Project: Creating Opportunities and Occasions to Promote a European
Results-based Action for Training and Education – COOPERATE
Project Number: ERASMUS 2021-1-DE02-KA220-VET-000025034

REPORT, POLAND

Introduction

Brief description of the current national situation of professionals working in the healthcare profession (Covid-19 crisis and the challenges for the professionals regarding gaps in training and education)

The COVID-19 pandemic has caused a shake-up of the entire socio-economic system in Poland (as well as worldwide), including health care, where numerous systemic problems and shortcomings have been identified for many years.

For many years, the most important problems in the health care system were the following:

→ ageing of medical personnel,
→ severe staff shortages,
→ long queues to specialist doctors,
→ reliance of the system on expensive hospitalisation (instead of cheaper outpatient care),
→ ineffective prevention,
→ too late diagnosis,
→ the poor financial condition of health care institutions,
→ lack of a coordinated approach to the treatment process.

The pandemic exacerbated the problems.

Organisation and institutions failed.

Despite many attempts to introduce treatment procedures, it turned out that there was a great deal of chaos, which harmed the overall situation and translated into the situation in controlling the pandemic.

In addition to medical staff dealing directly with patients, management, both at the individual level and every level of the healthcare organisation: local, regional and governmental, should play a very important role in a pandemic situation.

The time of pandemic exposed all the weaknesses of the health service organisation. The managers were unable to cope with the situation. Medical personnel were primarily involved in treating the infected patients. However, the increased demand for healthcare in one part of the sector showed that it was not flexible, and the lack of access to life-saving services became widespread. The fight against the pandemic meant that support elsewhere was neglected, and the health status of patients with conditions unrelated to COVID-19 deteriorated due to lack of access to treatment.

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The health service appeared to lack a long-term strategy for operating and developing the health service, dealing with a pandemic outbreak, and preparing staff for emergencies.

An element that could improve the situation would be the introduction of systemic solutions that would realistically reduce the involvement of doctors and nurses in bureaucratic activities and the transfer of some responsibilities to other professions, such as medical caregivers or medical secretaries.

However, to ensure that the functioning of the health service does not have gaps, the functioning strategy should include a system of continuous education of staff working in the health service and take into account the interaction of teams employed in the health service unit (a team consisting of both medical and non-medical staff).

The current negative labour market processes indicate that traditional school and academic education are insufficient to keep up with the pace of change in the economy. For this reason, it is important today to support employees and promote modern education, including lifelong learning.

It is also very important to implement different methods of education, both formal and informal, on-site and online, while at the same time setting and regulating the scope and quality of courses, training, etc.

The national situation regarding qualifications frameworks
Analysis of current qualifications and/or training of health care professionals regarding training, duration of the training, qualification level, etc.)

To guarantee the proper functioning of the healthcare system, it is extremely important to continuously improve the knowledge and raise the qualifications of the administrative personnel of healthcare entities and executives in the healthcare sector through training in the broadly understood management of healthcare entities.

The direct expression of the Polish state policy supporting modern educational processes is the Strategy for Responsible Development for the period up to 2020 (including the perspective up to 2030), hereafter SRD, adopted by the Council of Ministers on 14 February 2017 (M.P. of 2017, item 260). Among its objectives, it was indicated, among other things, to provide citizens with an appropriate quality of education improving qualifications and competences. Therefore, the implementation of human resources development programmes was planned to focus on educational outcomes, i.e. knowledge, skills and social skills desired in a given economic sector.

According to the SRD 2020, human resource development objectives are to be achieved by supporting vocational training within the formal and non-formal education system, including **courses and training**. In addition, so-called skills initiatives are planned, which are based on the recognition of **non-formal education outcomes**. This refers to competencies acquired through the already mentioned non-formal education and non-formal learning, e.g. through webinars and online tutorials, independent work with literature or the effects of the overall

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experience in a given field (M.P. 2017, item 260). Thus, it was recognised that the education system should be oriented towards learning outcomes and not, as before, towards the means of achieving them.

Currently, in Poland, the aim is to adapt the existing forms of transmitting and testing knowledge and skills to the abovementioned approach. The learning outcomes orientation of the education system is in line with the qualification structure of the (hereinafter EQF) adopted by the European Union in 2008. The EQF contains a universal structure of qualification levels, enabling them to be compared within the qualification systems of individual EU countries. In Poland, the institutional assumptions of such a system are set out in the Act of 22 December 2015 on the Integrated Qualification System (i.e. Journal of Laws of 2020, item 226). One of the main tools of the IQS is the Polish Qualifications Framework (PQF). The PQF, like the European Qualifications Framework (EQF), distinguishes eight levels of qualifications. Each of the PQF levels has been characterised by general statements relating to the learning outcomes required for the qualifications of a given level.

The Polish Qualifications Framework (PQF), like the European Qualifications Framework, is an eight-level framework that indicates how qualifications should be described. Each level is defined by general statements characterising the knowledge, skills and social competence requirements to be fulfilled by persons holding qualifications of a given level. A unique solution applied in Poland is the introduction, in addition to first-level (universal) characteristics, of second-level (detailed) characteristics. Universal and detailed characteristics form a coherent set. Therefore, they should be read together to fully understand the specifics of each level.

Structure of the PQF:
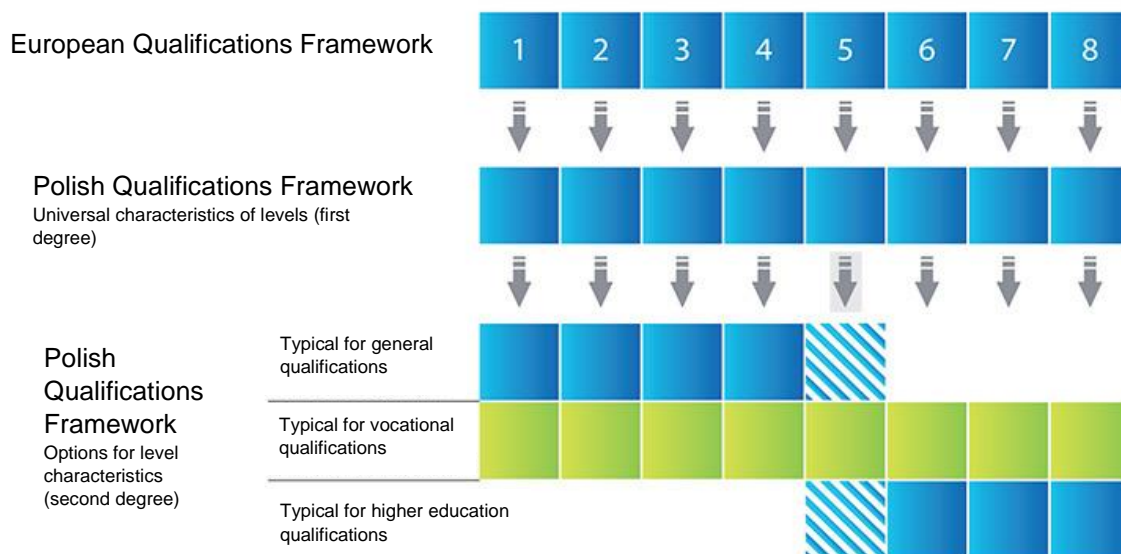
The Polish Qualifications Framework includes:

- universal characteristics (1-8),
- detailed characteristics (which are a refinement of the universal characteristics), divided into:

  - qualifications of general character (1-4),
  - vocational qualifications (1-8),
  - qualifications awarded following a full qualification at level 4 (5),
  - higher education qualifications (6-8).

The characteristics of PQF levels refer to the full spectrum of learning outcomes required for qualifications, i.e. knowledge, skills and social competences.

The Integrated Qualification System, by not creating barriers to any form of education, allows for the ordering, according to a specific methodology, of the various qualifications that can be obtained in Poland.

Thanks to IQS, the possibility to include in the system qualifications functioning on the free market, describing them in the language of learning outcomes and covering them with the principles of validation and quality assurance guaranteed by the state (thanks to the general principles of inclusion and functioning of qualifications in the system) is particularly valuable. The functioning of the IQS should thus encourage lifelong learning and facilitate the development of competencies in line with one's interests or labour market demand.

The Sectoral Qualifications Framework is being developed for those fields of activity where such demand arises. The main idea adopted in developing sectoral frameworks is that the industry creates them for the industry.

In 2019, a draft of the Sectoral Qualifications Framework for the public health sector was produced:

PQF	Public Health
8	8
7	7
6	6
5	5
4	4
3	3
2	2
1	

The Sectoral Competence Council for Health Care and Social Welfare carried out analyses to identify competence deficits among management personnel in healthcare facilities taking into account the new tasks related to the COVID-19 pandemic. The analyses showed that the

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greatest competence deficits among management personnel before and during the pandemic were:

1) insufficient competence in organising their work and that of their subordinate staff;

2) insufficient competencies in research acquisition and its effective use in practice;

3) **insufficient digital skills;**

4) insufficient competence in the knowledge, understanding and proper application of legislation;

5) **insufficient competence in dealing with stress and stressful operating conditions and the proper recognition of stress among employees;**

6) **insufficient competence in crisis management.**

Barriers to training identified by health professionals:

- the price of commercial training,
- difficulties in obtaining leave for training - sometimes this is due to a lack of leave days to be taken and sometimes due to supervisors not agreeing to leave on a particular date,
- the location of the training (additional costs, travel, etc.),
- lack of motivation for training by superiors,
- lack of financial motivation (no raises, promotion, despite the improvement of qualifications),
- lack of training in a specific area of interest.

Training system for health professionals in Poland:

→ compulsory and non-compulsory training,
→ internal and external training,
→ on-site and online training,
→ formal and informal training.

Definition of learning outcomes
Elaboration of most relevant learning outcomes aligned to the national Qualification Frameworks that should be included in the professional course (content, modules, skills, potential duration of the course)

Competence is the ability to undertake specific activities and tasks using learning outcomes and one's own experiences in given circumstances.

Nowadays, competence is recognised as an outcome of the teaching-learning process.

Competence-based education is focused on the learner, his/her abilities and responsibilities.

In this type of education, there is a strong emphasis on preparation for a profession, i.e. the acquisition of knowledge and skills, the building of motivation, and the formation of learners'

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beliefs and attitudes and behaviour to ensure good quality of their work in the future. Competence, the ability to do a certain job, is. Therefore a complex structure made up of numerous and interrelated elements.

In developing a plan for competence-based education, a fundamental question is asked: what should a graduate know and be able to do?

In many countries, competence-based education is displacing traditional teaching, which focuses on the role of the teacher, content delivery, instruction and examinations. The shift in the learning paradigm also applies to education in the health professions.

Key skills in public health

SECTORAL INDICATOR	KNOWLEDGE Knows and understands:	SKILLS Is able to:	SOCIAL COMPETENCES Is willing to:
orientation towards meeting the needs of communities /addressees/target groups by respecting the subjectivity of participants, ethical principles and confidentiality of personal data	health concepts, theories, models ☐ various determinants of health, including cultural ones ☐ mechanisms of health inequalities, manifestations of health inequalities ☐ types of human needs, including health ☐ sources of data and information on the health and social situation of the population ☐ methods of epidemiological and social, quantitative and qualitative research for evaluating the health situation of the population, as well as economic analyses ☐ methods for determining health priorities ☐ the legal context for the implementation of public health interventions ☐ disease surveillance system in Poland	select scientifically and culturally appropriate research methods to analyse the health and social situation ☐ take into account the different preferences of members of a specific community, e.g. regarding needs, methods of communication, etc. ☐ assess the resources of a specific community and use them for intervention ☐ collect data and information, assess the health situation of a specific community, its health needs and explain its determinants ☐ assess the resources of a specific community and use them for intervention ☐ collect data and information, assess the health situation of a specific community, its health needs and explain its determinants ☐ verify the completeness of data on	think critically and systemically about health needs ☐ being objective in assessing health needs ☐ observe respect for the dignity of members of the community ☐ protect the personal data of members of the public, including when collecting and disseminating data and information ☐ ensure the empowerment of, and cooperation with, members of the community ☐ respect ethical standards concerning themselves and the community

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	□ current and preventive sanitary surveillance □ administrative registers and population movement statistics □ existing medical registers in Poland □ additional sources of data on the health, social, environmental etc. situation in Poland, including surveys of opinion polling centres □ system of health care statistics, statistical forms of the Ministry of Health, Health Care Resource Register System, Threat Monitoring System, Integrated System for Monitoring the Turnover of Medicinal Products, Monitoring System for Training of Medical Staff □ IT systems supporting the work of medical entities □ law on medical records and personal data protection	the health situation of a specific population □ identify data and information gaps on the health situation of a specific population □ perform complementary analyses and research for diagnostic purposes □ identify health priorities □ characterise sources/databases of data and information □ gain access to statistical data and information □ use information technology to obtain data on the health and social situation of a specific community □ compare data and information from different sources in terms of the scope of the data and information □ advise different stakeholders on the selection and use of source/databases and information □ report errors and problems in the operation of sources/databases and information to stakeholders	
orientation towards effectiveness, efficiency, sustainability and accountability through planning and evaluation	objectives and methods of health protection, health promotion and disease prevention □ objectives and methods of health education □ concepts, theories, models relating to the origins of or changes in behaviour	develop an intervention scheme, including the definition of aims and objectives, addressees (target groups), success criteria (performance indicators), logic model □ develop a plan to achieve sustainability of the intervention	lifelong learning □ managing the programme or its components □ taking responsibility for actions by carrying out M&E □ disseminate information on the progress and results of

	☐ strategies and methods to address health inequalities ☐ schemes, models for planning public health interventions ☐ risk analysis of interventions ☐ objectives and methods for monitoring and evaluation (M&E) ☐ programme logic model evidence-based public health principles ☐ the evidence base of good practice and recommendations in line with evidence-based public health principles ☐ the public policy development cycle ☐ data versus information ☐ statistical analysis methods, statistical software ☐ data integration issues ☐ bibliographic databases, including full-text databases ☐ foundations of knowledge management in institutions/organisations ☐ management through quality ☐ organisational capacity ☐ purpose, determinants and methods for achieving programme sustainability ☐ decision criteria for continuing programme activities (e.g.	☐ search for and use evidence about the effectiveness of different strategies and methods ☐ assess the risks of interventions and develop responses ☐ develop information and education material and pilot it ☐ monitor the intervention ☐ carry out an evaluation study ☐ collaborate to develop, implement and evaluate interventions ☐ report on the implementation (M&E) of the intervention, communicate (disseminate) it ☐ present data obtained from different sources and databases in descriptive, tabular and graphical form for analyses, reports and scientific studies ☐ carry out basic statistical analyses ☐ exercise caution in the interpretation of data ☐ use bibliographic databases, search by keywords ☐ use good practice databases ☐ prepare reports and reports, communicate them (disseminate) ☐ keep track of changes in information systems ☐ archive data and information ☐ search for additional sources of programme funding ☐	the programme, including the negative aspects negative aspects ☐ seek feedback from stakeholders ☐ modification of activities according to the results of M&E ☐ lifelong learning ☐ taking responsibility for data and information gathering, collection and use ☐ networking and coalition building ☐ to be open to new solutions, methods and tools ☐ to distance oneself from one's own habits, beliefs and patterns of action ☐ think critically, evaluate strategies and working methods, teams and people ☐ aiming for practical effects and benefits for addressees (target groups) and other stakeholders

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	relevance, resources, feasibility, support, outcomes) and selection of priorities ☐ the role of non-professionals in public health ☐ principles of social marketing, information, education and communication	☐ ensure cooperation in the selection of priorities for action to continue ☐ select priorities for continuation according to established criteria, revise the sustainability plan	
Intersectoral and interdisciplinary orientation through cooperation and partnership	principles of group work and communication ☐ the role and principles of leadership ☐ principles of conflict management ☐ principles of community development ☐ principles of healthcare advocacy ☐ principles of cooperation with the media ☐ principles of volunteering ☐ principles of knowledge/information brokerage, including in relations between researchers and politicians ☐ the organisation of the health care system in Poland ☐ principles of HTA ☐ basic functions of public health according to the WHO Regional Office for Europe ☐ international disease and health classification systems ICD-9, ICD-10, ICF ☐ international databases, including WHO, Eurostat, OECD	work in a group, lead a group, build a team ☐ identify and select external partners, including strategic partners from other sectors ☐ establish and maintain effective cooperation with partners and build coalitions ☐ organise public hearings, meetings and other effective forms of information exchange and dialogue ☐ facilitate training and personal development of partners ☐ communicate verbally and in writing with a range of partners, including non-professional audiences ☐ develop a health advocacy plan ☐ draft office correspondence, write reports, minutes, contracts and agreements, write grant applications ☐ provide advice and support in developing sectoral policies, including conducting	personal development ☐ respect for social justice as a value of public health and health promotion ☐ cooperation and coalition building ☐ conflict resolution, negotiation and mediation ☐ respecting ethical norms concerning oneself, the team and the institution/organisation

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	☐ International Health Regulations 2005 ☐ early warning systems for health threats in the EU ☐ multi and transdisciplinary public health	health impact assessments	

To address the competency deficits of management staff identified in the study before and during the COVID-19 pandemic, it is recommended to educate health cadres through appropriately selected and structured training courses to ensure their adequate multidisciplinary development:

II MODULE: work organisation and management

1. Competence to organise their work and that of their subordinates in non-standard conditions, e.g. pandemics:

The organisation of work in remote conditions

→ Protection and confidentiality of personal data in an online working environment

2. Developing crisis management competencies:

→ Mechanisms and sources of emergencies and identifying the need for preventive action
→ Shaping information policy in crisis management
→ Organisational change management in a team
→ Difficult situations - stress and emotions and their impact on team cooperation. Communication in a team under stress and emotions
→ Post-crisis action

3. Developing digital competence through the implementation of new information technologies:
→ Knowledge of new technologies, including in the field of unit management and the field of medical services and the conditions for their implementation in medical entities
→ Learning and operating new information and communication technologies and systems
→ Interpersonal communication in remote conditions with employees
→ TELEMEDICINE

II MODULE: Law and regulation application

1. To develop competence in the knowledge, understanding and proper application of legislation:

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→ Understanding of standards and the consequences of their application
→ Knowledge of system institutions and their powers
→ Knowledge of standards of organisational and managerial conduct and the consequences of their application
→ Ability to properly prioritise issued administrative decisions and regulations
→ Ability to implement standards of conduct issued by various system institutions
→ Law in crisis management situations

III MODULE: Making use of scientific achievements, exchange of experience

1. Competence in the skilful acquisition of scientific research and its effective use in practice:
→ Knowledge of issues with European strategy and the direction of scientific research
→ The utilisation of scientific achievements in the treatment process and unusual situations, e.g. pandemics
→ Ability to search for new solutions and implement them in their unit

IV MODULE: Soft competences

1. Developing competencies in coping with stress and stressful operating conditions and the correct recognition of stress among staff in epidemiological and other emergencies

→ Effective management of personal energy (especially the ability to relieve tension in a healthy way and to regenerate the body effectively)
→ Effective management of stress, own and subordinate employee tension
→ Work-life balance, i.e. balance between work and non-work activities
→ Appropriate attitude to work - healthy detachment and health care for oneself and subordinates
→ Use of psychological and emotional support.

National best practices
Study on best practices and quality VET Programmes at the national level

The offer of lifelong learning is relatively broad, responding to a large extent to existing needs but not to existing challenges, especially those related to the new, unprecedented situation of operating under the conditions of the COVID-19 pandemic. The available postgraduate studies and training courses focus on supplementing knowledge and skills in the broad area of health care management. A significant barrier to the use of training or courses is their cost and excessive duration, as well as their lack of focus on a specific problem that is important at the time.

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The most convenient form of training is online training through e-learning platforms. Employees can take advantage of training at a time of their choosing without incurring costs related to travel or accommodation. Often, such training is also free of charge.

At the moment, there are e-learning platforms owned by specific medical entities (dedicated only to the employees of this entity) and platforms available to the general public, e.g. https://cez.gov.pl/, https://akademia.nfz.gov.pl.

The platforms allow employers to train new medical staff (mandatory training, induction, applicable procedures, service quality standards, etc.) and continuously re-train their employees. The form allows the employee to choose a convenient training time. In turn, the employer allows to monitor the employee and check his/her acquired knowledge (the employee is obliged to take follow-up tests within a certain period).

It appears to be the most accessible and cheapest form of training at this time. However, it is no substitute for traditional training and interpersonal contacts, which bring about an exchange of experience and new professional contacts. Online training also does not have as good an effect when it comes to so-called soft skills, interpersonal contacts, etc.

The best form would be a combination of e-learning and classroom training.

Great opportunities to create a system of training for personnel in health care, both medical and non-medical, have been provided by EU-funded programmes.

Not all employers are willing to fund staff training, especially as the health service has been underfunded for years. Thanks to funding from the EU dedicated to training, many units have created e-learning platforms that they use to train employees, and many employees have taken part in training funded by EU funds.

This is a very good solution to seek external funding for training for their employees.

It should be mentioned that training courses that were funded by the EU had to meet certain conditions, such as the programme had to guarantee the acquisition of competencies by the participants. Meeting the conditions for funding was guaranteed by the quality of the training.

Summary and suggestions
Proposals on the structure of the course (content, modules, learning outcomes, skills, potential duration of the course)

Recommended topics for training courses for representatives of the management staff of medical entities:

MODUL I: organisation of work and management

MODULE II: law and enforcement

MODULE III: exploitation of scientific achievements, exchange of experience

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MODULE IV: Soft competencies

Training should include content that best prepares staff for healthcare management. It should be a comprehensive preparation, both in the work organisation, implementation of standards and team management, skills in applying and interpreting regulations, and digital competences, which are the basis for effective work nowadays. Training should also shape managerial attitudes, resilience to stress and the ability to work in crisis conditions. The ability to search for scientific achievements and good practices and learn from the experience of others is also very important. In difficult times, i.e. pandemic periods, good work organisation and trained staff can save the health and lives of many patients.

Staff consider training and courses, as well as conferences and seminars, to be the most effective forms of upskilling. Research indicates a preference among medical staff for shorter forms of upskilling activities. In the case of training relating to theory, remote synchronous classes in real-time or e-learning platforms with 24 hours per day access are proposed. This is convenient for employees who work in shifts, as most healthcare professionals do. Practical training is always preferred to be done on-site. An additional advantage of practical training in face-to-face mode is the exchange of experience between participants and the establishment of valuable professional contacts.

Prepared by Małgorzata Szostkiewicz

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