

# Series of Reports on European Orthodontics

## A Survey of Continuing Professional Education for Orthodontists in 23 European Countries

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**Abstract.** *This paper reports on a survey of the organization, forms and methods of funding continuing professional education (CPE) for those providing orthodontics in 23 European countries in 1997. A postal questionnaire was sent to all members of the EURO-QUAL II BIOMED project, who came from 28 countries, together with an explanatory letter. Answers were validated during a meeting of project participants and by further correspondence, when necessary. Completed questionnaires, which were subsequently validated, were returned by orthodontists from 23 countries and indicated that orthodontic CPE took place in 22 of the 23 countries surveyed. A number of different bodies were reported as organizing orthodontic CPE. This task was most frequently performed by orthodontic societies (in 22 out of 23 countries), but a number of other bodies were also involved. Practical technique courses were reported as taking place in 20 countries. Other frequently occurring forms of orthodontic CPE were lectures (in 18 countries) and study groups (in 15 countries). Orthodontists were reported as financing their CPE in 22 countries; others, who contributed to some or all of the costs, were the Government (in six countries), employers (in four countries), universities (in four countries), and a dental company (in one country). It was concluded that some orthodontic CPE took place in the vast majority of the countries surveyed, and was invariably organized by and paid for, wholly or in part by orthodontists themselves.*

*Index words:* Continuing Professional Education, Europe, Orthodontics

### Introduction

This survey was one of a series carried out by the Professional Development Group of the EURO-QUAL BIOMED II (ter Heege, 1997).

Although regular participation in Continuing Professional Education (CPE) is a mandatory requirement for relicensing for all dentists (including orthodontists) in many states of the U.S.A. and Canadian Provinces, it is at present only mandatory in one European state (Greece). However, in the U.K. the competent authority for dentistry (the General Dental Council) advises all dentists that it is their ethical duty to participate in CPE throughout their professional careers (General Dental Council, 1997). It has asked the U.K. Government to amend national legislation to make it a legal requirement for all dentists to participate in CPE throughout their careers. It should be noted that at least six European countries (France, Germany, Italy, the Netherlands, Norway, and Switzerland) currently have a

statutory requirement for all medical practitioners to take part in regular CPE (Harvey, 1998).

There has been debate as to whether or not regular CPE improves clinicians' performance. A review of 50 randomized controlled trials (Davis *et al.*, 1992) concluded that CPE was broadly effective in improving physicians' performance. A further review (Davis *et al.*, 1995) indicates that, for physicians, CPE was most effective when it was designed to meet specific needs. It is therefore not unreasonable to suppose that the same principle applies to dentists, in general, and orthodontists, in particular. A further rationale for regular involvement in CPE arises from the perception that patients are becoming more demanding, expect higher standards of care and that those who provide care should be 'up to date'. This perception is reinforced in the U.K. and Ireland by an increase in the volume of litigation initiated by dissatisfied patients. It is also likely that patients expect higher standards of care from all specialists (including orthodontists). It could therefore be argued that it is of

particular importance for orthodontists to take part in regular CPE. The survey was performed against this background.

Respondents were also invited to add any comments or further information, which they thought to be relevant.

### Aims

This study aimed to establish the following facts on orthodontic CPE in the countries surveyed:

1. Did organized CPE in orthodontics take place?
2. Who organized orthodontic CPE?
3. What forms of orthodontic CPE took place?
4. Who paid for orthodontic CPE?

### Methods

The methods described in the general introduction to this series were used. The questionnaire, shown in Figure 1, was mailed to 28 European countries.

It should be noted that the questions did not attempt to differentiate between CPE for orthodontists (be they specialists or otherwise) and CPE in orthodontics for all dentists.

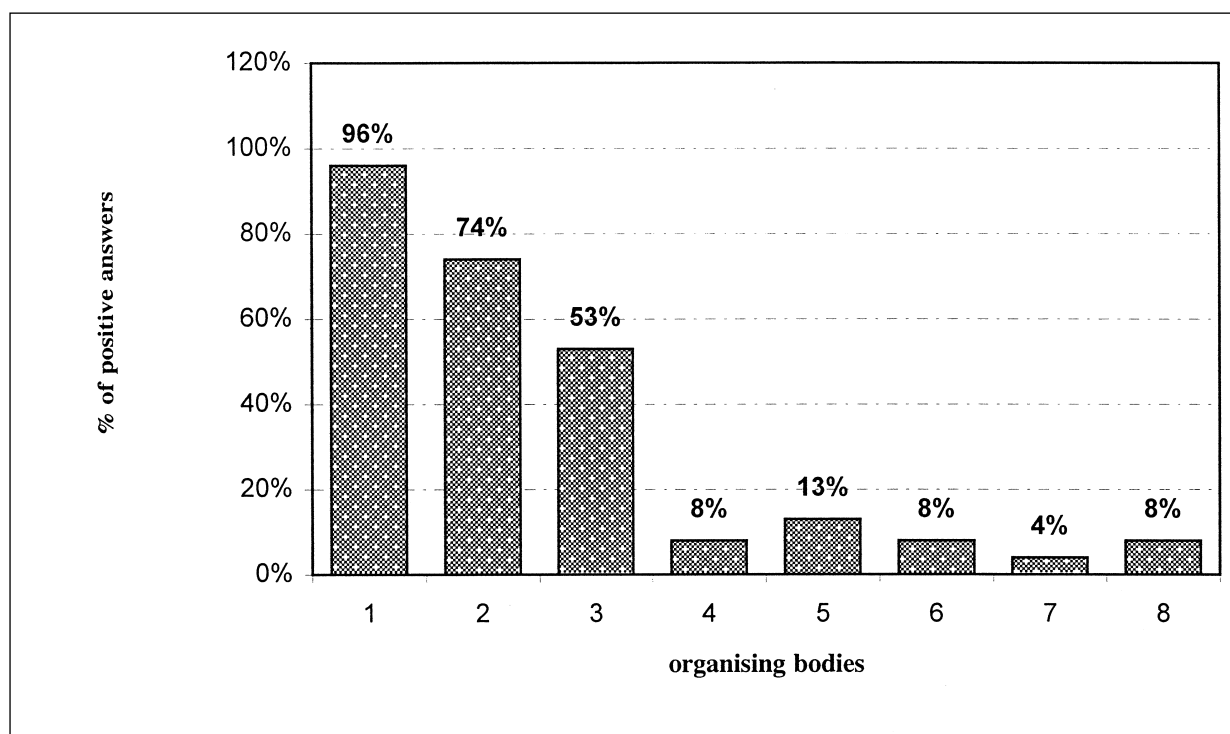
Is there any organized CPE for orthodontists in your country?	Yes/No
If yes, which bodies/associations organize it?	
Orthodontic societies	Yes/No
Universities	Yes/No
Dental associations	Yes/No
Government	Yes/No
Others (specify)	Yes/No
Which forms of CPE are organized?	
Study groups	Yes/No
Lectures	Yes/No
Practical techniques courses	Yes/No
Workshops	Yes/No
Journal clubs	Yes/No
Multimedia distance learning	Yes/No
Others (specify)	Yes/No
Who pays for CPE?	
Orthodontists themselves	Yes/No
Universities	Yes/No
Health insurance companies	Yes/No
Government	Yes/No
Others	Yes/No
(Please specify)	
Do you have any other comments on CPE in your country or additional information?	
This questionnaire was completed by	(name)
from	(country)
Date	

FIG. 1 Continuing Professional Education (CPE) in Europe Questionnaire.

**Results**

It was possible to validate responses from 23 of the 28 countries. It was not possible to validate the responses from Croatia, Estonia, Latvia, Lithuania, and Romania. From the validated responses it appeared that CPE for orthodontists was organized in 22 of the 23 countries. The respondent from Albania replied that there was no organized CPE for orthodontists in her country.

Respondents reported that a number of bodies organized orthodontic CPE (Figure 2). These were the orthodontic societies in all countries other than Albania (22 out of 23) and the universities in 17 of the 23 countries, but not in Albania, Denmark, Hungary, Ireland, Slovakia or Switzerland, and the Dental Associations of 12 of the 23 countries. Apart from these three 'major organizers', it was reported that the Government organizes some orthodontic CPE in the U.K., as do commercial organizations/dental companies



**KEY: Organising bodies**

1 Orthodontic Societies in 22 countries	96%
2 Universities in 17 countries	74%
3 Dental Associations in 12 countries	53%
4 The Government in 1 country	4%
5 Commercial Organisations/ Dental Companies in 3 countries*	13%
6 The National Postgraduate Dental Institute in 2 countries*	8%
7 The Employers in 1 country*	4%
8 Others/ Not specified in 2 countries	8%

\* others which were specified by respondents

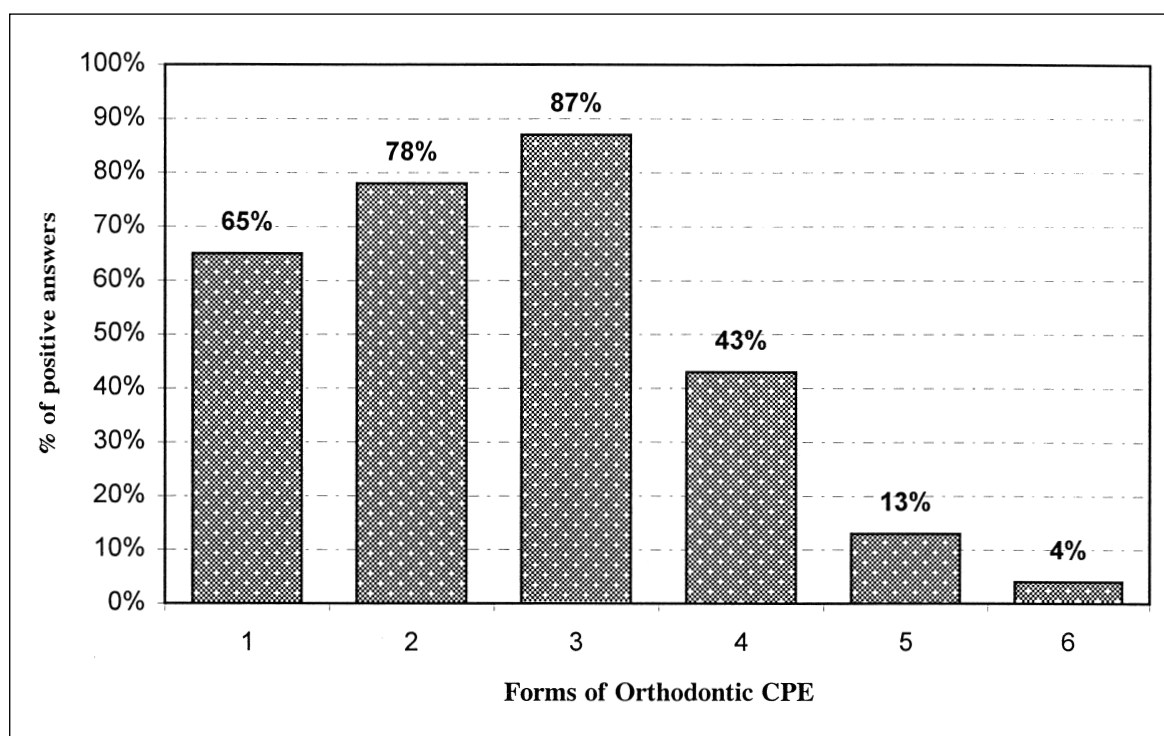
FIG. 2 The Organisation of Orthodontic CPE in 23 European countries.

in the Czech Republic, Poland, and Portugal, National Postgraduate Dental Institutes in Poland and Slovakia, and employers (the county authorities) in Sweden. Unspecified organizers were reported by two countries.

The most commonly reported forms of orthodontic CPE were practical techniques courses in 20 countries (the exceptions were Albania, the Czech Republic, and Denmark) and lectures in 18 out of the 23 countries, with the exception of Albania, the Czech Republic, Denmark, Hungary, and Poland. Study groups were reported as taking place in just over half (15 of the 23 countries) and workshops in just under half (10 out of 23 countries). Less frequent forms were journal clubs which were reported as

taking place in Germany, Spain, and the U.K., and multimedia distance learning in the U.K. (Figure 3).

It was reported that orthodontists paid for their own CPE in 22 out of the 23 countries, but not in Albania. Public funds provided by the Government were reported as paying directly, in part or whole, for orthodontic CPE in six countries (Bulgaria, Denmark, France, Slovakia, Sweden, and the U.K.) and via the employers (state-funded) in four (Denmark, Finland, Slovenia, and Sweden). Other organizations, reported as paying for some orthodontic CPE were the universities in Denmark, the Netherlands, Sweden, and the U.K., and dental companies in Slovakia (Figure 4).



**KEY: Forms of Orthodontic CPE**

1	Study Groups in 15 countries	65%
2	Lectures in 18 countries	78%
3	Practical Techniques Courses in 20 countries	87%
4	Workshops in 10 countries	43%
5	Journal Clubs in 3 countries	13%
6	Multimedia Distance Learning in 1 country	4%

\* no other forms of orthodontic CPE were specified by respondents

FIG. 3 Forms of Orthodontic CPE taking place in 23 European countries.

Other comments were provided by respondents from four countries and were:

CPE is totally voluntary in ...

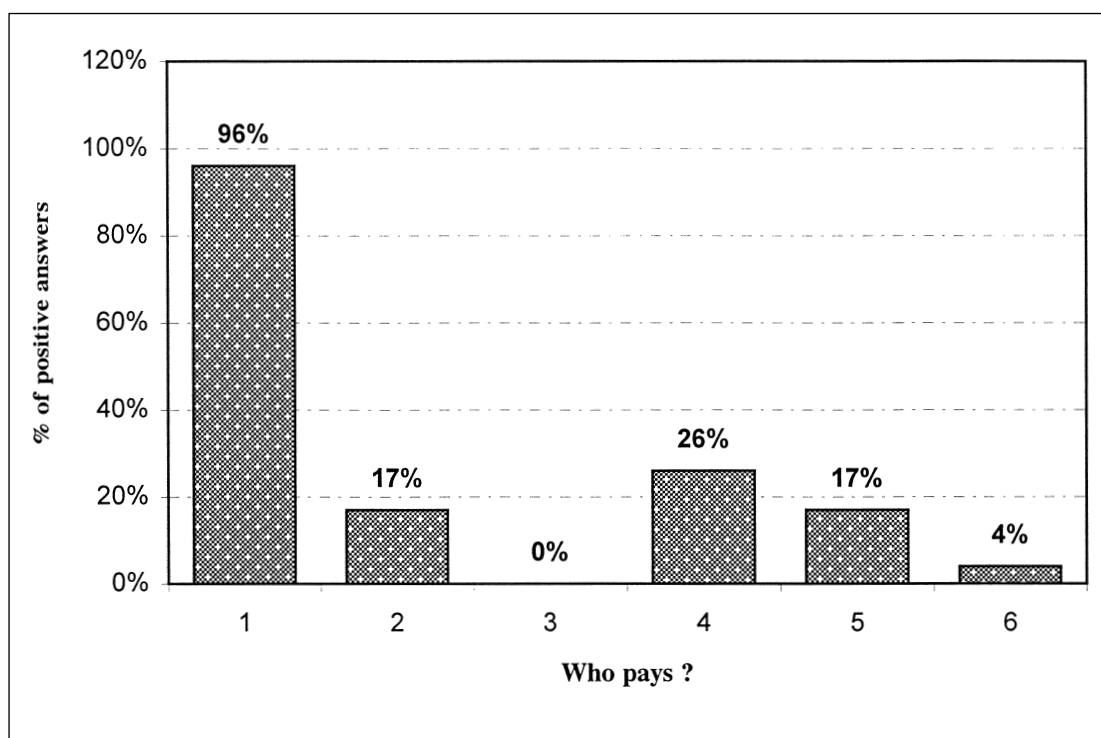
Foreign lecturers have been disappointing.

The best motivated and most knowledgeable are the best attenders when CPE is voluntary.

The Orthodontic Association invites all members to national annual CPE courses and there are regional study groups.

**Discussion**

Although all 28 countries responded to the questionnaire, probably because it was relatively brief and small numbers of respondents were involved, it was not possible to validate the answers from five Eastern European countries. Of these, with the exception of Romania, the other four (Croatia, Estonia, Latvia, and Lithuania) have relatively small populations, very few dental schools, and even fewer orthodontists. In spite of the fact that most respondents were asked to verify their answers at a meeting some weeks after they had submitted them, there is always the possibility that they are answering not on behalf of their country,



**KEY: Who pays**

1	Orthodontists in 22 countries	96%
2	Universities in 4 countries	17%
3	Health Insurance Companies in 0 countries	0%
4	The Government in 6 countries	26%
5	Employers in 4 countries*	17%
6	Commercial Organisations/ Dental Companies in 1 country*	4%

\* "others" which were specified by respondents

FIG. 4 Who pays for Orthodontic CPE in 23 European countries.

but of their university, department, or province/region. This factor may be particularly relevant for larger countries with a number of autonomous regions or provinces, which may follow different practices as far as CPE is concerned.

With the exception of Albania, it appears that orthodontic CPE is currently taking place in all other European countries surveyed. The questionnaire did not seek to establish how many hours per year of CPE orthodontists took part in or how effective it was. However, it is reassuring to note that it appears to be taking place.

It was not surprising that the responses to the questionnaire indicated that in nearly all the countries surveyed, orthodontic societies and universities are involved in the organization of orthodontic CPE, or that Dental Associations were reported as being involved in half the countries. However, it was perhaps surprising that the Government, dental companies, and employers are involved in organizing, as opposed to just paying for orthodontic CPE in some countries.

As a clinical specialty it was unsurprising that practical techniques courses were reported as taking place in 20 of the 23 countries and that study groups and workshops took place in many countries. As a traditional form of delivering education it was also unsurprising that lectures were also reported as a form of orthodontic CPE which took place in very many countries. However, in view of the geographical distances between some orthodontists and teaching institutions, it was surprising that only the U.K. reported the use of multimedia distance learning in orthodontic CPE.

Respondents reported that in general orthodontists pay for some or all of their CPE. Harvey (1998) has reported that in many member states of the European Union, doctors pay some of the costs of medical CPE and are often able to offset some of these payments against income tax. In the same study he reported that Governments and public employers paid in part or whole in 60 per cent of the countries that responded to this question. In the current study, 10 of those countries who responded reported that public funds contributed to the CPE of orthodontists.

## Conclusions

This survey has revealed that in Europe:

1. A range of organizations are involved in the organization of and payment for orthodontic CPE and that it takes place in many forms in the countries surveyed.

2. There appeared to be some involvement in orthodontic CPE in virtually all the countries surveyed.

CPE was most frequently organized and paid for in part or whole by orthodontists themselves.

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