
LEFT BEHIND OR PUSHED OUT? RETHINKING HEALTH WORKFORCE POLICY IN ROMANIA

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Abstract: Romania faces a significant challenge with the ongoing migration of its medical professionals, a trend that has intensified since the early 1990s and particularly after its integration into the European Union. Institutional data from parliamentary inquiries, official statistics, and various secondary sources clearly show the scale and increasing rate at which medical graduates are leaving the country after they finish medical school, significantly impacting the national healthcare system. Although Romania produces a high number of medical graduates each year, many either cannot secure residency positions domestically or choose to practice medicine abroad. This situation has exacerbated medical workforce shortages, especially in rural and underserved regions. Paradoxically, Romania is also attracting many international students thanks to affordable tuition and respected medical education programs, yet restrictive legislation prevents most of these foreign-trained physicians from remaining to practice locally. Consequently, Romania spends resources educating thousands of doctors annually, only to see a substantial number leave to work in other countries. Addressing this problem requires better retention strategies and aligning medical training more closely with actual healthcare system demands.

Keywords: medical migration, physician emigration, medical residency, healthcare workforce, EU mobility, Romania, international students.

Introduction

The phenomenon of migration has appeared in Romania since 1990, a complex reality due to its motivations and forms. In the last 35 years, in Romania, this phenomenon has seen different trends and stages, depending on the country's unstable financial situation due to the transition period, as well as the mirage reflected by the West (Deliu, 2019;

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Evans et al. 1985; Sandu, 2010; Voicu, 2020; Vilcu, 2022;). Following Romania's entry into the European Union, the migration of approximately three and a half million people saw a significant surge, bringing detrimental consequences to the Romanian economy and society (Constantin et al, 2004; Tiut & Teacă, 2023). The primary drivers of this mass emigration include the scarcity of jobs and the relatively low wages compared to European standards. A vast majority of Romanian migrants, over 85%, have relocated within the European Union, with Italy and Spain being the primary destinations, hosting more than half of them (Sandu, 2017; Șerban, 2011).

Among the former communist nations that joined the EU, Romania, along with Poland, remains one of the most significant sources of emigration. However, when migration is analyzed relative to population size, Romania aligns more closely with Bulgaria and the Baltic states (Eurostat, 2023; IMF - Atoyan, R., Christiansen, L., Diziolli, A., Ebeke, C., Ilahi, N., Ilyina, A., Mehrez, G., Qu, H., Raei, F., Rhee, A., & Zakharova, D, 2016; OECD, 2024; World Bank, 2018) . Despite various policy efforts, Romania continues to experience high levels of emigration, particularly among highly educated individuals, such as medical professionals, exacerbating labor shortages in critical sectors (Croitoru & Coșciug, 2021). At the same time, return migration has shown signs of increase, with some returnees engaging in entrepreneurial activities, although their reintegration remains complex and highly dependent on prior migration experiences and structural opportunities in Romania (Croitoru, 2020; Șerban & Croitoru, 2018; Vlase & Croitoru, 2019). While return migration policies have been implemented, their effectiveness varies, as returnees hold diverse perspectives on the state's role in facilitating their reintegration (Șerban & Croitoru, 2018).

If current patterns persist, the migration of skilled individuals towards unskilled labor opportunities in Western countries is likely to continue or even intensify. While return migration may increase (Șerban & Croitoru, 2018), it is expected to primarily involve those who emigrated in the early 2000s and are nearing retirement age (Zamfir, C. (ed.) et al, 2017:27).

Outmigration of doctors and the formation of medical staff in the Romanian university system

A 2023 study (<https://www.medicahub.ro/stiri/studiu-cmr-sase-din-zece-medici-tineri-vor-sa-plece-din-tara-id-8173-cmsid-2>) conducted by the Romanian College of Physicians in 2023 shows that a significant percentage of doctors under 35 have the intention to migrate, either probably (40%) or certainly (17%), with the tendency to migrate decreasing as doctors age. In terms of gender differences, men indicated a higher intention to migrate than women, both in cases of "probably yes" (23.1% vs. 20.7%) and "definitely yes" (8.4% vs. 5.2%). Therefore, this migration tendency declines with age.

According to this study, migration tendency is highest in the Bucharest-Ilfov region (30.4%) and the South-East region (29.6%), while it is lowest in the Western region (22.2%). The medical specialties most prone to migration are Anesthesia and Intensive Care (39.2%), Emergency Medicine (39%), Oncology (39%), and General Surgery (35.2%), while Family Medicine (16.4%) and Public Health (17.8%) show the lowest migration intention rates.

The reasons why doctors want to leave the country vary by age group. Doctors under 35 are primarily concerned with the infrastructure of the Romanian healthcare system (24%) and professional development opportunities abroad (23%). Those aged between 36 and 49 share similar concerns but place greater emphasis on living conditions and educational opportunities for their children (15%). Doctors over 50 plan to leave due to poor working conditions and lack of social recognition, while those over 65 are motivated by low salaries and earnings.

The study was conducted on a sample of 8,121 doctors in Romania, weighted to reflect the demographic structure of physicians according to gender, age, geographical region, and medical specialty, as outlined by the research team. "Romania is now a magnet for the world's medical students, but Romanian doctors are leaving" is a title appeared in *The Economist* (*The Economist*, 18.07.2024). "It should be noted, however, that Romania has also become an attractive international medical education hub, as the country's medical schools offer diplomas with EU-wide recognition for relatively low tuition fees and living costs. In academic year 2018/19, nearly all medical schools offered programs in

English and/or French, taking up around 30% of the total new-entrant teaching capacity" (OECD, 2019 : 19).

Romania has twelve public medical schools (Carol Davila University of Medicine and Pharmacy, Bucharest, Iuliu Hațieganu University of Medicine and Pharmacy, Cluj-Napoca, Victor Babeș University of Medicine and Pharmacy, Timișoara, Grigore T. Popa University of Medicine and Pharmacy, Iași, George Emil Palade University of Medicine, Pharmacy, Science, and Technology, Târgu Mureș, University of Medicine and Pharmacy of Craiova, Lucian Blaga University of Sibiu, University of Oradea, Vasile Goldiș University of Medicine and Pharmacy, Arad, Transilvania University of Brașov, Ovidius University of Constanța, Dunărea de Jos "Lower Danube" University of Galați), three private medical schools (Titu Maiorescu University, Bucharest, Apollonia University, Iași) and one private Faculty of General Medical Assistance (Bioterra University, Bucharest). (www.edu.ro)

An examination of this data visualization depicting the number of licensed medical professionals in Romania reveals that there were approximately 55,000 active practitioners in 2022.

While the findings of the 2023 study by the Romanian College of Physicians provided valuable insights into the migration intentions of young doctors, they also revealed significant gaps in our understanding of the structural factors behind this trend—particularly the relationship between medical training, residency outcomes, and actual workforce retention. After reviewing this study and reflecting on its implications, I identified a key research need: to move beyond intention-based survey data and examine the systemic patterns that shape medical graduates' trajectories in Romania. To explore this further, I decided to gather official data directly from national authorities. This led to the development of a methodological approach based on institutional data requests, enabling me to investigate how medical graduates are absorbed into the healthcare system, how many are left behind, and how mobility is officially tracked. The process was made possible by my professional position at the time, which allowed me to access data through parliamentary channels, and was carried out with full respect for ethical and procedural standards.

Methodology – Institutional Data Requests

To support the empirical grounding of this study and compensate for the lack of comprehensive public datasets, I submitted formal written inquiries to several national authorities in Romania. The aim was to obtain structured, official data related to medical graduate numbers, residency admission outcomes, and physician mobility indicators—key variables in understanding the migration patterns of Romanian medical professionals.

The data collection process was facilitated by a specific institutional context. At the time of this inquiry, in 2023, I was employed as a parliamentary advisor to a Romanian senator who also held the position of secretary in the Standing Bureau of the Romanian Senate. Given the administrative difficulties in accessing such data through standard public channels, I received the senator's formal permission to draft and submit the data requests in his name, using the official Senate correspondence framework. According to Romanian legislative procedures, executive institutions are legally obligated to respond to inquiries from members of Parliament, which significantly increased the likelihood of receiving complete and timely responses. This procedural mechanism was used strictly for the purpose of obtaining objective, empirical data and was disclosed here in line with ethical research practices.

A first letter was sent to the Romanian Ministry of Health, requesting annual data from 2012 to 2022 on the number of general medicine graduates who registered for the national residency exam, the number who passed and were allocated a residency position, and university-specific breakdowns. The Ministry provided tabulated data for 2015–2022 regarding the number of graduates, exam candidates, and those who were successfully placed into residency positions. For the years 2012–2014, the Ministry noted that due to the decentralized format of the residency exam during that time—conducted across six university centers—data could not be processed automatically and were therefore unavailable in a usable format.

To complement this, a second inquiry was sent to the Ministry of Education. The request sought data on the number of medical graduates from accredited Romanian universities with a general medicine program between 2012 and 2022. In response, the Ministry provided a detailed breakdown for the academic year 2021–2022, showing the number of

graduates per university. For earlier years (2012–2015), the Ministry indicated that only aggregate data—covering all fields of study—were available, without differentiation by study domain or final graduation status. These were accessible via the National Council for Higher Education Funding (CNFIS).

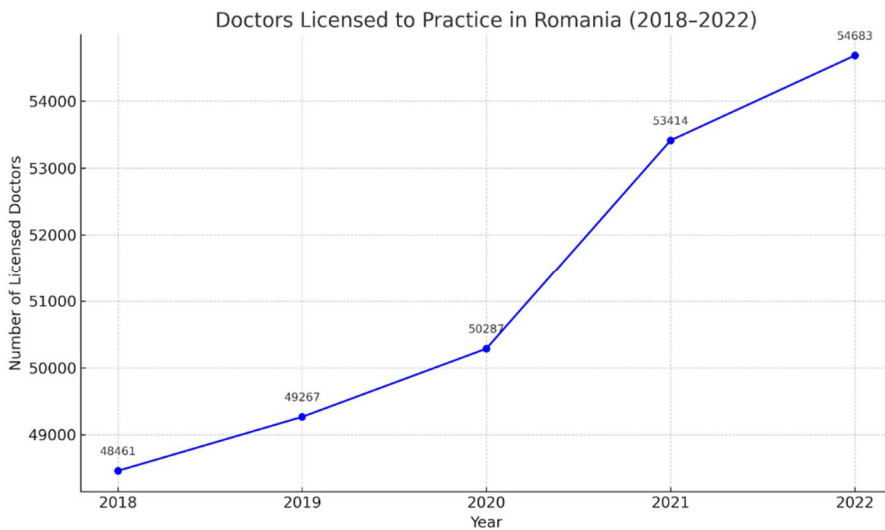
A third letter was submitted to the Ministry of Health, this time seeking information on international mobility indicators for Romanian physicians. Specifically, it requested the number of practice licenses (*avize de liberă practică*) and certificates of good standing issued in foreign languages (used by doctors applying to work abroad), as well as statistics on the status of Romanian physicians as "active," "inactive," "former member," or "unconfirmed." The Ministry responded with data on the number of doctors holding valid practice licenses between 2018 and 2022, and the number of good standing certificates issued between 2016 and 2022. However, information related to membership status classifications was not provided.

These data collection efforts were critical to forming a more nuanced picture of the systemic outputs of Romanian medical education and the patterns of physician migration. By combining institutional records with qualitative insights and existing academic literature, this study advances a more comprehensive understanding of the push-pull factors affecting the professional trajectories of Romanian medical graduates.

An examination of official data procured from the Romanian Ministry of Health reveals a clear upward trend in the number of licensed doctors practicing in Romania between 2018 and 2022. Starting from 48,461 licensed physicians in 2018, there has been a consistent increase each year, reaching 54,683 by 2022. (Figure 1. Dynamics of Doctors). This figure marks a noteworthy increase in the number of healthcare professionals in recent years. A significant contributing factor to this growth can be attributed to the implementation of salary increases in 2018. This change of policy demonstrably spurred a positive outcome, with Romania experiencing an unprecedented absorption rate of over 2,000 new doctors annually within the healthcare system – a development not witnessed in over a decade. Also, the most significant jump occurred between 2020 and 2021, suggesting potential factors such as an increased number of medical graduates, policy changes facilitating medical licensing, or perhaps measures taken in response to the COVID-19 pandemic, which may have accelerated licensing processes to

address healthcare demands. Despite this positive trajectory, the growing number of licensed doctors does not necessarily translate into proportional improvements in healthcare accessibility, particularly in underserved and rural areas. It raises important questions about the distribution, retention, and employment conditions of medical practitioners. Further investigation is necessary to determine whether this numerical increase adequately meets the needs of the healthcare system or if gaps remain that require targeted policy interventions.

Figure 1. Dynamics of doctors



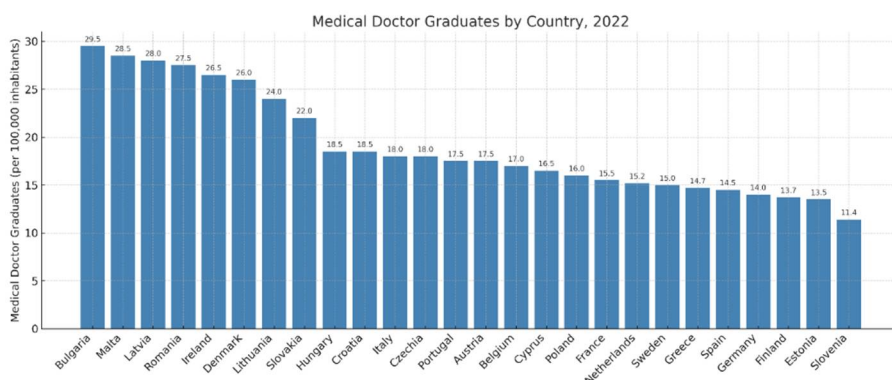
Source: <https://www.senat.ro/PDFIntrebari/b%20r%2008%2002%20pirrulescu%201934%20a.pdf>.
 - Author's analysis based on data from Romanian Ministry of Health (Response no. AR 3178/07.07.2023).

The following figure illustrates the number of medical doctor graduates per 100,000 inhabitants in selected European countries in 2022. Bulgaria (29.5), Malta (28.5), Latvia (28.0), and Romania (27.5) stand out as countries with the highest rates of medical graduates, highlighting their strong capacity in medical education relative to their populations. These elevated numbers could indicate either robust domestic educational infrastructures or, in some cases, a significant presence of international medical students attracted by lower tuition fees and accessible programs.

According to Eurostat, in 2022, 69,279 medical doctors graduated in the EU, in relative terms there were 15.5 medical doctor graduates for every 100,000 inhabitants. This represents a slight decrease compared with the 2021 ratio of 15.7 medical doctor graduates per 100,000 inhabitants. Bulgaria and Malta have the highest rates of medical doctor graduates, significantly exceeding the EU average. Latvia, Romania, and Ireland also have notably high rates. Estonia, Slovenia, and Finland have the lowest rates. It can be observed that there is a significant disparity between the highest and lowest rates.

Romania is among the top countries in the EU ranking in terms of the number of medical graduates per 100,000 inhabitants, according to data from Eurostat, the European statistics office. Thus, Romania ranks fourth, with 26 medical graduates per 100,000 inhabitants in 2022, above the EU average of 15.5.

Figure 2. Medical graduates per 100.000 inhabitants in the EU countries: 2022



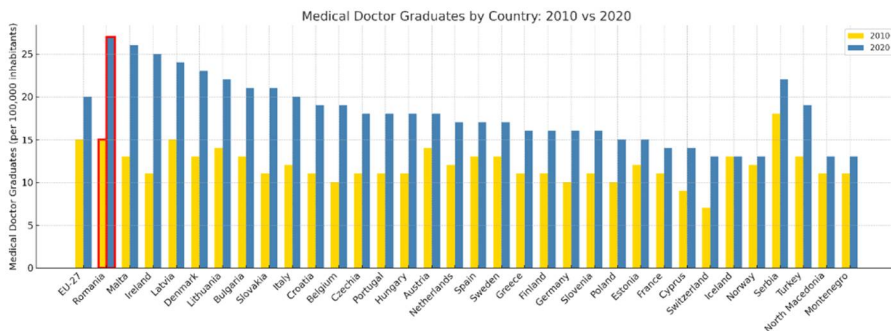
Data source: Eurostat ([[hlth_rs_grd2](#)] Health graduates) The data for medical doctor graduates at EU level is estimated data.

- Denmark, Greece, France: 2021 data.
- Finland: 2020 data.
- Italy: provisional data.
- Luxembourg does not offer complete medical training or dental schools and therefore cannot have any physician or dentist graduates.
- No data for United Kingdom

Romania faces a shortage of doctors in certain regions and specializations, despite a relatively high number of medical graduates. Professional migration and the unequal distribution of doctors contribute to this issue. (Dumitrache, 2023) Although Romania has a large number of medical graduates relative to its population, not all of them remain in the country to practice medicine. Romania is experiencing a medical exodus, with many choosing to work abroad, particularly in Western European countries, where working conditions and salaries are more attractive. Additionally, the residency system is overstretched, meaning not all graduates manage to secure residency positions in their desired specializations

An analysis of the subsequent figure presents a comparative overview of physician density in Romania between 2010 and 2020. This data visualization underscores a paradoxical situation within the Romanian healthcare system. Notably, Romania surpassed Malta, the previous leader, in the number of medical graduates per capita by 2020. In that year, Romania boasted a rate of 26.3 medical graduates per 100,000 inhabitants, exceeding the European Union average of 15.9 per 100,000. However, despite ranking first in Europe for graduating medical professionals, a distinct "deficit" persists within the country. This deficit impedes the operational functionality of hospitals in various Romanian counties.

Figure 3. Medical Doctor Graduates by Country: 2010 vs. 2020



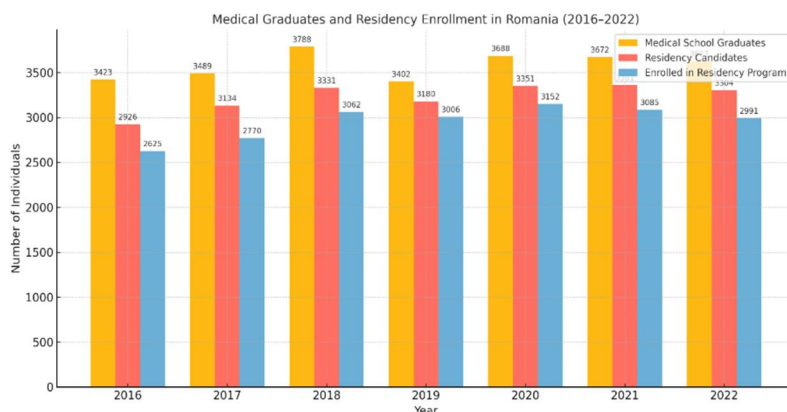
Source: Eurostat ([hlth_rs_grd2](#)) Health graduates)

The following figure (Figure 4) represents the dynamics of medical graduates and residency enrollment in Romania from 2016 to 2022. It highlights three critical metrics: the number of medical school graduates, residency candidates, and those successfully enrolled in residency

programs. Over these seven years, the total number of medical graduates (indicated in orange) has fluctuated somewhat but remained consistently high, peaking at 3,788 graduates in 2018 and slightly decreasing to 3,304 graduates by 2022.

An essential observation is the persistent gap between the number of graduates and the number of candidates for residency (red), and subsequently, those who actually enroll (blue). Each year, fewer graduates apply for residency compared to those graduating, indicating that some graduates either defer entering residency, choose different career paths, or migrate abroad. Moreover, an additional gap consistently emerges between residency candidates and those enrolled in residency programs, suggesting a competitive and restrictive selection process or limited availability of residency positions.

Figure 4. Medical Graduates and Residency Enrollment in Romania (2016-2022)



Source: <https://www.senat.ro/PDFIntrebare/rb%2005%2004%20%20pirvulescu%202185%20a.pdf>

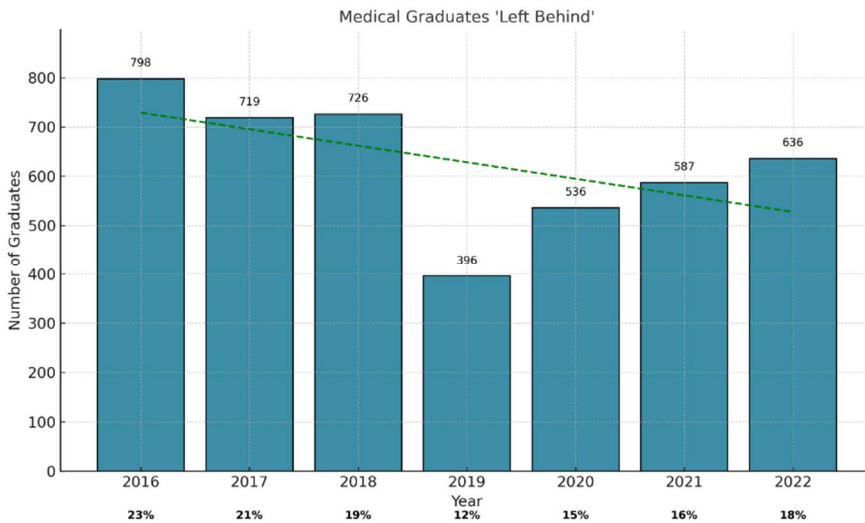
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This gap signals critical issues within Romania's healthcare training system, potentially reflecting limitations in residency program capacity, attractiveness of foreign employment opportunities, or inadequate policies that might not fully accommodate the country's actual healthcare workforce needs. Addressing this gap is vital for ensuring an adequate

supply of medical professionals within the Romanian healthcare system and reducing reliance on international recruitment to fill domestic workforce shortages.

Author's analysis based on data from Romanian Ministry of Health and From Romanian Ministry of Education (Response no. AR 3179/26.06.2023 & Response no.8540 / 10.04.2023).

Figure 5. Medical Graduates 'Left Behind'



Source: Author's analysis based on data from Romanian Ministry of Health (Response no. AR 3179/26.06.2023 & Response no. AR 3178/07.07.2023).

Figure 5 illustrates the yearly number and percentage of medical graduates in Romania who were “left behind” between 2016 and 2022—that is, those who did not enroll in a residency program and therefore lack the legal right to practice medicine in the country. Some of them didn’t apply for the residency exam, others didn’t pass the exam. The data reveal that each year, hundreds of graduates fall into this category, with figures ranging from a high of 798 in 2016 (23%) to a low of 396 in 2019 (12%). Despite some fluctuations, the general trend line (in green) indicates a slight downward movement, suggesting modest progress in aligning the number of graduates with available residency positions. Still, the fact that about 1 in 5 medical graduates each year don’t get into a residency program

points to a bigger problem in the way Romania transitions students from education to medical practice. This mismatch might be caused by too few residency spots, some students not passing the exam, or simply choosing to go abroad for better opportunities. I chose to refer to these graduates as “left behind” because they fall through the cracks of the system, not because of a lack of education, but due to structural barriers. They represent not only a waste of educational investment but also a key pool of potential emigrants, many of whom may pursue specialization in other EU countries where entry into the medical workforce is more accessible.

Figure 6 presents two important sets of data that shed light on the dynamics of medical workforce mobility and retention in Romania.

The top chart compares the number of **Certificates of Good Standing** issued each year by the Romanian College of Physicians with the number of **medical graduates who were “left behind”**—those who did not enter a residency program and therefore cannot practice medicine in Romania. (A Certificate of Good Standing is issued by the Romanian College of Physicians and is mandatory for any medical graduate or physician who wants to work abroad. Far from being an absolute indicator, as it strictly highlights the intention of doctors to practice abroad, not their actual move to another system, the figures from the Romanian College of Physicians are the most relevant benchmark. Even the Ministry of Health does not have an exact statistic on the number of those who have left so far.) The data show that, while not all “left behind” graduates apply for a certificate, the number of certificates issued is consistently high, exceeding 1,000 in most years. This suggests a steady and significant level of interest among Romanian doctors and medical graduates in working abroad. For instance, in 2016, 1,462 certificates were issued, compared to 798 graduates left without residency placement—indicating that not only the “left behind” group, but also trained and potentially already licensed doctors, are preparing to emigrate. Although not a direct measure of emigration, the certificate remains the best available proxy for estimating the outflow of medical professionals, especially since the Ministry of Health does not maintain comprehensive emigration records.

The bottom chart complements this perspective by showing a steady increase in the number of **doctors licensed to practice medicine in Romania** from 2018 to 2022. Despite the growing number of licensed

physicians—from 48,461 in 2018 to 54,683 in 2022, the parallel trend of sustained requests for Good Standing certificates points to a deeper issue: while the domestic medical workforce may be growing on paper, a substantial portion of it is either preparing to leave or not actively participating in the national health system. This reinforces the idea that training more doctors is not sufficient; effective policies are needed to retain them and offer meaningful career opportunities within the country.

Figure 6. Differences between no. of certificates, no. of medical graduates and no. of doctors



Source: Author's analysis based on data from Romanian Ministry of Health (Response no. AR 6729/ 26.06.2023).

Since Romania joined the European Union (EU) in 2007, its medical schools have been working hard to expand and create more medical programs taught in foreign languages, aimed at attracting international

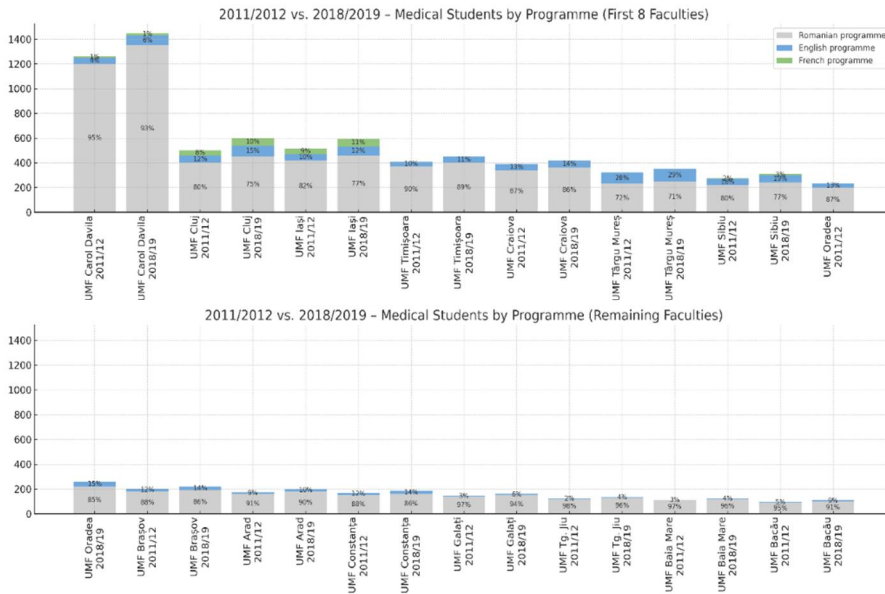
students (those who leave their home countries to study medicine abroad). By the academic year 2018/19, nearly all medical schools in Romania (10 out of 13 at that time) were offering six-year medical programs in English and/or French, alongside the ones in Romanian.

In the past, most international students in Romania's medical schools came from non-EU countries like the neighboring Republic of Moldova. But recently, more and more students from EU and OECD countries like France, Germany, Israel, and Sweden have started to come to Romania for medical studies, planning to go back to their home countries after graduation to continue their training and work as doctors (Ungureanu and Socha-Dietrich, OECD, 2019). Romania is now supplying the international healthcare market with much-needed medical graduates while receiving extra funding for its medical education system. However, the number of domestic and international students admitted to Romanian medical schools is based only on their training capacity, without much thought given to the country's current or future healthcare needs. There's an urgent need for a formal workforce planning process in Romania that links the number of students accepted into medical programs (whether in Romanian, English, or French) to the actual demand for doctors. Additionally, the country needs to address the fact that poor working conditions and relatively low pay make Romania an unattractive place to work for both local and international medical graduates.

Over the past decade, Romania's medical education system has become much more international. Specifically, medical schools have ramped up efforts to either launch or expand programs taught in English or French. As a result, by the 2018/19 academic year, 10 out of 13 medical schools in Romania offered six-year medical programs in English, and 4 of those also offered programs in French, alongside the Romanian-taught courses.

Between 2011/12 and 2018/19, the total number of available spots for new medical students increased by nearly 20% (from 5,250 to 6,121). However, the capacity of foreign-language programs grew by a striking 75% (from 995 to 1,740 spots). Of these, 76% (1,330 places) were in English programs and another 410 in French programs. This led to the proportion of foreign-language spots growing from 20% to 30% over that period. Meanwhile, the number of places for the Romanian-language program barely increased, and in the 2018/19 academic year, it even dropped by about 1%—the first time it had done so since 2011/12 (Ungureanu and Socha-Dietrich, OECD, 2019).

Figure 7. 2011/2012 vs. 2018/2019



Source: Author's analysis based on data from Ungureanu and Socha-Dietrich, OECD, 2019

Romania's largest medical university, the University of Medicine and Pharmacy in Bucharest, increased its intake for the English-language program by 50%, from 200 to 300 spots, between 2011/12 and 2018/19, making it the largest such program in the country. However, during the same period, the Romanian-language program saw a drop in available spots, decreasing from 1,500 to 1,266 (a 16% reduction), leading to an overall decrease in capacity. Apart from Bucharest, only the smaller medical school in Constanța saw a similar reduction.

Meanwhile, the second and third largest medical schools, in Cluj-Napoca and Iași, doubled their English-language intake and increased their French-language capacity by 50% during the same timeframe. These two schools, after the smaller private school in Arad (where foreign-language capacity stands at 50%), now have the highest proportion of foreign-language spots at around 40%. Cluj-Napoca also boasts the largest combined English and French program capacity in Romania and expanded its Romanian-language program, making it the fastest-growing medical school in the country.

The Târgu Mureș medical school also saw its English-language program capacity increase significantly, from 50 to 150 new entrants, making up 35% of the school's total intake by 2018/19. Additionally, three medical schools that had no international programs in 2011/12—Craiova, Oradea, and a private school in Bucharest—have since launched English-language programs, offering between 45 and 100 spots by 2018/19.

In 2019, the smallest medical schools in Sibiu, Brașov, and Galați did not yet offer any foreign-language programs. However, currently, the medical schools in Sibiu and Galați have introduced English-language classes at their faculties of medicine and in Sibiu since 6th of July all foreign citizens who choose to become students at Transylvania University of Brașov will receive a 50% reduction in the annual tuition fee if they have a parent who has already graduated from a Romanian public university. This decision is unique in Romania and is part of the internationalization strategy of Transylvania University of Brașov. The goal is to increase the number of international students in Brașov, as well as to foster intercultural exchanges and continue the traditional relationships Romania has had and continues to have with various countries around the world.

According to the same study (Ungureanu and Socha-Dietrich, OECD, 2019), in 2017, foreign-born students made up 5.4% (25,022) of the total student population across all higher education institutions in Romania. According to the Executive Agency for Higher Education, Research, Development, and Innovation Funding (UEFISCD), 6,890 of these international students were from EU or European Free Trade Association (EFTA) countries, while 18,132 came from non-EU/EFTA countries. Among the EU/EFTA students across all fields, nearly a third (31%) were from France, followed by Germany (18%) and Italy (12%).

Among all international students, 55% (3,789) of those from EU/EFTA countries and 26% (4,753) from non-EU/EFTA countries enrolled in medical programs. National-level data to identify the specific nationalities of the latter group is not available. However, among non-EU/EFTA students studying medicine, dentistry, and pharmacy, the largest group is from Israel, followed by Moldova and Tunisia. About a quarter of Moldovan students are enrolled in Romanian university campuses located in Moldova.

Further information from the University of Medicine and Pharmacy in Cluj-Napoca, which hosts the largest French-language program, confirms a large French student presence, with 870 students enrolled in medicine for the 2018/19 academic year. At the University of Medicine and Pharmacy in Târgu Mureş, the largest group of international students comes from Germany, followed by Italy and Sweden. Meanwhile, at the University of Medicine and Pharmacy in Craiova, Israeli students form the largest international group, followed by students from Greece. Regarding Swedish students pursuing medical education in all Romanian medical schools the data indicates that the number is sizeable but decreasing, at 325 in 2015/16, 251 in 2016/17, and 222 in 2017/18 (Swedish Board of Student Finance, 2018).

The Romanian government offers subsidized medical school places through its Ministry of Education. This means that students accepted into these programs do not have to pay tuition fees. The competition for these subsidized spots is open to both Romanian citizens and those from other European Union and European Free Trade Association countries. However, there is a language barrier: applicants must take an exam in Romanian, covering biology, chemistry, and/or physics. For students enrolled in English or French medical programs, including Romanian nationals, tuition fees apply. These fees vary between universities and are determined annually. For example, the tuition and administrative fees for the 2023-2024 academic year at the University of Medicine and Pharmacy "Carol Davila" (UMFCD) are as follows (www.umfcd.ro): For undergraduate studies, Romanian students are charged 3,000 EURO per year for both Medicine and Dentistry, while Pharmacy students paying 2,000 EURO per year, and those in the Faculty of Midwives and Medical Assistants (FMAM) paying 1600 EURO per year. For international students, the tuition fee for those studying in Romanian and who are non-EU citizens is 8,000 euros per year. Similarly, international students studying in English or French, also from non-EU countries, will pay 8,000 euros per year. For EU citizens, the fee is based on the exchange rate of 8,000 euros per year, converted to lei at the time of payment.

In terms of postgraduate studies, international residents will incur a fee of 8,000 euros per year for residency training. Additional fees include a credit examination fee of 50 euros and a resuming student status fee of 100 euros. Mobility students enrolled in Romanian-taught programs will pay

5,000 euros per year or its equivalent in lei. There is also a fee of 100 EURO for a diploma duplicate. **English and French medical programs are open to anyone, regardless of nationality.** They pick students based on how well they did in high school. Each university runs its own admissions process, and they announce how many spots are available at least six months before the future student can apply. If the student is not from the EU or EFTA (like Norway or Iceland), the Romanian government still has to say yes before someone can officially join. Medical schools are trying to make it easier for international students to apply. For example, Târgu Mureş University lets future students apply before they finish high school, and they'll hold a spot for them until they get their final grades. A part of the money students pay for tuition goes towards scholarships for international medical students. The government takes 5% of all the tuition money collected from foreign students and uses it to give out scholarships. Plus, some medical schools have their own scholarship funds just for international students.

Medical education in Romania spans six years, followed by three to seven years of specialist residency training. All international students enrolled in Romanian medical schools must become proficient in the Romanian language by the end of their second year. This requirement arises from the significant amount of hands-on training that involves direct patient contact, which begins in the third year of the program. Since residency training is conducted exclusively in Romanian, applicants are required to provide proof of their language proficiency. During their postgraduate training, residents are employed at designated public healthcare facilities and participate in university-organized training activities, with expenses covered by the Ministry of Health. The competition for residency placements is open to all medical graduates from Romanian schools, as well as international medical graduates from other EU/EFTA countries. International graduates from non-EU/EFTA countries can also compete, provided they obtain approval from the Ministry of Education. The competition for residency positions is intense, with the number of available spots typically falling short of the number of new medical graduates from Romanian programs—often by 10-15%. However, in 2018, the number of advertised positions aligned with the number of graduates. Additionally, residents currently in training may opt to re-enter the competition in hopes of improving their ranking to secure a spot in a different specialty. Among the available residency posts, international

medical graduates can also compete for a limited number of positions, with associated university costs. The Ministry of Health sets the number of medical residency positions and communicates these numbers to the Ministry of Education, which includes them in the annual government decree. Notably, the Ministry of Health does not rely on any formal, evidence-based mechanisms for this process; instead, it often updates figures based on informal consultations with medical schools.

The Exodus of Medical Graduates: Challenges and Barriers for Retaining Talent in Romania

The healthcare sector has been exposed to a massive exodus of doctors who have chosen to leave for the West, leaving hospitals empty and many villages without any clinics. Due to the shortage of personnel in the system, many doctors continue working even after retirement age (Stoleru, 2024). This phenomenon translates into a public health catastrophe: according to Eurostat (OCDE, 2019), Romania has one of the highest rates of avoidable mortality in Europe, and a substantial proportion of the population reports lacking access to medical care services.

In 2021, Romania had 26 medical graduates per 100,000 inhabitants, surpassing almost any country within the Organization for Economic Co-operation and Development (OECD). According to OECD data, between 2011 and 2019, the number of slots available for international students at Romanian medical universities increased by 75%, while those for Romanian students grew by only 17%. This brings additional revenue for educational institutions, as foreign students are fee-paying. Currently, nearly one-third of all medical programs are offered in English or French, and by 2020, Romania had about 12,000 foreign medical students.

Each year, three-quarters of those completing residency in Romania leave for countries offering higher salaries and better working conditions. Many international students who study medicine in Romania also pursue careers in the West. Some would prefer to stay and practice in Romania but face legal restrictions. For instance, some foreign students only find out in their fourth year of medical school that they won't be allowed to practice in Romania.

According to Law 95/2006, individuals eligible to register with the Romanian Medical Council include Romanian citizens, citizens of the

European Union, a European Economic Area state, or the Swiss Confederation, as well as those married to a Romanian citizen or holding long-term residency status. Although Romania has over 10,000 medical students from non-EU countries (According to *The Economist*, in 2020, the most recent year with publicly available government data, approximately 12,000 foreign students were enrolled in medicine, dentistry, or pharmacology programs), after graduation, if not European citizens, they are not allowed to practice in Romania and must leave the country after completing their studies. Currently, non-EU doctors do not have the right to practice medicine in Romania, unless they are married to a Romanian citizen, an EU/EEA/Swiss citizen, or have long-term residency (five years of continuous residence) in Romania or one of the aforementioned regions.

Adriana Popa, a social worker and local project manager at the Association for Philanthropy, highlights that many of their program beneficiaries are medical students. “Romania has been viewed as a transit country for years, which perhaps explains the lack of a significant shift in migration management. Many foreign students come here with the knowledge that family or friends have gone on to work in France, but it’s unusual to invest six years in medical school here, plus another three or four for specialization, only to take that expertise elsewhere. Not only are we losing skilled Romanian doctors who move abroad, but we’re also losing foreign doctors trained here who would like to stay.” (Stoleru, 2024).

The Coalition for Migrant and Refugee Rights (www.cdmir.ro), which includes the Association for Philanthropy, has attempted to raise awareness about this issue with the authorities. (CDMiR), is a platform for NGOs involved in migration, human rights, and public policy. On October 26, 2017, the Coalition urged the authorities to modify the legal framework to grant the right to practice to two additional categories of foreign nationals in Romania: doctors with international protection status (refugees and persons with subsidiary protection) and non-EU nationals who have completed medical studies in Romania.

The issue was discussed in 2017 at a roundtable attended by officials from the Romanian Government, the Medical Council, the General Inspectorate for Immigration, as well as representatives from non-governmental organizations and international bodies, such as the UN Refugee Agency and the International Organization for Migration (IOM),

along with experts from healthcare and academia. (<https://cdmir.ro/2017/10/26/obtinerea-dreptului-de-practica-de-catre-medicii-straini/>)

The debate focused on Romania's ongoing shortage of healthcare personnel due to the emigration of doctors and medical graduates abroad. "Romania is currently facing a severe human resource crisis in healthcare, with every indication that it will worsen in the medium to long term without systemic measures," reads the Explanatory Note underlying the approval of the National Health Strategy 2014–2020 (Ministry of Health, November 2014). The causes of this healthcare crisis are multiple: the emigration of healthcare personnel (estimated at 43,500 professionals since Romania joined the EU), the low doctor-to-population ratio (2.5 doctors per 1,000 inhabitants), imbalances in the distribution of healthcare personnel across regions and counties, a large number of vacancies in the system that are unattractive to medical professionals, and more. As a result, the quality of medical services has declined, and entire areas, especially rural ones, lack adequate medical coverage.

Romania ranks at the lower end among EU countries in terms of the number of doctors with the right to practice nationally, despite having one of the highest numbers of medical graduates in Europe. Additionally, Romania lags behind other European countries, such as Germany, France, and Ireland, which have adopted policies to attract foreign doctors to address staffing needs in hospitals and other medical facilities. The Coalition for the Rights of Migrants and Refugees, which includes the Association for Philanthropy, has previously tried to draw the authorities' attention to this issue. In 2017, they participated in a roundtable with representatives from the Government, the Medical Council, the General Inspectorate for Immigration, the UN Refugee Agency, the International Organization for Migration (IOM), and other specialists from NGOs, the healthcare field, and academia. They noted that since Romania's EU accession, 43,500 doctors have left the country, leaving it with an average of only 2.5 doctors per 1,000 residents. There are also significant regional imbalances in the distribution of medical personnel, leaving entire areas, especially in rural regions, without adequate healthcare coverage. "Nothing has been resolved. More and more people are leaving, and somehow I believe we need to learn from this lesson," said Adriana Popa from the NGO sector. (Stoleru, 2024).

Discussion and Implications

Despite having one of the highest rates of medical graduates per capita in Europe, Romania continues to experience a severe and persistent shortage of doctors within its national healthcare system. This paradox is not rooted in insufficient educational output, but rather in systemic dysfunctions across the pipeline that transitions medical students into practicing physicians. A major contributing factor is the high rate of professional emigration, which has left hospitals understaffed and rural areas without basic medical services. As the data show, approximately 20% of medical graduates are not enrolled in residency programs each year, either because they failed to pass the national exam, did not apply, or intended to pursue specialization abroad. I refer to this group as the “left behind”—a vulnerable and underutilized cohort that also represents a key source of potential emigration.

The growing number of **Certificates of Good Standing** issued annually by the Romanian College of Physicians—a prerequisite for practicing abroad—highlights the strong and continuous intention among both Romanian and international graduates to leave the country. Although not all of them eventually emigrate, the certificate remains the most reliable proxy for outward mobility, especially in the absence of centralized emigration statistics from the Ministry of Health. These figures confirm that Romania is not only losing its own trained doctors, but also many foreign graduates educated in Romanian universities, particularly non-EU students who are legally barred from staying and working unless they meet strict criteria such as marriage to a Romanian or long-term residency.

This legal barrier creates an inefficient and unjust system: Romania trains thousands of doctors each year, including many international students who pay full tuition fees, only to see both groups—Romanians and foreigners—leave the country in pursuit of better opportunities or due to legal constraints. The current legislative framework (Law 95/2006) excludes most non-EU graduates from the right to practice in Romania, undermining potential strategies for filling workforce gaps with locally trained personnel. Although civil society organizations such as CDMiR have raised this issue repeatedly with authorities and international bodies since 2017, no structural reform has been implemented to address these legal and policy shortcomings.

The broader consequences are deeply concerning. Romania faces one of the highest rates of avoidable mortality in Europe and one of the lowest doctor-to-population ratios (2.5 physicians per 1,000 inhabitants), despite a consistent increase in the number of licensed doctors. These figures indicate that the problem is not simply one of absolute numbers, but of **distribution, retention, and systemic inefficiencies**. Entire regions remain underserved, while older physicians are compelled to stay in the system well beyond retirement age. The situation amounts to a public health crisis—one made worse by the state's failure to retain medical talent and to offer inclusive, forward-looking migration and health workforce policies.

Romania must urgently reconsider its approach to health system planning and migration management. Retention policies should go beyond salary increases and include flexible residency pathways, improved working conditions, and inclusive legislation that enables non-EU graduates who studied in Romania to stay and practice. At the same time, the country could learn from Western EU models that successfully integrate foreign-trained doctors to address shortages. Without such systemic reforms, the current pattern will persist: high medical education output, yet chronically understaffed hospitals, inaccessible care in rural areas, and ongoing emigration of both native and foreign-trained medical professionals.

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