

24th ZEVA Meeting

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I. Violence against physicians

- A serious phenomena that is becoming more frequent in the last 2 decades;
- We see only the top of iceberg (*not every case is declared*);
- It's demonstrated in different ways (*verbal/physical form*);
- It damages “white-shirts”, relations between physicians-patients, health care quality, negative impact for all population.

Violence... Why?

- Crisis of confidence (physicians, patients, population);
- Bad management of healthcare system with deficiency in drugs & medical supplies (*It's a reason of conflicts between doctors and patients*);
- Lack of good communication in understanding diagnostic and therapeutic expectations between *doctors and patients*;
- Low medical knowledge of public .

Violation against physicians

- We know some cases but not the real dimension of the problem.
- For cases published by media we react by:
 - Press statements and interviews;
 - Speech in TV and round tables;
 - One hour strike to express professional solidarity in regional or national level.

What we think to do

- Identification and disclosure of all the cases (questioner/s, explaining what happens, when, how, why, etc...)
- To inform European Observatory for the Violence against physicians
- Collaboration with stakeholders (in and out country) to develop the best strategy/s
- Legal changes in our health care legislation and Criminal Code of Albania



Criminal Code of Albania

Our Criminal Code treats violence in two of his articles:

Article 237 Assault because of duty

Assault or other violent acts committed against an official acting in the execution of a state duty or public service, because of his state activity or service, are punishable by a fine or up to three years of imprisonment.

Article 238 Intimidation because of duty

Serious threat of assassination or critical injury against an official acting in the execution of a state duty or public service, because of his state activity or service, constitutes criminal contravention and is punishable by a fine or up to two years of imprisonment.

Conclusions

- We have to make prophylaxis;
- State have to treat the case of violence.

II. Specialization

- We have a specialization list approved by:
 - Ministry of Health
 - Ministry of Education and Sports;
 - University of Medicine;
 - Order of Physicians of Albania.
- Curricula's for specializations (University of Medicine & OPA)
- Licensing for specialties is rigorously according to the list.
- Certification of health professionals specialist by:
 - University of Medicine
 - Specialty Departments

Guaranty of the process

- Albanian Medical Ethics Code precise the respect of competence for every specialist;
- Health care law precise the same thing;
- The HII reimburse only things within the specialty.

Control

- Violations of limits of competences is judged by:
 - Administration of health care institutions;
 - OPA as violation at medical ethics.

III. Licensing and CME

Individual License to practice the profession

- Order of Physicians
- Order of Nurses
- Order of Pharmacists
- Order of Dentists

OPA role in CME

- Criteria's for re-licensing:
 1. Credits in CME;
 2. Performance validation;
 3. Self-declaration form.
- Knowledge of the legal framework of CME;
- Constant encouragement to participate in CME.

Who is responsible for the control of CME events

- National Center of Continuous Education
- Sector of Quality and Monitoring (responsible of controlling the CME events)

- 1st cycle 2010 – 2014 (5 years / 150 credits)
- 2nd cycle 2015 – 2018 (4 years / 120 credits) on going



How is the regulation on CME in Albania

National Center for Continuous Education (established on 2008)

- Continuous Medical Education Programs (all health professionals);
- Accreditation program for the education activities offered;
- Develop the continuous education quality standards;
- Recertification of the professionals.

Do you know if there is any EU project for recognition of doctors' licenses for the Balkan countries

- YES;
- The Order of Physicians of Albania propose a meeting of us to discuss technical issues after the political approval.

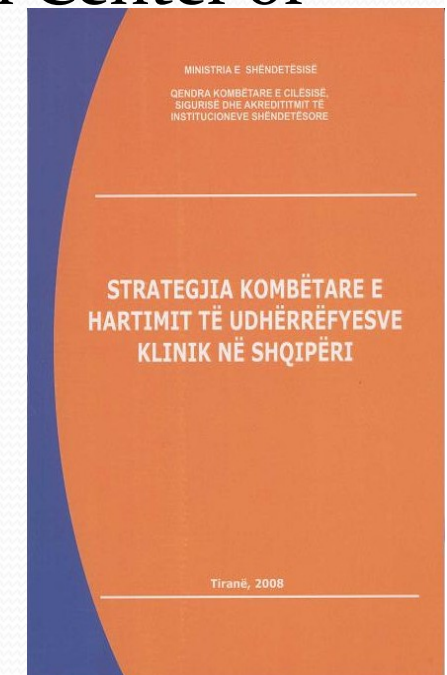
IV. Treatment Protocols

- Albania has Clinical Protocols but not in all medical fields and diseases
- 2009 – 2016
 - ~ 150 Clinical Guidelines
 - ~ 145 Clinical Protocols

Approved by Ministry of Health and developed through Adaptation process of an European CG using AGREE Instrument for their evaluation.

Current situation

- National Strategy for Development of Clinical Guidelines and Protocols
- First steps on clinical guidelines development process
- A nucleus of EBM is established in National Center of Quality, Safety and Accreditation of Health Institutions



Quality of care improvement: Stakeholders and their Roles

- MoH Political role
- OPA Ethical role
- Professionals Technical role
- NCQSA-HI Methodological role
- HII Cost-efficiency role
- Patient associations Ensuring their rights
- Academics Professional/scientific expertise
- International Organizations Supporting role

The process for developing CG and CP (1)

The order of Minister of Health

Working Group representatives (MoH, Professionals, HII, NCQSA-HI, Patient Associations)

Topic identification process and selection of the model

First draft of CG created by professionals

Review of the first CG draft

The process for developing CG and CP (2)

Comments from the partners



Finalize of CG




CP first drafts



Finalize of CP



Approval of CG & CP from MoH



Do you define the standards and norms for physicians, the consumption of supplies, etc...
Based on these protocols?

- Yes and no;
- HII and MoH follow the traditional way.

Is there an issued deadline / conditions when treatment protocols are changed?

- Yes all the CG and CP have a deadline (2-5 years);
- Regarding the HII treatment protocols, that changed each year.



If there are no protocols, on what basis do you provide high-quality health care?

- We try to provide high-quality based on different European or American CG/CP

Key needs in improving and making the development of CG process and implementation effective and sustainable

1. A monitoring system;
2. Evaluation of the impact in health care structures;
3. Evaluation of the impact on health care process;
4. Evaluation of the impact on health outcomes;
5. Evaluation of the impact of the clinical guideline.

Key challenges in improving and making the development of CG process and implementation effective and sustainable

- Lack of experience and expertise from working groups regarding CG development process;
- Inadequate or short time in developing CG / Work load
- Low motivation (no payment);
- De-recognition of the national strategy ;
- Lack of knowledge in regard to evidence and of the methods to make use of in the development process;
- **Resistance from the professionals on CG & CP development and implementation processes;**
- Lack of professionals from the field of health economics and lack of knowledge among specialists on the costs related to health service provision;
- Emotional reaction by dispute individuals relationships;
- Delays and disrespect of deadlines (cultural inertia).



Order of Physicians of Albania

THANK YOU