

POLAND REHABILITATION WORKFORCE TASK TEAM

TERMS OF REFERENCE

A decorative graphic on the right side of the page consisting of a cluster of colored dots in shades of green, yellow, and orange, arranged in a roughly circular pattern.

Purpose

The Poland Rehabilitation Workforce Task Team supports the national rehabilitation workforce evaluation through contributing to data collection, consensus-building exercises, and decision making under the leadership of the GROWE project officer.

Background

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 performance³⁻⁷.

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.

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 poorly 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.

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. The curricula were also unified. Today in Poland, the title and functions of the physiotherapists are legally defined and they are legally responsible for professional activities. Psychologists are at an advanced stage of regulating their profession, while occupational therapists, speech therapists, and 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, and increased patient confidence and use of rehabilitation services.

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.

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.

Composition

The Rehabilitation Workforce Task Team will be composed of representatives of the following professions:

- Physiotherapy
- Occupational therapy
- Speech and language therapy
- Prosthetics and orthotics
- Clinical psychology
- Physical and rehabilitation medicine
- Academic institutions

Activities

- Participate in a series of virtual GROWE workshops.
- Work with a sub-group to undertake profession-specific analysis exercises, including:
 - Completing GROWE Rehabilitation workforce coverage assessment
 - Completing the GROWE rehabilitation needs analysis
 - Completing the GROWE competency analysis
- Provide information, as able and when requested, to the GROWE project officer to assist with the evaluation. This may involve email correspondence and/or interviews.
- Assist with communicating and promoting the results of the evaluation and actions relevant to different stakeholders.

Timeline

The Poland Rehabilitation Workforce Task Team will be engaged in the national rehabilitation workforce evaluation through the period September 2021-February 2022. Key dates (to be confirmed) include:

Event	Estimated date	Format/location
First stakeholder workshop	21 September 2021	Virtual meeting (2 hours)
Completion of coverage assessment	September 2021	Virtual (2-3 hours)
Completion of rehabilitation needs estimation	September/October 2021	Virtual (2 hours)
Completion of competency analysis	September/October 2021	Virtual (2-3 hours)
Second workshop	November 2021	Virtual meeting (2 hours)
Report review	December 2021	Independent
Third workshop - TBC	January 2022	Virtual meeting (2 hours)
Action plan formulated	February 2022	

Estimated time required

Equivalent to six days over a period of six months (September 2021-February 2022).

Remuneration and Acknowledgment

There is no remuneration for Members for their participation in the Rehabilitation Workforce Task Team. However, their contributions will be acknowledged in the Rehabilitation Workforce Report.

For further information, please contact: WHO
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