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VIEWS & REVIEWS

PERSONAL VIEW

Back to red: allowing specialists to provide primary care would be a step backward for Poland

Proposed legislative changes would return the country to the flawed communist model, says **Tomasz Tomasik**, with paediatricians and internists offering primary healthcare

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Poland is making an important decision about the future of primary healthcare (PHC) in the country—not on the basis of evidence but rather opinions, prejudices, and stereotypes.

At the end of 2013, the health minister, Bartosz Arłukowicz, proposed legal amendments that would allow specialists in internal diseases and paediatrics to work in the national health system as primary care physicians.[1] Parliament's lower house approved these amendments on 21 March 2014 and the upper house on 10 April. The president, Bronisław Komorowski, is now considering the adoption of the new law. If passed, it will return Polish primary care to the communist model of two decades ago, which Russia and Belarus still use.[2]

The College of Family Physicians, of which I am president, and two associations of primary care providers (the Health Care Employers' Federation and the Employers' Association) disagree with this move because, as the college has argued, such specialists "are not prepared to guarantee comprehensive, complex and coordinated care for patient, family and community."[3] Rather, they "provide episodic treatment and are responsible for hospital care, especially in the acute phase of illness."

The wholesale introduction of paediatricians and internists into primary care may well result in more referrals to specialists because they provide a narrow range of services and do not have competencies in areas such as women's health, mental health, or minor surgery.

Others agree with us. The Parliamentary Bureau of Analysis, which is independent from the government, stated that the proposals threaten to "destroy the existing system . . . introducing uncertainty about the possibility of access and the scope of services . . . These solutions are in conflict with the principle of PHC."[4]

European Directive 2005/36/EC, which deals with recognition of professional qualifications, requires general practitioners to have obtained a higher postgraduate qualification followed by specific training in general practice for at least six months.[5]

Polish paediatricians and internists do not spend a single day in a primary care setting during their postgraduate education.

However, the legal opinion of the Parliamentary Bureau of Analysis is that, "The term primary care physician is broader than the term GP . . . it is a collective concept that can combine . . . doctors with very different medical specialties."[6]

Laws introduced in 2007 allow two groups of doctors to provide primary care in Poland: doctors who have specialised in family medicine (equivalent to general practitioners), and professionals with "acquired rights." This second group includes specialist physicians who qualified in internal medicine or paediatrics before 2007, or those who had, in 2007, been providing primary care for at least 10 years, regardless of specialty. Other physicians should complete vocational training in family medicine before the end of 2017.

No comprehensive evaluation of the supply and demand of primary care doctors has ever been published. Based mainly on grey literature, I estimate that in 2013 of the 25 000 doctors providing primary care 8 000 were family physicians, 7300 were internists, and 5100 were paediatricians; the rest were other specialists. The average number of patients on a doctor's list was 1423. In the same year, about 50 family doctors applied for a certificate demonstrating recognition of qualification received in other countries.[7]

The health minister has presented the following arguments to justify the changes. Firstly, paediatricians are well prepared to provide primary care for children. Secondly, the incorporation of paediatricians and internists will result in better access to the services provided by these specialists. Finally, patients will have the opportunity to choose which specialists will care for them.[8]

The Polish Society of Internal Medicine, the Polish Paediatric Society, and the Polish Chamber of Physicians lobbied to support the changes. They argued that it is becoming more and more difficult for individual doctors to maintain competencies in the care of both children and adults.

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According to the specialist groups, primary care will become "partially specialist care," and specialists should receive additional funding for the primary care they give. The changes, they claim, will result in a more efficient use of resources.[9] Moreover, there is concern that changes in vocational training in Poland and the introduction of new subspecialties (such as paediatric pulmonology, endocrinology, and diabetology) may cause fewer graduates to choose paediatrics or internal disease as their specialty. This may result in a lack of hospital residents, and a decrease in the standing of these disciplines. The possibility of working in primary care might partly counteract this, the specialists say.[10]

Poland's ageing population has ever greater numbers of chronically ill patients with multiple diseases and complex problems, who depend on strong primary care.[11] Poland has the fewest practicing physicians in the European Union (2.2 per 1000 people),[12] and the wait for specialist consultations is among the longest. The introduction of specialists into primary care will do nothing to improve this.

Parliament has passed the law, and the decision now rests with the president, who has the power not to accept parliamentary acts. In the coming weeks he will decide whether Polish primary care should align with the health needs of patients—or those of healthcare professionals. Let's hope it is the former.

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