

**Workforce Development in
Health: Training and Retention
Strategies and Policies**

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Summary

Romania faces major challenges in training, retaining, and managing medical staff, problems that are also found in other European Union member states, but with greater intensity.¹ Asymmetric labor migration, burnout, lack of infrastructure, and regional disparities exacerbate the shortage of medical staff, especially in rural areas. In addition, traditional curricula do not meet the requirements of digitalization, telemedicine, and personalized medicine, creating a gap between current skills and future needs.¹

The experiences of the COVID-19 pandemic and the refugee crisis in Ukraine have highlighted the importance of a flexible, digitized, and emergency-ready medical workforce. Key lessons include the need for digital adaptability, mental resilience, and skill flexibility, as well as transnational coordination for crisis efficiency.¹

The main recommendations are the result of working sessions and panels held during the BEHEALTH 2025 event, organized by Rohealth, the Health and Bioeconomy Cluster, supplemented by a questionnaire addressed to 1,685 respondents from fields of activity including policy makers, health authorities, medical universities, and European organizations.

The summarized conclusions aim to strengthen retention through integrated incentive packages and competitive working conditions, modernize professional training through digital simulations and interprofessional programs, reduce regional disparities through telemedicine and digital mentoring, and intensify European cooperation for the exchange of best practices and standardization. The implementation of these measures, supported by European funding and sustainable partnerships, will ensure a more resilient, efficient, and crisis-ready healthcare system.

Introduction

Romania faces a persistent shortage of medical personnel, exacerbated by migration to other European Union countries, burnout, uncompetitive salaries, and inadequate infrastructure.¹ At the same time, the demands of digitalization and the development of personalized medicine require new skills that traditional curricula do not provide. These challenges affect access to quality healthcare, especially in rural areas, and limit the system's ability to respond effectively in crisis situations.

The objective of this policy brief is to present the main challenges regarding the development of the medical workforce in Romania, the lessons learned at European level, and recommendations for the period 2026–2028, resulting from a questionnaire completed by 1,685 respondents. The target audience includes policy makers, health authorities, medical universities, and European organizations. Adopting the proposed recommendations can improve retention, increase digital skills, and ensure the system's preparedness for crises, while reducing regional disparities in access to healthcare services.

Context. Introducing the problem

Romania shares similar structural problems with other European Union member states: staff migration, lack of infrastructure, underfunding, and burnout.¹ In addition, the country faces a paradox: university centers are oversaturated with specialists, while rural areas face staff shortages. The medical curriculum does not meet the requirements of digitalization and personalized medicine, and staff are not trained in telemedicine, artificial intelligence, or medical data management.¹ In crises, the system has demonstrated the need for flexibility, digitalization, rapid staff mobility, and psychological support.¹

The key challenges for Romania are:

- **Staff migration and unequal distribution;**
- **Lack of digital and crisis skills;**
- **Insufficient infrastructure and resources;**
- **Lack of a coherent retention and professional development policy.**¹

Review and interpretation of results

The results of studies and surveys indicate that medical staff in Romania are exposed to:

- Overwork and burnout;
- Lack of logistical and digital support;
- Insufficient training for crisis situations;
- Disparities between urban and rural areas.¹

Recent experiences show that digitization and adapted training increase staff efficiency and retention.² Virtual clinical simulations reduce risks for patients and allow critical procedures to be repeated, while interprofessional programs and cross-border exchanges develop multidisciplinary skills and adaptability in crises.¹

Identified obstacles include lack of stable funding, restrictive legislation, insufficient infrastructure, and lack of interinstitutional collaboration.

Solutions tested in the European Union show that integrated incentive packages⁶, shared digital platforms, standardized accreditation, and mentoring from urban university centers to rural areas are effective.¹

Linking national policies to European best practices reduces migration, increases digital skills, and enhances the resilience of the healthcare system, preparing it for future crises and aligning it with European Union standards.

Implications and public policy recommendations

Implications: Without coordinated measures, Romania will continue to face staff shortages, regional inequalities, underutilization of digitalization, and vulnerability in crises.

Retention and motivation of medical staff

To strengthen retention, it is essential to implement integrated packages dedicated to areas with shortages, including salary bonuses, subsidized housing, and easy access to continuing education. At the same time, there is a need to develop a supportive organizational culture that promotes the professional autonomy of medical staff. Performance evaluation should be standardized, and continuous monitoring of staff should ensure rapid adjustment of measures to improve working conditions and reduce external migration.¹

Modernization of education and training

Regarding the modernization of education and training, recommendations include the introduction of virtual clinical simulations and dual training systems for healthcare staff, allowing practical skills to be developed in a safe environment. Digital training and e-health skills should become mandatory for all categories of staff, and interprofessional education programs and cross-border exchanges⁵ contribute to increasing adaptability and professional standards at European level.

Crisis preparedness

It is necessary to integrate crisis management modules into medical curricula, develop flexible staffing models, and ensure rapid mobility in

emergency situations. At the same time, digital infrastructure must be strengthened, including telemedicine, electronic triage, and remote monitoring, to enable an effective and coordinated response to critical events.¹

Reducing regional disparities

Telemedicine and digital mentoring from university centers to rural areas are essential solutions. Policies for the equitable distribution of staff and mandatory internships in underserved areas must be accompanied by integrated financial and professional incentives to encourage medical staff to remain in underserved communities.

Necessary European support

Funding through the European Union's Health Program, Erasmus+, and structural funds is essential for implementing retention, training, and digitization measures. Technical assistance from the European Centre for Disease Prevention and Control, the European Health Emergency Preparedness and Response Authority, and the World Health Organization can support alignment with international best practices.

Academic partnerships⁵ for the exchange of best practices, mobility, and joint simulations, together with common digital platforms for skills registries and standardized training modules, ensure the coherent and sustainable implementation of recommendations at the national and European levels.

Conclusions

Romania must urgently adopt an integrated strategy for the development of the healthcare workforce, combining staff retention, modernization of training, crisis preparedness, and reduction of regional disparities. Implementing the proposed

recommendations will increase the resilience of the healthcare system, reduce migration, develop digital skills, and prepare medical staff for emergencies. European cooperation, stable funding, and standardization of skills are essential to translate these policies into real results that benefit citizens and the healthcare system.

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The author remains available for any questions and for participating as advisor to discuss changes in the text and guidance documents.

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