

# Improving access to medicines in primary care: nurse prescribing in Poland

This case study is part of a series of case studies looking at how Member States are developing new roles for nurses working in primary care in order to address changing population health needs. The case studies are intended to inspire and support policy-makers, instructors, managers and clinicians to recognize and strengthen the contributions of nurses in strengthening health systems.

## OVERVIEW:

The year 2016 witnessed the introduction of nurse prescribing in Poland. The purpose of the implemented changes was to improve patient care by reducing interruptions in treatment, reducing duplication of treatment, increasing accessibility for patients and improving health system performance.

## Health challenges

Poland has comparatively high hospitalization rates for chronic conditions such as respiratory diseases, diabetes and congestive heart failure. These diseases should be considered manageable within primary health care, thus suggesting the ineffectiveness of some services within the sector.

## Primary care context

Primary health care services are provided in a mix of solo practices staffed by general practitioners (GPs) and nurses, but primary health care is increasingly organized in group practices. The GPs or the practices in which they work must have a contract with the national health insurance fund. These group practices include physicians of different specialties, mainly family medicine specialists, but also internists and paediatricians. The primary health care team also includes nurses, midwives and other health-care professionals with varying levels of experience.

## Key policies that support nursing

Reforms in the past 13 years have encouraged the development of nursing, with the goal of improving patient care. This has been an ongoing process during the past two decades.

**Decentralization.** Since 1999, Poland has undertaken significant health system changes, decentralizing social health insurance and replacing its previously tax-funded national health service and creating regional insurance funds. These municipal regions have responsibility for public service delivery, health promotion and delivery.

**Upgrading nursing education.** Nursing standards have improved, with the level of basic training being raised to bachelor and master degree levels and with the introduction of nursing specialties, including community nursing in the late 1990s. The goal has been to transform nursing and midwifery education to a system comparable with other European

Union professional qualifications and to obtain recognition of the professions across the region.

**Act on the Professions of Nurse and Midwife.** In 2016, Article 15a of Act on the Professions of Nurse and Midwife took an important step was taken in improving the function of nurses in the health-care system, enabling patients' access to health services and strengthening the position of nurses and midwives. The act enables the Minister of Health to exercise new powers to the professions. One such measure taken in 2016 was to grant nurses the ability to prescribe.

**National strategy on developing nursing and midwifery.** In 2017 the Minister of Health introduced a new team responsible for developing a national strategy on developing nursing and midwifery in Poland. The Strategy to address challenges within the professions and for the Development of the Nursing and Midwifery Sector in Poland was approved by the Minister of Health and has become an important tool promoting long-term support for nurses. The strategy clearly articulates the role of nurses in the health-care system.

The strategy has also resulted in the development of organizational standards specifying the role and professional competencies of a nurse and midwife in specific types of health-care services or specific areas of specialization of nurses and midwives.

### Primary health care act includes nurses.

Primary health care policy development is at the forefront of health planning within Poland. The commitment to primary health care has been marked by the introduction of the primary health care act in 2018. This act outlined changes to the model for primary health care services so that they consist of physician-led multidisciplinary teams consisting of physicians, nurses and midwives.

For example, according to Article 7 of the Act on Primary Health Care, the primary health care nurse is a nurse who must sign

a contract directly with the National Health Fund or works with a service that has such a contract. The primary health care nurse must also satisfy one of the following five criteria:

- has the title of specialist in the field of family nursing;
- completed a qualification course in the field of family nursing;
- underwent specialist training in the field of family nursing;
- took a qualification course in the field of nursing family; or
- has a professional title of master of nursing

The primary health care nurse may also be a nurse who either has completed a specialization or a qualification course in one or more of the following fields:

- paediatrics,
- public health,
- community and family nursing,
- chronic illness and disabilities,
- long-term care,
- occupational health,
- health promotion and health education

## Box 1

Core tasks for nurses authorised to prescribe

- Order and administer medicines containing certain active substances (except for medications with high potency, intoxicants or psychotropic properties) as well as nutritional foodstuffs, currently with over 30 available to prescribe
- Order repeat prescriptions as prescribed already by the physician
- Order specific medical devices such as diagnostic equipment, blood glucose monitoring or dressings
- Referral for diagnostic tests
- Giving patients a comprehensive medical examination before prescribing medications

## A new role for nursing

In 2016, nurses were granted the authority to prescribe medication (see Resource toolkit) under certain conditions (Box 1).

There are numerous reasons for granting prescriptive authority. Research suggests this ability to do this not only facilitates the

holistic continuity of care for patients but also enhances early diagnosis, avoids the need to wait for consultation with a physician and reduces unplanned hospital admissions. This is in the spirit of a patient-focused health-care system. In doing this, Poland has joined countries in which the prescription of medicines by nurses has increased patients' access to timely and more effective medication management.

## Implementation

**Selection of candidates.** Professional authorization of nurse and midwife prescribing requires specific professional qualifications as conferred in Article 15a of the Act on the Professions of Nurse and Midwife, which states that nurses can prescribe if they have completed a specialized course in prescribing medicines and writing prescriptions in addition to having:

- a diploma certifying graduation from master-level studies in nursing or midwifery (for prescribing medicines independently);
- a diploma certifying graduation from first-cycle studies in nursing or midwifery (for prescribing as a follow-up on the physician's instructions); or
- a title of a specialist in nursing

As of 2016, nurse prescribing was incorporated into every initial nursing and midwife programme, with the plan to allow all nurses graduating with a bachelor of nursing degree to prescribe a predetermined list of medications. The regulation of the Minister of Health of 18 January 2018 includes the list of medications nurses are allowed to prescribe in Poland (see Resources box). This list also includes diagnostic tests and equipment.

**Progress.** Since 2016, 10 287 nurses and 4799 midwives have completed the training enabling them to prescribe. By December 2018, nurses and midwives had independently issued 2538 prescriptions and authorized the continuation of 363 288 previous prescriptions. Most of these prescriptions have been for medications and equipment related to noncommunicable diseases, dressings and breast-milk substitutes for children.

Further actions comprise implementing electronic patient records in primary health care and improving electronic prescriptions. The implementation of the International Classification for Nursing Practice (ICNP®) will provide the widest range of patients' medical data, enabling safe (real-time) decisions regarding patient care.

## Important governance structures

**Department of Nursing and Midwifery at the Ministry of Health.** There is devoted leadership at the Department of Nursing

and Midwifery at the Ministry of Health, and several nurses have high-ranking ministerial roles. The Department was established in 2006. The key tasks and responsibilities that have been key for advancing nurse prescribing roles include working with nursing stakeholders, including undergraduate and postgraduate education stakeholders, accreditation councils, associations, unions, and the postgraduate training centre.

The department offers opportunities to give nurses a voice in decisions related to designing and reorganizing services delivery. These officials have easy access to the media and manage messaging about the important role of nurses. This has enabled government to promote reforms related to nursing training and care.

**European Union Structural Funds.** The Ministry of Health, as part of the New Perspective 2014–2020 Programme in conjunction with the European Union, secured €12 million, also for postgraduate training for nurses and midwives facilitating programmes such as nurse and midwife prescribers.

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**Collegiality between GPs and nurses.** Since the role was introduced, research suggests that many physicians, particularly in primary health care, advocate the positive aspects and the need for nurse and midwife prescribing in primary health care. Although not everyone has embraced these changes, with some physicians sceptical about the abilities of nurses and midwives, international evidence has shown the contrary.

**Communication.** There have been information campaigns informing the public about nurse prescribing role. The public was very enthusiastic about it. The most important was shortening the waiting time for the visit and continuity of treatment.

## Online health information rights and responsibilities

[Regulation of the Minister of Health of 13 April 2018 on Prescription.] Warsaw: Chancellery of the Sejm; 2018 (<http://prawo.sejm.gov.pl/isap.nsf/DocDetails.xsp?id=WDU20180000745&-fbclid=IwAR1A-bUkzG8gYLfbDr26tsmer-6CEG2O7rejRb1dWVIURb0CQkDLQcEPPTfc>)

## Resource toolkit:

### For policy-makers

- [Strategy for development – nursing and midwifery in Poland.] Warsaw: Naczelnej Izby Pielęgniarek i Położnych; 2017 ([https://nipip.pl/wp-content/uploads/2018/01/dokument\\_strategia-rozwoju-pielęgniarsstwa-i-poloznictwa-w-polsce\\_do-wyslania.pdf](https://nipip.pl/wp-content/uploads/2018/01/dokument_strategia-rozwoju-pielęgniarsstwa-i-poloznictwa-w-polsce_do-wyslania.pdf))
- [Act on Primary Health Care.] Warsaw: Chancellery of the Sejm; 2017 (<http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20190000357/U/D20190357Lj.pdf>).
- [Act on the Professions of Nurse and Midwife.] Chancellery of the Sejm, 2011 (<http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20111741039/U/D20111039Lj.pdf>)
- [National Strategic Framework: policy paper for health protection for the years 2014–2020.] Warsaw: Ministry of Health; 2015 ([http://www.zdrowie.gov.pl/uploads/pub/pages/page\\_846/text\\_images/Krajowe%20ramy%20strategiczne%20www.pdf](http://www.zdrowie.gov.pl/uploads/pub/pages/page_846/text_images/Krajowe%20ramy%20strategiczne%20www.pdf)).

### For managers

- [List of medications, diagnostic tests and equipment that nurses are allowed to prescribe.] Warsaw: Ministry of Health; 2019 (<http://prawo.sejm.gov.pl/isap.nsf/download.xsp/WDU20180000299/O/D20180299.pdf>).
- Ministry of Health, 2018. [On the list of active substances contained in medicines, food for special purposes nutrition and medical devices prescribed by nurses and midwives, and a list of diagnostic tests that can be referred by nurses and midwives.] Warsaw: Ministry of Health; 2019.

### For clinicians

- [ePrescription database.] Warsaw: National Centre for Health Information Systems; 2015 (<https://www.csioz.gov.pl/e-zdrowie-p1/e-recepta>).
- E-health record platform for patients: <https://www.pacjent.gov.pl/internetowe-konto-pacjenta/erecepta> E-health record platform for patients: <https://www.pacjent.gov.pl/internetowe-konto-pacjenta/erecepta>