



OGÓLNOPOLSKI
ZWIĄZEK ZAWODOWY
LEKARZY

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The period from June to September 2026 in Polish healthcare was marked by fierce disputes, scandals, and hasty legislative reactions from the government and the Ministry of Health.

1. Amendments to the Act on the Professions of Physician and Dentist

In June 2026, the Ministry of Health submitted a draft amendment to the Act on the Professions of Physician and Dentist for public consultation. This draft triggered a wave of outrage and strong protests from the medical community.

The most criticized and harmful provisions included:

- **Blocking the ability to change residency locations:** The bill makes it impossible to change the training institution while retaining the residency placement. This leaves young doctors trapped in facilities—even in cases involving mobbing, irregularities, or inadequate training quality.
- **Dependence on residency directors and lifetime bans:** The draft introduced an unappealable negative assessment of a resident's aptitude, issued at the discretion of the residency director. Receiving such an assessment carries a lifetime ban from reapplying in that specialty.
- **Shortening the postgraduate internship to 6 months:** Reducing the internship from 13 to 6 months—justified by cost savings and faster workforce deployment—was viewed as a threat to patient safety given the lack of practical training during university studies.
- **Harsh conditions for doctor-mothers:** The exemption from having to make up for unworked call shifts following maternity-related leave was abolished.

2. The South Hospital (*Szpital Południowy*) Scandal in Warsaw

In late June 2026, one of the biggest scandals in Warsaw's healthcare system erupted following investigative media reports and whistleblower disclosures.

- **Absurd compensation and abuses:** Revelations exposed the inner workings of South Hospital, where an unspecialized doctor under the age of 30 (Dawid Kacprzyk, serving as Emergency Department coordinator and a local KO district councilor) earned approximately 1.6 million PLN in a single year—largely through fictitious or unverified logging of shift hours (including record-breaking shifts exceeding 100 consecutive hours).

- **Care allegations and favoritism:** Media coverage brought to light allegations of medical errors resulting in patient deaths due to a lack of senior medical supervision, as well as VIP treatment allowing politicians to bypass waiting queues.
- **Law enforcement intervention:** The Regional Prosecutor's Office in Warsaw and the District Prosecutor's Office in Warsaw-Ursynów launched formal investigations into financial fraud, abuse of authority, and documentation tampering.

3. Legal Acts and Actions Implemented in Response

In response to public outrage and the systemic vulnerabilities exposed by the South Hospital scandal, the government and Ministry of Health introduced rapid legislative and oversight measures:

1. Anti-Pathology Legislative Package (adopted by the Council of Ministers on September 22, 2026):

- **Capping doctor compensation:** An upper limit was set on gross earnings for contract doctors in public healthcare (capped at approximately 76,000 PLN gross per month), alongside a restriction limiting work to a maximum of two full-time positions/contracts.
- **Transparency in medical appointments:** Increased transparency and the elimination of arbitrary decision-making when filling leadership positions across hospital departments.

2. Mandatory tracking of actual work schedules:

- Effective November 1, 2026, a regulation requires hospital directors to record and transmit actual staff work schedules to the National Health Fund (NFZ) to eliminate "ghost shifts" and prevent doctors from logging attendance in multiple locations at once.

3. NFZ and Ministry of Health Audits:

- Nationwide audits were launched to review shift billing and contract records across Polish hospitals covering the period from July 2025 to May 2026.

4. New shift organization rules (from July 1, 2026):

- An amendment to the guaranteed health services regulation lifted the requirement for weekend doctor shifts in elective/planned inpatient units when no patients are admitted (emergency departments and trauma centers remain excluded from this relaxation).

5. Accelerated Central e-Registration Rollout:

- Enactment of rules enforcing full integration of healthcare facilities into the central e-Registration system (eventually covering 40 specialized services) to prevent queue manipulation and bypasses.