

European Regional Organisation of the Fédération dentaire internationale



REPORT SOFIA 2011

Evolution of the Continuing Education Programs in Europe

In Athens first survey 2004. 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 in 2010 ...33 formulas were fulfilled

In 2010 a reminder was send to the missing countries. 3 + 34 = 37

The questions were focused on 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.



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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 (fig 1)

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 44 % of the countries (Fig 2)

The fourth 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** (fig 3)

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. (Fig 4) 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 (Fig 5)



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Discussion

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

Note that the trend is an augmentation of the Mandatory

CEP from 14 to 21 countries actually.

Also the responsibility of the programs that were chaired by separated

Authorities are now in the great majority under a an

Institution gathering the :

Universities, the Government Health Services and the Professional Associations (NDA).

Concerning the evaluation it appears that this process is now starting in

27 % of the countries.

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.

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.

In several cases the number of no answered questions is 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.

PS : Report WG Prof. Nermin. Yamalik
87 % NDA within the ERO are involved in planning CED
90 % NDA are involved in provision of CED