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Regulatory Framework and Dynamics of Human and Financial Resources Regarding Medical Residency

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Abstract: *In the context of the particular importance of residency in medicine, aimed at ensuring the selection of the best candidates for specialization programs and guaranteeing the existence of an optimal number of medical specialists to provide quality medical services, we will insist in this paper on the particular dynamics of the resources of human and financial order, amplified in the last period, referring to the normative framework applicable to this matter. The system under discussion is a vast one, only if we think only of the number of resident doctors and pharmacists in training in 2022, which is 30,250, of which 21,882 in the field of Medicine. Also, the institutional framework applicable to it is one of the most complex. The structure of this paper includes, following this introductory part (1): Theoretical background (2), Research methodology (3), Approach regarding the status of the resident doctor based on the legislation applicable to medical residency (4), Dynamics of the number of places and resources of a financial-budgetary nature allocated annually to medical residency in the recent period. Effects obtained (5) and Conclusions (6).*

Keywords: *residency in medicine; resident physician; the Romanian institutional framework; financial-budgetary resources; the public health system; salting.*

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1. INTRODUCTION

Residency is a postgraduate training program, through which medical graduates can continue their training (the number of years being differentiated according to the specialty pursued, including both theoretical and practical activities) and obtain their specialization in a branch of medicine included in the *Nomenclature of medical, dental and pharmaceutical specialties for the healthcare network* (RG, 2022a). In Romania, the residency program was introduced more than half a century ago, as a result of the need to train well-trained specialists to ensure the medical care of the population.

After the 1989 Revolution, the residency program was reformed, more rigorous evaluation criteria were introduced, and the candidate selection process was reorganized. Currently, the residency program is organized by the Ministry of Health, and the selection process is based on a unified national exam, which is held every year.

The total number of resident doctors and pharmacists in training in 2022 is 30,250, of which 21,882 in Medicine, 4,280 in Dentistry and 4,088 in Pharmacy. They are in training, in the majority, in the Bucharest university center (29%), followed by the Iaşi (15%) and Cluj-Napoca (14%) university centers (RG, 2022b). In Figure 1, we present by region the university centers and the number of places and positions awarded in the residency competition organized in the period 2014 - 2021.

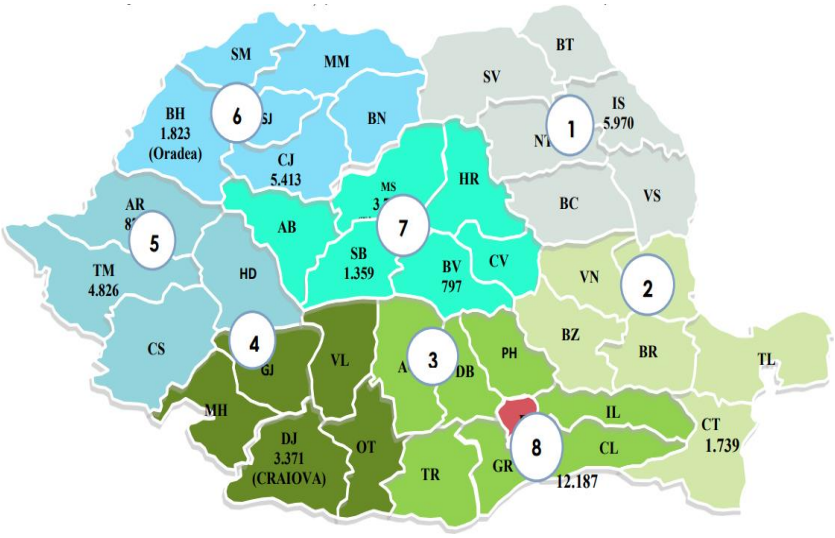


Figure 1. The number of places and positions taken out at the residency competition (2014-2021) (CCR, 2022)

During the residency program, the resident physician—working under the supervision of a specialized physician known as a tutor—is involved in a variety of activities, including clinical examinations, surgical procedures, medical interventions, consultations, discussions with patients, and other activities specific to the specialized medical field. Also, the doctor participates in conferences and seminars to improve his theoretical knowledge and has administrative responsibilities (filling in the documents necessary to monitor patients), communicates with other doctors and nurses in the hospital where he works.

Therefore, the doctor resident in Romania has responsibilities towards the patients and the health system, but also benefits from a complete training and a financial reward. At the end of the program, graduates obtain the title of specialist doctor based on an exam and can practice medicine in the respective specialization.

Given the importance of residency in medicine – ensuring the selection of the best candidates for specialization programs and guaranteeing that there are enough medical specialists to provide quality medical services, now and in the future, taking into account the migration phenomenon (Bostan et al., 2022), we will insist in this paper on the special dynamics of human and financial resources, amplified in the last period, referring to the normative framework applicable to this matter. The structure of this paper includes, following this introductory part (1): Theoretical background (2), Research methodology (3), Approach regarding the status of the resident doctor based on the legislation applicable to medical residency (4), Dynamics of the number of places and resources of a financial-budgetary nature allocated annually to medical residency in the recent period. Effects obtained (5) and Conclusions (6).

2. THEORETICAL BACKGROUND

The specialized literature includes a series of scientific works on the topic addressed by us, with similar objectives. Through their publication, it was possible to reveal the multitude of problems they face, such as low wages (at least until the appearance of the Framework Law no. 153 of 2017 on the remuneration of personnel paid from public funds (RP, 2017), the work schedule requesting, the lack of material and human resources in hospitals and limited opportunities for continuous training. The difficulties caused by the Covid-19 pandemic have been as great as possible, especially during 2020.

Obviously, all this has an impact on the public health system in Romania. That is why an integrated approach and the involvement of all actors who can contribute to improving the working conditions and professional training of resident doctors is necessary.

Several Romanian authors focused their attention precisely on reporting these problems (Dimitriu et al., 2020; Muntean et al., 2022; Constantinescu et al., 2022; Musteaţă, 2017; Dehelean et al., 2015; Feraru, 2013), also proposing certain improvement solutions. The majority view is that a restructuring of the healthcare system is required to better support and recognize the contribution and work of medical residents.

3. RESEARCH METHODOLOGY

The authors resorts to the investigation of several specialized works focused on similar themes, but also carries out extensive documentation based on reports of some prominent institutions that focus on the issue of residency in medicine. In this regard, our work – which we believe is very important for obtaining current and relevant information, identifying gaps in existing research and formulating new research questions – consists of searching, analyzing and interpreting articles and other written materials which addresses the topic of interest in this field.

Apart from the specialized works, already mentioned previously, and the legislation in the field referred to here, we take into account the reports of the Court of Accounts of Romania (https://www.curteadeconturi.ro/publicatii), which carried out recent audit missions on the sector public health, but also the information found in documents posted on the websites of institutions such as: the Ministry of Health, the National House of Health Insurance or the universities that have faculties of medicine.

4. APPROACH REGARDING THE STATUS OF THE RESIDENT PHYSICIAN UNDER THE LEGISLATION APPLICABLE TO THE MEDICAL RESIDENCY

Medical faculties in Romania are widely recognized as being among the best performing in the world, generating a high standard health workforce. The six Universities of Medicine and Pharmacy (Bucharest, Cluj-Napoca, Iaşi, Târgu Mureş, Timişoara, Craiova) and seven other faculties of medicine (Constanţa, Galaţi, Oradea, Sibiu, Braşov, Arad, Titu Maiorescu Bucharest), by their number of graduates, make us rank third among EU states in terms of the number of medical graduates in relation to the population (Figure 2). The organization and financing of residency in Romania (for places and positions with a duration between 3 and 7 years, depending on the specialty) are regulated by Government Ordinance no. 18/2009 (RG, 2009, 2022). The changes made to it, among others, allow that from 2020 (through the adoption of Law no. 197/2019), the places for

admission can be supplemented, the Ministry of Public Finance being obliged to ensure the financial resources necessary for tuition through residency at the level of the approved tuition figures. "If the number of candidates who pass the residency exam is higher than the initially announced tuition figure, this will be added up to the distribution of candidates, so that all passed candidates can access a place or a residency position." (RP, 2019).

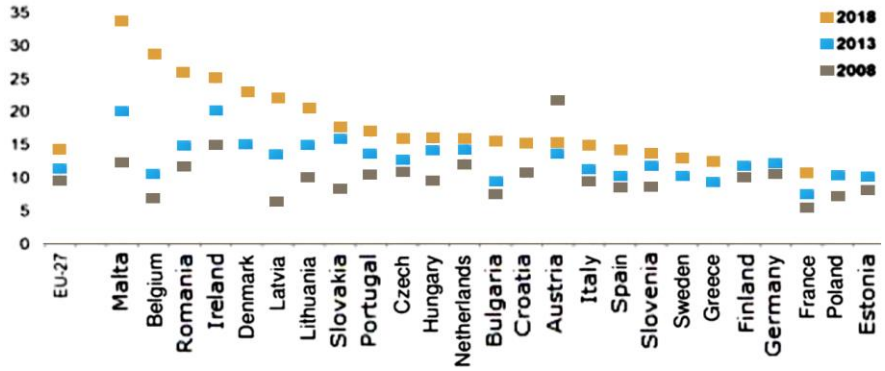


Figure 2. The number of medical school graduates per 100,000 inhabitants in the 2008, 2013, 2018 (RG, 2022b)

The national competition takes place at the level of university centers based on the agreement between the Ministry of Health and accredited public higher education institutions that have faculties of medicine, dentistry and pharmacy, and the training activity through residency is carried out under the authority of the Ministry of Health and the Ministry of Education and in collaboration with the College of Doctors from Romania, the College of Dentists from Romania and the College of Pharmacists from Romania, as the case may be.

The training in question takes place in accredited health units (MH, 2019), for each specialty, according to a national training curriculum and a scale of manpower, procedures, diagnostic and therapeutic techniques, mandatory and unique in the country, under the leadership of a coordinator/director of the program, applying the Regulation on training through residency (approved by joint order of the Minister of Health and the Minister of Education) (MH & ME, 2007; 2020). Based on the mentioned Regulation, we show that a mentor/responsible for residency training can train a maximum of 5 residents, having duties and responsibilities related to: (i) tracking the evolution of the residents' specialty training; (ii) checking how

to complete the practical scale from the training curriculum; (iii) organizing seminars with residents (at least 4 hours/week), etc.

The same Regulation provides that residents have the obligation to complete all the modules, in accordance with the training curriculum and to record in the training monitoring notebook (i) the list of cases examined according to the curriculum scale; (ii) the date of each watch; (iii) secondments; (iv) training modules; (v) the continuing medical education events attended, with the number of the participation diploma; (vi) scientific works communicated/published; (vii) g) the clinical studies carried out, etc.

From the perspective of ensuring the means of living, during the training period, residents receive salary rights established by the legislation that regulates the salary of staff paid from public funds and, at the same time, they can rent a place to stay in university dormitories, accommodation spaces attached to university hospitals or accredited clinics or in resident dormitories, at favorable prices (RG, 2009, 2022).

Finally, the aforementioned Regulation (MH & ME, 2007; 2020) stipulates that the final evaluation of residency training takes place in the form of the doctor, dentist or specialist pharmacist exam, organized by the Ministry of Public Health (in the medical university centers that provide training for all theoretical modules and the scale of skills, procedures, diagnostic and therapeutic techniques from the training curriculum), in two sessions per year (MH, 2007), and confirmation in the specialty is done after the full completion of the training program, certified by the coordinator /the director of the residency program, based on the Resident Training Monitoring Notebook.

In the 24 exam sessions for obtaining the specialist doctor's certificate by doctors who completed residency training, from 2014-2021, the highest number of candidates and graduates passed was in 2014 (Figure 3).

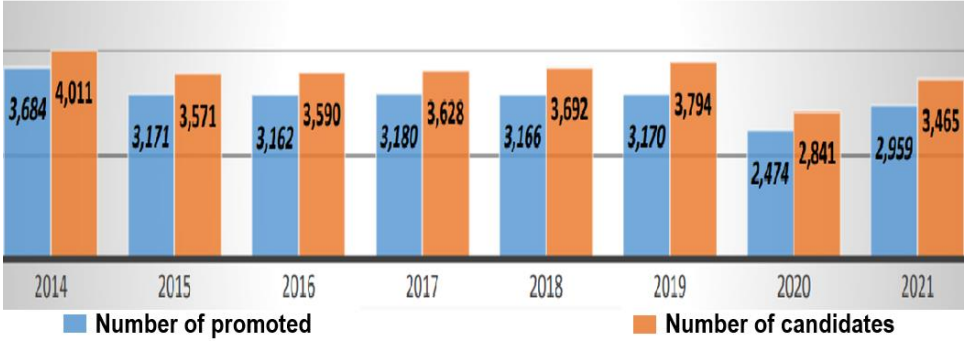


Figure 3. The evolution of the number of candidates registered for the specialized exam and those passed at the end of the residency training (CCR, 2022)

Overall, in the period 2014-2021, a number of 28,592 candidates participated in the exam for obtaining the specialty, of which 24,966 passed, the admissibility ratio being 87%.

5. THE DYNAMICS OF THE NUMBER OF PLACES AND THE FINANCIAL-BUDGETARY RESOURCES ALLOCATED ANNUALLY TO THE MEDICAL RESIDENCY IN THE RECENT PERIOD. EFFECTS OBTAINED

Aiming to increase the number of doctors to work in the national public health system, starting from 2016, government officials have undertaken several measures, including the massive addition of places and positions to the residency competition (Figure 4).

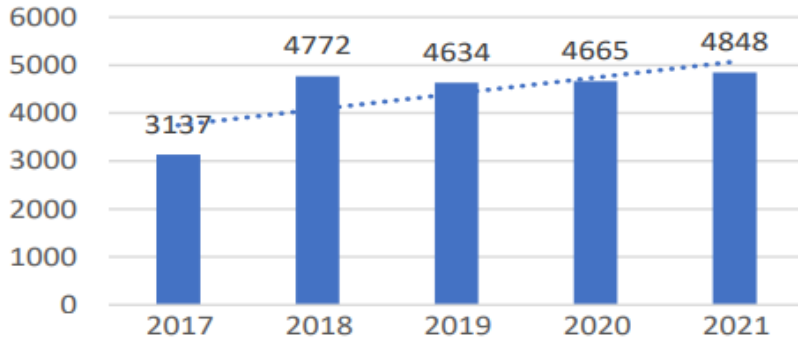


Figure 4. The number of places/positions filled following the residency competition, Specialty Medicine, in period 2017-2021 (RG, 2022b)

It is obvious that, through the significant salary increases applied since 2017 (RP, 2017), but also through investments in the health infrastructure, the migration phenomenon has decreased, in Romania reaching a number of 65,740 doctors in 2020, which represents an average of 346 doctors / 100,000 inhabitants. By development region, in 2021, the situation of doctors is presented as in Figure 5.

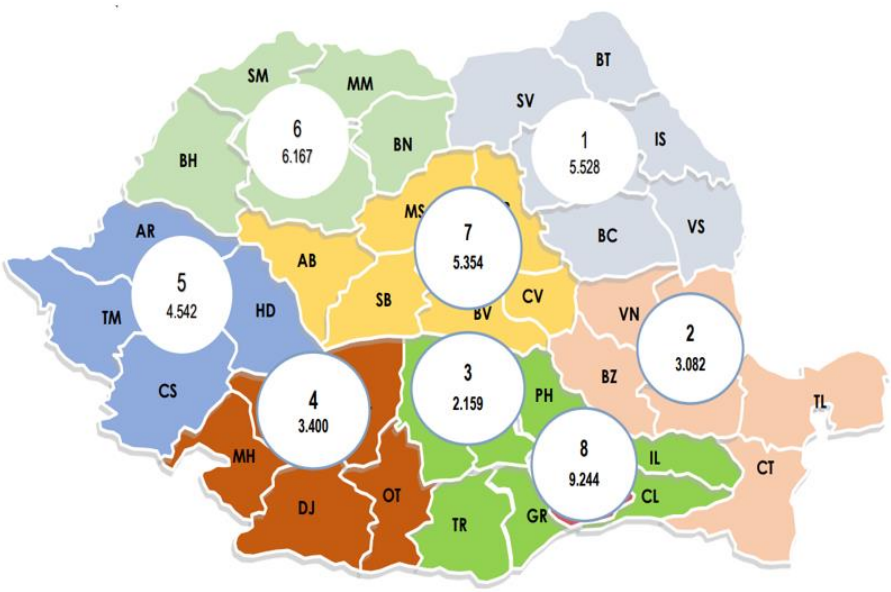


Figure 5. The situation of doctors by regions of development (2021) (CCR, 2022)

At the level of 2021, the highest number of doctors was registered in the Bucharest-Ilfov Development Region (9,244), and the lowest number of doctors was found in the South-Muntenia Development Region, 2,159 doctors, per 100,000 inhabitants.

Regarding the salary of resident doctors (funds being provided from the state budget, through the Ministry of Health - Title "Transfers - Health Actions - Residents", this category assuming that the Directorates of Public Health conclude contracts with the public hospitals in the network of local public administration authorities to ensure salary rights for residents throughout the residency period, years I-VII), this is done according to the Framework Law No. 153 of June 28, 2017 on the salary of staff paid from public funds, providing for the basic salaries shown in the Tables 1 - 3.

Table 1. Resident doctors from clinical units (RP, 2017)

No.	Function	The studied	Clinical units	
			Base salary - lei *Gradation 0* Year 2022	Coefficient
1	Resident doctor year VI-VII	higher	7,900	3.16
2	Resident doctor year IV-V	higher	7,300	2.92
3	Resident doctor year IV-V	higher	7,300	2.92
4	Resident doctor year III	higher	6,700	2.68
5	Resident dentist year III	higher	6,700	2.68
6	Resident doctor year II	higher	6,100	2.44
7	Resident dentist year II	higher	6,100	2.44
8	Resident doctor year I	higher	5,700	2.28
9	Resident dentist year I	higher	5,700	2.28

Table 2. Resident doctors from pathological anatomy and legal medicine units (RP, 2017)

No.	Function	The studied	Pathological and medicinal anatomy	
			Base salary - lei *Gradation 0* Year 2022	Coefficient
1	Resident doctor year IV-V	higher	7,300	2.92
2	Resident doctor year III	higher	6,700	2.68
3	Resident doctor year II	higher	6,100	2.44
4	Resident doctor year I	higher	5,700	2.28

Table 3. Resident doctors from ambulance services, emergency departments: UPU-SMURD, UPU, CPU, wards/compartments with ATI/IT beds, neonatal transport unit (RP, 2017)

No.	Function	The Studied	Ambulance services, emergency departments, neonatal transport unit	
			Base salary - lei *Gradation 0* Year 2022	Coefficient
1	Resident doctor year IV-V	higher	7,300	2.92
2	Resident doctor year III	higher	6,700	2.68
3	Resident doctor year II	higher	6,100	2.44
4	Resident doctor year I	higher	5,700	2.28

Depending on the specific conditions for carrying out the activity, increases for each category of personnel are established by the Regulation (approved on the basis of a Government Decision). They represent, in fact, "a financial risk compensation, granted to personnel who work in harmful, dangerous, particularly dangerous working conditions, difficult, dangerous or harmful working conditions, in particularly specific units, in special conditions such as would be stress or risk or special working conditions represented by isolation, altitude or difficult access routes." (RG, 2018).

The increments for each staff category (which are granted are granted for the activity actually carried out within the work schedule, according to the individual employment contract) were established with the help of differentiated percentages for jobs and staff categories, depending on the specific conditions related to each job (Appendices 1 – 9 of the above-mentioned regulation), based on job evaluation bulletins.

It should be noted that, although criticized in the specialized literature, the ceiling of 30% of the amount of basic salaries, of the increases granted to budget staff per credit orderer, still operates (RP, 2017), "there are sectors of activity that are exempted from this ceiling of increments, which determines the granting of a greater number of increments for these budget categories, at the expense of other categories of budget personnel who cannot exceed this ceiling." (Dinu, 2021). Higher increases are found in the case of those who work in very dangerous conditions (laboratories where diseases such as AIDS are tested) or those who work with patients affected by TBC.

The salary funds of the health units subordinated to the Ministry of Health, transferred from the state budget, are presented in the following table (Table 4).

Table 4. The salary fund related to resident doctors in hospitals subordinated to local public administration authorities (allocated through DSP, 2014-2021, thousands of lei) (CCR, 2022)

Years	Year of study I	Year of study II	Year of study III	Years of study IV-V	Years of study VI-VII
2014	33,107	40,464	38,767	48,833	3,100
2015	44,740	44,164	51,295	62,393	3,755
2016	52,115	59,609	606,773	83,506	3,059
2017	75,224	74,239	85,700	113,181	4,117
2018	181,300	165,504	173,871	244,891	7,877
2019	246,551	203,319	194,071	258,780	8,193
2020	280,902	249,776	229,158	293,072	9,305
2021	425,873	274,057	279,211	375,475	56,407
Total	**1,339,812**	**1,111,132**	**1,658,846**	**1,480,131**	**95,813**

In a period of eight years (2014-2021), the evolution of the salary fund of the health units with beds subordinated to the Ministry of Health (including the salary funds of the resident doctors within the health units subordinated to the local public authorities) is presented as in the figure below down (Figure 6):

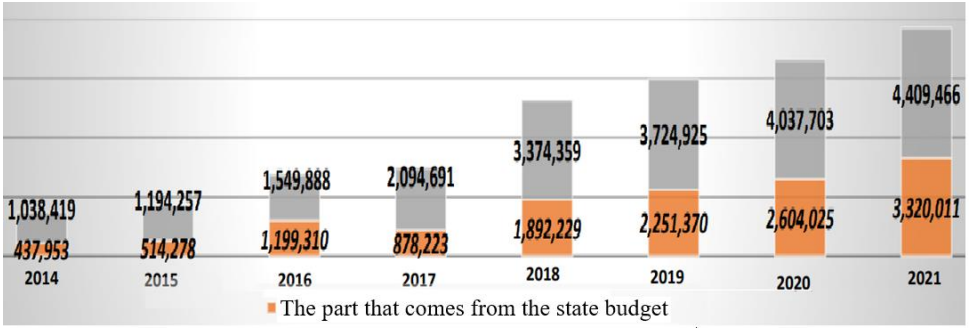


Figure 6. Evolution of the salary fund (2014-2021, thousands of lei) (CCR, 2022)

What stands out is the fact that the salary fund increased 5 times (from 1,476,372 thousand lei in 2014 to 7,729,477 thousand lei in 2021). By way of explanation: on the one hand, the legislative changes regarding salary increases for medical personnel (in 2018 compared to 2017, there is an increase of 1.77 times), and on the other hand, the number of medical personnel has increased - by approx. 1.4 times).

Despite all the efforts made (highlighting those of a financial-budgetary nature) in the direction of improving the system of organizing and carrying out residency in medicine, some difficulties are still manifested. For example, the large number of residents and their concentration in university centers has negative effects on their training. The residency training curriculum for many of the specialties is not updated, the only specialties in which the curriculum is congruent with the European curriculum are Emergency Medicine and Anesthesia and Intensive Care (RG, 2022b).

Then, for a long period, there were people who supported and passed the residency competition, they trained for 2-3 years, after which they supported a new competition without completing any specialty, they benefited from placement and salary even for periods of over 10 years, unnecessarily burdening the expenses incurred from the state budget (RG, 2022c).

The problem is also urgent in the line of "recruitment of young specialists in the health system, recruitment that should be done mainly in the counties and poorly served regions, by prioritizing the residency on the post to the detriment of the on-the-job, putting vacant positions in the units out to competition with a shortage of staff and identifying solutions at the level of local authorities to attract doctors to their locality." (RG, 2022b). Even if in 2020 43,409 vacancies were reported in public health institutions (that is, 18.81% of the normalized positions), there are multiple cases in

which there are no candidates for the positions put up for competition in poorly served localities.

The explanations are related to infrastructure deficiencies, insufficient equipment in hospitals, lack of housing, lack of employment of the spouse, and less - after 2018 - reasons related to the salary level.

6. CONCLUSIONS

Even if appreciable efforts have been made, including financial ones, to improve the system of organizing and carrying out residency in medicine, there are still some difficulties. A large number of residents are concentrated in university centers, which can negatively affect their training. The training curriculum for many specialties is not updated. Also, there is a problem with people who take and pass the residency exam, but do not complete any specialty, but take a new exam after 2-3 years of training. There is also the difficulty related to the placement of young specialists in the health system, especially in underserved counties and regions, which must be prioritized through residency on the job and putting vacant positions out to competition in units with a shortage of personnel.

The system in question also presents another deficiency, in the sense that the health units that are not accredited for residency training, but that offered positions in the residency competition, did not benefit from the activities carried out by the resident doctors, because they carried out their training in health facilities that are accredited for this activity.

The development of our research and the analyzes carried out on the topic "Regulatory framework and dynamics of human and financial resources regarding medical residency" confirm that the improvement of the system of organization and development of the residency program in medicine depends on a series of aspects that we reproduce here. The degree of occupation of the positions available for specialized doctors in medical units, in various specializations, must be as high as possible, and the assessment of the necessary number of resident doctors, depending on the specialization, to ensure coverage of the needs of the health network, must be done in depth.

The organization of competitions and exams for obtaining specialization should take place in a timely manner and there should be better collaboration between hospitals and higher education institutions for the training, development and allocation of human resources in the health sector, in order to establish the optimal number of places for residency. Equally important is ensuring the availability of all financial resources to pay the salaries of medical staff and residents.

Residency program reform, regarding the process of selecting, training, motivating and managing medical residents, must take into account the support, development and expansion of the post-residency program by increasing the number of available posts, depending on the needs of territory, considering the lack of medical personnel.

Bringing into discussion the *limits of the research* - mainly the fact that there is a lack of comparative sides, references to the same issue faced by other countries in the European Union, etc. - the authors propose, as future research directions, to come up with new approaches on this topic, from other observation angles, emphasizing the European issue.

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