

# HUMAN RESOURCE MANAGEMENT (HRM) ASPECTS IN THE MILITARY MEDICAL SYSTEM. A CRITICAL VIEW

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*According to research in the field, the fundamental element of every health system is represented by the institutional framework. The malfunction of the latter may be determined by either the political, or by the social and economic context. The decisions at the political level sometimes harshly affect health policies and their pace of progress. The HR support of the health sector during crisis has been affected as a consequence of arbitrary changes of the rules made by those who provide policies. This fact has determined a sudden and major reduction and a massive flee of personnel from the health sector, with negative effects on the health status of Romanians. With a view to all this, the aim of this paper is to provide an insight into the military health system.*

**Key words:** *health sector, military health system, recruitment and selection, individual career management, health strategy, health financing, reform.*

## 1. INTRODUCTION

In recent years, deep changes have occurred in Romania. On one hand, there have been the political, economic and social changes undergone by the country in the overall reform process as a result of redefining its position in Europe. On the other hand, there was the country's firm option towards integration in a regional and global security system that satisfies its security needs. All of this led to the need for the military system to change, to adapt to new realities, transforming into an entity that is fully supple, flexible, and able to be a reliable and active partner in the process of interoperability and joint operations with NATO.

The need to create an army to better meet the new requirements to ensure the sovereignty, independence, territorial integrity and constitutional democracy and the compatibility and interoperability with NATO structures imposed a scientific approach to the theoretical bases of the organization of the military system, taking also into account the experience gained in this respect by modern armies.

Thus, an important aspect of this approach has constituted the analyses of financial, material and human resources available to Romania in this period and the extent to which these resources can be a real support for the redesign and implementation of one new military body to respond to security needs.

In this context, an important part of these major changes in the armed forces was the strategy of reforming and adapting to the current requirements of the military medical system with profound implications not only for the Romanian Armed Forces but for the health system in general, and for patients that need this system, even if they may come from the national defense, public order and national security system or from any part of the Romanian civil society.

In Romania the right to health is guaranteed by the Constitution as follows: "the State shall take measures to ensure hygiene and public health and organization of the healthcare and insurance system for illness, accidents, maternity and recovery, control the exercise of medical professions and paramedical activities, and other measures to protect physical and mental health of person shall be established by law" [1].

Moreover, the World Health Organization has established clear accountability of governments to their health systems it oversees, it offers a conceptual framework useful for starting outlining targets for health systems and emphasizes the need to elucidate the impact that indisputably health systems have on citizens' health: "all the activities whose primary purpose is to promote, restore or maintain health" [2]. Thus, the essential objective of a health system is health insurance. A health system must meet the expectations of the population, which implies respect for the individual (autonomy and confidentiality) and client orientation (prompt and quality provided).

An important part of a health system is, as mentioned before, the

military health system. In Romania, it is under the authority of the National Defense Minister and in the central structures it is represented by the Medical Directorate.

When reviewing the main tasks of the Medical Directorate, one of the biggest challenges of the latter is ensuring competent human resources, namely highly professional knowledge and skills along with inherent military values and traditions.

This challenge is not so easily tackled in a system where, because of many shortcomings such as underfunding, unfair competition, placing medical personnel among the most poorly paid in the public sector, lack of respect and trust from other social groups and government, corruption issue, it sometimes becomes almost impossible to attract more staff and to retain it.

Understandably, in such a context, designing a human resource management strategy and implementing viable human resource policies or designing an articulated system focused on raising medical care to the demands of patients that would allow the state system to compete with the private one can sometimes be impossible. Additionally, there are not too many palpable arguments to convince a doctor or nurse to also assume a military career given that the military status comes with restriction of rights and freedoms for which no compensation system can par. It might be worth mentioning that wage policies, used usually as an argument to motivate the staff, came to be so badly implemented that for equal conditions of employment, a civilian doctor in the military system

is better paid than a military one. That led to the creation of a precipice between civilian and military personnel, the first being paid much better, even if, working conditions and job descriptions include the same requirements.

Finally, the private system, which has adapted much quicker and faster than the state one to market requirements, continually recruits personnel from highly and multidisciplinary prepared military medical personnel, and provides them with far better than decent work conditions and reasonable wages. Accordingly, we are constantly in front of an exodus of medical personnel to private systems and lack of palpable solid retention tools.

What is more, a greater danger is the foreign medical market that is far more attractive even than the private system in Romania. And this entire phenomenon concerns in particular young staff, formed in the state system but with special skills and training above average. The result is that the military medical system constantly loses its human resources given its increasing retirement rates and the decreasing number of replacing personnel.

All of the above challenges fall mainly under the authority and competence of the Medical Directorate, and the Human Resources Management Directorate, as well as of other factors responsible from MoD. They have been constantly working on new strategies, policies and concepts to recruit, develop, train and retain well educated and trained staff to carry forward the tradition of the Romanian military medical system and raise health standards

and level of medical services at a competitive level with other elements of the national health system.

In order to present these efforts, the following chapters will provide a broad overview of the system of human resources management in the medical field, including all system elements such as: structures and interdependencies, recruitment system, selection system and organization, composition, selection boards' power and operation, individual career management and its design, career development, medical and military training courses or by obtaining specific skills, continued employment or reserve and retreat domains. All these processes have particular aspects of the medical field and will be approached broadly, each at the appropriate time.

## **2. THE MILITARY HEALTH SYSTEM. STRUCTURES AND RESPONSIBILITIES**

### **1.1. The Medical Directorate**

The Medical Directorate of the Romanian MoD is the main structure of the military health system and, according to the Regulation on the organization and functioning of the ministry, it has the following main responsibilities:

- policy and regulations on healthcare, veterinary and veterinary health inspection and sanitation state;
- planning, scheduling and coordination of operational medical support and evaluations in the theaters of operations;
- assisting pharmaceutical and medical logistics;
- providing statistics and medical informatics;

- providing medical expertise on military skills to military service.

The Medical Directorate conducts and coordinates the following structures:

- Central University Military Emergency Hospital “Carol Davila” Bucharest;
- Military Emergency Hospital “Regina Maria”, Braşov;
- Military Emergency Hospital “Dr. Constantin Papilian” Cluj-Napoca;
- Military Emergency Hospital “Dr. Alexandru Gafencu” Constanţa;
- Military Emergency Hospital Militar “Dr. Ştefan Odobleja” Craiova;
- Military Emergency Hospital “Dr. Alexandru Popescu” Focşani;
- Military Emergency Hospital “Dr. Aristide Serfioti ” Galaţi;
- Clinical Military Emergency Hospital “Dr. Iacob Czihac” Iaşi;
- Military Emergency Hospital “Dr. Ion Jianu” Piteşti;
- Military Emergency Hospital “Dr. Alexandru Augustin” Sibiu;
- Clinical Military Emergency Hospital “Dr. Victor Popescu” Timişoara;
- Emergency Clinic Center for Cardiovascular Diseases “Academician Vasile Cârdean” Bucharest;
- Balneophysiotherapy and Medical Rehabilitation Sanatorium, “Dr. Dimitrie Cantemir” Bălăţeşti;
- Medical Center Outpatient Diagnostic and Treatment, “Academician Ştefan Milcu” Bucharest;
- Military Scientific Research Center for Health;
- Military Health Institute;
- Center for Preventive Medicine;
- Blood Transfusion Center of MoD;
- Zonal Pharmaceutical Center Bucharest;

- Zonal Pharmaceutical Center Sebeş-Alba.

Apart of these we have to take in consideration all the other medicals structures, part of MoD, starting from field units to Medical directorate structure.

If we talk about their activity, some statistics from 2014 are as follows:

- in primary care over 178,259 consultations and 1,045,000 medical treatments were provided;
- there were over 1,330,000 consultations and treatments in specialized medicine;
- regular medical control for over 85% of the armed forces was provided;
- in 12 military hospitals with 3,229 beds were conducted a total of 126,861 hospitalizations totaling 727,501 hospitalization days;
- over 138,000 peoples were hospitalized: 80% were insured and beneficiaries of Law no. 80/1995 out of which 35% were active military personnel;
- 85% of cases registered at the emergency units were civilian personnel outside the military system.

## 1.2. The National Institute for Aeronautical and Space Medicine “General Doctor Aviator Victor Anastasiu” (NIASM)

The National Institute for Aeronautical and Space Medicine “General Doctor Aviator Victor Anastasiu” is a public institution with legal personality established by the Government Emergency Ordinance no. 4 of 2000, approved by Law no. 279/2001, under the authority and directly subordinated to the Minister of National Defense and is part of the military medical system.

It was founded in 1920 and is the IVth aeronautical medical institution in Europe.

NIASM has the following responsibilities:

- providing medical and psychological selection and expertise of military and civilian aviation personnel;
- investigating the civil and military aviation bad events, upon request;
- providing scientific research in aeronautical medicine;
- developing detailed technical expert medical rules and psychological capacity to fulfill tasks in aeronautical and space activities safely and effectively;
- organize courses and exams competence in Aeronautical and Spatial Medicine;
- primary care and specialty health assistance;
- providing pharmaceuticals to the insured CASAOPSNAJ;
- represent Romania in international relations involving aerospace medicine.

To get an insight into the impressive volume of work of an institution with about 165 employees, below I will detail some statistical data from 2014:

- selection and medical expertise to approximately 7,000 military and 1,000 civilian aeronautical personnel;
- regular medical examination for a total of 8,800 people, military and civilians, and executed more than 1,000 psychological evaluations for no aeronautical personnel;
- in primary care they were given 38,746 consultations and medical treatment of nearly 13,000 patients;
- in specialized medicine were provided over 158,626 consultations and more than

15634 medical services and over 9,000 samples and functional investigations were carried out.

### **1.3. The Health Insurance House for Defense, Public Order, National Safety and Legal Authority (CASAOPSNAJ)**

Another important factor in the system is the Health Insurance House for ministries and institutions in the defense, public order, national security and judicial authority fields with an internal health system and its name is, by law, the Health Insurance House for Defense, Public Order, National Safety and Legal Authority, hereinafter CASAOPSNAJ.

CASAOPSNAJ is a public institution with legal personality and its own budget, subordinated to National Health Insurance House (CNAS).

CASAOPSNAJ is organized and functions based on its status, which respects the statute - approved by the Board of Directors setting the CNAS.

CASAOPSNAJ operates on the principle of organization and operation of the county health insurance funds in the health insurance system and concludes contracts for the provision of health services to the health institutions from Defense, Public Order, National Safety and Legal Authority fields.

At national level, CASAOPSNAJ has around 1,150,000 insured people.

## **2. RECRUITMENT, SELECTION, EDUCATION, TRAINING AND DEVELOPMENT IN THE MILITARY MEDICAL SYSTEM**

### **2.1. Recruitment and selection**

In terms of the recruitment and selection system in the field, this is

ensured by Military Centers in every county and three Zonal Selection Centers. The data necessary for carrying out their professional recruitment for the military medical system are provided by the Human Resources Management Directorate and Medical Directorate and refers mainly to the number of places that the Medico - Military Institute provides for the annual competition for medical students and requirements necessary to apply. Otherwise, specific activities are the same. College graduates who want to become students at the Medico - Military Institute follow the same selection stages as the other candidates for Military Academies, who must pass skills, mental, physical and medical evaluations and then, of course to be admitted by the military institutions of higher education. This is the direct pathway of recruitment.

The indirect pathway refers to calling in military activity and conferring appropriate ranks in military for civilian doctors or nurse, appointed corresponding to their training.

This activity is regulated by the minister of National Defense order. In accordance with its provisions, for a candidate to be called in a specialized medical activity which cannot be covered in the direct pathway, there must be a staff shortage in this specialty and the candidate meets the conditions set by the law on age and training. Also, the candidate must pass the same physical, psychological and medical tests as the candidates following the direct pathway and, of course, to win the competition for filling vacancies organized under the law.

## **2.2. Education, training and development**

If we discuss about education, development and training, in fact, the Medico - Military Institute is the only military education institution that provides all types of training for the military medical field, and these are the following:

- university medical studies in collaboration with the University of Medicine and Pharmacy " C. Davila " Bucharest, which provides academic education and Medico - Military Institute supplemented by providing military training;
- residential preparation for medical university graduates in university clinics of Central University Military Emergency Hospital Bucharest or from civilian medical system;
- training courses required for career advancement and promotion to the rank for medical officers. In this area, Medico - Military Institute organizes the following courses:
  - course for medics assigned in military units, required referral to the rank of captain or appointment to positions set out in the organizational chart with the rank of captain;
  - course for medics assigned in large military units, needed to the rank of major or appointment to positions set out in the organizational chart with the rank of major;
  - postgraduate medico-military course for lieutenant-colonels necessary for lieutenant-colonel rank or appointment to positions set out in the rule of organizing with the rank of lieutenant-colonel;

- postgraduate course leading health services needed to be promoted colonel or appointment to positions set out in the organizational chart with colonel rank.

As regards advance to general and appointments referred to in the rule of organizing the rank of general, medical officers with the rank of colonel can attend the Strategic College courses offered by the National Defense University or specific courses offered by the National Military College, if they meet selection conditions set out in the Order of the Minister of National Defense.

- training courses required for career advancement and promotion to the rank for sanitary NCOs. In this domain, the Medico - Military Institute organizes the following courses:
  - health instructor course, necessary to advance in sergeant rank or organizational functions within the positions with the rank of sergeant;
  - staff course for referral to the appropriate health chief sergeant -major rank or appointment to positions in the organizational chart provided by the sergeant -major rank;
  - management and administration being necessary health referral to the sergeant - adjutant rank or level of appointment to state functions within the organization with the sergeant - adjutant rank;

As regards the advancement to the next rank of NCOs, the Military Career Guide provides no ongoing military career as necessary.

- other courses related with medical or military training.

For military doctors, like for civilian ones, professional training is the most important is, since it is essential to medical career progression and that is divided into two main branches.

The first part of professional training consists of obtaining professional qualifications. It is well known that after graduation, students become military doctors of general medicine and they are assigned in their first position.

To obtain a medical specialization, they need to enroll in 3-5-years residency program. The type of medical specialties and their number is decided by the Medical Directorate to the needs arising from the military health institutions and are published in the newsletter of the army. The exam can enroll graduates of general medicine who fulfill others conditions stipulated by law.

At the end of the residency, the resident may enroll exam or competition in the specialty and obtain confirmation as a specialist.

They can participate also in competition for filling vacancies published by the Medical Directorate for specialist positions in their specialty.

After 5 more years they can participate and pass the exam for principal in their specialties.

Of course there is the possibility to get more medical specialties and that is common in the medical environment.

Moreover, in the medical specialties further training competent and high areas already exist or may be obtained, such as, for example, competence in cardiac ultrasound,

in echodoppler and further training such as aeronautics medicine or hyperbaric medicine.

Another form of training is the doctorate, which, after a period of at least 5 years of study and guidance, the doctors who qualify and enroll in the doctorate program can support the thesis to the committee responsible and can get their Ph.D. in Health Sciences.

The second part of personal training is the continuous professional training. This mandatorily involves yearly participation in various medical congresses, conferences, scientific meetings and seminars organized both at home and abroad and that each is included in a score set by the Ministry of Health.

For every doctor a minimum score is also set and the points are cumulated during annual scientific meetings and congresses attended.

This is one of the important criteria that take into account the issuance of the free practice of the College of Physicians. If a physician has gathered the minimum score in a year, he cannot issue a certificate of free practice.

### **2.3. The activity of selection commissions**

In the Romanian Armed Forces, the activity is regulated by the Minister of National Defense Order no. M. 69/2015, approving the *“Norms regarding the organization and functioning of ranking and selection system for career military personnel”*. Here are defined the relevant committees at the ministry level, their attributions duties, staff structures, technical secretariats which maintain the commissions, the commanders at all levels duties,

aiding the rights, obligations and criteria that must be fulfilled by those wanting to participate in the selection.

Thus, for the medical field, the most important selection commissions are:

- Commission for senior positions (generals);
- Commission for senior positions (colonels);
- Commission for central structures of MoD (from Lt.col.-NCO's);
- Commission's for services – Land, Air Forces, Navy, Joint Logistic Command (from Lt.col.-NCO's);
- Others.

The order also sets nominal membership of all commissions of selection. These are composed of officers with higher ranks or at least equal to the maximum level of those who apply, and who occupy important positions at every level of decision to commissions work.

In order to ensure a transparent and fair selection system, activities in the selection process would be, in short, the following:

Military units send, hierarchically, their vacant positions, in order to be published.

Vacancies are published in the monthly newsletter of the Armed Forces, with all the relevant function details: name, rank, military specialty, ranking coefficient and other details deemed important, such as interview or request the approval of the competition, which is very important for doctors for example.

After a certain period of time, those who wish to participate for selection, prepare personal report stating for which position they want to apply.

The personnel structures of the units where the reports were made



are required to send the personal documents of the candidates required by the selection commissions.

The personnel structure of the units that published the vacancies is required to submit job descriptions to the technical secretariats.

The technical secretariats of the selection commissions select the candidates according to the legal content of the Order and proposing the selection of the entry meeting the selection criteria and reject those that do not meet requirements.

Also, taking in account criteria established in the same order, the technical secretariats calculate a score for each candidate and prepare summary tables with all candidates and their scores.

Tables with proposed military to participate in the selection, of nominees to be rejected, tables with scores of candidates and personal documents are working documents for selection commissions members, that meet, usually, once a month and establish the hierarchy of candidates.

The decisions of the selection commissions are sent to the military units from where the candidates came, the military units and commanders who have advertised positions and competent commanders appointing candidates on post.

The decisions are enforceable. The competent commanders are required to issue the order appointing the candidate who came in first.

For the vacancies requiring an interview as part of the recruitment process, the military unit who published has the obligation to organize interviews with the candidates communicated by the technical secretariats and to communicate the result of interviews to technical secretariats.

The result is a score from 1 to 10 for each candidate. If candidates fail to take 6 minimum to interview they are declared rejected.

For specific functions such as doctor, or teacher, for whom the post employment competition is governed by national framework, selection commissions are only endorses participation, making sure that those who run for to meet the military criteria.

After that, the responsibility of organizing the contest for filling the vacancy, according to the law is exclusively the attribute of the military unit. The latter will communicate after the contest the result to both commanders of which is to issue orders for appointment to positions and selection commissions.

### **3. INDIVIDUAL CAREER MANAGEMENT**

In the design of individual military career, the most important structures and their responsibilities are as follows:

- Specialized departments – prognosis, planning, programming, organizing, coordinating and controlling, and participate in military personnel's individual career management;
- Specially established working groups – selection commissions with duties in legal documents, to facilitate consistent application of the principles contained in Military Career Guide (promotion of values according with competence, hierarchy of candidates of similar levels, decision – making regarding promotion, retention or retirement);

- Authorized personnel – commander counseled military personnel and career manager.

The main duties for Commander are the following:

- periodical dialogues with subordinates (development opportunities, suggest career path);
- monitoring subordinates during the training process, applications and missions;
- annual appraisals, proposal for regarding their further career development;
- counsels subordinates by exchanging ideas, influence in their character and values while professionally guiding them
- monitors subordinates;
- forwards employment needs to superior echelons.

The main duties for Counseled military personnel at individual level are:

- self – assessment of personal skills, needs and expectations;
- analysis of individual career options;
- communication of individual training needs;
- utilization of training and development opportunities;
- adherence to individual career path.

The main duties for a Career manager are:

- counseled group data base;
- ensure clear understanding of standards and performance criteria;
- permanent consultation;
- knowledge of vacancies with requirements and specifications;
- draws up career plans;
- monitors the appointees' integration;
- Identifies training and education needs

- forward selection proposals;
- examines proposals related to prioritized filling in of some vacancies;
- guides individuals.

Individual career management for military doctors is quite complicated. That is because, over the rules of military system, in order to be promoted, they have to meet also the civilian requirements, regarding specialty, continuous training, seniority and specific exams.

### **3.1. Individual career management for military medics deployed in the military field**

To provide a full outlook on the progress of a medical officer in his entire career, we must turn to the graduation time and assignment to the first function of a second lieutenant.

From here the choices depending on ambitions, personal opinions, and motivations and values start. An individual can stay in a medical unit and can choose to advance career on this track, aiming eventually at getting specialization in family medicine and working as a family physician for military unit personnel and their relatives and for other insurers have CASAOPSNAJ in the area.

Thus, with time for grade placement and promotion, career courses are required to graduate Ranks, military positions and the required courses for each are detailed in **Chapter 2**.

### **3.2. Individual career management for military medics deployed in military sanitary institutions**

At this level it is assumed that the doctor followed the residency program, passed his specialty, was confirmed by the Ministry of Health or

professional degree and is the holder of a post of specialist. Hereinafter, to advance in rank, to be promoted in a superior or in a position to superior management must meet both conditions result in job description military and specialized.

For example, in rank he will have to undergo compulsory military courses mentioned in Chapter 2.

For promotion to the position (on a higher post) it must meet the legal criteria set by the Ministry of National Defense to enter the race. For this it is validated by the competent selection committee from the ministry, which will determine if it meets conditions related to degree, experience, and other hierarchical level.

If approval for participation in the competition is favorable, he can join the contest for vacancies, if it meets the criteria set by the Ministry of Health related to their specialty, years of experience, quality of services provided before their participation, rewards and sanctions and more. If the dossier submitted is validated, he can participate in the contest in conditions provided by the health ministry order.

### **3.3. Individual career management for NCOs**

For NCOs who work in the medical field, career path it is largely similar to other categories. They are advanced to and forwarded rank depending on the period stipulated by law and whether properly fitted graduated course.

In addition, however, for those working in health institutions, they are approved annually by the professional association of nurses and midwives in Romania that issues certificates for practice. For this endorsement it is required, as for

doctors, to meet a minimum score on the annual continuing education. For this, they attend classes, seminars and conferences and other forms of expertise.

## **4. PROSPECTIVE SOLUTIONS UNDERLYING SOME CONSTRUCTIVE CRITICISM**

Sometimes the easiest, instead of doing something practical and valuable, is to criticize.

Yet this is not the easiest part of my paper work but it is actually a summary of the problems that I faced in the recent years since I have been working in human resources in the military medical system. Some may criticize the character of generality and the entire system would be applicable to the military, but I want to dwell only on those that have a major impact on the medical system.

After 15 years of human resources and staff I would say that the biggest problem in the military medical system in human resources domain is the lack of an applicable and comprehensive strategy. Of course, as I mentioned in the introduction, it is almost impossible to have it. Social, economic, political environment, the whole Romanian society is changing very rapidly. What you think is valid today may no longer be applicable as of tomorrow and for something that should be applied as soon as possible, bureaucracy and resistance to change delay upgrading efforts. Of course, we need a vision but in such environments who may have it?

Who can predict how quickly medicine will change, what the new types of medical services and types of resources are, what kind of doctor you will need, what will be the future of medical specialties, how will

future medical structures look, how many of those attending school will depart, how many are coming in, how many you will need, what funds are there available, what is the impact of factors such as political decisions, social pressures, lack of transparency, low funding and others.

#### **4.1. Lack of a comprehensive and applicable strategy**

One thing is for sure, no matter how many questions and unknown area we have, a comprehensive and applicable strategy in the field is required, flexible and reliable policies should be born from it and one of the political agreements should be that on human resources, because all the specialists know but many managers forget that the human resource is the best and most important resource. It also needs leaders, managers and HR specialists who know and can apply these policies, who can eliminate losses and that can streamline operations, which help guide organizations towards performance.

And especially, we need to learn from the experiences that we have, and transform them in knowledge to build the future. And here I give some examples.

#### **4.2. Civilian transition to military doctors**

It is well known that one of the methods of recruitment in the military system is the indirect pathway, as I presented earlier in the paper. The big problem is that civil legislation in the field is not harmonized with the military one.

And I say this because a doctor called in activity is available to the military unit to be placed, because the doctor can occupy the vacancies only after the competition or exam. The

provision is valid for a period of 3 months with the possibility to extend it for 3 more months with the approval of the Minister. If after 6 months of making available an officer this is not appointed it is passed according to law, in reserve.

The problem is the time at disposal to organize the competition. The vacancy must be published in the monthly newsletter of the armed forces; approval for participation in the competition must be obtained from selection commission and these entire activities can last up to three months, during which the first disposal expires and the military unit is obliged to report to the minister to come for the extension of three months. Not to mention the fact that sometimes, if a position is civil, its transformation into a military one is to take at least two months.

In parallel, the issuance of approval to the commission may trigger other activities on the organization of contests and competition for vacancy in the public system, as stipulated by civil legislation.

In case the participant did not appeal or contest or the contest is postponed for objective reasons, the second period of extension expires and the doctor becomes a reserve officer with no position to fill, as stipulated by the law. True bureaucracy!

From what I know the Human Resource Management Directorate is working on a ministerial order to regulate such kind of situations by organizing the contest before calling the person in activity and grant the status of medical officer after winning the contest, which has much more logical. But it is still just a project...

### 4.3. The continuous training issue

Although for civilian personnel this issue is regulated by Law no. 53/2003-Labor Code, for military doctors it becomes a real problem when they have to participate in various forms of continuous training. That is because, for military personnel, in accordance with Law no. 85/1995, they can only receive permits, holidays, sick leave or study leave, under the terms listed in the Orders of the Minister of National Defense. And these forms of training are completely ignored and cannot be the reason to get study leave, while they participate in continuous training forms. Thus, they are put in a position to request days from annual leave to attend these forms of training which is completely incorrect. The situation is even more complicated when these forms of training take place abroad. Again the bureaucracy shows off its beauty! That is because amending or supplementing the military law is so complicated that it can take years and in the permitting process, many changes that are considered less necessary, are simply forgotten to hasten the progress of documents.

### 4.4. Uneven and unfair remuneration

Remuneration is uneven, poorly applied and leads to aberrant differences in the system between people of the same kind that operate in the same working conditions.

In this domain examples are so many that, as I mentioned in the introduction part, instead of being an instrument of recognition of the hard work and motivation, remuneration has become a matter of dispute, misunderstanding and tensions between groups of employees, with

direct impact on their professional performance.

But how did it get here?

In the military system two pay systems operate in accordance with the laws in force, one applicable for civilian staff and other applicable to military personnel. Over these two major systems wage regulations in the medical field, which isare applied differently for these two categories of employees, overlap,

Or rather, some apply to some and not to others, and always, because militaries are the most disciplined, often are forgotten when it comes to applying all wage increases in healthcare.

For these reasons, inside the health system it is possible to meet the following situations:

- a civilian doctor's salary is significantly higher than a military doctor's, even if the education, training, age, medical specialty or work conditions are the same. The same happens with civilian nurses who are much better paid than NCOs;
- nurses with higher education are better paid than NCOs with higher education in the medical field, even if the education, training,, age, medical specialty and work conditions are the same;
- somenurseswithhighereducation earn more than some members of the Committee Board, such as Administrative Director and CFO accountant, which are senior military positions.

Such examples can continue and it is obvious that they demotivate people and as I said, create tensions.

That is because the law is applied correctly but is done badly.

## 5. CONCLUSIONS

This paper is not meant to achieve more than it can.

It was meant to be a sneak peek into aspects of human resources in the medical field, and hence I tried to objectively present the processes and mechanisms of human resources system and the main problems arising during the development of my work and that seem to have a major impact on the field. It is also an opportunity to familiarize other specialists in the human resources domain with its particularities and to convince them why this system is somewhat different and perhaps more complicated.

It can also complement, and be knowledgeably adjacent for constructing an overview of the field of human resources in the armed forces and can stimulate the interest of specialists, at all levels, in learning more and more concretely the issues within the area, before starting the long road incurred by the construction of strategies and policies in the field.

I hope that not only us but also future generations of specialists in human resources will quickly understand the phenomena, will be more active, decisive and even incisive in the area of the new theoretical approaches and will become real transformational leaders of organizations that they will lead.

## REFERENCES

[1] CONSTITUTION OF ROMANIA, TITLE II - Fundamental rights, freedoms and duties, CHAPTER II - Fundamental rights and freedoms, Article 34 -Right to protection of health, <http://www.cdep.ro/pls/dic/site.page?id=371>, last retrieved 2015.

[2] [http://www.who.int/healthsystems/hss\\_glossary/en/index5.html](http://www.who.int/healthsystems/hss_glossary/en/index5.html), last retrieved 2015.

[3] Romanian Parliament, *Law no. 95/2006 on healthcare reform, as amended and supplemented*, Romanian Official Gazette no. 372/28 April. 2006.

[4] Romanian Government, *Decision no. 106 of 09 February 2011 on the approval of the Military Career Guide*, Romanian Official Gazette no. 125 / 18.02.2011.

[5] Romanian Government, *Decision no. 286 of 23 March 2011 approving the regulation framework establishing general principles for filling a vacancy or temporary vacancy corresponding functions of contract and the criteria for promotion degrees or professional stages immediately above the staff with the public sector paid from public funds*, Romanian Official Gazette no. 221 / 31.03.2015.

[6] Minister of National Defense, *Order no. M 105 from 26.08.2002 approving M.R.U. 1 Rules on human resources management system in the Romanian Army*.

[7] Minister of National Defense, *Order no. M 68 of 07.24.2015 approving the Regulation on competition or exam filling a vacancy or temporarily vacant civilian personnel of the Ministry of National Defense and the procedure for organizing and conducting promotion examination civilian staff contractual degrees or steps higher professional immediately or in a function with a higher level of education in the Ministry of National Defense*, Romanian Official Gazette no. 553 / 24.07.2015.

[8] Minister of National Defense, *Order nr. M 69 of 07/08/2015 approving the Norms regarding the organization and operation of ranking and selection system in order to increase career military personnel*, Romanian Official Gazette no. 596 / 07.08.2015.

[9] Ministry of Health, *Order no. 869 of 9 July 2015 approving the Methodology for organizing and conducting competitions vacancy physician, dentist, pharmacist, biologist, biochemist and chemist public health facilities, and the functions of head of department, head of laboratory chief department of health units without beds or function chief pharmacist in public health facilities with beds*, Romanian Official Gazette no. 524/14.07. 2015.