



SOLIDAR

BASHKË NË EMERGJENCAT SHËNDETËSORE

ALBANIA

SOLIDAR – Together in Health Emergencies

Situation Analysis Report: Developing a Strategic Approach to Strengthening Albania's Training System for Emergency Healthcare

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ABBREVIATIONS

AED	Automated External Defibrillator
ALS	Advanced Life Support
AQA-HSC	Quality Assurance Agency for Health and Social Care
BLS	Basic Life Support
BLSD	Basic Life Support and Defibrillation
CBRN	Chemical, Biological, Radiological, Nuclear Incidents
CME	Continuing Medical Education
CNE	Continued Nursing Education
CPR	Cardiopulmonary Resuscitation
DCM	Decision of the Council of Ministers
ECG	Electrocardiogram
EM	Emergency Medicine
EM-DAT	International Disaster Database
EMS	Emergency Medical Services
GPs	General practitioners
HCOs	Health Care Operators
HCSO	Healthcare Services Operator
ITLS	International Trauma Life Support
IV	Intravenous
MoE	Ministry of Education
MoHSP	Ministry of Health and Social Protection
NACP	National Agency for Civil Protection
NEMC	National Emergency Medical Centre
OP	Order of Physicians
PC	Primary care
PHC	Primary Healthcare
PTACLS	Principles and Techniques of Advanced Cardiac Life Support
SDC	Swiss Agency for Development and Cooperation
UMT	University of Medicine in Tirana
UNICEF	The United Nations Children's Fund
WHO	World Health Organization



EXECUTIVE SUMMARY

This report, developed as part of the Swiss Agency for Development and Cooperation (SDC) supported "SOLIDAR – Together in Health Emergencies" project, evaluates Albania's training system for emergency healthcare professionals, particularly targeting doctors and nurses in primary healthcare centres and municipal hospitals. Given Albania's vulnerability to natural disasters such as floods and earthquakes, as well as public health emergencies like the COVID-19 pandemic, the report identifies critical gaps in emergency training and outlines recommendations to strengthen the preparedness and capacity of healthcare workers.

The current curriculum for medical and nursing education in Albania places significant emphasis on theoretical knowledge while offering limited practical and simulation-based training. As a result, healthcare professionals report feeling inadequately prepared to handle real-life emergencies. Further, there are significant disparities in access to training, with rural healthcare workers facing challenges in obtaining ongoing professional development. This creates an imbalance in the quality of emergency care provided across the country. Additionally, the regulatory framework lacks clear provisions for empowering nurses during emergencies, and the absence of structured guidelines for Continuing Medical Education (CME) and Nursing Education (CNE) further limits the development of healthcare professionals' skills.

Stakeholders, including academic institutions, professional orders, governmental agencies, and healthcare organizations, have highlighted the urgent need for reforms. Key challenges include limited access to essential tools and simulation-based equipment, insufficient integration of practical training into academic programs, and a lack of dedicated trainers as well as feedback mechanisms. Existing training programs also fail to adequately address specific emergency scenarios, such as obstetric/paediatric emergencies, trauma care, cardiac arrest response and management of emergency crises.

The report recommends modernizing medical and nursing curricula by incorporating comprehensive emergency response training, with a focus on Basic Life Support (BLS), Advanced Life Support (ALS), trauma management, and obstetric/paediatric care. Practical training opportunities should be expanded through prolonged clinical placements, supported by adequate supervision and hands-on practice. Efforts to make CME/CNE programs more accessible in rural areas, including the use of online platforms, are also crucial to ensuring equitable skill development across the healthcare workforce.

Legislative reforms are essential to empower nurses with greater autonomy during emergencies, enabling them to perform critical tasks independently. Regulatory frameworks for CME/CNE programs must also be strengthened to ensure that training aligns with the practical needs of healthcare professionals. Stakeholder collaboration is key, and partnerships between government institutions, universities, and international organizations should be leveraged to align Albania's emergency healthcare training system with global best practices.

In conclusion, addressing these systemic gaps through a multi-faceted approach will enhance Albania's emergency healthcare system, equipping healthcare professionals with the skills and resources necessary to manage emergencies effectively. By prioritizing practical training, regulatory reform, and equitable access to education, Albania can significantly improve its emergency response capabilities and public health resilience.



1. INTRODUCTION

The Project “SOLIDAR – Together in Health Emergencies”, supported by the Swiss Development Cooperation (SDC), aims to improve access to quality emergency medical services for the Albanian population by strengthening the health emergency system at all levels. The support is provided at the national level and sub-national level to key system actors, building on existing structures and cooperation to jointly design and implement new solutions to establish a strong health emergency preparedness and response. A key area for support is to strengthen Albania’s training system for emergency healthcare. This Situation Analysis Report provides a comprehensive examination of the current state of education and training in medical emergencies in Albania, with a prime focus on doctors and nurses working in primary health care, especially the 24/7 clinics and municipal hospitals highlighting critical challenges and opportunities for reform.

The SOLIDAR project aims to address the identified critical gaps in emergency healthcare services by implementing a multi-faceted action plan designed to improve the training of healthcare professionals, particularly in emergency medical scenarios. The project focuses on several key areas:

First, it will enhance emergency medical training by developing comprehensive training programs tailored to doctors and nurses. These programs will emphasize the practical skills necessary for effective emergency response, ensuring that healthcare workers are well-equipped to handle a variety of emergency situations including enhancing competencies in performing CPR and ensuring the ability to implement a defibrillator when needed.

Second, the project aims to revise the existing curricula in medical and nursing schools across Albania. By integrating more hands-on training and simulation-based learning into the curricula, students will have the opportunity to develop the competencies required for real-world emergency medical situations such as earthquakes and flooding.

Additionally, the project will focus on expanding access to Continuing Medical Education (CME)/ Continuing Nursing Education (CNE) programs, particularly in rural areas where healthcare professionals often have limited access to ongoing training and resources. This expansion is crucial to ensure that all healthcare workers, regardless of their location or level of education, are kept up to date with the latest medical practices and emergency care protocols. In addition, CME/CNE courses focused on management of emergency crises will be included.

Lastly, regulatory reform will be pursued to empower nurses and enhance their roles during emergencies. By advocating for changes in legislation that allow nurses to perform critical tasks autonomously the project aims to improve the overall response capability of healthcare teams, thereby enhancing patient outcomes in emergency situations.

2. METHODOLOGY

By drawing on data from key stakeholders, field assessments, and institutional reviews, this report aims to provide an evidence-based foundation for enhancing the availability of capacity building for healthcare professionals on emergency medical services in Albania. Input was collected from health professionals through a series of activities:

- 1) Two focus groups were conducted: one at the Municipal Hospital in Gramsh and one at the Primary Healthcare Center in Belsh. These focus groups included 33 health personnel in total, including doctors, nurses, midwives, paramedics, and managers. A technical expert prepared semi-structured questions to explore the challenges faced by participants related to behaviours and practices in emergency medicine,



as well as their requests and recommendations. Reports from the focus group meetings were prepared, providing evidence of the input gathered from the professionals.

- 2) Two regional workshops were conducted: one in Elbasan and one in Shkodra. These workshops included 34 health professionals in total, including family doctors, emergency medicine doctors, nurses, midwives and managers employed in the health centres and municipal hospitals of Cerrik, Peqin, Gramsh, Belsh, Elbasan, Koplik, Vau-Dejes, Puke, Malesi e Madhe, and Shkodra. Representatives of regional directorates of the Healthcare Services Operator (HCSO), local health care units, of the Order of Nurses and Order of Physicians, and the University of Shkodra attended as well. The participants worked in groups to answer specific questions on: what are existing and missing capacities and challenges in managing medical emergencies; what are the needs for improvements in curricula and continuing education for doctors and nurses; and what are necessary legal adjustments to improve the provision of quality emergency medical services for patients.
- 3) Meetings were held with the heads of educational institutions and academic staff to discuss the current situation and their proposals regarding the emergency medicine (EM) curriculum. Options for adapting the curriculum, if necessary, were also explored. These meetings included representatives from the University of Medicine in Tirana, the Faculty of Technical Medical Sciences in Tirana, and institutions in Elbasan, Shkodra, and Vlora. Minutes of the meetings were prepared, highlighting the concerns and suggestions expressed by the professionals.
- 4) Key informant interviews were conducted with the President of the Order of Physicians, the President of the Order of Nurses, the Director of the Agency for Quality Assurance in Health and Social Care, the former Chair of the Centre for Continuous Education at the University of Medicine, the Director of Health Centre Nr.10 Centre of Excellence, UNICEF, WHO Country Office, and others. Minutes of these interviews were prepared, capturing the concerns and suggestions shared by the informants.
- 5) The desk review involved analysing documents produced during the SOLIDAR inception phase such as: the "Report on Competency and Training Needs Assessment of Primary Health Care Facilities and Municipality Hospitals in Albania" (June 2023); "Assessment of the Regulatory Framework for Health Emergencies" (April 2023) and "Emergency Preparedness and Response in Albania Research Report" (July 2023). Additionally, the review included education materials developed by governmental institutions, which offer context and supplementary data for the analysis.
- 6) Observations were made during a training on basic life support and first aid to have an insight into current training provision.

The review assessed emergency medicine (EM) curricula offered by public and private institutions in Albania. It evaluated whether EM topics were included, their credit allocation, alignment with international standards, the educational year in which it was taught, curriculum content, and the year of the last update. The analysis identified topics and skills covered, ensuring the content met educational objectives. Undergraduate and postgraduate programs for general practitioners, nursing at bachelor's and master's levels, and family physician programs were included. The review also evaluated universities' infrastructure for EM training, focusing on simulation tools like mannequins and essential emergency equipment (defibrillators, ECGs, IV kits, etc.) and facility readiness for hands-on training.

All steps of the process were carefully coordinated with the support of an international expert, whose expertise provided valuable guidance throughout the activities. The expert contributed to the planning and execution of focus groups, meetings, and interviews, ensuring alignment with best practices and international standards. Their involvement was instrumental in formulating semi-structured questions for focus group discussions, analysing the input from health professionals, and synthesising key findings. The expert also participated in field visits and meetings with key stakeholders, offering insights and recommendations that enriched the overall process and informed the preparation of detailed reports and minutes. This collaboration ensured a



comprehensive and high-quality approach to addressing the challenges and opportunities in emergency medicine education and practice.

3. BACKGROUND AND CONTEXT

Albania is vulnerable to a range of natural disasters. The main hazards affecting Albania are earthquakes, floods, forest fires and landslides. Other hazards include snowstorms, droughts, temperature extremes, epidemics, avalanches, technological hazards (e.g., dam breaks), and windstorms. The International Disaster Database (EM-DAT) shows that, during 1979–2019, floods accounted for the majority of disaster events (38%), followed by earthquakes (15%). The vulnerability of the Albanian population to disasters of large and small scales is compounded by poverty, poor quality infrastructure and communications, the lasting impacts of the earthquake, displacement often driven by a construction boom, abusive construction without permission, and a range of human-influenced environmental factors, from rapid deforestation, and poor watershed management to environmental pollution. Moreover, the education and awareness of the population on these risks remains low.

COVID-19 demonstrated how a novel virulent pathogen can rapidly spread within communities and cause significant harm in a population lacking immunity. The virus's swift transmission was facilitated by dense communication networks and an increasingly globalized world, among other factors. In that sense, COVID-19 is a perfect example of the systemic nature of contemporary risks that we are facing within our societies and Albania is not an exception. COVID-19 affected not only the health system but the supply chains, the transportation sector, access to education, and food distribution to name a few other sectors impacted.

The COVID-19 pandemic crisis exposed embedded vulnerabilities in public health systems worldwide. Not being excluded from global lessons to be learned, Albania needs to prioritize future pandemic risk and public health in general creating sustainable strategies for capacity building of its structures to anticipate, prevent and respond to pandemics. Very early into the response phase the public health system in Albania, and across the world learned the importance of early detection, contact tracing and communication with the public.

Climate-related disasters will increase the risk of injury and preventable death among the population, especially among vulnerable groups. Floods have been the natural hazard affecting most people between 1985–2019, and this trend has increased in recent years. In addition to direct physical and mental health consequences from floods include water-borne and vector-borne diseases to which infants and children are the most vulnerable.¹ Disruption of provision of routine care is also an outcome.

In response to these challenges, Albania has adopted a National Health Strategy for 2021–2030, approved through the Decision of the Council of Ministers (DCM) No. 210, dated 6 April, 2022. This strategy emphasizes a comprehensive program for public health emergency preparedness, aiming to enhance the country's resilience to both natural disasters and public health crises.

The healthcare system in Albania is primarily public. The state provides most of the services offered to the population in the areas of promotion, prevention, diagnosis, treatment, and rehabilitation.

The private sector covers most pharmaceutical services, dental care, and some specialized diagnostic clinics and hospitals, mainly concentrated in Tirana.

Diagnostic and curative healthcare services are organized into three levels:

1. Primary care services,
2. Secondary and tertiary healthcare services and other national centres,

¹ https://www.undp.org/sites/g/files/zskgke326/files/2024-01/national_drr_strategy.pdf



3. Public health services,

The main goal of healthcare services is to ensure universal coverage. In recent years, the healthcare system has undergone reform phases and significant legal changes aimed at improving the quality of healthcare services.

► **Primary care services** are provided through a network of healthcare institutions and professionals based on the principles of primary healthcare (PHC). This network consists of 362 health centres, which have been reorganized in line with the implementation of administrative and territorial reforms. Among them there are 31 24/7 healthcare centres that are open every day. The primary care system is designed to ensure that every person living within the territory of the Republic of Albania has access to primary care providers, the right to choose a primary care contact, and the ability to register with the chosen provider. Primary care is provided without restrictions based on illness, age, gender, economic status, or patient category. It meets the needs for basic medical treatment, nursing care, prevention, and rehabilitation, provided these do not require treatment and examination techniques offered at other healthcare levels. There are more than 2,000 ambulances and 4 specialized polyclinics.

Specialist public outpatient consultations are delivered at 36 polyclinics associated with hospitals.

► **Secondary and tertiary healthcare services**, or hospital care, are provided to citizens in need of diagnosis, examination, and/or treatment concentrated in hospitals that cannot be offered by primary care, in accordance with the referral system. This level consists of 43 regional (or municipal) hospitals and 5 tertiary university healthcare centres, all located in Tirana, which provide specialized services.

► **Public health services** have the Institute of Public Health as their technical and reference institution, along with 36 Local Health Care Units that cover public health services to address health promotion, other health issues, and the needs of the population.

The Municipal Hospital in Gramsh

The Gramsh Municipal Hospital operates in a semi-rural area south of the capital. It faces challenging conditions with only one doctor on duty for emergency services at any given time. This situation raises significant concerns regarding the adequacy of care during critical situations, especially when healthcare professionals are expected to make rapid, life-saving decisions without the proper training or resources.

The Health Centre in Belsh

At the Belsh Health Centre, six doctors and 29 nurses serve a community of approximately 16,000 residents, with the number increasing to 40,000 when surrounding villages are included. The centre finds itself in a semi-rural area, an hour's drive south of the capital city, whose economy is based on agro-tourism and agriculture. Despite their dedicated efforts, these healthcare providers are hindered by the absence of specialists in emergency medicine. While the existing structure allows doctors to respond to emergencies, they often lack training in critical areas, leading to gaps in the quality of care provided. While a doctor is responding to an emergency, it often leaves the centre without adequate staff to deal with on-going patient needs. There is also an insufficient number of available ambulances to deal with medical emergencies on location.

The Albanian healthcare system faces significant challenges, particularly in emergency services, where the need for specialized training among healthcare professionals is both critical and urgent. Many doctors and nurses report feeling unprepared to handle emergencies effectively due to gaps in training and curricula that lack adequate practical components.

The need for a comprehensive approach to enhance emergency medical training is evident across both rural and urban healthcare settings in Albania.



4. KEY STAKEHOLDERS IN CONTINUOUS MEDICAL EDUCATION

The effective implementation and advancement of CME rely on a diverse network of stakeholders, each playing a crucial role in shaping policies, developing programs, and ensuring quality education for healthcare professionals. These stakeholders include government agencies, professional associations, academic institutions, healthcare providers, donors, and private sector entities. Their collaboration is essential to align CME initiatives with national healthcare priorities, improve professional competencies, and ultimately enhance patient care. Understanding the roles and interactions of these key stakeholders provides valuable insights into the strengths, gaps, and opportunities within the CME landscape. The following actors in the Albanian context have been identified:

Government Institutions

Government institutions play a vital role in shaping healthcare policies and ensuring that emergency services are adequately funded and supported.

The **Ministry of Health and Social Protection (MoHSP)** is responsible for overseeing national health policy, including emergency response systems. Although the MoHSP allocates a fund for continuous education, there are significant challenges in utilizing these resources effectively. Identifying qualified trainers, motivating staff to teach—especially without compensation—and encouraging staff to regularly update their knowledge are ongoing issues. Proposed solutions include creating a centralized database of qualified trainers, providing appropriate compensation for their services, and offering career advancement opportunities as incentives for participation. Additionally, integrating digital tools and online platforms could make training more accessible and appealing to healthcare professionals.

The **National Emergency Medical Centre (NEMC)** delivers accredited CME training focused on emergency medicine. Law No. 147/2014 "On Medical Emergency Services" emphasizes that medical emergency services are an integral part of the healthcare system, provided uninterruptedly 24/7 at all levels of healthcare delivery. Among the responsibilities of medical emergency services, the primary one is to provide high-quality care in primary and hospital settings, including treatment and transportation by ambulance to hospital, as well as first aid for anyone in a medical emergency at the scene. The NEMC includes clinical and pre-hospital care in situations where a citizen's life is at risk. The need for emergency medical services ends with the stabilization of the patient's health condition or their admission into a hospital. Article 8 of the law defines the responsibilities of the NEMC including providing continuous training for healthcare and non-healthcare personnel, clinical training, and certified training programs. It also certifies paramedics, first aid providers, and medical emergency support personnel for delivering first aid and relevant procedures under curricula approved by joint orders of the Ministers of Education and the Minister of Health and Social Protection.

The **Ministry of Education (MoE)** influences the curriculum and practical training offered in medical and nursing education, which directly affects the preparedness of future healthcare professionals.

The **Quality Assurance Agency for Health and Social Care (AQA-HSC)** is the main state agency tasked to ensure the quality of healthcare products/benefits from all providers (public or private), aiming to guarantee high-quality health and social care based on standards, through education, certification, and safety control of services for health and social care structures and professionals. The Agency's responsibilities lie in:

- Assessing the quality, safety, and accreditation of health institutions in Albania, both public and private, as well as social care institutions.
- Continuing education for healthcare professionals and social care service providers.

The **National Agency for Civil Protection (NACP) training centre** serves as a central hub for organizing and facilitating training programs and joint exercises involving multiple departments, such as Firefighters (FF), Emergency Medical Care (EMC), and Police Forces (PF). The centre offers both basic and advanced-level training at national and regional levels, fostering interdepartmental coordination and capacity building.

An important institutional reform was the establishment of the **Healthcare Services Operator (HCSO)** with its four regional directorates. These are part of the Public Health Service Program and have taken on various planning and healthcare management functions in the field of primary and secondary healthcare services, based on Decision No. 419, dated 04.07.2019, "On the creation, organization, and functioning of the healthcare services operator."

Healthcare services in primary care and hospital care are funded by the **Compulsory Health Care Insurance Fund**, while investments and the portion of services covering non-contributing categories are funded by the Ministry of Health and Social Protection.²

² Korniza Dhe Modeli I Shërbimeve Të Integruara Sociale Dhe Shëndetësore Shqipëri, 2021, <https://www.undp.org/sites/g/files/zskgke326/files/migration/al/korniza-shqip.pdf>



Professional Regulatory Bodies

Orders of doctors and nurses are essential regulatory bodies that oversee the licensing and continuing education of healthcare professionals aimed at ensuring the highest level of quality of care delivered.

The Order of Physicians of Albania: Its main aim is to lead doctors toward high standards of professional healthcare and to safeguard their interest. To renew their license, all doctors need to gain 150 CME credits within 5 years.

The Order of Nurses of Albania: The primary responsibility of the Order of Nurses is to oversee the nursing licensing process, managing Continuing Nursing Education (CNE), and ensuring adherence to correct practices to protect the public. Nurses are required to obtain a license from the Order of Nurses before officially starting their work and must renew it every five years by earning 50 credits through CNE. These credits are obtained through training programs typically conducted by nurses. The Order of Nurses conducts an annual survey to identify training topics relevant to the needs of nurses, which informs the development of training modules. The Order of Nurses offers courses worth 30 credits free of charge.

Both doctors and nurses are required to complete a credential Continuous Medical Education (CME) / Continued Nursing Education (CNE) to renew their license every 5 years which is approved by the respective Professional Orders. Each order is responsible for the final professional test and after successful completion and registration, for emitting the professional license.

Academic Institutions

There are many public and private universities, licensed professional training providers and institutions that provide CME/CNE and other continuing education programs.

The **University of Medicine in Tirana (UMT)** is a public university and the largest in Albania in the field of medical studies. The Faculty of Medicine offers academic degrees in general medicine studies. It also offers residency programs through the University Hospital Centre Mother Teresa as the largest hospital centre in Albania and the main reference hospital for internal medicine pathologies.

The Faculty of Technical Medical Sciences at the University of Medicine in Tirana (UMT) provides training to nurses and midwives, enabling them to pursue Bachelor's and Master's degrees (professional or general tracks). The university also provides training for other medical professions such as laboratory technicians, physiotherapists, and imaging technicians.

The University of Medicine in Tirana is a CME/CNE provider accredited by the AQA-HSC. The CME/CNE is offered through the Centre for Professional Development. Throughout 2024, the Centre for Professional Development at the University of Medicine, Tirana accredited a total of 24 different activities, including training sessions focused on improving clinical practices and developing the professional skills of healthcare staff; conferences addressing contemporary topics and major challenges in medicine and health sciences; workshops with a practical and interactive nature aimed at mastering new techniques and advancing technological knowledge in the medical field; and lectures delivered by distinguished academic figures offering an in-depth approach to the most current and relevant topics for healthcare professionals. The CME/CNE activities are offered for free to all health professionals in the Republic of Albania.

In addition, other universities, such as the **University of Elbasan**, the **University of Shkodra**, and the **University of Vlorë** play a significant role in shaping the future workforce. However, their curricula often lack adequate hands-on training in emergency medicine, which is necessary for effective healthcare delivery.

International and National Organizations and Associations

There are other organizations which offer training, such as the **Albanian Society of Emergency Medicine** and the **Albanian Red Cross** provide basic training in BLS and First Aid.

There are other private entities providing emergency medical services, such as the **Swiss Foundation for Innovation** which has a specified training centre, providing trainings in the field of emergency medicine, including advanced medical emergency trainings.

International actors, including organizations such as **WHO** and **UNICEF**, also contribute to the improvement of Albania's healthcare services. These entities offer support and guidance for enhancing emergency care, thereby helping to align local practices with international standards.



5. CURRENT CME/CNE PROGRAM OFFERINGS

A diverse range of Continuous Medical Education (CME) and Continuous Nursing Education (CNE) programs were conducted in 2024, focusing on emergency medicine and related topics. These training sessions aimed to enhance the skills and competencies of healthcare professionals in managing emergency situations across various medical settings. A detailed list of the courses is provided in Annex 1.

The training programs can be categorized into the following groups:

Life Support and Emergency Care

- Prehospital Trauma Life Support
- Advanced First Aid for Primary Healthcare Professionals
- International Trauma Life Support (ITLS) – Advanced Provider
- International Trauma Life Support (ITLS) – Generic Instructor Course
- Basic Life Support (BLS), First Aid in Various Situations
- Basic Life Support Defibrillation
- BLS – Telephone Training
- Principles and Techniques of Advanced Cardiac Life Support (PTACLS)
- First Aid, BLSD Emergencies, Cardiopulmonary Resuscitation

Emergency Management in Specific Scenarios

- Anaphylactic Shock: A Medical Emergency for Healthcare Professionals
- Triage and Its Application in the Emergency Department
- Management of Medical Emergencies
- CBRN (Chemical, Biological, Radiological, Nuclear Incidents)
- First Aid in Emergency Situations in Dental Clinics

Specialized Medical Topics

- Treatment of Heart Failure with Reduced Ejection Fraction
- Stroke Prevention in Atrial Fibrillation Patients – Module I & II

Geriatric and Mental Health Care

- Prevention and Management of Accidental Falls in the Elderly
- Primary Care and Mental Health

Nursing and Practical Skills

- The Role of Healthcare Personnel in Wound Care and Suturing Techniques
- Nursing Practices in Emergency Care Based on the Latest Protocols
- Multidisciplinary Training on Patient Healthcare and Emergency Situations



6. ACADEMIC EDUCATION IN EMERGENCY MEDICINE

Physicians' academic education in EM is provided in the Faculty of Medicine at the University of Medicine in Tirana, both for students of general medicine and resident doctors. For general medicine students there is a course in EM which is delivered in the 1st and 5th year and a Toxicology course which is studied in the 5th academic year. The 4-year Emergency Medicine residency program for doctors was introduced in 2011. Yet, most physicians working in emergency departments throughout the country are GPs and not EM specialists. These GPs receive medical training from the NEMC and work in an equivalent position as an EM specialist, thus disincentivizing GPs to study EM, resulting in a low number of registered students and an absence of attractive conditions for specialists in EM. Identified aspects needing improvement are the need for preferential conditions compared to general practitioners with the same position in emergency departments. Due to a limited number of specialized doctors in EM, there are not sufficient numbers of EM doctors to serve in ambulances. When EM doctors respond to an emergency, physicians from other PC departments need to cover the gap in the Emergency Department while the specialist is absent, or the ambulance is dispensed without a physician creating a problem for nurses who are not qualified and certified to operate an automated external defibrillator (AED) on their own without a doctor being present. There are currently no courses on management of health emergency crises or natural disasters. The curricula for specialisation in Family Medicine does not contain any subject on EM. The same is true for the two levels (bachelor and master) of the Public Health studies.

CME training, in general, relies on individual case-by-case requests and motivation to be trained since there is no mandatory EM training requirement and structured plan and completing the units required for the professional license renewal by the Order of Physicians.

Nursing studies are carried out at the Faculty of Technical Medical Sciences from the University of Tirana, University of Elbasan, University of Vlora, University of Shkodra, University of Korca and other private universities. This situation analysis has reviewed many of the current curricula being applied in most of these University and is bringing the example from the University of Tirana as the most representative. For the Nursing B.Sc., there is a course on Medical Emergencies; for the M.Sc., there are 4 courses: Surgical, Paediatric, Medical Emergencies, and Nursing Management. The Bachelor of Nursing curriculum includes 24 hours of lectures, six seminar hours, and ten clinical hours; the midwives' curriculum, covers an additional 18 lecture hours, 3 seminar hours, and ten clinical hours. In all training programs, the hours of clinical experience are insufficient. Furthermore, when students arrive at the department, there is no designated trainer to escort them to ensure they fulfil the professional tasks required in the training program, complete all assignments, are evaluated, and receive feedback regarding their performances.

There is a module on nursing management in the Master of Nursing program which can be specified for managing patient care and/or home care nursing management. When graduating, nurses are required to pass the theoretical exam, oral exam, and practical exam, to enable them to apply for a position. To renew their license, nurses must gather 50 professional credits in 5 years (CNE). Many times, it has become an administrative process without guarantee of participation and use of the CNE to enhance competencies, therefore monitoring and evaluation processes need to be instigated. For example, Basic Life Support (BLS) is a part of the academic studies, but there is no requirement to refresh knowledge, so there is no guarantee for skill maintenance. Nurses, as with physicians, are not required to follow a structured training plan for their CNE. Therefore, professional development depends on self-motivation and planning.

The current curricula for medical and nursing students in Albania are currently inadequate in preparing healthcare professionals for emergency situations. Students report that their training often emphasizes theoretical knowledge over practical application, leaving them ill-equipped to handle real-life emergencies effectively. For instance, students who have attended public or private universities express concern over



insufficient hands-on training in essential areas such as trauma care, paediatric emergencies, and cardiac arrest management.

Assessing the current curricula brings us to the following conclusions:

- Practical emergency medical training, which is critical for developing the skills necessary to respond effectively in emergencies, is missing.
- Structured opportunities for students to practice essential skills, such as IV insertion or the use of defibrillators is lacking.
- Incorporating a comprehensive approach that integrates theory with practice, leaving students with limited real-world experience would be beneficial.

1. Emergency Medical Care Curriculum:

- This curriculum is not treated as a distinct subject (in some cases it's not even an obligatory subject of studies) within the medical education framework.
- It comprises only a total of 35 hours of overwhelmingly theoretical training with only limited practical training, which is considered insufficient by the students.
- Nursing students, in particular, experience a lack of hands-on practice and demonstration, which hampers their ability to effectively learn and apply clinical skills.
- The practical training often occurs in regional hospitals as opposed to settings which reflect daily practice, where inconsistencies in allowing hands-on practice versus mere observation hinder the development of practical skills.

2. General Medical and Nursing Education:

- Medical students report that the knowledge gained from university education is inadequate for real-life emergency medical situations.
- There is a need for a stronger connection between theoretical knowledge and practical application.
- It is intended that faculties provide practical tutors, but effective supervision during practical training is often lacking.
- There is no structured guidance provided during practical training periods, diminishing the effectiveness of this training.

3. Curriculum for Specific Medical Fields:

- There are significant gaps in specialized medical fields within the training curricula, particularly evident in the training for emergency situations involving neonatal, geriatric, and paediatric emergencies.
- Specific fields such as obstetrics and gynaecology also face challenges, as essential topics are not fully integrated into university-level curricula, raising concerns about the preparedness of nurses/midwives in these specialized fields in emergency situations.



7. LEGAL ENVIRONMENT

The legal framework governing healthcare professions in Albania includes several key pieces of legislation that impact the training and practice of doctors and nurses. This framework is shaped by laws, decisions, and guidelines aimed at maintaining professional standards and improving the quality of healthcare services. Key pieces of legislation provide the foundation for licensing, continuing medical education (CME), and continuing nursing education (CNE) for healthcare professionals, reflecting Albania's commitment to provide a structured framework for regulating medical practices and medical education.

KEY LEGISLATIVE FRAMEWORK

- **Law No. 8615**, dated 1.6.2000, "On the Order of Physicians in the Republic of Albania", as amended, regulates the **Order of Physicians'** licensing and continuing education requirements for doctors.
- **Law No. 9718**, dated 19.4.2007, "On the Order of Nurses in the Republic of Albania", as amended governs the **Order of Nurses'** licensing and continuing education requirements for healthcare professionals.
- **Law No. 27/2019**: 8.5.2019. introduced changes to Law No. 10 107 (2009) "On healthcare in the Republic of Albania" and states that emergency medical services include clinical and pre-hospital services for cases when the life of an individual is in danger.
- **Law No. 10138 (2009)**, dated 11.05.2009, "On public health" (updated) defines 'medical emergency' as a condition or acute illness, which constitutes an immediate danger for the life of the person or its health in the future.

These legislative documents collectively establish the framework for regulating healthcare professions, ensuring the licensing and continuing education of doctors and nurses, defining emergency medical services and their scope, and addressing public health responsibilities, with a particular focus on the management of medical emergencies and safeguarding the health of the population.

LEGISLATION SPECIFIC FOR CME/CNE

The CME/CNE is regulated through the following legislation:

- **DECISION 637** dated 27.10.2021., "On the Creation and Organization of the Functioning of the Health and Social Care Quality Assurance Agency," sets out that the Agency's mission is to ensure the quality of healthcare products/benefits with all its elements from all providers (public or private), aiming to guarantee high-quality health and social care based on standards, through education, certification, and the safety control of services for health and social care structures and professionals.
- **DECISION No. 825**, dated 14.5.2008 "On the creation and functioning of the national centre for continuing education for healthcare workers and for an addition to decision no. 306, dated 27.6.2002, of the council of ministers" – established for the first time the institution for continuous education.
- **DECISION No. 788**, dated 22.9.2015 "On the determination of criteria, standards, and procedures for the accreditation process of continuing education activities for health professionals" (Updated)
- **DECISION No. 789**, dated 22.9.2015 "On the determination of criteria, standards, and procedures for the certification program for health professionals" (Updated)
- **DECISION No. 440**, dated 17.5.2017 "On the determination of standards, criteria, and procedures for the accreditation of providers of continuing education activities for health professionals"



- **DECISION No. 05**, dated 06.07.2016 "On the regulation for the organization of the certification examination for Albanian professionals"
- **DECISION No. 394**, dated 27.6.2018 "On some additions and changes to decision no. 440, dated 17.5.2017, of the council of ministers, "on the determination of standards, criteria, and procedures for the accreditation of providers of continuing education activities for health professionals"
- **DECISION 865**, dated 24.12.2019, Accreditation of Healthcare Institutions
- **DECISION No. 405**, dated 20.5.2020, "On the approval of the development strategy for primary healthcare services in Albania 2020-2025."

GUIDELINES

The implementation of CME/CNE activities is supported by comprehensive guidelines:

- "Guide on the Certification Program for Health Professionals", March 2016
- "Guide for procedures and criteria for accreditation of continuing education activities for health professionals", March 2016
- "Guide for internal evaluation of continuing education activities for health professionals", March 2016
- "Manual for external evaluators", April 2011

GAPS AND OPPORTUNITIES

There is need for new legislation to clearly define nursing competencies in emergency services and to remove existing legal restrictions that limit nurses' authorized capabilities in emergency situations.

Enhancing the legal framework could improve healthcare delivery efficiency, particularly in emergency settings, by granting nurses more autonomy. Additionally, there is a recommendation for establishing a regulatory framework for Continuing Medical Education and Continuing Nursing Education (CME/CNE), ensuring that all healthcare professionals, including nurses, midwives and doctors, receive appropriate and ongoing training that meets current medical standards.

8. POLITICAL ENVIRONMENT

The political landscape in Albania generally supports initiatives aimed at improving healthcare services, particularly in the realm of emergency care. However, several challenges remain. Rural areas, in particular, face significant disparities in accessing quality training and resources. Although the government has initiated specialized courses for doctors in smaller towns, more extensive support is necessary to expand training opportunities for nurses and other healthcare professionals.

The **Ministry of Health** and **Ministry of Education** are potential champions for reform, capable of driving changes in the regulatory framework and funding for healthcare training. Nevertheless, political will must translate into concrete actions that prioritize the enhancement of emergency medical training and address the systemic issues currently facing healthcare delivery.



9. DISCUSSION

This section identifies key challenges and areas requiring attention in the Continuous Medical Education (CME) and Continuous Nursing Education (CNE) system for emergency medical services in Albania. The analysis highlights disparities in training access, regulatory and market-driven gaps, and institutional limitations that affect the quality, accessibility, and sustainability of CME/CNE programs.

1. Regional Disparities in Training Access

Significant regional disparities exist in access to quality training, particularly in rural areas. These disparities result in unequal opportunities for medical professionals based on their geographical location. The gaps in training access are exacerbated by financial barriers, especially when it comes to attending international conferences or more specialized training programs. Such disparities undermine the overall quality of healthcare services and calls for a more equitable distribution of training opportunities to ensure that healthcare professionals across all regions, including rural and remote areas, receive the necessary training to provide high-quality care. Healthcare workers in rural areas often face significant barriers to accessing training and resources compared to their urban counterparts. This disparity contributes to lower quality of care in emergency situations.

2. Regulation and Monitoring of Training Programs

There is a pressing need for enhanced regulation and monitoring to ensure that training programs meet the necessary standards. Without proper oversight, the effectiveness of these programs in improving the skills and knowledge of medical staff may remain inconsistent. Strengthening regulatory mechanisms would help maintain the quality and relevance of training initiatives. While the legal mandate requires monitoring of at least 10% of CME activities, the AQA-HSC has made significant efforts to monitor 100% of them. However, resource constraints, including human and infrastructure shortages, hinder the agency's ability to conduct thorough and efficient oversight. A key challenge lies in the unclear roles and responsibilities of regional coordinators involved in CME monitoring. According to Ministry of Health and Social Protection (MoHSP) guidelines, these coordinators operate under the Health Care Service Operator (HCSO) while simultaneously working for AQA-HSC. This dual reporting structure creates conflicts and inefficiencies, particularly in conducting needs assessments and training evaluations. Additionally, the lack of financial compensation for these extra responsibilities—sometimes requiring work on weekends—further affects the quality and motivation of personnel involved in the monitoring process.

3. Lack of Feedback Mechanisms

The lack of effective feedback mechanisms represents a significant gap in the current training and continuing education systems in EM for healthcare professionals. This stresses the importance of establishing such mechanisms to better understand and address the specific training needs of healthcare workers. Without adequate evaluation, the training programs may not effectively reflect or meet the actual requirements of doctors and nurses. This issue highlights the need for greater monitoring of more targeted and responsive training programs that are driven by the expressed needs of the healthcare community, rather than being solely dictated by Orders, universities or specialized institutions (e.g. AQA-HSC, NEMC).

4. Limitations of the Market-Driven Approach

The current market-driven approach to identifying training topics for healthcare professionals fails to fully meet the needs of health workers. This approach, primarily based on market demand and provider-led assessments, often overlooks crucial medical areas, leaving significant gaps in the training available to healthcare professionals. This approach results in training programs that do not adequately cover essential topics required for comprehensive healthcare delivery, particularly in emergency and specialized medical services. Currently, the CME/CNE framework is self-regulated, which has proven ineffective. A national plan



could provide strategic guidance to training providers while maintaining flexibility in program delivery. Such a framework would help balance market interests with the need for comprehensive and high-quality emergency medical training.

5. Institutional Conflicts of Interest in Accreditation and Licensing

A crucial challenge is the conflict of interest within professional orders, as they simultaneously: issue licenses, act as training providers, and are represented on the Accreditation Board at AQA-HSC. This creates a regulatory loophole where oversight bodies may be hesitant to enforce corrective actions against their own members. For example, if the AQA identifies deficiencies in training programs run by a professional order, it must report them to the board—where representatives of the same order sit. Addressing this conflict through a more independent accreditation structure would enhance transparency and accountability.

6. Legal and Structural Challenges in CME Implementation

Several legal and structural barriers limit the effectiveness of CME/CNE programs:

- Regulatory gaps in mandatory training: Existing laws do not clearly define how to enforce CME participation, particularly in emergency medical services (EMS). A legal framework that mandates minimum CME requirements (e.g., 10 compulsory EMS sessions) would help standardize training.
- Onboarding new hires: There is no systematic requirement for newly hired doctors and nurses to complete pre-employment training. The Ministry of Health could strengthen hiring standards by requiring proof of completed training before employment.
- Financial sustainability and income generation: Institutions such as NEMC are currently unable to generate revenue from educational programs due to legal restrictions. Revising regulations to allow transparent monetization of educational services could support continuous professional development while ensuring financial sustainability.
- Regular refresher training to familiarize professionals with new medical terms and practices. The NEMC, which is mandated to provide training, currently lacks a dedicated budget for this purpose. A proposed solution involves offering a comprehensive training package every five years to ensure that staff remain updated. Advocacy for a dedicated budget allocation to NEMC is also crucial for sustaining these programs.

7. Motivation and Participation Barriers in CME

Healthcare professionals, particularly emergency medical staff, sometimes lack motivation to complete required training. Many focus on accumulating the minimum CME credits for re-licensing rather than prioritizing knowledge acquisition. This issue is compounded by the absence of mandatory practical training (e.g., Basic Life Support (BLS) and Advanced Life Support (ALS)), leading to a reliance on theoretical coursework. To address this, institutions could introduce performance-based incentives tied to training completion. Furthermore, implementing a robust monitoring and feedback system would help track compliance and encourage staff to prioritize skill improvement.

At the same time, there is a need to update the knowledge and training of all doctors, particularly general practitioners (GPs), in emergency response. This can be achieved through attending conferences and training. Yet, there is no control and certainty on active participation, and thus the training becomes an administrative tool. At the same time, it may lose the purpose of the program, intended to update and expand knowledge which is the purpose of CME. Because of the poor offering in CME, doctors try to obtain whatever credits they can afford, just to complete the 150 credit requirement needed for re-licensing. The CME system of license renewal is based on theoretical knowledge, there are no mandatory courses for doctors to attend practical training for Basic Life Saving (BLS) or Advanced Life Saving (ALS).



Although the OP offers free trainings, they are insufficient to meet the number of credits required. To address this, the OP is trying to organize more localized trainings, reducing costs and minimizing disruption to physicians' daily work. This allows doctors to remain closer to their working environment and avoid prolonged absences from service. Training topics are chosen based on the availability of expertise and the physicians' interest and availability. Typically, training participants consist of a mix of specialist doctors and general practitioners.

8. Practical Skill development

Many current CME programs emphasize digital health technology, yet there is no structured approach to team-based training for nurses and physicians. While digital innovations are valuable, there remains a significant gap in hands-on emergency response training. Addressing this imbalance through a blended approach—combining digital modules with practical simulations—could improve skill development. There is currently no specialization for nurses in primary care.

10. CONCLUSION & RECOMMENDATIONS

In conclusion, Albania's emergency healthcare system faces multifaceted challenges, primarily due to a pronounced lack of practical training for healthcare professionals, including both doctors and nurses. This deficit in hands-on skills leaves many professionals feeling inadequately prepared to manage real-world emergencies, compromising the quality of care provided. Despite the commendable dedication of healthcare workers, the absence of structured and practical training programs exacerbates existing gaps in emergency readiness. The expressed demand for targeted, comprehensive training programs further emphasizes the urgency of addressing this critical issue. Moving forward, addressing these challenges requires a systematic and multi-pronged approach.

Recommendations on key actions to be taken are as follows.

Curriculum Development and Reform

1. Modernize medical and nursing curricula and prioritize practical training and simulation-based learning, incorporating Basic Life Support (BLS), Advanced Life Support (ALS), trauma care, and paediatric emergencies.
2. Integrate emergency response training into the academic education of medical and nursing students, including crisis management for natural disasters.
3. Extend clinical and hands-on training periods for medical and nursing students with structured supervision and feedback mechanisms.
4. Introduce courses on the management of health emergency crises and natural disasters in undergraduate and postgraduate programs.
5. Align medical and nursing training with international standards and incorporate advanced healthcare technologies into the curriculum.

Training Programs and Continuing Education

1. Develop structured and mandatory Continuing Medical Education (CME) and Continuing Nursing Education (CNE) programs focusing on practical emergency skills.
2. Expand access to CME/CNE programs in rural and underserved areas, utilizing online platforms and regional training centres.
3. Ensure regular refresher training for healthcare professionals, particularly in BLS and ALS, with performance-based incentives tied to training completion.
4. Establish a centralized database of qualified trainers and provide appropriate compensation to encourage participation in training programs.

Legislative and Regulatory Framework

1. Revise legislation to define nursing competencies clearly and expand nurses' authorized capabilities in emergency situations.
2. Establish a regulatory framework for mandatory CME/CNE activities with consistent monitoring and evaluation processes.
3. Advocate for legal reforms to ensure that new healthcare hires meet specific emergency training criteria before employment.
4. Remove legal restrictions preventing nurses from performing critical emergency tasks autonomously.
5. Establish accreditation system for trainers.

Infrastructure and Resource Development

1. Invest in simulation-based equipment such as mannequins, defibrillators, and ECG machines for practical training.



2. Ensure the readiness of facilities for hands-on emergency training, particularly in universities and regional hospitals.
3. Allocate dedicated budgets for training initiatives, including refresher courses and simulation-based learning programs.
4. Ensure the provision of dedicated EM trainers

Stakeholder Engagement and Collaboration

1. Foster partnerships between government bodies, universities, professional orders, and international organizations to develop comprehensive emergency training systems.
2. Coordinate with stakeholders to align curricula and training initiatives with global best practices.
3. Promote interdepartmental collaboration for emergency training involving healthcare providers, emergency services, and civil protection agencies.

Monitoring and Feedback Mechanisms

1. Implement feedback systems to allow healthcare professionals to share their training needs and evaluate the effectiveness of programs.
2. Regularly update training programs based on healthcare professionals' feedback and emerging emergency care protocols.

Equity and Access

1. Address regional disparities in training access by providing localized and cost-effective training opportunities in rural areas.
2. Develop a national plan to guide training providers in delivering high-quality CME/CNE activities across all regions.

Advocacy and Awareness

1. Advocate for dedicated budgets and legal provisions to support continuous education and emergency preparedness initiatives.
2. Promote awareness among healthcare professionals regarding the importance of continuous training and its impact on patient outcomes during emergencies.



GLOSSARY

Competencies: The term “competencies” refers to the “combined knowledge and skills which individuals need to execute complex tasks in their professional endeavours”. There are basic requirements targeted to all medical and nursing staff without reference to specialization and expertise.

Continuing Medical Education: Continuing medical education (CME) consists of educational activities that serve to maintain, develop, or increase the knowledge, skills, and professional performance and relationships that a physician uses to provide services for patients, the public, or the profession.

Continuing Nursing Education: Essential public health functions: The spectrum of competences and actions that are required to reach the central objective of public health — improving the health of populations. This document focuses on the core or vertical functions: health protection, health promotion, disease prevention, surveillance and response, and emergency preparedness.

Health centres: A Health Centre is a healthcare service institution, publicly funded, non-profit, that provides primary care. Health Centres operate under the Health Care Operator, Regional Directorates, and Local Health Care Units where they extend their activity.

Medical emergency: is an acute injury or illness that poses an immediate risk to a person's life or long-term health.

Primary care: A key process in the health system that supports first-contact, accessible, continued, comprehensive and coordinated patient-focused care. It is typically the entry point into the health care system at the interface between services and community; when the first level of care satisfies several quality criteria.

Primary health care: As defined by the World Health Organization, primary health care is a whole-of-society approach to effectively organize and strengthen national health systems to bring services for health and wellbeing closer to communities. It has 3 components:

- integrated health services to meet people's health needs throughout their lives,
- addressing the broader determinants of health through multisectoral policy and action,
- empowering individuals, families and communities to take charge of their own health.

Primary health care enables health systems to support a person's health needs – from health promotion to disease prevention, treatment, rehabilitation, palliative care and more. This strategy also ensures that health care is delivered in a way that is centred on people's needs and respects their preferences.

Primary health care: is the set of measures and activities undertaken by a network of professionals and healthcare institutions that provide basic medical services to the population.

Public health emergency: is an unexpected disaster situation, such as an epidemic or a natural or human-made catastrophe, that threatens the lives, physical integrity, and health of citizens or disrupts the functioning of healthcare institutions. It is declared by the Council of Ministers upon the proposal of the Ministry of Health for a specified period of time.



ANNEX I. LIST OF COURSES ON EMERGENCY MEDICINE PROVIDED DURING 2024

Course Title	Course Organizer	Course Participants	Credits
Prehospital Trauma Life Support	National Center for Medical Emergencies	Doctors, nurses	19.2
Advanced First Aid for Primary Healthcare Professionals	Swiss Foundation for Innovation	Doctors and nurses	6
International Trauma Life Support (ITLS) – Advanced Provider	Swiss Foundation for Innovation	Doctors and nurses	12
International Trauma Life Support (ITLS) – Generic Instructor Course	Swiss Foundation for Innovation	Doctors and nurses	15
Basic Life Support, First Aid in Various Situations	Albanian Society of Emergency Medicine	Emergency Doctors	18
Anaphylactic Shock: A Medical Emergency for Healthcare Professionals	Order of Nurses	Nurses working in health centers and emergency services	5
Basic Life Support Defibrillation	National Center for Medical Emergencies	General practitioners, nurses	6
BLS – Telephone Training	National Center for Medical Emergencies	Emergency doctors, nurses	6
Basic Life-Saving Support, First Aid in Various Situations	Order of Nurses	Nurses	6
Management of Medical Emergencies	Brainstorm Association	General practitioners, specialists, pharmacists, nurses	18
Triage and Its Application in the Emergency Department"	Emergency Service, Faculty of Medicine, Tirana	Emergency physicians, family doctors, general practitioners, and nurses	6
Treatment of Heart Failure with Reduced Ejection Fraction: An Overview of New Treatment Alternatives - Module II	Santa Maria Medical Training Center	General practitioners, cardiologists	4
CBRN (Chemical, Biological, Radiological, Nuclear Incidents)	National Center for Medical Emergencies	General practitioners, nurses	18
Principles and Techniques of Advanced Cardiac Life Support in Adults, Children, and Infants (PTACLS)	National Center for Medical Emergencies	General practitioners	6
First Aid in Emergency Situations in Dental Clinics	E-MED	Dentists	4
Stroke Prevention in Atrial Fibrillation Patients: From Studies to Clinical Practice - Module I	Santa Maria Medical Training Center	General practitioners, specialists, cardiologists, endocrinologists, nephrologists, neurologists, pharmacists	6
Stroke Prevention in Atrial Fibrillation Patients: From Studies to Clinical Practice - Module II	Santa Maria Medical Training Center	General practitioners, specialists, cardiologists, endocrinologists, nephrologists, neurologists, pharmacists	6
Prevention and Management of Accidental Falls in the Elderly in Primary and Hospital Care	Palliative Care Service Association, Vlora	Nurses	12



Primary Care and Mental Health	Cognitive Behavioral Therapy & Schema Therapy Albania	General/family doctors, psychiatrists, paediatricians, nurses	5
The Role of Healthcare Personnel in Various Wounds and Practical Demonstration of Suturing Techniques	Scientific Research in Nursing	Nurses	11
Nursing Practices in Emergency Care Based on the Latest Protocols	Center for Health Professional Training	Nurses	12
First Aid, BLS/D Emergencies, Cardiopulmonary Resuscitation	Albanian Football Federation	General practitioners, family doctors, nurses, physiotherapists, emergency doctors, sports doctors	11.4
Multidisciplinary Training on Patient Healthcare and Emergency Situations	Order of Nurses of Albania	Nurses	5