

# Continuing professional development systems and requirements for graduate dentists in the EU: survey results from the DentCPD project\*

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## Abstract

**Introduction:** By maintaining skills and keeping dentists up-to-date, continuing professional development (CPD) supports safe clinical practice. However, CPD for dentists across Europe is not harmonised.

**Aim:** One aim of the 'DentCPD' project ([www.dentcpd.org](http://www.dentcpd.org)) was to identify and agree essential CPD requirements for EU dentists. As part of the process, data were collected on existing approaches to CPD for EU dentists. This paper reports those findings.

**Methods:** Informed by a review of the literature and internet search, the *CPD for Graduate Dentists* questionnaire gathered data from dental educators on CPD systems, requirements, provision and accreditation in Europe. It sought opinion on mandatory CPD and e-learning.

**Results:** Responses were received from 143 individuals from 30 EU countries. About half the countries had a compulsory CPD system which typically included mandatory core topics. Elsewhere CPD was optional or based on recommended hours. University dental schools and professional dental associations were the most common CPD providers. National regulatory bodies were the most common accrediting body. Only 41% of respondents thought they knew the criteria for successful accreditation of CPD. Eighty-one percent agreed that 'CPD should be obligatory for all dentists'.

**Conclusion:** These results present an overview of the status of CPD for EU dentists. Despite a notable trend towards regulated CPD systems, current requirements for dentists to engage in CPD show variation. The harmonisation of requirements would enhance both dentist mobility and safe clinical practice.

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## Introduction

Dental practitioners are facing a broader range of health issues and increasingly complex oral health needs (1, 2), along with higher patient expectations (3) and changes in patterns of oral health (3, 4). A wider knowledge base is required than that which can be provided in undergraduate dental training alone (2, 5–7). Continuing professional development (CPD) is essential for dentists to maintain their skills, keep up to date with changes and advances in dental research (8, 9), and integrate these developments into practice (10). There is a clear trend towards mandatory CPD requirements in Europe and beyond (11), and CPD is increasingly associated with fitness to practice and revalidation (8). Yet, there is currently no harmonisation on the 'essential' content or regulation of CPD in the European Union (EU). International recognition of CPD activities and intra-region mobility have been cited as two current challenges for an increasingly globalised oral healthcare system (8).

## Aims

The 'DentCPD' project aimed to harmonise CPD for graduate dentists across Europe. The project involved six partner institutions: Cardiff University in the UK, ACTA in the Netherlands, the University of Finland in Helsinki, Riga Stradiņš University in Latvia, National and Kapodistrian University of Athens in Greece and the Association for Dental Education in Europe (ADEE) based in Dublin, Ireland. This paper reports on the findings from the *CPD for Graduate Dentists* survey undertaken as part of the DentCPD project. The intention was to set out an overview of the current situation by gathering data on existing CPD programmes and requirements, providers, accreditation of CPD and respondents' opinions about CPD provision in European countries. Results from this survey were used as part of a consensus process to agree core compulsory and core recommended CPD topics, the outcomes of which are reported elsewhere (12).

## Methods

The initial draft of the *CPD for Graduate Dentists* questionnaire was circulated and debated at the ADEE meeting of the Life-long Learning special interest group (SIG) in 2009 and 2010. After multiple redrafting and informed by a review of the literature and the internet search (13), the online questionnaire was piloted with a group of 23 dental educators working in the United Kingdom, including some for which English was not their first language.

After obtaining research ethics approval from Cardiff University (16/10/10), a preliminary email was sent to our contact list to introduce the project, verify the email address and give the contact an opportunity to nominate a more suitable respondent if necessary. A range of stakeholders with an interest and expertise in dental education from across Europe was the primary target for the questionnaire. Our intention was to gain responses from as many EU member and candidate states as possible. The link to the online survey was emailed to the following:

- Members of Dental Associations of European dentists (37 from a total of 34 associations).
- Specific contacts from the ADEE network:

- 1 EU institutional members ( $n = 274$ ), (including 38 EU dental schools);
  - 2 EU affiliated members ( $n = 28$ ); and
  - 3 non-EU affiliated members ( $n = 19$ ).
- Attendees expressing an interest at the SIG meeting at ADEE 2010 ( $n = 26$ ).
  - Other known links across the EU ( $n = 22$ ). Later additional links were made with representatives in non-responding countries (Cyprus, Austria and Luxembourg;  $n = 7$ ).
  - All attendees at ADEE 2010 ( $n = 472$  from 42 countries).

A number of these contacts were represented in more than one of the groups listed, and thus a summation of these figures does not equate to the total number of distinct individuals contacted.

The survey link [using Bristol Online Surveys (BOS)] was sent out to the contact list at the beginning of December 2010. A reminder email was issued in January 2011. At this stage, personalised emails were sent to named contacts where there were no returns from a particular country. The survey closed in February 2011.

Data were analysed by individual and by country. To ensure that the results are not distorted by those countries that had multiple returns, responses to the factual questions in the survey are presented by country rather than all individual responses. To achieve this, the mode response from each country was used. Individual responses are reported for opinion questions.

## Results

A total of 172 responses were received from 41 countries, 30 of which were EU member and candidate countries. This study only reports on the responses of those from European and candidate countries. At the time of distributing the survey, the four EU candidate countries were Croatia, the former Yugoslav Republic of Macedonia, Iceland and Turkey. Two respondents did not state their country. For some countries, there were multiple responses and for others, only one. Table 1 summarises the returns from each country.

## CPD systems

The survey asked respondents whether they have an official regulated system for CPD in their country and whether they have a national regulatory body for dentists. Almost half of the 30 EU countries responding to the survey indicated that there was an official compulsory system for CPD in their country (47%,  $n = 14$ ). In a further quarter (27%) of the countries, there was an official regulated CPD system, but it was currently optional, and although not official or regulated, 10% had recommended hours (Table 2).

Of the 14 EU countries reporting official compulsory CPD systems, 12 had compulsory CPD topics.

All EU countries had a national regulatory body for dentists, and all indicated that graduate dentists must be registered with this body before they can practice. Annual registration was required in 57% of countries.

Formal appraisal or personal development planning (PDP) meetings were compulsory in a minority of countries for both private and non-private dentists (30% for private, 22% for non-private). CPD activities were most commonly funded by

TABLE 1. Number of returns from each country

EU Member/Candidate Country	<i>n</i>
Austria	1
Belgium	2
Bulgaria	3
Croatia	3
Cyprus	2
Czech Republic	4
Denmark	2
Estonia	1
Finland	5
France	4
Germany	11
Greece	4
Hungary	3
Iceland	1
Ireland	3
Italy	3
Latvia	4
Lithuania	2
Macedonia	2
Malta	3
The Netherlands	14
Poland	4
Portugal	3
Romania	5
Slovakia	2
Slovenia	2
Spain	8
Sweden	5
Turkey	7
United Kingdom	30
Total	143

TABLE 2. The status of the continuing professional development (CPD) system

	Frequency ( <i>n</i> countries)	Percentage
Official, regulated CPD system, compulsory for all	14	46.7
Official, regulated optional CPD system	8	26.7
No official, regulated system but recommended hours	3	10.0
No official system	5	16.7
Total	30	100.0

the dentist; 88% of respondents listed the dentist as one of the three main sources of funding.

### CPD provision and accreditation

Respondents were asked to identify the three most common methods of CPD provision in their country, from a list of 13 methods (13). An 'other' option was given to identify additional methods. Courses, conferences and organised seminars

were the three most common methods reported. Respondents were also asked to identify which organisations provided the most, and the highest quality CPD activities in their country. The results of these questions are summarised in Table 3. In most EU countries, university dental schools and professional dental associations were included in the top three most common providers. These were also judged to be the highest quality providers.

Respondents were asked to provide information relating to the provision and accreditation of CPD in their country. A list of organisations was presented and for each, respondents indicated whether the organisation was involved in providing CPD for graduate dentists, accredited to offer CPD points, or whether it accredited providers of CPD. There was a wide variety of responses from different respondents within the same country to this question, perhaps indicating a general lack of understanding of CPD accreditation processes. The mode responses are presented in Table 3.

Respondents were asked whether they knew the criteria for successful CPD accreditation in their country. These results are presented by individual response. Of all EU respondents to the survey, only 41% believed that they knew the criteria for successful accreditation in their country. This provides an overview of the extent of knowledge of these criteria as applied within national systems.

### Respondents' views

Respondents were asked to rate the extent to which they agreed with three statements using a 6-point scale. Eighty-one per cent agreed that 'CPD should be obligatory for all dentists'. Eighty

TABLE 3. CPD provider organisations: most common; highest quality; accredited to offer CPD points; accreditors of providers

CPD providing organisation	Most common providers	Highest quality providers	Accredited to offer CPD points	Accredits providers
University Dental School	23	29	16	0
Professional Dental Association	22	22	18	8
Scientific Dental Society	12	19	13	1
Dental Postgraduate Organisation	9	12	11	0
Commercial Company	7	2	3	0
National Regulatory Body	7	3	7	9
Private Education Organisation	4	1	8	0
State Organisation	2	2	2	6

per cent of respondents agreed that 'all countries should have an official, national accredited CPD system'. There was more variation in opinion in response to the statement 'more CPD should be available electronically', with 69% indicating agreement.

## Discussion

Given that our primary intention was to elicit responses from as many of the 31 EU countries as we could, we are pleased to report data from 30; there were no returns from Luxembourg. In presenting our results, we have sought to eliminate distortion arising from multiple responses from single countries (as described above) and focusing on within-country *majority* responses enhances the reliability of our data. We also cross-checked the results of this survey with the results from our literature search (13) and a previously published Manual of Dental Practice (14). However, we recognise that even in response to factual questions, there was variation in response from different individuals within a single country and this is a limitation of self-reported data. We also accept that as dental educators were the primary target for this questionnaire the results are skewed towards their opinions rather than the opinions of dental practitioners. Despite these limitations, we note that there have been few previous attempts to investigate CPD provision for dentists in different countries.

Our data suggest that most countries in the EU have at least some system for CPD in place: CPD is compulsory in about half the countries and where it is not, there is usually an optional system or recommended hours. Very few countries did not have any official system. Individual responses were in tune with this trend towards formal, compulsory systems for CPD: at least 81% agreed that CPD should be obligatory for all dentists and that all countries should have an official, national, accredited CPD system. Typically countries with a formal, compulsory CPD system have mandatory core topics. Consistency was evident in the requirement for graduate dentists to be registered with their country's national regulatory body.

Despite this notable trend towards regulated CPD systems and structured recertification processes high on healthcare professionals' agendas, the current requirements for graduate dentists to engage in CPD show variation and provision is largely unregulated. As practitioners, graduate dentists need to maintain their professional knowledge and competence and that can be achieved through engaging in CPD activities. Formal appraisal meetings may be used to identify areas for development or learning need, yet interestingly such meetings were a requirement only in a minority of countries.

There is reassurance to be taken from our finding that the most common providers of CPD (university dental schools and professional associations) were also judged to be the organisations providing the highest quality CPD. However, this finding should be interpreted with a note of caution as the recipients of the questionnaire were largely educators from dental schools or professional associations or stakeholders who have a particular interest or expertise in dental education and may have been biased in their response.

A wide range of organisations were reported to be providers of CPD and accredited to award CPD points. Professional dental associations, national regulatory bodies and state organisa-

tions were identified as the principal bodies accrediting CPD providers. However, the finding that under half of our respondents knew the criteria for successful accreditation suggests a lack of understanding or agreement about the issue of accreditation. Educational accreditation is a type of quality assurance process which provides an external evaluation of educational institutions or programmes to determine whether standards are met (15). If standards are met, accreditation status is granted by the agency. Limited responses were provided to the question asking for the accreditation criteria to be described. This is an area worthy of further research.

The *CPD for Graduate Dentists* questionnaire forms the first part of an extensive process undertaken to gather views and opinions from both dental educators and dental practitioners about core and compulsory CPD topics. The outcomes of the consensus process are reported in a companion paper (12).

## Conclusion

This paper has presented an overview of the status of CPD for dentists working in the Europe. The results of the *CPD for Graduate Dentists* survey provide the backdrop for developing consensus on compulsory and recommended CPD topics for all graduate dentists in the EU. By improving knowledge, understanding and skills, CPD enhances clinical ability and has the potential to improve the delivery of patient oral health care. The harmonisation of requirements would enhance both dentist mobility in the context of freedom of movement and the safe management of patients. In addition, we note the growing role that CPD will play in systems of appraisal and recertification. Work on mapping current systems and practice is an essential first step in clarifying issues and shaping policy directions.

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## Conflicts of interest (added after original publication)

The authors have no conflicts of interest to declare.

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