications” (IIA_16). They also work throughout the country: in big university

centres in Bucharest, Iași, Cluj, Târgu Mureș and Oradea; in county or municipal hospitals, small cities and rural localities.

An emergency doctor originating from the Republic of Moldova and working in a small Romanian town (40 000 population) listed all his colleagues from the Republic of Moldova:

There are nine of us – those graduating from Chisinau University ... But there are more people. Not only doctors. There are also dentists. They have private practices. One would not know all of them... Six of us work in the hospital ... I have a colleague – family doctor ... we also have a nurse coming from the southern part of Moldova ... I don't know any pharmacists... (IIA_15).

In another small town (20 000 population), three of the doctors working there had emigrated from the Republic of Moldova. This is fairly common in the hospitals of small towns in Romania. For example, an obstetrician working in a town hospital mentioned, “There are three doctors here from the Republic of Moldova – two gynaecologists and one neurologist... I have three other colleagues who have remained at the university” (IIA_18).

The survey data allow the following conclusions to be drawn.

- The Romanian health system keeps no statistical records about the country of origin of employees – whether at national level, at the level of individual medical institutions, at county level, or at the level of county branches of the national professional unions.
- The profile of health workers originating from the Republic of Moldova shows a wide range of specialties and of geographical distribution.
- Health workers originating from the Republic of Moldova are essential to the Romanian health system, in some medical institutions comprising 10–15% of total medical personnel.

II. Numbers and characteristics of health workers originating from the Republic of Moldova

The data collected in the study, together with the data obtained from some of the professional unions, allow identification of certain sociodemographic characteristics of the number of health workers originating from the Republic of Moldova working in the Romanian health system.

A total of 100 health workers participated in the quantitative survey⁵ – 78 doctors; 22 dentists, pharmacists or nurses. In terms of their professional education: 42 trained only in the Republic of Moldova (college, university, and residency); 42 trained in the Republic of Moldova but undertook their residencies in Romania; and 16 trained only in Romanian institutions. In terms of the first medical training institution of the health workers originating from the Republic of Moldova working in the Romanian health system: 13% graduated from colleges; 87% graduated from universities. In addition, 78 have residency training and 11 have PhDs.

The ages of the health workers who participated in the quantitative survey varied between 24 and 64 years. The average age was 43 years, with a median of 42.5 years and a mode of 39 years. Although the majority of the health workers who participated in the survey are male (64), there are differences between specializations: higher numbers of males among doctors and dentists; only female pharmacists and nurses (Table 2.1).

Analysis by the year of emigration shows a variable situation. Migration began in 1991 and is ongoing. It is obvious that the factors fostering migration have changed over the 22-year period. The authors of the report have identified three waves of health workers' migration from the Republic of Moldova to Romania:

5 The category of doctors is general and includes all specializations in the area of medicine except dentists, pharmacists, nurses and midwives.

1. 1991–1996: determined mainly by the national renaissance and the possibility to study and live in Romania;
2. 1997–2006: before Romania joined the EU most health workers emigrated due to financial problems and the sociopolitical situation in the Republic of Moldova;
3. 2007– present: health workers are attracted mainly by higher salaries, better working conditions and the possibility of working in an EU Member State.

The data show that, of those who participated in the survey, 22 had emigrated before 1997; 64 emigrated in 1997–2006; and 14 emigrated after 2006. Hence, the largest flow of health workers migrating from Republic of Moldova to Romania was registered for the period 1997–2006. When Romania joined the EU the flow decreased significantly.

Analysis of the categories of specialists by the main sociodemographic variables reveals some differences. Most of the doctors, pharmacists and nurses are aged between 35 and 44 years; most of the dentists are aged between 24 and 34 years. It is notable that over 50% of the doctors trained in the Republic of Moldova but undertook residencies in Romania, while 78% of the dentists graduated from university in the Republic of Moldova only (Table 2.1).

Romanian citizenship offers a significant advantage when seeking employment in the Romanian health system. Only 39 of the health workers who migrated to Romania acquired Romanian citizenship when they were in the Republic of Moldova. The survey data reveal that 61 of the health workers acquired Romanian citizenship when they were already in Romania (45 studying; 16 working). Currently 99% of the health workers hold joint citizenship of Romania and the Republic of Moldova; some doctors hold Canadian citizenship too. One doctor originating from the Republic of Moldova has Bulgarian citizenship only, but this allows him to work in the Romanian health system. Citizens of another EU State, of a European Economic Area (EEA) country or of the Swiss Confederation do not require Romanian citizenship in order to work.

Table 2.1. Sociodemographic characteristics of health workers (%)

		Doctors	Dentists	Pharmacists	Nurses, midwives
Age	24–34 years	10	44	0	0
	35–44 years	51	22	100	100
	45 years and over	39	33	0	0
Sex	Male	67	67	0	0
	Female	33	33	100	100
Training	Republic of Moldova only	33	78	100	0
	Republic of Moldova + Romania	51	11	0	0
	Romania only	15	11	0	100
Migration wave (years)	1991–1996	23	22	0	0
	1997–2006	67	44	100	100
	2007–present	10	33	0	0

About two thirds of the health workers originating from the Republic of Moldova work in public institutions. The rest work in the private sector, and 7% have succeeded in opening their own business/ private practice. The health workers who have launched their own businesses were in the first two migration waves, and they comprise twice as many dentists as other categories of doctors. Seven out of 10 health workers have concluded open-ended work contracts with employers. The majority have a five-day working week (very rarely six days), with working days varying from six to 12 working hours.

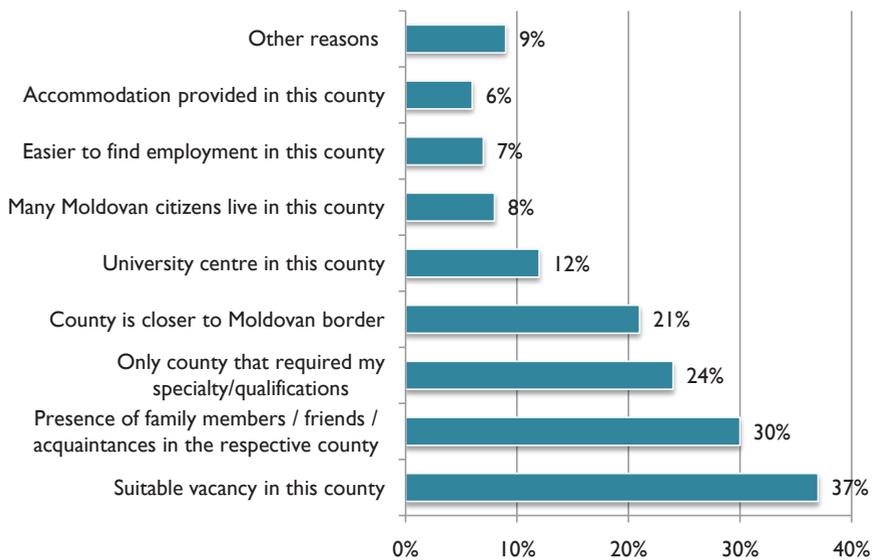
Analysis of the health workers' area of residence in the Republic of Moldova before their migration to Romania indicates that most lived in urban areas, especially Chisinau and Balti municipalities (35 people) and other towns (47 people). Of the 100 participants in the quantitative study, 57 worked in the Moldovan health system before emigrating to Romania. Their working experience in the Republic of Moldova ranges from one to 20 years.

The health workers originating from the Republic of Moldova are employed in all Romanian counties; nine out of 10 live and work in the same area. Their choice of county was determined by a number of factors, principally: the location of an offer of employment; presence of other family members, friends or acquaintances; demand for specialists in their area of specialization; geographical closeness to the Republic of Moldova's border (Fig. 2.1). It was established that two categories of factors motivate the choice of residential locale – (i) presence of family members, friends, acquaintances

or other citizens from the Republic of Moldova, as well as proximity to the Moldovan border; and (ii) the presence of jobs and the demand for specialists in a migrant’s area of specialization.

The survey reveals that chain migration (Massey et al., 1993) is characteristic for 30% of health workers originating from the Republic of Moldova working in Romania, as it provides support for social and professional integration.

Fig. 2.1. Reasons for choice of employment county among health workers originating from Republic of Moldova

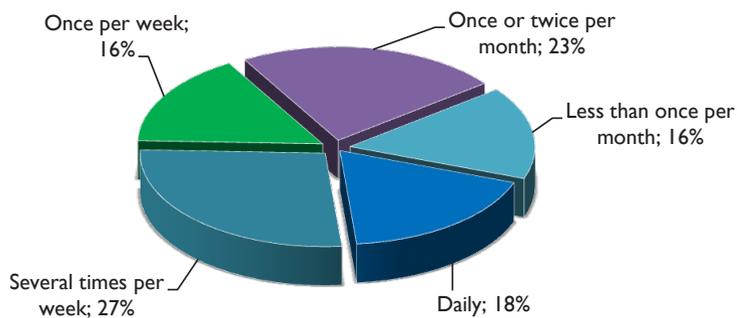


As a result, in many localities the health workers originating from the Republic of Moldova have established mini communities of Moldovans who communicate among themselves and help each other. Health workers who participated in the survey meet with their co-nationals daily (around 18%); several times per week (27%); once per week (16%); or once or twice per month (23%). Only 16% meet less than once per month (Fig. 2.2).

Five of the 100 survey participants are not registered with professional unions (three doctors, two dentists) but will have to do so in the near future. A positive professional career dynamic was identified for 11% of the health workers originating from the Republic of Moldova who participated in the survey – indicating that they are appreciated and have possibilities for professional growth.

In the majority of cases, emigration of the health workers has actually stimulated migration of the entire family: 42 of the specialists interviewed stated that they migrated to Romania with their entire family; 17 were joined by their families once they had found a job; 33 have established families in Romania; and eight were single at the time the survey was carried out. In addition, 36 survey participants with families reported that they have had children in Romania.

Fig. 2.2. Networking between health workers originating from Republic of Moldova and their co-nationals in Romania



The housing situation of the health workers originating from the Republic of Moldova who live and work in Romania was generally reported to be satisfactory (77% of participants have their own flat or house). However, other respondents reported it to be unstable – 18% of respondents live in rental accommodation and 5% live with relatives, friends or acquaintances.

The survey data allow the following conclusions to be drawn.

- Different categories of health specialists (doctors, dentists, pharmacists, nurses) have emigrated from the Republic of Moldova to Romania.
- Chain migration is characteristic among the health workers from the Republic of Moldova, as is the support provided by co-nationals from the first wave of migration.
- Health workers originating from the Republic of Moldova working in the Romanian health system show a trend for mutual communication – establishing mini diaspora communities at local level;
- Over one third of the health workers originating from the Republic of Moldova and working in the Romanian health system have married and had children in Romania.

III. Factors determining migration of health workers from the Republic of Moldova to Romania

Several main reasons were reported to determine the migration of health workers from the Republic of Moldova to Romania: to benefit from a higher income (55 people); to gain advantage from professional development and promotion by obtaining experience, training and access to the best technologies and services (47); to benefit from better pay for doctors in Romania (46); to improve their family's standard of living (35); to accompany/follow their spouse (24); because they see no future for themselves and their children in the Republic of Moldova (24); because they do not accept the political, economic and social situation in the Republic of Moldova (23); to continue their education abroad (21); because it is easier to obtain professional affirmation in Romania (20); because Romania offers the possibility of subsequent migration to another EU country (17); because they wanted to live abroad and Romania offered the easiest option (9); because they received an invitation from a Romanian medical institution (8).⁶

Most of these reasons can be framed within four categories. The first covers **family needs**: to benefit from a higher income; to improve the family's standard of living; to buy property; and to pay debts. The second category covers **professional development needs**: to continue education; to take advantage of the professional development and promotion offered by access to new technologies and services; and because it is easier to obtain professional affirmation in Romania. The third category covers **factors related to dissatisfaction with the health system, as well as political, economic and social conditions** in the Republic of Moldova: to obtain higher pay for doctors in Romania; lack of opportunity to work in a chosen specialization in the Republic of Moldova; inability to see any future for themselves and their children in the Republic of Moldova; and unwillingness to accept the political, economic and social situation in the Republic of Moldova. The fourth category covers **pull factors**: health workers from the Republic of Moldova are appreciated and in demand in Romania; to accept an invitation from a Romanian

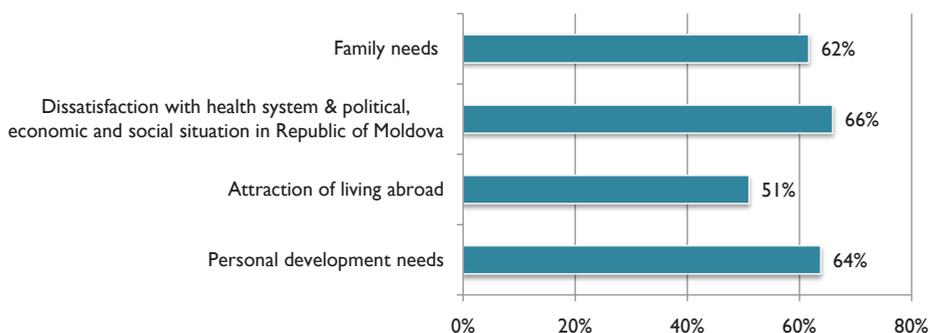
⁶ Respondents could select more than one answer.

medical institution; to follow/join spouse in Romania; wish to live abroad and Romania was the only option; and, last but not least, because Romania offers the possibility of subsequent migration to another EU country.

It can be established that the main reported reasons for migration refer to dissatisfaction with the health system and the political, economic and social situation in the Republic of Moldova (66%); professional development needs (64%) and family needs (62%). Pull factors were reported least often, by 51% of respondents (Fig. 3.1).

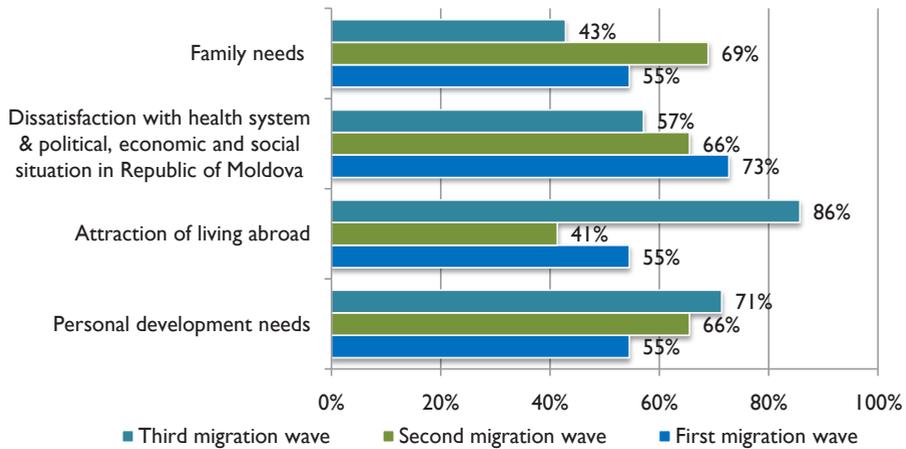
The data reveal differences by categories of specialists and by migration wave. Doctors' reported main reasons for emigration refer to professional development possibilities (73.0%); dissatisfaction with the health system and the general situation in the Republic of Moldova (64.9%); family needs (64.9%) and pull factors (43.2%). Dentists assigned more weight to dissatisfaction with the health system and the general situation in the Republic of Moldova (87.5%) and pull factors (75.0%), other reasons accumulating under 50%. Family needs and pull factors were the main reasons driving nurses/midwives to migrate.

Fig. 3.1. Factors determining migration of health workers from Republic of Moldova to Romania



In terms of migration waves, it was noted that the factors related to dissatisfaction with the health system and situation in the Republic of Moldova were prevailing during the first stage (1991–1996); those related to family needs prevailed during the second stage (1996–2006); and pull factors became more significant after Romania's accession to the EU (Fig. 3.2).

Fig. 3.2. Factors determining migration of health workers from Republic of Moldova to Romania, by migration wave



The main factors influencing each **migration wave** of health workers to abandon the health system in the Republic of Moldova and emigrate to Romania are described below. It should be noted that some factors were present throughout but were more significant at certain stages.

Main factors driving the first migration wave of health workers from the Republic of Moldova

The hospital director from Romania identified an important factor in the decision to migrate, “Every person looks for a more convenient and better place” (IE_5).

National renaissance

During the first wave of health workers migrating from the Republic of Moldova to Romania, the latter was frequently selected for education or professional career due to the national renaissance movements which started at the beginning of 1990. A doctor from a county institution pointed out:

I was among the first students from the Republic of Moldova who came to study in Romania. My parents insisted a lot. Our grandparents were in Iași and my father wanted very much for me to study here. It was a decision based on patriotic and national reasons ... The times were like this then ... (IIA_13).

Economic crisis

Many of those who emigrated 18 to 23 years ago were driven by the economic crisis in the Republic of Moldova at that time. An emergency doctor currently working in a county hospital described his departure in 1996:

I actually ran away! In 1993–94 there was a difficult time in the country. The first salary I received was 30 lei... Can you imagine, with a small child and wife?! I did not have a big salary here either, but it was at least double, and it was something else... (IIA_15).

The health workers originating from the Republic of Moldova were interested in a decent living for their family and professional development, without any exaggerated pretensions.

Feeling insecure about own and children's future

The interviews with the health workers who emigrated from the Republic of Moldova reveal that the wish to ensure a secure future for their families and children played an important role in the emigration decision. A nurse, whose husband works as a dentist, described how:

My husband and I decided together that it would be better for our family to come here... We did not have high expectations. We just wanted a stable job for my husband and a better future for the children ... We have worked a lot to have what we have today, in Romania you know that you will work and you will have a result. In the Republic of Moldova – you are not sure ... (IIA_12).

The lack of prospects and security in the Republic of Moldova was remarked upon by a number of doctors, especially family doctors. Nevertheless, the decision to establish in Romania was not easy. Respondents reported that over time they have come to understand that the decision was correct, “Nothing new occurred in our small country, nothing new happens now either. Hence we had to stay here” (IIA_15).

Lack of a stable job or settled home were the determining factors behind the feeling of insecurity about the future, in all three emigration waves: “We were in the situation where there was no clear image of my future and the future of my family in the Republic of Moldova” (IIA_17).

A very important aspect of this concerns opportunities for young health specialists. Some interview respondents mentioned that Romania provides more opportunities to the younger generation, “I have emigrated with the children. We are thinking about their future! We have more prospects and opportunities here. We have a possibility over here to go further on, outside... to Europe!” (IIA_13).

Little prospect of professional development

Lack of prospects for professional development in the Republic of Moldova have not only demotivated young specialists in the health area, but also driven those with longer length of service to look for other opportunities. The survey data reveal multiple instances of health workers who emigrated at the ages of 30–39 years and now praise the possibilities of professional development provided in the Romanian health system. A family doctor working in rural Romania who had opened his own office in an urban locality illustrated this:

However, Romania has provided me with other possibilities in my professional career, which I did not have in the Republic of Moldova. In the Republic of Moldova I never had enough financial resources to open my own practice. ... What would have been my fate at the ambulance service in Balti? While in Romania I had the possibility to get affirmed and to be known for my knowledge in the medicine area (IIA_8).

Criticism of, and dissatisfaction with, the postgraduate training system for doctors in the Republic of Moldova was revealed in the interview with a gynaecologist:

While I was in Chisinau at the residency training, I was the only residency student of the six in the hospital who performed three caesarian sections over a period of three years and a surgery for uterus removal. It is too few! When I came to Romania, they asked me how many surgeries I had performed. And I said proudly: ‘three!’ The professor started to laugh as I had to have done at least 100! In the two years of my residency training here I performed over 150 caesarian sections and many other cases (IIA_18).

This gynaecologist also spoke of his pride about his feeling of being involved in Romania. Being responsible for the night shifts of multidisciplinary teams in different emergency cases has provided the opportunity for professional development. This was the reason for taking the decision to stay in Romania and refusing to work according to the distribution of the Ministry of Health from the Republic of Moldova – in rayon B – where he would have had no prospect of career growth.

A similar situation was identified among dentist specialists who emigrated to Romania. A dental technician remembered:

In Chisinau I had no possibility of professional development. In the place that I was working I would be offered only badly paid tasks due to my lack of experience. But it was impossible to get experience as no one would share their experience with me, it was a tough competition. It was a vicious circle: I would perform only badly paid procedures and, at the same time, could not learn what I needed to be able to perform so I could have a higher salary, and the institution I was working in was not interested in providing beginners with the possibility of increasing their qualifications (IIA_17).

Many workers mentioned the possibilities to become involved and affirmed in the Romanian health system, in contrast to the Moldovan system. A urologist who has been working in the Romanian health system for more than 13 years stated:

In Romania we have different working conditions and another attitude towards doctors, including the young ones. In the Republic of Moldova, usually only the old ones would perform surgeries and there are no affirmation possibilities. I did not have anyone here, but I made it (IIA_10).

A similar pessimistic attitude related to missing development perspectives was voiced by a doctor from the Republic of Moldova who graduated in Romania, after finishing his medical training in Chisinau, "I know one thing about the Republic of Moldova, outside Chisinau, the Republic of Moldova does not exist..." (IIA_13).

Impossibility of continuing training in a desired specialization

The individual interviews with the doctors originating from the Republic of Moldova working in the Romanian health system also identified the impossibility of continuing training in a desired area as a migration factor:

I graduated with a red diploma and ended up in the emergency service, not in the service I wanted. I wanted to be cardiologist... And I stayed in emergency health care for almost five years. Afterwards a colleague of mine called and told me that Romania provides places for three-year residency studies in all areas... It was the first time that such places were offered (IIA_7).

Currently, this doctor has a successful career in one of the most prestigious cardiac medical institutions in Romania.

Residency training obtained in Romania

Some interviewees pointed out differences between postgraduate training in Romania and the Republic of Moldova. The residency education obtained in Romania was frequently perceived as a self-determining factor for a young specialist to remain and work in the Romanian health system. A paediatric doctor currently undertaking residency training in paediatrics in Romania (for diploma equivalence) considers that he feels greater motivation and professional satisfaction now than he did in the same position in the Republic of Moldova:

Now I get to know the specialty in more depth, I learn a lot of new things! Professors make high demands, but my level of satisfaction is also higher ... I feel that I'm becoming more competent. Professors trust me more ... I feel that I am a specialist and this is nice! (IIA_14).

Corruption in the Moldovan health system

In their interviews, some of the health workers who had emigrated mentioned nepotism, corruption in the employment process and fraud in the Moldovan health system. They consider this phenomenon to be absent in Romania, where the focus is on the skills obtained by the young specialists:

In the Republic of Moldova you cannot perform surgeries if you don't have someone to support you... I did not pay anyone to get employed over here. I was recruited in line with my skills! (IIA_10).

A doctor who emigrated in 1999 described his activity as an emergency doctor:

In the Republic of Moldova you could not do anything. Corruption was everywhere, including in the ambulance services. I am from O. and the local ones would make us work the whole shift, while they would go to just one call, go home and sleep and say afterwards that it was a fake call... (IIA_8).

Main factors in the second migration wave of health workers from the Republic of Moldova

Unsatisfactory management of medical institutions

The manager of an institution is responsible for the satisfaction and motivation of his/her employees. The departure of an employee who leaves to look for other possibilities could also be related to the competence of the institution's manager. During discussions with the emigrant health workers, they expressed dissatisfaction with the managers of the medical institutions in the Republic of Moldova. A doctor who emigrated in 2000 remembered:

I had the impression that in the Republic of Moldova, especially at the rayon level, some incompetent people are managers. And this caused a number of people to leave for Romania. I personally know very many people who still want to come ... (IIA_10).

The story of a paediatrician who emigrated in 2011 is particularly relevant. He described his working conditions in the Republic of Moldova and the attitude of the medical institution's management:

The working conditions in the rayon hospital, the environment in that hospital, made me leave that place! All the young people were leaving! The attitude of the hospital management was awful! No one cared about the young specialists' problems... All of us were looking for some accommodation to rent but it was all very expensive... And the office was very bad – very small, unequipped and with no resting facilities. You would be on night shifts and you would have nowhere to rest ... Besides, we had supplementary shifts as hospital doctors. I was a paediatrician, but whenever I was on a shift I had to take care also of the emergencies for adults: strokes, for instance. It was very difficult for me as a paediatrician! I had to run through the whole hospital: intensive care, neonatology ... During the night shift we would have a huge workload from all the departments. And we, the young team, were very frequently made to take the night shifts that our older colleagues did not want... It was obvious discrimination... They chose the dates and days convenient for them and the young specialists were left with what remained. I got very tired... it was as if we were the slaves of the hospital... and the salaries were too small to survive on... I was the first to leave, and afterwards all the young ones left. All seven! All of them have gone abroad... not only to Romania but also to other countries... (IIA_14).

The survey data reveal that the managers of the medical institutions are not always interested in appointing young specialists in existing vacancies in their institutions and are

indifferent to their situation. The case described above shows that the young specialist left not just because of the heavy workload and the small salary. The main factor was his disappointment with the attitude of the management of the institution where he began his medical career.

More attractive remuneration

Many health workers originating from the Republic of Moldova mentioned that their small salaries were the main factor that drove them to look for a job abroad. A family doctor who emigrated to Romania in 1999 commented, “I emigrated so as to benefit from a higher salary. I was working at the ambulance service in B. as a doctor and the salary was very small” (IIA_8). A forensic doctor who has worked in a county hospital since 1998 made a similar point, “We came in 1998–1999 because the salaries were very small in the Republic of Moldova...” (IIA_11). The small salaries have also led people to abandon the health system for another profession in the Republic of Moldova, and afterwards to migrate and return to work in the Romanian health system. This was the case for a urologist who emigrated in 2000:

After graduating from residency education I had to work in rayon C. But the salary was very small, it was just enough for 20 litres of petrol in those times. Hence I abandoned medicine for a while because I could not support my family ... I did not practice for several years, and afterwards I decided to go to Romania... (IIA_10).

Emigrants from the third migration wave also mentioned the small salaries. A paediatrician who emigrated to Romania in 2011, said:

Even though I have a resident doctor’s salary which is comparatively modest for those from here, it is still more than I had in the Republic of Moldova. I even can afford to participate in conferences! In the Republic of Moldova I started as a doctor on a salary of 900 lei. Here I have about 2000 Romanian lei and I am still studying... The prices are the same and even lower than in Chisinau! (IIA_14).

A gynaecologist working at a maternity hospital in a Romanian city noted:

Doctors’ salaries are the main problem in the Republic of Moldova. I visited the Republic of Moldova three months ago. A colleague of mine works as an otorhinolaryngologist (ENT specialist) in a hospital in Chisinau. He has the same length of service as me. And he has a salary of about €200. This is nothing! And he also takes a lot of night shifts which

add to his salary. And he also works for a commission for drivers⁷... And this is also a supplement to his salary (IIA_18).

The survey data reveal that health workers from the Republic of Moldova have to work more than their counterparts in Romania in order to ensure that they earn a decent living.

All the survey participants mentioned that they earned more attractive salaries in Romania, “The salary is a very important factor! I know that my colleagues in Chisinau receive a much smaller salary than me” (IIA_13). Nurses originating from the Republic of Moldova and working in Romania also commented on the significant salary differences, “The salaries in Romania, as compared to the Republic of Moldova, are very good. I am satisfied ... I have a stable job and a good salary” (IIA_12). This also applies to dentists. A dental technician said, “I had a very small salary in Chisinau – 1000–1500 lei per month. And it was not enough to cover the most essential needs!” (IIA_17).

Many of the health workers interviewed mentioned the high level of satisfaction with payroll conditions in Romania. A family doctor originating from the Republic of Moldova gave a detailed explanation of the composition of his monthly salary:

My salary depends on the number of patients and services provided. I work in a locality as a family doctor and I have about 3000 patients. Taking into account all the services I provide, the salary I have from the state is about €2000, from which 10% were retained as I didn't have residency training. Now I have the residency diploma and nothing will be withheld from my salary. Besides, in Romania additional payments are made for injections and bandages. Hence, my salary as a family doctor gets to almost €3500. Over the years I have bought a flat and opened my private practice together with my wife who is a dentist. I also have an additional income from my activities in the private practice... And we have a house provided by the state in the rural area and we also grow our own vegetables. It is very good ... I have what I wished for! (IIA_8).

Provision of accommodation

The provision of accommodation to health workers is another strong benefit of the Romanian health system. The individual interviews with the doctors originating from the Republic of Moldova and with the representatives of the CPAs and LPAs revealed that Romania has active programmes to support the health workers who move to rural

⁷ The health status of public (trolley, bus) and private-hire (taxi) drivers must be checked by a doctor each morning before they are permitted to drive.

areas: “Wherever possible they are provided with free accommodation, this is common in rural localities” (IE_8).

Such provision is an obligation of the LPAs in partnership with the medical institutions. The manager of a county PHD commented:

Every local public authority, upon the insistence of the hospital management, provides the health workers with accommodation... Every hospital has built accommodation blocks from special funds. It is a very good thing for the small towns, which become attractive for young specialists! (IE_4).

Main factors in the third migration wave of health workers from the Republic of Moldova

Vacancies in the Romanian health system

After Romania joined the EU, the main pull factor for health workers from the Republic of Moldova became the large number of vacancies in the health system, especially in rural areas and small towns, as many health workers left Romania to look for better opportunities in other Member States. This fact was confirmed by the representatives of the professional associations:

We have to cope with a massive migration of health workers, that's why we have many vacancies. Everyone wants something more ... It is a natural right of all the people and we cannot stop it... I think that those who come from the Republic of Moldova find better conditions here (IE_2).

This emerging demand in the Romanian health system was met by the offer of qualified specialists from the Republic of Moldova:

We have vacancies and they have the right to apply! It is a fundamental right and we cannot be opposed to it. Usually those with better training come, and there are no language or equivalence problems... People are looking for higher salaries and better conditions (IE_1).

The doctors from the Republic of Moldova cover vacancies in many areas in Romania, in different specialties:

They fill the vacancies which are not of interest to locals and which are missing doctors – intensive therapy, gynaecology, surgery... Our people leave, they don't like the salaries; they don't want to work in remote places, and they leave for EU countries. The municipal hospitals also have a lot of vacancies (IE_4).

The crisis of specialists in the provincial regions of the country, as well as in the cities, was pointed out by all the hospital managers involved in the survey. They provided examples from their own institutions:

Five years ago we encountered a real crisis of doctors. Since the borders have opened, we are faced with brain drain of our doctors towards the EU, and residency programmes have been changed from three years to five to six years of training. The hospitals were depopulated of doctors! So we announced vacancies and recruited doctors from the Republic of Moldova! (IE_5).

A hospital manager from Bucharest confirmed, “The Romanian doctors leave for the west and there is a huge demand for doctors and nurses! (IE_9).

As noted by the CMDR representative noted, dentists are also on the move:

The Romanians are leaving for France, Germany, England to look for a better salary, and Moldovans come here ... Everyone is looking for a better place. It is a personal decision for both – Moldovans and Romanians (IE_4).

A similar situation was reported for pharmacists, especially in the county centres, “The pharmaceutical system is lacking pharmacists. For instance, in counties such as Vaslui, Botoşani, Suceava ...” (IE_3).

It was also mentioned that over the last few years it has been more difficult to recruit in the health system, due to insufficient funds, “Currently, for the seven vacancies we have, I can recruit only one doctor. It is difficult. Even though many people leave for abroad, it is not always possible to fill the vacancies” (IE_9). But there are multiple possibilities for employment in the private sector.

Hence, it may be ascertained that the quantitative survey data are confirmed by the qualitative data obtained from the in-depth individual interviews with the representatives of the professional unions and managers of the medical institutions, including the health workers originating from the Republic of Moldova working in the Romanian health system. “There are many vacancies, because the Romanians are emigrating”,

mentioned a doctor who migrated in 2000 (IIA_10). A nurse who migrated to Romania in 2003 confirmed, “There were vacancies and there still are! Because very many nurses leave for abroad ...” (IIA_12).

Opportunity for subsequent migration to other EU countries with more advanced economies than Romania

There are frequent cases of doctors from the Republic of Moldova working several years in the Romanian health sector before emigrating to EU countries, “Even some Moldovans are emigrating. I had a very good friend who left for France” (IIA_10). This situation was also confirmed by the representatives of some professional unions, and by those from CPAs, “Many use Romania as a springboard to go to other EU countries” (IE_1), “When Romania became an EU Member, it became a springboard for Romanian doctors to leave for abroad. And doctors originating from the Republic of Moldova who got affirmed in Romania also leave” (IE_8).

Credit programmes for developing the private medical system

The crediting system offering advantageous conditions to launch private practices proved to be an attractive factor for the health workers originating from the Republic of Moldova. A nurse who emigrated with her husband, a dentist, explained:

Romania supports the population. For instance we have taken a loan to be able to open a dentists' office. We paid the credit back in one year! Something like this is not possible in the Republic of Moldova! (IIA_12).

The manager of a county PHD described different active programmes for supporting professional activity in the health system, “There is a project provided by Bank T. with very advantageous credits for doctors. They may open their offices/labs in very good conditions” (IE_6). These include state programmes, “those who develop cardiac surgery services for children obtain support from the state” (IE_9).

Family integration

A number of doctors' families mentioned the need to be closer to their children as a determining factor for emigration to Romania. This was exemplified by a member of a family of doctors who emigrated in 2003:

I emigrated together with my wife when our children got settled in Romania. We are both doctors... We considered it important to be closer to our children. So we abandoned our jobs in a rayon medical institution. My wife was even head of section! (IIA_16).

The survey data reveal a multitude of push factors for the health workers originating from the Republic of Moldova, as well as pull factors attracting them to the Romanian health sector. The decision to emigrate to Romania rather than other countries was frequently supported by sociocultural factors such as similar traditions and customs, and the lack of linguistic barriers. These have determined that health professionals, especially doctors, perceive no major objections or difficulties in changing both their country of residence and their job.

IV. Professional integration

Legal framework for recognition of education

The Agreement between the Government of Romania and the Government of the Republic of Moldova regarding the mutual recognition of diplomas, certificates and scientific titles was signed in Chisinau, 20 June 1998.⁸ This was adopted by the Romanian Chamber of Deputies via Law No. 39 dated 22 February 1999 observing the provisions of Art.74 par.(2) of the Romanian Constitution. Art.10 of the Agreement provides for professional recognition and inclusion in the professional activity to be carried out in line with the legislation in force on the territory of each of the countries.

Romanian Law No. 291 dated 28 December 2010⁹ ratified the Protocol for amending the Agreement signed between the Government of Romania and the Government of the Republic of Moldova regarding the mutual recognition of diplomas, certificates and scientific titles, granted by the educational institutions accredited in Romania and the Republic of Moldova signed on 26 August 2010 in Chisinau. The signed normative act distinguishes between the higher education diplomas obtained before the national regulations implementing the Bologna Process (which are mutually recognized for the duration of identical studies, areas and similar profiles) and the diplomas obtained after the adoption of the national regulations implementing the Bologna Process (which are mutually recognized for the duration of studies, areas, and similar profile, similar number of accumulated transferrable credits and national curriculum – Art. 5). The Protocol also stipulates some specific conditions for graduates of medical educational institutions:

- Art. 3, par. (3) provides that the graduation diplomas from nursing colleges (basic medical schools) for a duration of a minimum three years of study, after graduating the general school of nine years of study, issued on the territory of the Republic of Moldova are equivalent to the Baccalaureate diploma of sanitary profile in Romania;

⁸ See <http://lege5.ro/Gratuit/ge4danzt/acordul-intre-guvernul-romaniei-si-guvernul-republicii-moldova-privind-recunoasterea-reciproca-a-diplomelor-certificatelor-si-titlurilor-stiintifice-acordate-de-institutii-de-invatamant-acreditate-in->, accessed 21 May 2014.

⁹ See [http://www.lege-online.ro/lr-LEGE-291%20-2010-\(125123\).html](http://www.lege-online.ro/lr-LEGE-291%20-2010-(125123).html), accessed 5 June 2014.

- Art. 6, par. (2) provides that the recognition of specializations leading to obtaining the specialist title for doctors, dentists and pharmacists shall be performed by observing the provisions of the legislation of each country.

Title XII of Law No. 95 dated 14 April 2006 on healthcare reform¹⁰ in Romania sets out the requirements for exercising the medical profession in Romania. Hence, the profession of doctor shall be performed on the territory of Romania by individuals holding official titles of qualification in medicine, including citizens of the Romanian state or another EU Member State; spouses of Romanian citizens; or direct descendants or ascendants maintained by a Romanian citizen (regardless of their citizenship); third-country nationals; members of the CMR, and able to perform their profession (art. 379). The organization and operation of the different types of health care in Romania, as well as the duties and responsibilities of the different specializations in health, are stipulated in the same law.

During the individual interviews, the majority of representatives of the CPAs and professional unions referred to Directive 2005/36/EC of 7 September 2005¹¹ as the main basis for recognition of qualifications of people emigrating from the Republic of Moldova.

The GDHRC representative of mentioned that recognition of university education is carried out without any problems on the basis of the 1998 Agreement on mutual recognition of diplomas, certificates and scientific titles and all its subsequent amendments.¹² At the same time, Directive 2009/50/EC dated 25 May 2009¹³ on the conditions of entry and residence of third-country nationals for the purposes of highly qualified employment allows positions to be filled by citizens of other states. Directive 2005/36/EC is observed for qualifications acquired in third countries.

Equivalence of studies and recognition of qualifications

Doctors

The CMR representative considered that the procedure for recognition of diplomas, certificates and scientific titles is standard and applied to all citizens who arrive with training

10 See http://www.cdep.ro/pls/legis/legis_pck.htm_act_text?id=72105, accessed 21 May 2014.

11 See <http://eur-lex.europa.eu/LexUriServ/LexUriServ.do?uri=CONSLEG:2005L0036:20110324:EN:PDF>, accessed 21 May 2014.

12 See http://www.dsclex.ro/legislatie/2011/ianuarie2011/mo2011_19.htm#d1286, accessed 27 May 2014.

13 See <http://eur-lex.europa.eu/legal-content/EN/ALL/?uri=CELEX:32009L0050>, accessed 21 May 2014.

undertaken in non-EU countries: “These are requirements imposed by the EU and we have to comply with them. And I don’t think they are excessive” (IE_1). Three stakeholders cover the procedure for recognizing the qualification of doctors and confirming the right to practice medicine – Ministry of National Education for recognition of the higher education diploma obtained in the Republic of Moldova; Ministry of Health for recognition of the specialized training programme; and the CMR for providing the right to practice medicine. The representatives of the public authorities and professional unions consider that the recognition procedure is of a reasonable length:

In my view this is a rapid procedure. The human factor is very important – a subjective factor referring to the official who deals with the case. I know a few cases when there were some delays. Most times, the procedure observes the set deadlines (IE_1).

The CNRED representative mentioned that a commission had been established to identify programme differences in university education and that the whole application procedure for recognition of university education is described in detail on the CNRED website.¹⁴ He reported that there are no problems with recognition of university studies and that he has only ever experienced one case where the Moldovan qualification did not exist in Romania, “We had a graduate for the specialty of technology of cosmetic and medical products, for whom we recognized education in the chemistry specialty with no programme difference” (IE_8). Conversely, the huge workload for the equivalence procedure means that the deadlines set by the legislation are not always met.

The GDHRC appraises residency studies: verifying the training programme and internships. For any that are not in line with the set requirements, candidates must remedy any differences through additional training. The GDHRC representative noted differences in the duration of residency training for some specialties, “We have determined that the training duration in the Republic of Moldova is a little bit shorter” (IE_7).

It should be mentioned that the procedure for recognition of residency training has changed since Romania’s accession to the EU. Previously, health workers who emigrated from the Republic of Moldova to Romania could obtain recognition of education following completion of some additional training courses. Since accession it has become compulsory to complete a full residency programme in Romania, even for those who have already completed their residencies in the Republic of Moldova. Currently, graduates of the Moldovan medicine faculty may apply directly for residency, in direct

14 See <http://www.cnred.edu.ro/>, accessed 27 May 2014.

competition with candidates from Romania for every specialty. The GDHRC representative summarized:

If a person is accepted, she/he will follow the studies and internships according to the curriculum in a special institution. Those who are not accepted for a certain specialty, they would choose another specialty... But, from my experience I can tell you that most of the doctors originating from the Republic of Moldova would be accepted for residency in the specialty they come with from the Republic of Moldova (IE_7).

Most of the health workers interviewed were content with the procedure for equivalence of studies. Some did mention the long queues at the CNRED:

The procedure was not so difficult... The only difficult thing was obtaining the certificate from the Ministry of National Education. As the submission of documents may be performed only on two days of the week and during specific hours, the number of applicants is very high and there were long queues. Besides, the deadline for issuing the certificate was for about one month and a half! (IIA_17).

In extremely rare cases studies are not recognized. The interviews identified one such a case – a paediatrician with three years of experience in the Republic of Moldova:

In the Republic of Moldova the residency in paediatrics lasts for three years, while in Romania – it is five years. They did not want to recognize my diploma! The lady responsible for the specialty told me that she does not know what I know so she would not give me the equivalence of the diploma. So now I am studying for two additional years (IIA_14).

Most frequently, those interviewed were required to pass an exam in order to obtain recognition of their residency studies. A doctor who emigrated in 1996 recalled:

They made us take the exam together with the residents from Romania. We took the exam together with them, with no difference between us. But in their case it was called a specialty exam; in our case it was called an exam for equivalence of specialty (IIA_15).

Even those with more than 20 years length of service in the Republic of Moldova were subject to this procedure:

We did not have any difficulties in relation to the process for recognition of studies. But our studies are not recognized so easily... After the equivalence of documents, the resi-

dency exam has to be taken. This procedure is rather difficult, but it was not an obstacle for the well-trained people (IIA_16).

The GDHRC representative mentioned that health workers originating from the Republic of Moldova find the competition for residency vacancies rather difficult:

There is sharp competition for residency and for filling the vacant jobs. Nevertheless, it is much easier for those originating from the Republic of Moldova than for those from other countries, who also have to study the Romanian language. No positive discrimination is made. In universities there are specially reserved places for those from the Republic of Moldova; for residency – all the chances are equal! (IE_7).

Currently, the Romanian Ministry of Health encourages doctors who emigrated before Romania joined the EU to take the specialist doctor exam, even if their length of service is long. A 46 year old doctor, who emigrated in 1999, explained the benefit of taking this exam:

Several years ago, I decided to follow the residency studies so as to get the diploma of a doctor specializing in family medicine from the Ministry of Health, to get the additional 10% in my salary. And I did it! If you have residency training, they pay the whole amount and they even give you a supplement, but if you don't have the residency training – 10% is taken out of your salary (IIA_8).

Some doctors reported that the residency exam is considered to be rather difficult, hence, “generations of elderly doctors cannot equvalate their studies” (IIA_11).

Dentists

The procedure for equivalence and recognition of dentists' diplomas is similar to that of doctors. After the CMDR has granted the right to practice, dentists have the right to work for the state or to open their own private offices. The CMDR representative had found no problems in recognition of studies, but, “problems related to lack of knowledge about the legislation and some linguistic barriers” (IE_4).

Pharmacists

Equivalence and recognition of pharmacists' studies follows the same procedure as those for doctors and dentists. These specialists are also required to undertake a six-month mandatory internship in a pharmacy in Romania.

Nurses and midwives

The recognition procedure for nurses is similar to those for other categories of health workers. However, the equivalence procedure for nurses was more difficult before 2006. The CNRED representative explained:

There were more problems with the nurses and feldshers coming from the Republic of Moldova, as the duration of their training was not the same as in Romania, where the nurses and midwives are trained during three years of post-lyceum or higher education after finishing 12 years of high school (IE_8).

The diploma of secondary education of Moldovan nurses who graduated before 2006 is based on the number of calculated hours equivalent to the level of sanitary lyceum training. The OAMR county representative explained:

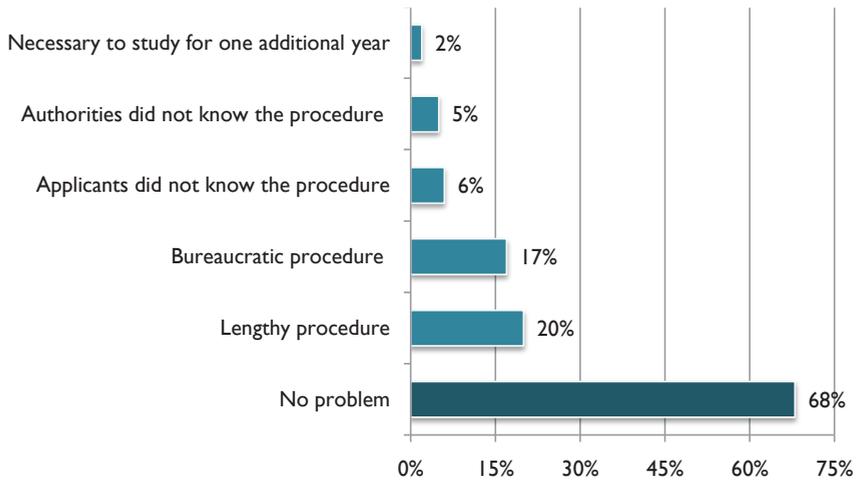
We have reformed the secondary medical training so as to comply with the standards of Directive 20/36 of the European Commission. Initially, in our sanitary lyceum we had training programmes of 3600 hours. But we had to come up to 4600 hours, according to the Directive, in order for our specialists to be able to get integrated in the medical practices of other EU countries (IE_2).

Under the equivalence of college studies received in the Republic of Moldova before 2006, nurses originating from the Republic of Moldova who have emigrated to Romania receive a smaller salary, because their training programme was only for 3600 hours. Additional courses were organized to enable sanitary lyceum graduates to make up the shortfall in their training programme and obtain the required 4600 hours. Those completing the additional training receive the diploma of nurse with higher education.

The OAMR county representative pointed out that the Romanian health system recruits nurses but not midwives from the Republic of Moldova. In Romania, higher education for the midwife specialty is mandatory (a significant difference from the medical training system in the Republic of Moldova).

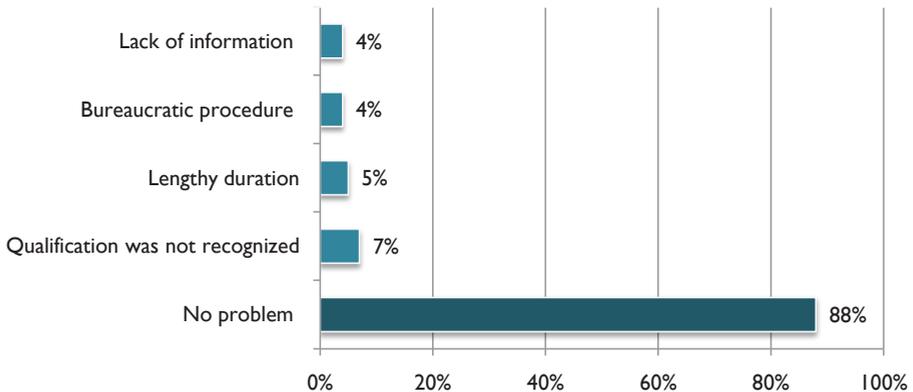
The major problems that health workers originating from the Republic of Moldova encounter in Romania during the process for equivalence of their educational documents are the lengthy duration and the bureaucratic procedure (Fig. 4.1).

Fig. 4.1. Main problems in equivalence of studies process



Only 12 respondents mentioned problems in the recognition of qualifications process. These include non-recognition of qualifications obtained in the Republic of Moldova, lengthy duration and bureaucracy of the procedure, and lack of information (Fig. 4.2).

Fig. 4.2. Main problems in recognition of qualifications process



The quantitative survey data reveal that 53% of the health workers originating from the Republic of Moldova received full recognition of their qualifications obtained in the Republic of Moldova; 27% received partial recognition and 7% said that their qualifications were not recognized (the remaining 13% studied in Romania). The problem of non-recognition of qualifications was mentioned mostly by doctors.

About one third of survey participants received additional training in Romania before being employed. This was prompted by Ministry of Health request, personal initiative or request of their professional union or employer.

How is the procedure for equivalence of studies and recognition of qualifications assessed?

The representatives of the professional unions consider that optimal professional integration conditions are created for the health workers originating from the Republic of Moldova wanting to work in Romania. They also assess the procedure for equivalence of studies and recognition of qualifications as non-discriminatory. The same opinion was expressed by the managers of the medical institutions, some of whom also worked in other EU countries: “I think that the Romanian state did enough to facilitate the integration of the health workers from the Republic of Moldova in the Romanian health system. I don’t think there are any artificial barriers” (IE_5).

The opinions of the health workers originating from the Republic of Moldova agree with those of the managers. Many assess the procedure of equivalence of university studies and residency training as normal – dealt with easily and rapidly. A doctor who emigrated in 1999 said:

There were no big difficulties! My friends told me how to prepare the documents. I prepared them, I came to the Ministry and presented them. The recognition of the documents was even easier than gaining citizenship – meaning it did not take as long! There were no major difficulties (IIA_8).

For survey participants, the equivalence of diplomas procedure took from two to 12 months – “about six months!” for most.

Some respondents mentioned difficulties arising because they lacked information about the procedure for equivalence and recognition of qualifications. One respondent said:

...It was not easy because I was totally uninformed. The most complicated thing was that I had to have a sort of mentor in Romania. I would go to the faculty and they would tell me that they did not know what I was talking about, and I would have to go back to the Ministry and so on. The procedure was not known (IIA_10).

Another respondent said:

Initially I went to the Ministry of National Education. They equivalated my diploma. Afterwards I went to the Ministry of Health, but I was not entitled to work, I just had the right to go to residency training. I felt lost! No one would explain exactly what I had to do and how to do it ... I would go to the Ministry – they would send me to the PHD. I would go to the PHD – they would send me to the Ministry. By the end of the day, I understood what I had to do by myself and registered for residency under the PHD (IIA_14).

Such a lack of information support hindered the integration of health workers originating from the Republic of Moldova within the Romanian health system.

A nurse who emigrated in 2003 considered that the recognition of studies was a very difficult procedure that deters Moldovan nurses from emigrating to Romania:

I went to the post-lyceum school in Romania! The three years of this training were very difficult. First of all, I went to the post-lyceum school when I was 35 years old! Secondly, I was studying and working at the registration office at the same time. And, actually, this fact helped me to study as I had the chance to see how things work in practice (IIA_12).

This respondent also mentioned that she knows people who arrived in Romania with secondary medical education, but preferred to go to the faculty.

Recognition of scientific titles obtained in the Republic of Moldova also presents difficulties. A forensic specialist told of her experience:

They asked for my thesis for the equivalence of the PhD diploma! My thesis sat in Bucharest for six months before they decided that I had to remake my thesis! All the theoretical part! They asked me to remake the original 120-page thesis, defended in Chisinau, into 320 pages! The equivalence procedure lasted for five years. Effectively, I submitted a new thesis! (IIA_13).

Despite some difficulties encountered in the process of equivalence and recognition of studies, no health worker originating from the Republic of Moldova made any mention of unofficial fees being requested for the equivalence procedure.

Employment modality

Health workers originating from the Republic of Moldova who hold Romanian citizenship or those who are spouses, ascendants or descendants maintained by a Romanian citizen have the same rights as the specialists from the medical area in Romania. The CMR representative noted:

If they have their education and specialty recognized, they can find some work very quickly ...The University of Medicine “Nicolae Testemitanu” is a serious university that provides good training. Those who come don’t have difficulty getting integrated in professional activity, and they do it easily (IE_1).

The representatives of the Romanian public authorities suggested that there are notable and positive examples of doctors originating from the Republic of Moldova who have integrated in the Romanian health system and evolved professionally, developing successful careers in organ transplantation, cardiology and stomatology, for example.

The survey participants recognize that there is no lack of jobs. A doctor working in the private sector for many years noted that it was no problem to find a job in a state medical institution, although competition is high:

It was not difficult. Initially I worked for three years for the state. Subsequently, I went to a private hospital. Other conditions exist here! All conditions exist here. They make a lot of investment, especially in equipment (IIA_10).

The CMDR representative mentioned that dentists originating from the Republic of Moldova work mainly in the private sector, “Our legislation allows private activity and most of them get employed in the private sector, they open their own offices” (IE_4).

Tough competition was mentioned for pharmacists who emigrate from the Republic of Moldova. The chair of a county CPhR pointed out that many Romanian graduates of the pharmacy faculty do not have jobs:

The main problem of those who emigrate is finding a vacant post. The pharmacists from the Republic of Moldova are accepted in the system only if they are well-trained and cope with the competition (IE_3).

The managers of the Romanian medical institutions proved to be interested in integrating and retaining specialists from the Republic of Moldova. Some have even found solutions arising from legislative uncertainties:

The doctors who came from Bessarabia had a rather uncertain situation – they would work in the hospital, without a legal working form. They had no justification to be present in surgical interventions. Having a medical diploma, they were employed as volunteers, in case of incidents or accidents. We identified their status as voluntary! So, before being recruited, all of them were working as volunteers (IE_9).

As mentioned earlier, the health workers originating from the Republic of Moldova work in all Romanian counties, but the recruitment modalities differ. Many of the doctors are recruited in the institutions where they undertook their residencies. The manager of a county PHD explained, “As a rule, a working contract is concluded for the duration of the residency training and for a period of five years they cannot leave the sanitary unit” (IE_6).

Another modality relates to monitoring the vacancies placed on the web pages of the Ministry of Health and the PHDs. The chair of a county branch of the OAMR pointed out, “The health workers originating from the Republic of Moldova find the vacancies posted on the web page and come with the request to let them work in a specific position” (IE_2).

This fact was confirmed by the health workers interviewed. A dental technician noted, “I found a job in Bucharest through the Internet, I was monitoring the posted vacancies” (IIA_17). A similar experience was mentioned by a paediatrician, who emigrated in 2011 and found employment in a small town of 50 000 thousand inhabitants:

I found a vacancy for a paediatrician on the web page of the Ministry. It was very nice, as my husband was from that place ... I was afraid I would not pass, if someone from Romania was also applying for the same place, and it was natural that he had more chances than me. But no one applied (IIA_14).

The health workers originating from the Republic of Moldova tend to be proactive in their job searches. This was mentioned by the representatives of professional unions. One example is a pair of doctors with the same specialization who succeeded in gaining employment in the same medical institution:

During the last years of residency training, we thought that we should look for jobs for when we finish our studies. My friend and I searched the information and decided to get transferred to a county town for the internship period. We identified some new opportunities – few specialists and most of them were old! Those who stayed in Bucharest subsequently found it much more difficult to get employed (IIA_11).

Some of the health workers originating from the Republic of Moldova change their specialty in response to identified vacancies. This was pointed out by a survey participant who emigrated in 2011, “Many people come here and change their specialty. They choose the specialties which are available! I have a colleague who was an anaesthesiologist, but she became an immunologist here” (IIA_14).

The data from the quantitative survey (including 100 health workers originating from the Republic of Moldova) reveal that only six doctors work in areas of specialization other than the specialty on their diploma of education. This is common among cardiologists, paediatricians and anaesthesiologists who graduated from university in the Republic of Moldova as they require additional education before they can obtain recognition.

Sometimes the health workers originating from the Republic of Moldova fill vacancies in rural localities and small towns. These are not sought after by doctors originating from Romania so it is not difficult to find a job in these areas. It is much more difficult to secure a job in the university hospitals, but even this is possible for doctors with wide knowledge and advanced practical skills. For example, some well-known doctors originating from the Republic of Moldova are currently working in the main Romanian medical institutions, university chairs and university hospitals. A surgeon from a small town in Romania described his experience, “...I would have liked to work in a university centre, in Iași, Cluj, Târgu Mureș, but it was practically impossible. You need levers over there and the jobs are blocked for 10 years ahead” (IIA_9). A urologist mentioned that, in some cities of Romania, doctors originating from the Republic of Moldova represent the majority:

Everyone is looking for a job and gets employed wherever he/she finds it. But I can tell you that in town L. (small town with population of around 18 000) the Moldovan doctors represent the vast majority, while the Romanian doctors are in the minority (IIA_10).

It is more difficult for couples who are both doctors to find jobs. But the survey reveals that this is not impossible, “It was not easy! I am an emergency doctor and my wife is a rheumatologist ... We looked for jobs everywhere else, but ended up in this city” (IIA_15).

Frequently, one family member emigrates initially, settles down and then brings over the rest of the family. A county hospital manager revealed:

I will tell you about those who came to my hospital. It was difficult for them when they came. One came with just a sack in his hands and that's it! I gave him my office until he got settled. I have studio apartments that belong to the hospital. They stay there until they really get settled. All of them come by themselves at first. Afterwards they get settled, and bring their families. Some are not married and they build their families here (IE_5).

In this case it is important not to underestimate the community formed by health workers originating from the Republic of Moldova. The social networks are also important, as pointed out by the CMR representative, "They pull each other! It is like diaspora, a mini-community. If some of them get settled, afterwards they bring their relatives, friends, colleagues..." (IE_1). This was recognized by a family doctor who emigrated in 1999, "Some friends called me, they were doctors who had emigrated and got employed in the Romanian health system. They told me that there were recruitment chances, and indeed it was so!" (IIA_8). An urologist working in a region with many citizens of Hungarian ethnicity said, "There is competition here between the Hungarians and Romanians. And, as far as possible, we take the opportunity to promote the Moldovans, whenever asked ..." (IIA_10).

A member of a family of doctors who emigrated in 1998 mentioned the spirit of solidarity between the health workers from the Republic of Moldova and the support provided to help other friends, colleagues and even acquaintances with medical education become integrated in Romanian society, "Those who came first, have helped those who came subsequently. Even in our house a number of newcomers have lived for a while!" (IIA_11).

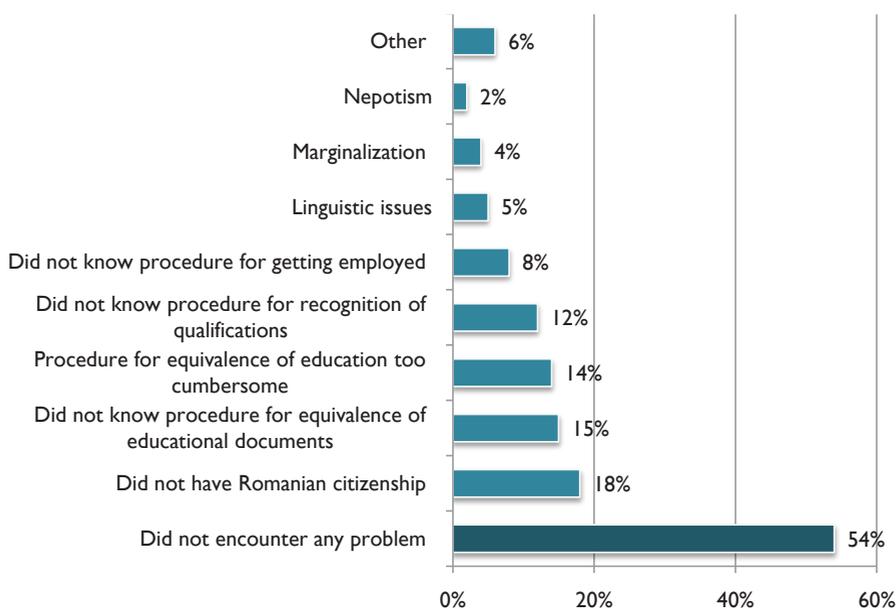
The individual interviews carried out with the health workers also identified situations when the health workers originating from the Republic of Moldova were helped by the Bessarabian doctors who emigrated to Romania in 1940: "I was lucky. The head of the section was a doctor from Soroca, who emigrated in 1940. He has helped us a lot!" (IIA_11).

Difficulties in the professional integration process

The survey data allowed identification of the main problems that doctors originating from the Republic of Moldova encountered during their integration in the Romanian health system (Fig. 4.3). Of the health workers participating in the quantitative survey, 54% stated that they did not encounter any problem when joining the labour market. Those who have studied in Romania were more likely to report that they had had no problems. It also may be noted that the number of problems with integration decreased in the second and third waves of immigration.

Almost one in five health workers did not hold Romanian citizenship when they sought employment. The procedure for acquiring citizenship was assessed to be more difficult than the procedures for equivalence of studies and recognition of qualifications. One doctor who has studied in Romania recalled: “I did not have citizenship at the very beginning! It was very difficult. I wanted to go home when I was in the second year of faculty” (IIA_13).

Fig. 4.3. Main problems encountered by health workers originating from Republic of Moldova



Other difficulties relate to limited knowledge about professional activity and the procedures for equivalence of education and recognition of qualifications. Some survey

respondents also noted that linguistic barriers were a problem at the very beginning of their professional activity in Romania, “Linguistic barriers existed. No one understood what I was talking about!” (IIA_10). A respondent who studied in Russian recalled:

The first years were very difficult... My first barrier was the linguistic one. I studied a lot, I paid special attention to the Romanian language. Sometimes they would mock me at the faculty, saying that I need to study Romanian (IIA_9).

This issue was also noted by the representatives of the professional unions, who consider that the health workers originating from the Republic of Moldova encounter difficulties until they become used to the language specific to their specialty.

The differences in accent (marked variations in pronunciation specific to Moldovan speech) which were obvious at the beginning of the integration for some health workers originating from the Republic of Moldova, has created some frustration and subsequent impacts on their self-esteem. Even after around 15 years living in Romania, one doctor said that she still felt the linguistic barrier, “Even now, when going to different meetings, I try my best not to talk so much. Because, at once I am recognized to be from Bessarabia” (IIA_11).

Cases of marginalization and discrimination still exist, but are rare:

Frequently I am called Russian ... All of us are Russians ... They may tell me that I don't know how to talk ... Yes, indeed sometimes I do not have enough words ..., although many of them talk nicely but have no knowledge (IIA_11).

They do reveal that it was difficult to adapt to the new living environment:

I adjusted with great difficulty ... They were calling me 'Russian' and 'communist'. I was very stigmatized by colleagues, professors... Sometimes maybe they did not do it intentionally, but I perceived it like this ... The living conditions were difficult ... we felt that we were strangers (IIA_13).

Some of the respondents and emigrants from 1940 shared this fate. A doctor who emigrated in 1998 summarized this experience:

I want to say that the red spot remained with those who emigrated in 1940 and it will stay with us. We, the people from Bessarabia, will never be treated the same way ... and

maybe that is why these doctors who emigrated in 1940 helped us a lot, because they themselves felt this discrimination (IIA_11).

It should be said that the reported situations of marginalization and discrimination were created not by Romanian society, but by some representatives of this society. This was recognized by some respondents and summarized succinctly by one participant, “Romanians are different. I had Romanian colleagues who helped me a lot.” (IIA_11). A doctor who emigrated in 2011 described her difficulties in daily life:

It was rather hard to decide to leave the county ... And now it is also difficult ... I want to go home! I don't have a lot of friends ... I am used to knowing the people I work with, to have open relations ... I have worked a lot in the hospital since I left the faculty! But here ... it is different ... There is very high competition, resistance from many people ... But I also meet people who don't suffer the Bessarabian people... Let's be truthful, they are afraid of competition and they try to mock us because of the accent, because we don't talk like they do, and because we are Russians ... That's why many of those who have emigrated prefer to keep it quiet that they come from the Republic of Moldova. I have a faculty colleague who is like this. She was a paediatric surgeon. She came here and was employed in a pharmaceutical company as a distributor. Once I heard her say that she studied in Iasi and that she is Romanian. I was shocked ... But I understand ... (IIA_14).

The health workers originating from the Republic of Moldova prefer to keep their links with the diaspora in order to share some of their cultural preferences. They miss their country of origin and are glad to have the possibility to meet their co-nationals:

I don't back off from the population from here. Nevertheless, I have many friends from Moldova and I have noticed that they prefer to stay separate, and usually they make friends with others from the Republic of Moldova. Maybe all of us are united by the same education, culture ... The people from Moldova are different ... in their clothes, attitude... They adjust, they change ... but nevertheless ... I really miss home. I miss the friends and people from home! At least once every two months I feel the need to get close to the customs at least... To take a sip of air... It is difficult to live among foreigners. I have brought my mother here ... but she is not adjusting (IIA_13).

Attitudes towards the health workers originating from the Republic of Moldova

The interviews held with the representatives of the public authorities and professional associations and the managers of institutions reveal a positive attitude towards the migration of health workers from the Republic of Moldova. This is seen as an advantage for the Romanian health system which suffers from an insufficiency of health workers. The manager of a county PHD noted, “There are many vacancies. We need doctors and people from the Republic of Moldova to come. There is demand, there are offers! It’s good!” (IE_6). The Ministry of Health representative remarked:

The health workers from the Republic of Moldova are the best solution for the Romanian health system. They at least know the language, unlike the doctors from other countries who come and get integrated in the system... Hence Romania obtains benefits from this migration, while the Republic of Moldova has none really (IE_7).

The latter statement indicates the need to analyse the situation and identify some solutions which would not be to the detriment of the Republic of Moldova:

Maybe it would be necessary to establish some agreements regarding temporary migration of labour between the Republic of Moldova and Romania. Maybe it would be necessary to change something about university entry. Romania provides about 100 places for university education in medicine. Many of these students do not come back. What are the benefits for the Republic of Moldova? Maybe it would be good to revise something here ... (IE_8).

The representatives of both the CPAs and the medical institutions highly appreciate the training level of the health workers originating from the Republic of Moldova, “They are good! I have nothing specific to mention. They work well, with their soul!” (IE_4). The quality of the training is of a high level that has not changed over the years. The manager of a medical institution from Bucharest noted, “They are very good doctors. There are no differences in relation to the younger doctors who have come since the year 2000” (IE_9). These professionals are also appreciated by their colleagues and patients:

The health workers from the Republic of Moldova are highly appreciated for the experience they have. I personally know very good specialists, highly appreciated, in different rather complicated areas. For instance, in cardiovascular area (IE_8).

Respondents also stated that no additional financial costs are incurred for the integration of health workers originating from the Republic of Moldova within the Romanian health system. This is due to the high-quality professional training of those who request employment. The manager of a county hospital gave an evaluation of five doctors from the Republic of Moldova who work in his institution: “I have good fellows now! I have selected them. I have organized an exam for them, I have checked them! They are good and valuable specialists. And I need them (IE_5).

Similar appreciation was shown by the representative of an OAMR county branch:

As far as I know, those who come from the Republic of Moldova are well-trained. I know several ladies who work here in the hospital and I know that they are well-appreciated by their colleagues. I consider that they get integrated easily. Personally, I don't know of any problems related to integration in the system (IE_2).

Perceived attitudes of the health workers originating from the Republic of Moldova

The majority of health workers who participated in the survey integrated themselves rapidly and with no difficulties in their working collectives and have good relations with patients. A doctor originating from the Republic of Moldova who trained in Romania is convinced that the good specialists have no problems with integration, regardless of their community of origin:

No difference is made between employees. Good training is well-appreciated everywhere, regardless of the place you come from.... It is enough to perform 10 good surgeries, to be well-educated and the patients will come to you themselves (IIA_9).

This opinion was shared by another survey respondent, “If you are responsible and devoted to your profession, you will be appreciated everywhere! Even in Africa! I do not differ from them so much now, neither in my speech nor in my manners ... (IIA_14).

A family doctor who has been working in a rural locality in Romania for around 12 years noted with satisfaction, “Patients come to the doctors originating from the Republic of Moldova ... We, the Moldovans, are a little bit different, and Romanians appreciate this” (IIA_8).

There are very few reported differences between the salaries paid to the doctors originating from the Republic of Moldova and those of their Romanian colleagues – 93% of respondents said that they are paid the same; 5% are paid better than their colleagues; and 2% consider that they are paid less. Those who mentioned higher salaries than those of their Romanian colleagues are mainly dentists working in the private sector.

The survey has also identified some cases of stigmatization and exaggerated competition, “You should know that Romanians always say that Moldovans come and take their place. While we work to get affirmed” (IIA_11). And even discrimination, “I am well-appreciated by my colleagues. But, in general, some Romanians treat Moldovans as second-class people” (IIA_10). Frequently, these situations are based on the preconceptions of health personnel originating from the Republic of Moldova, “Sometimes there is hostility from colleagues. I don’t want to boast, but we are good and create strong competition for them” (IIA_10).

The health workers from the Republic of Moldova report that they have very good relations with patients, but not always with their peers, and frequently feel lonely:

I have colleagues in Iași, Bistrița, București, Constanța and they have the same situation ... They get along with the patients, but it is more difficult with their colleagues. I don't have any friends among doctors. I had a Moldovan surgeon as a friend, but unfortunately he passed away ... Many of my patients' spouses invite me, but I don't have a friend to chat with, to go for a walk, to go for a beer – no one. And this is probably the biggest problem, because there are no other problems from a professional point of view (IIA_18).

The survey data allow the following conclusions to be drawn:

- Recognition of the study diplomas, certificates and scientific titles granted by the educational institutions accredited in the Republic of Moldova and Romania is based on the Agreement signed between the Republic of Moldova and Romania (1998) and the Protocol for amending the agreement (2010). The recognition process takes account of the duration, area and profile of studies for pre-Bologna Process graduates; and the duration, area, profile, accumulated transferable credits and curriculum of Bologna Process graduates.
- Some differences are attested in the training of some categories of health workers in the Republic of Moldova and Romania. The diploma of medicine college graduates from the Republic of Moldova obtained before 2006 is recognized in Romania as a Baccalaureate diploma with sanitary profile.

- Pharmacists with educational diplomas issued by institutions from the Republic of Moldova must undertake a mandatory internship in Romanian pharmacies.
- The main problems encountered by the health workers originating from the Republic of Moldova during the equivalence and recognition of studies are: duration of procedures, bureaucracy, lack of information about the procedures and, in some particular cases, not recognizing the qualification.
- The health workers originating from the Republic of Moldova work in all Romanian counties. They identify the vacancies offered in the Romanian health system in Romania and take part in the competitive application process. Fewer health workers are being employed in specializations than those indicated on their diplomas.
- About 46% of the health workers from the Republic of Moldova encountered difficulties in the process of professional integration. The main difficulties are: lack of Romanian citizenship; no knowledge of the procedure for equivalence and recognition of qualifications; no knowledge of the employment procedure.
- The representatives of the Romanian CPAs and of the professional associations positively appreciate the emigration of health specialists from the Republic of Moldova (including their level of professional training) to fill vacancies in the Romanian health system.

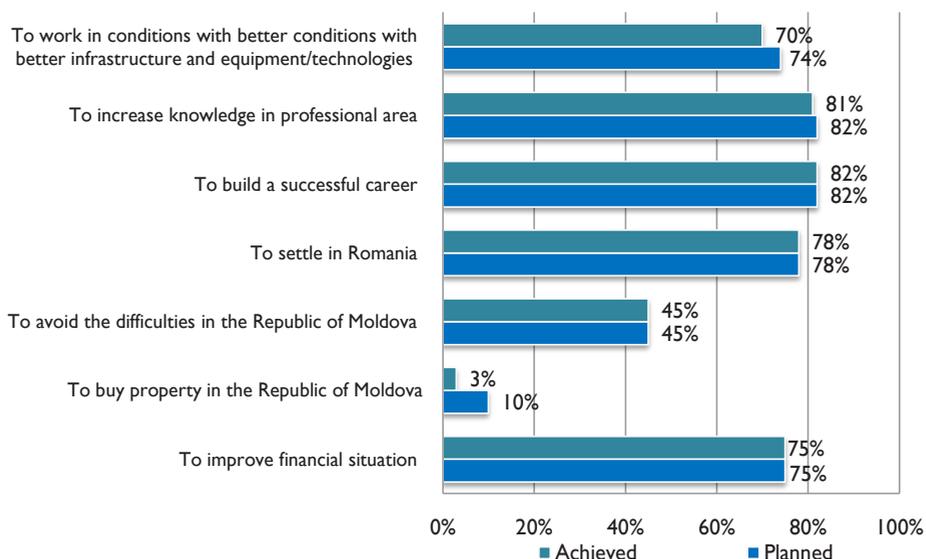
V. Future plans

The health workers originating in the Republic of Moldova working in Romania identified their expectations of emigration. The most important of these related to building a successful career (82%); increasing the volume of knowledge in their professional area (82%); settling in Romania (78%); improving their financial situation (75%); wanting to work in conditions with modern infrastructure and technologies (74%); avoiding the difficulties in the Republic of Moldova (45%); and buying property in the Republic of Moldova (10%).¹⁵

Analysis of their expectations when emigrating and their current situation reveals that most of the expectations have been fully or partially met (Fig. 5.1). Plans to settle in Romania were fully achieved. There was also marked success in achieving health workers' expectations of having a successful career (fully for 56%; partially for 26%); improving their financial situation (fully for 57%; partially for 18%); to expand their knowledge in their professional area (fully for 64%; partially for 17%); working in conditions with better infrastructure (fully for 54%; partially for 16%); and avoiding the difficulties in the Republic of Moldova (fully for 38%; partially for 7%). It should be noted that Romania has provided the health workers originating from the Republic of Moldova with possibilities to fulfill their emigration plans.

15 Respondents could select more than one answer.

Fig. 5.1. Migration plans planned and achieved¹⁶

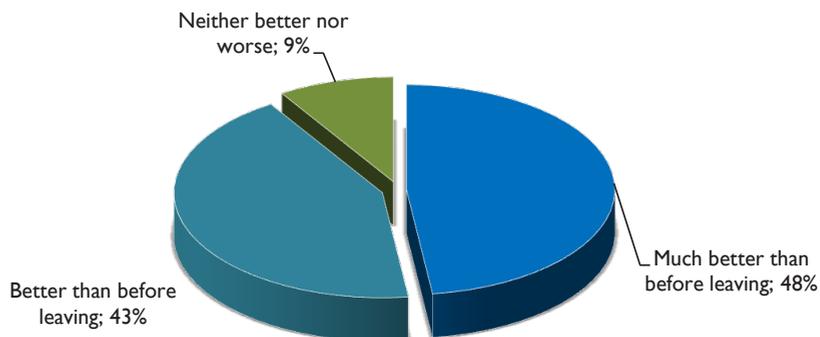


During the interviews, it was revealed that some emigrants had sold property that they had owned in the Republic of Moldova. This occurred after they had integrated in the Romanian health system and were sure that they would not return to their country of origin. One in ten emigrants participating in the survey declared an original intention to buy some property in the Republic of Moldova. These plans changed and only 3% of respondents actually bought some property. This indicates that these health workers could return to the Republic of Moldova if positive changes occurred in Moldovan society.

The majority of survey participants consider that their present situation is *much better* (48%) or *better* (43%) than their situation before leaving the Republic of Moldova. Only 9% stated that their *situation did not change*. None of the respondents identified their present situation as worse than their situation before emigrating to Romania (Fig. 5.2).

¹⁶ The difference up to 100% represents the share of those who did not have such plans.

Fig. 5.2. Assessment of current situation compared to situation before emigration



Currently, 85% of the health workers originating from the Republic of Moldova intend to continue to live and work in Romania; 7% intend to leave to work in the health sector of another EU State; 3% want to move to another EU country, but not necessarily to work in the health sector; 3% want to return to work in the Republic of Moldova; and 2% want to leave for another non-EU country.

When asked about the circumstances that could determine their return to their country of origin, 60% of the quantitative survey respondents stated firmly that they would never return to live in the Republic of Moldova. Many of those interviewed shared the view that, “In my opinion, 99% of the doctors from Romania will never return and 1% maybe will return” (IIA_11).

The factors behind this situation concern their professional careers; children integrated in Romanian society; and settled personal and professional relations. A nurse who emigrated with her husband (a dentist) in 2003 emphatically stated their wish not to return to the Republic of Moldova:

Return – never! My childhood was there, ten years. I have worked there, my husband not so much. But I have been here for 10 years already! We have friends here. We have bought a house. We have got used to it. My daughter is studying here. She is integrated and has friends. And I want to be close to her, as a mother!... To start again from zero? I don't want that! Firstly, it is very difficult. Secondly – the years have passed! (IIA_12).

In the health area, affirmation is dependent on experience. Return to the country of origin would mean starting everything anew, and this becomes more difficult with age. A doctor who emigrated over 17 years ago explained:

You work until you are 40 years old so as to get established and settled, afterwards you just harvest what you planted, don't you? And it is not worth getting all your belongings and going back (IIA_15).

Decisions to not return to the Republic of Moldova are also motivated by that fact that Romania is not only an EU Member State, but also offers others possibilities for health workers:

The young people will not return for sure... Currently, medicine is the only area that allows you to leave legally and make money abroad, and not just in EU countries. Foreigners organize fairs for resident doctors all over the country. About 3000 of the 5000 graduates have signed contracts to leave for foreign countries (IIA_11).

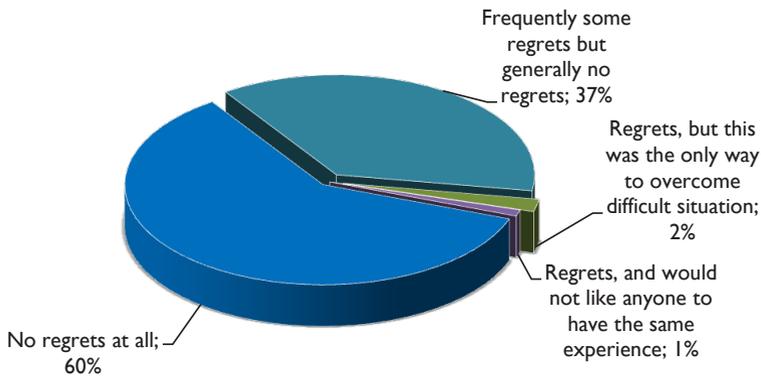
The health workers originating from the Republic of Moldova who have studied and undertaken their residency in Romania, may also emigrate to other EU countries. This process is more difficult for the specialists who have studied in the Republic of Moldova alone.

As compared to Romania, the Republic of Moldova offers no opportunities for those who have invested in their professional development, as the majority of respondents mentioned:

What opportunities are offered by the Republic of Moldova? Currently the Republic of Moldova does not have even half of what Romania has. I'm not referring only to the medical system, but in general (IIA_9).

Social and professional integration is a reason for 60% of the respondents to indicate that they do not regret their migration experience. This compares to 37% who have some regrets; 2% who regret the experience, but consider that this was the only way to help their families; and 1% who regret the experience and hope that others do not have to undergo the same (Fig. 5.3).

Fig. 5.3. Assessment of personal migration experience



Nevertheless, 40% of the participants in the quantitative survey did not exclude the possibility of returning to the Republic of Moldova. Four out of 10 health workers would return to the Republic of Moldova if there were improvements in the socioeconomic and political situation on one hand, and in the situation in the health area, on the other. Other factors which could influence a return to the Republic of Moldova would be worsening of the socioeconomic and political situation in Romania (Fig. 5.4).

Some interviewees were unsure about a return to the Republic of Moldova. This uncertainty was related to the hope for some changes in the Moldovan health system, which would also contribute to socioeconomic improvement:

A better material situation which would allow me to work because of the pleasure of working, because with the income which may be obtained in the Republic of Moldova it is impossible to make a decent living. Economic and political stability, which would provide a clearer vision for my future and my family's future (IIA_17).

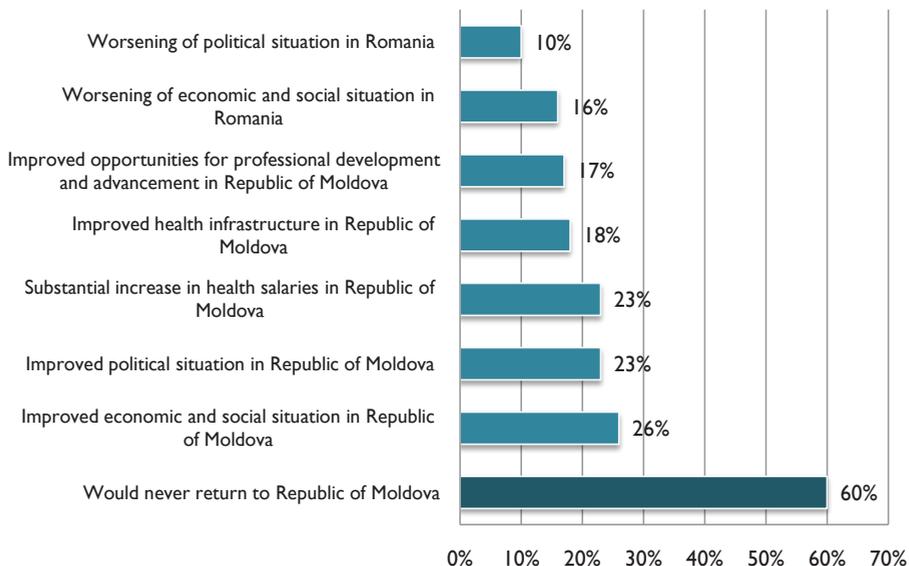
So, it may be noted, the creation of better conditions for health workers could exert some influence on the future plans of some of the people working in the Romanian health system.

Parents are another factor which could influence changes in the future plans for some young health workers:

I would return tomorrow! I frequently think about this! But I remember how difficult it was! I don't know how long I would have persisted in those conditions if my friend had not convinced me to leave. I could work in that regime, because I did not have a family

... I don't know if I could have done it, if I had had a family... I would probably return, if my parents insisted ... But they did not stop me... They were glad for me when I decided to leave ... (IIA_14).

Fig. 5.4. Circumstances which could determine return to Republic of Moldova



Based on all these factors, a number of health workers mentioned the need for some actions to prevent the migration of health workers currently working in the Moldovan health system:

Those who have integrated into the Romanian health system probably will never return. Maybe it would be good to think what should be done so that doctors do not leave the Republic of Moldova? (IIA_8).

Interviewees suggested appropriate changes:

First of all, it is necessary to increase salaries. Secondly, it is necessary to improve the working conditions, including changing the equipment. The population should be supported with loans with reasonable interest rates, as they are in Romania (IIA_12).

It is important to develop a strategy for retaining health workers in the health system as soon as possible. Important resources have been invested in these people, and this would benefit of Moldovan citizens:

The situation is sad, because when the best people in society leave, no one wins anything. The civilized world buys the people with good training, including doctors. And what does the Republic of Moldova continue to do? Just kicks them off! The advice is rather simple: whatever we grow, we should keep in our garden... (IIA_9).

Analysis of interviewees plans' while emigrating and their current situation allow the following conclusions to be drawn:

- The health workers originating from the Republic of Moldova have largely fulfilled their expectations to settle in Romania; to build a successful career; to improve their financial situation; to increase their level of professional development. Around nine out of 10 survey participants mentioned that their current situation is *much better* and *better* than their situation before emigration.
- The opportunities existing in the Romanian health system have convinced 60% of the health workers to take the decision to never return to the Republic of Moldova.
- Intention to return when important changes have occurred in Moldovan society (improvement of the political, economic and social situation) and the Moldovan health system (increase of salaries, creation of opportunities for affirmation) was mentioned by 40% of the health workers.
- Changes in the political and socioeconomic situation in Romania could influence the decision to return. However, there is a significant difference between those who say that they might return (40%) and those who say that they plan to return and work in the Moldovan health system (2%).

Conclusions

Based on the study objectives, the survey data enable the following conclusions to be drawn.

Record keeping on the health workers originating from the Republic of Moldova and working in the Romanian health system

- There is no record keeping on the health workers originating from the Republic of Moldova, and working in the Romanian health system, either at central level (Ministry of National Education, Ministry of Health, national professional union) or at local level (PHDs, county branches of the professional unions, medical institutions). The county professional unions could produce the number of health workers originating from the Republic of Moldova on the basis on the record-files submitted to them, but these data would underestimate the number of such health workers. This is because they reflect only the health workers who have obtained their secondary and university education in the Republic of Moldova, and not those who have graduated from Romanian universities.
- The health workers originating from the Republic of Moldova and working in the Romanian health system help to meet the current deficit in human resources.
- The representatives of both the CPAs and the local authorities consider that it would be useless to introduce record keeping on the health workers originating from the Republic of Moldova and working in Romania. Such record keeping would be stigmatizing and could have discriminatory consequences because the health workers working in the Romanian system hold Romanian citizenship or are spouses, descendants or ascendants of a Romanian citizen and have studied in Romania and/or the Republic of Moldova – with education that is equivalent and recognized by the Romanian authorities.

Numbers and characteristics of the health workers originating from the Republic of Moldova and working in the Romanian health system

- The exact number of health workers originating from the Republic of Moldova working in the Romanian health system is not known.
- Different categories of health workers originating from the Republic of Moldova are working in the Romanian health system (e.g. doctors, dentists, pharmacists, nurses). Numbers of doctors and dentists are higher than those of pharmacists and nurses.
- The health workers originating from the Republic of Moldova work in Romania in state and private medical institutions throughout the entire territory – rural localities, urban areas (cities, towns, county hospitals, municipal hospitals, university centres).
- The health workers originating from the Republic of Moldova account for 10–15% of the medical personnel in some Romanian medical institutions. The share of doctors originating from the Republic of Moldova account for 10% of the total number of doctors in some specialties.
- The health workers originating from the Republic of Moldova working in Romania have higher and secondary specialized education. Three categories of specialists are pointed out depending on their education: (i) all studies completed in the Republic of Moldova, (ii) university studies in the Republic of Moldova and residency in Romania, (iii) all studies completed in Romania.
- The survey data point out three distinct emigration waves to Romania by health workers originating from the Republic of Moldova: (i) 1991–1996, mainly determined by the national renaissance and the possibility to continue studies in Romania; (ii) 1997–2006, before Romania joined the EU, when most of the health workers emigrated because of financial problems and the sociopolitical situation in the Republic of Moldova; and (iii) 2007– present, health workers are mainly attracted by the differences in salaries, working conditions and the possibility of working in an EU Member State. The flow of health workers originating from the Republic of Moldova has decreased since Romania joined the EU.
- The age of the health workers originating from the Republic of Moldova working in the Romanian health system ranges from 24 to 64 years; their length in service in the Republic of Moldova ranges from one to 20 years.
- The vast majority of health workers originating from the Republic of Moldova have emigrated to Romania together with their families. One third have children

who were born in Romania. About two thirds of the health workers originating from the Republic of Moldova have bought a property and set up home in Romania.

Factors determining migration of health workers from the Republic of Moldova to Romania

- The emigration of the health workers is determined by both push factors and pull factors. The intensity of the respective factors varies between different emigration waves.

Push factors:

1. lack of motivating working conditions in the Moldovan health system (geographical location of rural medical institutions; missing infrastructure and inadequate conditions for living, for raising and educating children, etc.);
2. insufficient remuneration to ensure minimum living standard;
3. presence of corruption and nepotism in the Moldovan health system;
4. lack of prospects for career growth;
5. unfriendly attitude of administration and staff of institutions to which young specialists were assigned;
6. dissatisfaction with sociopolitical situation;
7. economic crisis.

Pull factors

1. possibilities for professional growth and career development – health workers from the Republic of Moldova perceive more chances to practice their chosen specialty in Romania;
2. vacancies in the Romanian health system;
3. more attractive remuneration in the Romanian health system, offering the possibility of a decent living and the prospect of a secure future for a family;
4. greater possibilities to open a private practice;
5. presence of dedicated programmes for supporting health workers – accommodation, loans with good rates of interest;

6. more qualitative professional training;¹⁷
7. Romanian medical institutions have more modern equipment and better working conditions;
8. desire to join family (children, parents, spouses) already in Romania;
9. possibilities for subsequent emigration to other EU countries – as an EU Member State, Romania offers more prospects for health workers to emigrate to more advanced EU economies.

Different categories of factors prevailed during different emigration waves – factors related to dissatisfaction with the health system and the situation in the Republic of Moldova during the first stage (1991–1996); factors related to family needs during the second stage (1996–2006); and pull factors in the third stage, following Romania’s accession to the EU.

Procedure for equivalence of studies and recognition of qualifications of the health workers from the Republic of Moldova and their professional integration

- Equivalence procedure includes two stages for all the medical specialties:
 1. equivalence of the education diploma (college, university) with the Ministry of National Education,
 2. recognition of qualification/specialty with the Ministry of Health.
- Procedures for equivalence of diploma and recognition of specialty are confusing for many health workers who emigrate to Romania as they lack knowledge of the process.
- Recognition of qualifications/specialties by the Ministry of Health compares postgraduate training programmes from Romania and the Republic of Moldova by number of hours. If these do not correspond, those who wish to practise in Romania must complete the residency programme requirements established in Romania.
- Procedure for equivalence and recognition of education for pharmacists includes a mandatory six-month internship in a pharmacy in Romania.

¹⁷ Some health workers mentioned that Romania provides more qualitative training in specialties, and young specialists have more possibilities for interventions during the residency period.

- Nurse and midwife training is provided at university level in Romania and (for those graduating before 2006) by the number of hours in the Republic of Moldova. Hence, diplomas from Moldovan medical colleges are equvalated with a sanitary profile baccalaureate.
- Health workers originating from the Republic of Moldova and working in the Romanian health system made no mention of any unofficial fees for equivalence and recognition of qualifications.
- Health workers from the Republic of Moldova encounter the following main problems during the equivalence and recognition of studies: duration of the procedure, bureaucracy, lack of information about the given procedures and, in some cases, no knowledge of the qualification.
- Health workers from the Republic of Moldova access employment vacancies in different specialties, including those for residency, published on the official web pages.
- In the Romanian health system, employment of health workers from the Republic of Moldova who hold Romanian citizenship or are spouses or descendants of Romanian citizens provides for their mandatory registration with a professional association.
- The majority of the health workers from the Republic of Moldova have not encountered difficulties with integration in the Romanian health system. Those who have had difficulties mentioned: lack of Romanian citizenship; no knowledge of the procedure of equivalence and recognition of studies and qualifications; cumbersome procedure for equivalence of studies; and no knowledge of the procedure for employment in the labour market.
- The representatives of the CPAs and professional associations and the managers of Romanian institutions have a positive attitude towards the migration of health workers from the Republic of Moldova to Romania. They consider that the health workers are well-trained professionals who contribute to solving the deficit of health workers in the Romanian health system.

Future plans

- The study reveals a high achievement level for the expectations of the health workers from the Republic of Moldova when they emigrated to Romania. Their plans to settle in Romania have been fully achieved and their expectations of a successful career; improved financial situation; wider professional knowledge; better working conditions; and avoidance of the difficulties in the Republic of Moldova have been partially met.

- The majority of the health workers from the Republic of Moldova assess their current situation as *much better* and *better* than their situation before emigration, and intend to continue to live and work in Romania. Some health workers intend to emigrate to another EU country to work in the health area. Only a small number of health workers are willing to return to the Republic of Moldova.
- It is significant that 60% of the participants in the quantitative survey are firmly convinced that they will never return to live in the Republic of Moldova. The health workers who emigrated more than five years ago do not accept the idea of returning home as they are professionally and socially integrated in Romanian society. Those who emigrated recently are more open to the idea of returning to the Republic of Moldova.
- Circumstances which could determine a return to the Republic of Moldova for 40% of the health workers are improvements in the: socioeconomic situation; political situation; salaries for health workers (substantial increases); and health system infrastructure. Also, opportunities for development and career growth in the Republic of Moldova coupled with factors related to the worsening of the political, economic and social situation in Romania.
- Only 2% of the health workers originating from the Republic of Moldova and working in the Romanian health system mentioned that they plan to return to the Republic of Moldova to work in the health system.

Recommendations

The results of the survey inform the following recommendations for different stakeholders.

CPAs, Ministry of Health of the Republic of Moldova

- Prevention of emigration of health workers from the Moldovan health system by identifying some additional funds and mechanisms for salaries and motivation so as to ensure a decent life for their families.
- Promotion and facilitation of development of private services within the health system offering the specialists more freedom to work on their own and to contract directly with NHIC, continuing the activities for improving the working condition in the medical institutions, endowing them with equipment for diagnosis and treatment.
- Development and implementation of a clear policy and strategy for the management of human resources for health, which would include opportunities for professional development of specialists based on competitiveness and equity.
- Introduction of some additional facilities for health workers from rural localities. This would cover the provision of means of transport to enable doctors to make daily rounds to rural communities needing a doctor and provision of accommodation in rayon centres/localities with better developed infrastructure and conditions for entire families.
- Negotiation and signature of bilateral agreement for temporary mobility of health workers between countries and medical institutions of different countries.
- Initiation of some transborder partnerships and projects concerning temporary mobility of human resources for health.

LPA

- Development of programmes to attract and motivate young specialists to seek employment according to the needs of the labour market (e.g. provision of scholarships for students/residents willing to work in rayon medical institutions; allowances/tax exemptions for utilities; transport for young specialists starting work).

- Active involvement of the owners (CPA, LPA) to improve working conditions in medical institutions through modernization and by provision of equipment for diagnosis and treatment.

Administration of medical-sanitary institutions

- Attraction and retention of young specialists in medical-sanitary institutions through creation of financial and non-financial incentives.
- Development of internal policies for motivating and promoting young specialists, and for monitoring and supporting their adaptation and professional integration.
- Development of systems to ensure working and security conditions in medical institutions.
- Development of partnerships with LPA to build accommodation for young specialists.
- Analysis of the possibilities of providing means of transport to specialists in rural regions.

Ministry of Education of the Republic of Moldova, Ministry of Health of the Republic of Moldova, medical educational institutions/State University of Medicine and Pharmacy “Nicolae Testemițanu” and medical colleges

- Adjustment of residency training programmes in line with EU requirements in order to cover differences in training hours and curricula.
- Provision of training programmes for nurses with higher education.
- Provision of training courses/programmes for nurses in the Republic of Moldova who graduated before 2006 (3600-hour training programme) in order to increase number of hours to 4600.

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Annexes

Annex 1. Questionnaire for health workers originating from Republic of Moldova working in Romanian health system

Study on health workers originating from Republic of Moldova who live and work in Romania

DEAR SIR/MADAM The study on health workers originating from the Republic of Moldova who live and work in Romania is carried out within the EU project: Better managing the mobility of health professionals in the Republic of Moldova, implemented by the World Health Organization.

We kindly ask you to provide some of your time to answer the questions below.

Your answers are confidential and will be used for statistical reasons only, without disclosing your identity.

COMPLETION OF THE QUESTIONNAIRE IS A SIMPLE PROCEDURE.

Please read carefully the questions and the answer options, before **checking** the answer option(s) which most coincide with your opinion or situation. Whenever possible, please express your own opinion on the respective topics.

Please be careful as some questions need just one answer, others need more.

For the questions without answer options, please express your brief opinion, without abbreviations.

Please return the completed questionnaires to the sender or send it to moldova.survey@gmail.com

THANK YOU!

SECTION A. SOCIODEMOGRAPHIC CHARACTERISTICS

A.1. Year of birth. Year | 1 | 9 | ____ | ____ |

A.2. Sex.

Male	<input type="checkbox"/> 1
Female	<input type="checkbox"/> 2

A.3. Citizenship. *Indicate all the citizenships you have at the moment.*

Republic of Moldova citizenship	<input type="checkbox"/> 1
Romania citizenship	<input type="checkbox"/> 2
Citizenship of other countries (<i>indicate which</i>) _____	98

A.4. When obtaining the Romanian citizenship, you lived and worked ...?

in the Republic of Moldova	<input type="checkbox"/> 1
in Romania, studying	<input type="checkbox"/> 2
in Romania, working	<input type="checkbox"/> 3

A.5. Your area of residence in the Republic of Moldova before emigrating to Romania?

Chisinau or Balti municipalities	<input type="checkbox"/> 1
other city	<input type="checkbox"/> 2
village	<input type="checkbox"/> 3

A.6. Your education. *Multiple answers are possible*

Secondary specialized education in medicine (college)	<input type="checkbox"/> 1
University education in medicine (university/ institute)	<input type="checkbox"/> 2
Post-university education (residency)	<input type="checkbox"/> 3
PhD education	<input type="checkbox"/> 4

A.7. When and where did you obtain this education? *Please list in graduation order all the institutions related to the medical area, starting with college or university*

|__|__|__|__| Year of graduation from **1st institution** of medical studies.

Write the name of the educational institution here

|__|__|__|__| Year of graduation from **2nd institution** of medical studies.

Write the name of the educational institution here

|__|__|__|__| Year of graduation from **3rd institution** of medical studies.

Write the name of the educational institution here

A.8. What is your area of specialization according to the study diploma (the last institution you graduated from)?

Write the area of specialization indicated in your study diploma here

A.9. Are you currently working in Romania in the area of specialization indicated in your diploma?

In line with the area of specialization	<input type="checkbox"/> 1
Work in other area of specialization	<input type="checkbox"/> 2

A.10. Are you a member of a professional union of health workers in Romania?

Romanian College of Physicians	<input type="checkbox"/> 1
College of Dentists in Romania	<input type="checkbox"/> 2
Order of Nurses, Midwives and Medical Assistants in Romania	<input type="checkbox"/> 3
Not a member of any professional union	<input type="checkbox"/> 4

SECTION B. MIGRATION EXPERIENCE AND WORK

B.1. What were the main reasons which made you leave to Romania? Please note the reasons relevant for you. Multiple answers are admitted.

To benefit from a higher income	<input type="checkbox"/> 1
To take advantage of the professional development and promotion by obtaining experience, training and access to the best technologies and services	<input type="checkbox"/> 2
It is easier to gain professional affirmation in Romania	<input type="checkbox"/> 3
The doctor's profession is better paid in Romania than in the Republic of Moldova	<input type="checkbox"/> 4
I did not have the chance to work in the Republic of Moldova according to my medical specialization	<input type="checkbox"/> 5
I was invited by a medical institution from Romania	<input type="checkbox"/> 6
Health workers from the Republic of Moldova are appreciated and in demand in Romania	<input type="checkbox"/> 7
I wanted to live abroad but was successful only for Romania	<input type="checkbox"/> 8
Romania provides the possibility for subsequent migration to another EU country	<input type="checkbox"/> 9
To improve the living standard of my family	<input type="checkbox"/> 10
To buy a house/apartment for the family/children	<input type="checkbox"/> 11
To repay debts	<input type="checkbox"/> 12
To accompany/follow spouse or parents who were already in Romania	<input type="checkbox"/> 13
To continue my education abroad	<input type="checkbox"/> 14
I don't accept the political, economic and social situation in the Republic of Moldova	<input type="checkbox"/> 15

I don't see any future in the Republic of Moldova for either me or my children	<input type="checkbox"/> 16
Other(<i>indicate</i>) _____	98

B.2. Did you work in the health area in the Republic of Moldova before coming to Romania?

Yes	1
No	2

→ Go to question B.5.

B.3. Where and what was your last employment in the Republic of Moldova? Name the position and the institution.

B.3.1	Position	
B.3.2	Institution	

B.4. How long, in total, did you work in the health area in the Republic of Moldova?

__ __	__	total number of years worked in the health system
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B.5. When did you establish residency in Romania?

__ __ __ __	year
-------------	------

B.6. In what county of Romania do you work now?

<i>Write the name of the county here</i>
--

B.7. In which locality do you work?

<i>Write the name of the locality here</i>
--

B.8. Do you live and work in the same locality?

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

B.9. How did you choose the county/counties you currently live and work in? Multiple answers are admitted.

I received an invitation to work in this county	<input type="checkbox"/> 1
It seemed easier to get employed in the health area in this county	<input type="checkbox"/> 2
Other family members, friends, acquaintances were already in this county	<input type="checkbox"/> 3
Many Moldovan citizens are already in this county and I wanted to be closer to my co-nationals	<input type="checkbox"/> 4
I studied in this county	<input type="checkbox"/> 5
This county is closer to the border with the Republic of Moldova	<input type="checkbox"/> 6
It is easier to get accommodation in this county	<input type="checkbox"/> 7

This is the only county that needs a doctor with my qualification	<input type="checkbox"/> 8
Other reason (<i>indicate</i>) _____	98

B.10. What and where was your FIRST EMPLOYMENT in Romania?

B.10.1	Position	
B.10.2	Institution	

B.11. What and where is your CURRENT EMPLOYMENT in Romania?

B.11.1	Position	
B.11.2	Institution	

B.12. What form of institution are you are working in?

Public medical institution	<input type="checkbox"/> 1
Private medical institution	<input type="checkbox"/> 2
My own business	<input type="checkbox"/> 3

B.13. When did you start to work in the medical institution you are working in now?

|__|__|__|__| year

B.14. How many years in total have you worked in the health area in Romania?

|__|__| years

B.15. How many medical institutions have you worked in since you came to Romania?

|__|__| number of institutions

B.16. Under what legal conditions do you currently work?

Based on a work contract with undetermined period of time	<input type="checkbox"/> 1
Based on a work contract with determined period of time	<input type="checkbox"/> 2
Other (<i>indicate</i>) _____	98

B.17. What is the length of your work contract? *Select one answer.*

4–6 months	<input type="checkbox"/> 1
7–12 months	<input type="checkbox"/> 2
1 year and more	<input type="checkbox"/> 3
Contract for undetermined period of time	<input type="checkbox"/> 4
Don't know	<input type="checkbox"/> 99

B.18. On average, how many HOURS PER DAY do you work?

|__|__| hours 99. Don't know/non-response

B.19. On average, how many DAYS PER WEEK do you work?

__ __ days	<input type="checkbox"/> 99. Don't know/non-response
-------------	--

B.20. How does your salary compare to that of your colleagues from Romania who are doing the same work?

Same as the salary of my colleagues	<input type="checkbox"/> 1
Higher than the salary of my colleagues	<input type="checkbox"/> 2
Lower than the salary of my colleagues	<input type="checkbox"/> 3

B.21. Was the qualification you obtained in the Republic of Moldova recognized in Romania?

Yes, fully	<input type="checkbox"/> 1
Yes, partially	<input type="checkbox"/> 2
Not at all	<input type="checkbox"/> 3
Don't know	<input type="checkbox"/> 4

B.22. Did you take any additional training courses in the area, in Romania, before gaining employment? One answer

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

→ Go to question B.25.

B.23. Who requested that you take this training course(s)?

It was my initiative	<input type="checkbox"/> 1
Suggested by acquaintances working in the medical area in Romania	<input type="checkbox"/> 2
Requested by future employer	<input type="checkbox"/> 3
Requested by College/Order of health workers of which I am a member	<input type="checkbox"/> 4
Requested by Ministry of Health of Romania	<input type="checkbox"/> 5
Other situation (<i>indicate</i>) _____	98

B.24. What was the theme and duration of the training course(s) you took? One answer per line

	Theme	Duration, months
1		__ __
2		__ __
3		__ __
4		__ __
5		__ __

B.25. What were the main problems you encountered when you were employed in the health area in Romania? Multiple answers are admitted

Did not know the language as I am a Russian speaker	<input type="checkbox"/> 1
Did not know the procedure for being employed in my specialty in Romania	<input type="checkbox"/> 2
Did not know the procedure for equivalence of educational documents	<input type="checkbox"/> 3
Did not know the procedure for recognition of qualifications	<input type="checkbox"/> 4
Procedure for equivalence of studies is very cumbersome	<input type="checkbox"/> 5
Procedure for recognition of qualifications is very cumbersome	<input type="checkbox"/> 6
Did not have Romanian citizenship	<input type="checkbox"/> 7
It is difficult to become a member of a specialty college	<input type="checkbox"/> 8
Other problem (<i>indicate</i>)	98
Did not encounter any problem	<input type="checkbox"/> 99

B.26 At work or in your daily life, do you encounter any of the following problems? Select one answer for every option (by each line)

	Yes	No
Discrimination from work colleagues	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Negative attitude/lack of confidence from patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Appreciation of professionalism from colleagues and patients	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Lack of accommodation in Romania	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Lack of possibilities for professional affirmation	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Lack of possibilities for professional growth	<input type="checkbox"/> 1	<input type="checkbox"/> 2
Other problem (<i>indicate</i>)	97	
Other problem (<i>indicate</i>)	98	

B.27. What were the three major problems that you encountered during the procedure for recognition of EDUCATION DOCUMENTS by the Romanian state? Please write

1	<i>Describe the problem</i>
2	<i>Describe the problem</i>
3	<i>Describe the problem</i>

B.28. What were the three major problems you encountered during the procedure for recognition of QUALIFICATIONS by the Romanian state? Please write

1	<i>Describe the problem</i>
2	<i>Describe the problem</i>
3	<i>Describe the problem</i>

SECTION C. FAMILY

C.1. Currently, you are abroad. How would you describe your situation? Select one answer

I am alone, I have not yet established a family	<input type="checkbox"/> 1
I am alone, my family is in the Republic of Moldova	<input type="checkbox"/> 2
I am alone, I am divorced/separated from my family from the Republic of Moldova	<input type="checkbox"/> 3
I am with my family, we came together from the Republic of Moldova	<input type="checkbox"/> 4
I am with my family, they came after I got settled and found a job	<input type="checkbox"/> 5
I am with my family which I have established here	<input type="checkbox"/> 6
Other situation (<i>indicate</i>) _____	98

C.2. How has your family status changed since you came to Romania? Please note all relevant answers.

I got married	<input type="checkbox"/> 1
I divorced/separated from my spouse	<input type="checkbox"/> 2
I am widow/widower	<input type="checkbox"/> 3
I have a child who was born here	<input type="checkbox"/> 4
Nothing has changed	<input type="checkbox"/> 5

C.3. Where do you live? Select one answer.

In my own house	<input type="checkbox"/> 1
I am renting	<input type="checkbox"/> 2
I am renting with friends/work colleagues	<input type="checkbox"/> 3
I am staying with relatives/friends	<input type="checkbox"/> 4
Other (<i>indicate</i>)	98
Don't want to answer	<input type="checkbox"/> 99

C.4. How do you assess your current situation compared to that before migration? Select one answer.

Very good now compared to that before leaving	<input type="checkbox"/> 1
Better now compared to that before leaving	<input type="checkbox"/> 2
Neither better, not worse (the same)	<input type="checkbox"/> 3
Worse now than before leaving	<input type="checkbox"/> 4
Much worse now than before leaving	<input type="checkbox"/> 5

SECTION D. SOCIAL RELATIONS, COMMUNICATION

D.1. To what extent are you interested in the social, political and economical situation in the Republic of Moldova and Romania? *Operator, please name the country in which the interview is held. One answer per line.*

	Not interested	Occasionally	Regularly	Difficult to assess
1. Republic of Moldova	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 99
2. Romania	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 99

D.2. From what sources do you gain information about the situation in the Republic of Moldova? *Multiple answers are admitted.*

TV stations from the Republic of Moldova, including on-line	<input type="checkbox"/> 1
Radio stations from the Republic of Moldova, including on-line	<input type="checkbox"/> 2
TV stations from Romania	<input type="checkbox"/> 3
Radio stations from Romania	<input type="checkbox"/> 4
Printed press (newspapers, magazines) from Romania	<input type="checkbox"/> 5
Internet	<input type="checkbox"/> 6
From discussions with co-nationals who stay here	<input type="checkbox"/> 7
From discussions with relatives / friends from the Republic of Moldova	<input type="checkbox"/> 8
Other sources (<i>indicate</i>)	98
Don't get information from any source	<input type="checkbox"/> 99

D.3. How frequently do you meet with co-nationals from the Republic of Moldova living in Romania? *Select one answer.*

Daily	<input type="checkbox"/> 1	
Several times per week	<input type="checkbox"/> 2	
Once per week/at weekends	<input type="checkbox"/> 3	
Once or twice per month	<input type="checkbox"/> 4	
Less than once per month	<input type="checkbox"/> 5	
Other (<i>indicate</i>)	98	

SECTION E. PROBLEMS AND PLANS FOR FUTURE

E.1. What were your expectations /hopes when you migrated to Romania and to what extent have they been fulfilled? One answer per line

	Yes, fulfilled	Partially fulfilled	Not fulfilled	No such expecta- tion
1. To improve financial situation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
2. To procure property in the Republic of Moldova	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
3. To avoid the difficulties in the Republic of Moldova	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
4. To settle in Romania	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
5. To build a successful career	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
6. To increase professional knowledge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
7. To work in conditions with better infrastructure, equipment/technologies	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
98. Other (<i>indicate</i>)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	

E.2. What are your plans for the future? Select one answer.

To return to work in the Republic of Moldova	<input type="checkbox"/> 1
To live and work in Romania	<input type="checkbox"/> 2
To live in Romania but leave the health area	<input type="checkbox"/> 3
To leave for another EU country and work in the health area	<input type="checkbox"/> 4
To leave for another EU country, but not necessarily to work in the health area	<input type="checkbox"/> 5
To leave for a non-EU country	<input type="checkbox"/> 6
Other (<i>indicate</i>)	98

E.3. What circumstances/changes would persuade you to return to the Republic of Moldova? Note all relevant answers.

Substantial increase of salaries in health area in the Republic of Moldova	<input type="checkbox"/> 1
Improvement of opportunities for development and professional advancement in the Republic of Moldova	<input type="checkbox"/> 2
Improvement of health infrastructure in the Republic of Moldova (equipment/new technology, repairing infrastructure etc.)	<input type="checkbox"/> 3

Personal or family circumstances (e.g. health problems or death of parents/ close relatives, personal health problems, divorce, etc.)	<input type="checkbox"/> 4
Improvement of economic and social situation in the Republic of Moldova	<input type="checkbox"/> 5
Improvement of political situation in the Republic of Moldova	<input type="checkbox"/> 6
Worsening of economic and social situation in Romania	<input type="checkbox"/> 7
Worsening of political situation in Romania	<input type="checkbox"/> 8
Other (<i>specify</i>)	98
I will never return to live in the Republic of Moldova	<input type="checkbox"/> 99

SECTION F. HEALTH WORKERS IN ROMANIA

F.1. Do you know other health workers from the Republic of Moldova who settled in Romania (doctors, dentists, nurses, midwives)? *One answer.*

Yes	<input type="checkbox"/> 1
No	<input type="checkbox"/> 2

→ Go to question F.4.

F.2. How many DOCTORS do you know? *One answer.*

__ __ total number of doctors you know

F.2.1. How many of them work in the health area? *One answer.*

__ __ number of doctors working in health area

F.3. How many DENTISTS do you know? *One answer.*

__ __ total number of dentists you know
--

F.3.1. How many of them work in the health area? *One answer.*

__ __ number of dentists working in health area
--

F.4. How many NURSES and/or MIDWIVES do you know? *One answer.*

__ __ total number of nurses/midwives you know

F.4.1. How many of them work in the health area? *One answer.*

__ __ number of nurses/midwives working in health area

F.5. Why are some health workers from the Republic of Moldova who emigrated to Romania not working in the health area? *More than one answer is admitted.*

They work in a better paid area	<input type="checkbox"/> 1
Their educational documents have not been recognized	<input type="checkbox"/> 2
Their qualifications have not been recognized	<input type="checkbox"/> 3

Did not find work in health area according to their qualifications	<input type="checkbox"/> 4
They worked in the health area, but were dismissed	<input type="checkbox"/> 5
They have retired	<input type="checkbox"/> 6
They intend to return to the Republic of Moldova in the near future	<input type="checkbox"/> 7
Other causes (<i>indicate</i>)	98

F.6. In general, do you regret that you had to pass through a migration experience?

One answer

Yes, I regret it and don't want anyone to repeat the experience	<input type="checkbox"/> 1
Yes, I regret it, but this was the only way to help my family	<input type="checkbox"/> 2
Frequently I have some small regrets, but mainly do not regret	<input type="checkbox"/> 3
No regrets	<input type="checkbox"/> 4

THANK YOU FOR PARTICIPATING IN THE INTERVIEW!!!

Annex 2. Guide for interviews with representatives of CPAs and of professional associations, and managers of medical institutions in Romania

Interview guide

Categories

1. Central public authorities
2. Professional associations
3. Medical institutions

I. Own experience

- In your professional practice, have you met cases of/requests from people originating from the Republic of Moldova who wished to work in the Romanian health system? How frequently?
- At what stage did these people apply to the organization that you represent? What were the requests of the applicants?
- Taking into account your experience, could you please tell us where the health workers originating from Republic of Moldova mainly work (areas of activity, counties, etc.).

II. Own perception of the procedures of equivalence

- Tell us about the modality of equivalence of studies and recognition of qualifications which has to be respected by the health workers originating from the Republic of Moldova who have studied in the Republic of Moldova?
 - what documents/acts are required of applicants? and from which institutions?
 - which stakeholders/factors take the decision on an applicant's dossier?
- How long is the procedure for recognition of studies and qualifications? Are there cases when this period is exceeded, or shortened? Why?
- How do you assess the procedure for recognition of studies and qualifications? Please give your reasons.
- What are the problems encountered by the health workers originating from Republic of Moldova who want to work legally in the Romanian health system? Are there any specific problems for those who have studied in the Republic of Moldova? What about those who have studied in Romania?

III. Integration in the Romanian health system

- What opportunities are available in Romania for the health workers originating from Republic of Moldova? *Please give examples.*

- What problems do the health workers originating from Republic of Moldova encounter in their jobs in Romania?
- Are the health workers originating from the Republic of Moldova appreciated in Romania? *Please give examples.*
- In your opinion, what conditions would facilitate the integration of health workers from the Republic of Moldova in Romania? On whom would these conditions depend?

IV. Capacity of the Romanian information system for keeping records on human resources for health

- Is there any record keeping about the health workers originating from Republic of Moldova who are employed in the Romanian labour market? How? What are the key aspects of the record keeping? Why? Do you think this kind of record keeping is necessary or not? Why?
- Please estimate the number of health workers originating from Republic of Moldova working in the Romanian health system.

V. Attitude towards migration process

- What is your opinion about the migration of health workers from the Republic of Moldova to Romania?
- Should mechanisms be developed to foster or decrease this phenomenon? What would these mechanisms be?
- What were the trends in relation to the health workers originating from Republic of Moldova who were integrated in the Romanian health system or your professional association/medical institution?
- How do you assess future trends for this process?

Subjects of in-depth individual interviews: representatives of CPAs and of professional associations, and managers of medical institutions

No.	Code	Institution
1.	IE_1	Representative of CMR
2.	IE_2	Representative of OAMR, county branch
3.	IE_3	Representative of CPhR, county branch
4.	IE_4	Representative of CMDR
5.	IE_5	Manager of a county medical institution
6.	IE_6	Manager of a county PHD
7.	IE_7	Representative of GDHRC, Ministry of Health
8.	IE_8	Representative of CNRED, Ministry of National Education
9.	IE_9	Manager of a municipal medical institution
10.	IE_10	Manager of a medical institution, city

Annex 3. Guide for interviews with health workers originating from Republic of Moldova working in Romanian health system

Interview guide

Sociodemographic data

Name of person:

Category (1. Faculty in Romania; 2. Faculty in Republic of Moldova, residency in Romania; 3. Faculty and residency in Republic of Moldova):

Age:

Year of emigration:

Specialization:

1. General

Please tell us about yourself

- What is your educational background?
- What is your current professional activity?
- What caused you to select this activity?

For those who completed residency training in the Republic of Moldova

- Is your current specialty the same as your residency training specialization in the Republic of Moldova?
- If not, why did you decide to select another medical specialty/profession?

2. Factors which motivated you to emigrate to Romania.

- Why did you decide to emigrate?
- What determined this decision?
- Were you seeking temporary or permanent emigration?
- Why did you choose Romania as the destination country? Why did you choose this county? Why did you choose the area in which you now working?
- Did a contact in Romania help you with the emigration process? Who? What help did she/he provide?
- Before emigration, did you inform yourself about the conditions for equivalence of studies and recognition of qualifications, and the employment modality? How?

3. Integration in the Romanian health system

For those who have studied and completed residency training in the Republic of Moldova

- Please describe the procedures for equivalence of studies and recognition of qualifications you have passed through (or that those originating from the Republic of Moldova who have studied in the Republic of Moldova usually go through)?
- How did you go through the procedure of obtaining the documents in the Republic of Moldova (at the university, Ministry of Health, Ministry of Education)? How do you assess this procedure? Please provide arguments for your opinion.
- Did you pay for the issuance of the sets of documents? Officially or unofficially?
- When you first emigrated to Romania, were you alone or with family?
- How long did it take for you to decide to settle in Romania? (duration)
- Did you have Romanian citizenship when you left the Republic of Moldova?
- How long was the procedure for recognition of studies and qualifications, and for concluding all necessary documents?
- How long did it take from initiation of the equivalence procedure to employment?
- How would you assess this procedure? Why?
- Do the procedures for equivalence of studies and qualifications differ between those who have and those who do not have Romanian citizenship when migrating? What were the barriers and differences in the procedures of equivalence and employment?
- How did you look for/ find a job in Romania?
- Did you encounter any barriers in fulfilling your wish to start working in Romania? If yes, what were these barriers?
- What problems have you encountered at work? What other problems are encountered by the health workers originating from Republic of Moldova when working in Romania?
- What opportunities are available to you in your job? What opportunities are available to the health workers originating from Republic of Moldova in Romania? (Exemplify).
- Are you appreciated at your place of work? Are the health workers originating from Republic of Moldova appreciated by their colleagues in Romania? And by patients?
- Do you consider that the conditions in which your work are fair in comparison to your Romanian colleagues? Are you remunerated in the same way as your Romanian colleagues?
- What conditions would facilitate better integration for you in Romania? What conditions do you think would facilitate the integration of health workers originating from the Republic of Moldova in Romania? On whom do these conditions depend?
- What are the most important factors which influence (have influenced) you to remain in Romania?

4. Perception of the current situation

- Are you satisfied with your current professional activity/situation?
- Have you achieved/fulfilled what you wished for when emigrating?
- In comparison with your activities in the Republic of Moldova, what are the advantages of your emigration? What are the negatives?
- Did you ever think about the possibility of returning to work in the Republic of Moldova? Why YES and why NO?
- What can actually determine your return to the Republic of Moldova? Please provide details.

Subjects of in-depth individual interviews: health workers originating from Republic of Moldova

Code	Age (years)	Sex	Year of emigration	Education	Specialty/specialization	Type of medical institution	Ownership form
IIA_1	38	M	1999	Faculty in Republic of Moldova Residency in Romania	Surgery	Municipal	State
IIA_2	55	M	1996	Faculty in Republic of Moldova	Dentist	Private practice	Private. Own business
IIA_3	35	M	1999	Faculty and residency in Romania	Orthopaedics	Municipal	State
IIA_4	38	F	2006	Faculty in Republic of Moldova	Pharmacy	Pharmacy	Private
IIA_5	39	M	1999	Faculty in Republic of Moldova Residency in Romania	Cardiology	Municipal	State
IIA_6	46	M	1992	Faculty in Republic of Moldova, Residency in Romania	Cardiology	Municipal	State
IIA_7	49	M	1992	Faculty in Republic of Moldova, Residency in Romania	Cardiology	Municipal	State
IIA_8	46	M	1999	Faculty in Republic of Moldova, Residency in Romania	Medical	Rural	State

Code	Age (years)	Sex	Year of emigration	Education	Specialty/specialization	Type of medical institution	Ownership form
IIA_9	38	M	1992	Faculty and residency in Romania, PhD in Canada	Surgery	City	State
IIA_10	36	M	2000	Faculty in Republic of Moldova, Residency in Romania	Urology	Municipal	Private
IIA_11	38	F	1998	Faculty in Republic of Moldova, Residency in Romania	Forensic medicine	County	State
IIA_12	42	F	2003	College in Republic of Moldova, College in Romania	Nurse	County	State
IIA_13	41	F	2011	Faculty and residency in Romania	Forensic medicine	County	State
IIA_14	32	F	2011	Faculty and residency in Republic of Moldova	Paediatrics	County	State
IIA_15	49	M	1996	Faculty in Republic of Moldova	Emergency	City	State
IIA_16	49	M	2003	Faculty and residency in Romania	Anaesthesiology	City	State
IIA_17	27	F	2009	College in Republic of Moldova	Dental technology	Private practice	Private
IIA_18	46	M	1996	Faculty and residency in Republic of Moldova, Residency in Romania	Gynaecology	City	State



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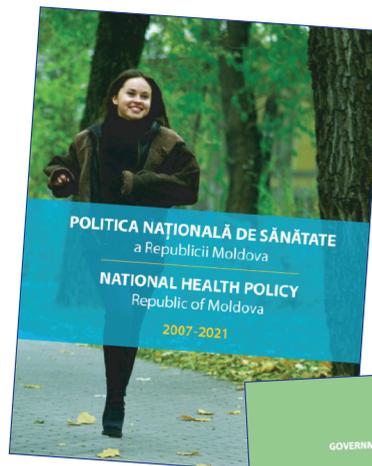
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WHO Regional Office for Europe
UN City, Marmorvej 51
DK-2100 Copenhagen Ø Denmark
Tel.: +45 45 33 70 00; Fax: +45 45 33 70 01
E-mail: postmaster@euro.who.int