EUROPEAN COUNTRIES CONSULTATION:

Anchoring EUCCC Certification in National Realities

WP5 – Inclusion, Certification and Adherence to EUCCC Certification

POLAND COUNTRY PROFILE

EU net CCC

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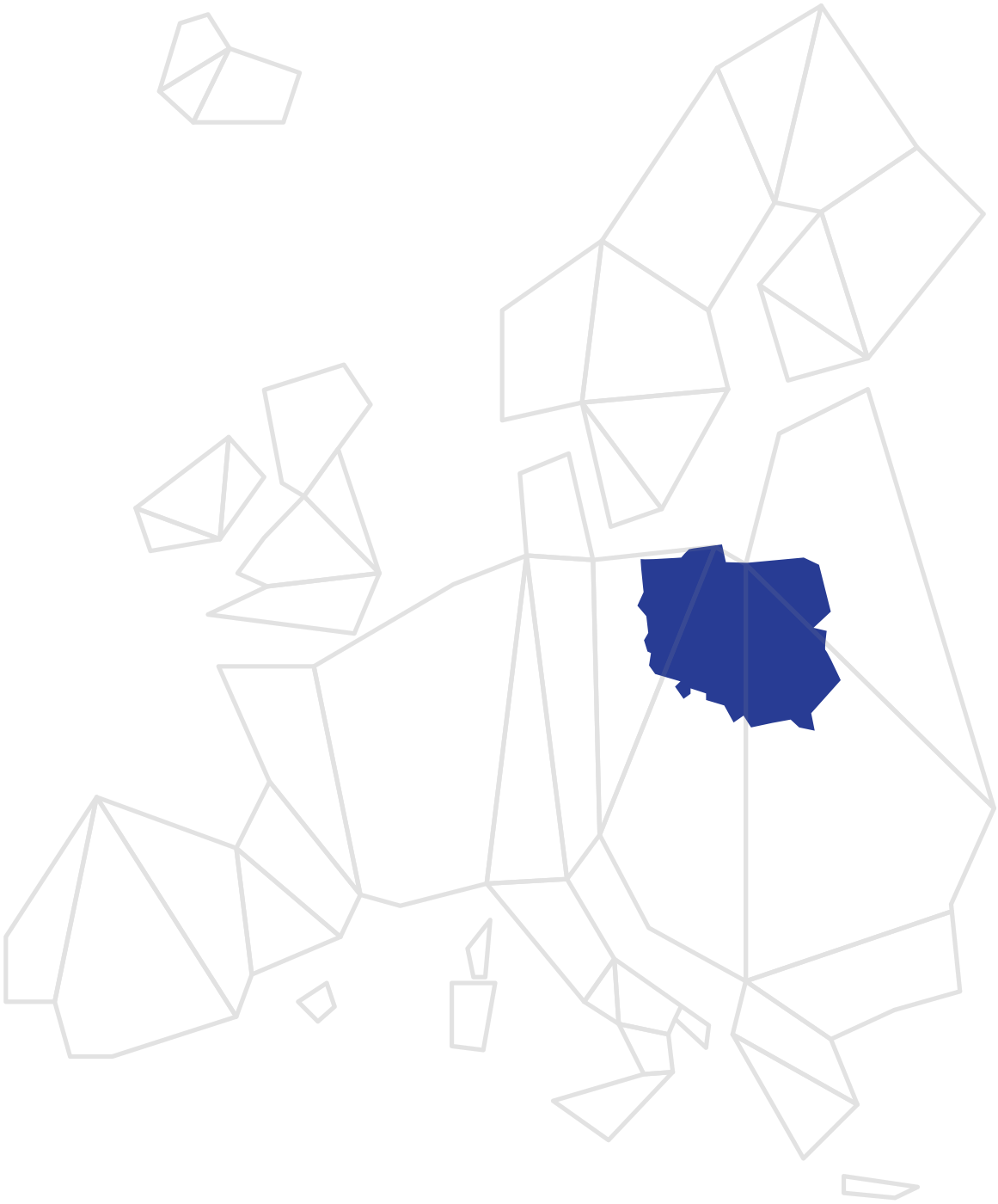
THE EUROPEAN COMPREHENSIVE CANCER CENTRE NETWORK

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Context: existing certification systems and organization of cancer care

Financial incentives for hospital certification with a public but non-mandatory system

Since 1998, the National Center for Quality Assessment in Healthcare (**Centrum Monitorowania Jakości w Ochronie Zdrowia**), an agency of the Ministry of Health, has been managing a quality and safety certification scheme open to hospitals[1].

They cover key areas of hospital operations, such as patient safety, clinical process management, completeness and accuracy of patient medical records and quality of hospital infrastructure.[2] This system has been directly inspired by the Joint Commission International model.

Although participation in this scheme is voluntary, hospitals have a strong incentive to participate, as certified facilities can claim higher tariffs from the public fund. Sometimes there is discussion about making this certification mandatory rather than optional.

Additionally, centers that carry out contracts under the publicly funded healthcare system financed by the National Health Fund (NFZ) must obtain an authorisation to conduct certain services. The authorisation concerns the number and type of procedures performed by the center, as well as the method of their documentation. This NFZ authorisation regime is mandatory since June 2025.

Work is currently underway on the certification of pathomorphology laboratories. Discussions are undertaken to prepare the framework on certification of cardiology centers within the National Cardiology Network, and possible solutions to monitor the quality of cancer care in oncology centers within the framework of the National Oncology Network. At present, these centers are qualified for the network solely based on the number and type of procedures performed. Accreditations for multidisciplinary centers are also being considered, however this process is still in a very early stage.

Poland has also proposed at EU level an initiative to commence work on a Cardiovascular Network modelled on the EUCCC.

Organization of cancer care in Poland

Oncological care providers include independently operating oncology centers and hospitals. Approximately 10 – 15% of them are university clinical hospitals. Patients have the freedom to choose which center they wish to attend for diagnosis and treatment.

Historically, alongside the Maria Sklodowska-Curie National Research Institute of Oncology (Narodowy Instytut Onkologii im. Marii Skłodowskiej-Curie – Państwowy Instytut Badawczy. **Narodowy Instytut Onkologii**),founded in 1932 in Warsaw, each 16 voivodships had a main oncology center during the Communist era. Since then, in some regions, this Communist era structure is still reflected in the organization of cancer care, while in others, general hospitals have taken over, and regional oncology stand-alone centers have lost much activity and play only a secondary role. In several regions, university hospitals have taken on a leading role in cancer care.

The National Strategy for Oncology (NSO) includes a number of actions planned for 2020-30[3]. Amongst these, the creation of the National Oncology Network (**Krajowa Sieć Onkologiczna - KSO**), a new model for organising and managing oncological care, is expected to improve care coordination and quality monitoring. A pilot programme was conducted in 2019 in the Dolnośląskie, Podlaskie, Pomorskie and Świętokrzyskie voivodeships among patients diagnosed with prostate, ovarian, colon, breast or lung cancer. The experience gained during this pilot programme is partly being used in the creation of the KSO.

Since April 2025, the National Oncology Network (KSO) has been officially operational. The network includes over 300 centers. Its structure comprises Specialist Oncology Treatment Centers at levels I, II, and III of oncological care provision (SOLO Level III, SOLO Level II, SOLO Level I), along with Competence Centers, Satellite Centers, and Cooperative Centers. At this moment not only healthcare providers that are part of the KSO are authorised to deliver publicly funded oncological healthcare services but there are discussion to change it in future. The goal of the KSO is to coordinate patient treatment and ensure access to therapy regardless of the patient's place of residence—by enabling seamless communication between centers. Solo III centers are required to support SOLO I centers in developing treatment plans for patients. This is done through joint consultations and Solo III reviewing the treatment plans presented at these consultations. SOLO II centers operate independently in terms of the services they offer. If they are unable to provide the appropriate therapy to a patient, they refer them to a SOLO III center.

The network is national but is implemented at the regional level, with one regional network in each voivodship. In each region, one of the providers in the network has the key role of hub (or coordinator) – and is called voivodship monitoring center. While in most cases such a function is fulfilled by SOLO III hospitals, it is not necessarily the case. Functions of regional networks include implementing locally guidelines and pathways defined nationally in Warsaw by the National Institute of Oncology, conducting professional training of other hospital and primary care doctors, collecting and analysing network activity data. Regional monitoring centers receive funding to hire 4 to 5 full-time equivalents staff for these functions.

Qualification for the level of oncological care provided by the National Oncological Network will be based on objective criteria including, among others, the volume and qualifications of medical staff, diagnostic and therapeutic potential, and quality assurance mechanisms in place to ensure patient safety.

However, the KSO currently lacks tools for effective nationwide coordination and quality monitoring of care. Regional coordination tools are being developed. Working groups within the KSO are in the process of developing quality indicators for centers operating within the network. Alongside regional networks, the government also encourages the formation of thematic working groups on a voluntary basis that define standards in the fields of quality of care, psychological support, economic affairs, organization and coordination of care, prevention and patient education, rehabilitation and others.

The development of providers' quality indicators within the framework of regional networks is considered a key component for future restructuring of services locally, through the identification of gaps in care quality, continuity and appropriateness.

It must be noted that the three SOLO levels correspond to levels of complexity and service provision, and do not address the issue of giving patients access to innovation, nor bridging the gap between research and care. Separate funding mechanisms monitored by the Ministry of Science and Higher Education address this issue, mainly through financing clinical trials.

Identified barriers to the implementation of EUCCC certification in Poland

- No formal integration has yet been made between the KSO system (enshrined in law in spring 2025) and the CCC model promoted by EUCCC.
- There is a lack of transparent and public information on the quality of providers. It is believed the future development of a good and complete quality monitoring system could address this issue.
- The KSO focuses exclusively on care provision; it does not yet incorporate research, innovation, or patient involvement — essential dimensions of CCCs.
- Most "regional comprehensive cancer centers" (level SOLO III centers) would not fulfil the conditions to be an EUCCC, in particular because of the lack of the research and innovation components. However, a consortium-based CCC model could provide a pathway for Poland, allowing networks of institutions to fulfil EUCCC standards collectively.

Identified enablers towards the implementation of EUCCC certification in Poland

- There are good **connexions between research and clinicians**. However, progress could be made in **ensuring findings from clinical research feed into normal practice** and regular protocols.

- There is a strong emphasis on establishing centers certified by **EUCCC as national and European competence centers**. These centers are expected to conduct diagnostic and therapeutic activities and monitor treatment in accordance with EU standards.

- Although no formal connexion has yet been made between the reform in the organization of cancer care in Poland and the EUCCC project, some central providers of cancer care, such as SOLO III hospitals (the level of cancer care which is most comprehensive in the range of procedures offered -"regional comprehensive cancer centers") which have a coordinating function in a given regional network **could be good candidates for EUCCC certification**.

Conditions for successful EUCCC certification implementation in Poland

- In Poland, **CCCs could have a special function within the Polish system** (center of reference, of excellence, of clinical trials...)

- The **integration of the EUCCC concept within the cancer care policy framework**, and in particular the recent Spring 2025 reform would need to define the role of EUCCC in KSO as only 3 or 4 Polish CCCs could meet the criteria and standards of EUCCC.

- A way to make this connection could be for the quality indicators currently being developed within the regional networks to be in line with the EUCCC set of standards.

- EUCCC certification could be an opportunity for leading centers in Poland to be **showcased on the international stage as recognised institutions within the EU** and globally. Indeed, by helping define and develop clear procedures, indicators of cancer care processes in Poland, the EUCCC certification can demonstrate that the level of care in Poland is as high as best-in-class EU equivalents.

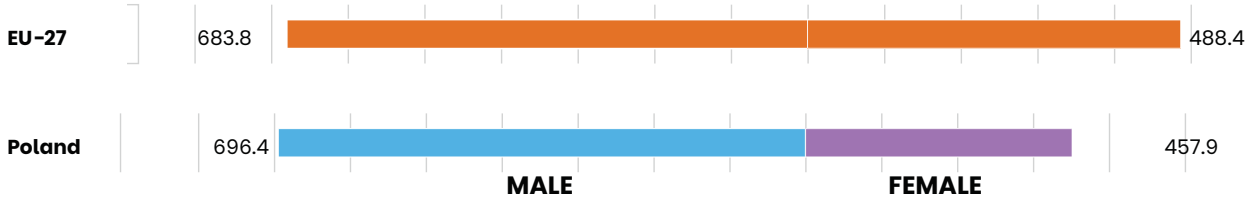
- **The success of EUCCC certification in Poland lies in the benefits centers perceive from undergoing the certification process**, such as access to larger, more modern technical and human resources, access to a global pool of specialists, take part in research projects, and introduction of new therapeutic methods through the EU network of CCCs.

Number of OECI-certified CCCs: 0
Number of EUCCC pilot centers: 0

Epidemiology: incidence, mortality and survival rates

Incidence rate:

Estimated incidence, both sexes, all sites but non-melanoma skin, 2022 (per 100 000 population)

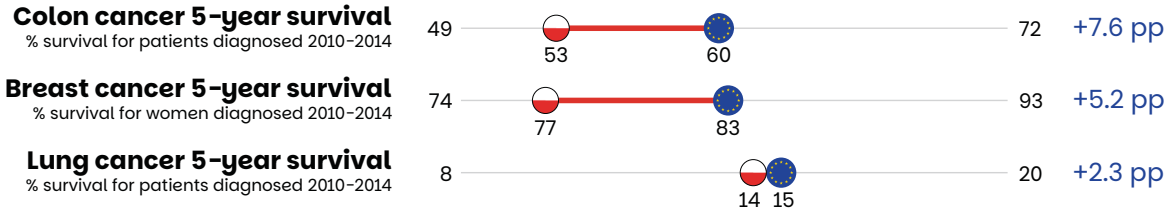


Mortality rate:

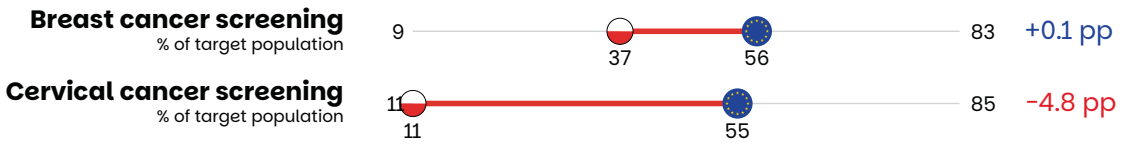


Survival rates:

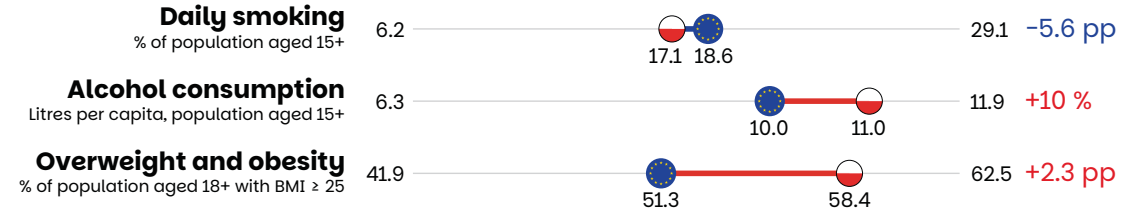
For the selection of cancers:



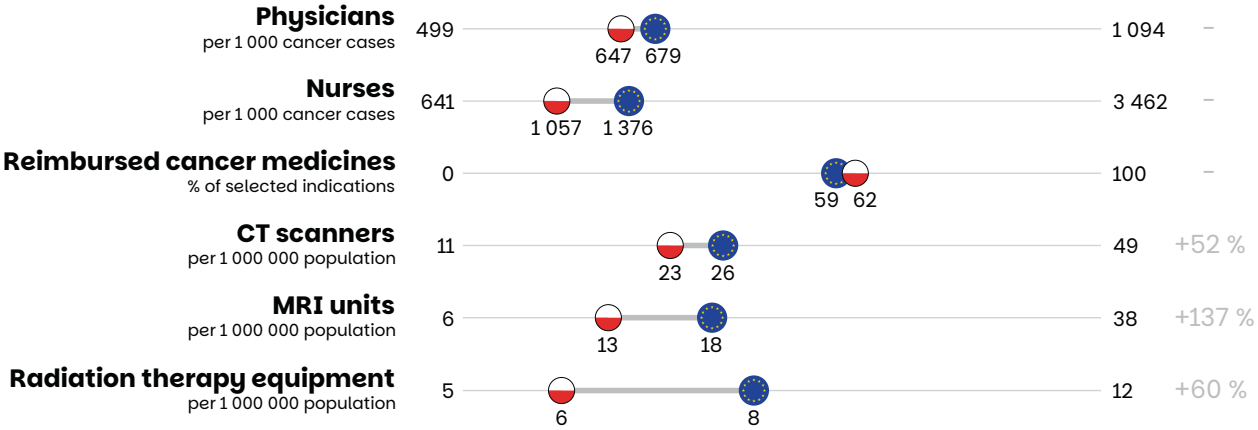
Screening performance



Risk factors



Human resources and infrastructure



Number of clinical trials: 1192

Endnotes

1. The Act on Quality in Healthcare and Patient Safety

2. Accreditation standards for hospitals published

3. https://www.oecd.org/en/publications/eu-country-cancer-profile-poland-2025_fc2a5e54-en.html

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