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THE EVALUATION OF PEER GROUPS AS AN EFFECTIVE APPROACH TO CONTINUING EDUCATION FOR PRIMARY HEALTH CARE PROVIDERS IN ALBANIA

POLICY BRIEF

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INTRODUCTION

Primary health care practitioners face ongoing challenges in maintaining up-to-date knowledge and skills. The traditional continuing education (CE) is primarily theoretical, generalised, and unrelated to the actual needs of the family medicine practice. There is a need to develop a sustainable approach that enables professional reflection, clinical behaviour changes, and ongoing enhancement of primary health care quality.

Peer groups (PGs) are used as a CE tool for health professionals and Primary Health Care (PHC) strengthening, as they provide a structured forum for clinicians to share experiences, analyse cases, and reflect on practice. This collaborative approach is used by many European countries as one form for encouraging reflective thinking, lifelong learning, and professional accountability. By discussing evidence-based guidelines and real-world challenges, participants in the groups identify gaps, reduce errors, and align with best practices.

The official recognition of PGs in Albania as one effective form of continuing education has been outlined in the Strategy for Development of Primary Health Care 2020-2025. Moreover, the contracts of the health centres (HCs) with the Compulsory Health Insurance Fund (CHIF) underline the activities of CE in the workplace as essential and consider PGs as an effective, interactive, and evidence-based method for improving the medical practice and professionalism. This regulatory framework constitutes a favourable and promising condition for the future continuity and national extension of this CE approach.

However, the expansion and sustainability of PGs remain fragile because of the systemic lack of good incentives and recognition. There is also a need for stronger motivation and supportive settings to fully integrate this approach into national policies and plans related to the professional development of PHC personnel.

EVALUATION NEED - OBJECTIVES AND METHODOLOGY OF PEER GROUP EVALUATION

Scientific evidence and international best practices show that Peer Groups represent a proven, effective, and sustainable professional education model in primary health care. Over nearly a decade, PGs in Albania have transformed from a pilot initiative supported by the HAP Project into a structured and institutionalised form of CE in primary health care.

At this development stage, with PGs widely established and institutionally recognised, a broad and in-depth evaluation of the approach as an innovative model of Continuing Education (CE) for primary health care practitioners in Albania was necessary. The evaluation was conducted in 2025 by an Albanian expert and aimed at assessing the effects of PGs on the professional development and clinical practice of the primary care professionals. The evaluation exercise aimed to: 1) document the practices and main implementation challenges in the clinical reality of what is learned and practised within PGs; 2) identify the factors influencing and determining their sustainability; 3) provide evidence-based recommendations for the PG consolidation as a sustainable and integrated component of the national system of continuing education. The evaluation will provide policymakers and responsible institutions with the information required to make informed decisions with respect to supporting, funding, and further developing this flexible form of CE.

The methodology was built on the following three key components: 1) a scoping literature review; 2) extensive interviews with key informants (9 people), and 3) seven focus groups composed of various PHC professionals experienced with PGs as members or facilitators. The participants were purposely selected to ensure a broad and balanced representation of professional and institutional viewpoints regarding the evaluation topics.

The following sections include the main evaluation findings and relevant recommendations.

THE IMPACT OF PEER GROUPS ON THE ENHANCEMENT OF PRIMARY HEALTH CARE PRACTICE AND POLICY IMPLEMENTATION

Peer Groups have had a significant positive impact on three key areas of the primary health care system's functioning in Albania, as follows:

- **Improvement of clinical practice and service quality**
  - Increased clinical competence, professional awareness, and self-confidence among doctors, nurses, and psychologists, leading to more effective care for patients, especially those affected by chronic conditions.
  - Improved use of clinical protocols and practice standardisation in compliance with national guidelines/protocols.
  - Expanded professional role of nurses and psychologists, including provision of home care services.
  - Aligned clinical practice with the strategic priorities of the health system.
- **Strengthening of interprofessional cooperation and teamwork**
  - Improved inter-professional cooperation at Health Centre (HC) that increases reliability and fosters a safe working environment, ultimately benefiting patients, especially those affected by chronic conditions.
  - Enabled a clearer division of roles and increased active involvement of all team members – particularly nurses and psychologists – in patient care.
  - Increased promotion of a cooperative culture, overcoming hierarchical and individualistic attitudes.
  - Provided support for the emotional, psychological, and social well-being of peers.
- **Contribution to national health policy implementation**
  - Provided concrete support to fulfil the objectives of the Strategy for Development of Primary Health Care 2020-20205 and Non-Communicable Disease Program 2021-2030.
  - Strengthened professional development and NCD management standardisation, as well as integrated home care services (HS), mental health, and elderly care into PHC.
  - Strengthened the connection between health policies and field practice to directly influence the improvement of the community's health.

BARRIERS TO THE PRACTICAL IMPLEMENTATION OF KNOWLEDGE AND SKILLS GAINED FROM PEER GROUPS

Despite the added value of PGs in improving clinical competencies and interprofessional cooperation, there are several factors that limit the implementation of what is learned and practised within PGs in the daily clinical practice.

Main Challenges at the HC level

- Weak incentives for PHC practitioners with respect to performance and care quality.
- Poor interprofessional cooperation (in certain cases) among different professionals of PHC teams because of low trust, exemption of nurses from clinical roles, and unclear division of responsibilities.
- Gaps in nurses' competencies and basic training, which limit their ability to apply the skills gained within PGs.
- Some of the PHC professionals do not participate in PGs (in some cases). This limits the uniform sharing of knowledge and weakens interprofessional cooperation, thus undermining care quality and continuity.
- Absence of a systematic mechanism for evaluation of PGs' impact and poor supportive oversight by HC managers, which limit the integration of the PG practice into broader approaches to care quality improvement.

Main Challenges at the macro level

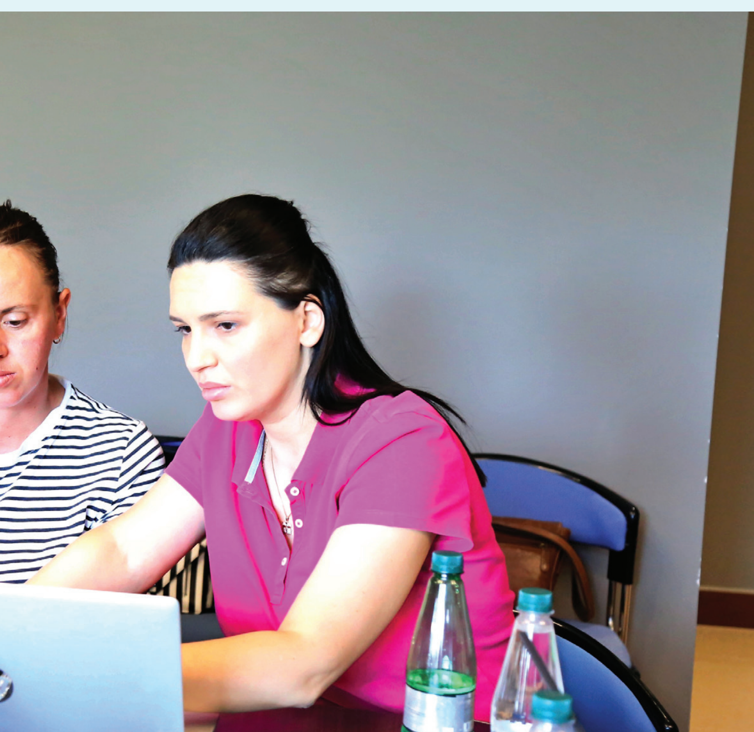
- The general context of PHC practice (insufficient resources, medical equipment and consumables and work overload, particularly in urban areas) does not favour the implementation of clinical protocols and active community follow-up with patients
- There are inconsistencies between clinical protocols and CHIF's drug reimbursement system, leading to uncertainties and demotivation among doctors regarding the implementation of new medication schemes.
- Lack of functional systems that enable scheduling of visits (appointment system) to family medicine.

BEST PRACTICES AND CRITICAL FACTORS OF SUCCESSFUL PEER GROUP FUNCTIONING

The field experience indicates that PGs function better when the following key factors are met:

- Initial support for training facilitators and drafting didactic materials specifically for family care practice, according to relevant subjects, by reliable actors (e.g., the HAP Project), followed by the engagement of the responsible health authorities and institutions.
- The Director of HC is aware of the responsibility to support CE activities at the workplace, including the PGs.
- Positive incentives for professionals who play the role of PG facilitator.

- Selection of practical topics in line with the needs and actual local clinical setting of the service, such as use of new CGPs for NCDs, health education for prevention of NCDs and their complications, elderly care in PHC, mental health management in PHC, regulation and standardised procedures of home care services, etc.
- Interprofessional composition of PGs to ensure diverse viewpoints and mutual learning.
- Clear communication between facilitators, members of the PGs and directors of HCs and flexible organisation of PGs (operation of PGs with parallel groups, division of the role of facilitator among two or more professionals, convenient schedule for the PG meetings) in line with the actual work setting at HCs.
- Interactive methods, including the discussion of actual cases from daily practice.
- Dual motivation by way of actual practical benefits and motivating rewards in the form of credits.
- Composition stability of PGs, with gradual inclusion of new members.
- Sharing/application of the knowledge obtained within PGs with colleagues in the workplace.



On the contrary, the following factors can undermine the functioning and longevity of PGs:

- Lack of HC managers' involvement and responsibility with respect to supporting PGs.
- Low motivation among practitioners to assume facilitator roles.
- Low internal motivation among practitioners to participate in professional development.
- Lack of didactic materials and supporting resources.
- Unavailability of appropriate spaces to hold meetings.
- Non-motivating accreditation by the Agency for Quality Assurance of Health and Social Care (AHSCQA) of PG participation.
- Increased clinical and administrative workload that limits the genuine ability to participate and engage in a qualitative manner.

RECOMMENDED DIRECTIONS FOR POLICY-MAKING WITH RESPECT TO PEER GROUP CONSOLIDATION AS A SUSTAINABLE AND INTEGRATED COMPONENT OF THE PHC CONTINUING EDUCATION SYSTEM IN ALBANIA

1. IMPROVE THE REGULATORY FRAMEWORK

- Include PG support in the national policies on primary care strengthening, NCD control, as well as on the development of human resources in health development and annual budgets.
- Support PG setting up and operation by allocating specific funds in the annual planning of HC budgets.
- Update the legal and regulatory framework of CE in accordance with the HC structure and profile.

- Review the accreditation system to properly reflect the real engagement in PGs and to motivate participants.
- Include PG progress tracking/monitoring in PHC quality assessment schemes.

2. INSTITUTIONAL SUPPORT STRENGTHENING

- Improve inter-institutional cooperation between MoHSP, AHSCQA and Operator with the purpose of quality enhancement of PG accreditation.
- Re-activate and strengthen the role of local CE coordinators at LUHCs.
- Strengthen AHSCQA's monitoring capabilities to support PG quality.
- Elaborate and distribute PG-related didactic materials (Professional Associations, Professional Orders, Academic Institutions).

3. IMPLEMENTATION IN PRACTICE OF THE REGULATORY FRAMEWORK

HC managers should:

- Carry out an annual training needs assessment and capacity strengthening plan for collaborators they are overseeing.
- Draft and execute annual CE plans, including PGs.
- Ensure that at least 30% of credits through CE are obtained at the workplace.
- Utilise 5% of the HC fund for CE operating expenses, including the support to PGs.
- Report regularly on the accomplishment of obligations, which are to be included in performance appraisals.
- LUHCs and AHSCQA should promote successful models and facilitate the exchange of good practices between HCs.

4. DEDICATED SUPPORT TO FACILITATORS

- Recognise the role of facilitators in the performance and career evaluation system.
- Envisage moral and financial incentives for PG facilitators.
- Provide regular training on the facilitator role (professional associations, professional orders, academic institutions) and share improved AHSCQA-elaborated facilitator guides.
- Simplify accreditation application and reporting procedures.

5. ESTABLISHMENT OF IMPACT ASSESSMENT AND MONITORING SYSTEMS

- Develop indicators to measure PG performance and impact with respect to clinical outcomes and patient satisfaction.
- Establish a national database to track, document, and analyse PG functioning in the primary care system.
- Conduct PG effectiveness evaluations, such as operational research in cooperation with academic institutions.

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