

Medical Education in Albania: Current Situation and Perspective, with Reference to Primary Care

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A radical primary health care-oriented reform of the medical services in Albania is now under way, calling for adequate revision in medical education. The reform has started in 1994. In January 1997, the Department of Family Medicine at the Faculty of Medicine, University of Tirana, was established for the development of general practice and family medicine, and with it a new era in medical education in Albania has begun. Mutual agreements for international collaborations are being realized, modern medical textbooks are being published, and the importance of continuous medical education is gaining a deserved appreciation. Here we describe medical education in Albania, including undergraduate education, vocational training, and continuing professional development. The emphasis is given on primary care, with some suggestions for concrete actions that would improve the current situation. A brief descriptive account is given of the ongoing Albanian medical education reform, primarily in the field of primary health care, which assumes its most interesting global aspects and at the same time reflects the unique demands of the country.

Key words: *Albania; education, medical, continuing; education, medical, graduate; education, medical, undergraduate; family practice; health care reform; physicians, family; primary health care*

Albania's brief independence in the early 20th century ended with the occupation first by the Italians and then by the Germans at the beginning of World War II. In 1943, Enver Hoxha assumed power. For over 40 years, Albania had had a Stalinist economy, which operated on the principle of controlled planning and state ownership of the means of production (1,2). During this period, the health sector was not considered a productive element of economy and was therefore not given much importance in terms of finance and development of human resources.

Today, the health system in Albania, as well as the country as a whole, is faced with a new and difficult situation of transition, at a time when it still feels weak and exhausted by the previous regime and the slowness of its reform (3). In the past, Albania lacked medical professionals specialized in primary health care, for which the country is otherwise uniquely well suited through factors like its rural distribution and firm family structure (4-7).

The absence of specialized primary health care professionals was often held responsible for the low quality of health care services. Furthermore, these professionals rarely went through a process of continuous education. Consequently, their professional skills and their knowledge on the effects of environ-

ment and lifestyle on the health of the population were never upgraded. At the same time, vocational training in general practice, or family medicine, was poor (8).

However, a radical primary health care-oriented reform of the medical services is now under way, calling for adequate revision in medical education. According to the Position Paper on Policy and Strategies for the Albanian Health System Reform (8), primary health care will be carried out by specialists in family medicine, whose training will correspond with that in the European Union. The "first" generation of such primary health care professionals will have the obligation and opportunity to expand their knowledge and skills and modify their practice according to quality-assessed achievements, which promises a fair chance of progress.

We believe that a descriptive account of the present medical school curriculum in Albania, including undergraduate education, vocational training and continuing professional development, with particular reference to primary health care elements, may be of interest to a wider readership. It addresses the international aspects of medical education, suggest some concrete actions for improvement, and calls for the participation and engagement of the world to help Al-

bania in developing a modern, efficient, and adequate approach in the field of medical education and practice (9,10).

Academic Medicine on Albania

After the first medical school was established in Tirana, the capital of Albania, in 1952, medical knowledge no longer had to be "imported". Before the World War II, physicians practicing in Albania had to gain their medical education in other countries, such as Austria, Italy, France, or Greece. Later on, Albanian medical students were allowed to study medicine only in the former Soviet Union and other Eastern European countries.

The University of Tirana Faculty of Medicine is still the only medical school in Albania and is responsible for basic medical education, postgraduate education, and continuous medical education for all the specialties. Currently, the faculty of the Medical School comprises 203 full-time teachers, including 18 teachers at the Department of Dentistry. Forty-two of them are full professors, 44 are associate professors, 67 are lecturers with a PhD degree, 20 are lecturers without PhD, and 30 are assistants. In addition, 125 part-time lecturers were engaged in the teaching process during the 2000/2001 academic year.

Lecturers are selected through open competition. A selection jury set up for this purpose interviews the candidates. Candidate's medical graduation grade and curriculum vitae are taken under consideration during this process. Although future medical educators usually do not have any special training in teaching, the majority has been academically trained abroad. Every year, departments select part-time teachers among the best clinicians according to the department's needs.

There are 4 University Hospitals in Tirana, the Mother Theresa University Hospital Center, the University Hospital of Obstetrics and Gynecology, the University Hospital of Pulmonary Diseases, and the Department of Orthopedics and Traumatology of the Military Hospital.

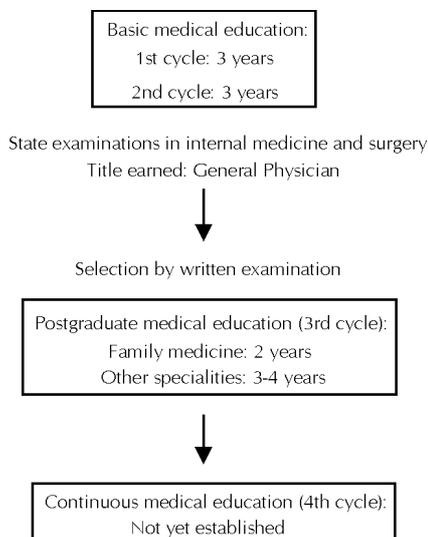


Figure 1. Medical education framework in Albania.

Basic Medical Education

Until the late 1980s, basic medical education in Albania lasted 5 years and was overloaded with political subjects, military training, and "productive work", which displaced the medical part of the education. Nowadays, undergraduate medical program lasts 6 years and is divided in two cycles.

The first cycle consists of 28 subjects covering basic and pre-clinical sciences and lasts 3 years (Fig. 1 and Table 1). In the 2000-2001 academic year, 612 students were enrolled in the first cycle (Table 2). The second cycle also lasts 3 years and comprises 34 clinical disciplines practiced through a rotation system (Fig. 1 and Table 1). There were 592 students in the second cycle during the 2000/2001 academic year (Table 2). Until recently, the undergraduate curriculum has been organized as a series of subspecialty rotations, where students had no responsibility and little direct exposure to patient. Basic medical education was mostly hospital-oriented; primary health care elements are only now being systematically included in the program. The number of students enrolled in the Faculty of Medicine in Albania during the last five years is shown in Table 2.

The reform in basic medical education started in 1994. Both cycles have been restructured in the recent years through two European Union TEMPUS projects in collaboration with the Faculty of Medicine and Surgery, University of Padova, Italy, and the Lariboisiere Saint-Louis Faculty of Medicine, University of Paris VII, France. During a 6-year period, 108 teachers – 18 teachers per year – were academically

Table 1. Undergraduate medical program of the Faculty of Medicine, University of Tirana, Albania^a

Pre-clinical sciences (1st cycle, 1st - 3rd year)	
Philosophy	Ethics and deontology
Sociology	Biophysics
Foreign Language	Human anatomy
Latin	Histology and embryology
General and inorganic chemistry	Physiology
Organic chemistry	Biochemistry
Biology	Pathophysiology
Informatics	Pharmacology
Medical psychology	Genetics
Biostatistics	Immunology
Physical training	Microbiology
History of medicine	
Clinical sciences (2nd cycle, 4th - 6th year)	
Pathological anatomy	Cardiology and angiology
Urology	Clinical pharmacology Hematology
Clinical biochemistry	Neurology
Rheumatology	Allergology
Gastropathology	Clinical toxicology
Orthopedics and traumatology	Dermatology
Anesthesiology and reanimation	Otorhinolaryngology
Pneumonology	Ophthalmology
Nephrology and Hypertension	Occupational diseases
Infectious diseases	Forensic medicine
Oncology	Dentistry
Endocrinology	Hygiene and health
Surgery	Medical organization
Obstetrics and gynecology	Epidemiology
Pediatrics and child surgery	Medical economics
Psychiatry	

^aSource: Kondili A, Ceka X. Medical education in Europe. An anthology of Med-Net Conference presentations 1998, Lille, and 1999, Maastricht.

trained in Padova and Paris. Fruitful exchange programs and cooperation with other accredited Universities around the world have also contributed in this respect. Furthermore, a great number of foreign academic staff has visited the Tirana Faculty of Medicine through international lectureships and shared their experience and knowledge with the Albanian colleagues.

An important factor that compromised the quality of undergraduate medical training was the lack of up-to-date learning facilities. This has changed recently. Upgraded medical textbooks in Albanian language have been recently issued, contributing greatly to the modernization of the educational material in more than half of the academic disciplines, and more textbooks are in the process of being published. Reference books, written lectures, photocopied material, and article journals are also being used. Most Albanian students are fluent in foreign languages, especially in English, so they feel comfortable using international medical literature during their studies.

Table 2. The number of students enrolled in each cycle of the medical education in Albania during the last 5 years

Academic year	Cycles		
	1st	2nd	3rd ^a
1996/1997	548	843	470
1997/1998	626	641	527
1998/1999	704	476	500
1999/2000	661	537	529
2000/2001	612	592	425

^aPostgraduate training starts every January.

Postgraduate Training

Postgraduate training forms the third cycle of the medical education (Fig. 1). It varies in duration from 2 to 4 years, according to the vocational training program in each specialty. In 2001, 425 postgraduate students were in the third cycle of education. The number of students enrolled in the postgraduate training in Albania during the last 5 years is shown in Table 2.

Postgraduate training in family medicine first started in January 1997. The Department of Family Medicine is one of the independent departments of the Faculty of Medicine and in charge of the training. There are 4 full-time lecturers and several part-time lecturers at the Department. With the support of the European Union PHARE Program, the members of the Department were academically trained abroad for 9 months: three of them in London and one in Brussels. Two were further trained for three months in Salt Lake City, UT, USA (11).

Until now, 48 physicians have completed the 2-year postgraduate training in family medicine in Albania. A family medicine textbook is in the process, to be published later this year (11). A CD-ROM on primary health care and public health issues was created during 2001 in collaboration with the School of Medicine, University of Ioannina, Greece through the European Union INTERREG II program (12).

Continuous Medical Education

Continuous medical education is the fourth cycle of medical education in Albania, not yet fully established (Fig. 1). With the support of the PHARE program, a 6-month instruction course in Glasgow, Scotland, was given to 16 primary health care physicians. These physicians have in turn trained 540 primary care physicians around Albania, in Tirana, Shkodra, Korca, and Vlora. A continuous medical education curriculum has been developed for the forthcoming year in collaboration with the Universities of Crete and Ioannina, Greece, and Linköping, Sweden, for the 48 physicians who have completed the postgraduate training in family medicine, and the experience gained from the University of Crete could probably be developed (11).

Discussion

Today, much attention has been paid on achieving quality and equity in every respect. World Health Organization has implemented the project "Towards Unity for Health", which intends to promote and foster unity worldwide, with the aim to provide services based on people's needs, particularly through a sustainable integration of medicine and public health (13). On the other hand, the increasing dissatisfaction of patients with health care reflects a general failure of competence of the medical and other health care professions to meet the new challenges. Primary health care continues to receive attention and general practitioners are expected to play a role in satisfying the needs for quality improvement. In what extent the current medical school curriculum in Albania serves these needs and in what extent the undergraduate and postgraduate education in primary health care includes the appropriate amalgam of individual medicine and community health is still questionable.

The choice and organization of courses comprised by the medical school curriculum leaves room for improvement, and the choice of educational methods and means is crucial. The above-mentioned international collaborations have been invaluable and are being further extended. There is a mutual interest in a controlled research and development platform that Albania can offer, in which primary health care emerges as one of the most vital elements.

The European Society of General Practice/Family Medicine and the European Academy of Teachers in General Practice have started the process of achieving a European consensus on a new definition of General Practice and the core competences of General Practitioners. The aim is to introduce all undergraduate medical students to issues relevant to General Practice/Family Medicine. Thus, the postgraduate training in family medicine in Albania will be extended to three years. Also, strategically located pilot health centers are planned as "green islands" (10) for quantitative and qualitative research and development and for creation and promotion of good clinical practice, both in accordance with the recommendations of the European Commission's Advisory Committee responsible for the training of physicians (14).

In conclusion, the reform in Albania's medical education system, especially in the field of primary health care, is under way. Although improvement has been achieved, the whole reform process would not be complete without the implementation of a well-structured evaluating procedure. Medical education of health professionals should be evaluated in accordance with the health needs of the Albanian society and aim at ensuring that physicians acquire the necessary knowledge and skills at all levels – undergraduate, postgraduate, and within continuing education (15). An effective consensus on reform options and policies needs to be built and new actions should be developed, especially since cost-efficient, easily managed, and dispensed information technology is now available.

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PROFESSIONAL ENGLISH IN USE FOR MEDICINE. 11. Medical education 1. A. Medical education in the UK. Medical education in the UK covers: A. Undergraduate education " four or five years at medical school, the section of a university responsible for medical education. B. A two-year Foundation Programme which provides training for new doctors after graduation through a series of placements in different specialties. C. Postgraduates training which doctors take to become GPs or consultants " senior specialists- often delivered through colleges for different specialties, for example the Royal College After adding nine publications from the hand search of references, a total of 104 articles were included in the final analysis. Among the total reviewed articles, 58 publications (tables 2 and 3) reported on the barriers and/or facilitators of oral health integration into primary care. These publications were from 18 countries across the world: the USA, Australia, Canada, France, Sweden, Norway, Switzerland, Nepal, Bangladesh, Indonesia, Tanzania, Nigeria, Thailand, Peru, Brazil, New Zealand, the UK and Iran. Main facilitators and barriers of the integration of oral health into primary care according to the research articles identified in the scoping review. View this table: [View inline](#). [View popup](#). Table 3.