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In 2026, the Polish healthcare system is under significant pressure. The challenges are financial, workforce-related, and organizational. Recent regulatory changes have further intensified the situation. They directly affect healthcare institutions and daily medical practice.

This report presents three key issues: salary increases, systemic deterioration, and the introduction of automatic reimbursement.

1. Salary increases in July 2026

Statutory salary increases come into effect on July 1, 2026. They result from the Act on minimum salaries in healthcare. The mechanism is based on annual indexation linked to the average national wage.

In practice, this represents automatic wage adjustment rather than a meaningful incentive to attract and retain medical professionals. In 2026, salaries increase by approximately **8.8%**. The minimum base salary for a specialist physician is about **PLN 12,910 gross**, and for a non-specialist about **PLN 10,595 gross**.

These increases are predictable and systemic, but relatively limited in scale. They do not fully compensate for increasing workload and responsibility. As a result, their impact on workforce retention and migration remains modest. At the same time, they generate significant additional costs for the healthcare system.

2. Systemic collapse of healthcare

The second major issue is the ongoing deterioration of the healthcare system. It has both financial and workforce dimensions. A key factor is the condition of the National Health Fund, which finances most healthcare services in Poland.

In 2026, the funding gap is estimated at approximately **PLN 18–23 billion**. This represents a significant mismatch between available resources and actual costs of care. Hospitals also provide services beyond contracted limits. These “overperformances” reach several billion PLN annually and are not always fully reimbursed.

As a result, many institutions face growing debt and limited financial liquidity. With rising costs, including salaries, the risk of further instability increases. There are growing concerns about the **loss of liquidity and potential insolvency of county hospitals**, particularly in smaller regions.

At the same time, there is a persistent shortage of healthcare professionals. Poland has one of the lowest numbers of physicians and nurses per capita in the European Union. The population is aging, and demand for healthcare services continues to rise. Waiting times are increasing, and medical staff are heavily burdened. Burnout is becoming increasingly widespread.

3. Automatic reimbursement

The third key issue is the introduction of **automatic reimbursement**, which changes the process of prescribing reimbursed medications. In the new model, an IT system automatically assigns the reimbursement level based on patient data such as age, eligibility, and diagnosis.

This change reduces the risk of formal errors and lowers the administrative burden on physicians. For many years, this had been a significant issue in clinical practice. The prescribing process becomes more standardized and efficient.

However, new challenges emerge. The system depends on data accuracy and algorithmic processes. Errors may be less visible and harder to detect. Physicians remain responsible for clinical decisions but have less control over reimbursement levels. This may limit flexibility in treatment and affect patient access to certain therapies.

Conclusion

The Polish healthcare system in 2026 is in a challenging situation. Costs are rising, and structural problems are deepening. The deficit of the National Health Fund, statutory wage mechanisms, and regulatory changes increase pressure on the system. Without comprehensive reforms, access to care and quality of services may continue to decline.