

Continuing professional education: Attitudes and needs of Saudi dentists

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أهمية التعليم المهني المستمر تم تأكيده تكررًا عبر المؤلفات. وتم تأييده على أنه من أكثر الطرق فعالية وجدارة. أن الهدف من هذا الاستقصاء هو بيان موقف وسلوك الأطباء السعوديين من التعليم المستمر ومدى حاجتهم له. أجري هذا الاستقصاء عام ١٩٩٨م لأطباء أسنان سعوديين من مختلف مناطق المملكة. تم توزيع ٨٥٠ استبيان لأعضاء الجمعية السعودية لأطباء الأسنان النشيطين وغير النشيطين منهم. معدل الرد على الاستبيان كان ٥٣,٧%. أشارت النتائج أن التعليم المهني المستمر غير مفروض بشكل إلزامي في المملكة وأن أطباء الأسنان يشاركون حالياً بشكل طوعي في هذه الدورات. وقد وجد أيضاً نقص واضح في الأطباء المنتسبين لدورات التعليم المستمر. في الحقيقة معظم الأطباء يؤيدون فكرة التعليم المهني المستمر والمفروض بشكل إلزامي وتطبيق الرخصة السنوية السعودية.

The importance of Continuing Professional Education (CPE) has been repeatedly asserted and advocated in the literature as a most effective and efficient way to ensure competency. The purpose of this survey was to report Saudi dentists' attitudes, behavior and perceived needs toward continuing education. The survey was conducted in 1998 among dentists from different areas of the Kingdom of Saudi Arabia. Eight hundred and fifty questionnaires were distributed among active and nonactive members of the Saudi Dental Society. The response rate was 53.7%. The result indicated that in the absence of mandatory CPE courses in Saudi Arabia, dentists currently participate voluntarily in these courses and as when available. It was also found that there was an apparent lack of commitment of dentists to continuing education. Indeed, most of the respondents supported the idea of mandatory CPE and the implementation of Saudi dental license regulations.

Introduction

It is incumbent upon any profession to ensure that its members are responsible and knowledgeable practitioners.¹ This is especially true in the field of dentistry where dental knowledge grows exponentially. This information explosion has been "well documented within the medical and dental literature as having an effect on a health professional's capability to stay current with this proliferation of information."¹⁷

The importance of continuing professional education (CPE) has been repeatedly asserted throughout related literature and also in many pieces of legislation addressing the delivery of health care services. In North America, mandatory, continuing professional education programs are increasingly advocated as the most effective and efficient way of ensuring competency. In 1969, mandated continuing education was introduced in the United States and acted as a pre-condition for license renewal.⁸

The policy of the American Dental Association (ADA) reads in part, "the members of dental profession should remain life long learners to keep them abreast of current changes in technology and advances in science."⁹ In respect to continuing dental education, it also states "the objective is to improve knowledge, skill and ability of an individual to deliver the highest quality of service to the public and profession."⁹

The CPE for dentists in Saudi Arabia remains

voluntary. This voluntary participation then leaves the matter up to the discretion of the individual. Careful planning and research is necessary before requiring mandatory continuing education in Saudi Arabia.

The purpose of this paper was to report Saudi dentists' attitudes, behavior and needs toward continuing education.

Materials and Methods

The survey was conducted in 1998. Responses from both general practitioners and specialists were included. Eight hundred and fifty questionnaires were distributed among active and nonactive members of the Saudi Dental Society.

The questionnaire consisted of 37 pre-coded questions, except where respondents were asked to give specific comments on a particular topic. The questions addressed a variety of information: age, sex, educational background, number of years an individual has been in dental practice, the region and city of current practice, the employing institutions, the type of practice engaged in and their attendance at any continuing education courses (CEC). In addition, data regarding how often these institutions required their dentists to attend classes as well as any reason(s) inhibiting attendance were gathered.

The questionnaire concluded with questions directed toward the respondents' general interest in CPE, their attitude towards mandatory CPE and their opinion regarding the implementation of an official Saudi dental license.

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The data were analyzed using descriptive statistics in the form of frequencies, percentages and means.

Results

The response rate was 53.7%, of which 55.2% were females and 48.8% were males. Saudis constituted 62.1% while nonSaudis accounted for 37.9%. Ages ranged from 23 to 59 years with a mean of 34.52.

The median year of graduation was 1990. Baccalaureate degrees from the Kingdom of Saudi Arabia were held by 71.8% of the respondents and 28.2% of them also hold master degrees with 48.3% of these obtained from the United States of America. The respondents' primary employment places were as follows: academic institutions (77.3%); Ministry of Health (13%); and others (5.2%). Seventy three percent of the respondents hold memberships with a dental organization.

Table 1. Frequency of offer of CEC by the employers.

Place of Employment	Yes (Freq. %)
Academic	174 (36.0%)
Military	154(31.9%)
Ministry of Health	77 (15.9%)
Private	63(13.1%)
Others	15(3.1%)

Sixty two and a half percent of the employers did not offer any CEC program. Most of the 37.5% who did were located in the Eastern province, followed closely by the Central region. The academic institutions offered significantly more continuing education courses than any other employer (Table 1). Moreover, 97.5% of the respondents indicated that they were not mandated to take CEC.

Table 2. The frequency and percentage of respondents attending CEC in comparison to age.

Age Group	Frequency (%)	
	Always/Often	Seldom/Rare
20-29	38(21.7%)	94 (32.9%)
30-39	78 (44.6%)	135 (47.2%)
40-49	41 (23.4%)	42 (14.7%)
50-59	18(10.3%)	15(5.2%)

Attendance at CEC was greater among Saudis (68.2%) than among non-Saudis (31.8%).

Dentists in the 30 to 39 years age group attended CEC more often (44.6%) than any other age group (Table 2).

Dentists who had their postgraduate studies in the USA responded most to attending CEC (48.6%, Table 3). Respondents who graduated between 1990 and 1998 attended CEC more often (44.7%) than any of the others in the graduation period groups. Attendance at CEC increased steadily from 1950 to 1998 (Table 4). Specialists showed a significantly higher attendance percentage at 63.7% compared to general practitioners of whom only 36.6% attended CEC. Of these respondents, 86.1% took courses during work hours. Table 5 summarizes the factors listed by the respondents, which affected their registering or not registering for CEC. Work schedule prevented attendance at CEC more than any other factor did.

Table 3. Relationship between country where postgraduate study was undertaken and frequency of attendance at CEC.

Country of Post-Graduate Studies	Frequency (%)	
	Always/Often	Seldom/Rare
SAUDI ARABIA	13(17.6%)	7(10.3%)
SYRIA	5(6.8%)	6(8.8%)
UNITED STATES	36(48.6%)	32(47.1%)
EGYPT	7(9.5%)	8(11.8%)
UNITED KINGDOM	3(4.1%)	12(17.1%)
NIGERIA	3(4.1%)	2(2.9%)
AUSTRALIA	2(2.7%)	0.00
GERMANY	3(4.1%)	0.00
INDIA	2(2.7%)	1 (1.5%)

In the absence of structured CEC, respondents used several different sources for professional development. These included journals, newly published books in the related field, discussions with colleagues and company advertisement materials such as videos and brochures (Table 6).

Table 4. Correlation of year of graduation and attendance at CEC.

Year of Graduation	Frequency (%)	
	Always/Often	Seldom/Rare
1950-1969	6(3.4%)	3(1.0%)
1970-1979	28(15.6%)	39(13.6%)
1980-1989	65(36.3%)	84(29.4%)
1990-1998	80(44.7%)	160(55.9%)

Table 5. Factors affecting attending CEC.

Reason	Freq. (%)
Work schedule	224 (46.3%)
Don't know about it	122 (25.2%)
Family commitments	59 (12.2%)
Expenses	43 (9.3%)
Language	17 (03.5%)
Others	18 (3.5%)

Table 6. Other sources used by dentists for professional development.

Source	Freq. (%)
Journals	200(41.4%)
Books	100(20.7%)
Discussion with colleague	50(10.3%)
Com pany advertisements (Video, brochures)	55(11.4%)
None	78(16.2%)

Table 7. Respondents' opinion regarding CPE.

Opinion	Strongly Agree (%)	Agree (%)	Disagree (%)	Strongly Disagree(%)
CE necessary for competency.	384 (80.0%)	93 (19.4%)	3 (.6%)	0.00
CE increases basic knowledge.	339 (70.4%)	124 (25.7%)	16 (3.3%)	3 (.6%)
CE improves specific knowledge.	309 (64.4%)	153 (31.9%)	15(3.1%)	3 (.6%)
CE. improves theoretical knowledge.	332 (68.7%)	148 (30.7%)	3 (.6%)	0.00
CE improves clinical skills.	280 (58.0%)	175 (36.2%)	25 (5.2%)	3 (.6%)
CE should be mandatory.	260 (53.8%)	145 (30.1%)	48 (9.9%)	30 (6.2%)
Every dentist should be licensed.	252 (52.2%)	167 (34.6%)	30 (6.2%)	34 (7%)
License should be renewed every few years.	151 (31.3%)	157 (32.6%)	74(15.4%)	97(26.1%)
Certain points should be required yearly.	221 (46.1%)	174 (36.4%)	36(7.6%)	45 (9.4%)

Table 8. Response on how long a Saudi license for practising dentistry should last.

No. of Years	Frequency (%)
One year	13(4.1%)
2 years	41 (13.0%)
3 years	56(17.7%)
4 years	10(3.2%)
5 years	174(55.1%)
6 years	6(1.9%)
10 years	16(5.0%)

It was found that 96.7% of the respondents valued CPE and were interested in enrolling. Of the respondents who were interested in CEC, 41.8% of them favored a three-day study session, 74.4% favored a session twice a year and 59.4% preferred CEC with both clinical and theoretical content.

Table 7 is the summary of respondents'

opinions regarding CEC. Of the respondents, 83.9% felt that CEC should be mandatory while 82.5% thought that certain points should be required every year for CEC attendance. Data regarding Saudi Dental Licence showed that 86.8% of the respondents agreed that every dentist should be licensed to practice dentistry in KSA. Of this group, 63.8% thought that licensed practitioners should be required to renew their licence and of this latter group, 55.1% of them preferred renewal every five years (Table 8).

Discussion

As dental knowledge grows, there is immense pressure and challenge for the dentist to keep up with information and technology necessary to remain competent across the full spectrum of the dental profession.

The variety of sources that health professionals use for their own development and to seek answers on specific questions had been examined frequently.¹ For most dental associations in North America, continuing education is considered to be a requirement for licence renewal. This step is taken to ensure a practitioner's competency.⁹

Mandatory attendance at CPE is not advocated in Saudi Arabia. Dentists currently participate voluntarily in these courses as indicated by a majority of the dentists (97.5%) polled who indicated that they were not mandated by anyone to participate in continuing education. At the time of collecting these data (1998), continuing education was not mandatory for dentists in Saudi Arabia. In March 1998, the Saudi Council for Health Specialties, which was established in 1993, required all dentists who practice in Saudi Arabia to register with the council to remain legally licensed to practice. The Council stipulates participation in continuing education programs as a pre-requisite for the renewal of the registration and developed criteria for continuing education in which 90 hours of continuing education are required over the three years registration period with the Council. Different types of continuing education activities are recommended by the Council. The practitioners are also required to submit documentation on a special form for the approval of the credit hours.¹¹ In 1969, Minnesota was the first state in the United States to introduce mandatory continuing professional education as a requirement for license renewal. Since that time, other states in the USA have legislated laws on mandatory continuing education with variable number of hours as for example, 50 in two years for California and Delaware and 7 hours annually in the State of Tennessee.⁸

This study revealed that 62.1% of the respondents with different employers were not even offered CPE. Most of them attended continuing education courses through other institutions. On the other hand, academic institutions provided CEC more often than any other institution. The Saudi Dental Society is one of the few dental health organizations in KSA that has a well-established continuing professional education program. Others appear to have little commitment or intention to provide a comprehensive program. In comparison, a survey, which was conducted by the Council on Dental Education in 1976, showed that every US dental school was active in continuing education to some extent.¹⁰ In looking at the regions of KSA, one finds that the Eastern region offered CEC more than any other region. The Central region comes next. This result could be due to the number of respondents from the Arabian American Oil Company (Aramco) who indicated that they were offered CEC on a regular basis. The Central region's high percentage could be attributed to the fact that Riyadh is the capital and houses both the first dental school in the Kingdom and the Saudi Dental Society, thereby making it a natural center for dental activities.

In the study, respondents within the age group of 30 to 39 significantly attended CEC more often than any other age group. Also, as the year of graduation became more recent, there was an increase in both frequency and percentage of the respondents who attended CEC. This could reflect the younger graduate's awareness of the value of CPE. It could also be due to the changes in life-style with the younger generation and the types of opportunities which they come in contact with. The highest frequency and percentages was among general practitioners, 63.7% of whom attended CEC. This maybe due to non-discriminatory CEC attendance by general practitioners, whereas specialists feel limited to attend those courses which are related to their fields.

Our data also showed that some respondents rely on ways other than CPE to seek updated information in their field. The most common methods used by dentists are professional journals or books.

Of all the specialists, 66.7% are members of more than one dental organization and of the General practitioners, 66.8% are only members of one dental organization, namely the Saudi Dental Society. This would give the specialists more accessibility to CPE events. Specialists who are graduates of the United States tend to participate in CPE more frequently most likely as a direct result of the American system, which advocates the need for CPE. However, Saudi respondents showed a higher frequency of attending CPE events in comparison to non-Saudis. This could be attributed to the opportunity for Saudis to attend CPE.

There are several factors to consider as militating against participation in CPE. The most common reason given by 46.3% of the respondents in our study was work schedule, which clashed with the time of the CPE courses as offered in KSA. Respondents also complained of a lack of information pertaining to the availability of CPE as well as a general lack of notification. These factors would make it very difficult for someone to attend because a replacement at work might be necessary. Possible attendance is strongly influenced by early notification of CPE events and permission to take study leave.

Our general finding was that the apparent lack of commitment of the dentist to CPE in Saudi Arabia could be attributed largely to lack of opportunity.

Clearly, structures must be established in Saudi Arabia for the design and presentation of dental continuing education courses to dental practitioners.¹² If this happens, maximum participation in the CPE by dental practitioner may be expected.

Conclusion

The apparent lack of commitment of dentists to continuing education could be due to the absence of mandatory CPE in Saudi Arabia. Indeed, most of the respondents support the idea of mandatory continuing education and the implementation of Saudi dental license requirement of it.

Today's strain on resources highlights the need for continuing professional education. It is considered the most effective and efficient way of ensuring that all dentists practicing in KSA are kept up-to-date. There is also emphasis on the shift from voluntary participation to mandatory participation, as it has become a legitimate concern from the apparent lack of commitment of most dentists to CPE.

However, whether voluntary or mandatory, CPE demands careful planning and research. Without these two important steps, mandatory continuing education is unlikely to deliver the anticipated improvements on dental practice or ensure continual improvement in patient care.

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