

## ***Regional European Organisation of the FDI***

### ***National Report***

***Country: ROMANIA***

***Association: Romanian Society of Stomatology (SRS)***

***Venue: Bucharest***

***Year: 2018***

### ***Changes in the association and its organisation***

Our association of dentists was established in 1923.

The main purpose of the association was “to contribute to the progress of dentistry; to defend the professional and material interests of its members”.

Nowadays the Romanian Society of Stomatology has a Board of Directors, elected for a four-year mandate with the following members: Prof. Dr. med. dent. Dr. Habil. Paula Perlea - President, Prof. Dr. med. dent. Emilian Hutu – Vice-President, Prof. Dr. med. dent. Marian-Vladimir Constantinescu – Secretary General, Dr. Ion Bogdan Teodor Georgescu – Administrative Secretary and Ec. Violeta Dumitru - Accountant. The new elected President and the Secretary-General are actively involved in continuing the RSS relations with international organizations.

RSS organizes annual congresses and regularly publishes its journal "Romanian Journal of Dentistry".

### ***Trends and developments in professional politics:***

Currently, Romania has 19.64 million inhabitants (on 1 January 2017), and there are 20160 dentists.

Law 185/2018 regulating the quality management of health services at national level was repealed. After one year since the promulgation, this law proved itself to be extremely bureaucratic and inadequate, so by the NDA's combined effort it was abrogated.

### ***Trends and developments in health and social politics:***

The National State Budget Law 2018 provided a higher percentage of funds allocated to the national health insurance system, which allowed a 25% increase of public funding of the National Health Insurance Company. Currently, the National State Budget Law 2019 has not been approved, but the forecast is to have additional funding for health and medical care.

At the same time, the budget limit for dental services that a dentist can claim monthly from the National Health Insurance Company for his dental treatment was significantly increased.

Free dental care facilities for people with low income have been set up, some of them in cooperation with Dental Medicine Faculties.

## ***Trends and developments in educational politics:***

In 2018 there were 12 Dental Medicine Faculties in Romania, as follows: 5 traditional ones in the cities of Bucharest, Cluj-Napoca, Târgu Mureș, Timișoara and Iași, plus 7 newly created faculties in the cities of Bucharest, Craiova, Constanta, Sibiu, Oradea, Arad and Galati. About 1,300 dentists graduates every year nationwide.

To become a dental student, a Romanian citizen must be a high school graduate and pass an admission examination.

It is possible for foreigners to study dentistry in Romania in English, French or Romanian. Admission is based on a file selection, or examination. The main admission requirement is a high school diploma.

The Ministry of Education monitors the quality of the training process and the Faculty Board is directly responsible.

For the graduation examination, any candidate must take a written test containing 100 questions, a practical test and also defend his/her graduation paper.

The general trend of the evolution of medical education in Romania places dental medicine on one of the first places, both in necessity and addressability. In this respect, in 2018 we had 50% more places to apply for in specializations' programs, compared with 2017.

Diplomas from other EU countries are recognized without the need for any vocational training. The Romanian College of Dentists registers all dentists and all dental specialists.

It is mandatory to know Romanian to be registered with the RCD. EU citizens must pass a written and oral evaluation test in order to be able to perform dentistry in Romania.

Continuing education program is compulsory for all dentists, included teaching staff. Every dentist must attend 200 hours of continuing education every 5 year. If they do not manage to do it, the Romanian College of Dentists (RCD) has the legal obligation to terminate the right of the dentist to practice.

The regulation of Continuing Medical Education is based on the following mechanism: the RCD annually authorizes the dental professional associations and the lecturers. A lecturer is allowed to provide courses and/or hands-on demonstrations credited by the RCD, on specific subjects only, under the organizational supervision of a professional dental association.

Each type of scientific event (one-day course, symposium, conference or congress) is credited with a number of credits of Continuous Education.

## ***Trends and developments in the insurance system (incl. the public health insurance and private insurance schemes):***

General and oral health care depends on the compulsory membership of each insured citizen in the Social Health Insurance System. The whole population is insured and contributes a monthly fixed amount of their salaries to the National Insurance Company, directly proportional to the level of the salaries.

The different level of contribution to National Health Insurance System generated by the different levels of salaries does not affect the quantity or quality of the health care services.

The system of public health insurance provides a standard package of general and oral healthcare as established by law.

At the end of each year, the management of the National Health Insurance Company negotiates with the National Chamber of Dentists and the NDAs and establishes the expenditure for the different medical specialties (hospitals, general practitioners, specialties, emergencies, dentistry).

Almost 90% of all dentists become private practitioners and 60% of dentists are owners of their dental offices and the rest of 30% are employed in the dental offices. 10% of dentists work as employees in primary schools and dental faculties. Just 10% of the Romanian dentists, owners or non-owners of their dental offices, work under the National Health Insurance Company. The other 90% of the dentists work in a completely liberal (private) system, with direct payments from patients only. It is estimated that patients directly pay at least 90% of the costs of dental treatments.

The public health insurance system provides cover for all prevention and treatments for children and young people, until they turn 18.

### ***Trends and developments in dental care for persons applying for asylum or refugees:***

Dental care for persons applying for asylum or refugees

*Healthcare for asylum seekers:*

It is provided by the medical staff of the Inspectorate General for Immigration (IGI) accommodation centres, which constantly monitors the health of asylum seekers and, in case of illness, provides primary health care and free treatment. In cases of acute or chronic diseases that put life in imminent danger, they benefit from emergency hospital care.

According to Law no. 122/2006 on asylum in Romania, as amended and supplemented, asylum seekers benefit from the following assistance measures:

Free accommodation upon demand in one of the six centres of the General Inspectorate for Immigration. These accommodation centres have properly equipped rooms and kitchens, as well as recreational facilities (prayer rooms, clubs, playrooms, computer rooms and gyms) that are used for free by asylum seekers.

They have access to free medical care and hospital emergency as well as medical assistance and free treatment in cases of acute or chronic illnesses.

### ***Corporate Dentistry:***

Dental Health care in Romania is governed by a series of organic laws that emphasize the importance of the patient.

In some countries, the dental practice chain, stand alone or in the structure of national / multinational health service providers, are sometimes managed by staff with no basic training in the medical field, focusing on the commercial aspect (profit) and thus transforms the patient into a client, with the violation of the rules of professional ethics and deontology.

The Romanian legislation does not allow the endorsement / accreditation of a dental clinic without a medical management. The administrator of such a private practice must be a doctor and the activity of the private clinic is represented only by the provision of dental care services, according to a generally accepted code system across the European Union.

Tightening the legislation on accreditation of dental practices, in compliance with the rules imposed by the European Directive 35/2006 on recognition of professional qualifications can be a solution to limit the development of dental chains with nonmedical management.

### *Changes in fees:-*

#### **What are your 3 main concerns?**

The theme focuses on three main messages:

1. Most oral diseases share common risk factors with other diseases
2. Oral health is much more than a nice smile
3. Overtreatment, endodontics versus implants.

#### ***3 points you would like to discuss***

1. Digital dentistry
2. Improving access to oral health care
3. Face Aesthetics in dental practice

***President,***  
***Prof. Dr. Paula Perlea***

***Secretary General,***  
***Prof. Dr. Marian-Vladimir Constantinescu***