

ORIGINAL ARTICLE

CONTINUOUS MEDICAL EDUCATION FOR RE-LICENSING---PERCEPTION OF DENTISTS PRACTICING IN A DEVELOPING COUNTRY

Tahera Ayub^{1*}, Farah Ahmad², Naheed Najmi¹, Syed Hasan Danish², Navid Rashid Qureshi¹

¹Liaquat College of Medicine and Dentistry, Darul Sehat Hospital, Karachi

²Department of Community Health Sciences, Ziauddin University and Hospital

ABSTRACT

Background: Continuing professional education (CPE) or continuous education (CE) is the means by which people maintain their knowledge and skills related to their profession. Mandatory continuing education is a major factor in relicensure that is being licensed to practice for a specific period with the license either getting renewed at the end of the period or forfeited. This study is designed to assess the awareness regarding importance of continuing professional education as a requirement for re-licensing among General Dental Practitioners and Specialists and to identify the role of governing bodies for endorsing re-licensure procedure on the basis of CME

Methods: Cross sectional study was conducted among 450 dentists practicing in Karachi (July 2013 to Dec 2013), divided into two groups ;General Dental Practitioners (n=350)and Consultant Specialists(n=100). Simple Random sampling technique was applied through lottery from available list of Dentists and Consultants. Data was collected through a self-administered questionnaire. SPSS version 20 was used for analysis and Chi-square test to assess associations of categorical variables. P value less than 0.05 was considered as significant.

Results: Majority participants n= 250 (55.6%) were aware about re-certification and re-licensing and n= 292 (64.9%) knew the difference between the two. Only n=153 (34%) were of the view that re-certification and re-licensing should be made mandatory in Pakistan.

Conclusion: The awareness of CME & re-certification is high among our professionals

KEY WORDS: Re-certification, Re-licensing, Continuous Medical Education.

INTRODUCTION

A new word in Pakistan; relicensure but it is used in the west, particularly in United States, United Kingdom and Canada. When one wishes to practice in developed countries, without it, no one is authorized to work, let alone hold any faculty position in dentistry¹. Continuing professional education (CPE) or Continuous education (CE) is the means by which people maintain their knowledge and skills related to their profession².Mandatory continuing education (CE) is a major factor in relicensure that is being licensed to practice for a specific period with the license either getting renewed at the end of that period or forfeited. In United States, since 1969, an increasing number of state dental boards require dentists to complete a defined number of CE hours (30-50/ yr), as a prerequisite for relicensure³.

Pakistan being the sixth largest population of the world, according to PMDC statistical data September 2012 has only 11372 registered general dental surgeons & 913 specialist dental surgeons⁴. Developed countries like UK and Greece have 5.3 dentists/ 10,000 and 13.2 dentists/ 10,000 population respectively ⁵According to world statistics 2012 released by WHO, Pakistan has less than one dentist (0.6) per 10,000 population. Neighboring country India has a total of 51,012 registered dentists, although it is far less a figure to provide dental services to their huge

population.⁵ Despite the lack of renewal of licenses in India, Indian Dental Association is maintaining CME programs for continuing dental development, so that Indian dental fraternity remains abreast with cutting edge knowledge and skills. ⁶

At present, there is no dental regulatory authority/licensing body in Pakistan to monitor and assure the competency of dental practitioners through relicensing. In most cities in Pakistan practice by quacks is increasing at an alarming rate⁷. Along with quacks graduated professionals are also practicing without attaining CE for updating their knowledge and techniques⁸. The rationale behind opting for this topic is the need to assess what is the opinion of the dental fraternity about relicensure and its implementation.

METHODS

This was a cross sectional study conducted from July to December 2013. The target population was general dental practitioners (GDPs) working in Karachi. Since it was a survey, sample size was calculated at 50% proportion. From the actual proportion of practicing dentists, 350 registered dentists and 100 dental specialists were included pertaining to both academic and clinical fields working in public and private sectors. Simple random sampling technique was done through lottery for

Corresponding Author: Tahera Ayub

available list of GDPs and consultants obtained from Pakistan Dental Association & Pakistan Medical and Dental Council.

The participants were briefed about the research before being asked to fill questionnaire and their verbal consent was taken. The relevant information of each subject was recorded, including age, gender, year of graduation & designation. The study was approved by the institutional review board.

Data were collected through self administered, structured questionnaire that was developed in English language. Following important elements were assessed through questionnaire: the awareness of continuing professional education, knowledge regarding requirement of re-licensing, knowledge about different ways of attaining continuing dental education and the identification of the role of governing bodies for endorsing the procedure of relicensing on the basis of CME. Data was analyzed using SPSS version 20. Categorical variables like gender and designation were presented as frequency and percentage between groups. Associations with different categorical variables were assessed through Chi-square test. P-value ≤ 0.05 was considered significant.

RESULTS

A total of n=450 dentists participated in the above mentioned survey. Male to female ratio was 1:1.3. Among the total dentists, n=228 (50.7%) were also involved in teaching and remaining n=222 (49.3%) were doing private practice alone.

When inquired about their knowledge regarding dental and medical re-certification, n=250 (55.5%) replied in affirmative while remaining had no knowledge of re-certification. On the other hand when differentiation between re-licensing and re-certification was assessed, n=292 (64.9%) knew about the difference and out of them n=153 (46.9%) said that recertification should be made mandatory by the PMDC.

Majority participants n=211 (46.9%) were of the view that PMDC should regulate the re-certification process while n=157 (34.9%) said PMA/PDA should perform this function and n=82 (18.2%) favored Higher Education Commission HEC in this context. Renewal period for recertification was chosen by the majority as 5 years (n=194, 43.1%).

When inquired about the credit hours for CME/CPD, n=355 (78.9%) knew about the credit hours and only n=161 (35.8%) were in favor of accreditation of CME credit hours for re-licensing. One hundred and forty two respondents (31.6%) said 50 credit hours and another n=136 (30.2%) said 100 credit hours should be attained in a year for accreditation. For the assessment of CME/CPD hours before renewal of dental license n=155 (34.4%) strongly favored it. Regarding the mode of acquiring CME/CPD hours for accreditation, only n=48 (10.7%) agreed for distant learning, n=115 (25.6%) said workshops, whereas another n=98 (21.8%) were in favour of courses and n=94 (20.4%) wanted accreditation through publication. According to the opinion of the majority (n=143, 31.8%), both general practitioners and consultants should have accreditation through CME/CPD credit hours. Another n=124 (27.6%) wanted only consultants to go for CME/CPD accreditation and n=88 (19.6%) were in favour of General practitioners for CME/CPD hours accreditation.

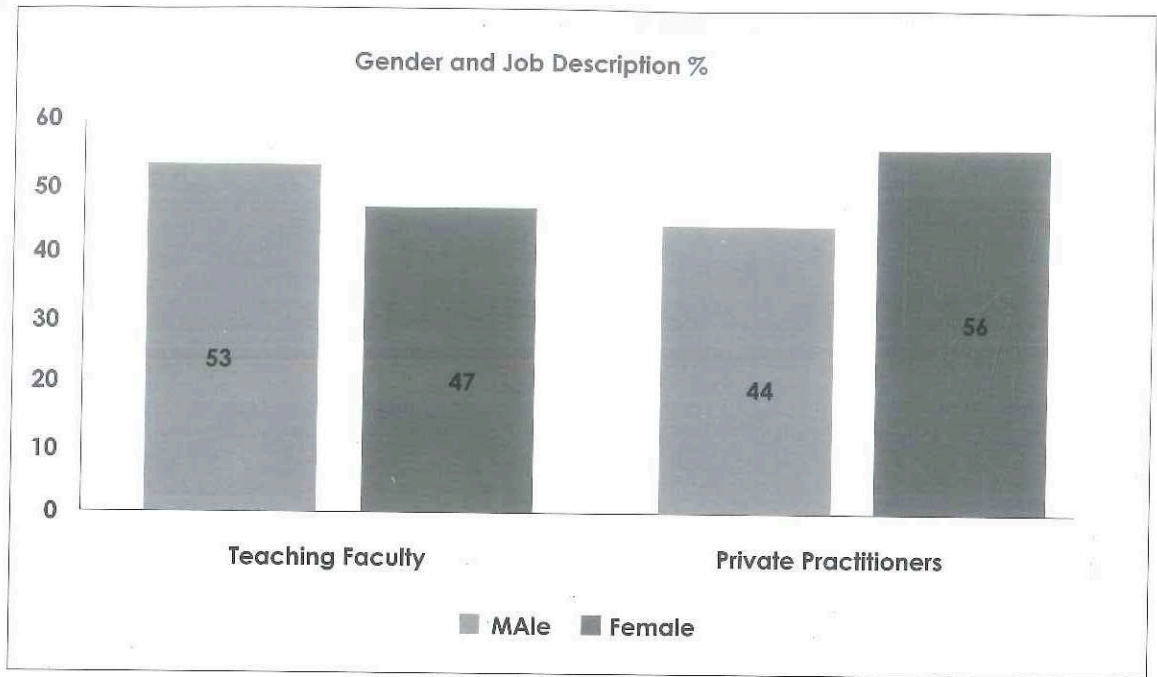
Table 1: Comparison of knowledge about CME and recertification among GDPs and Specialist

		GDP n=350		Specialist n=100		P-Value
		n	%	n	%	
Have you ever heard about Dental Certification	Yes	186	53	64	64	0.068
	No	164	47	36	36	
Can differentiate between recertification and relicensing	Yes	225	64	67	67	0.637
	No	125	36	33	33	
Should recertification and relicensing be made mandatory in Pakistan?	Yes	118	34	35	35	0.749
	No	106	30	33	33	
	No answer	126	36	32	32	
Regulatory Body for Recertification	PMDC	163	47	48	48	0.628
	PMA/PDA	120	34	37	37	
	HEC	67	19	15	15	
Renewal Period for Recertification	1 Year	107	31	21	21	0.140
	5 Year	144	41	50	50	
	10 Year	99	28	29	29	
Do you know about CME/CPD Hours?	Yes	277	79	78	73	0.140
	No	73	21	22	22	
Should CME/CPD Hours be accredited for relicensing	Yes	127	36	34	34	0.973
	No	150	43	44	44	
	No answer	73	21	22	22	
CME/CPD Hours required for accreditation in a Year	50 Hours	101	29	41	41	0.086
	100 Hours	112	32	24	24	
	150 Hours	64	18	13	13	

	No answer	73	21	22	22	
Mode of attaining CME/CPD	No answer	73	21	22	22	0.682
	Workshops	88	25	27	27	
	Courses	73	21	25	25	
	Publications	78	22	16	16	
	Distant Learning	38	11	10	10	
Mandatory CME/CPD for Whom?	GMP/GDP	71	20.3	17	17	0.538
	Consultant	100	28.3	24	24	
	Both	106	30.3	37	37	
	No answer	73	20.1	22	22	

Table 1: Comparison of knowledge about CME and recertification on the basis of Working Experience

		Greater than 15 Years working experience n=137		Less than 15 Years working experience n=313		P-Value
		n	%	n	%	
Have you ever heard about Dental Certification	Yes	71	52	179	57	0.294
	No	66	48	134	43	
Can differentiate between recertification and relicensing	Yes	70	51	222	71	0.001
	No	67	49	91	29	
Should recertification and relicensing be made mandatory in Pakistan?	Yes	40	29.1	113	36	0.001
	No	30	21.9	109	34	
	No answer	67	49	91	30	
Regulatory Body for Recertification	PMDC	61	45	150	48	0.172
	PMA/PDA	44	32	113	36	
	HEC	32	23	50	16	
Renewal Period for Recertification	1 Year	36	26	92	29	0.470
	5 Year	65	34	129	42	
	10 Year	36	26	92	29	
Do you know about CME/CPD Hours?	Yes	112	81.8	243	77.6	0.380
	No	25	18.2	70	22.4	
Should CME/CPD Hours be accredited for relicensing	Yes	57	42	104	33.2	0.111
	No	55	40	139	44.4	
	No answer	25	18	70	22.4	
CME/CPD Hours required for accreditation in a Year	50 Hours	42	31	100	32	0.069
	100 Hours	37	27	99	32	
	150 Hours	33	24	44	14	
	No answer	25	18	70	22	
Mode of attaining CME/CPD	No answer	25	18	70	22	0.144
	Workshops	27	20	88	28	
	Courses	37	27	61	20	
	Publications	33	24	61	20	
	Distant Learning	15	11	33	11	
Mandatory CME/CPD for Whom?	GMP/GDP	31	23	57	18.8	0.119
	Consultant	30	22	94	30	
	Both	21	37	92	29	
	No answer	25	18	70	22.2	



Graph 1: Comparison of Gender and Job description among two groups

DISCUSSION

From the above results, this study suggested that majority of the Dental professionals know about the re-certification and agreed to mandate re-certification through the governing body PMDC. The results of this study however, could not be compared on national level as no studies have been conducted prior to this in the local literature. Several articles have discussed problems regarding implementation of re-certification in the past the most relevant discussion was highlighted in Journal of Academic Medicine (2000), which focused on content validity, reliability and the relative cost of wrong decisions⁹. Norman et al have proved from few evidences that it is easier to distinguish candidate from their performance that they are amateur or professionals. He demonstrated that a brief recertification test would distinguish among such physicians.

Although this study involved both the GDPs & Consultant specialists from Karachi but the study lacked in reflecting views of Dental professionals from other parts of the country for re-certifications. PMDC is known to be a reputed certifying body of the country for issuance of professional license but the question of re-certification was never addressed by it in the past in order to maintain the standards of practices among Dental/Medical Professionals. Recertification starts from a position of confidence that the candidate has already met the high and rigorous standards of the certifying body¹⁰, which is different from primary certification.

Dr. Norman's study tried to draw the attention of all medical professionals towards certification & re-certification through his study⁹. American Board of Internal Medicine (ABIM) in 2000 have introduced a second-generation re-certification process on the basis of current knowledge with addition of assessment of clinical and

communication skills, clinical performance and medical outcomes. It is a three part process; a program of continuous professional development, documentation of essential knowledge, and confirmation of satisfactory qualifications¹¹.

ABIM is convinced that among various other tools of assessments for competency CDP programs are more reliable so, CPD should be continuous and focus primarily on improvement¹¹. A similar concept was highlighted in our article.

Majority of participants in this study n=194(43.1%) suggested that the renewal period of license should be of 5 years which is not consistent with ABIM where the directors voted to limit the validity of all certificates to 10 years and board has also mandated 75- 100 hrs of CPD over 10 years¹¹. Although American board of Family Medicine limited the validity of its certificate to between 7 to 10 years¹².

In this study when inquired about CME credit hours, 78.9% were aware of the term and 35.8% were in favor of accreditation of CME credit for re-licensing. Similar percentage i.e. around 39% suggested 50-100 hrs of CME/yr for re-certification. These findings were inconsistent with the recommendation of ABIM¹¹.

In USA, mandatory CE is a major factor in Relicensure of health care professionals since 1969. It can be concluded from articles that Minnesota was the first state to implement mandatory CE at least 75 hours every five years to be relicensed. Canada and the United States are among the countries with the most comprehensive requirements regarding CE for re-licensure^{13,14}.

More recently, web has been considered as an effective medium for distance based CE. In a survey by Mamary, which was conducted on 3213 participants it was concluded that the preferred mode of attaining CME was in person conference (93%) and print based method

(66%). Responders with more years in clinical practices identified computer based mode of CME less useful for them, as they were less experienced with regards to their computer skills¹⁵. Our study is comparable with Mamary survey as less preferable mode of attaining CE in this study was identified by distant learning (10.7%), while 25.6% preferred workshops, 21.8% favor courses and 20.4% wanted accreditation through publications. In this study 31.8% have suggested re-certification for both GDPs & Consultant Specialist.

Our study only briefly touched this issue and therefore paves the way for future studies. The major limitation of this study was that we took sample from Karachi only; this could lead to misrepresentation of the views of the rest of the Medical /Dental professional regarding recertification. The other limitation was unavailability of local articles on the same and very few international articles relevant to dentistry. The study has not gathered the information on Clinical and Non clinical CME hours, which is recommended in future research for the same.

CONCLUSION

The awareness of CME & re-certification is high among our professionals however, only a small proportion of professionals are consenting for implementation of the re-certification. We recommend that this issue of re-licensing through CME should be initiated in our country by certified governing bodies like PMDC, PMA & PDA. Once the importance of continuous education is delegated among all dental professional through that body, course should be organized in every province of the country keeping in mind easy access for all GDPs/GPs to attain CME hours. This study was able to spread light upon the idea of re-certification and that this is still a debatable subject that can be implemented through further research & consensus by local Medical & Dental associations.

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