

Albania

**Improving the offer of Continuing Education for PHC
professionals - the experience of “Peer groups”**

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Albania – Background information

- Population of Albania: 2.8 million (2018)
- Area: 28,748 km²
- Nr. of physicians: 6200 (2017)
- Nr. of nurses / midwives /lab. technicians: 19,970 (2017)
- Nr. of PHC facilities: 420 PHC centers and 2000 health posts
- Nr. of public hospitals: 51





Albania - Continuing Education System of health professionals

- CE system was developed with the support of SDC (2008-2015)
- Regulatory framework since 2010:
 - Recertification of health professionals (4 y cycles, 120 credits for physicians, 60 credits for pharmacists and dentists, 40 credits for nurses, midwives)
 - Accreditation of CE activities (1h=1cr)
 - National Center of Continuing Education (accreditation of activities; elaboration and enforcement of guidelines and standards; management of database of rec. and accredit.; annual reports to MoHSP etc.

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Albania - challenges of a mandatory CE system

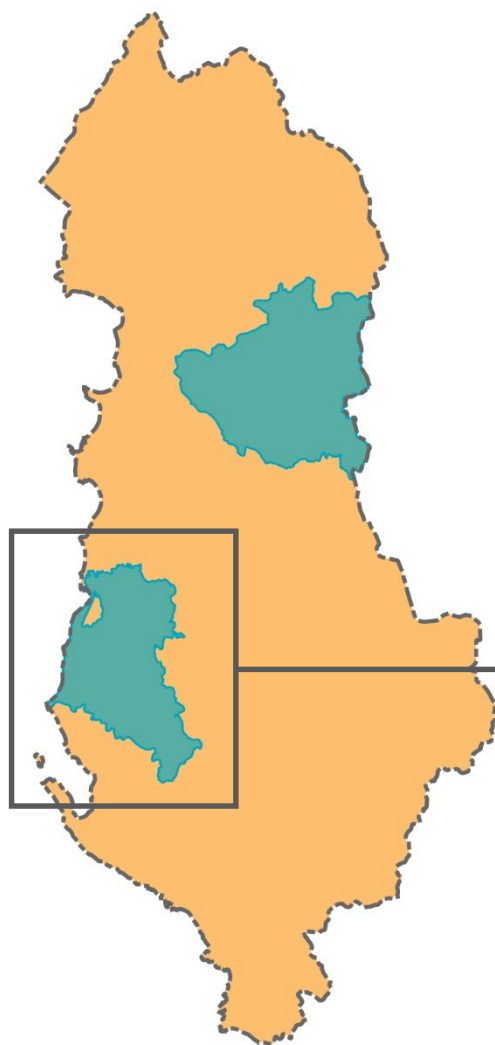
- Important increase of the demand for CE activities
 - 744, 000 credits (2015-2018) for physicians
 - 798,800 credits for nurses/midwives
- Institutional capacities - tension between capacities to offer CE activities and the demand generated by the CE system
- Market of CE activities - \$\$\$
- GPs and PHC nurses versus specialist physicians – two-speed system of opportunities

Health for All Project - Albania

- Health for All Project (HAP) – implemented by SwissTPH and partners and funded by SDC
- Phase 1: 2015-2019
- **Support for strengthening capacities of health professionals through CME**
- Introduce and apply/test innovative CE approaches for PHC teams (GPs, nurses and managers):
 - Re-training programs
 - Clinical practice guidelines development and utilization
 - Clinical audits
 - Hands on learning
 - Role-playing
 - Coaching
 - **Peer groups**



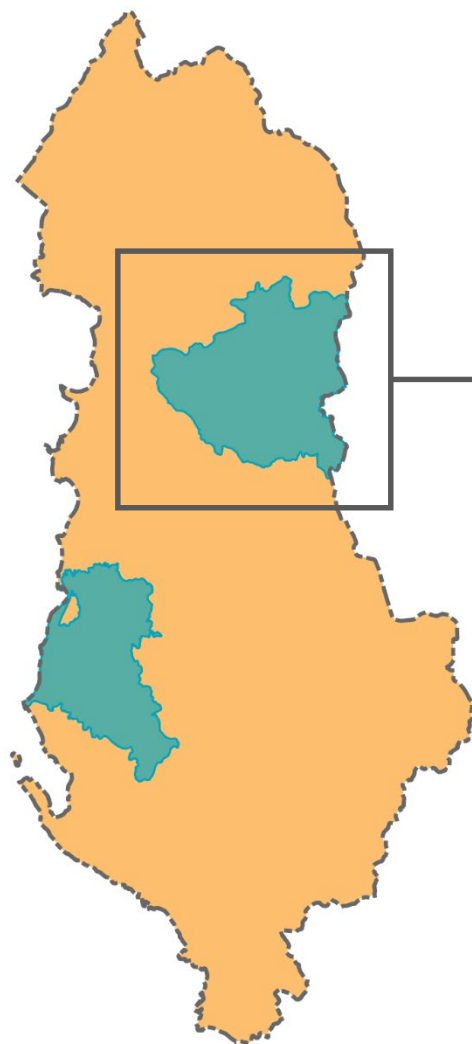
HAP Project Regions, 2015-2019



Fier

- Area: 1'799 km²
- Population: 310'331
- Number of GPs: 165
- Population / GP: 1'880
- Number of PHC Nurses: 624
- Population / PHC Nurse: 497

HAP Project Regions, 2015-2019



Diber

- Area: 2'473 km²
- Population: 137'062
- Number of GPs: 59
- Population per GP: 2'323
- Number of PHC Nurses: 507
- Population per Nurse: 270

Functioning of Peer Groups (PGs or PRGs)

- Groups consist of 6 to 10 family doctors, nurses or both
- In a series of planned meetings PGs discuss case studies or problems relevant for primary care, case management like hypertension, diabetes, counseling on healthy life style or referral to specialists
- Sometimes, a family doctor and/or a family nurse or specialist is invited to support the group on a particular topic, applying approaches such as hands on learning techniques, inter-professional team discussion, role playing, and evidence based medicine review
- GP is animated by one facilitator
- The meetings are recorded and submitted to accreditation



Forum of managers – A special form of PGs with focus on management

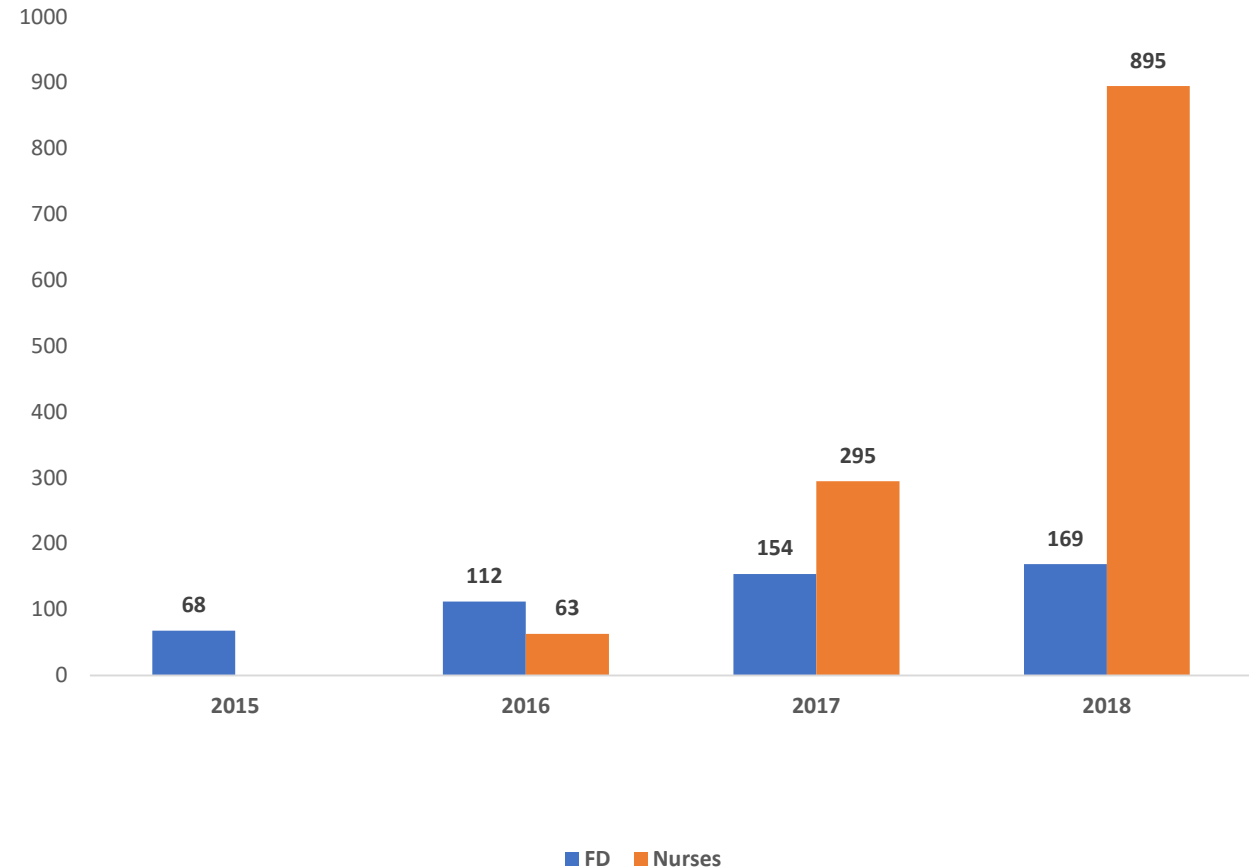
- **Support for strengthening of management capacities**
 - Groups consist of 7 PHC managers, head nurses and accountants
 - In a series of planned meetings, managers discuss case studies or problems relevant for management of PHC Centres such as: budgeting, communication, HRH management, use of secondary revenues, etc.
 - Sometimes, a management expert or group of expert are invited to support the group on a particular topic
 - Forum is animated by one facilitator
 - The meetings are recorded and submitted to accreditation



Participation of PHC providers in Peer Groups

- Progressive increase of the participation of health care providers in PGs
- Important participation of nurses in PGs
- All managers of PHC centers attended a Forum of Managers

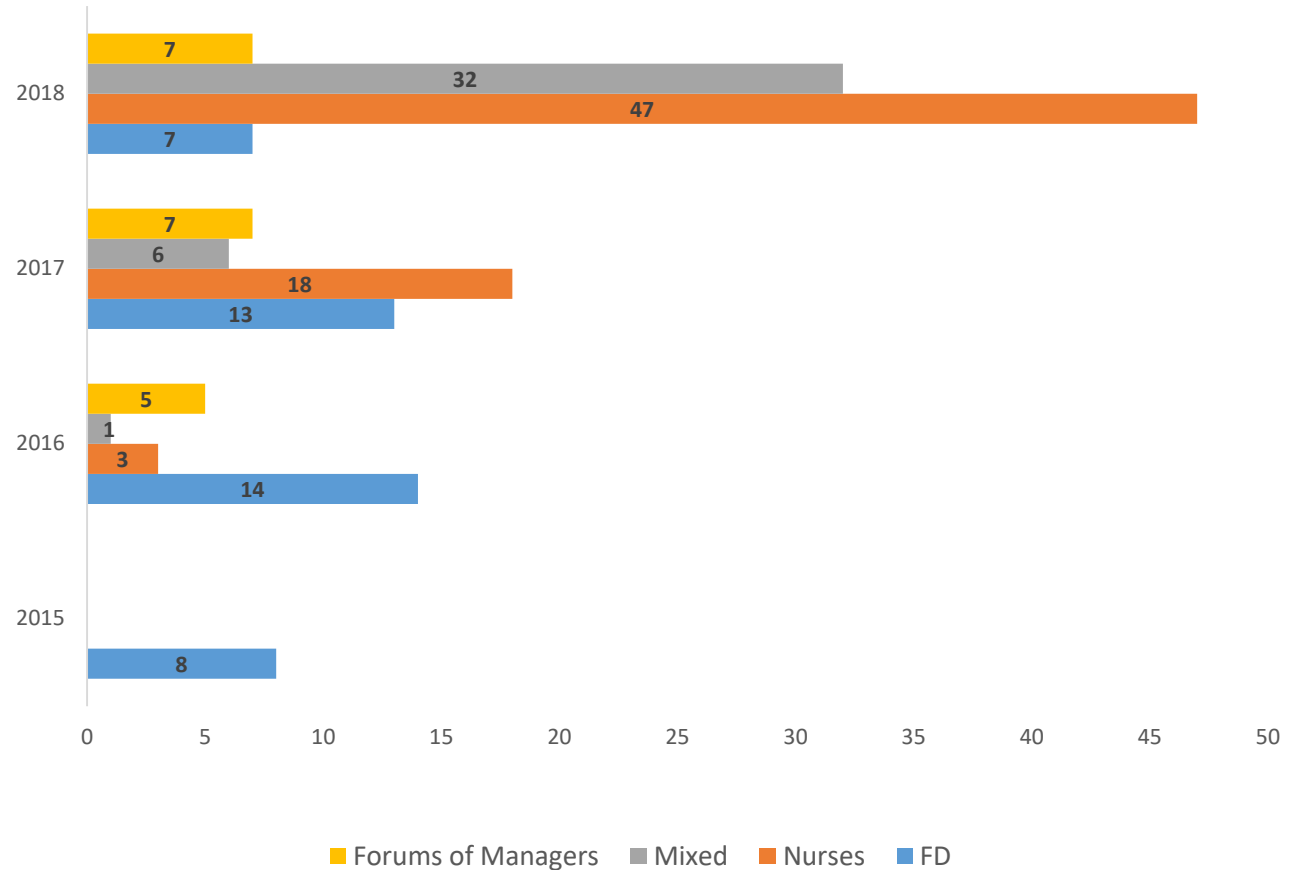
Participation of health providers in PGs – Regions of Fier and Diber



PGs composition and progress over time 2015-2018

Main tendencies:

- General increase of participation of health care providers in PGs over time
- Impressive participation of nurses
- Change in the culture of PGs: mixed groups
- Higher participation of GPs in mixed groups



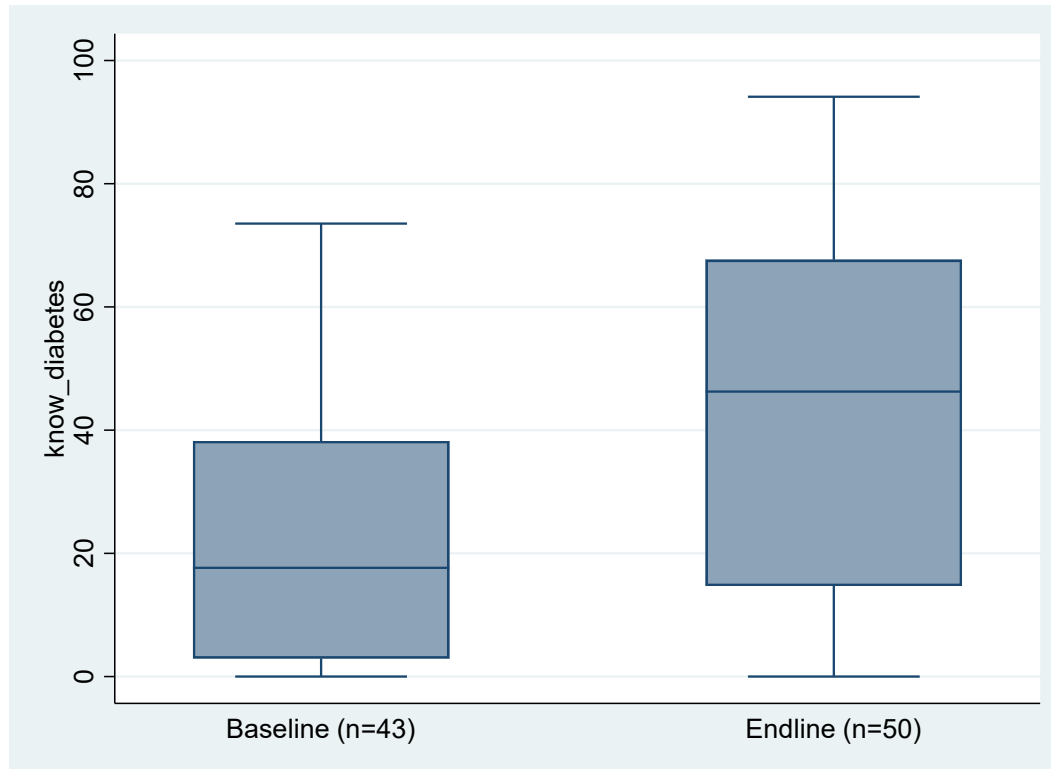
The experience of PGs: conclusions

- PGs are highly appreciated by key actors involved: doctors, nurses, the national accreditation agency and professional associations
- Training topics directly linked to family practice needs and realities
- PG is officially recognized as a CME tool and scaled-up to the national level
- Experience indicates PGs as a CE tool have produced encouraging results ultimately leading to improved clinical practices
- PGs in Albania have shown to be an effective innovative approach to health workforce development in a systemic perspective



Improvement in care and treatment of patients with diabetes

- Comparison between baseline and end line results in both regions -



In both regions:

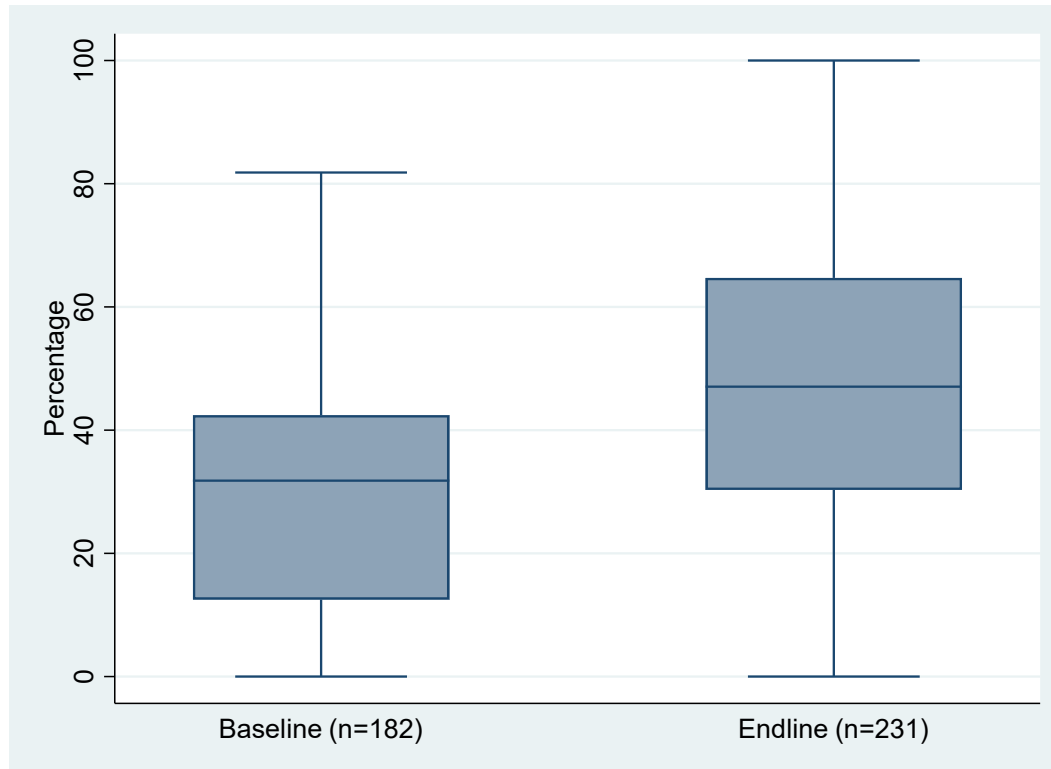
We observed GPs on 1) how they ask questions; 2) conduct examinations; 3) give advice

Overall improvements in how GPs provided advice and explanations to diabetic patients; approx. 20% of improvement on:

- Explanations on prescribed medicines and treatment (47% b. versus 78% e.)
- Follow-up visits (47% b. versus 72% e.)
- The situation and diagnosis (69.3%)
- The results of examinations (42% b. versus 67% e.), where applicable

Improvement in care and treatment of patients with hypertension

- Comparison between baseline and end line results in both regions -



In both regions the weighted average scores (percentages) in both evaluations were best for:

- Giving advice (bas. 38%; end. 60%) for instance:
 - Nutrition (14% versus 52%)
 - Import. of treatment adherence (52% v. 74%)
 - Needed examinations (33% versus 66%)
 - Complications (33% versus 52%)
 - Follow-up visit (58% versus 77%)
 - Physical exercise (8% versus 33%)
- Asking the right questions (bas. 24% versus 46% end.)

Challenges of PR groups - Albania

- Problem-based approach to PRGs is challenging for family doctors and nurses. Important change of culture
- Crucial role of facilitator
- Difficulties in definition of the indicators for improved performance, ex. : clearer indications of drugs use, of lab test, implementation of clinical guideline, etc.
- Need for additional training
- Implementation into clinical practice of what the group decides:
 - peer and/or supportive supervision
 - stimulation and monitoring improvement towards predefined performance (clinical audit)



The experience of PGs: preliminary observations

- PGs becomes an accredited activity recognized by NCCE
- A manual is elaborated and diffused by NCCE as a national guideline for all PHC providers
- PGs – considered a less expensive and practice oriented continuing education alternative
- Mixed groups of GPs/nurses – innovative experience of team work
- An overall evaluation of this experience is under preparation





Grupet e Kolegëve

**Formë e Edukimit në Vazhdim
të Profesionistëve të Shëndetësisë**

Një udhëzues për të mbështetur ngritjen dhe funksionimin e tyre

For more information on Peer Groups supported by HAP in Albania:

- <https://vimeo.com/300998519>

Thank you!

