

# Systems for the Provision of Oral Health Care in the Black Sea Countries

## Part 1: Romania

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### Abstract

This paper outlines the Romanian health insurance system in 2007 and how it funds some aspects of oral health care for the population. It details the oral health care treatment that is funded by the public health insurance system. It then describes the Romanian dental workforce, setting out the numbers of dentists and other dental workers. It highlights that there has been a rapid expansion in the number of dental students and young dentists and a shortage of dental nurses (chair-side assistants). A section on dental education at undergraduate, specialist and continuing levels follows. Finally the paper gives brief details of oral epidemiological studies that have been performed in Romania and the costs of oral health care in the country.

*Key Words: Romania, Oral Health Care System, Dental Workforce, Dental Education*

### Introduction

This paper is the first in a series that will describe the systems for the provision of oral health care in the countries that surround the Black Sea. Unless stated to the contrary, all data quoted in this paper relate to 2007 and were provided by the Ministry of Public Health [1], Romanian College of Dental Physicians (RCDP) [2], National Social Health Insurance House (NSHIH) [3], Order of Romanian Dental Technicians (ORDT) [4], and Romanian Association of Oro-dental Public Health [5].

### The Country and its Health Insurance System

In 2007, the population of Romania was 21,610,200, of which 48.8% were male and 51.2% were female. Just under 12 million (55%) lived in urban areas and just under 10 million (45%) in rural areas. The country is administered as 40 districts (counties) and a municipality (Bucharest). Since 1998, there has been a statutory health insurance system. The entire population is insured. The statutory health insurance system is funded through a 12.5% levy (tax) on salaries. Employers contribute 7% of salaries and employees 5.5%. Those people

who are under 18 years of age, unemployed, pregnant and nursing (one year after the birth of a child) mothers, military personnel, war veterans, or in prison are exempt from paying contributions to the insurance system but are still covered by it. The system is administered centrally by the National Health Insurance House and at a district level by 41 district houses of health insurance. There are also two additional insurance houses: one for the military personnel, the police and the judicial system, and the other for those who work in transport and communications [3]. Theoretically, the statutory health insurance system covers dentistry [1].

### The Provision of Oral Health Care

However, in practice, to date this has not happened [5]. Children and young people under the age of 18 years are covered for an annual consultation, preventive treatment (dietary and oral hygiene advice, application of topical fluoride, fissure sealants, preventive fillings), dental radiography (including intra- and extra-oral views), conservative treatment (amalgam and composite fillings), endodontic treatment, periodontal treatment, prosthetic treatment (acrylic dentures, resin crowns, resin with metal crowns and cast metal crowns), orthodontic

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treatment (removable and functional orthodontic appliances, space retainers, advice on controlling habits such as thumb sucking), oral surgery (extractions, general anaesthesia, alveolar surgery, emergency immobilisation of the maxillary fractures), and consultations for oral medical problems (cancer, ulcers, and so on). The costs of some prosthetic treatment (ceramic crowns, metal-based dentures, prostheses covering implants), fixed orthodontic appliances, periodontal surgery and dental implants are not covered [3]. The patients, or invariably their parents, have to pay the dentist concerned for these treatments [1].

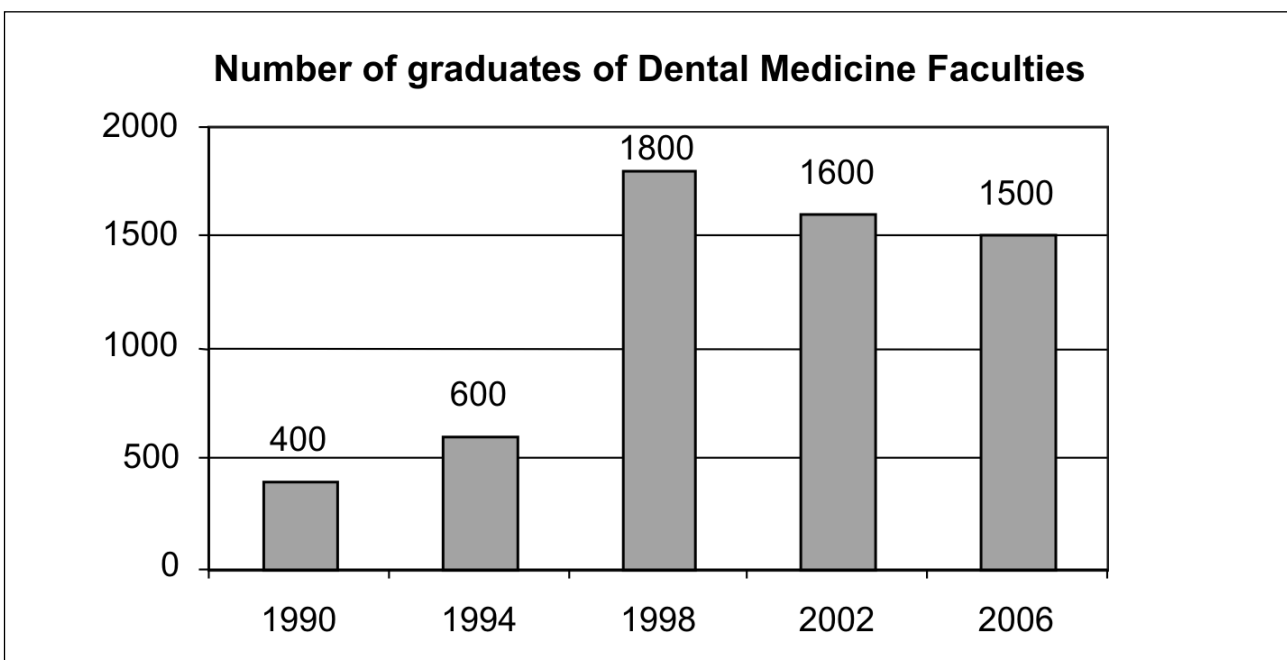
Some treatment costs for adults are paid by the statutory insurance scheme. They include 100% payment for emergency endodontic treatment (pulp dressing and drainage of periapical abscesses), emergency treatment of periodontal abscesses, consultations relating to the prevention of oral cancer, treatment of head and neck cancer, and emergency immobilisation of the maxillary fractures. The statutory insurance scheme also pays 60% of the costs of dental extractions, acrylic complete and partial dentures (acrylic resin removable prostheses with clasps) and resin with metal crowns. Overall, it has been estimated that patients pay 90% of the cost of their dental treatment themselves [6].

The district health insurance houses make contracts for the dental services with private dental offices (clinics). Approximately 60% of Romanian dentists own their dental offices (clinics). A further

group do not own their offices (clinics) but work in buildings that are owned by the state and provided to them free of charge by the Government. The remaining dentists work as employees in schools and in universities, often part-time. The number of contracts that each district health insurance house can place is limited. Less than half of all Romanian dentists, both those who own their own practices and those who work in Government-owned buildings, have contracts with the health insurance houses. They also see patients privately. In Bucharest, only about 10% of dentists have health insurance house contracts but in some rural areas 60-70% have such contracts. Only about 30% of dentists who qualified recently have contracts with health insurance houses. Just under 40% of Romanian dentists only treat patients under private arrangements.

### The Dental Workforce

The number of the dentists registered in 2007 was 15,075, of whom 9,672 (64.15%) were female and 5403 (35.85%) were male. Most (14,161) registered dentists, namely 9,083 females and 5,078 males, were in active practice. The number of dentists working in private practice was 13,514 (95.43% of active dentists); the remaining 647 (4.57 %) worked in the military, prisons, internal affairs, school offices, universities and emergency hospitals.



**Figure 1.** Number of dentists graduating in Romania in 1990, 1994, 1998, 2002, and 2006.

Approximately 40% of dentists are over 45 years of age. This is a potential problem as it seems likely that for the next 20 years only between 300 and 400 dentists will retire annually whereas, at present levels, about 1,400 will graduate annually [7]. As can be seen from *Figure 1*, the number of dentists graduating each year in Romania has grown rapidly since 1994. If this level of graduation is maintained, there will potentially be many under- or unemployed dentists in Romania.

On graduation, all dentists are registered by the College (Board) of Dentists in Romania [2]. However, professional monitoring of the dentists (dentists' data, qualifications and professional information) is carried out at a district level.

The training of dental hygienists is described in the next section of this paper. At present, fewer than 100 are working in Romania.

The number of the dental technicians has increased from 3,200 in 2002 to 6,980 in 2007; most of them work in private laboratories. Since 2007, they have been required to register with the Order of Romanian Dental Technicians [4].

Dental nurses must be registered with the Order of Romanian Medical Assistants. There are currently approximately 5,900 dental nurses assisting dentists in Romania. Because of migration to other countries and the rapid expansion in the numbers of dentists there is, at present, an acute shortage of dental nurses in Romania.

### Dental Education

Dentists train in one of the 12 dental faculties of Romanian universities, of which nine are public (state) faculties and three are private. Those who attend private dental schools pay fees. Since 2004, the Government has paid the fees of students who have attended state dental schools and gained the highest marks in their school leaving examinations. The remaining 30-50% of students, with lower marks, pay their own fees. Currently, 1500 new dentists graduate each year.

Since 1990, training has been of six years duration. Basic sciences are studied in the first 18 months, general medicine in the next 18 months, and clinical dentistry in the final three years. After graduating from university and passing a licensing examination, newly qualified dentists obtain a notice for practice (practising certificate), which entitles them to practise independently as general practitioners.

Currently, three specialties are recognised in Romania. Dentists who wish to specialise compete

for training appointments (posts). For orthodontics, there are ten places each year and a three-year full-time training period. For oral (dento-alveolar) surgery, there are 25 places each year and a three-year full-time training period. For maxillofacial surgery, there are five places each year and a five-year training period. The training programmes take place in accredited universities and follow curricula adapted to the rules of the European Union. When training, the dentists are paid a salary by the Ministry of Health but are forbidden to work in private practice during their training years. At the end of training, they receive a specialist degree and diploma [1]. Many would like more specialties to be recognised in Romania, as they are in Poland, Sweden, and the United Kingdom. However, moves to create additional specialties have so far been unsuccessful because they have been thwarted by one of Romania's dental associations.

One of the most important duties of the dentists, as a necessary condition for continuing dental practice, is to undertake continuing professional education (CPE) in order to maintain their registration. A range of activities (such as courses, seminars, conferences) are organised by dental associations and dental faculties (schools). The activities are delivered by the staff of the dental faculties (schools) and other dentists with experience and professional probity, accredited by the Romanian Council of the College (Board) of Dentists [6]. All dentists must complete a minimum of 200 hours of CPE every five years, with no fewer than 20 hours in any one year, and register these hours in a special register held at district level.

The education of dental hygienists started in five state universities in 1975 but was stopped after a few years. In 1995, the system started again and a few more dental hygienists graduated. In 2002, the law was changed and training stopped again. However, in 2007, after pressure from the Romanian Association (Platform) of Oral-Dental Public Health, dental hygienist training was restarted. The training course takes place at faculties of dental medicine and lasts for three years. After a final examination, those who are successful are awarded a diploma and then register with the Romanian Order of Medical Assistants and Midwives. They are required to complete CPE throughout their careers in order to retain the right to practise.

Dental technicians are trained in dental technician colleges organised by the dental medicine faculties. Training lasts for three years, at the end of which there is a qualifying examination. Those who

pass are awarded a diploma and register with the Order of Romanian Dental Technicians. They are required to complete CPE throughout their careers in order to retain the right to practise.

An educational programme for dental nurses (chair-side assistants) has existed for some 15 years. It is taught in the faculties of dental medicine and lasts for three years. At the end of training, students take an examination for a diploma and then register with the Order of Romanian Medical Assistants. They are required to complete CPE throughout their careers in order to retain the right to practise. Unfortunately, at present, the numbers entering schools of dental nursing are very low because dental nurses (chair-side assistants) are very poorly paid in Romania.

### Epidemiology

There have been no comprehensive national epidemiological surveys of oral health. A number of local studies have been organised by the staff of dental medicine faculties but without any overall

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plan. Two "national pathfinder" studies of caries in 12-year-olds have been published [8,9]. The first suggested that in 1992 the national mean DMFT for 12-year-olds was 4.1 [8]. The second suggested that in 2000 it was 2.8 [9].

### Costs

In 2007, expenditure from public funds on all health care was 4.8% of which 4.2% was from the National Health Insurance House and 0.6% for preventive programmes administered by the Ministry of Public Health [1]. In addition, an unknown amount of private funds were paid directly to dentists by patients themselves.

Public funds allocated oral health in 2007 were 0.87% of total funds allocated for all health by the NSHIH. In addition, in the Constanta and Iasi districts, just under €100,000 was allocated by the Ministry of Public Health from the preventive programmes budget for weekly rinsing with a fluoride solution by children [10]. An unknown amount of private fees were also paid for oral health care.

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