Rehabilitation 2030

World Health Organization

NATIONAL REHABILITATION WORKFORCE IN POLAND

CONCEPT NOTE

Background and rationale

The rehabilitation workforce is a diverse composition of cadres and specializations that provide interventions that optimize functioning and reduce disability. They are essential to attaining Universal Health Coverage (UHC), maximizing health outcomes, and supporting those with health conditions or experiencing limitations in functioning associated with aging, to participate in education, work, and other life roles1. As part of the health workforce, rehabilitation workers play a central role in the health system; they strongly impact the quality and effectiveness of care and drive demand for services2. To be truly effective and responsive, health systems require the appropriate number and mix of rehabilitation workers determined by population needs. In turn, calls for adequate investment in educating and supporting rehabilitation workers, ensuring their absorption and retention in the labor market, and cultivating working conditions that motivate high performance[3-7].

For many years, rehabilitation in Poland was delivered by medical doctors ordering services that were performed by other rehabilitation professionals. An individual approach to the patient was not common and rehabilitation professionals were poor recognized and integrated in healthcare; they were not independent, did not keep medical records, and were invisible in the healthcare system. Furthermore, with no professional regulation, anyone could call themselves a rehabilitation professional.

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[1] World Health Organization. Rehabilitation in Health Systems. Geneva 2016.

[2] Araujo EC, Evans TG, Maeda A. Using economic analysis in health workforce policy-making. Oxford Review Of Economic Policy. 2016;32(1):41-63.

[3] Asamani JA, Amertil NP, Ismaila H, Akugri FA, Nabyonga-Orem J. The imperative of evidence-based health workforce planning and implementation: lessons from nurses and midwives unemployment crisis in Ghana. Human Resources for Health. 2020;18(1):16.

[4] Crettenden IF, McCarty MV, Fenech BJ, Heywood T, Taitz MC, Tudman S. How evidence-based workforce planning in Australia is informing policy development in the retention and distribution of the health workforce. Human Resources for Health. 2014;12(1):7.

[5] Fieno JV, Dambisya YM, George G, Benson K. A political economy analysis of human resources for health (HRH) in Africa. Human Resources for Health. 2016;14(1).

[6] Joint Action Health Workforce Programming & Forecasting. Handbook on Health Workforce Planning Methodologies across EU Countries. Annalisa Malgieri PM, Michel Van Hoegaerden, editor. Bratislava: Ministry of Health of the Slovak Republic; 2015.

[7] Liu JX, Goryakin Y, Maeda A, Bruckner T, Scheffler R. Global Health Workforce Labor Market Projections for 2030. Human Resources for Health. 2017;15(1):11.

In 2015, the Polish government passed the Act on the profession of physiotherapy and a year later established professional self-governance. Thanks to these changes, the verification process was carried out, and to practice, a license is necessary according to the formal criteria specified in the Act. Also currently unified is the Curricula. Today in Poland, the title and functions of the physiotherapists are legally defined and are legally responsible for professional activities. Psychologists are at an advanced stage of regulating their profession. While occupational therapists, speech therapists, prosthetics, and orthotics remain partially associated without uniform competency standards and legal regulations. Over the last few years, there have been several changes defining the rehabilitation workforce in Poland. Today, we note an increase in the awareness of rehabilitation in society, increased patients' confidence, and increased use of rehabilitation services.

The system of pricing rehabilitation services in public health care remains a challenge, given it is based on the number of ICD-9 procedures performed, not on the working time and effectiveness of the services provided in accordance with the current functional needs of the patient. Poland sees many rehabilitation professionals move to the private sector, which threatens the availability and quality of services in the public, reimbursed sector. The rehabilitation workforce in Poland is undergoing reform, so it is an excellent time to conduct an evaluation, especially in the context of changes taking place over the last few years. Workforce evaluation will also enable stakeholders to foresee future needs for the rehabilitation service and reveal possibilities for task-sharing.

Robust evaluation and planning underpin workforce strengthening by providing pivotal information and recommendations that ensure efforts are targeted at the right problems and are suitable to the context. The National Rehabilitation Workforce Evaluation in Poland will draw on labor market analysis and competency-based approaches to generate granular data on the rehabilitation workforce's need, supply, demand, absorption, and the extent of care provided. It will bring together rehabilitation workforce stakeholders to uncover opportunities for expansion and growth by identifying feasible, acceptable, sustainable, and effective actions.

Objectives

The National Rehabilitation Workforce Evaluation in Poland will:

1. Ascertain the state of the rehabilitation workforce in Poland, including its strengths and weaknesses.
2. Identify recommendations for strengthening the rehabilitation workforce considering Poland's health system and the current socio-political context.
3. Establish an operation plan for implementing the recommendations and actions in Poland.

Methodology

The National Rehabilitation Workforce Evaluation will use the World Health Organization (WHO) Guide for Rehabilitation Workforce Evaluation (GROWE) methodology and tools. As seen in figure 1, GROWE involves four key phases:

1. Evaluation
2. Data validation

3. Establishing conclusions and recommendations
4. Planning and implementation

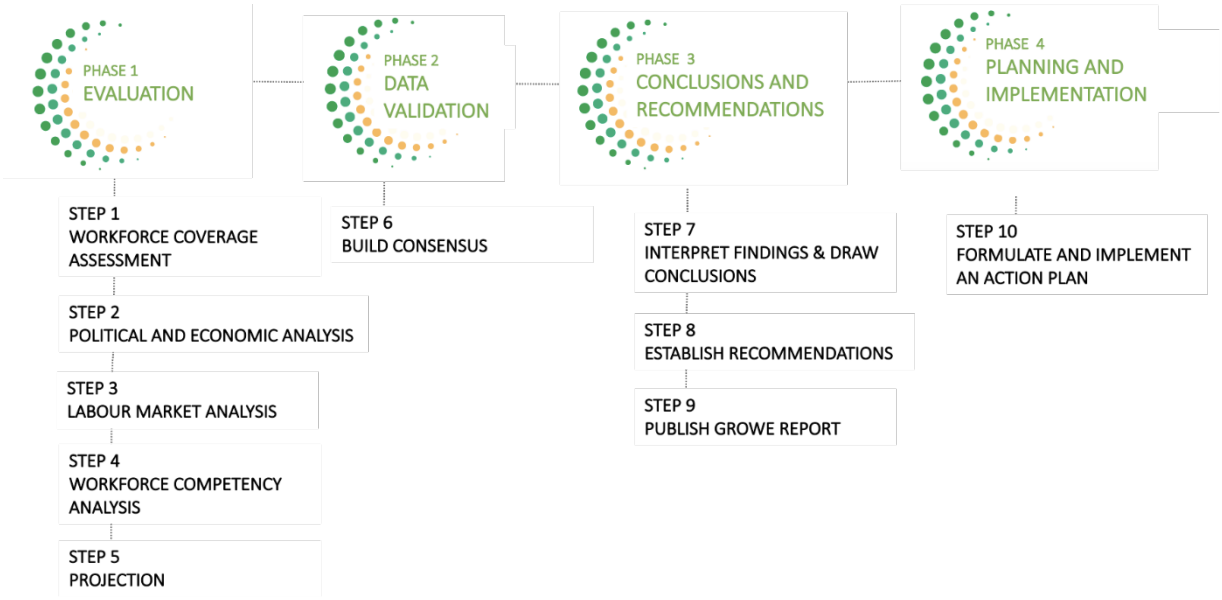

Figure 1. Overview of the GROWE process

Who is involved?

The Polish Chamber of Physiotherapists (KIF), in collaboration with WHO, has started The National Rehabilitation Workforce Evaluation in Poland. While co-led by the KIF, GROWE will look holistically at all rehabilitation professional groups.

Under the direction of WHO, a GROWE project officer carries out the implementation and leads the data collection and analysis process through the evaluation process. The project officer liaises and works with the Rehabilitation Workforce Task Team formed by a representative group of rehabilitation professionals. The Rehabilitation Workforce Task Team contributes to data collection, consensus building, data validation, and forming conclusions and recommendations. Beyond the evaluation, the Rehabilitation Workforce Task Team would be key to successfully implementing identified actions.

The GROWE project officer also liaises with the relevant national stakeholders to conduct the project and collect the data. Other rehabilitation stakeholders engage in the evaluation, including representatives from the government (Ministries of Health, Labour and Education), WHO at the local level, regulatory bodies, and education institutions. These stakeholders participate in workshops (see below), assist with identifying data, and participate in the process of drawing conclusions and forming recommendations. Many of these stakeholders will also be critical to the successful implementation of identified actions.

How is GROWE conducted?

GROWE uses a combination of desk-based data collection, group exercises, key informant interviews, and workshops. The workshops, held at the start and conclusion of the process, convene the Rehabilitation Workforce Task Team and other stakeholders to introduce them to the process (first workshop) and then validate the data, draw conclusions, and establish recommendations (second workshop). These workshops will be virtual. A final workshop aims to construct an action plan for the implementation of the recommendations.

The findings of the evaluation, the resulting conclusions, and recommendations will be published in a comprehensive report.

Outputs

1. The establishment of a **Poland Rehabilitation Workforce Task Team (RWTT)** representing key rehabilitation stakeholders.
2. The creation of a comprehensive **rehabilitation workforce report** that presents acceptable, feasible, and high impact recommendations for strengthening the rehabilitation workforce.
3. A national r**ehabilitation workforce action plan** to implement the recommendations of the evaluation report.
4. A sound **baseline of rehabilitation workforce data** to guide progress towards identified objectives.

Scope

- Physiotherapists and rehabilitation medicine doctors will be involved in the evaluation process. Due to the regulation of the professions, the data will be available. Due to the dispersion of the professional group of clinical psychologists and occupational therapists, speech and language therapists, and prosthetics and orthotics, these cadres may not be fully evaluated. However, the GROWE process will include them.
- The evaluation will concern the whole country.

Timeline

The evaluation is virtual.

Table 1. Key milestones

Milestone	Estimated timeline
First stakeholder workshop held	21 September 2021
Evaluation completed	November 2021
Second workshop held	November 2021
Report drafted	December 2021
Report endorsed by stakeholders	January 2022
Third workshop held	January 2022
Action plan formulated	February 2022

Resource requirements

No special resources are required to implement the evaluation.

For further information, please contact:

WHO Rehabilitation Programme

rehabilitation@who.int

World Health Organization