

DOCTORS FROM UKRAINE AS STAKEHOLDERS IN THE HEALTHCARE SYSTEM IN POLAND

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Purpose: This article aims to outline the issue of doctors from Ukraine who provide medical services to the healthcare system in Poland. The distinguished research subject was treated in terms of stakeholders of the healthcare system.

Design/methodology/approach: The article analysed the solutions introduced based on applicable legal acts. For this purpose, the guidelines of the Ministry of Health were referred to. The secondary data comes from the Supreme Medical Chamber.

Findings: The management of the healthcare system in Poland is the responsibility of the Ministry of Health. Still, the role of the medical professional self-government must be considered in this process. In solving systemic problems, a dialogue with medical community representatives contributes to implementing transparent solutions in business practice. Based on the considerations, the authors show that the current challenges of the national healthcare system concern doctors from Ukraine. The introduction into the Polish healthcare system of people educated in a different education system and with professional experience already gained outside the European Union implies problems concerning the quality of the services provided. Entry into the health care system must be carried out transparently so that it does not raise objections from all stakeholders.

Research limitations/implications: The article contains a preliminary study. In the future it is planned to conduct additional quantitative and qualitative research.

Practical implications: The conclusions proposed as an outcome of the research can have an impact on the formulation of an activity aiming at managing relations in the healthcare system in Poland.

Social implications: The article demonstrates the selected positions and problems functioning in the healthcare system in Poland.

Originality/value: The article concerns the current scientific problems and business practice.

Keywords: stakeholders, doctors from Ukraine, medical education systems, healthcare system in Poland, desk research method.

Category of the paper: The article uses a research approach based on the existing legal frameworks and guidelines formulated by professional medical organizations.

1. Introduction

The healthcare system and its environment are formed by different stakeholder groups: government structures, local government, medical resources, and patients (Wu et al., 2018; Kaur, Victoria, 2017). Its fundamental objective remains protecting citizens' health (Jasinska, 2020). The definition adopted by WHO (2008) assumes that the concept of a health system encompasses all organizations, inputs, and institutions whose premise is to undertake activities aimed at improving health. There is a belief that its shape is also determined by the adopted organization and professed values (Borkowska, 2018). The analyzed system functions according to the so-called „triangle”, it consists of three essential elements: patients, providers, and the payer (Paszowska, 2017).

The Constitution of the Republic of Poland (1997) guarantees citizens equal access to publicly funded health care services, regardless of their material situation. In recent years, the national healthcare system has been financed by 69.4 % from public sources (INNOWO, 2020). However, Poland is ranked among countries with low public expenditure in the area in question (Frąckiewicz-Wronka et al., 2021). Estimates by the Central Statistical Office (GUS, 2023) show that in 2022, current expenditure on the health care accounted for 6.7% of GDP.

The healthcare system in Poland still needs to improve, including in the area of human resources management (NIK, 2018). These problems relate to aspects such as aging medical staff, graduates of medical schools taking up jobs outside the country, or failure to increase enrolment limits for medical studies. The phenomena highlighted result in citizens' limited access to essential medical services. Over the years, public policy has been ineffective in addressing the issues analysed and has yet to respond to the changes taking place. The COVID-19 pandemic has bluntly demonstrated the health system elements that require remedial action to maintain the continuity of medical services (Haileamlak, 2021; Filip et al., 2022). In 2020, the inclusion of non-EU nationals in the medical, dental, nursing, midwifery, and paramedic professions was allowed in the Polish healthcare system through simplified access (Rozporządzenie Ministra...; Ojczyk, 2021). Subsequently, following the escalation of hostilities in Ukraine in February, the legislation was maintained in 2022. For the conducted analyses, doctors from Ukraine providing medical services in the healthcare system in Poland were selected. The indicated object of the research is an example of a stakeholder group that appeared in the national healthcare system due to the introduced solutions. Its inclusion in the system in question was preceded by solutions introduced by the Ministry of Health.

This article outlines the issue of doctors from Ukraine as stakeholders in Poland's healthcare system. Several research questions were adopted for this discussion, which made it possible to detail the issues covered in the analysis.

2. Purpose and the research method used

The presented considerations aim to identify issues related to integrating doctors¹ from Ukraine into the healthcare system in Poland. According to the adopted research approach, the analyzed professional group includes persons who have undergone training and obtained specialization in Ukraine. The distinguished research subjects were treated as stakeholders of the analyzed system. The issue of stakeholder theory continues to be a key research area in the social sciences (Nartney et al., 2023). Its relevance can be argued by its multifacetedness from the point of view of the development of the activities of contemporary organizations. Their functioning is often determined by the expectations of different stakeholder groups (Markee et al., 2021) with whom relationships have been built (Fares et al., 2021).

The desk research method was applied within the developed research methodology framework. Its selection was dictated by the complexity of the issue under discussion and an attempt to fill a research gap in the national literature on the subject. Basic desk research was used. It was decided to discern selected aspects covered by the analysis to formulate answers to the research questions posed earlier (Bednarowska, 2015).

The article adopted the following research questions:

- what differences exist between the training systems for doctors in Poland and Ukraine?
- under what conditions can doctors from Ukraine be integrated into the Polish healthcare system?
- what legal arrangements have been developed to enable the sample group to apply for a conditional license to practice?
- under what conditions are persons employed with a conditional license to practice?

To realise the adopted research assumptions, the existing solutions based on the guidelines of the Ministry of Health and allowing doctors from Ukraine to practice their profession in Poland were analysed. In light of the considerations, an attempt was made to diagnose their impact on the Polish healthcare system.

3. Comparison of medical training systems in Poland and Ukraine

For this research, it was decided to compare the medical education systems in Poland and Ukraine (Table 1). In Poland, the right to practice medicine is regulated by law (Ustawa z dnia 5 grudnia...). The main aspects of handling the right to practice medicine include medical education, medical internship, state examination, professional registration and specialization.

¹ According to the current legal order, the professional group under study includes doctors and doctors-dentists. In the following discussion, this group is referred to as doctors.

A person interested in practising as a doctor in Poland must complete a six-year summer medical study or a five-year course in medicine and dentistry at a medical university and obtain the relevant diploma. Training in these faculties includes an annual, one-month internship and intensive practical training during the final year of study. Medical faculty graduates are awarded the title of doctor, doctor of dentistry and the so-called limited right to practise their profession. After graduating from medical school, doctors must complete a postgraduate internship, part of the medical training process, which lasts 13 months and is not oriented towards a chosen specialisation (Tyminski, 2019). By rotating between hospital departments according to the internship programme, the doctor has the opportunity to become familiar with almost every medical speciality².

At the end of their postgraduate internship, doctors take a state examination, which is required to obtain a licence to practise. These are the Medical Final Examination and the Medical and Dental Final Examination, respectively (Stryjski, Stryjski, 2016). The professional registration procedure is part of the scope of activity of the professional self-government of doctors and dentists. According to Matyja (2021, p. 7), this self-government „combines environmental concern for professional standards with respect for knowledge in serving the patient by ethical principles”. The right to practice medicine is granted by the district medical council in whose area the profession will be practised. If a doctor wishes to specialise in a particular field of medicine, they must start specialisation training in a residency or non-residency mode (Tyminski, 2019). After completing the specialisation and passing the specialisation examination, the doctor is awarded the title specialist in the field.

Training and obtaining specialization in medical faculties is different in Ukraine. Its main characteristics include medical education, state examination, medical internship, and professional registration. Medical studies in Ukraine last six years (Gorobeiko, Dinets, 2022). They are divided into a three-year pre-clinical phase (propaedeutics in paediatrics, internal medicine and surgery from the fourth semester) and a clinical phase, which lasts three years. Upon completion of the third year, the student can enter employment as a nurse, pharmacist, or paramedic on the same basis as someone with a degree in this field. Completing three years of medical studies corresponds to obtaining a diploma in nursing. Importantly, paediatrics is treated as a separate field of study, so recruitment is carried out independently of recruitment for medical studies. On the other hand, the medical-dental studies last five years. The study program may vary depending on the particular university where the medical and dental faculties operate.

² Postgraduate training for dentists lasts 12 months.

Table 1.*Comparison of medical education systems in Poland and Ukraine*

Specification	Duration of studies	Specialisation internship
Poland	<ul style="list-style-type: none"> • Medical studies last six years, medical and dental studies five years, • Unified training programme, • The graduate is awarded a medical degree, • The so-called limited right to practise medicine and dentistry is granted. 	<ul style="list-style-type: none"> • A 13-month postgraduate internship completed by the Medical Final Examination, • 12-month postgraduate internship completed by the Medical and Dental Final Examination, • Once you have passed the LEK examination, you are granted a licence to practise, • Specialisation training consists of uniform modules (lasting from 4 to 6 years) and basic modules with specialisation modules (from 4 to 7 years).
Ukraine	<ul style="list-style-type: none"> • The study of medicine lasts six years and is divided into two parts: the pre-clinical part of 3 years and the clinical part of 3 years. Medical and dental studies last five years, • The graduate is awarded the title of doctor and dentist, • separate recruitment for the paediatrics faculty, • during the course of study, the "STEP-1" exam (after year 3) and the "STEP-2" exam (after year 6) are passed. 	<ul style="list-style-type: none"> • The so-called internship (traineeship) lasts from 1-3 years and starts after passing the "STEP-2" examination, • At the end of the internship, one passes the STEP-3 exam and obtains a licence to practise with specialisation.

Source: own compilation based on (Remez, 2022; Medical education...; MedMobilityPoland 2022).

There are three state examinations in the Ukrainian medical training system. The first exam is conducted after the third year of study (KROK-1), the second exam after the sixth year of study (KROK-2), and the third exam after internship (KROK-3). A functioning examination system was introduced in 2017 (Holomb et al., 2022). The KROK-1 and KROK-2 exams consist of 200 questions, 150 of which are in Ukrainian and 50 in English. The STEP-3 exam is divided into two parts. The first takes place after the first year and is a multiple-choice test. The second part, on the other hand, depends on the decision of the respective university and can be oral, written with open-ended questions or a multiple-choice test (Striukov, Hromtseva, 2022).

After graduation, it is mandatory to undergo the so-called internship, which includes an internship and specialisation. Depending on the specialisation, this stage lasts between one and three years (e.g. gynaecology takes two years, surgery takes three years, and family medicine takes two years). To start the internship, you have to take the state examination II. During the internship, choosing primary specialities (there are eight total) is possible. For example, cardiac surgery is possible after the internship in general surgery. The internship is carried out in the department of the graduate's choice and is not dependent on the results of the second examination (after the sixth year of study). Thus, anyone can start the specialisation of their choice as soon as there is space in the department concerned³. Those studying paediatrics upon graduation automatically become specialised as paediatricians. In addition,

³ According to the researcher, there is a lot of corruption at this stage (Remez, 2022).

an ordination (Remez, 2022) must be held if you hold a higher post in a medical institution. A full licence to practise medicine and a specialist diploma are obtained after an internship (Medical education...).

In light of the comments made above, there are significant differences in the training systems for doctors in Poland and Ukraine. These differences relate in particular to the pathway allowing for a specialised internship, which includes several stages allowing for the receipt of the right to practise and specialisation training by doctors trained in the Polish system.

4. Opening up the healthcare system in Poland

In Poland, granting the right to practice a profession is an example of one of the essential competencies transferred to professional self-governments through the decentralisation of public administration (Pawlowski, 2022). In the case of the medical self-government, the implementation of this task has been assigned to the competence of the district medical councils. In 2023, the register of the Supreme Medical Chamber included 166,351 doctors with the right to practice a profession, of whom 4,985 doctors held a citizenship other than Polish⁴ (Table 2). Doctors from countries such as Ukraine (2855), Belarus (1237), Russia (106), Germany (94), and USA (58) predominated. It should be added that doctors with a conditional licence to practice prevailed among foreigners (Polityka Zdrowotna, 2023).

The first facilitation of the so-called conditional right to practise medicine was introduced within the framework of the Act of 28 October 2020 on amending certain acts in connection with counteracting COVID-19 emergencies (Ustawa z dnia 28 października...) and the Act of 27 November 2020 on amending certain acts to ensure medical staff during the declaration of an epidemic emergency or state of epidemics (Ustawa z dnia 27 listopada...). As a result, it was possible for doctors who obtained their diploma in a country that is not a Member State of the European Union to be eligible to start work. This implementation was due to the declaration of the COVID-19 pandemic state and the existing medical workforce shortages.

Under the current legal order, two pathways to qualification were provided for:

- obtaining a so-called conditional right to practice the profession,
- obtaining a licence to practise for a specific range of professional activities (allowing you to work in your area of specialisation).

⁴ Status as of 6 November 2023.

Table 2.*Number of doctors in Poland with a licence to practice*

Type of licence to practise	Number of the right to practice a profession
Non-practising doctors	10076
Right to practise medicine	142152
Right to practise medicine - duration of internship (trainee)	10004
Foreign doctors' licence to practise	47
Foreign doctors' license to practice medicine - for a limited period of time	747
Right to practise as a doctor for a foreigner from the European Union	380
Right to practise medicine - limited by resolution of the ORL*	34
Licence to practise medicine from outside the European Union - specific scope of practice	546
Right to practice a profession from outside the European Union - conditional	2234
Right to practise medicine - suspended	131

* District Medical Council.

Source: (Polityka Zdrowotna, 2023).

The first of the solutions mentioned above, the so-called conditional right to practice, proved to be the most popular. However, this type of pathway offered the possibility to work in a medical entity designed to provide health services to patients with COVID-19. The situation has changed since the outbreak of the war in Ukraine in February 2022. The provisions on the employment of foreign nationals were narrowed to Ukrainian citizens who crossed the border after 24 February 2022 (Ustawa z 12 maja...). Following the lifting of the epidemic emergency and the abolition, as of 1 April 2022, of the ring-fencing of medical entities for providing health services to COVID-19 patients, persons with a conditional licence to practise could only work as general practitioners. To this end, those interested in obtaining such entitlements were required to apply to the Minister of Health for permission to practise their profession outside a medical entity dedicated to providing health services to COVID-19 patients. The application had to indicate the entity where the profession would be practised. The group in question was allowed to provide health services to medical entities serving refugees from Ukraine. In this case, approval was not required; only the place of work and the period of employment had to be notified by seven days (Ministerstwo Zdrowia, 2022b).

5. Obtaining approval from the Minister of Health

Any person with Ukrainian citizenship and a completed medical degree may obtain a permit to practice medicine in Poland. This aspect is regulated by the relevant law (Ustawa z 12 maja...). For this purpose, the following conditions must be fulfilled:

- a diploma in medicine or a diploma in dentistry, certifying successful completion of studies of at least five years, issued in a country other than a Member State of the European Union,

- full legal capacity,
- a state of health permitting the exercise of the medical profession,
- an impeccable ethical stance.

Required documents to be submitted by interested persons are as follows (Ministerstwo Zdrowia, 2022a):

- a diploma of doctor, doctor-dentist certifying the completion of studies of at least five years' duration, together with information on the duration of the studies (e.g. a diploma supplement). It is not required to legalise diplomas or duplicates and to have an apostille of diplomas or duplicates. If a foreigner does not have the original graduation documents, he/she may present the diploma as an unambiguous copy. Copies may be submitted instead of originals if their conformity with the original has been certified by a Polish notary public or consul or by the party's attorney, a barrister, legal counsel, patent agent or tax advisor appearing in the case. A translation made by a sworn translator must also be included. Within six months after the end of the armed conflict in Ukraine, the original diploma or a notarised copy of the document must be provided;
- a statement to the following effect: „Aware of the criminal responsibility for making a false statement, I declare that I have the full legal capacity”⁵;
- a document issued by a doctor certifying that their state of health allows them to practise the profession of doctor or dentist. This document can be issued by a Polish doctor as well as by a doctor from another country⁶;
- a statement of the following content: „Aware of the criminal liability for making a false statement, I declare that I have not been convicted of an intentional crime or an intentional fiscal crime and that no criminal proceedings are pending against me for a deliberate crime or a fiscal crime, and that there are no circumstances which, according to the Code of Medical Ethics and other provisions of law, could affect the practice of the profession of doctor or dentist in the territory of the Republic of Poland”⁷;
- a document attesting to „clean professional conduct” and compliance with the requirements concerning ethical behaviour, issued by a competent authority in the country in which the doctor or dentist practiced;
- a document with a photograph proving citizenship (passport, identity card) and a document confirming the date of crossing the border with Poland;
- a hand-signed application.

The legislator has also distinguished between three groups of doctors and dentists who can apply for a conditional licence to practise (Table 3).

⁵ The declaration should contain the declaration's name, place, and date and a legible signature.

⁶ The decision is valid for three months from the date of issue.

⁷ The declaration should also contain the surname and first name, the place and date of the declaration and the legible signature.

Table 3.*Groups of doctors and dentists eligible to apply for a conditional licence to practise*

Group	Description
Persons who do not hold a specialist diploma issued outside the European Union	<ul style="list-style-type: none"> • attaching a doctor's/dentist's diploma attesting to the completion of at least five years of study, together with information on the duration of study
Persons who obtained their specialist title outside the European Union	<ul style="list-style-type: none"> • to enclose a medical/dental diploma attesting to the completion of at least five years of study, together with information on the duration of the studies, • to be accompanied by a document attesting to the title of specialist issued by the competent authority in the country concerned
Persons who have obtained their specialist title outside the European Union and have at least three years' professional experience as a specialist	<ul style="list-style-type: none"> • to enclose a medical/dental diploma attesting to the completion of at least five years of study, together with information on the duration of the studies, • to be accompanied by a document issued by a competent authority in the country in which the profession was practised or other documentary evidence of periods of employment (e.g. certificates of employment) attesting to possession of at least three years' professional experience as a specialised doctor or specialised dental practitioner in the field concerned during the five years immediately prior to the date on which the certificate was obtained, • to be accompanied by a document issued by the competent authority (specialisation training programme), certifying that the specialisation training followed corresponds in essential respects to the specialisation training programme in Poland, • attaching a certificate from an entity conducting medical activity in Poland containing a declaration specifying the list of organisational units of the medical institution and the period of planned employment, indicating the scope of health services to be provided in accordance with the foreigner's specialisation

Source: (Medidesk).

The Department of Medical Staff Development of the Ministry of Health reviews the submitted documents. In the case of applying for a conditional right to practice by doctors who have obtained the title of specialist and have at least three years of professional experience as specialists, the Minister of Health may request an additional opinion⁸. If there are deficiencies, the applicant is called upon to complete them. Depending on the number of applications submitted, the applicable procedure takes up to six months (NIL, 2022). Unfortunately, this is due to the many formal deficiencies and identified errors. Based on the documents attached to the application, the Minister of Health gives the consent or refuses to provide the applicant consent to practise the profession of doctor and dentist in a medical entity. The consent is issued in the form of an administrative decision, which is given the so-called order of immediate enforceability.

⁸ The Minister of Health shall then apply to the national consultant competent in the relevant field of medicine or, if there is no such consultant, to the national consultant in a related field or the provincial consultant skilled in the appropriate field of medicine or in a related field, in the area of the province where such person intends to practise his profession.

6. Conditional licence to practise

The next step after receiving a favourable decision from the Minister of Health is to present the complete set of documents together with the administrative decision to the district medical council depending on the place of residence⁹. The district medical board shall grant a conditional right to practice the profession and issue a document on the right to practice the profession of doctor or the right to practice the profession of dentist within seven days of receiving the decision of the Minister of Health. Suppose the district medical board has refused to issue a conditional right to practice the profession or the time limit for its granting has expired ineffectively. In that case, a foreigner may practice the profession based on the decision of the Minister of Health until a resolution of the district medical board in this regard is received. In a situation where the district medical board refuses to grant a conditional right to practice the profession, a foreigner may continue to practice the profession based on the decision of the Minister of Health, provided that an appeal is made to the Supreme Medical Council within 14 days of the delivery of the district medical board's resolution containing the refusal to grant a conditional right to practice the profession (Figure 2).

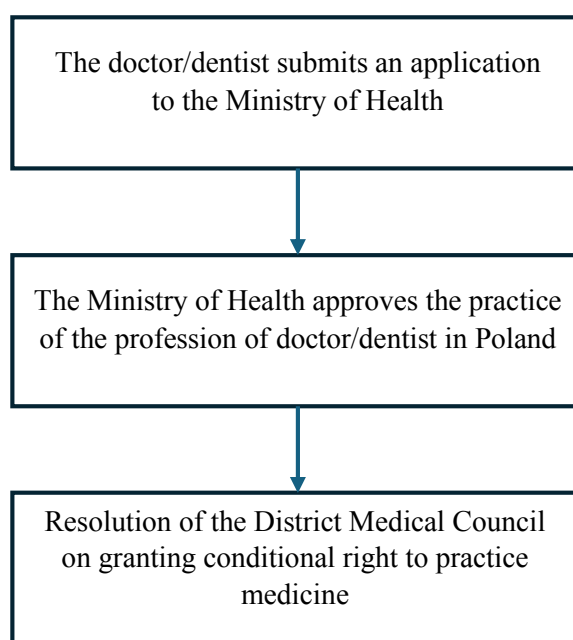


Figure 1. Pathway to obtaining a conditional licence to practise.

Source: own study.

Supreme Medical Council may uphold a resolution on refusal to grant a conditional right to practice the profession. The practice of the profession based on the decision of the Minister of Health may continue if, within 30 days from the date of delivery of the resolution of the Supreme Medical Council, a complaint against the resolution is filed with the locally competent provincial administrative court (Ministerstwo Zdrowia, 2020; 2022b).

⁹ The same documents that were addressed to the Ministry of Health are submitted (2 copies).

7. Employment of a doctor in a healthcare provider

Doctors with a conditional licence to practise may practise in any medical entity in Poland. After signing the employment contract, you must notify the Minister of Health within seven days where and for what period you are employed. The notification is made in person using the Doctor Registration System. Failure to notify may be grounds for Withdrawal of permission to practise as a doctor and dentist, respectively¹⁰. The right to practise a profession granted under the discussed rules remains valid for five years from the date of its issuance and cannot be renewed (Ministerstwo Zdrowia, 2020).

Depending on the authorisations granted by the Minister of Health, work in a treatment facility may take place under the supervision of a doctor:

- for doctors and dentists who do not hold a specialist diploma issued outside the European Union: a supervisor who is a doctor having a second degree specialisation or a specialist title;
- for doctors and dentists who have obtained their specialist title outside the European Union, with the permission of the Minister of Health, to practise the profession of doctor and dentist independently after three months of work („practice”) under the supervision of a doctor holding a second degree specialisation or specialist title;
- for doctors and dentists who have obtained their specialist title outside the European Union and have at least three years' professional experience as a specialist: authorisation by the Minister of Health to work in the medical entity indicated in the decision, where they will work for one year under the supervision of a supervisor who is a doctor holding a second-degree specialisation or a specialist title in the relevant field of medicine, designated by the head of the entity that issued the certificate to the Minister of Health.

It is worth noting that the Ministry of Health does not require foreign doctors to have a document confirming their knowledge of the Polish language (NIL, 2024). Doctors only submit a declaration of their understanding of the Polish language. The first verification of such language proficiency often can only occur at the district medical council. The applicant's knowledge of the language can be verified during the submission of the Minister of Health's decision. The next place is when the required documents are submitted to the treatment facility. During the interview, the applicant's language proficiency can be assessed¹¹. In response to these needs, the district medical chambers organise Polish language courses for doctors from Ukraine (Ojczyk, 2022) and Ukrainian language courses for Polish medical staff. Due to the high interest in this kind of project, the Medical Centre for Postgraduate Education has prepared an intensive Polish language course and a glossary of Polish-Ukrainian medical phrases¹².

¹⁰ Withdrawal of consent shall be by administrative decision issued by the Minister of Health.

¹¹ Often Polish language tests are conducted as part of internal arrangements.

¹² A course on the basics of the health care system in Poland is also available. The training is in the form of e-learning in Polish with Ukrainian subtitles and a script in Ukrainian available.

8. Discussion of the results obtained

Managing the quality of healthcare services is an interdisciplinary issue that concerns the application of current knowledge and applicable standards and meeting patient requirements and expectations (Głód, Głód, 2017). Quality in healthcare is perceived differently by different stakeholder groups. It is perceived differently by patients, health system employees, insurers or government institutions. Representatives of each stakeholder group will define their expectations differently. The following basic categories defining the quality of a healthcare service can be distinguished (Czerw et al., 2012):

- the quality of the structure: the level of education of the medical staff, the equipment of the medical facilities, the organisational structure, the management style and the organizational culture,
- process quality: patient care, course of treatment,
- quality of outcome: includes morbidity, mortality, and patient satisfaction with the treatment process.

Several factors determine the analysis of the quality of medical services provided by Ukrainian doctors:

- the level and quality of education,
- experience and specialisation,
- knowledge of the Polish language,
- compliance with the principles of professional ethics,
- knowledge of the legal basis governing the medical profession,
- ability to communicate with the patient.

The determinants mentioned above influence the perception of the quality of medical care the analysed group of doctors provides. It should be noted that the most important of these is knowledge of the Polish language. The Ministry of Health, in the requirements for the entry of doctors from Ukraine into the market of medical services, did not include a procedure for verifying the knowledge of the Polish language in a form other than the doctor's declaration. This implementation was met with many protests from representatives of the medical community and the Ministry of Health's challenge to the Supreme Court of the resolution of the Supreme Medical Chamber regarding the requirement for doctors from Ukraine to confirm their knowledge of the Polish language (Sąd Najwyższy, 2021).

The provision of health services without a conditional right to practice also threatens the safety of all participants in the health care system. A doctor without a conditional right to practice is invisible to the Supreme Medical Chambers. It implies an inability to complain about the doctors' services and verify their work, which directly threatens the health system's safety.

Based on the results obtained, the first facilitation of the so-called conditional right to practise medicine was introduced during the COVID-19 pandemic in 2020. The solution implemented concerned citizens of third countries of the European Union. Given the existing legislation, interested persons could apply for a conditional right to practice medicine in Poland. However, as discussed, the situation changed when the war in Ukraine escalated in February 2022. The provisions on the employment of foreign nationals were narrowed down to citizens of that country and applied to persons who found themselves in Poland due to hostilities. The procedures adopted for granting a conditional right to practice were dictated by the significant differences in the training systems for future doctors in Poland and Ukraine.

The problems of the article concern the relations created between such groups of stakeholders in the national health care system as the Ministry of Health, the doctors' professional self-government and doctors from Ukraine. The last distinguished group can start operating in the healthcare system based on granting a conditional right to practice the profession. The analysis made it possible to distinguish the implemented solutions in the system under study, which were aimed at confronting conditions of exogenous stimulants (COVID-19 pandemic, full-scale invasion of Ukraine by Russia). However, it should be recalled that there has been a significant shortage of medical staff in the Polish healthcare system for a long time.

Data published by the Supreme Medical Chamber indicate that doctors from Ukraine constitute the most numerous foreigners who have been granted a conditional right to practice medicine in Poland. Consequently, they form a group of stakeholders whose provision of work in medical entities is supervised according to their qualifications:

- doctor with a specialist title – three months,
- doctor with a specialist title and three years' experience as a specialist – one year,
- non-specialist doctor – practising under supervision during the entire period of employment.

However, in the opinion of the representatives of medical circles, the solutions introduced by the Ministry of Health constitute an example of a violation of the principles of medical self-government, as well as may be treated in terms of deregulation of the profession. Misunderstanding of the regulations, including the often observed deliberate action of doctors with a conditional right to practice the profession, leads to undermining their rights. The most common is the unjustified use of the specialist title, including such information on business cards and stamps, consequently misleading patients. A significant problem is also the employment of a doctor outside the place covered by the consent of the Minister of Health, the resolution of the district medical council, and the failure to notify this fact by the legal order in force. In such situations, submitting an appropriate notification to the public prosecutor's office is justified.

In addition, there are cases of setting up a business whose name indicates a registered medical practice. Notably, a person with a conditional right to practice must start something other than this type of business. Cases of violations in this area are dealt with by the district

professional liability ombudsmen of the chambers of medicine (Medexpress, 2023). Notably, the health care system in Poland has also included doctors who have yet to apply for a conditional licence to practice. In most cases, these are dentists employed in the beauty industry. Most often, their representatives promote their activities on social media and use the professional title of doctor to provide invasive procedures using preparations of unknown origin. In their biographies, these individuals refer to the fact that they graduated from medical school in Ukraine, obtained specialisation and took courses (Wyborcza, 2022). It should be noted that in most cases, verifying a person and his or her qualifications in the Central Register of Doctors is impossible. Often, this is due to an incorrect transcription of the first and last name, which is inconsistent with the transliteration of Ukrainian names.

It is worth emphasising that the problems outlined above only exhaust some of the issues that illustrate examples of practices occurring in providing medical services by persons with or without a conditional right to practice medicine in Poland. However, they exemplify essential issues that require implementing systemic solutions that put the good of the patient first and create transparent relations between different stakeholders in the healthcare system in Poland.

9. Conclusions

The implementation of health objectives is the foundation of the healthcare system in Poland. Doctors constitute a particular group of stakeholders in the analyzed system, as their availability determines, among other things, the safety and quality of medical services provided. The outbreak of the COVID-19 pandemic exposed staff shortages in healthcare institutions in Poland. However, the decisions taken by the Ministry of Health to ensure the sanitary and medical safety of citizens were only sometimes accurate. A quick response to attracting medical staff was to prepare a "fast track" entry into the Polish health care system for citizens of so-called third countries. As a result of the introduced solutions, the citizens of Ukraine benefited the most.

In summary, there are significant differences in the training systems for doctors in Poland and Ukraine. These differences are mainly related to the pathway allowing for specialised internship, which includes several stages allowing for the receipt of the right to practice and specialisation training by doctors in the national system. The Ministry of Health's decision caused concern in Poland's medical community. This implementation was due to the need for more cooperation between government administration bodies and medical community representatives in preparing procedures for granting conditional rights to practice the profession. The implemented solutions have the characteristics of a „shortcut”. This approach threatens the health care system in Poland, including the safety of patients and doctors with conditional right to practice the profession.

Management of the health care system in Poland is the responsibility of the Ministry of Health. Still, the role of the medical professional self-government must be considered in this process. In solving systemic problems, dialogue with medical community representatives contributes to implementing transparent solutions in business practice. Based on the considerations, the authors show that the current challenges of the national healthcare system concern doctors from Ukraine. In the professional environment of doctors, ideas are presented about a compulsory adaptation internship with the possibility of learning the Polish language and within the scope allowing to work in an appropriate position along with familiarisation with Polish regulations (in the area of patient rights, doctor's duties and legal responsibility related to the profession). The article's topic is the socio-professional adaptation of medical staff. This topic will contribute to further research on the employment of doctors from Ukraine in Poland.

It is also necessary to look into the functioning of several intermediary entities for obtaining a conditional right to practice in Poland. The highlighted aspects indicate further research areas that should be extensively analysed (OIL in Warsaw, 2022).

The considerations presented here are a contribution to further research. As a limitation, one should point out the lack of scientific sources in which the issues covered by the analysis were discussed. Consequently, this article aimed to fill the research gap and outline selected issues related to integrating doctors from Ukraine into the Polish health care system.

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