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INTERNATIONAL MIGRATION FROM PUBLIC HEALTH SYSTEMS. CASE OF ROMANIA

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Abstract

Approaches concerning international migration from public health systems are a constant challenge because of the multidimensional consequences of it. Globalization, the low degree of economic development in Romania (and consequently the sub-development of health system) comparing to other countries, the opportunities offered by foreign health systems, the dynamic of professional, social and innovative motivations of physicians emphasize the migration phenomenon in Romanian health system. Our research includes an interview-based investigation over the opinion of doctors employed in the public health system on international migration. The interview-based research results revealed many shortcomings in the health system, transformed into as many arguments of the decision on international migration. Also, our research shows that relevant institutions do not hold more than an approximate number of doctors who studied in Romania but are currently practicing in the benefit of patients abroad. In this context, conclusions include the need for a reporting framework over the migration of doctors.

Keywords: international migration, public health system, empirical study, Romania, transparency.

JEL Classification: H83, I15, H51, F22

Introduction

The collapse of communism has marked for countries of Eastern Europe a paradigm shift, a new societal approach based on openness towards internationalization, mobility, development, information and innovation. The development of this new approach has continued through the European Union (EU) enlargement, but it maintained the disparity between the different levels of development of the member states and implicitly, the phenomenon of migration.

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Health care represents a sensitive sector of any country, in view of the importance, complexity, high degree of innovation, human, material and financial resources as well as its vulnerability.

In Romania, economic and political turbulence, the descending trend of public resources, low salaries, the low standard of livelihood, financial, human and logistic limitations of the health system, the discretionary cost-quality-opportunity ratio of medical services, the perspective of professional development and the status of the physician's profession emphasize the international migration of doctors in the public health system. Although international migration of Romanian physicians has multiple negative consequences on the national health system as well as on society as a whole, at present it is not known the exact number of doctors who have emigrated to practice profession abroad. The Minister of Health (MS) and the College of Physicians in Romania (CMR), entities involved in the procedure of doctors' emigration, hold information about the number of documents issued at the request of physicians, but without having the certainty of their emigration. Also, there is not a framework for reporting the international migration of physicians from the Romanian health care system and thus it can't be quantified its impact at the national level and can't be reasonably identified arguments for emigration and adoption of appropriate measures for government to counter the phenomenon. The absence of such a reporting framework limits the economic impact of the doctors' international migration, the decision-making process of interested parties, as well as the predictability of the health system in terms of education, labor market and health services.

In the context presented above, through this research we study the perception of Romanian physicians with respect to migration in the health systems of other countries. This research has been based on the responses of interviewees.

The paper is structured into the following sections: the first section is devoted to the review of literature on international migration from the health system; the second section presents an empirical study concerning international migration from the Romanian public health system and includes research methodology and results. The last section is dedicated to research findings, the limits and future research directions.

1. Literature review

Migration of health personnel is a subject that has drawn attention not only of national and international authorities but also of the academic environment. This phenomenon is not only treated in the medical literature, but also in economic journals. From motivations that underlie skilled health personnel migration to emigration aspirations of students-future graduates of the medicine faculties, from specific studies carried out for an individual state (be it source – state of emigrants or destination - state receiving emigrants-skilled health personnel) to general studies that address the migration trend in the field, all these are subjects for literature.

International organizations, in order to fulfill their objectives, are also producers of numerous studies and statistics having as main purpose the suggestion of policies at national and international levels conducive to balancing figures characterizing one country or another.

Leaving the country of origin is based on a series of considerations which, added together, may constitute a pattern of migrant. Glinos and Buchan (2014) define a typology of health migrant which includes: the migrant for a better life, the migrant geared towards career development, traveler migrant (the one that considers migration for a job as an opportunity to travel), the commuter migrant, the migrant going abroad to work on an informal basis (here being assigned those persons who emigrate for taking care of elderly, children, sick, etc., but in an informal way), the temporary migrant. Taking into account the typology defined by Glinos and Buchan(2014), Humphries, et al. (2015) carried out at the level of Ireland, a joint research (quantitative and qualitative) that demonstrates that the physician career development is the most common type of migrant, among the arrivals from outside-EU countries. Among the other types of health migrants tested in the research are those who want a better standard of living, those that take into account the native return, those who emigrated for family reasons and those who have sought safety and security in the adoption country. The migrants' motivations are influenced by a multitude of factors and, as such, in time, they acquire a certain fluidity which causes the transfer from one category to the other.

Another study with a national coverage area is the one made by Herfs (2014) for the United Kingdom (UK) and the Netherlands. Facing the two countries over a period of time beginning with 2004 (EU's enlargement moment) Herfs examines the specificity of the migration process of physicians in each of the two countries. The analysis reveals major differences between the two countries in the period under review. Thus, in the United Kingdom, foreign medical graduates have the possibility of the equivalence of studies (dictated by the need for facility medical staff in UK), but in recent years the British state has tried to reduce the influx of migrant doctors in favor of its own medical school graduates. At the same time, in the Netherlands, accessing the profession for foreign physicians is much more difficult, both because of obstacles in the equivalence of studies and due to language barriers imposed by the Dutch state. These differences are confirmed by data published by the Organization for Economic Co-operation and Development (OECD), the annual number of foreign physicians beginning to practice in the UK being significantly higher than the annualcomparative for the Netherlands (<http://stats.oecd.org/Index.aspx?DataSetCode=SHA>).

De Vries, et al. (2016) examines three hypotheses of research based on figures provided by WageIndicator database, namely the model of health migrant, occupational and personal arguments of the immigrant in this field and the possibility for health migrants to be discriminated by countries of destination. For the first hypothesis, research results show that, in the majority, migrants are turning to countries where the same language is spoken (57%) or in neighboring countries (33%). As arguments of emigration decision, the analysis revealed greater salary and less working hours, fewer being those who have mentioned a higher standard of living. This conclusion converges with that of Vujicic et al. (2004), who demonstrated that significant salary differences between native country and destination country lead to a wider offer of health immigrant while an insignificant increase of salaries in the country of origin may not compensate for what the country of destination offers. The third hypothesis of the research performed by de Vries et al. could not be confirmed, as the WageIndicator database will not normally provide sufficient information to this effect, though with the exception of physicians, all other professionals in the field (for example, medical assistants) reported a less satisfactory standard of life. The study's conclusion is that the springs of migration, at least in the health area, are not the same for all types of professionals.

In Romania, Suciu et al. (2017) documents the migration of doctors starting from the "roots". In a study conducted on a sample of 957 graduates of the "Iuliu Hațieganu" Faculty of Medicine in Cluj Napoca, in 2013-2015, the authors analyze the emigration intentions. For the health system in Romania, the findings of this study are not at all happy, given that a proportion of 84.7% of graduates intend to seek a job abroad, and from this impressive proportion 44.5% already entered in foreign language courses and 26.5% have already looked for jobs on the Internet. Emigration arguments of medicine graduates are higher salaries, better conditions of life and work, professional opportunities, the "shortage of residency" in the chosen specialty, disappointment towards the medical system in Romania. The study's conclusion is that all arguments to a possible migration must be taken into account when national policies are set on the future of the health system. It is true that the main motivation of the emigration decision is a consistent salary, but in addition to financial compensation, the non-salary tools can be sometimes effective in controlling migration (Vujicic, 2004).

The process of emigration of Romanian physicians is also analyzed by Dornescu and Manea (2013). The authors advocate for the development of physicians' migration control levers, such as codes of ethical recruitment of health personnel and that should be used in all developing countries faced with this phenomenon. The "brain drain" should be a priority and a responsibility both for states "suffering" due to an insufficient number of medical personnel, but also for rich countries that draw skilled medical personnel through various labor force policies. The same policy of requesting commitments on the part of highly qualified medical personnel who are educated in the source country to restrict their emigration is supported by Cehan and Teodorescu (2012). Analysis of recruitment of Romanian physicians by foreign employers was also carried out by Cehan (2013), which emphasizes that the approach of ethical recruitment can be regarded from the perspective of immigrant physicians rather than of employers that recruit. According to the OECD, in 2013, about 14,000 of physicians, graduates of Romanian universities, were practicing in other countries, France, Germany, the United States, Canada, Sweden, Israel being remarked in terms of the significant number of doctors drawn (Lafortune, OECD/Eurostat/WHO-Europe, 2016).

There are, however, physicians who emigrate only temporarily, most often for professional development. Once they return to native country, their experience gained not only from the professional perspective but also from the perspective of a different type of communication skill brings in Romanian hospitals a development of doctor-patient interaction that closes us to the health systems of the developed countries through arguments such as respect, fairness and dignity (Teodorescu et al., 2013).

At the national level, data on the Romanian physicians who have emigrated to practice abroad is not available. Following our request of information on the number of physicians trained in Romania and practicing abroad CMR offered us data only for the period 2007-2015, earlier dates of 2007 not being available, due to the restructuring of the database (Table no.1). Even in this context, in terms of the powers conferred by law, CMR issues current professional certificates following physicians' requests, but it cannot estimate how many licenses have actually been used in medical systems abroad.

Table no.1: Number of physicians that requested current professional certificates

Year	No. of physicians
2007	1.421
2008	1.155
2009	1.401
2010	2.879
2011	2.982
2012	2.460
2013	2.195
2014	1.924
2015	2.269

Source: CMR, Response to Request no.1361/15.02.2017

The situation is similar in MS that, as a result of our request, informed us that since 2011 until January 2017, there were 23.680 requests for issuance of documents necessary for the recognition of professional qualifications acquired in Romania in other member states of the EU, without having the certainty of effective migration of applicants (Response to Request no. 720/31.01.2017).

On the other hand, the EU, together with the OECD and the World Health Organization (WHO) have initiated in 2010 a joint action of request for information in the field of medical personnel migration, whose goal is to collect internationally comparable data that can help monitor the phenomenon and not only.

2. Empirical research on the physicians' opinion practicing in the Romanian public health system on international migration

2.1 Research methodology

To investigate the perception of physicians on the international migration, we conducted interviews. We used the interview to collect qualitative data as it is the best tool that allows understanding of a complex process such as the migration of doctors, through the interaction and the perception of interviewer with the respondent (Blumer, 1969). In this respect, we contacted on the phone 45 doctors- specialists and primary- practicing in the public health system as basic function, but complementary working part-time in private sector, due to the liberal character of the doctors' profession. We established meetings. The option for interviewees' membership in the public health system has the following arguments: the overwhelming majority of physicians practice medicine in the public health system, due to its large addressability, variety and complexity of patients pathology, as well as the development and updating of knowledge in the field; public health system prevails the private one in terms of geographical area, number and typology of medical establishments and accessibility of medical services to the whole population; mostly, physicians practicing in the private health system, have basic employee function in the public health system, since the cost of private medical services gives limited accessibility to the general public, which generates discontinuity in the diagnostic, healing and monitor process of patients with negative impact on the cognitive approach of medical profession.

The establishment of the sample took into account the representation of as many medical specialties as possible in order to determine the intention to emigrate based on medical

specialty. The interviews were conducted during January–February 2017 and they took place face-to-face in the Bucharest hospitals/clinics where doctors currently practice. Each interview lasted for 30–40 minutes. The interviews were not recorded, but each interviewer noted the responses to questions and details provided by the respondents. Interviewees have been assured of the anonymous nature of the opinions expressed so that none of the opinions could by any means be attached to the person that expressed them.

2.2 Results

Question 1: Which is your medical specialty?

The 45 respondents have the following medical specialties: Internal medicine (9%), Emergency medicine (2,22%), Laboratory medicine (2,22%), Radiology (2,22%), Anesthesia and intensive care (7%), Plastic surgery (2,22%), General surgery (11,10%), Neurosurgery (2,22%), Orthopedic (2,22%), Obstetrics Gynecology (9%), Neonatology (2,22%), Pediatrics (2,22%), Ophthalmology (4,44%), Respiratory medicine (4,44%), Endocrinology(4,44%), Diabetes (4,44%), Oto-rhino-laryngology (2,22%), Audiology (2,22%), Gastroenterology (2,22%), Nephrology (2,22%), Urology (2,22%), Cardiology (6,7%), Physical and rehabilitation medicine (2,22%), Medical expertise of work capacity (2,22%), Neurology (2,22%), Psychiatry (2,22%), Oncology (2,22%).

Question 2: Which are the elements that you consider to be characterizing for the present Romanian health system?

14 of the respondents consider that the defining elements of the current health system are sub-financing, inadequate facilities and low salaries. Other respondents consider that low funding and below-average salaries are the current health system characteristics (R3, R5, R11, R12, R13, and R33). R16 tackles health care system from the perspective of the funding and facilities, which he considers to be reduced. For R9, the main feature of the health system is reduced financing while for R20 salaries are low. Two respondents consider that in health care system financing is insufficient, facilities are reduced but in the course of modernization, and salaries are low (R14, R17). Relatively similar opinions were expressed by another nine respondents, respectively, reduced financing and salaries, acceptable facilities (R30, R26, R23, R31, R42 R41 R40, R43 and R45).

At the opposite pole lie the positive features of the current system of health expressed by another part of the respondents (R25, R26, R27, R29, R34, R35, R37, R39), that is a good funding, proper facilities and acceptable salaries. A relatively positive image of health system is contoured by R19, which considers that "financing is increasing from year to year, facilities are becoming better, and salaries are modest". In another point of view, "financing of the health system is appropriate, but faulty managed, salaries are low and facilities face large discrepancies between the large cities and small ones or rural areas" (R2). Also, in the current system of health "there isn't a financing plan to cover all needs in the system, equipments, medicines, others, facilities exists only in several important centers located in the main cities in Romania and not all patients have access to them because of overloads or money constraints, while salaries are small compared to the work performed" (R21).

Question3: Which are the main arguments that could determine you to emigrate in order to practice in a health system abroad?

Part of the respondents would emigrate due to low salaries and insufficient and performed-limited facilities (R2, R15, R20, R21, R24, R38 and R42). Other respondents are determined to leave the Romanian health care system in favor of other countries, by low salaries, poor facilities and professional development (R4, R7, R8, R10 and R28). Also, inadequate salaries and limited professional development are the main reasons of emigration for another nine respondents. A portfolio of reasons that would cause respondents to practice in health systems of other countries include: low salaries, the obstacles in professional development, the organization of the health system and the standard of living (R3, R5, R6, R13, R45). R43 and R44 would emigrate because of "low salaries, insufficient facilities, organization of the health system, and the relationship between the physician and the health care system."

In opposition we found the unique reasons which would cause respondents to emigrate, concerning limited access to professional development (R14, R18, R22, R25, R34, R41, R39), low salaries (R19, R31, R32, R36), inadequate facilities (R29, R35). Also, the difficulty of professional development and reduced career opportunities are arguments for the immigration decision of a respondent (R27). From another perspective, the reasons for migration are "low salaries, professional development, easier access to a house, a car, and education of the child" (R1), "low salaries, minimal facilities and another professional status" (R40), and "low salaries, reduced facilities and social status" (R23).

Graphically, the opinions of the respondents on the arguments of emigration decision based on their medical specialties are presented in Figure no.1.

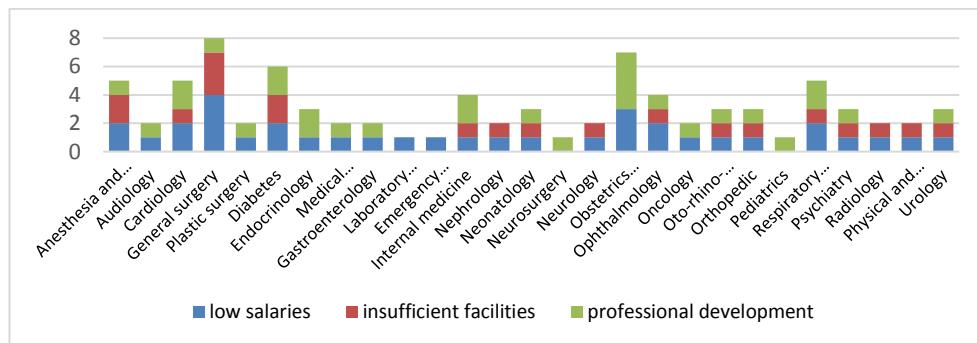


Figure no. 1:Arguments of international migration based on medical specialty

Question4: Which is the destination country you would consider for emigration in order to practice medicine?

France is the preferred destination for most of the respondents (R5, R9, R11, R12, R14, R19, R35, R36, R38, R42, R44), followed by the United Kingdom (R3, R6, R18, R20, R22, R24, R39, R34, R33) and Germany (R1, R10, R27, R28, R32, R45). Also, respondents would emigrate to practice in the health systems of the following countries: Austria (R2), Norway (R4), Belgium (R7, R30), Sweden (R13, R17), United States of America (R40, R21, R41 and R43), Spain (R23, R26), Denmark (R25), Netherlands (R29, R37), and

Australia (R31). Some of the respondents have alternative options with regard to the country in which they would emigrate to practice, i.e. United Kingdom or United States of America (R8), Switzerland and France (R15), Germany and France (R16).

International professional destinations preferred by physicians educated in Romania are confirmed by the OECD. In this respect, the number of Romanian physicians practicing abroad was as follows: France: 2011 – 457 physicians, 2012-402 physicians, 2013 – 364 physicians, 2014 – 339 physicians; United Kingdom: 2007 – 175 physicians, 2008 – 233 physicians, 2009 – 254 physicians, 2010 – 677 physicians, 2011 – 449 physicians, 2012 – 292 physicians, 2013 – 276 physicians, 2014 – 276 physicians; Germany: 2007 – 54 physicians, 2008 – 71 physicians, 2009 – 103 physicians, 2010 – 244 physicians, 2011 – 403 physicians, 2012 – 579 physicians, 2013 – 404 physicians, 2014 – 286 physicians(extracted from the OECD database <http://stats.oecd.org/index.aspx?68337&queryid=1>). Correlated to arguments of emigration, the international professional destinations of respondents are graphically presented in figure no.2.

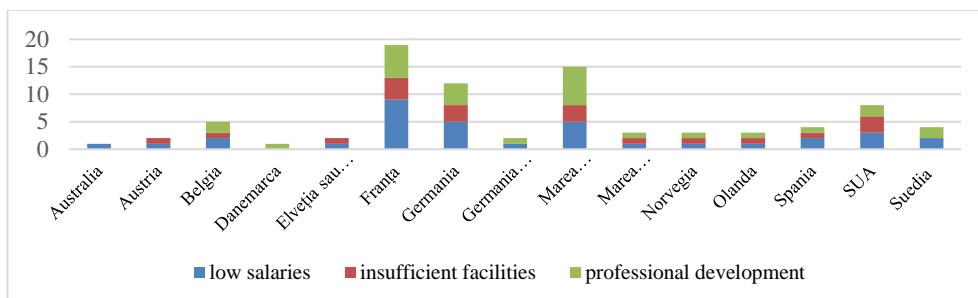


Figure no. 2:Arguments of emigration based on preferred destination country

Question5: Which are the benefits you expect from the health system of the country you emigrate to?

The benefits that a part of the respondents expect from the health system in the country they would emigrate, are as follows: higher salaries, innovation and respect for the medical profession (R3, R5, R11, R12, R13); higher salaries, performing facilities and innovation (R4, R6, R16, R28); higher salaries, innovation and update to the latest news in the field (R33); higher salaries, equipment of last generation and a higher standard of living (R37); modern medical equipment, adequate work conditions, professional respect and recognition (R15);higher salaries, modern logistics, decent professional status (R24); higher salaries, equipment performance, high standard of living, a suitable environment for medical profession, based on respect for the system and the patients (R42, R43, R44, R45). Eight respondents expect from the health care system of the country in which they would emigrate, mono-dimensional benefits as it follows: fitting with modern equipment and adequate conditions (R14, R18, R35, and R39), higher salaries (R31, R32) and innovation (R34, R41). For other respondents, the expected benefits are two-dimensional: higher salaries and innovation (R9 R19, R23, R17, R30, R26), higher salaries and equipment performance (R10, R20, R21, R22, R38, R40, R29), innovation and better social protection (R25); innovation and professional opportunities (R27), higher salaries and the position in society (R36).

Other respondents complete the benefits expected from the health care system in the country they would emigrate from the perspective of the patient, thus: higher salaries, adequate equipment, innovation and an appropriate ratio between the number of medical staff and patients (R1); higher salaries, equipment of last generation and appropriate conditions, innovation and patients' respect(R2), higher salaries, enough performing equipment, education of the patient and better compliance (R7); higher salaries, adequate equipment, innovation and respect of the patients (R2); higher salaries, adequate equipment, innovation and easier access of patients on medical services (R8).

Question6: How do you appreciate in the future the evolution of Romanian physicians' migration to practice abroad?

The majority of respondents (26) believe that in the future, the trend in the process of migration to the health systems of other countries will be an ascending one. R30 is committed to the same school of thought, saying that "the process of migration will increase if system won't make changes." From an optimistic perspective, other respondents predict a reduction in migration (R26, R34, R38, R41), the reduction of migration at the same time with increasing salaries (R29) and social development (R25) and, respectively, "reduced migration when the West will reach saturation" (R27). An interesting opinion is expressed by R19 who believes that "migration of physicians to practice in the health systems of other countries will minimize, but it will not disappear because of the phenomenon of globalization."

In another vision, part of the respondents consider that in the near future, the process of migration of physicians to practice in the health systems of other countries will continue at the same pace (R17, R20, R22, R30, R31, R33, R37). Other respondents consider that the process of migration is "closely tied to local and EU's medical policies" (R28), it depends on "future policies from health care system" (R23), and on "the EU's future policy concerning migration" (R36).

Question7: Which are the consequences of physicians' migration on the Romanian health system?

Among the consequences of Romanian physicians' migration in the health systems of other countries there can be enumerated: the lack of physicians, the overload of existing doctors, reducing population's access to health care, the funding of medical studies does not lead to their results in Romania (R1, R7, R8, R11, R16, and R28). R2 believes that international migration of Romanian physicians will generate the overload of the remained ones and the reduced access of patients to medical services. For other respondents, the emigration of doctors to practice in the health systems of other countries, will have the following consequences: insufficient number of physicians (R20, R27, R39), the overload of doctors still practicing in the Romanian system (R18, R21, R41), lack of doctors and reduced quality of medical services (R17), insufficient doctors and the transfer abroad for the Romanian medical studies' results (R30), excessive request of doctors still practicing in the system, limited access of Romanian citizens to medical services and the transfer of medical knowledge financed by the Romanian Government to the health systems of other states (R9 R19, R23, R25, R35, R36), medical studies financed in Romania do not generate results for the Romanian citizens (R34); lack of doctors and reduced access of population to medical services (R26, R31). For R4, international migration of doctors from Romania will generate "insufficient number of doctors, overload of physicians still practicing and the migration of

patients towards important cities ", and for R3 and R5, "the decreasing number of physicians in the system, overload of existing doctors, reduced population's access to medical services and reduced quality of the health care services".

In the opinion of other respondents, the international migration of Romanian physicians will generate in the national health system, a shortage of doctors and overload of existing ones (R10, R14, R22, R32, R40, R37), lack of doctors, overload of the remaining ones and reduced population access to medical services (R6, R15, R24, R29, R33, R38), the lack of physicians, the overuse of remaining ones, reduced population's access to medical services, the transfer of medical studies financed by Romanian state in the health systems of other countries and the increasing of waiting time in order to benefit of medical services (R12, R13, R42, R43, R44, R45).

The opinions of the respondents concerning the consequences of international migration of Romanian physicians correlated to their medical specialties are represented in figure no.3.

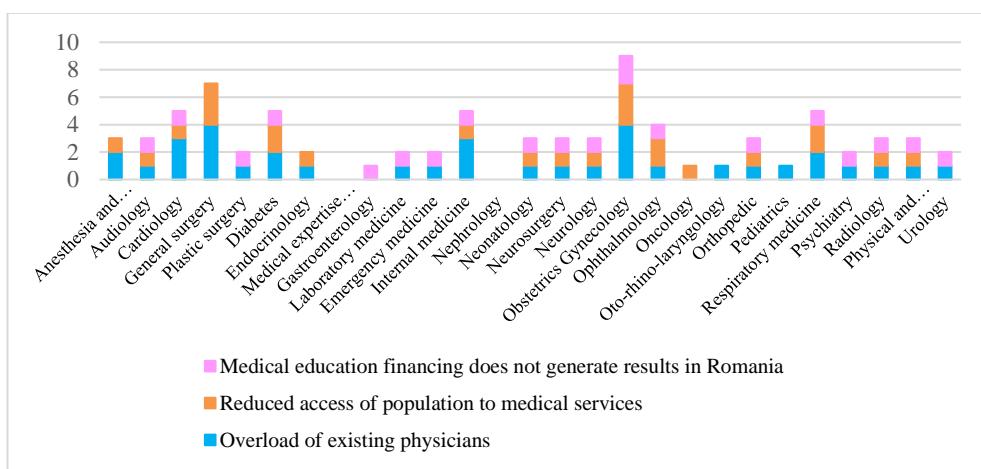


Figure no. 3:Consequences of international migration of Romanian physicians correlated to their medical specialties

Question 8:In your opinion, which is the Romanian institution competent to periodically report information about physicians that left Romania in order to practice medicine abroad?

The majority of respondents (27) consider that the institution empowered to report regularly information on doctors migrated to practice abroad is CMR. Other 12 respondents consider that MS and CMR are the institutions to which it returns this responsibility. R8, R9 are pleading for MS as competent institution, R25 advocates for CMR and the National Institute of Statistics (INS), and R42 attributes this responsibility on a global level, to CMR, MS and INS.

Question9: Do you consider as necessary the issuance of a transparent, general reporting framework on a national level concerning the physicians' migration to practice abroad? Please detail your response.

All respondents consider as necessary the design of a transparent reporting framework related to migration of physicians in health care systems of other countries. Arguments supporting the affirmative answers of respondents are as follows: "in order to establish effective measures to counter this phenomenon" (R1); "because the extent of migration is inversely proportional to the level of doctors' satisfaction and consequently to the health of the medical system" (R2); "to inform patients, general public and governmental authorities regarding the current situation and the perspective of ensuring medical services, but also for the adoption of measures to reduce and cease the migration of physicians" (R3, R14, R17); "in order to know the real figures on doctors' migration as information published are not credible" (R4); "for the purpose of determining government policies for health system and the tuition figures by medicine universities" (R5); "in order to reliably assess the impact of migration on the health care system, analysis of the report between the cost of a physician's education and the cost of increasing salaries and the adoption of measures for limiting this phenomenon" (R6, R7, R11, R13, R43); "in order to realize the real impact of migration at the national level and the adoption of the necessary amendments to its reduction" (R8, R9, R10, R12, R38); "to aware the representatives of MS regarding the actual number of physicians who emigrate" (R15, R16, R18, R21); "for knowing the real figures of migrated doctors and the need for doctors in the country" (R20, R32).

Also, a framework is needed "to know in detail the accurate situation of migrated doctors (their specialties, age, geographical area, hospitals etc), the country in which they settled, the reasons for migration, the impact of migration on the health system both from the medical services point of view and of labor market and for the adoption of measures in order to limit this phenomenon" (R38, R44, R45).

Other respondents consider that a framework for reporting migration is essential for making annual analysis, the determination of migration trends, the analysis of migration causes and the adoption of appropriate corrective measures (R19, R29, R22 R26, R30, R31, R41, R42), for the management of health services at the national level (R28) and for policymaking in the health system (R23, R27). R24 argues the necessity of a reporting framework of migration through the "development of national statistical reporting and eliminating the root causes of migration", R36 considers the framework as a migration and society's needs monitoring tool, while R25 and R40, consider its necessity through the social character of migration and consequently the necessity of reporting. In a different approach (R33, R35, R37, R39), a reporting framework on migration is necessary "in order to harmonize with EU policies" while "transparency on topics of public interest is constructive and consistent with the EU rules" (R34).

The approach of this question was founded on two coordinates. First coordinate was the reporting of public health, mainly financial, which are complemented by the clinical level patient. The second coordinate is connected to the impossibility of quantifying international migration of doctors and its economic and social impact. The process of international migration of doctors is limited to MS and CMR involvement as follows: MS issues the certificate of conformity for recognition of professional qualifications acquired in Romania by the other Member States of the European Union (Law 95/2006 amended and

supplemented) and CMR, as a professional body, issues current professional certificate that validates respectability and morality of each medical professional (GD 1464/2006).

Under this perspective, we believe that the existence of a national uniform reporting framework on physicians' migration would be useful to:

- Government authorities – they can use data provided by this reporting framework to design, approve and implement coherent national policies that manage and reduce migration of doctors in the interests of the Romania and of its citizens. Moreover, thus it can be measured in a consistent manner the impact on the labor market, because it can extend reporting on other categories of professionals in this area constituting subjects of emigration: nurses, dentists, pharmacists

- Taxpayers to public funds (National Health Insurance Fund - FNUASS and other public funds that finance the national health system). Any employee and any employer operating on the Romanian territory are obliged to contribute in proportion of 5.5%, respectively 5.2% to these funds, and there is no possibility to circumvent that requirement. In return, the taxpayer is entitled to be informed of how these money are used and to request medical services of high quality, that can compensate his financial obligations. Standardization of reporting in this area will lead to increased confidence and trust of consumers (Dinu and Tăchiciu, 2008).

- Medicine universities – they can use data provided by a reporting framework for fulfilling a catalyst role in the relationship between young doctors and their aspirations and government authorities.

Also, reporting entities of public interest information concerning medical migration must be established through competencies they are assigned to for medical field and medical profession regulations. From this point of view, the reporting entities could be CMR and MS. The request for information at the level of physician as individual can be made when reporting entities issue the current professional certificate, respectively the conformity certificate.

Conclusions

Migration of health personnel (not just doctors, but also nurses, dentists) is a global phenomenon which cannot be ever stopped for two reasons: there will always be developed nations and less-developed nations, the first providing benefits that the last ones cannot reach in a reasonable time horizon or, maybe, never, and secondly, if considering internal springs of individuals, there will always be physicians concerned about international development of their career or simply, physicians who desire something more than what they receive in their native country.

All countries of the world are confronted with the phenomenon of doctors' migration, in a certain proportion. Globalization, which has generated a partial liberalization of the labor market, has led to the expansion of the phenomenon at the expense of less fortunate countries. Romania does not make exception to this rule.

Research carried out on the basis of interview revealed the discontent of physicians currently practicing in Romania, which turned into as many arguments for the decision to

emigrate. The first on the list of pros-emigration is the small salary compared to that provided by other countries, followed by inadequate or lack of facilities and the impossibility of proper professional development. The majority of respondents consider the "brain drain" in the medical field as growing, but, on the other hand, some of them estimate the regression in time once the developed countries will be saturated. Consequences of physicians' emigration generate a consensus of most respondents: reduced number of physicians, the overload of existing doctors and difficult access of patients to a high quality medical care (it is well known that there hospitals in certain areas of the country that cannot fill in with doctors all medical specialties for which they are empowered to act). Immigration preferences of Romanian doctors are confirmed by the OECD figures, among the favorite destinations being France, Germany and the United Kingdom, where, in addition to substantial financial compensation and appropriate facilities, doctors also expect a higher standard of living than in Romania.

Respondents noted that there is an imbalance between the cost of a doctor's training and education and subsequent lack of benefits when one chooses to emigrate. In support of this idea, the literature mentions the need of professional ethics codes. The respondents also argue the need for a reporting framework on international migration from the public health system in Romania.

The research results evidence directly or indirectly the economic impact that physicians' migration generates on Romania. In this respect, the reduced number of doctors as employees has consequences in the decreasing value of direct taxes and social taxes, as main income for the consolidated state budget. These will negatively influence the financing of public sector (health sector as well) and the coherence and sustainability of the social protection of citizens. Results of Ștefănescu, et al.(2013) research that tested performance by coercion on Romanian public hospitals have proved that reducing public financing for the health system led to closing up hospitals. Another economic implication of international migration is closing or reorganization of public hospitals and consequently the inefficient use of public financial resources, due to the capital investments that have not been recovered through generation of social and economic benefits. This is followed by the impossibility of recovering educational costs for doctors, sustained by the Romanian state, considering that benefits are generated in other countries health systems.

As to the value that international migration of Romanian doctors can add this is limited to doctors that return to Romania and use the experience and professional competencies acquired abroad in our public health system.

Economic consequences of international migration of Romanian doctors are also socially impacting by the limitations of citizens' access to medical services, the depreciation of the quality of medical services and the increasing un-balance between country's different regions. We consider that a reporting framework for international migration of doctors, coherent and transparent, would ease the assessment in a reliable manner of its economic implications as well as the adoption of realistic decisions.

The limits of the research being carried out are those of the interview-based research, as well as the shortage of reliable quantitative and qualitative data on the topic studied.

As future research directions we propose the design of an econometric model concerning the international migration of Romanian physicians, as data are to be published by the authorities.

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