Fédération Européenne
des Médecins Salariés
European Federation
of Salaried Doctors

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# CAMERA FEDERATIVĂ A SINDICATELOR MEDICILOR DIN ROMÂNIA

**înfiinţată din 1990 ca**
**SINDICATUL INDEPENDENT AL MEDICILOR DIN ROMÂNIA**

# ROMANIAN FEDERATIVE TRADE UNION CHAMBER OF PHYSICIANS

**Established from 1990 as**
**INDEPENDENT TRADE UNION OF DOCTORS FROM ROMANIA**

Fédération Européenne des Médecins Salariés
European Federation of Salaried Doctors

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**Afiliată la (affiliated to) Confederaţia Sindicală Naţională "Cartel Alfa", membră a (member of)**
**ITUC** International Trade Union Confederation **CSI** Confédération Syndicale Internationale **IGB** Internationaler Gewerkschaftsbund **şi**
**Confédération Européenne du Travail**
**Membră a (Mmember of) Forumului Civic Românesc, a AGORA şi CNS.SAN.ASIST (Alfa-SAS)**
**Afiliată la (affiliated to) FEMS (Féderation Européene de Medicins Salariés – European Federation of Salarized Doctors)**

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Nr. 150 from 4.10.2013

**Raport of CFSMR/RFTUCP on Romania,**
**especially related to trade union of doctors area and to the health care system**

## Prolog. New political background

Our last report was in Strasbourg Assembly (October, last year). In December we had Parliamentary elections. A new Parliament was elected, with a lot of changes: a left-right coalition (Social-Liberal Union is made from The Social-Democrat Party and The National Liberal Party) gained 70% of the seats. A new Government was appointed. The former Minister of Health from 2005-2008, mr. Eugen Nicolăescu, was named to lead again the MoH.

Last year, our main problems were: the law of social dialog, the trade union law, the working code law, salaries reduced by 25% from the former Government (considered to be rightist and popular, affiliated to European Popular Party), a new project for a new law concerning the health care system, the need for *numersus clausus* in health care system.

The current Government is much related to trade unions, since, in Ministry of Work and Social Dialog, the State Secretaries (Deputy Ministers) are all from Social Democrat party and the Ministry is led by mrs. Mariana Cîmpeanu, who belong to the leftist branch of Liberal Party. They try to change the law of Social Dialog, the Working Code, and the Trade Union Law, returning to the old good laws on these topics.

They try to return the salaries to the level before 2010, increasing them with 25%.

The liberal Project to change the health care system, launched by the President of Romania (considered to be from the right), was withdraw.

A new Budget was voted in January, this year. Unfortunately, for the health care system, this Budget is worse that the precedent. In August, The Government gave a Ordonace Bill concerning The national Budget. The money for helath were suplimented but only for paying the arrears owend to the pharmaceutical firms, done in hospitals in the last years.

In this background, our problems seem to remain the same: the salaries did not increased and the social dialog was not improved at institutional level. The structure of health care system was not modified, therefore all the negative aspects of our system continues: National Insurance House is behave like an monopsonist, health care system management is highly politicized, corruption at the macro, meso and micro-level did not change, underfunding the system continues to be the rule, aso.

Here, we want to present the evolution of some aspects of our problems, comparing the last report with the last changes.

## I. About salaries

After Varna Assembly, we presented to our authorities The FEMS Resolution concerning the salaries. Even with the new Government at the level of Secretary of State in Ministry of Finance, and in Ministry of Health, and in Ministry of Work, we have several meeting where we showed the FEMS demands: each government, in each European Union country implement for doctors at the beginning of career 2-3 medium salaries, for that country.

In April, we meet the Minister of Health, mr. Nicolăescu, and he response to our quest that it is not possible to increase the salaries. As answering us, he proposed in turn to give to the doctors salaries according to "their performance".

Now, in Romania, the salaries are established accordingly to a scale, developed in the Uniques Salary Law (The Law 284/2010). This scale is based not on medium salary but on minimum salary. In Romania, minimum salary is established by a Governmental Bill. The scale is from 1 to 12. Now it is 800 lei *brutto* (GB 23/22.01.2013)[=180 euros]. The medium salary is calculated by the National Institute of Statistics, every month. In April 2013 it was 1661 lei *netto* [=383 euros]. In June was 2294 *brutto* (before taxation) [= 515 euros].

**Table 1. Level of salaries[1] of doctors accordingly to salary class as Anexes of Frame Law on Salaries no. 284/2010**
**level of reference = level 1 = 800 lei[2] = guaranteed mimimum salary (brutto) in Romania[3]**

| | | Clinical Institution | | Emergency Services | | |
|---|---|---|---|---|---|---|
| | **Class** | **Coefficient** | **Lei** | **Class** | **Coefficient** | **Lei** |
| Resident doctor | | | | | | |
| year 1 | 52 | 3.52 | 2816 | 56 | 3,89 | 3112 |
| year 5 | 56 | 3.89 | 3112 | 59 | 4,19 | 3352 |
| Specialist | 62 | 4.51 | 3608 | 65 | 4,86 | 3888 |
| doctor | 71 | 5,63 | 4504 | 74 | 6.07 | 4856 |
| Senior | 72 | 5,77 | 4616 | 75 | 75 | 4976 |
| (primar) | 81 | 7,21 | 5768 | 84 | 84 | 6208 |
| Doctor | | | | | | |

[1] Brutto salaries, before increases for special conditions, nights, suplimentary hours, guards, before taxation. Increases could be 100% for infectious disease or even 7% for surgery. Usualy increases are 50% average. Taxation is around 45%.
[2] 1 Euro is 4,45 Lei în August 2013.
[3] The medium/average salary was, in June 2013, 2219 lei, before taxation.

**Table 2. Level of salaries of doctors în România 2013 – reality**

| | Clinical Hospital, County Hospital, Monospeciality Hospital | | Municipal and Town Hospitals | |
|---|---|---|---|---|
| | **Minimum lei** | **Maximum lei** | **Minimum lei** | **Maximum lei** |
| Resident doctor<br>Year 1<br>year 5 | | <br>1301<br>1833 | | |
| Specialist Doctor<br>Age in work 20 years | 2067<br>2293 | 2398<br>2664 | 1735<br>1924 | 2132<br>2371 |
| Primar Doctor<br>Age in work 20 years | 2247<br>2405 | 3034<br>3254 | 1948<br>2084 | 2560<br>2745 |

In Romania, a simply doctor has at the begining of career 2,5 minimum salaries (not 2,5 medium salary). Accordingly to FEMS Resolution (Varna May 2012), a Romanian doctor have to gain at the beginning of career 750-1100 euros. Seems to be more reasonable that now !

We demand to increase the points in the scale for doctor. We compared our salaries with that of a judge, because the judges in Romania have very big salaries !

Therefore, we ask to MoF, MoW and MoH, and sent these lines:

- A graduate from a **Faculty of Medicine** (6 years) have to have a coefficient in the scale with 25% more than a graduate from a **Faculty of Law** (4 years); Now, a graduate from medicine has 2,5 but a graduate from law has 2,65. We ask for a the youngest doctor 3,3125.
- Because it is possible that this doctor become "stagiar" (some translation could be "probationer", or "in probe"), and after that it is possible to work like a **simple doctor**, we ask that from 3 to 3 years to increase the coefficient, like for judges;
- For working as judge, a graduate in law have to follow a 1 year course at The National Institute of Justice/Magistracy. This is less that passing the medical residency. Therefore, **a resident** from the second year have to have more than a judge with 2-3 years, that is more than 3,7-3,9 (the coefficient of a judge), i.e., 3,8-4,0.
- From the listing for the judges, we see that a judge in the lowest law establishment (judecătorie = simply court) have a coefficient of 3,7 la 6 (at between 3 years and over 20 years of work). In all this period of time, a judge is not obliged to pass any exam or to pass other professional thresholds, as are obliged the doctors!!
- From this statement appears as obvious that the small salary for a **simple doctor** who did not pass any exam (which is not applicable in Romanian health care system) should be more that the coefficient 3,7 to 6 (correlative with the years spent in profession, between 3-20 years), in those 5 proposed steps in the salary law;
- For **medical residents**, appear as obvious that the coefficients have to begin from 3,7 up. We could admit that the coefficient growth could be, for each year of working 0,15. Thus, in the 5$^{th}$ year of

residency, the doctor have to have the coefficient 4,45. For the residents in 6th and 7th year, the, coefficients have to grow accordingly;

- Passing from residency to speciality (the rank of specialist doctor) is not only increasing in age, but a new and important exam; thus, a **beginner specialist doctor** have to have a coefficient bigger than a resident, i.e., minimum 4,5;
- Over the years, the specialist doctors are obliged to continous perfectionated work, which is not the case for judges and prosecutors. Therefore, the rate of increasing coefficient should be more that for judges, which is 0,25 for each year working time;
- Thus, the increase coefficient for specialist doctors should be 0,3 per year; therefore, a specialist doctor have to have a general coefficient of 4,5 to 6;
- In Romania, after the rank of specialist doctor, there is another one, primary doctor. A primary doctor is more than a specialist. He/She have to pass a new difficult exam. Therefore, a **beginner primary doctor** have to star from the coefficient more than a specialist, i.e. 6,5;
- We see that the judges received different salaries since they work in different places. This reflects probably the difficulty of work/ In health, does not exist this way of viewing the things. If a patient is serious or difficult, he/she is the same even he/she is at a village or in the biggest university hospital. Therefore, not the health care service provider have to differentiate between doctors, but the professional training. Now, this training is limited to be specialist vs primary doctor. Maybe doctors with Medical Doctorate should have more in their coefficients comparing with those without a doctorate;
- In these conditions, the coefficient growth for primary doctors should be more that for the judges from the superior courts, which is 0,25; and should be more that the coefficient growth of the specialists, which should be 0,3. Therefore, the coefficient growth for a primary doctor should be 0,35 for those 5 steps considered by the law;
- Therefore, a primary doctor should have a coefficient between 6,5 and 9,75;
- In health care system, besides being primary doctor, some could be **university professor, associate professor or lectors.** As well as the judges from The Supreme Court have coefficients bigger than their colleagues, we proposed that a professor or associate professor in medicine should have the same coefficients that those judges, i.e. between 11,25 and 11,75.

We want from representatives of other European trade union of doctors to tell us if we think correctly or not. If yes, we want FEMS to sustain our position against The Minister of Health, of Ministry of Finance, of Government and of Parliament of Romania.

**Ongoing actions**

In 20.06.2013, The Romanian College of Physicians (a public organization and compulsory for doctors) launches a platform for all the organization in health care system, including trade unions of doctors and the trade unions of nurses, to compel the authorities to increase the salaries in the system. The platform was named “Coalition of profesionals in helath care system”. We participated to such a platform who proposes, as final steps the strike in all the system and/or the resignation of all doctors and all nurses in Romania. The platform was officially adopted on 6 August.

On 6 September was proposed that in 17-18 September we start with meetings and picheting prefectures, MoH and MoF. In the same day was proposed that in October shold be organized a limited stike. For November was proposed the general strike of the doctors in Romania.

## II. Representativeness and the right to negotiate collective contracts

The current law 62/2011 approved a number of changes which make very hard for us to negotiate collective contracts (see Report in Strasbourg). In that law, three problems affected our activity, as trade union:

1. The social dialog was block at the Ministry of Health level. There, our federation become not "representative" [because we do not have 7% of working force in the entire health care system (salaried doctors, in Romania are around 50000 from 300000 people involved in the system)]. From 2 years, at the MoH level were admitted only 5 people from 5 national confederation, and not 12 people from the 12 national federation, including doctors.
2. This law, of Social Dialogue, modify an older law concerning working collective contracts. In the old law, we have the possibility to sign the Collective Contract on Health Care Branch[4] by being indirect representative as member of a representative national Confederation.

Now, the right given to the Confederation, to indirect transfer its right to federations, were abolished. Therefore, we have no the possibility to participate at the MoH level to know what happens there with laws, bills, norms.

3. The new law modify some articles concerning the possibility to engage in a strike. Those articles modify the technical aspects, days to present a proposal or negotiation, days to negotiate, days to registered a fallen negation. All those technical aspects make a strike very hard to be organized.

The new government promised to change more important aspects on representativeness. In April and June, we participated at 2 meeting with Secretary of State from the Social Dialog Minister, and point out our position. In these meetings we proposed to the Social Dialog Minister (at the Secretary of State level) to change the law as follows:

- for article concerning the representativeness we proposed a new text: at the level of economical branch we propose to add as representativeness those trade unions which cumulate at least 7% (as was the proposal in the law) [we propose also 15% or even 20%] from the workers who belong to those professions sectoral regulated by European Union (Directive 2001/19/EC).
- at the hospital level we proposed as representativeness those trade unions which cumulate at least 35% (as was the proposal in the law) [we propose also 45% or even 50%] from the workers who belong to those professions sectoral regulated by EU;

We stressed that profession of doctors/physicians is Sectoral Regulated in EU. We showed that in any hospital, the number of doctors do not exceed 15% of the total workers from that hospital.

In April, May and June, at the MoH level we meet the minister, the secretary of state, a lot of counselors, but only in an informal format, not in a institutional Social Dialog, as in the past.

Till now, October 2013, the modification of the law was not accomplished. Therefore, we have no representativeness.

Concerning the representativeness of doctors in relation with hospitals and Ministery, we have another problem. Our problem is that The College of Physician, the public organization like Ordre de Medicins, is engaged in trade union activity.

The attributions given by trade union law to the trade union of doctors are blocked by another law: The Health Law (95/2006). It is not clear who has the right to fight for doctors: the trade union or the public organizations, to whom the law give the right of fighting for members. It is no clear if a registered doctor who is obliges to registered and pay for that as fee, for working as doctor in Romania, and who is jugged for malpractice, could be defended be the public organization, even that organization is nongovernmental and ruled by doctors.

[4] In Romania, there are several economical branches, e.g., transportation, metal, chemistry aso, which have the possibility to sign a specific collective contract on the level of that branch. This kind of contracts are under the level of the National Collective Contract, for which the right to sign are only the Trade Union Confederation. In Romania, there are 5 confederations. Cartel Alfa Confederation is juridical representative.

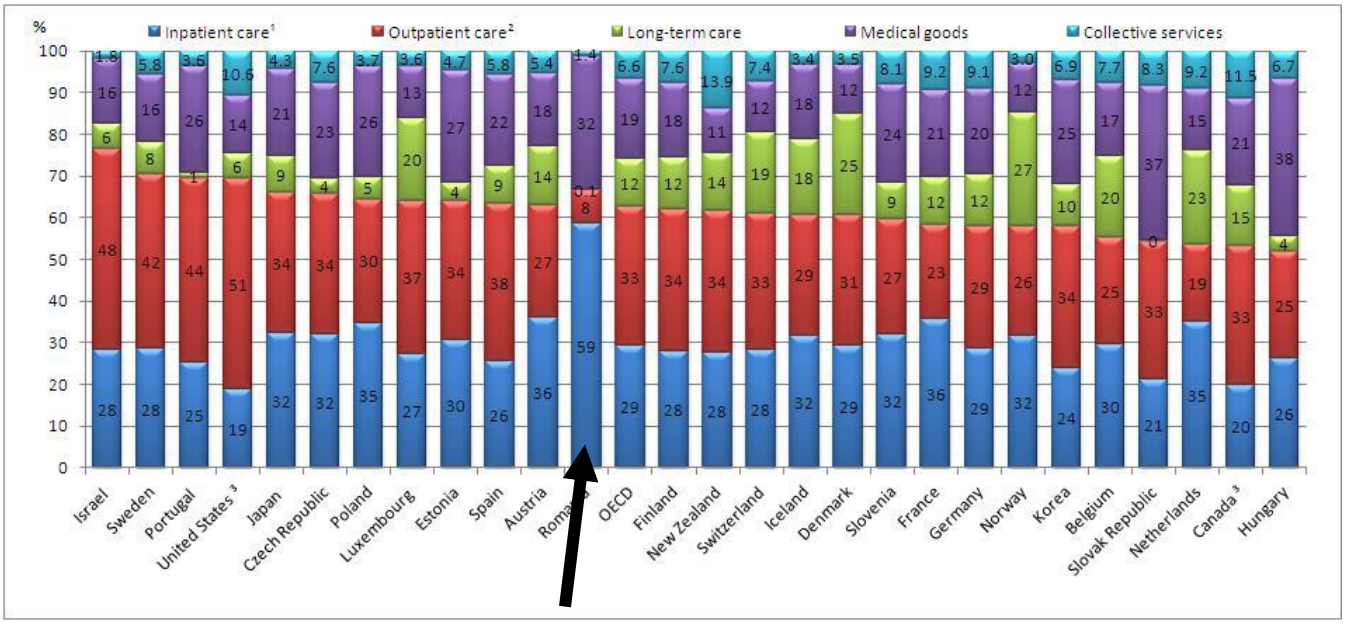
We proposed to change the law in this aspect, with a proposal given from 2012 to the Parliament. The reactions were no hopefully.

## III. The Health Care System organization remains the same

The health care system structure does not allow us to have adequate salaries and revenues. Therefore, it seems to change the structure of the health care system. And we work on it.

The health care system of Romania is said that is not working. Some suggest that "it is in collaps" (see for exemple the position of dr. Astărăstoaie, President of College of Physicians). We believe that the system is not in collaps, but in "hyperthyroidism"[5] – to much agitation, to much confusions, much money compared with the past (with 5x the bugets from ante aderation to EU), but no better salaries and incomes for doctors (and the others). To much money for hospitals (figure 1), to many addmissions, but people staing two in a bed. Increased corruption, at the administrative (macro and meso) level and as the undertable payments (micro level).

**Figure 1. Comparizon between OECD countries and Romania concerning the percent of financing specific component of health care system.**




And, along with all these, the Romanian life expectancy is increasing (ex. from 59 y for men in 1989 to 70 in 2012), infantile mortality decreded singnificantly (from 40/1000 in 1999 to 8,5/1000 in 2013) aso.

Therefore, the politicians tried to change the system. A proposal was made in December 2011 (see above). It was basaed on Bolkenstein principles. In January 2012, was proposed a mish-mash project with liberal principels but with mutualities, like in Belgium. Surprizingly, in June 2012, the Social-Democrat Party propose a crestian-democrat project.

On the other hand, the current Ministry of Health, from The National Liberal Party, suggests that the Beverige system could be better for Romania than the social insurance system.

Decentralization of the hospital lead to bankrupt of the hospitals, and many think to recentralized those hospitals. In conclusion, at every level in administration there is confusion.

Our position was not changed in the last years. We believed that our analysis of the Week Point (SWOT/WOTS) could solve the problem. If we can change the week points, our system will allow to increase our

[5] Do not forget that dr. Pereţianu is endocrinologist.

salaries and our revenues. We proposed 6 way of approaching the problem – see Strasbourg Report. Here, we add some new words.

**1. National Insurance House is behave like an monopsonist**[6]

We saw that now the main institution which buy health care services is Romanian National Insurance Health House (NIH): it buy around 90% of health care services in Romania. Things did not happen well because of this.

Therefore, the logical solution is abolishing the NIH, and forming 8-10 health insurance house, independent between them and independent on the Government, leaded by the totality of the insured (by Representative Assemblies). And all these, governed on the principle of subsidiarity, like in EU.

**2. Health care system is highly politicized**

There are 2 levels concerning politicized the system:

- one is at high level: the money which are collected for health arrived in the Ministry of Finance, which, in turn is the initiator for the National Budget Law, where the money for health are decided by the Parliament. We have signs and proves (see 2005 Romanian Court of Auditors Report and Parliamentary discussion in Health Commission) that this money do not enter in the health care system;
- the second is the level of nomination for the president of county/judeţ insurance houses and the nomination of President of NIH. We saw that the current NIH and its judeţean/county subsidiarities depend on political nominations.

Many people claim for depoliticization the system. But no politician think that the process means both to **not** nominate by political decision the President of NIH and the leaders from counties/judeţ and not engaged the money for health in the National Budget (consolidated budget).

Therefore, our position is to take out the health money from the national budget and to give them directly to the new insurance independent houses (as proposed above).

**3. Administrative inefficiency**

That conclusion seems to be generated by the fact that the system has now 5-10 more money that 10-12 years ago (when the insurance system was introduced). That means that the salaries are not 5-10 times more, that the doctors have not the income more than the ratio with which money in the system entered. No one knows where are the money: some suggest that they is in falsified auctions, into too many high technological tools sell by MoH directly, especially to in university centers, not spread in the country.

From these data, it seems that administrative and bureaucratic mechanisms of the system have to be revised: decentralization or centralization, local authorities or governmental decisions. Local authorities showed the last year that they are not prepared to manage health care system at local level !

**4. Corruption**

Corruption could be view at 3 levels: micro, meso, and macro.

Corruption at macro level is generated mostly at the governmental level. That implies MoH, NIH, and administrative levels of this institution, and even the Government. At this level there are bribe at central public institutions.

Corruption at meso level implies the managers of hospital: engaging people (mostly nurses, which pay for being engaged), buying things for hospital on high level than the market (e.g. foods, drugs, furniture).

Corruption at micro level implies the direct relationship between patient and doctor. The term is "under table payment". It was evaluated as around 5% from the Health Budget (National Insurance Fund and MoH budget).

[6] Monopolist is the only one who/which has the right to sell or distribute. A monopsonist is the sole who/which has the right to buy. National Insurance House buy health care services.

No authority try to find why this kind of corruption is widespread in health care system. We said that under the table payment were introduced by communists in 1948 when the hospitals were nationalized. We thought years ago (Oslo, 2002[7]) that the phenomenon could be stopped by "introducing co-payments, increasing the prices for the medical acts paid by insurance houses, paying the hospitals by acta (related to diagnosis), and increasing salaries for hospital professionals." Unfortunately copayments were introduced, hospitals were paid by DRG, and under table payments increased. Two of three conditions suggested by us in 2002 changed, but the phenomenon were not stopped. Therefore, now, we think that only by increasing very dramatically the salaries of doctors the under table payments could be reduced. As suggested above (3 to 5 times for ordinary doctors, 5-10 times for primary doctors).

**5. Underfunding the system**

Our position is more nuanced, as concerning the ratio between the public financing vs total financing. In fact, there are a lot of sources which are not known and which are not correctly evaluated. Therefore, the so-called "underfunding of the system" could be named as more "relative", and not "absolute". Everyone knows that around 4% of GDP enter in the health system as public money. Few knows that Romanian system is financed also by a lot of direct and private money. That led to around 7% of GDP (and certainly over 6,5%).

In fact, comparing with last years the financing is not bad, and if we add all the money entering in the system (including the private money) we will see that Romania spent on health as a normal European Country (table 3).

**Table 3. Financing the Romanian health care system**

| Defining the item | Way of financing | Type of financing | Objective | Quantum (Billions RON**) | Ratio to GDP |
|---|---|---|---|---|---|
| National Budget | General taxes and fees | Public | For MoH, especially for "Programs" | 4,4 | 0,92 |
| Insurance fund (consolidate National Budget) | Compulsory contributions | Public | Oriented for "health services" | 16,5 | 3,46 |
| Maries * | Local taxes and feed plus transfers | Public | Oriented for current maintenance | 0,7 | 0,15 |
| County/judeţ Councils * | Local taxes and feed plus transfers | Public | Oriented for current maintenance | 0,7 | 0,15 |
| Drugs | Direct payments | Private | OTC, copayment for "compensated and free" Drugs | 10,8 | 1,51 |
| Drug companies * | Sponsorships | Private | Payment for medical congresses, symposia etc. | 0,175 | 0,03 |
| "Under table payments" * | Direct payments | Private | Payments to personnel (especially doctors) | 1,2 | 0,25 |
| **TOTAL** | | | | **30,905** | **6,47** |

* estimation (generally, the estimation are in minus); ** 1 euro = 4,45 lei (RON) in September 2013 (when the analysis was updated)

[7] Pereţianu, D, Radu, L, Păduraru, D. Micro vs macro problems in health care system of Romania: an example of how the critical problems are not resolved. The 4th Internl.Conf. Priorities in Health care. Oslo, 19-20.09.2002, P. 1092.
Pereţianu, D, Păduraru, D, Radu, L. ROMANIA case: investment in health vs prioritization the reformation of health care system. The 4th Internl.Conf. Priorities in Health care. Oslo, 19-20.09.2002, P. 1093.

The problem is that there are too much private money vs public money. And all of us know that public health build on public money is better than that based on private money (see the medical and health statistic of European countries vs USA).

Therefore, we have to persuade politician to increase the public money for health and to learn people to decrease their personal money for health care services.

**6. Prevention of high number of hospital admission**

It is said that in Romania there are inflation of medical services. There are around 6,5 millions "acute" hospital admissions and 2 millions "per day" (in 2000, there were 4,5 millions).

The last Report of World Bank recommends decreasing the number of admissions and the number of hospital beds in hospitals which admit to much (not to abolish rural hospitals, as happen in 2011). The report takes about limiting the attribution of hospital ambulatories.

In fact, reducing the number of addmission in Romanian hospitals is a problem of spreading professionals in the teritory. Some said that too many doctors in a hospital will increase abnormally the number of addmission in that hospital (see Malcon Durie, 5th Intn.Conf.Soc. Prior.Health Care, Wellington, 2004). In Varna, dr. Vlad Tica point out on this subject. For exemmple, in Bucharest, the capital of Romania, with 8% population of Romania, work 30% or the doctors in the entire country.

## IV. Necesity of numerus clausus and establish the level of it

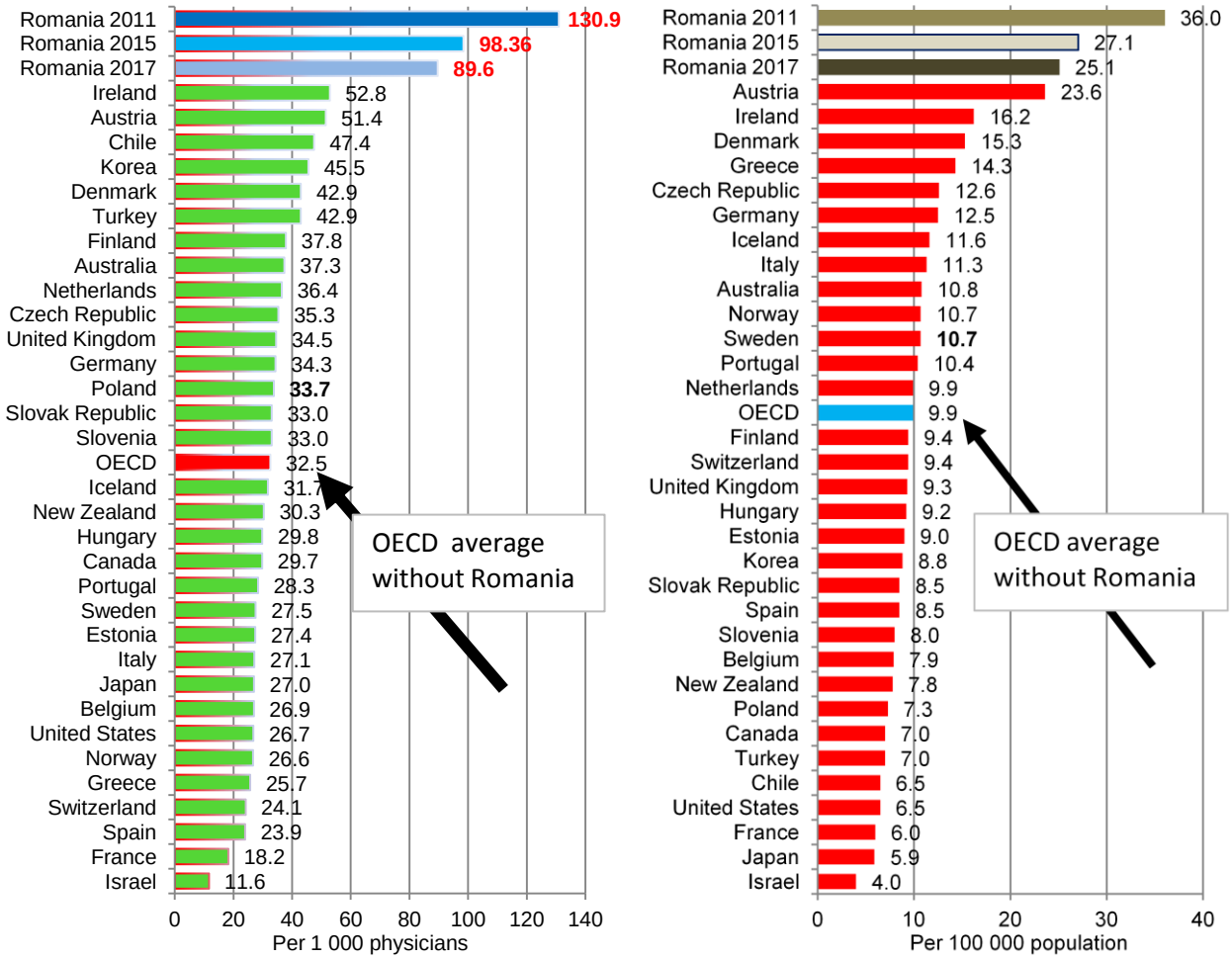
This problem was set by us many years ago[8]. We think that our salaries and our revenues do not increase because there are to many doctors employees in "central" hospitals and to many doctors in contract with insurance house in "central" teritories. On the other hand, we constat that there is a termendous number of students in Faculties of Medicine. Some aspects we presente in Strasbourg Report. Here, new data.

**1. Number of students**

Number of students in Medicine in Romania is very high. Depending on year, there are between 5200 and 7500 students in 14 Faculties of Medicine in the country (figure 4).

**Figure 4. Number of students in Medicine in Romania, per number of physicians and per population. Source: Health at a Glance 2011: OECD Indicators coroborated with data on Universities and Faculties of Medicine in Romania obtained from every insitution site.**

[8] Pereţianu D., Sava D., Stoicescu E. Privatizarea practicii medicale în România - o necesitate. Analiza rezultantă a corelaţiilor dependente de numărul de medici şi factorii ce influenţează numărul de medici în lume. Partea I. Orizonturi Medicale (Buc.), 1999, *14*: 6. Pereţianu D., Păduraru D., Radu L.V. Romania case 2: why increases the number of hospitalizations with over 75% during 2000 to 2004. A problem of prioritization among health services. The 5th Intrn. Conf. Priorities heath Care, Wellington, 3-5.11.2004, p. 87.




## 2. Number of doctors in hospitals, in ambulatory, in contract with NIH

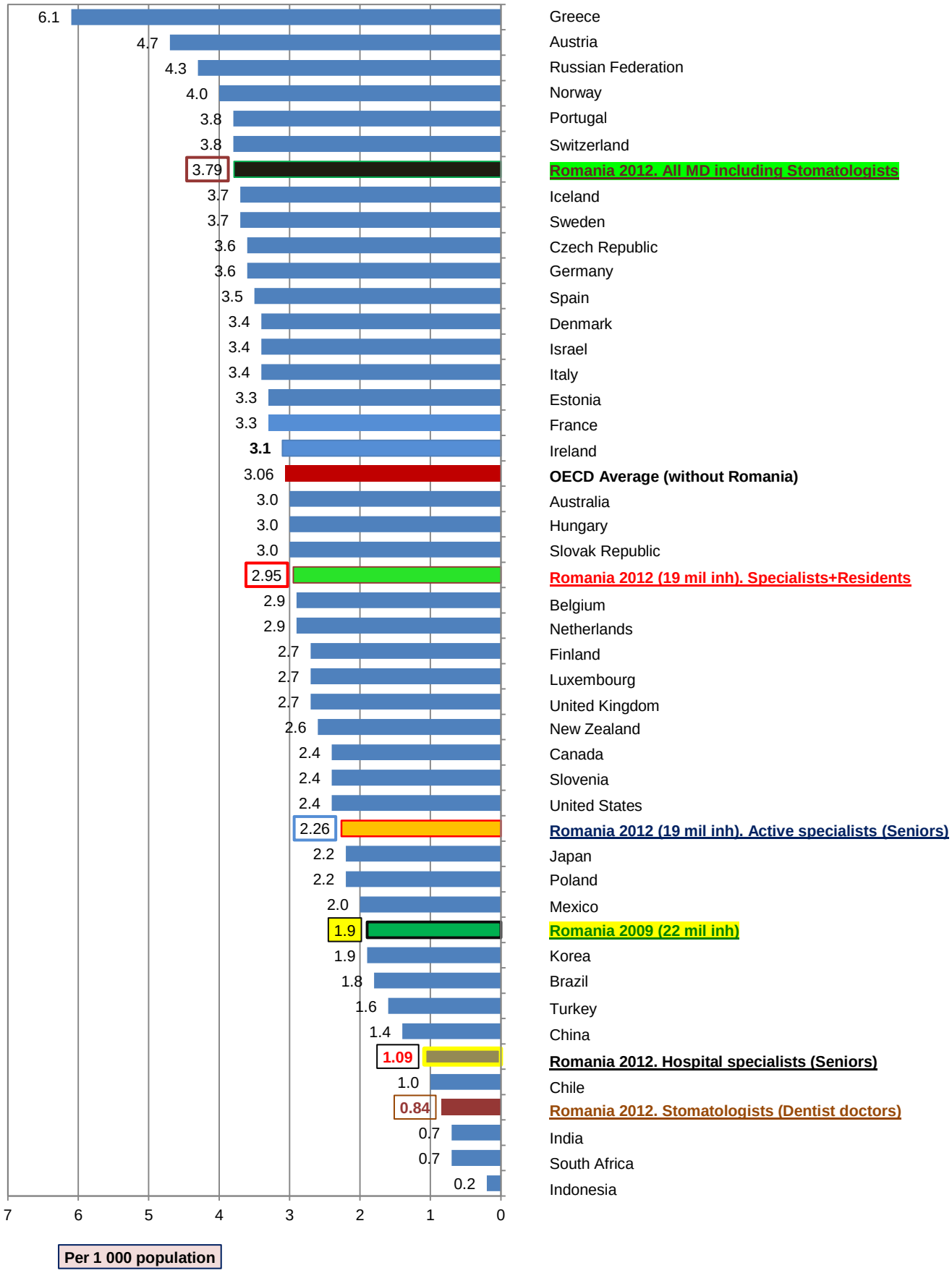
The last survay, in 2012[9], it is said that Romania had around 19000000 inhabitants, living in the country. Aroud 3-4 milions live in Europe (mostly Italy, Spain, France and Germany, but also in Norway, United Kingdom, Benelux and other), United States, Australia, South Afrika, Argentina (as most known extraeuropean countries with large romanian minorities).

The registry of both The Romanian College of Physicians and Romanian Colelege of Dentist Doctors (stomatologists), the institutions which has the right to registered the doctors said that there are 56000+16000 (=72000) active doctors, respectively (figure 5).

**Figure 5. Number of doctors in Romania. Source: OECD : Health at a Glance 2011: OECD Indicators and data registred at the Romanian College of Physicians (2012, February) and Romanian College of Medical Doctors (2012, August).**

We want from FEMS to tell us if it is corrent to summ all the doctors in the country to have a corect figure, or stomatologist and residents have not to be considered for these figures ?

[9] In 1989, Romania had 23200000 inhabitants. After that, people have the right to travel, and to work in western countries, phenomenon which due to a high rate of migration.


6.1
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Per 1 000 population
Greece
Austria
Russian Federation
Norway
Portugal
Switzerland
Romania 2012. All MD including Stomatologists
Iceland
Sweden
Czech Republic
Germany
Spain
Denmark
Israel
Italy
Estonia
France
Ireland
OECD Average (without Romania)
Australia
Hungary
Slovak Republic
Romania 2012 (19 mil inh). Specialists+Residents
Belgium
Netherlands
Finland
Luxembourg
United Kingdom
New Zealand
Canada
Slovenia
United States
Romania 2012 (19 mil inh). Active specialists (Seniors)
Japan
Poland
Mexico
Romania 2009 (22 mil inh)
Korea
Brazil
Turkey
China
Romania 2012. Hospital specialists (Seniors)
Chile
Romania 2012. Stomatologists (Dentist doctors)
India
South Africa
Indonesia

Even it seems that the number of doctors in Romania decreased, the number in some regions are very high (exemple, Bucharest and university centers – Iaşi, Cluj, Timişoara, Constanţa, Tîrgu Mureş). coroborative with the numebr of residents (13000) the situation is not bad. That mean that 13000 young doctors will become specialist in the years to come. The number of doctors in Bucharest increased by more than 3 times (Mixt Comission of Bucharest Insurance House Report, 2013, see www.cfsmr.ro).

It was said that the income of doctors depend on how many doctors there are in the country[10]. In fact, the doctors working in ambulatory and primary medicine received the money by shearing the ambulatory funds to the numbers of services. It was said that the numer of acts depended on the number of providers[11]. Therefore, the income is directly related to the number of doctors: few doctors, high incomes.

The doctors working in hospitals are paid by salaries. It seems that their income is not related to the number of doctors. But, the reality is not like that, because of the under table payment phenomenon. The high number of doctors in hospitals means few beds for a doctors, few opperations, few addmissions and few extra money. In surgery specialities and ob&gyn that is an important amount of money (see Strasbourg report).

How to introduce a numerus clausus in Romania, and how to uniformized the spreading of doctors in the teritory ? Important questions, and we hope FEMS could help us in suggesting some remedies.

## V. The last normative legislation: copayment bill, pilot on doctor salaries

### A. Copayment

In 1 April 2013, The Government implement The Governamental Bill on copayment in public hospitals. The Ministry said that copayment should be introduced because an accod with International Monetary Fund was signed in 2009. As you saw in our previous Report (Strasboug, 8-10.10.2012), The Ministery tried several time to introduced copayment in health care system. The ideea was generated by a Wolrd Bank Report from 2008-2009, which said that there to many health services in Romania.

The copayment was established at 5-10 lei (1,15-2,3 euro) per addmission. To note that the Romanian hospitals received at average around 1300 lei (300 euros) for internal medicine drg and 4200 lei (965 euros) for surgical drg.

#### 1. Principle as we now from west european experience

Co-payment system in Europe is generated to reduce the insured access to a service which is overloaded or expensive. The System is based on the psychological basis to compulsory pay the service provider when accessing the service. In addition to tax for health, when accessing the provider of health services every insured is obliged to pay, usually modest, to block the excess presence in a particular service.

For not breaking the social democratic principle of solidarity, in the Western health systems co-payment may not exceed 10%. On the other hand, the level of copayment could be adapted to the needs of the system; in other word "to moderate" among the components of the system. In fact, to decrease those services which are overburdened/overwhelmed, hospital addmission (8,5 milions per year).

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[10] Pereţianu D. Venitul medicilor între statul comunist şi teoria liberei concurenţe [The income of doctors between the communist state and free concurrence theory]. www.Mugetul Carpaţilor Online. Part one, 12.02.2009. Part II, 19.02.2009. Part III, 23.02.2009.

[11] Stegărescu S, Păduraru D, Radu L.V., Pereţianu D. The social health insurances are they "public" or "private" ? The 15th ALASS Conference, Bucureşti, 23-25.09.2004, C.S.5**.** www.cfsmr.ro/analize despre SIS.

**2. Effect on doctor revenues and salaries.**

Till now, there are no indications that the number of addmission decreased and that the doctor salaries increased.

**B. The pilot on salaries**

The Ministry of Health launched in May 2013 a draft (not a project, only a draft) concerning a possible law (i.e., law, not Gov. Bill) for establishing the salaries of doctors from public hospitals function on their performance. We do not know what that means. Is any of your country paying the slaries of doctors by "performance" ?

It is presume that the the pilot will be organized only in those hospitals who want to enter in it. It is presumed that the doctors from entire country will vote if they want to enter the pilot or not..

Our impression is that the Ministry and in fact The Government buy or spent time, since the draft is discussed by a lot of associations, fundations and will be after that transfere to Parliament (perhaps, after 1 year), who is meant to vote a law, after a lot of discussion, like in any Parliament.

Therefore, our position is that we sustain the ideea of a Pilot. We do not know what could be the performance of a doctor vs the other, for they have differentiated salaries, and variable salaries each month. Therefore we are eager to see how the Parliament will resolve the situation.

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