



Regional European Organisation of the FDI

National Report

Country: ROMANIA

Association: Romanian Society of Stomatology (SRS)

Venue: Bucharest

Year: 2017

Changes in the association and its organisation

The first Romanian association of dentists, called “The General Association of Doctors in Dental Medicine in the Country”, was established in Cluj by the 17 September 1923 Constitutive Act and admitted on October 20, 1923 by the Decision no. 1161/1923 issued by the Head of the Cluj Urban Court.

The association included 37 dentists, who held a general assembly in which they drafted and signed a statute certified and acknowledged by the Cluj Court. The elected president was G. Bilascu (Cluj). The main purpose of the association was “to contribute to the progress of dentistry; to defend the professional and material interests of its members”. Initially, in Bucharest, the Association published a journal called the “Romanian Stomatology Journal” with 4 numbers per year. Since 1937 the journal was called the “Romanian Journal of Dentistry” and was published under the leadership of Associate Professor Dr. Dan Theodorescu with 6 numbers per year. The magazine was published in Romanian, each article having a summary in French, German and English.

In 1937, the General Association of Doctors in Dental Medicine moved its headquarters to Bucharest, changing its name into the General Association of Dentists in Romania (AGMSR). In 1938 AGMSR changed its name into the “Romanian Society of Stomatology” (SRS) with a modified statute, its President being Associate Professor Dr. Dan Theodorescu. During that period, the SRS organized dentistry congresses, trying to regulate dental practice.

After 1948 the Romanian Society of Stomatology (SRS) changed its name into the “Stomatological Society”. In 1954 Associate Professor Dr Valerian Popescu was elected president, and Associate Professor Dr. Lucian Ene secretary general.

The Romanian Society of Stomatology was registered as a regular member of the International Dental Federation (FDI). FDI honored the work done by Romanian dentists and selected the city of Bucharest, the capital of Romania, as the venue of the 1970 annual world congress. <https://www.fdiworlddental.org/events/fdi-world-dental-congress/past-congresses>

It was the moment when, in order to facilitate communication among dentists, the FDI General Assembly established and introduced its own two-digit system of tooth numbering (FDI).

Until 1985 the “Stomatological Society” regularly paid the regular ERO / FDI membership fee. Due to economic and political reasons the communist government no longer allowed the tax to be paid, therefore the Society was excluded from the FDI.

In 1985 Prof. Lucian Ene was elected president of the “Stomatological Society”, and coordinated the activity of the society until the general assembly in 1997.



After 1989, the constituent medical societies became independent. The "Stomatological Society" was renamed the Romanian Society of Stomatology (SRS) and changed its statute according to the law in force and the interests of its members. The accelerated establishment of individual dental practices after 1989 made dentists organize themselves and create the Association of Dentists with Private Practice in Romania (AMSPPR). The first president, Dr. Constantin Gaucan, registered the association within FDI.

At the General Assembly of the Association dated 11 October 1997, the 1936 Statute was amended, the name of the Association was changed as well as its headquarters. A National Board consisting of 15 members and 4 substitutes was established; the Board elected a permanent bureau made up of the president, Prof. Dr. Emilian Hutu, 3 vice-presidents, Prof. Dr. Nicolae Ganuta, Associate Professor Dr. Dan Slavescu and Prof. Dr. Sever Popa, secretary general, Dr. Marian-Vladimir Constantinescu. SRS organizes annual congresses and regularly publishes its journal.

The 1990 annual FDI World Congress in Singapore was attended by Dr. Marian-Vladimir Constantinescu. He presented a report on the situation of SRS to Dr. Adolf Schneider, ERO President. He was invited to present the situation of the SRS at the FDI Congress in Barcelona, 1998. Dr. M. V. Constantinescu together with Dr. I. B. T. Georgescu attended the FDI Barcelona Congress and submitted the SRS candidacy as a member of the ERO / FDI. The AMSPPR delegation present at the Congress, supported the reintegration of SRS into the ERO / FDI. Following the unanimous vote by the participating delegations, SRS was accepted within the ERO / FDI.

The General Assembly of the Romanian Society of Stomatology (SRS) on December 14, 2017, found that a large part of the former members had lost this quality according to Art.7, Chapter III, "Members, Rights and Obligations" either by death or as a result of the non-payment of contributions. The Permanent Bureau was elected out of the members present; the Bureau also functions as a Board of Directors and was elected for a four-year mandate with the following membership: president, Prof. Dr. Paula Perlea, vice-president, Prof. Dr. Emilian Hutu, secretary general, Prof. Dr. Marian-Vladimir Constantinescu, administrative secretary, Dr. Ion Bogdan Teodor Georgescu, accountant, Ec. Violeta Dumitru. The newly elected Permanent Bureau proposed a new editorial board for the "Romanian Journal of Dentistry" and also the registration of the Romanian Society of Stomatology (S.R.S.) and the Romanian Journal of Stomatology with the Registered Trade Mark Organization (O.S.I.M.)

The newly-elected President and the Secretary-General are actively involved in continuing the SRS connections with international organizations such as the World Dental Federation (FDI), the World Health Organization (WHO) and the International Federation of Dental Educators and Associations (IFDEA) together with Regional Organizations, the European Regional Organization for FDI (ERO), the Council of European Dentists (CED), the EU Dental Liaison Committee (EU DLC), the Federation of European Dental Competent Authorities and Regulators (FEDCAR) of the European Chief Dental Officers (CECDO), the Association for Dental Education in Europe (ADEE) and the European Dental Students Association (EDSA), to enable access of European Dentists to a common and unitary working tool, an e-learning platform for continuing dental education.

Trends and developments in professional politics and in health and social politics:

After 1948, a policy of closing down private dental practices begun in Romania; the government started getting involved in the organization of dental care for school children and adults in polyclinic dispensaries.

Since 1989, after the fall of communism, almost 90% of all dentists have become private practitioners; they have fiscal codes and have obtained all kinds of legal permits for liberal practice, with full responsibilities. 60% of dentists are owners of their dental offices. 30% of dentists are not owners. A real free dental market was established between 1990 to 1998, with prices regulated by the principles of the market economy. Approximately 75% of dentists have private patients only.

With respect to health and social politics, there are problems related to the access to medical services: public insurance that covers only certain therapeutic treatments, the reduced number of private practices under contract with the health insurance house (22%), the people's low income, especially in the rural area, to which is added the lack of information regarding oral hygiene and the importance of the risk factors (nutrition, smoking, alcohol, other habits) in the appearance of caries, periodontitis and oral mucosa diseases. Also, the lack of regular dispensary checks, especially of children, leads to an increase in the incidence of oral pathology.

Currently, a national oral health prevention program for children is being implemented. A coherent program to simplify the access of disabled persons to dental services should also be introduced, taking into account the specific features of their treatment and anesthesia. Health policies should be unitary, they should address mainly patients in the rural areas, emphasize prevention, and also properly fund dental treatments, increasing the payment per treatment to the dentist, and stop limiting the monthly amount that the state insurance covers for dental care.

Nowadays, Romania has 19.64 million inhabitants (on 1 January 2017), and there are 16,400 dentists, which means 83 dentists per 100,000 inhabitants. In 2017 there were 12 Dental Medicine Faculties in Romania, as follows: 5 traditional ones, namely Bucharest, Cluj-Napoca, Târgu Mureș, Timișoara, Iași, plus 7 newly created faculties (Bucharest, Craiova, Constanta, Sibiu, Oradea, Arad, Galati). Last year 1,300 dentists graduated nationally.

Trends and developments in educational politics:

To become a dental student, a Romanian citizen must be a high school graduate and pass an entry examination. There is no need for a vocational entry.

It is possible for non-nationals to study dentistry in Romania in English, French or Romanian. Admission is based on an application file selection or on an examination. The main dentistry entry requirement is a high school diploma.

Dental schools were known as Faculties of Stomatology, and, until 2003, were part of a University of Medicine and Pharmacy. Since the 2003-2004 academic year, they have become Faculties of Dental Medicine.

Publicly funded schools: Bucharest, Cluj-Napoca, Iași, Timișoara, Târgu-Mureș, Craiova, Constanța, Sibiu, Oradea, Galați. Privately funded schools: București, Iași, Arad.

Students have to pay no tuition fee for the state-funded faculties, but they have to pay the full costs for the privately funded faculties. As for all medical studies in Romania, the tuition fee for any dental school varies with each university. The minimum tuition fee is €2,000 (for Romanian nationals) and the maximum is €5,000 a year (for non-nationals) (2013).

Every state-funded faculty also has the right to manage a limited number of tuition paying places for students each year, for both budgeted and fee-paying students.

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 200 questions, a practical test and also defend his/her graduation paper.

Diplomas from other EU countries are recognized without the need for any vocational training.

The RCDP registers all Dental Physicians and all specialists.

It is mandatory to know Romanian to be registered with the RCDP. EU citizens must take classes of Romanian, followed by a written and oral evaluation test.

Continuing education is compulsory for all dentists. Every dentist must attend 200 hours of continuing education every 5 year. If they do not manage to do it, the Romanian Collegium of Dental Physicians (RCDP) 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 RCDP annually authorizes the dental professional associations and the lecturers. A lecturer is allowed to provide courses and/or hands-on demonstrations credited by the RCDP, 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 CME value.

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

The statutory health insurance system was established in 1998. General and oral health care depends on the compulsory membership of each insured citizen in the Social Health Insurance System. The National Social Health Insurance House (NSHIH) at national level and the County Social Health Insurance Houses (CSHIH) at county and capital level administrate the system. The whole population is insured and contributes a monthly fixed amount of their salaries to the CSHIH, situated in the county where they live. The system of public health insurance provides a standard package of general and oral healthcare as established by law.

The financial resources based on general taxation (provided under the national Budget) only cover the general prevention programmes, managed by the Ministry of Health and Family. The NSHIH budget is directly proportional to the level of the salaries of the population. Every year, the NSHIH budget is estimated according to the previous year's budget, adjusted for inflation.

At the end of every year, the NSHIH management used to negotiate with the Romanian Collegium of Dental Physicians (RCDP) and establishes the expenditure for the different medical specialties (hospitals, general practitioners, specialties, emergencies, drugs, and dentistry). At the end of 2002 the Government terminated the right of the RCDP to be a negotiating organization and established that the Ministry of Health and Family together with NSHIH undertook all the activities related to the public health insurance system.

The NSHIH funds are met by a 12.5% levy on salaries (employers contribute 7% of salaries and employees 5.5%). The different level of contribution to NSHIH generated by the different levels of salaries does not affect the quantity or quality of the health care. The allocation of money and resources is managed by the NSHIH and CSHIH, which are the legal financing institutions. The NSHIH and CSHIH main functions are to pay the providers of medical and dental services and to control the quantity and quality of the services.

They represent the interests of the general community of the insured persons. In the original text of the law the NSHIH and CSHIH Board must be democratically elected by the general assembly of the insured persons, but in practice this does not happen, because they are under Government control and designated by the Government. The NSHIH and CSHIH legal framework limits their activities only to public health care.

Since the beginning of the public health insurance system, the Romanian Dental Association of Private Practitioners (RDAPP) has had many proposals to improve the laws and regulations and to grant more rights to the dentists who work in the NSHIH. A number of proposals for the improvement of the NSHI law were submitted by RDAPP to the Senate and the Chamber of Deputies, when the law was being reviewed by Parliament. In a new Law in 2002, on Public Health Insurance, many of the proposals of the RDAPP were accepted.

Almost 90% of all dentists have become private practitioners; they have fiscal codes and have obtained all kinds of legal permits for liberal practice, with full responsibilities. 60% of dentists are owners of their dental offices. 30% of dentists are not owners. Since 1994, when healthcare reform began, there have been many proposals by the government to sell their medical and dental offices to their occupants, but they have never been finalized - maybe for political and social reasons. 10% of dentists work as employees in primary schools and dental faculties.

Almost 20% of the Romanian dentists, owners or non-owners of their dental offices, work under the CSHIH. The other 80% of the dentists work in a completely liberal (private) system, with direct payments from patients only. The number of CSHIH dentists is limited by the Social Health Insurance Houses at county level. Only 1% of the medical funds of the CSHIH are spent on dental treatments – most of the funds are spent in hospitals (75%), or for general practitioners (10%), etc. It is estimated that patients directly pay at least 90% of the costs of dental treatments.

They are major differences between access to medical and dental care with respect to the population at large: in the rural area only 25% of the population have access to dental treatment; in the urban area, 75% of the population have access to the system. However, there is a shortage of dentists working in the inner city areas and with some specific social groups (children, farmers, retired persons) who have trouble accessing dental care in the rural area.

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

The RDAPP created and proposed to the NSHIH and RCDP the concepts of basic (social) dental care for adults and optional (free) dental care for adults. Initially, (1998-2000) the concepts were respected but the NSHIH covered only 25% of the entire list of dental treatments and 75% of treatments were optional.

Then, between 2001-2004 the package of social dental care increased to over 55% and the optional treatments were only 45%. During the same period the proportion allocated to dentistry decreased from 3.5% to a nominal 2% (but actually to 1%). It was not enough for all dental treatments, and the NSHIH covered children's prevention and adult's emergency care only.

In 2013, due to the economic and financial crisis which affected Europe and also had consequences and effects in Romania, the budget for dental care was transferred to cancer patients. It was an unprecedented political measure taken by the Ministry of Health.

The quantity of dental treatments provided by dentists is monitored only under the public health insurance system, at county level, by the CSHIH. The quality of work claimed by dentists from the remuneration bodies is monitored under the public health insurance system, at county level, by the Romanian Collegium of Dental Physicians.

A large number of dentists only have private patients, who pay the total cost of care. Private fees are regulated by the internal rules of every dental office and they are generally established based on the dentist's experience, competence and self-evaluation of expertise. A real free dental market was established between 1990 to 1998, with prices regulated by the principles of the market economy. Approximately 75% of dentists have private patients only.

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

Non-EU expats who move to Romania on a work permit will need to provide proof of having health insurance before they can successfully get their visa.

Those who are not covered will most likely need to pay immediately and in cash to access medical treatment, so it is essential that you protect yourself financially by securing an adequate Romanian health insurance policy for your needs.

Health insurance options for expats in Romania

Considering the generally poor quality of public healthcare in Romania, expats are advised to consider private health insurance. Below are the medical insurance options available:

International health insurance

Securing an international health insurance will ensure comprehensive healthcare coverage virtually anywhere in the world. This type of medical insurance plan is ideal for expats and frequent travellers, as it further features emergency evacuation and repatriation benefits.

Local health insurance

Local health insurance will only cover emergency medical treatment in Romania.

Travel insurance

A travel insurance policy provides coverage for emergency medical treatment and repatriation costs, as well as other mishaps such as flight cancellations and stolen baggage.

Dental care for persons applying for asylum or refugees

730 new refugees registered in Romania in 2017 (Syria, Iraq, Eritrea, Yemen), whereas 4000 were expected.

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.

Foreign citizens with residence permit

Foreigners who have acquired the right to reside in Romania are entitled to health care under the same conditions established by law for Romanian citizens. To receive health care they have to pay the contribution to the health insurance fund.

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 Inspectorate General for Immigration (IGI). 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.

Accommodation in Regional IGI Centres involves ensuring personal hygiene and cleaning products, as well as providing material goods necessary for the preparation and cooking of food and for dining.

They benefit, on demand, of an allowance, if they do not have the necessary financial means to pay for their upkeep. The allowance covers food within the amount of 10 RON / person / day, clothing worth 100 RON/ winter and 67 RON/ hot season, as well as other expenses worth 6 RON / person / day.

They have access to the labour market under the conditions provided by the law for Romanian citizens, upon the expiration of a three-month period since the date of filing the asylum application, if the asylum seeker is still in the procedure of determining a form of protection.

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.

ACCESS TO EDUCATION

Foreigners with a form of protection

Foreigners who obtained a form of protection in Romania have access to all forms of education under the same conditions established by law for Romanian citizens.

In order to be admitted to the academic year corresponding to the level of knowledge claimed by the applicant, the school inspectorates organize free Romanian classes for minors. During the classes of Romanian, the children may be enrolled as trainees in the education system.

The Ministry of Education organizes free Romanian classes for foreign adults participating in the integration program.

Asylum seekers

To facilitate access to the Romanian education system, underage asylum seekers receive, free of charge, a preparation course during a school year in order to enrol in the national education system. The preparation course is organized by the Ministry of Education in collaboration with the General Inspectorate for Immigration.

Minor asylum seekers attending the Romanian classes during the school year, will be enrolled after completing it in the compulsory school education system under the same conditions as Romanian citizens and minors. To ensure participation in the classes, IGI grants packages of school supplies.

They participate free of charge in the cultural adaptation activities and, in case of need, may benefit from counselling and psychological support.

Children who are asylum seekers are the recipients of the state allowance for minors under the same conditions as the Romanian citizens.

Foreign citizens with residence permit

The foreigners who have acquired the right of residence in Romania and citizens of EU Member States and the European Economic Area shall, on request, benefit from the right to free Romanian classes. These classes are organized by the Ministry of Education in collaboration with the General Inspectorate for Immigration and aimed at familiarizing participants with the Romanian language.

During the Romanian classes, the children may be enrolled as trainees in the education system.

Migration:

of dentists: problems and possible solutions

of persons applying for asylum or refugees: problems and solutions in dental care.

The migration of skilled labour and especially of dentists to the other EU member states is seen as a problem, given the expenses incurred by Romania to train dentists. Dentists tend to migrate to the other EU member states because of the higher income. A solution would be to increase the number of dental treatments reimbursed by the Health Insurance House, to increase the price per treatment, so that the dentists' income could go up, while also multiplying the number of treatments affordable to a larger share of the population.

Persons applying for asylum or refugees benefit from free medical care

Persons applying for asylum or refugees have free medical care.

Changes in fees:-

Information regarding promotion of the World Oral Health Day:

The *Say Ahh* theme is a three-year campaign launched in 2018, starting with *Think Mouth, Think Health* as the first sub-theme. It empowers you to keep a healthy mouth and helps you maintain your general health and well-being. A healthy mouth and a healthy body go hand in hand. Maintaining a healthy mouth is crucial to keeping it functioning correctly and for maintaining overall health and quality of life.

As a society we aim to launch a project to promote the importance of oral hygiene occasioned by the World Oral Health Day.

If we speak about oral hygiene, we do not have a good ranking in the U.E. The use of toothpaste is the main indicator. In Romania, statistical data show a significant increase in consumption compared to 2012 - a 14% increase with respect to toothpaste and 21% for toothbrushes, but on average, a Romanian used only 1.64 tubes of toothpaste throughout the year 2016 and used a toothbrush for a period of 1.3 years (*Glaxosmithkline study, 2016*).

Although statistical data show an increase in the toothpaste and toothbrushes consumption per person compared with the previous years, our opinion is that a national health program proposing a positive change in the indicators measuring health oral stands a good chance to be successful. The importance and benefits of regular visits to the dentist are the next declared purpose of our actions related to the *World Oral Health Day*. The detection of dental caries in the early stages, the interception of gum disease in the first stages of the installation, not to mention the identification of lesions with a potential for malignancy in the oro-maxillo-facial area, are just a few of the benefits of dental control at least 2 times a year .

Further information (activities):

The Romanian Society of Stomatology (RSS)-a member of ERO/FDI organized a number of educational events in schools and universities around the country in the cities of Bucharest, Jassy, Cluj-Napoca, Timisoara, Craiova, Tg.Mures, Constanta, Sibiu and Galati on the theme 'In teeth we trust: make oral health a reality by 2050'. The aim was to encourage students, patients and communities to focus on their oral health, a healthy lifestyle and principles of nutrition.

What are your 3 main concerns?

The theme focuses on three main messages:

1. Oral health is much more than a nice smile
2. The mouth cannot be isolated from the rest of the body
3. Most oral diseases share common risk factors with other diseases

3 points you would like to discuss

1. Information on how to practice good oral health
2. Improving access to oral health care
3. Telemedicine in dentistry

President,
Prof. Dr. Paula Perlea

Secretary General,
Prof. Dr. Marian-Vladimir Constantinescu