

# Activities of the medical professional self-government in Poland – a perspective of the experiences of its members

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**Abstract—** Professional self-government is an example of an independent and autonomous institution that performs several vital tasks provided for in selected legal acts. The legal framework is set by the Act on Medical Chambers, which outlines the fundamental issues determining the scope of the subject matter and the tasks undertaken by the medical representation of the self-government. The district medical chambers exemplify the activities of the medical professional self-government. Membership in the medical professional self-government is an essential condition for practising the profession of medical practitioners. The article aims to identify the perception of the activities of the medical professional self-government by its members. As part of the research methodology developed, a survey was conducted among doctors and dentists. Its participants were medics belonging to district medical chambers. The authors decided to identify the respondents' opinions on projects undertaken by the chambers and how to communicate them. The results obtained, it can be concluded that the respondents wanted more from the initiatives organised by the medical chambers. During interviews with respondents, the authors identified aspects to consider in formulating future research problems. These problems correlate with issues such as the management of medical chambers' activities and their organisational culture and leadership.

**Keywords—** market institution, medical professional self-government, district medical chambers, experience

## I. INTRODUCTION

Government upholds the essential tasks that ensure socio-economic order (Kmieciak, 2018; Tabernacka, 2020). In the literature, the term is defined as a form of public participation

in governance – specific communities make decisions on their affairs (Ciapała, 2014; Smarż, 2021). Professional self-government is an autonomous and independent institution established to perform tasks of an administrative nature by a specific group of people (community) (Mrozek, 2019). Moreover, it is „created by law and endowed with a legally defined scope of autonomy, an association of persons characterised by a common professional interest, who belong to it under the rules defined by law” (Tabernacka, 2020, p. 172). It is worth noting that the activities of professional self-government is regulated in the systemic dimension. This means that the legislator recognized the self-government discussed as one of the fundamental institutions of a democratic state of law. In addition, opportunities were created to create professional self-governments, assigning them a specific public role (Dobrucki, 2014). The activities of the professional self-government are illustrated by the medical chambers, which is regarded as one of the oldest and best-functioning national self-governments in Poland (Piekut, Pacian, 2023). Its beginnings date back to the partitions of Poland, but significant development was recorded in the inter-war period (Marek, 2020). There are 23 district chambers in Poland and the Military Medical Chamber in Warsaw. The legal framework for their activities is set by the Act on Medical Chambers (2009), which outlines the fundamental issues determining the scope of the subject matter and the tasks undertaken by the medical representation of the self-government (Kordel, Moskalewicz, 2024).

The purpose of this article is to identify the perceptions of the activities of the medical professional self-government by its

members. Particular attention has been paid to district medical chambers. For the assumptions made, it has been assumed that the positions of their members are the result of experiences related to their membership in medical associations. A survey was conducted among doctors and dentists from selected chambers of medicine. The survey was carried out as a pilot study. The primary results were treated as an attempt to fill the research gap in the literature on the subject dedicated to the problems of the medical professional self-government and the management of its activities. In addition, an attempt was made to outline directions for further research dedicated to the activities of district medical chambers in Poland.

## II. LITERATURE REVIEW

Much attention has been devoted in the literature to the issue of the dedicated activities of professional self-government (Kasiński, 2018). First, this can be justified by the nature of the tasks performed by the entities representing the analysed market institution. Professional self-government is an example of a public law institution that was established by law to perform part of the tasks of public administration (Regulska, 2009; Michalska-Badziak, 2019; Kmiecik, 2020). According to Tymiński (2019, p. 36), the term under study is „an example of a public-legal association of persons (corporation) that performs a task from the sphere of public administration of a nature specified by the legislator”. The tasks of professional corporations may include such tasks as the observance of ethical and deontological principles through the exercise of disciplinary jurisdiction, thus securing the due level of the exercise of the profession (Karcz-Kaczmarek, Maciejewski, 2015, p. 67). The granting of the right to practice a profession is an example of one of the essential competencies transferred to professional self-governments through the decentralisation of public administration (Pawłowski, 2022). The self-government is also responsible for exercising supervision in the public interest over the exercise of professions with the characteristics of public trust (Kłusek, 2015; Gulińska, 2022). The leading common feature of persons who are members of a given professional self-government is that they practise the same profession or are preparing to practise it independently (Tabernacka, 2020; Kmiecik, 2020).

The district medical chambers represent the professional medical self-government. These chambers bring together doctors and dentists and operate at the district level. Their members include professionals who have been granted the right to practise their profession. It should be emphasised that chamber membership is obligatory and linked to the payment of a membership fee (Kordel et al., 2011; Tymiński, 2019). The Supreme Medical Chamber (SMC) [NIL] functions as the highest organ of the medical professional self-government in Poland (Kordel, Moskalewicz 2024). Its bodies are constituted due to elections held during district medical congresses. The Act on Medical Chambers organises critical issues related to their activities. According to the current legal order, their competences are concerned with the supervision of the practice

of the profession of doctor and dentist. According to the researchers, it should be noted that „professional control cannot be regarded as an attempt to limit the freedom to practice the profession, but a concern for quality and a kind of prevention” (Kordel, 2021, p. 30). The tasks of the chambers of physicians also include those concerned with giving an opinion on projects dedicated to shaping health policy and the functioning of the health care system. From the members' point of view, undertakings initiated by the chambers concerning rules related to the practice of the profession, medical ethics, health care legislation or self-help initiatives are essential. In light of the comments made, it should be added that „the empowerment of professional self-governments to define the rules of professional ethics and related obligations, as well as their enforcement through disciplinary proceedings, is an expression of the will of the legislator, who is aware of the fact that it is in the public interest that professional entities such as professional self-governments express themselves in the indicated issues” (Karcz-Kaczmarek, Maciejewski, 2015, p. 72). As a result, the activities of professional self-governments – as entities performing public tasks – are also subject to judicial control (Gut, 2023, p. 82). In this way, the legislator guaranteed the protection of individual rights in the situation of their violation as a consequence of the actions taken by the self-government. Analysing the statutory provisions, the medical chambers are an example of competent and opinion-forming professional representations with which the public administration bodies, trade unions and similar medical organisations in other countries of the European Union engage in dialogue. Notably, the legislator has also entrusted the chambers with tasks to shape cooperation with scientific organisations and academic institutions at home and abroad.

The healthcare system is an important area of scientific inquiry (Frąckiewicz-Wronka et al., 2021; Markee et al., 2021). Its fundamental stakeholder group consists of medical professionals (Jasinska, 2020), who are represented by doctors and dentists. The Act (1996) regulates the practice of the profession by the mentioned specialists. According to the statutory provisions, every doctor and dentist granted the right to practice is a chamber member. The district medical of the respective chamber grants the right to practise medicine and dentistry or the limited right to practise medicine and dentistry. This council manages the chamber's activities between the district medical congresses. Membership in self-government units is obligatory for all persons conducting activities within the analysed medical professions (Augustynowicz et al., 2019; Karkut, Kolankiewicz, 2022). In light of the considerations conducted, a doctor and a dentist are examples of separate medical professions functioning within one professional self-government. Indicating the differences in the subject of the profession, one can specify the scope of competence of doctors, which in their case is general. In the case of dentists, on the other hand, it is assumed that this scope covers only the provision of health services to patients related to diseases such as diseases of the teeth, oral cavity, craniofacial part and adjacent areas (Tymiński, 2019).

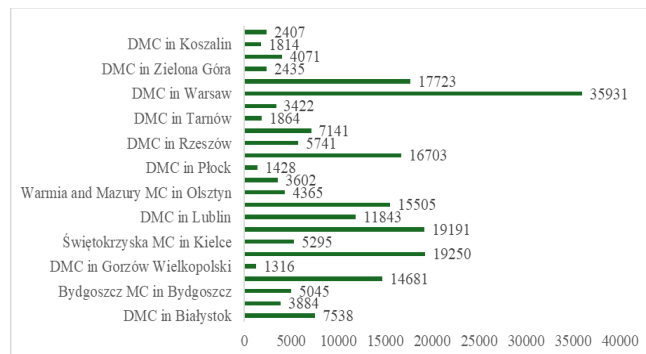
Membership in the medical professional self-government is

linked to their members' perception of certain principles. These principles can include the following activities (DMC in Kraków, 2024):

- participation in the election of chamber bodies (active and passive right),
- access to information on the chambers' activities,
- to benefit from the chambers' assistance with continuing professional development and the protection of proper conditions for the practice of the medical profession,
- to benefit from the protection and legal assistance of the chambers' authorities in matters relating to the practice of the profession of doctor and dentist,
- use of the chambers' social benefits and self-help activities.

The duties of the members of the chambers include, among other things, observing the principles of medical ethics and the regulations related to the practice of the profession of doctor and dentist and complying with the resolutions of the bodies of the medical chambers. The SMC maintains registers and publishes statements illustrating the number of doctors and dentists by membership in a medical chamber and professional titles. These data are also analysed in public statistics reports on medical human resources (GUS, 2023). These compilations are a vital source of knowledge on the number of members of the individual chambers that comprise the national medical self-government. Based on the data made available by the SMC, each medical chamber is an example of an organisation representing the interests of a larger collective of individuals.

FIGURE 1. SUMMARY NUMBERS OF DOCTORS AND DENTISTS BY DISTRICT MEDICAL CHAMBER (DMC) MEMBERSHIP AND PROFESSIONAL TITLES IN 2024 (AS OF MARCH 31, 2024).



Source: own study based on (SMC, 2024).

As of the beginning of 2024, 212195 current members of the medical chambers are in the SMC register. This collective includes 166122 doctors, 45465 dentists and 608 medics with a dual licence to practice. Doctors account for almost 80% of the members of medical chambers. Based on the data available, 155966 doctors and 41144 dentists have the right to practice. 455 doctors have a double right to practice (SMC, 2024). Doctors and dentists may practise their profession within the framework of therapeutic activity under the rules set out in the Act on Medical Activity (2011). The largest medical chambers include the DMC in Warsaw (35931), the DMC in Katowice (19250) and the DMC in Kraków (19191) (Figure 1).

Doctors and dentists are a vital stakeholder group of medical chambers (Manczak, Ciepela, 2024). The functioning of chambers is determined by the presence of medics in the

national healthcare system. However, professional self-government has a direct impact on the practice of the profession. As a result, a cognitively engaging problem emerges, justifying the analysis of the chambers of physicians' activity and their members' opinions regarding the tasks performed by professional self-government. It was decided to identify this problem using quantitative surveys conducted among doctors and dentists. It is worth mentioning that in 2023, a similar survey was initiated by the Dolnośląska DM in Wrocław. They aimed to assess the operation of the medical chambers and to identify opinions on the directions of development of the medical self-government, including ethical aspects and limitations of advertising in the professions of doctors and dentist (Dolnośląska DM in Wrocław, 2023). Surveys among members of selected professional self-government may provide valuable conclusions on challenges that should be addressed or treated as remedial solutions.

### III. RESEARCH METHODS

The topic of this article was decided to be discussed based on the survey results. They aimed to identify the perception of the activities of the medical professional self-government by its members. The diagnosis of the analysed issue was based on the research results conducted through an interview questionnaire among doctors and dentists. For the considerations, a hypothesis was formulated stating that the respondents highly evaluated the activity of district medical chambers. With the adopted approach, it was decided to pay special attention to the respondents' experiences resulting from their participation in undertakings initiated by the chambers under analysis or other organisational activities, which are part of the chambers' scope of activity and which influence the opinions of the survey participants. In light of the comments made, it should be added that in the output of the social sciences, experience is an example of an essential conceptual category which maintains its significance and continues to be the subject of interdisciplinary research. In economic considerations, the term is defined as a subjective and unique experience resulting from an enterprise's stimulation (Manczak, Bajak, 2022, p. 88). In medical chambers, the presented position can be understood as sensations, which are the aftermath of activities initiated for the benefit of self-government members.

In the course of the research, the following scopes were distinguished:

- the subject matter, it covered the activities of the district medical chambers,
- subjective, concerned a selected professional group,
- temporal and spatial, the study was carried out between April and June of 2024.

A survey of doctors and dentists was conducted to collect primary data. The participants in the survey were from selected national chambers of medicine. A survey questionnaire was used as the research tool. During the survey, the PAPI technique was mainly used (Boguszewski, Hipsz, 2012). The choice of primary data collection technique was dictated by encouraging

respondents to participate in the research. As a result, participants completed the survey forms provided on their own. The survey questionnaire was distributed to Polish Doctors' Swimming Championships in Dębica participants, organised in April 2024. In addition, the survey was also conducted among doctors and dentists employed at the healthcare complex in Dębica. Primary material was obtained by distributing a questionnaire survey to independent public healthcare institutions operating in the Wyszaków and Legionowo districts of the Mazowieckie Voivodeship.

In the discussion of the results obtained, an attempt was made to detail the following problems:

- key sources of knowledge on the activities of district medical chambers,
- the perception of the projects initiated by the chambers analysed among the respondents,
- presence and activity of chambers on social media,
- participation of respondents in the activities undertaken by the chambers,
- respondents' membership of medical organisations,
- respondents' opinions on SMC's activities.

The study population consisted of 146 respondents practising as doctors and dentists. During the implementation of the study, the principle of non-random selection was adopted, including the incidental approach and its variant of volunteer selection (Francuz, Mackiewicz, 2007). The primary material collected made it possible to verify the adopted research assumptions. Importantly, it also identified new problems that should be identified in the following edition of the research.

#### IV. RESULTS

A total of 146 people participated in the completed survey. Demographic and social characteristics such as gender, job title and length of service were used to characterise the study population (Table 1).

TABLE 1. CHARACTERISTICS OF THE STUDY GROUP

Feature	Distribution of responses
Gender	female 61% male 39%
Professional title	doctor 87% dentist 13%
Length of service	0-10 years 26% 11-20 years 19,2% over 20 years 54,8%

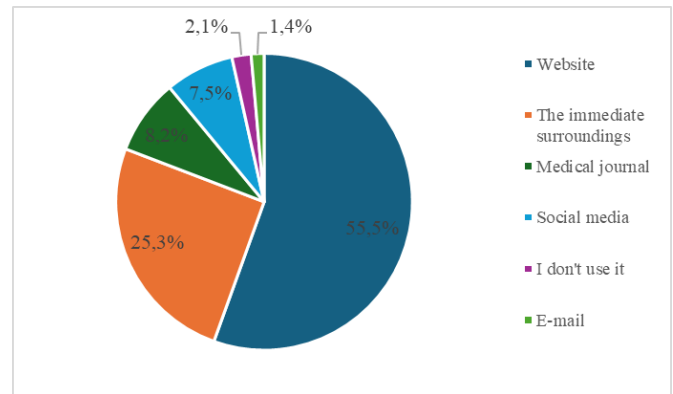
Source: own research.

Female doctors and dentists surveyed accounted for 61% of the group included in the analysis. Notably, women also predominate in Poland's general population of doctors and dentists. According to the SMC (2024) statistical statements, women make up 63,3% of the members of district medical chambers. The surveys mainly involved women practising medicine for more than 20 years. On this basis, the female respondents represented an experienced group of medics.

The official websites of the chambers are a source of information on substantive and organisational projects initiated by the chambers. Through these, various events are announced. The chambers most often organise professional training, social

events or scientific lectures. The chambers also publish newsletters or other publications that report on scientific (congresses, conferences, workshops) and sporting/cultural events (tournaments, competitions). It was decided to identify the key sources of knowledge about the activities of the district medical chambers among the respondents (Figure 2).

FIGURE 2. KEY SOURCES OF KNOWLEDGE ABOUT THE ACTIVITIES OF DISTRICT MEDICAL CHAMBERS AS PERCEIVED BY RESPONDENTS

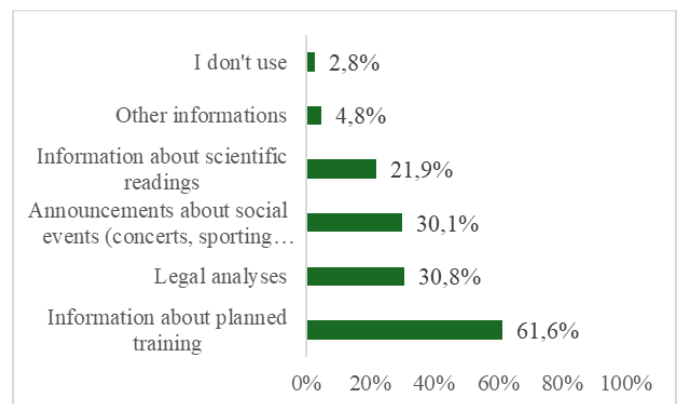


Source: own research.

More than half of the medical professionals surveyed indicated the medical chamber website. One in four respondents felt they obtained information in their immediate environment, which comprised colleagues. Such indications confirm the importance of whisper marketing activities based on direct discussions and conversations. Whisper marketing is regarded as a practical approach from a promotional point of view (Chen & Yuan, 2020). A doctor's newspaper was identified as the third dominant source.

The research also found that all chambers of medicine and SMC maintain a website. The chambers publish a newsletter in print and online. The SMC is the publisher of *Gazeta Lekarska* (Doctors' Gazette), which is distributed free of charge to members of the chambers. The task of this publication is to prepare articles that are interesting and helpful in medical practice (Jakubiak, 2021).

FIGURE 3. TYPES OF USEFUL INFORMATION ON CHAMBERS OF MEDICINE WEBSITES ACCORDING TO RESPONDENTS



Source: own research.

Survey participants also identified the critical types of information on the chambers' websites that they felt would be useful (Figure 3). Based on the results, reports on planned

training courses were most enjoyable. This was followed by undertakings concerning legal analyses and announcements of social events (concerts, sports events).

Respondents also identified social media as a source of knowledge about undertakings initiated by medical chambers. Observations were also made in the virtual environment to determine the profiles maintained on selected social media channels by the surveyed medical self-government entities. It was found that Facebook is an example of a channel that chambers of medicine are keen to use as part of their communication activities. However, 4 chambers (DMC in Białystok, Military Medical Chamber, DMC in Koszalin, DMC in Częstochowa) are not active on analysed social channel and on Instagram (Table 2). It was also noted that Instagram is not considered a primary social channel in the medical chambers community. The vast majority of them do not have a presence on this channel. 9 chambers maintain a profile on Instagram. Importantly, these chambers are also active on Facebook.

TABLE 2. ACTIVITY OF MEDICAL CHAMBERS ON FACEBOOK AND INSTAGRAM

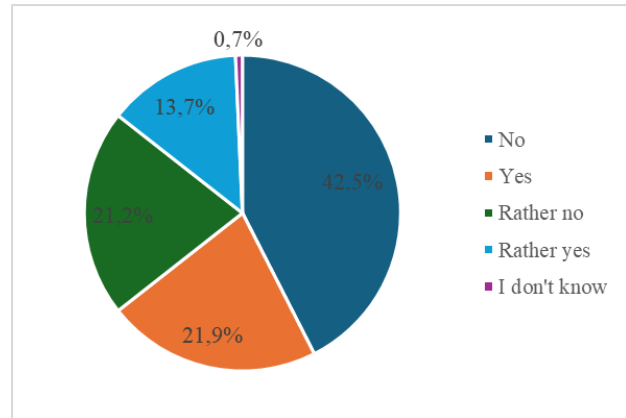
Specification	Social media channel	
	Facebook	Instagram
1. DMC in Białystok	-	-
2. Beskidzka DMC in Bielsko-Biała	+	-
3. Bydgoszcz MC in Bydgoszcz	+	+
4. DMC in Gdańsk	+	-
5. DMC in Gorzów Wielkopolski	+	-
6. DMC in Katowice	+	+
7. Świętokrzyska MC in Kielce	+	-
8. DMC in Kraków	+	+
9. DMC in Lublin	+	-
10. DMC in Łódź	+	+
11. Warmia and Mazury MC in Olsztyn	+	-
12. DMC in Opole	+	-
13. DMC in Płock	+	-
14. Wielkopolska MC in Poznań	+	+
15. DMC in Rzeszów	+	-
16. DMC in Szczecin	+	+
17. DMC in Tarnów	+	-
18. Kujawsko-Pomorska MC in Toruń	+	+
19. DMC in Warsaw	+	+
20. Dolnośląska MC in Wrocław	+	+
21. DMC in Zielona Góra	+	-
23. Military Medical Chamber	-	-
24. DMC in Koszalin	-	-
24. DMC in Częstochowa	-	-

Source: own research.

According to researchers, Instagram is used as a marketing tool to create active engagement with consumers by providing them with up-to-date information, photos and posts about new products (Mendini et al., 2022). Being active on this channel requires the development of a coherent concept that will not only get people interested in following the content and photos shared but also maintain their attention and interest. Thus, medical chambers are trying to establish a presence on social media channels like Facebook and Instagram. The survey also shows that the SMC maintains profiles on Facebook and

Instagram. The DMC in Katowice, on the other hand, has a mobile application. Some chambers have their own YouTube channel (DMC in Katowice, DMC in Kraków, DMC in Łódź).

FIGURE 4. OBSERVATION OF CHAMBERS OF MEDICINE SOCIAL MEDIA PROFILES BY RESPONDENTS



Source: own research.

The medical respondents also commented on their interest in observing the social media profiles of the chambers of medicine (Figure 4). Based on the primary data collected, it was found that their opinions were divided. However, most said they undertake this activity in the analysed media. A little more than 20% indicated that they observe the profiles of the medical chambers. However, the same number of respondents said they tended not to do so. The surveyed medics were not interested in following the posts shared on the chambers' social media profiles.

FIGURE 5. RESPONDENTS' AFFILIATION WITH MEDICAL ORGANISATIONS



Source: own research.

The methodology developed assumes that doctors and dentists are an example of a professional group that develops its competence through membership in various medical organisations. From the point of view of the medical specialisation performed, it is reasonable for a specialist to be involved in a society that brings together persons with the right to practice in a specific field of medicine. Consequently, it was decided to identify whether the respondents were members of such organisations (Figure 5).

Survey respondents highlighted more than 20 specialist organisations. A total of 34 declarations were obtained. Notably, some respondents indicated membership of 2

organisations. Respondents indicated entities specialising in lung disease, cardiology, paediatrics, neurology, gastroenterology, dentistry, sports medicine, endocrinology, urology, allergology, psychiatry, orthopaedics or traumatology. Memberships of the European Society of Intensive Care Medicine and the Polish Medical Association were also declared. It is worth mentioning that the latter society brings together specialists in various medical specialities. It was found that almost 12% of medics belong to the Polish Medical Association. Based on the primary data obtained, the representatives of the studied population are mainly members of national medical societies.

An attempt was made to assess the substantive and organisational level of selected initiatives undertaken by the medical chambers. This aspect was decided to be analysed according to the seniority of the respondents (Table 3). It was assumed that there may be differences in the respondents' perceptions of the issues studied. Consequently, the medical professionals surveyed were divided into two subgroups. The first group consisted of those with less than 20 years of work experience, while the second group included respondents declaring more than 20 years of work in the profession. In each category surveyed, respondents with more seniority received higher ratings. Significantly, the medical respondents wanted more than the content and organisational level of the projects awarded. These projects should be rated below 3.

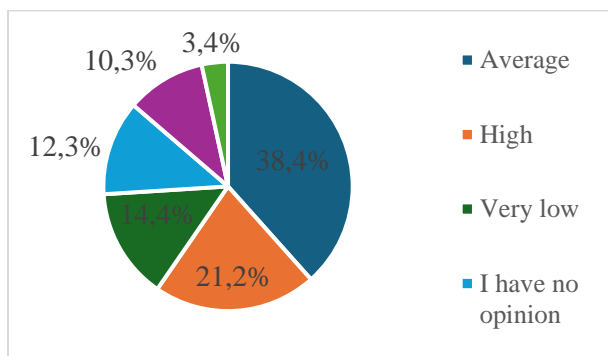
TABLE 3. ASSESSMENT OF THE CONTENT AND ORGANISATIONAL LEVEL OF SELECTED EVENTS ORGANISED BY THE MEDICAL CHAMBERS BY THE SENIORITY OF THE RESPONDENTS\*

Specification	Length of service	
	≤ 20 years	> 20 years
Social events	2,44	2,73
Bulletin	2,48	2,91
Training	2,56	2,95
Scientific readings	2,75	3,1

\* A five-point scale was used, where 1 means a very low rating, 2 a low rating, 3 a medium rating, 4 a high rating, 5 a very high rating. Source: own research.

Respondents also commented on the influence of SMC on the shaping of national legal solutions related to the practice of the medical and dental professions (Figure 6).

FIGURE 6. RESPONDENTS' ASSESSMENT OF THE INFLUENCE OF SMC ON THE DEVELOPMENT OF NATIONAL LEGAL SOLUTIONS RELATED TO THE MEDICAL AND DENTAL PROFESSIONS



Source: own research.

It can be concluded that the analysed aspect was assessed at an average level. Nearly 40% of respondents declared such a position. Every fifth doctor surveyed rated the activity of SMC

highly. Based on the results obtained, it can be concluded that the respondents expected greater involvement or proactive actions from the most critical entity representing the medical professional self-government in the country. The problem analysed concerned a fundamental issue related to the exercise of the profession by doctors and dentists.

## V. DISCUSSIONS

While collecting primary material, conducting short interviews with selected respondents was also possible. These interviews made it possible to identify essential issues falling within the scope of the research undertaken. Their interlocutors were mainly people interested in articulating critical remarks on the activities of medical chambers and those interested in implementing changes in the activities of organisations forming professional self-government. Summarising the presented positions of the respondents, the following problems can be singled out:

- the low level of content of published publications (newspapers, newsletters), including their poor distribution,
- the low level of content of the training provided,
- a mismatch between the offer of cultural events and the expectations of their potential participants,
- lack of clearly defined funding rules for the participation of chamber members in selected events (e.g. sports),
- underdeveloped marketing message, including without taking into account the needs and preferences of young medics,
- difficulties in the area of communication with chamber staff,
- the existence of information noise in the flow of messages about organised events,
- respondent's lack of ties to the chamber, with the consequence that they are not convinced of the legitimacy of its existence,
- duplication of issues and dates of events organised by individual chambers with those of other national professional meetings (congresses, medical conferences).

The problem areas presented above signal organisational and content-related issues that can be discussed at the boards of medical chamber and the SMC level. They are also crucial from the profession's or professional development's point of view. The comments made by the respondents outline aspects that should be improved or elements of the created offer of events that should be adjusted to the expectations and preferences of its potential recipients. Notably, the positions presented relate to the respondents' answers and justify their low assessments of the perception of the activity of the medical chambers.

## VI. CONCLUSIONS

Surveys among the members of any organisation about its activities are part of an endeavour to identify not only their

opinions but also to consider directions for future action aimed at developing effective development strategies. Undertaking this type of discussion may also constitute an attempt to fill a research gap in the literature on the subject. The latter aspect set the framework for the survey among medical professional self-government members. The collected results made it possible to address the assumptions and outline issues for further research. Medical self-government is an example of a market-based institution that carries out several essential tasks that the legislator assigns. However, its communities are made up of people who would also like to influence the activities undertaken for the benefit of its members and have certain expectations about the undertakings carried out.

Summarising the results obtained, it can be concluded that the respondents wanted more from the initiatives organised by the medical chambers. The hypothesis was negatively verified. The opinions presented by the respondents and their critical comments regarding the analyzed issues also justified this statement. Obtaining this type of information should be considered a deepening of the issues studied. During interviews with respondents, the authors identified aspects to consider in formulating future research problems. These problems correlate with issues such as the management of medical chambers' activities and the formation of their organisational culture and leadership. The last issue highlighted is an example of an important conceptual category from the point of view of organisational management. At this point, it is worth referring to Drucker's (1999) opinion on leadership. In his view, the term should be seen as a responsibility to identify areas to analyse and evaluate, to protect the organisation from wasting resources and to ensure that the organisation delivers real results. The presented position is consistent with the comments in the discussion of the obtained results.

The size of the analysed group can be indicated as a limitation of the realised research, as it was relatively small. At this point, the survey faced difficulty obtaining people interested in filling in the questionnaire. The survey results were a prelude to a broader discussion, which will continue. In the future, it is planned to expand the research methodology, including deepening it by including qualitative methods (individual in-depth interviews, focus interviews). The use of qualitative methods may contribute to identifying proposed directions conducive to effective organisational action, as well as tailored to the expectations and preferences of members of the national medical self-government.

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