MUZEUL ȚĂRII CRIȘURILOR

CRISIA

LIV

ORADEA • 2024

THE MIGRATION OF ROMANIAN DOCTORS TO ITALY – A REMARKABLE COMPONENT OF THE PROFESSIONAL INTERNATIONALISATION PHENOMENON

Mario STÂNGACIU*

ABSTRACT

Romanian intellectuals in Italy, specialists and top professionals, some of whom arrived in the country as students, graduates, or after having acquired a certain amount of work experience, are employed in the Italian public and private sectors. The most relevant component of the migration of Romanian elites to Italy is the mobility of general medical practitioners, pharmacists, therapists, dentists, radiologists, nutritionists, or licensed nurses, established in Italy for the long term or permanently, or sometimes engaged in temporary circulatory migration on the Italian Peninsula, or finding themselves in transit towards other European or non-European countries (Spain, France, Germany, the USA, Kuwait, Sweden), or having returned to their country of origin after a certain time in order to exercise their profession there, usually in the private sector, thus setting out to invest and innovate in Romanian medicine.

Keywords: doctors, knowhow, Italy, migration, specialists, development.

In this advanced stage of the migration of intellectuals, the phenomenon of the migration of elites or brain drain is becoming increasingly visible in Central and Eastern Europe, which, from 1990 onwards, upon transitioning to market economy and democratic regimes, has been faced with economic migration, driven by financial, work-related or family-related considerations, and subsequently with growing professional migration.

One distinct type of overqualified professional migration is the mobility of doctors, which, due to its particular scientific nature, falls more aptly within the scope of the migration of elites rather than the classic migration of intellectuals. In fact, the phenomenon of the Romanian brain drain into Italy has constituted an ongoing professional challenge, ever more obvious and clearer in the past decade, as graduates of Romanian medical universities have targeted a career in Italian hospitals or universities, be it as residents, specialists, researchers or professors.

Moreover, as a highly specialised profession, medicine is described at European level, via the Regulated Professions Database instrument, as the most mobile profession and, consequently, one with a marked degree of internationalisation. In the literature, highly qualified medical migration ('la migration hautement qualifié comme la migration medicale'), seen as extremely complex due to its education, preparation, lengthy training, commitment to hospitals, which are considered to be complex structures in themselves, implies the conceptualisation of an entire phenomenology, such as: skill, scientific multivalence ('la fuite des cerveaux', brain drain), material well-being (the global super rich), migrant elites, i.e. elevated social classes with

* "Iuliu Haţieganu" University of Medicine and Pharmacy, Faculty of Medicine, Cluj-Napoca; e-mail: mario.stangaciu2004@gmail.com.

substantial financial resources ('migranti altamente qualificati'), the mobility of professionals (brain waste, 'l'emigrazione dei professionisti', 'mobilità internazionale delle alte qualifiche'). The migration of elites in general and that of medical professionals in particular thus indicate the existence of a migrant category of highly professionally trained individuals (people with a higher education: students, graduates, doctoral students, researchers) endowed with sizable financial resources, as well as significant social and cultural capital.

An investigation of the typology of countries involved in the mobility of medical professionals reveals that the year 2007, when Romania joined the European Union, was marked by the supplying of personnel from ex-communist EU countries such as Lithuania, Poland, Hungary, Romania, Bulgaria, from non-EU countries – Russia and Ukraine – and, of course, from non-European countries – India, Mexico, Pakistan, the Philippines, Angola, Egypt, Ghana, Morocco, Kenya, South Africa – to both European (Western or Nordic) and non-European progressive countries (USA, Canada, Australia)[1].

All the countries that serve as suppliers of doctors suffer from a lower GDP and, implicitly, an insufficient healthcare budget.

As for the migration of Romanian physicians, it has become an increasingly conspicuous phenomenon after Romania became a member of the European Union and, what is more, it has gradually come to be one of the instances of mobility with the highest percentage of migrant medical personnel in Europe, to the point that, in 2007, in the context of European integration and, implicitly, of the recognition of Romanian medical university degrees, 3%, i.e. 1421 of Romania's medical practitioners requested the necessary documents to leave the country (over the 2% threshold deemed concerning by the WHO – World Health Organisation), then, in 2011, the rate of departures was 5.3%, i.e. 2804 doctors, and, in 2016, over 3%, namely 1800 doctors (the Romanian College of Physicians, Bucharest, 2007- 2017). Thus, in 2014, for instance, 40.9% of the European doctors in France were graduates of a Romanian medical university[2]. Naturally, the choice of European country was greatly conditioned by the demand on the international market and by immigration policies, but especially by the internal medical realities, namely work conditions and wages. In France, the consequences of the 70s reforms capping the number of practitioners through the so-called *numerus clausus* and the localised scarcity of the following decade forced the state to open up hospitals to doctors from other parts of the European Union, particularly Eastern Europe[3].

At EU-level and, more specifically, at the level of the European Council of the European Economic Community, the path was opened in 1975 for the migration of those elites ('la voie royale des migrations') who are practitioners with medical qualifications[4], while Directive 2005/36/EC33 established the automatic recognition of healthcare professionals. Consequently, Romania's accession to the European Union enabled such professional departures abroad, especially as the first categories of Romanian degrees acknowledged after 2007 were those of doctors, pharmacists, and nurses. It was therefore a matter of multiple combined aspects regarding the harmonisation of qualifications and medical experience, even though the above-

[1] C. Schultz, B. Rijaks, *Mobility of Health Professionals to, from and within the European Union*, IOM, Geneva, 2014, p. 9.

[2] Ș. Stanciu, A. Toma, *Fenomenul exodului de creiere și migrația de elită: migrația medicilor români în Franța*, in *Revista Transilvană de Științe Administrative*, n° 2 (47), 2020, p. 105.

[3] V. Cottereau, *Les «invisibles» de l'hôpital: Parcours et projets migratoires des praticiens à diplôme hors Union européenne (PADHUE) dans la région Poitou-Charentes*, Université de Poitiers, Poitiers, 2015, p. 11.

[4] M. Tandonnet, *Migrations. La nouvelle vague*, l'Harmattan, Paris, p. 109.

mentioned Directive only discussed instruction hours and not the content of instruction (language, abilities), which may at times have caused frustration due to difficulties exercising the profession at the same level as in one's country of origin. The bilateral agreements signed after 1990 facilitated the recruitment of medical labour, one example being the Italian provinces that signed protocols with certain Romanian regions.

A particular category within the geography of highly qualified Romanian migrants, especially after 2007, was made up of general medical practitioners and other medical graduates, such as dentists, pharmacists, nutritionists, or physiotherapists, a migrant category rendered visible both by its demographic extent and substantial flow and by its compact and well-structured nature. Consequently, the streams of Romanian migrant medical elites flowing towards the West are specifically characterised by their particular specialisation in general medicine, from family doctors, psychiatrists, radiologists, internists, emergency doctors, gynaecologists, to top anaesthetists, cardiologists, and surgeons (demanding and exhausting specialisations in particular). In terms of consequences, it is worth mentioning that the expansion of medical migration is apparent at global level as well, yet the departure of over 20,000 Romanian healthcare employees is becoming increasingly concerning and severe for Romania, a country deserted by a rising number of its medical graduates, who are leaving behind an outdated, superficially reformed, clientelist and untransparent medical system.

A study of the migratory projects of Romanian physicians in Italy can enable an in-depth understanding of the migrational complexity of this highly qualified, high-performing professional category, the institutional, relational, familial and, of course, generational framework that directs, influences or modifies it quantitatively and qualitatively. One's migratory trajectory and professional evolution highlight the opportunities, strategies, motivations, and contexts employed by physicians and the broader group of nutritionists, physiotherapists, and licensed nurses in order to become integrated among Italian medical professionals. The statistical data provided by the Romanian College of Physicians for 2020 show that the Romanian medical demographic in Italy, albeit considerably reduced in comparison to the one in France, the UK, Germany, Ireland, Belgium, or even the Nordic countries (Sweden and Norway), has registered a visible increase in the past few years. Specifically, if, for instance, the number of Romanian doctors in France registered with the French Order of Physicians increased considerably from 158 in January 2007 to 1160 in January 2009[5], there were less than half that number in Italy in that same year of 2009.

The phenomenon of foreign medical migration to Italy began in the 60s, when over 40% of foreign medical graduates remained on the Italian Peninsula; another migrational movement was occasioned by the fall of communism and the afflux of doctors and professionals with degrees from their Eastern-European countries of origin – Russia, Romania, Moldova, Albania, and Poland, and, finally, a recent one is marked by the increase in the number of foreign medical professionals (physicians, pharmacists, physiotherapists) from, among others, Arab, African and South American countries. According to AMSI (the Association of Doctors of Foreign Origin in Italy), there are over 18,000 foreign physicians in Italy, most of whom work in private settings (outpatient establishments), a choice forced upon them by the fact that participation in public

[5] R. Séchet, D. Vasilcu, *Les migrations de médecins roumains vers la France, entre démographie médicale et quête de meilleures conditions d'exercice*, 2012, p. 67.

competitions for posts is conditioned by citizenship[6]. Those who exercise their profession in Italian public hospitals are able to do so as freelancers remunerated by means of a system of occasional collaborations. It is worth noting that 30% of the foreign doctors in Italy carried out their university studies on the Italian Peninsula, so that, in 2009, 1,300 of them were German, 869 Swiss, 851 Greek, 752 Iranian, 686 French, 624 Venezuelan, 555 Romanian, and 431 Albanian[7].

The issue of medical migration brings up several important questions as to the hypotheses concerned with understanding this phenomenon, such as the geographic distribution of graduate medical practitioners, their attainment of a post and the direction of their professional path, the importance of professional and scientific connections before their departure for Italy, the representation of various medical specialisations, the constraints and difficulties encountered in Italy. Naturally, it is important to determine whether one can speak of a present or future outlining within high-qualification medical migration of a Romanian medical elite in Italy, as in other European countries, particularly in France, where medical practitioners who are graduates of Romanian medical universities are the best represented doctors with a European degree[8].

When it comes to the interaction between the various actors of spatial mobility, it is relevant to consider the construction and evolution of the projects of Romanian doctors in Italian hospitals and medical establishments, their relationship with Italian managers and their recruitment policies, their professional relations with Italian doctors, international professional prospects looking towards and away from the Italian system, their professional ties to their country of origin, etc. Be that as it may, it is obvious that the medical spatial demographic places considerable importance on the individual and on personal initiative, while also bearing in mind the relevance of professional, cultural-ethnic or other types pf groups. Both before and after 2007, the core arguments that underlay the departure of Romanian doctors for Western countries have been related to the relatively low wages in comparison to other European states, the lack of truly substantial material and professional means within healthcare, a reluctance towards Romania's political leaders, etc. In fact, according to Valeriu Dornescu and Teodora Manea, 'the size of the negative balance of medical migration has turned Romania into the foremost exporter of physicians'[9].

It appears curious that Romanian doctors in Italy, like those in other European states, such as France, should have expressed their desire to pursue their specialisation training in the West before 2007 and then, after Romania's accession, should have openly manifested their desire for a long-term temporary stay or permanent residence. The explanation lies with the fact that their status became much more consolidated and better represented within the EU and their chances of international medical collaboration increased palpably; such positive motivations were supplemented by Romanian physicians maintained deeply critical view of Romania, which they perceived as constantly lagging behind Western Europe. Be that as it may, even if it does not stand

[6] Associazione Medici di Origine Straniera in Italia, AMSI, 2011, [https://www.dottnet.it/articolo/9479/sbarcano-in-italia-infermieri-romeni-e-polacchi-e-i-nostri-medici-prediligono-gran-bretagna-e-germania-che-cosa-ne-pensate-], 20.03. 2024.

[7] *Ibidem.*

[8] V. Cottereau, *op. cit*., p. 44.

[9] V. Dornescu, T. Manea, *Migrația medicilor români: dimensiuni socio-demografice si economice (la migration des médecins roumains: dimensions sociodemographiques et économiques)*, in *Revista de Economie Socială*, volume III, n° 1, 2013, p. 128.

out as the main motivation, the economic and financial one remains, even after 2007, nearly as important as the professional and career-related one. An interest in permanent or definitive migration is, however, not necessarily the predominant option, as it is very often the case that highly qualified individuals, doctors in particular, go through an entire process of circulatory migration, targeting professional opportunities in two or more progressive states: Italy, France, Spain, or even Switzerland. That is why Italy is sometimes a mere country of transit towards superior options in terms of wages and professional goals to be found in European countries, the USA, or even Arab countries (Kuwait etc). Of course, the trajectory can sometimes be reversed, from Arab countries towards Italy or Europe in general.

From a legislative point of view, as already mentioned, the European Economic Community directive of 1975 facilitated the recognition of university degrees within the EU, such provisions being subscribed to by all EU member states. Furthermore, in the context of the scarcity of doctors, in France, for instance, the professional migration of doctors with a degree obtained in the European Union was encouraged, all the more so as the migration of non-EU medical practitioners, i.e. those who obtained their degrees outside the European Union, was stopped in 2010. This opportunity benefitted in particular doctors from those member states that had recently joined the European Union, mainly Bulgaria and most especially Romania, while Western hospitals thus proceeded to find new recruitment techniques, mainly through recruitment agencies, which led to the fact that, in France, for instance, in 2012, according to the Conseil National de l'Ordre des Médecins, there were 3,000 doctors with Romanian degrees[10]. Alternatively, employment offers for Romanian medical personnel – doctors, nurses, or nurse assistants – were presented by representatives of various Italian hospitals who came to Romania, such as the Pederzoli hospital of Peschiera del Garda, Veneto. Doctors' professional or personal networks remain essential to their attainment of a post in a Western hospital. In addition, there are the training and recruitment protocols signed at regional level between establishments in Italy and Romania. Oftentimes, the lack of physicians turns into a battleground for Italian political parties, as has been the case since 2019 in Lombardy, Veneto, etc[11]. Overall, it is important to point out that Italy, just like France, Germany, and the UK, maintains active policies for the recruitment of medical personnel in Romania, with a focus on family medicine, intensive care, and psychiatry, including paediatric psychiatry.

On the other hand, the mutual recognition of university degrees at European level has led to the emergence of another kind of migrational strategy within the geography of medical migration: the migration of Francophone students to Romania, French ones (who thus accomplish their dream of becoming doctors), as well as many Maghrebi, particularly Tunisians and Moroccans (who acquire a university degree within the European Union), all of them prepared to return to France to exercise their profession. Italian students in Romanian universities find themselves in a similar situation. This new kind of student mobility has turned Romania into a country of transit for young doctors seeking to work in Western Europe. Consequently, aside from temporary migration – either medium-term or long-term, definitive migration, or return migration, or the rarer remigration of Romanian intellectuals and specialists, there is also a potential phenomenon of the return to their country of origin (Italy) of young Italian doctors educated at Romanian medical universities. That is a natural tendency, resulting

[10] V. Cottereau, *op. cit.*, p. 101, 295.
[11] *Sanità*, 24, April, 2019.

from the *numerus clausus* policies long upheld by medical universities in various Western, Nordic, or Mediterranean countries, such as France, Germany, the UK, Sweden, Finland, Switzerland, and even Italy[12]. Finally, Romania itself is becoming an increasingly obvious importer of medical labour through the migration of students, residents, and even doctors, or medical personnel from the Republic of Moldova to Romanian urban centres, certain forms of immigration being thus perceptible not only in the case of unskilled or little-skilled workers (in construction, infrastructure, agriculture), but also in that of highly skilled workers.

The reasons behind doctors settling outside of Romania are of a strongly professional as well as material nature, while the migrational project can also have cultural connotations or individual or familial nuances. The reasons why Romanian doctors move to Italy, or anywhere else in Europe, especially to neo-Latin countries, such as France, Italy, or Spain, have been related, among others, to psychological factors that depend on the personality of each practitioner, general circumstances regarding social or family life, a sense of satisfaction, language, the cultural context, and historical affinities, as well as on the good reputation of the Western medical system[13]. In fact, some are motivations, while others are constraints, all forming a complex mosaic of mobilising factors. One fact is certain: the powerful professional arguments in favour of settling in Italy are related to a desire to acquire a certain type of experience, to become specialised, as well as to gain financially.

The consequences of the migration of intellectuals – especially highly qualified individuals and, specifically, specialists – are positive and beneficial for migrants and their families, for the destination country, which gains intellectual and professional capital, and, in general, for the consumers of services in the progressive country in question (Western or otherwise). The disadvantages mainly concern the country of origin, as its loss of cultural capital and waste of public resources invested in professional training affect society in general and the quality of medical services in particular.

The reduction of the negative effects of the brain drain phenomenon among Romanian doctors could target the improvement of work conditions for Romanian physicians and the creation of a professional environment focused on motivating them and getting them professionally engaged at national level.

Conclusions

The profile of the Romanian migration phenomenon of 1990 to 2006, i.e. up to the completion of the negotiations for Romania's accession to the European Union, was governed by a less selective migration, consisting mainly of little-skilled or medium-skilled migrants, who migrated temporarily and often in a circulatory manner, from traditional Romanian villages, i.e. from rural areas, as well as urban ones, mainly from Transylvania, Banat, and Moldova, or other regions; they were mostly women aged 18 to 29 or families of young people aged 26 to 40, who went abroad either clandestinely or legally, primarily via relatives and friends in Western countries, aiming most of all to work in Italy and Spain, employed especially in construction, agriculture, or domestic labour, interested in sending substantial remittances, in returning to the country of origin, financially motivated by goals such as building a house, developing a business,

[12] N. Popa, D. Lucheş, *Étudier la médecine pour émigrer?* in A. Krasteva, D. Vasilcu (dir.), *Migrations en blanc, Médecins d'est en ouest*, l'Harmattan, Paris, 2014, p. 88.

[13] V. Cottereau, *op. cit*., p. 141.

acquiring automobiles or machines, modernising their home, or financing their children's education.

Romania's accession to the European Union in 2007, the recognition of university degrees and the gradual conclusion of bilateral agreements at national, regional or local level have progressively outlined the increasingly obvious dimension of the migration of intellectuals, of people with a higher education, either highly qualified or overqualified, Romanian professionals enjoying European and global recognition. The verticalization of the migration of Romanians to Italy, thus carried out in a general selective context, like that to France, Germany, or Sweden, in the context of the new expansion of the European Union, as well as of the need for specialists in various fields, has added a new side to migration: that of professionals, specialists, and even elites. Such causes are supplemented by the reality of increased migrational pressure, which has naturally led to a greater selection of migrants. The migration of Romanian elites to Italy, primarily to Lombardy, Veneto, Lazio, Piedmont, and, of course, other regions, is mainly caused by the mobility of doctors, followed by top professionals in the fields of economy, science, technology, or research.

An exhaustive approach to the issue of the migration of intellectuals and particularly of highly qualified individuals is undoubtedly difficult due to the complexity of a phenomenon with a demanding typology, as, even having clearly delimited categories and professions, the research is faced with sizable challenges caused by the fact that intellectual professions are not analogous and therefore not compatible. Beyond conceptual differences, social policies, or good practice, one fact remains certain, namely that brain drain concerns intellectuals, i.e. higher-education graduates with superior or even outstanding professional qualities, who migrate from their country of origin, either to study or having completed their studies, to progressive countries in order to engage in activities in a certain scientific or technical field. The research carried out so far, alongside an analysis of statistical data, suggests that the professional associative structures created by Romanian intellectuals in Italy are made up of specialists integrated and inserted into the Italian professional world, oftentimes having valuable international connections, many of whom maintain contact with Romanian specialists or institutions and who associate frequently, regularly or occasionally with the general directions of the Romanian community in Italy. Furthermore, one should not overlook their consistent relationship with Romanian state institutions in Italy, especially the diplomatic representations in Rome and the Vatican. The Association of Romanian Doctors in Italy, coordinated by Cardiologist Dr. Gheorghe Cerin, Doctor of Medical Sciences and Fellow of the European Society of Cardiology, is the most relevant example of associative excellence in Italy, as well as of the coordination of activities aimed at Romanian communities and focused on analysing, detecting and solving existing pathologies, while also coming up with recommendations and finding potential remedies, all out of a strong concern for the health of Romanians in Italy.

Romanian intellectuals in Italy, specialists and top professionals, some of whom arrived in the country as students, graduates, or after having acquired a certain amount of work experience, are employed in the Italian public and private sectors. The most relevant component of the migration of Romanian elites to Italy is the mobility of general medical practitioners, pharmacists, therapists, dentists, radiologists, nutritionists, or licensed nurses, established in Italy for the long term or permanently, or sometimes engaged in temporary circulatory migration on the Italian Peninsula, or finding themselves in transit towards other European or non-European countries (Spain, France, Germany, the USA, Kuwait, Sweden), or having returned to their

country of origin after a certain time in order to exercise their profession there, usually in the private sector, thus setting out to invest and innovate in Romanian medicine.

Romanian migration to Italy in the past decade has maintained its predominant economic and work-related component, while also being reconfigured by the emergence of the new wave of labour mobility consisting of intellectuals, professionals, highly qualified individuals, members of the professional elites. As in the case of other states that supply intellectual capital, brain circulation between the host country and the emigration country enables a complex process of information exchange between immigrants' countries of origin and of destination, fuelled by a continuous decrease in international travel and communication costs. Furthermore, there is a balance between remittance income (seen as a 'positive effect' on the economy of the place of departure) and brain drain. Ledesma and Piracha (2001) go as far as to show that remittances produce positive effects both on internal investments and on private consumption, while Ratha (2003) highlights the fact that the reception of remittances offsets the losses registered by the country of origin due to the brain drain phenomenon. Of the 19 European states that receive remittances, Romania, obviously, ranks third, after Ukraine and Poland, registering an average amount of 6 billion euro a year (having dropped from 9 billion dollars in 2008 to 2.9 billion dollars in 2015), mainly sent over by Romanian migrants in Italy, Spain, and Germany[14].

The consequences of the migration of intellectuals and especially the migration of elites, which is an active migration, have a negative impact on the economy of the country of origin, yet the phenomenon has positive facets as well, from the acquisition of professional experience and growth to the stimulation of investments, the transfer of skills and technology, an increased quality of personal and professional life, including greater prestige for professionals or specialists, the creation of professional networks, and the internationalisation of the professional system, which is absolutely essential to the medical field. A new change of paradigm can occur even when it comes to the exercising of the profession, to standards and quality, including devices and new professional concepts, as well as to a change in the new national and regional policies.

Overall, the phenomenon of the migration of intellectuals, of highly qualified individuals, and of doctors in particular constitutes a concerning reality of professional waste and, in the medium and long run, of generational waste, with worrying consequences on the quality of medical services and the supply of sufficient specialists. Peter Schatzer may well have been right to affirm that 'the 21st century will be one of migration', yet it is up to the medium-term and long-term policies of the Romanian state to ensure, while observing citizens' right to free movement, that strategies are adopted to retain a substantial proportion of professional physicians in the country, to facilitate their return or, at least, to support those who have settled in Western Europe, including in Italy, and encourage them to create professional ties and engage in collaborations with their colleagues in Romania, so that the outcome of the migration of doctors should be the shaping of a multicultural society, as well as the professional and scientific input that Romania needs in order to improve its performance, but, above all, the securing of a permanent connection with the Romanian doctors in Italy, who, in turn, entertain connections and collaborations with doctors in various progressive countries, thus ensuring access to information and technology, which is fundamental and essential to medicine.

[14] C. Anghelache, G. Niță, A. Badiu, *Remitențele migranților – o sursă importantă și stabilă de fonduri externe, în dezvoltarea economică a unei țări,* in *Revista Română de Statistică*, Supplement, n° 12, 2016, p. 81.

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