

Symposium of the Central and East European Chambers of Physicians ZEVA 2023

POLISH CHAMBER OF PHYSICIANS AND DENTISTS



**NACZELNA
IZBA LEKARSKA**

I. Medical education

- basic medical training and quality assurance in the establishment of new medical schools



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1. Who is responsible for the accreditation of basic medical education in your country?

In Poland the accreditation of institutions of higher education is carried out by: **the Polish Accreditation Committee** (PKA) and **the Accreditation Committee of Academic Medical Universities** (KRAUM). Conducting a specific faculty by an institution of higher education requires a prior state accreditation which is performed by PAC.

The role of the **Accreditation Committee of Academic Medical Universities** is to:

- **define the conditions necessary for conducting basic studies** at medical institutions of higher education ;
- **define accreditation standards** for the following fields of study: medicine, dentistry, pharmacy, as well as other health-related fields recommended by the Conference of Rectors of Academic Medical Universities;
- **ensure continuous assessment of the quality of education** in the following faculties: medicine, dentistry, pharmacy, as well as others if requested by Rectors of Universities interested in such an assessment.

I. Medical education – basic medical training and quality assurance in the establishment of new medical schools

1. Who is responsible for the accreditation of basic medical education in your country?

The ACAMU (KRAUM) evaluates basic medical education, taking into account **the curriculum, organization of studies, qualifications of staff and its number** - which is required by relevant regulations, didactic equipment and internal control of quality of teaching.

Unfortunately, due to current amendments of legislation, **even if an higher education institution is poorly evaluated, even when the Polish Accreditation Committee issues a negative opinion on a particular institution of higher education – the Polish minister of education and academic education, who is responsible for establishing new medical faculties, is not bound with this negative opinion of the Committee.** The minister does not have to take into account the negative opinion of experts

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2. How many medical schools/ medical students are there in your country?

Currently, in accordance with the Regulation of the Minister of Health on the limit of admission to studies in the fields of medicine and dentistry of August 4, 2022, in the academic year 2022/2023,

24 institutions of higher education provide education in the field of medicine.

In the academic year 2022/2023 there are **9 332** first-year students.

Next year 2023/2024 there will be 9725 first-year students (393 more than last year).

According to most recent data (December 31, 2021) almost **39 000** students studied medicine (medical and dental faculty) in Poland.

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3. Do you have a shortage of physicians in your country?

There are significant staff shortages in the Polish healthcare system.

Poland has:

- one of the lowest employment rates in the European Union in all groups of medical professions (doctors, nurses and midwives, other medical employees)
- **an unfavorable age structure of doctors and nurses**
- **professional emigration**
- **frequent protests and strikes** of various groups of medical professions - resulting from low pay and excessive workload.

Attempts to solve these problems or to improve the existing situation are usually ad hoc and serve to quickly alleviate the existing situation, often leading to further tensions.

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3. Do you have a shortage of physicians in your country?

Recent publications of the Central Statistical Office in Poland show that in our country there are c.a. **140 000 of doctors - 25% of which are of retirement age (>65 years old) .**

Estimates show that Poland is short of about 50 000 doctors and there is a shortage of doctors of every specialty, in particular in the primary healthcare - GPs (Pol. POZ)

Moreover 30% of future doctors are considering emigration, which is caused by the conditions of exercising the profession in Poland : **aggression towards doctors, lack of trust, an increasingly repressive legal system, shifting the blame on doctors by the government for the inefficient health care system.**

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4. Is there a plan in your country to increase the number of medical students? If yes, how does it look?

On the 16th of June 2023 the Parliament of the Republic of Poland adopted a parliamentary bill of May 18, 2023 amending the **Teacher's Charter Act, the Act on Research Institutes, the Act on Education Law** and some other acts : **regulations concerning the creation of studies in the fields of medicine or dentistry were liberalized.**

The new law enables a large number of institutions of higher education, in particular vocational schools, to apply for accreditation of medical studies.

From October 2023 32 institutions of higher education will offer studies in the field of medicine.
This is eight more than a year ago.

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4. Is there a plan in your country to increase the number of medical students? If yes, how does it look?

The Polish Chamber of Physicians and Dentists has adopted a Statement *(on the draft regulation of the Minister of Health amending the regulation on the limit of admission to studies in the fields of medicine dentistry)* **in which it strongly opposes these amendments to the law** and emphasizes that solutions that would counteract the shortage of medical specialists in public health care must not result in lowering the quality of education of doctors and dentists.

In its statement the PCPD underlined that:

- **vocational higher education institutions have limited possibilities to provide the conditions necessary for ensuring a proper quality of medical education:** they have a limited access to a qualified and diverse teaching academic staff and to clinical training base.
- **Basic medical education should take place only on academic level** - at universities - which meet high standards of quality of education.

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5. Do you have any private medical schools in your country or are any private medical schools planned? If yes, are they geared to local or international students (e.g., other languages)?

In Poland at present medical faculties are conducted by 4 private schools:

- Uczelnia Medyczna im. Marii Skłodowskiej-Curie in Warsaw
- Wyższa Szkoła Techniczna in Katowice
- Krakowska Akademia im. Andrzeja Frycza Modrzewskiego – in Cracow
- Uczelnia Łazarskiego in Warsaw

Some of them offer medical studies in English – mainly for international students.

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6. Is your chamber involved in the discussions?

The opening of medical faculties at institutions of higher education other than academic - in vocational schools - raised objections from the medical community.

The Polish Chamber of Physicians and Dentists, in its **numerous statements** (of January, May 2023):

- **emphasized that increasing only the number of graduates will not solve staffing problems** in public health care and
- **pointed out that there are serious concerns about possible access to teaching facilities** for students at vocational schools and that the postgraduate education system is not adapted respectively .

Such liberalization of provisions of law may lower the level of knowledge and preparedness for proper patient care, and thus – may have a negative impact on patient safety and the quality of health services.

I. Medical education – basic medical training and quality assurance in the establishment of new medical schools

6. Is your chamber involved in the discussions?

- ❖ In February 2022 the Polish self-government asked the European Commission for a legal opinion on whether basic medical training provided by non-academic higher institutions in Poland may be considered as compliant with the minimum training requirements laid down in Article 24 of Directive 2005/36/EC

*Article 24(1) of the Directive states that admission to basic medical training requires possession of a diploma or certificate providing access, for the studies in question, to **universities**.*

*Under Article 24 (2) of the Directive, **basic medical training** should comprise a total of at least five years of study, which may also be expressed with the equivalent ECTS credits and should consist of at least 5500 hours of theoretical and practical training **provided by, or under the supervision of, a university**.*

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6. Is your chamber involved in the discussions?

- ❖ The European Commission replied in November 2022 :
 - **the Directive does not provide for any definition of the term “university”.**
 - **it cannot be excluded that a higher education institution, which is not formally called university, might fulfil the exact same status, purpose and function.**
 - the Polish Ministry of Education and Science has provided their explanations on the organization of the education for doctors and the accreditation of medical studies in Poland. Based on the limited information available, the EC has no evidence suggesting that the status and functioning of the abovementioned institutions would be manifestly incompliant with the requirements of the Directive.
 - **the EC services continue monitoring the situation, but only the Court of Justice of the European Union is competent to authoritatively interpret EU law.**

I. Medical education – basic medical training and quality assurance in the establishment of new medical schools

6. Is your chamber involved in the discussions?

- ❖ In March 2023 **the Polish medical self-government addressed the European Commission a second motion for a more precise legal opinion, whether the competent authorities in Poland are entitled to confirm the full conformity of basic training provided by higher education institutions in Poland not having the status of a university, in particularly if they have the status of a vocational higher education institution.**

The PCPD pointed out that the objective is to **avoid a situation where such attestations of conformity are contested by competent authorities in other EU Member States** on the basis of the status of the education institution, which may in consequence jeopardize the automatic recognition of qualifications of doctors of medicine obtained in Poland

II. Complementary and alternative medicine and the role of the medical chambers



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1. What role does CAM play in your country?

There is an ongoing discussion regarding the problem of alternative/complementary medicine, in particular homeopathy in Poland.

According to medical experts homeopathy in the light of modern medical knowledge is ineffective and can harm:

- homeopathic products are usually not subject to rigorous production supervision like medicines
- may delay effective treatment

A scientific discussion, taking into account new research methods, is necessary.

A change in the Polish law should be the first step as a number of homeopathic products according to Polish regulations of law are considered as “ medicinal products”.

Some of homeopathic products are registered as medicines, they are legally admitted to pharmacies and available upon prescription of a doctor.

II. Complementary and alternative medicine and the role of the medical chambers

2. Is CAM included in any curriculum of physician specialty training?

Complementary and alternative medicine **is not part of the curriculum** of doctors specialty training

II. Complementary and alternative medicine and the role of the medical chambers

3. Does your chamber have a position on CAM? If yes, how do you deal with it?

The Polish Chamber of Physicians and Dentists **opposes homeopathy** and expressed its objections through different statements over the past years (Statements from 2002, 2008, 2009, 2011, 2014).

The latest *statement* of the PCPD is from the end of March 2023 *on the use of homeopathy and related methods by physicians and dentists and the organization of training in these fields*

II. Complementary and alternative medicine and the role of the medical chambers

3. Does your chamber have a position on CAM? If yes, how do you deal with it?

The Supreme Medical Council points out that:

- **The use of homeopathic remedies is incompatible with current medical knowledge.**

Due to the constant lack of scientific evidence confirming the effectiveness of treatment with homeopathic remedies, the Presidium of the Supreme Medical Council appealed and still appeals to doctors and dentists to refrain from using these methods of treatment. Treatment with homeopathic products does not meet the requirements of methods used in modern medicine, and the principles of this method of treatment are not consistent with current medical knowledge. These are methods based on the use of worthless products, with scientifically unproven effects, there are also no disease entities in which the use of homeopathy would have therapeutic effectiveness confirmed by research.

- **Homeopathic products are not medicines.**

It is inappropriate to refer to homeopathic products as "medicines" because their effectiveness is not proved and they do not meet the requirements for registration of medicinal products.

- **The prescription of homeopathy is contrary to the principles of medical ethics.**

It is the duty of physicians to reliably inform patients who demand the prescription of homeopathic products that they are not therapeutically effective.

The PCPD calls upon doctors for refraining from the use/prescription of treatment with homeopathic products.

II. Complementary and alternative medicine and the role of the medical chambers

4. Is there a system or legal framework to prevent misinformation?

In case of misinformation by a physician and dentist – expressing his/her views which are contrary to current medical knowledge - **The Regional Screener for Professional Liability may file a motion to impose disciplinary sanctions.**

Following the receipt of reliable information that indicates the possibility of professional misconduct **an initial investigation is commenced and carried out by the Screener** – the Screener may **hear witnesses, gather medical documentation, ask for an expert's opinion etc.**

II. Complementary and alternative medicine and the role of the medical chambers

4. Is there a system or legal framework to prevent misinformation?

Based on the findings the Screener either discontinues the proceedings or files a motion to impose sanction which leads to next stage of the disciplinary proceedings, namely before the regional medical court (also a part of the chamber).

This court may eventually **impose disciplinary sanctions:**

warning; reprimand;

financial sanction;

prohibition to perform managerial posts in healthcare (between 1 and 5 years);

limitation of the scope of professional activities (between 6 months and 2 years);

suspension of the right to practice for (between 1 and 5 years);

deprivation of the right to practice.

III. Opportunities and challenges of new medical assistance professions



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1. Are there any plans in place to expand the scope of practice of other health care professionals (nurses, pharmacists, physiotherapists, psychologists, etc.) in your country?

In Poland legislative works on the draft act on certain medical professions were in progress during the years 2022-2023 and in August 2023 the draft act has been submitted for the president's signature.

The draft acts regards practicing the following medical professions: dental assistant, dietitian, electro radiologist, dental hygienist, speech therapist, medical guardian, optometrist, orthoptist, podiatrist, prevention specialist, hearing care professional, dental technician, pharmaceutical technician, masseur technician, orthopedic technician, medical sterilization technician, occupational therapist;

III. Opportunities and challenges of new medical assistance professions

2. Are there any new health professions in your country (planned), which should assist a physician (physician assistants, specialized nurses, nurse practitioners, etc.)

For years the Polish Chamber of Physicians and Dentists appealed to Polish authorities for the introduction of the profession of medical assistant to relieve doctors of bureaucracy

Medical Assistant:

In Poland a medical assistant is not a regulated profession. A person may be empowered or have an obligation to perform some kind of medical assistance within a medical facility – this results from the rules adopted in a given medical entity and from the tasks which are assigned individually by the superior to the employee. A person performing the role of a medical assistant cannot exercise the medical profession - diagnostic and therapeutic activities.

According to the Register of Medical Assistants 11 470 persons perform the duties or role of "active medical assistant". As the Polish Ministry of Health admits, the exact number of assistants working in public health cannot be determined. The ministry also does not collect data on the earnings of medical assistants.

III. Opportunities and challenges of new medical assistance professions

3. What is their task and how is the training structured?

Medical Assistant scope of activity:

The medical assistant can check the patient's medical history, provide them with information about the medical procedures that will be performed, note the course of the visit and keep the office tidy.

The medical assistant is also entitled, **under the authorization from the physician**, to issue electronic (only!) prescriptions, sick leaves and medical referrals. A medical assistant may issue documents ONLY in electronic form.

To be able to issue the above-mentioned electronic documents, **a physician must register a specific person – assistant - on the official Register of Medical Assistants**. The authorization is valid for one year. After its expiry, it can be extended for another 12 months.

The medical assistant has NO influence on decisions related to the course of the patient's treatment.

All guidelines are given by the doctor who authorized the assistant to do so.

III. Opportunities and challenges of new medical assistance professions

3. What is their task and how is the training structured?

Medical Assistant scope of activity:

From 2023 medical assistants, who completed schools under new curriculum - 3 semesters (from 2021) will be competent to draw blood, conduct physiotherapy exercises using the Hoppe method and administer two types of drugs by subcutaneous injection

III. Opportunities and challenges of new medical assistance professions

3. What is their task and how is the training structured?

Medical assistant qualifications/requirements to perform the function:

At present there are no regulations regarding the qualifications that a person appointed as a medical assistant must obtain. It is enough for the person to be appointed by a doctor.

It is also not necessary to have medical education or special courses, although in many entities it is a big and important asset. The function of a medical assistant is often performed by paramedics, nurses or midwives.

III. Opportunities and challenges of new medical assistance professions

4. Who is responsible for the curricula?

The rules of education and the accreditation of schools responsible for training in other medical professions, under the positive opinion of the Polish Minister of Health, is within the competence of the Polish Ministry of National Education

Medical assistants receive education and training in vocational schools, also in institutions of higher education – post-graduate studies.

III. Opportunities and challenges of new medical assistance professions

5. Was your chamber involved in developing these new professions?

In August 2023 the draft act on certain medical professions (dental assistant, dietitian, electro radiologist, dental hygienist, speech therapist, medical guardian, optometrist, orthoptist, podiatrist, prevention specialist, hearing care professional, dental technician, pharmaceutical technician, masseur technician, orthopedic technician, medical sterilization technician, occupational therapist) has been submitted for the president's signature.

The Polish professional medical self-government took part in public consultations and issued statements on the various drafts of the law.

III. Opportunities and challenges of new medical assistance professions

5. Was your chamber involved in developing these new professions?

❖ Statement of the Presidium of the Supreme Medical Council of the PCPD – February 2022

The Polish Chamber of Physicians and Dentists pointed out that the draft act cannot be fully commented as it is not complemented with specific regulations which define:

- the scope of professional activities that a person will be authorized to perform practicing a specific medical profession;
- qualification requirements necessary to perform a medical profession and
- learning outcomes specific to a given medical profession, which must result from of education and training

III. Opportunities and challenges of new medical assistance professions

5. Was your chamber involved in developing these new professions?

❖ Statement of the Presidium of the Supreme Medical Council of the PCPD – May 2023

- Unfortunately the draft law defines the rules of practicing the medical professions in a very small extent.
- The PCPD insisted on, as regards the profession of a dental hygienist and the scope of her/his professional activities – it is necessary to establish in the provisions of law that a dental hygienist shall perform professional activities in the field of prevention and promotion of oral health only under prescription from and supervision of a dentist.
- The PCPD directed similar comments as regards the scope of professional activities of a dental technician: a dental technician shall perform professional activities in the field of dental technology including fabrication and repair of prostheses, orthodontic appliances, splints and facial epitheses under prescription of a dentist.

The NO-FAULT SYSTEM

General information:

Is a solution aimed at improving the safety of treatment - from the perspective of both doctors and patients.

This system is based on 3 pillars:

1. the exemption of doctors from criminal liability (criminal liability is reserved for cases of patient's death or gross error or negligence) – the civil and professional liability is binding
2. the implementation of a register of adverse events – which may provide for future analyses and the elimination of medical errors.
3. the implementation of a compensation fund – a guarantee for the patients or their families of a fast track for compensation in terms of mainly medical benefits and regardless the guilt of the doctor is proven or not

‘Saving lives is not a crime’

The slogan of the social campaign launched by the Polish
Chamber of Physicians and Dentists: ‘Saving lives is not a crime’

Statistics on criminal proceedings conducted against doctors because of suspected medical errors indicate that very few of them end with a guilty verdict. The time which could be devoted to patient care is wasted because of the involvement of the doctors in very time-consuming interrogations and participation in court proceedings. Eg. in 2017 prosecutors handled 4,206 cases, of which only 141 cases ended with an indictment or a motion for voluntary submission to punishment.