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# EXTERNAL EVALUATION

of the

Professional Development System  
Project of the  
Swiss Development Cooperation  
in Albania

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By

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## Acknowledgements

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The staff of the new National Centre of Continuous Education, NCCE, has been very useful and patient during a half day workshop by answering all the more or less meaningful questions of the evaluation team. Thank you and good luck for the future work.

A special thank goes to the Consortium members, first of all Prof. Rainhorn and Fino from the Graduate Institute in Geneva, the project implementer; and second and not least to Dr.Besim Nuri, from Albanian origin, now at the Faculté de Médecine/Unité de santé internationale of the University of Montréal. Meeting him ten years ago as WB-staff in Tirana and again during this mission stands for the guarantee to have a resource person at hand who knows all the insights of the Albanian health system and its ongoing reform processes.

I would like to acknowledge the contributions of and open discussions with my co-evaluator Manuela Murthy. We tried to get in a short laps of time as much as possible information about the Albanian health system and the PDS-project. It is obvious that some aspect might have been missed or have not been interpreted comprehensively enough. But it was our intent to assess the achievements as objective and neutral as possible and to contribute sincerely to a successful progress of the project.

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## A EXECUTIVE SUMMARY

A modern health workforce must continuously upgrade its knowledge and skills. To fulfil this requirement, standards exist (a) for accreditation of trainings and (b) for defining and registering credits earned through these trainings. The result is a system for periodic re-certification of professionals in all health disciplines. As the majority of European countries, Albania is creating such a Continuous Medical Education (CME) System, too. The Swiss Development Cooperation supports this effort since 2007 in form of the PDS, the Professional Development System project.

The first step of the Albanian PDS was the establishment of a national Centre as the hub for the development of the system, under the auspices of the MoH. Today, after little more than one year of commitment of all stakeholders, not only this centre, NCCE, is realized, with premises and staff, but regulatory documents have been drafted and officially approved. First training courses and seminars have got already their accreditation and first health professionals, mainly specialist doctors, started earning credits.

This success, recognized up to the Prime Ministers level, is surely due to the dedication and flexibility of many actors in the field of health, from Ministries of Health and Education to academic institutions and professional orders and associations. But the success is equally due to an adequate and thoughtful operational setup, with an international implementer for the expertise and a local coordination unit for the control and support of the project implementation.

The rapid availability of the basic prerequisites for the CME-system, i.e. centre, staff, regulatory framework, convinced the responsible authority to immediately launch the re-certification process for physicians country-wide. Doctors must get from this year onwards – staggered over the next five years - 150 credits to be re-certified. The evaluation team identified some risks as a result of this rapid paste: NCCE is not ready and fully equipped for the tasks (big number of CME-providers ask for accreditation and numerous doctors claim to be registered). And conceptual work for a nationwide extension of a comprehensive PDS is not done.

The 'Consortium' (IHEID and UdeM) stated from the beginning that *'while NCCE remains the central pillar of the approach and its first step, it is important to notice that developing a PDS is more comprehensive than building simply such a Centre'*. The evaluators have indeed observed that the 'system planning and implementing aspects' of the project is lagging behind with the risk, that the demand for CME, which is now compulsory, cannot be covered by the offer. And this especially in areas, where – in accordance with SDC's country strategy – the main focus for the PDS-extension should be: the remote, underserved areas, where many general practitioners and other health staff still work since years with very basic medical education and no up-grading training.

As an aggravating factor, substantive health training programs have been cancelled in the past years, reducing further the training opportunities. Multi- and bilateral donors should therefore be motivated to re-launch efforts in the field of CME.

But even if the autochthonous offer for CME, from academia and health institutions, should be able to cover the demands, the support for interested training providers must be strengthened, as foreseen already in the 2010 plan of operation: training of trainers, supporting CME-units, etc. And, in order to lower its workload, NCCE must stick to its core functions and put in practice the concept of decentralizing the accreditation work to district hospitals and other regional health institutions.

The main recommendation of the evaluation team is therefore, that the strategic and systemic planning must be reinforced, in view of the second phase of the PDS-project.