# **Evolution of the Continuing Education Programs in Europe**

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The Continuing Dental Education (CDE) is the fundamental ethical and professional obligation of every practicing Dentist.

It is the responsibility of each practitioner to improve his/her professional knowledge and clinical skills by participating in an appropriate and officially recognized Continuing Education Program.

The knowledge should be transferred by various continuing education methods:

Frontal lectures, professional meetings, Internet, hands on courses, and literature review.

A well organized CDE is also a mean to improve the image of our profession as Health Care Provider.

There is a trend in most of the European countries that see the importance of knowledge update and do not believe that the majority of practitioners will join CEP courses voluntarily.

Some countries have a mandatory CEP requesting a certain level of credit points in order to be able to allow the renewal of the work permit; others have no system for re-licensing or CEP. Some countries are hesitating, due to political difficulties based on the relationship between the Dental Associations, the Universities and the Ministry of Health. During theses last years, many problems have been raised concerning CDE, such as if it should be compulsory or voluntary; if there is an evaluation system in order to achieve a correct appreciation; if it should have sanctions for the Practitioner who did not participate at CEP program; and if there should be some kind of equivalency agreement between countries.

In 2004 The ERO-FDI Education WG was running a survey in several countries that gave the first overview of the problem. In 2010 the same group decided to launch a new survey.

The purpose of this paper is to expose the CEP strategy that is being held in each European country and to compare these two surveys.

#### Methods and Materials

This is a transversal descriptive study

1- A questionnaire was send to 38 European Countries in 2004 and to 43 in 2010. The questionnaires were sending to by personal e-mail.

In 2004 we gathered ; 34 answers and in 2010 ; 37 formulas were fulfilled ;

In 2010 a reminder was send to the missing countries.

The questions were focused on several main topics

- 2- Should CEP be Mandatory or Voluntary
- 3- How many hours per years are necessary
- 4- Is there an evaluation system
- 5- Are there some kind of sanctions for the practitioners who retrain themselves
- 6- Who is responsible for the CEP
- 7- Are there an Equivalency or accreditation for the CEP in foreign countries
- 8- Would you like in the future some kind of agreement between the European countries

Data were collected in an Excel file and analyzed.

#### **Results:**

On 43 questionnaires only 37 countries send their answers (86 %)

The first question was related to the Status of the CEP; mandatory or voluntary

The data pointed out Mandatory 21 countries (56. %) Vs. Voluntary in 16 countries.

The second issue was the hours required

There were big differences on the yearly requirements of the countries.

From 10 hours to 80 hours.

The third question concerned the important issue of evaluation

There is no evaluation system in 16 countries (49 %)

There exists evaluation system in 10 countries (27 %)

No answers received from 43 % of the countries .

The forth question dialed with the possibilities of sanction against practitioner

Who have not fulfilled the CEP In 11 countries there are sanctions, in 10 no sanctions But there were no answers in 44 % on this question Also in this case 16 countries did not consider these issues. The fifth points were about the responsibility of the CEP. In a large majority there was created organism or institution concerning CEP; Usually after cooperation of the Profession, the University and the Health authority The sixth question concerned the existence of an equivalency for foreign CEP Only in 8 countries it was found an equivalency possibility. But in answer of the question: are you interested in the future of such a kind Equivalency the great majority of the countries are in favor

#### **Discussion**

#### Participation

The number of countries participating to this survey was more important In comparison with he last one .

### Mandatory versus Voluntary

When we are looking of the evolution of CD in Europe since one of the first Survey conducted by Munck in 2003, then Mersel in 2005, we could There is noted some changes in the attitude of the Dental Associations toward CEP, that the trend is an augmentation of the Mandatory CEP from 14 to 21 countries actually.

### Responsibility

Also the responsibility of the programs that were chaired by separated Authorities are now in the majority under an institution gathering the Universities, the Government Health Services and the Professional Associations (NDA ). This cooperation is now in function in 54 % in the countries .( 35 % in 2004 )

### Evaluation

Concerning the evaluation it appears that this process is now starting in 27 % of the countries. Nevertheless there is no a common evaluation system for all the countries.

## Sanctions

In the same way the issue of sanctions against practitioner that did not fulfilled their obligations is now discussed and introduced in 29 % of the countries. There are several approaches in this difficult item depending of The conception of CEP.

# Equivalency

With the reunification and integration of the majority of the European countries the problem of the equivalency is most acute.

There is a strong willingness to set up an equivalency system between the different CEP.( Fig 7 )

Another fact is that in several sensitive cases the number of non answered questions was very important,

Perhaps by the fact that the NDA are hesitating to take a clear position about these problems .

# Conclusion

In the last 7 years we are witness of the development of a more adapted CEP. Nevertheless if the trend is positive it will take time to achieve a reform in depth of the concepts. It's the role of the National Dental Association and the Universities in cooperation with the Health Authorities to lead this project.

In order to allow our colleague to face the changes of our time, and provide better oral health services to our patients.

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Acknowledgment

To all the members of the WG

To the members of the ERO Board

To the President of the ERO

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