

FIP Global Situation Report on Pharmacy (GSRP)

Case study report

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Name of member organisation

Association of Pharmacies and Pharmacists from Romania

Country/region

Romania

Key issue & context

- **What is the current rate of pharmacist migration out of the country, and what are the most common destinations?**

The Association of Pharmacies and Pharmacists of Romania (AFFR) sent, on April 25, 2025, Letter No. 56/25.04.2025 to the Human Resources in Public Health Center within the Ministry of Health, requesting official information regarding the issuance of Certificates of Conformity and Professional Experience for pharmacists.

Specifically, through this letter, a request was submitted to the Ministry of Health to provide the following data:

"The number of pharmacists to whom, at the national level, Certificates of Conformity and, respectively, Certificates of Professional Experience have been issued, for the purpose of recognising pharmacy qualifications obtained in Romania, in order to practise the profession in other member states of the European Union, the European Economic Area (EEA), and the Swiss Confederation."

It is noted that, as of the date of this communication, no official response has been received from the Ministry of Health, although it is considered the only public authority capable of providing a clear and comprehensive picture of the professional migration of Romanian pharmacists.

In the absence of such a response, a secondary request was directed to the College of Pharmacists of Romania (CFR), in its capacity as the institution responsible for issuing membership certificates for pharmacists practising on the territory of Romania. The College provided the following data:

- Total number of membership certificates issued up to December 31, 2024: 27,157
- Out of these: 19,820 are active members, and 2,430 have their activity suspended upon request, citing reasons such as childcare leave or professional reorientation

Additionally, the College of Pharmacists of Romania informed that, over the past three years, the following number of membership certificates were issued for graduates of pharmacy programmes:

- 2022 – 970 certificates
- 2023 – 913 certificates
- 2024 – 826 certificates

This progressive decline in the number of young pharmacists entering the profession reflects a concerning trend, pointing to a decrease in the attractiveness of the pharmacy profession in Romania, in a context where professional mobility within the European area is increasingly growing.

An update to this communication will be provided as soon as an official response is received from the Ministry of Health regarding the number of pharmacists who have requested the issuance of documents necessary for the recognition/certification of their studies in order to practise in other countries, and, where possible, the destination countries concerned.

- **What are the key push factors driving pharmacist migration (e.g., low wages, lack of career progression, training limitations)?**

The migration of pharmacists from Romania is a complex phenomenon driven by a combination of systemic, economic, and professional factors that have accumulated over time. While low wages are one of the key issues, they represent only part of a broader picture of professional dissatisfaction and systemic neglect.

One of the most significant push factors is the progressive devaluation of the pharmacy profession at the national level. Pharmacists in Romania are often perceived as merely dispensers of medication, rather than as integral contributors to public health. Despite their high level of training and expertise, their role remains underutilised and underappreciated within the healthcare system.

This is further exacerbated by the limited involvement of pharmacists in national health strategies, particularly in preventive health campaigns. The Romanian state has shown little interest in integrating community pharmacies into the public health infrastructure — for example, in areas such as vaccination, health screening, or chronic disease monitoring — areas in which pharmacists could play a significant role in reducing the burden on hospitals and general practitioners.

Financial compensation is another decisive factor. Salaries for pharmacists in Romania are disproportionately low compared with other health professions requiring similar levels of education and responsibility. This economic gap is especially stark when compared with conditions in other EU member states, where pharmacists benefit from better pay, clearer career progression pathways, and greater professional recognition. This situation is largely the result of the fact that the maximum regulated prices for medicines in pharmacies have not been updated since 2017, despite significant increases in inflation, interest rates, salaries, energy costs, and rental expenses. Without a fair adjustment of these regulated margins, pharmacies are unable to offer competitive wages, thereby exacerbating the exodus of professionals to countries with better economic conditions and long-term prospects.

In conclusion, pharmacist migration is driven not only by economic reasons, but also by a cumulative and systemic erosion of professional value, lack of institutional engagement, and missed opportunities for integration into broader public health efforts. Without decisive reforms to acknowledge and enhance the role of pharmacists, this trend is likely to continue, weakening the national healthcare infrastructure in the long term.

- **How does pharmacist migration impact healthcare service delivery, particularly in underserved areas?**

Pharmacist migration has a profound impact on healthcare delivery in underserved and rural areas, where pharmacists are often the only accessible healthcare professionals for considerable distances. In Romania, many rural villages, particularly remote or isolated settlements, lack hospitals or general practitioners' surgeries, leaving community pharmacies as the primary — and sometimes sole — point of contact with the healthcare system.

As pharmacists leave the country or exit the profession, these communities are rendered increasingly vulnerable. In their absence, patients are frequently required to travel long distances, sometimes tens of kilometres, for basic services such as health counselling, medication reviews, or simple diagnostic tests that could otherwise be provided locally. This challenge is compounded by the limited availability of public transport in many villages, leaving elderly or chronically ill patients at particular risk of reduced access to care.

The outcome is a widening healthcare gap between urban and rural populations, intensified by professional emigration. While urban centres may continue to benefit from a concentration of health services, rural patients face delayed or absent care, higher transportation costs, and elevated health risks stemming from the lack of early intervention and continuous monitoring.

Moreover, pharmacist migration undermines the potential role of community pharmacies as cornerstones of preventive care. In a more effectively integrated system, these pharmacies could relieve pressure on emergency services and hospitals by providing screenings, health education, vaccination, and medication management. However, the ongoing outflow of qualified pharmacists makes the implementation of such public health initiatives at scale, particularly in rural areas, exceedingly difficult.

In summary, pharmacist migration exacerbates healthcare inequality, most acutely in underserved regions. Without sustained policy measures to retain and support pharmacists — especially in vulnerable communities — the healthcare system risks failing precisely those populations that depend on it most.

- **Are there national policies aimed at managing or mitigating pharmacist migration?**

There is no policy aimed at managing or mitigating the migration of pharmacists.

Data & evidence

- **How many pharmacists have left/joined the workforce in the past five years? What is the patient-to-pharmacist ratio in different regions of the country?**

At present, no official data are available on the number of pharmacists who have left the Romanian workforce in order to practise in other countries. As previously noted, a formal response from the Ministry of Health is awaited regarding the number of Certificates of Conformity and Certificates of Professional Experience issued for the purpose of recognising qualifications in other EU/EEA countries or Switzerland. This remains the only reliable source capable of providing a comprehensive overview of professional emigration among pharmacists.

With respect to new entrants into the workforce, the College of Pharmacists of Romania has communicated the number of certificates issued to pharmacy graduates over the past three years:

- 2022 – 970 certificates
- 2023 – 913 certificates
- 2024 – 826 certificates

These figures reveal a gradual decline in the number of young pharmacists entering the profession, reflecting the broader trend of reduced attractiveness of the pharmaceutical field in Romania.

Unfortunately, no official data are available on the patient-to-pharmacist ratio across different regions of the country. While national legislation does impose restrictions on the establishment of community pharmacies in urban areas, based on the number of inhabitants, there is no legal obligation to ensure equitable pharmacy coverage in rural or underserved regions.

According to Article 12 of Pharmacy Law No. 266/2008, the establishment of community pharmacies in urban areas is regulated as follows:

- In Bucharest (the capital): one pharmacy per 3,000 residents
- In county capitals: one pharmacy per 3,500 residents
- In other towns: one pharmacy per 4,000 residents

The Ministry of Health publishes on its website the official list of authorised community pharmacies, the urban areas where new pharmacies may still be opened in accordance with these criteria, and the list of applicants who have submitted requests to establish new pharmacies, in chronological order.

- **What proportion of pharmacists return to practice in their home country after emigrating?**

No information on the proportion of pharmacists who return to practice in our country after emigration.

- **Are there government policies or incentives for return-to-work programmes, and how effective are they?**

No government policies or incentives for return-to-work programmes.

Challenges & policy response

- **What are the biggest challenges in retaining pharmacists (e.g., low salaries, inadequate working conditions, limited career pathways)?**

From the perspective of pharmacy employers, retaining pharmacists within the national healthcare system is increasingly challenging due to a combination of structural and economic factors that reflect the progressive devaluation of the pharmacy profession in Romania.

One of the most pressing issues is low remuneration, which is not aligned with the level of training, expertise, and responsibility pharmacists carry. This is directly influenced by the outdated national medicine pricing policy, which has not been revised for years. Since the commercial markups are strictly regulated and capped, and medicine prices remain frozen, community pharmacies are operating with increasingly narrow margins. As a result, employers have limited financial capacity to offer competitive salaries, leading to professional dissatisfaction, emigration, or career abandonment.

In addition, pharmacists often work under demanding and undervalued conditions. Their role extends far beyond dispensing medication—they are key players in prevention, treatment adherence, and patient

education. Yet, public health policies in Romania rarely integrate pharmacies as strategic partners in national campaigns, despite their unique accessibility and role as first points of contact in communities.

Another challenge is the lack of clear career progression opportunities. There are limited pathways for professional specialization, advancement, or diversification within the pharmacy sector. This discourages young pharmacists, who frequently see no viable long-term prospects in the Romanian system and choose to either emigrate or switch professions altogether.

In conclusion, employers are navigating systemic barriers in retaining qualified pharmacy staff. Without urgent reforms to address the economic sustainability of pharmacies and to elevate the role of the pharmacist within the healthcare ecosystem, the profession risks further depopulation, ultimately impacting patient access to essential care, especially in underserved areas.

- **What strategies have been implemented to reduce brain drain, and how successful have they been (e.g., salary incentives, postgraduate opportunities)?**

Employers in the pharmaceutical sector, faced with growing challenges related to retaining qualified personnel, have developed internal policies aimed at increasing pharmacists' loyalty and professional satisfaction.

Among the most commonly adopted retention strategies are:

- Performance-based bonuses, linked to results and involvement in additional activities within the scope of the job description.
- Private health and life insurance, sometimes extended to family members.
- Additional paid leave granted based on years of service.
- Financial support for continuing education, including participation in specialization courses, conferences, and professional development workshops.
- Internal mentoring and onboarding programs for young pharmacists.
- Regular teambuilding activities, organized outside the workplace to strengthen team spirit, communication, and the sense of belonging to the organisation.
- Public recognition of achievements and the development of an organizational climate based on respect and open communication.

While these measures have helped maintain a certain level of stability within pharmacy teams, they cannot fully compensate for existing systemic imbalances, such as chronic underfunding of the sector or the lack of coherent national policies aimed at recognising and supporting the profession.

In other words, employers' efforts to curb the brain drain are both commendable and necessary, but they must be backed by a favorable legislative and economic framework in order to produce sustainable, long-term effects. Without a national strategy to support the pharmacy profession, any intervention remains isolated and ultimately vulnerable.

- **How do training programmes align with workforce needs to encourage local retention?**

Training programmes available to pharmacists are generally of good quality and respond, to some extent, to the evolving needs of the profession. However, their number remains limited, and they are predominantly financed by employers or professional bodies. At present, the Romanian state does not play an active or sustained role in pharmacist training, despite pharmacists being an integral part of the healthcare system.

This institutional disengagement limits the profession's ability to evolve in line with local public health challenges, such as an aging population, healthcare access gaps in rural areas, or the growing need for extended pharmaceutical services (e.g., prevention, patient counselling, chronic disease monitoring).

In the absence of national, structured continuing education programmes, aligned with regional workforce demands, employers are left to bear the responsibility for professional development and retention strategies. While their efforts are valuable, without a comprehensive public policy in place, such initiatives alone may not be enough to prevent professional migration or workforce attrition.

Outcomes & lessons learned

- **What policies have been successful in improving pharmacist retention?**

In the absence of a coherent national strategy to support the pharmacy profession, the most effective retention policies have been those developed internally by pharmaceutical employers. These initiatives have aimed to improve pharmacists' wellbeing and reduce the risk of professional migration or early career abandonment.

The most successful strategies include:

- Performance-based bonuses, tied to individual and team results.
- Health and life insurance packages, often extended to family members.
- Additional paid leave, based on seniority and level of involvement.
- Financial support for continuing education, including attendance at professional courses, workshops, and conferences.
- Mentorship and onboarding programs for young pharmacists.
- Team-building events and extra-professional activities, strengthening team cohesion and a sense of belonging.
- Public recognition of achievements within the organization or through local initiatives.

While these measures have positively influenced staff stability and satisfaction, they cannot fully offset systemic imbalances such as low wages, outdated pricing policies, and the lack of state involvement in training and professional development.

In short, while these employer-driven policies have shown success at the micro level, lasting impact requires institutional support and a national strategy focused on pharmacist retention.

- **Are there examples of return-to-work initiatives or incentive schemes that have demonstrated measurable success?**

Currently, in Romania, there is no national incentive scheme or structured public initiative designed to encourage pharmacists to return to the workforce, whether it be returning from abroad or re-entering the profession after a period of inactivity.

The only concrete measures come from individual initiatives by pharmacy employers, who, based on their local needs and financial capacity, have implemented internal policies aimed at retaining or attracting pharmacists. These include:

- competitive salary packages (within the limits of financial sustainability).
- reactivation bonuses for pharmacists returning to practice.
- logistical and financial support for relocation.
- mentorship and onboarding programs.

While these actions can be seen as forms of stimulation, there is no coordinated national framework, and measurable success has not been documented systematically. In other words, any success is isolated, local, and dependent on individual employer efforts, rather than state policy.

A national strategy for attracting and retaining pharmacists is essential to address systemic imbalances and reduce professional migration.

Recommendations & future considerations

- **What targeted strategies could reduce pharmacist migration (e.g., better working conditions, professional development opportunities)?**

Reducing pharmacist migration requires a systemic intervention that goes beyond isolated local solutions and aims at a coherent framework for valuing the profession.

First and foremost, it is essential for the Romanian government to integrate community pharmacies into its public health and prevention strategies by clearly regulating pharmaceutical services and ensuring their reimbursement from public funds, following the model of other European systems. Services such as testing, screening, counseling, and vaccination in pharmacies would bring direct benefits to both patients and the healthcare system, alleviating the pressure on family doctors and hospitals.

Another necessary measure is the revision of the national pricing policy, which currently renders many pharmacies, especially independent ones, economically unsustainable. A financially balanced pharmacy can offer more competitive salaries and a stable working environment, thereby reducing the motivation to migrate.

These interventions would have multiple and simultaneous effects:

- increasing pharmacists' salaries through improved sustainability of the pharmaceutical units;
- restoring professional confidence by expanding the scope of practice;
- improving access for patients in rural areas to essential healthcare services;
- strengthening the pharmacist's status as an active member of the healthcare team;
- ensuring economic stability for pharmaceutical companies, enabling continuous investment in staff, training, and infrastructure.

At the same time, there is a need for nationally supported continuous training programs, encouraged by authorities, to foster professional development and create clear career paths for pharmacists.

Therefore, truly effective measures to reduce migration cannot come exclusively from employers but must be part of a national strategy for recognizing, supporting, and integrating the pharmacist profession within the public healthcare system.

- **What best practices from other countries could be adapted to improve retention?**

To improve pharmacist retention in Romania, it is helpful to look at best practices implemented in other countries that could be adapted to our national context.

Firstly, European models that integrate community pharmacies as active partners within the public healthcare system, through regulation and public funding of pharmaceutical services such as rapid testing, vaccination, and chronic disease counseling, have demonstrated a positive impact on professional satisfaction and job stability. This approach helps pharmacists feel valued and engaged, while patients benefit from easier access to essential services.

In other countries, it is common to provide comprehensive employee benefit packages, including private health and life insurance, nationally supported mentorship programmes, and continuous professional development opportunities. Flexible working hours policies are also implemented to support a better work-life balance.

Clear career pathways and formal recognition of acquired competencies—through specialisations and professional certifications—further motivate and retain pharmacists.

Additionally, regular team-building activities aimed at strengthening team spirit and fostering a sense of belonging are essential for creating a healthy and attractive work environment.

For these best practices to be effective, they must be accompanied by a coherent national policy that supports pharmacies and the pharmacist profession both financially and legislatively.

- **How can international organisations like FIP support workforce retention and sustainability?**

International organisations like the International Pharmaceutical Federation (FIP) play an important role in supporting pharmacist workforce retention and sustainability through several key avenues.

Firstly, FIP can facilitate the exchange of best practices and evidence-based policies across countries, helping member states to implement effective retention strategies tailored to their specific contexts. By providing a platform for knowledge sharing and collaboration, FIP helps to avoid reinventing the wheel and accelerates progress in workforce development.

Secondly, FIP can advocate at global and national levels for the recognition of pharmacists as essential healthcare providers. This includes promoting policies that integrate pharmacists more fully into public health strategies, such as vaccination programs, chronic disease management, and preventive care. Increased professional roles enhance job satisfaction and motivation, contributing to retention.

Thirdly, FIP can support capacity building through educational initiatives, including the development of standardised training curricula, continuous professional development programmes, and leadership training.

Supporting countries in creating clear career pathways for pharmacists strengthens their professional identity and long-term engagement.

Moreover, FIP's involvement in promoting fair working conditions, appropriate remuneration, and mental health support contributes to workforce well-being, a critical factor in retention.

Finally, FIP can assist in data collection and research to provide robust workforce analytics, helping countries and employers understand migration patterns, workforce gaps, and the impact of retention efforts. This evidence base is vital for informed policymaking.

In summary, FIP's global perspective, advocacy power, educational resources, and data support make it an indispensable partner in fostering a sustainable and motivated pharmaceutical workforce worldwide.