

An Exploration of Continuing Professional Development Courses for Oral Hygienists in the Western Cape

¹Miso Myeko, ²M Naidoo, ³Thembelihle Monakali, ⁴Storm Hendricks

¹Student Researchers (Final Year Oral hygiene students University of Western Cape, South Africa), ^{2,3}Research Supervisor: ⁴Senior Lecturer, Faculty of Dentistry, Department of Oral Hygiene, Tygerberg Dental Hospital

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ABSTRACT

One of the most important requirements for healthcare professionals to maintain their registration with the Health Profession Council of South Africa (HPCSA) is continuing professional development (CPD). Even though it is required, it is still unclear how CPD activities improve patient care, knowledge growth, and competency. This study's investigation of CPD courses for dental hygienists in the Western Cape will look at the courses choices, accessibility, pricing, and effects on education and skill development. The benefits of CPD activities are not well supported by the literature, and attendance requirements and preferences are not given enough thought, according to a systematic review of the literature. In order to close these gaps and enhance motivation, skill development, and healthcare outcomes, this study investigates how CPD courses might be better tailored to meet the needs of dental hygienists. The Western Cape's oral hygienists will benefit from continuing education programs that are reasonably priced, easily accessible, and customised to their needs.

Keywords: Continuing professional development, knowledge, skills, health care, access, affordability

Introduction

In order to maintain a professional registration with the Health Profession Council of South Africa (HPCSA), statutory prerequisites of continuing professional development (CPD) must be adhered to. This was mandated to facilitate the promotion practice that is ethical and competent with continuous and updated skills and knowledge. CPD compliance is assured by the attendance of courses, seminars, workshops and conferences that are CPD accredited. A systematic literature review acknowledged various benefits of attending CPD activities, however, links to improved quality of care, professionalism and competence was not evident in this review. Further exploration, CPD is important not only for the purpose

of skills development and the improvement of healthcare, but also to increase the health professional's motivation to attend these activities and courses. These courses together with adding value must be accessible, cost effective and align to the preferences and needs of the health professional. Studies investigating access, affordability and preferences in to CPD activities for oral hygienists in the Western Cape could not be found. This study therefore aims to investigate the Continuing Professional Development Courses for Oral Hygienists in the Western Cape.

Aim:

To investigate continuing professional development courses for oral hygienists in the Western Cape.

Corresponding author: Thembelihle Monakali, Student Researchers (Final Year Oral hygiene students University of Western Cape, South Africa)

Email: myekomiso19@gmail.com.

Objectives

1. To investigate the preferences of practicing hygienists regarding the topics presented at CPD courses in Western Cape.
2. To investigate access and affordability of practicing hygienists to CPD courses in Western Cape.
3. To investigate the contribution to education and skills development of practicing hygienists after the attendance of CPD courses in the Western Cape.

Rationale

In order to motivate attendance to CPD courses and workshops, benefits including skills development, competencies, knowledge development and improvement in the quality of care must be demonstrated. Furthermore, the preferences, access and affordability of the attendees of these CPD events must be accounted for into these aspect in order to ensure alignment.

Problem Statement

Adequate evidence to support the benefits of CPD activities in knowledge and skill gain is lacking. The alignment to the needs and preferences of the attendees have not been demonstrated. The access and affordability of CPD activities for hygienists in the Western Cape needs further exploration.

Definition of Terms

- **Continuing Professional Development:** CPD stands for continuing professional development, which is the process of learning and growing that professionals do to improve their knowledge, skills, and abilities in their specific industries. To keep ones professional practice up to date and efficient, it entails gaining new knowledge, skills, and competences as well as updating existing ones. (Johnston, 2022)
- **Health Professional Council of South Africa:**The Health Professions Act of 1974 established the Health Professions Council of South Africa (HPCSA), a statutory regulatory authority. All health professions registered under the Act, such as those practiced

by doctors, dentists, psychologists, and pharmacists, are under its control, regulation, and development.(Health Professions Council of South Africa 2022)

- **Knowledge:** A person gains understanding, information, and abilities through education, experience, observation, and research. This is referred to as knowledge. It encompasses the capacity to understand and evaluate data, apply it in various settings, and use it to address issues, make choices, and generate new concepts.
- **Skills:**The capacity to employ one's knowledge quickly and efficiently in performance
- **Competence:**The ability to do something efficiently and successfully.
- **Quality of care:** It is the degree whereby the services offered by practitioners meet the expectations of the patients. These services are to be delivered safely and effectively. (Institute of Medicine, 2001)

Literature Review

Continuing Professional Development (CPD)

CPD stands for the continuing professional development and it is made up of all sectors of health and wellbeing. The HPCSA, the Health professions council of South Africa is made of 83 professional categories all related to health. The CPD is a program for self-selected continuing education activities and skills. To stay registered as a health professional it was implemented that all health practitioners be compliant with the CPD. The aim is for health professionals to maintain and acquire new and updated skills and knowledge that will be beneficial to the public and private health sector. (SA Singh 2019)

Requirement for hygienists in South Africa

It is a requirement that oral hygienist as health practitioners comply with the CPD and agree to involvement with CPD to stay registered with the HPCSA. Practitioners need to allocate at least 30 hours a year of which 5 hours must be directed at ethics, human rights and health law. Practitioners select learning activities and are expected to

maintain records. Random audits are done to ensure proper compliance with CPD. An annual fee is paid by practitioners to be part of the CPD. (SA Singh 2019)

The CPD requirement for hygienists globally

To meet the General Dental Council requirements as an oral hygienist you need to complete 75 hours of CPD during your 5-year cycle with a minimum requirement of 10 hours of CPD in every 2 consecutive CPD years. You must make an annual declaration of CPD hours completed even if you have not completed any hours for that respective year. Oral hygienists are required to have a personal development plan which incorporates effective learning. You must align your CPD with specific development outcomes. You must plan your CPD activity according to your individual fields of practice. (GDC 2011)

The view of the World Health Organization (WHO) on CPD

The World health organization have developed many guidelines which aims at integration with continuing professional development such as the "Transforming and scaling up health professionals' education and training 2013". The literature indicates a positive outlook on the CPD with confidence in its aims and objectives. (WHO 2013)

7.5 Regulatory Bodies for Continuing Professional Development (CPD)

The Health Professions Act, 1974 (Act No. 56 of 1974) (as amended) endorses Continuing Professional Development (CPD) as the means for maintaining and updating professional competence, to ensure that the public interest is always promoted and protected, as well as ensuring the best possible health care service to the community.

A professional body's main function is to establish industry standards. Therefore, professionals are best qualified to assess the activities in comparison to professional norms and provide a CPD hour value to them. CPD activities must be accredited by SAQA authorized professional bodies for this reason.

Once a group or institution satisfies the requirements outlined by the HPCSA CPD Committee, a professional board will appoint them as an accreditor. This indicates that the accreditor is acting as an agent for the HPCSA professional board to accredit in order for the participants to receive CEUs. The accreditors are accountable for upholding standards and maintaining record keeping.

In terms of Section 26 of the Health Professions Act, 1974 (Act No. 56 of 1974), the HPCSA may occasionally enact regulations that specify penalties for healthcare professionals who don't complete 30 CEUs annually, 5 of which must be in ethics, human rights, and medical law.

Global Regulatory Board (IAMRA) is the international association of medical regulatory agencies, however several other nations regulate CPDs similarly to South Africa. This indicates that they are governed by the association to which they belong or that another service provider has been chosen by the association of the governing body (Author links open overlay panelh.P. French a et al., 2008)

However, some other nations CPDs are regulated by their councils for instance the general dentist's association will regulate the CPDs for the general dentists in that country (Cardiff University School of Social Sciences) this is different because they will not have an in-between man responsible to help them out with the regulations but the actual council is.

Guidelines for CPD

The allied health professions council of South Africa

The allied health professional's council of South Africa requires professionals to complete 40 continuing education units (CEUs) per cycle, of which 50% should be profession-specific and include 4 CEUs for the AHPCS-approved ethics and jurisprudence course. Additionally, practitioners must possess a level 1, 2, or 2 first aid certificate or Basic life support (BLS) (AHPCSA, 2019). This differs from the requirements for HPCSA registered professionals, who must accumulate additional CEUs.

According to the CPD guidelines (AHPCSA, 2019), a graduate must pursue continuing education. This is due to two reasons: first, the knowledge acquired during studies may become stale after graduation; and second, patients benefit from practitioners' updated knowledge, which may include the capacity to address any issues in the current health care system.

To abide by the random compliance check, practitioners must maintain records of the CPDs they attended for a period of two years. Practitioners' names, the AHPCSA registration number of the service provider for the CPD, the service provider's CPD activity number, the number of CEUs earned for finishing that specific activity, and attendance are all included in this record keeping.

The CPD guidelines 2019 to 2021(5,7) state that practitioners may participate in CPD activities related to their field of practice that have been approved by another CPD committee, but in order to receive CEUs from those activities, practitioners must reaccredit those activities with their own CPD committee. The practitioners must supply information about that activity before it begins in order to classify to it if there is a hazy line in determining which committee it belongs to.

The CEUs for practitioners who practice in more than one profession won't be divided; instead, they can only be allocated to the profession of their choice that falls within their area of expertise. Deferment refers to a decision made by practitioners and the committee overseeing CPD registration to suspend or postpone the requirement for CPD for a period of time. There are occasional exceptions to this rule, such as when a practitioner is abroad and must provide proof of employment. If there isn't a recognized CEUS program in that nation. The practitioner must complete a term of supervised practice and a competency evaluation if they haven't worked in their field.

Associations Offering CPD Courses

In South Africa, there are associations which offer CPD courses for Oral Hygienists and Dental practitioners. These associations are Oral Hygiene Association of South Africa (OHASA) and

South African Dental Association (SADA). Colgate and Johnson & Johnson often provide seminars and webinars as a way of offering CPD courses. Globally, CPD courses are also provided. Some of the associations that offer these CPDs are Irish Dental Hygienists Association (IDHA), Scientific Committee of the International Symposium on Dental Hygiene 2022 (ISDH2022) and the International Federation of Dental Hygienists (IFDH). (ISDH, 2022)

The CPD courses are offered in different ways such as training courses, which is the most common method of doing the CPD course. Training courses differ in duration and can take from one day to several weeks. They often focus on one specific learning area or offer specific skills in that industry. (Enterprises University of Pretoria (Pty) Ltd, 2023)

Another tool that is used to offer CPD courses is seminars. A seminar is a short course which usually take a few hours or up to a day. It usually focuses in detail of the subject of matter and is usually done in small groups of not more than 20 individuals. It is said that seminars intend to expand better knowledge through activities, discussions, group work and cooperation. (Best, 2005)

According to CPD guidelines (Best, 2005), workshops are one of the ways which CPDs can be performed. Workshops is known as an interactive group session which is normally done in 1 to 3 days. Although workshops and seminars are quite similar, workshops are less theoretical and more practical in order to improve practical skills of professionals. Workshops aim on a more practical or hands on approach to enhance skills and knowledge.

Another way which CPD courses are done is through webinars. These are activities done online for example through ZOOM meetings. The main aim of webinars is to inform and educate professionals about new and relevant information in a short manner. Webinars do provide a platform to interact and also ask questions to the host and they often have a larger attendance list as participants do not need to physically go for attendance. (Best, 2005)

Events are also a way of performing CPDs. There are different forms of CPD events, for example: Live speaker sessions that deliver guest presentations, conferences, etc. In events, usually products and services are being showcased and this could also aid in educating professionals.

Lastly, online courses, which are now becoming a popular method of CPD. Online courses are convenient because physical attendance is not required. This is also cost effective as sometimes course materials are shared online for free. These courses can be spread over a certain period of time rather than in just one day. (Enterprises University of Pretoria (Pty) Ltd, 2023)

Costs of CPD Courses

The costs of 30 CPD points are R1800, for 15 CPD points, the cost is R1200 and for 9 points it is R600. (Cpd Express,)

These costs could be a challenge because some clinicians may not be able to pay off these fees as these fees are not paid by the employer. This limits the access to the CPD courses. Another challenge that limits access to CPDs is how time consuming CPDs. (Breeze Academy, 2021).

Methodology

Study Design

This study design used is a quantitative non-experimental descriptive study design. This study was carried out in a natural setting with no intervention.

Participant Sampling

The sampling for this study was that of a convenience non-probability sampling. This type of sampling was selected on the basis of being available and accessible.

Inclusion Criteria

Oral Hygienists registered with the Health Professions Council (HPCSA), attending CPD courses and seminars in the Western Cape were included in this study.

Exclusion Criteria

Oral Hygienists not registered with the Health Professions Council (HPCSA), not attending CPD

courses and seminars in the Western Cape were excluded from this study.

Data Collection

Data Collection Instrument

A self-administered questionnaire was used to collect data for this project.

The first part of the questionnaire collected demographic data such as gender, area of practice, OHASA member or non-OHASA member. The subsequent section of the questionnaire was aligned to the objectives of the study querying aspects on lecture preferences, costs, access and benefits of CPD courses and seminars.

Data Collection Procedure

Upon receipt of approval from the Biomedical Research Ethics Committee (BMREC) at University of Western Cape, an information and consent document (A1) was sent to the president of the Western Cape Branch of OHASA requesting permission for a short presentation at the OHASA seminar and thereafter to distribute consent and information documents (A2) and questionnaires (A3) to the delegates. The delegates consenting to the study were requested to complete the self-administered questionnaire. The researchers collected the completed questionnaires at the end of the seminar.

Data Analysis

Data was captured on a data extraction sheet (A4) and checked for accuracy. This data was then exported to IBM Statistical Software (IBM SPSS Version 28). Quantitative data was analyzed according to means, averages and frequencies. Cross-tabulations was applied where necessary.

Ethical Considerations

Ethical considerations included the following:

- Ethical approval from Biomedical Ethics Research Committee (BMREC)
- Information and consent to the Oral Hygiene Association of South Africa, Western Cape attended a seminar and presented to the oral hygiene delegates

- Information and consent to the Oral Hygienists that attended the seminar to participate in this project and complete the self-administered questionnaire.

Confidentiality was maintained and all participants were assigned with codes and remain anonymous. No identifying information was revealed.

Participants were made aware that they can withdraw from the study if they wish to do so.

RELIABILITY AND VALIDITY

Reliability

Reliability is the measure of producing the same using the same methodology and data collection instrument. Internal consistency was assured by repeating questions for a specific concept and looking at the consistency in the responses.

Validity

Validity refers to the accuracy of results when using a specific method and research instrument. Validity was ensured by making sure that the questionnaire covers all aspects of the objectives being investigated. The questionnaire was piloted.

RESULTS AND DISCUSSION

Results

Demographic results

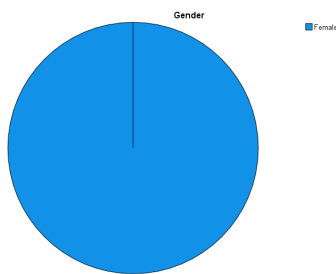


Fig. 1: Displaying age of participants

- All participants were female.

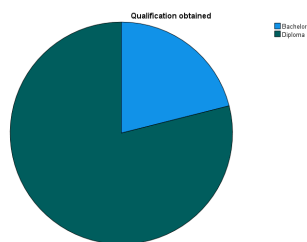


Fig. 2: Displaying qualification obtained

- 21% of the participants obtained a Bachelor’s degree
- 79% of the participants obtained a Diploma

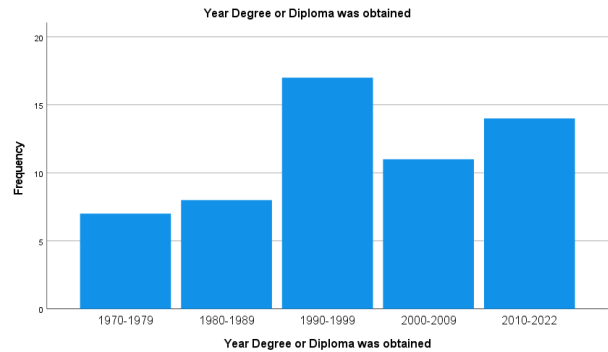


Fig. 3: Displaying year qualification was obtained

- 12% of the participants graduated between 1970-1979
- 14 % of the participants graduated between 1980-1989
- 30% of the participants graduated between 1990-1999
- 19% of the participants graduated between 2000-2009
- 25% of the 19% of the participants graduated between 2010-2022

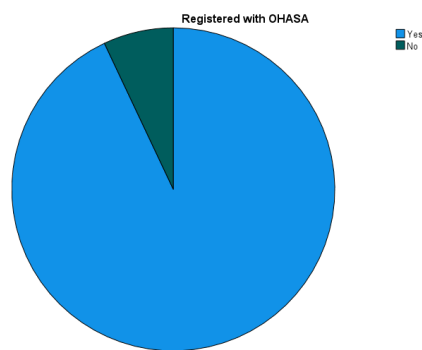


Fig. 4: isplaying if the participants were registered with OHASA

- 93% of the participants were registered with OHASA
- 7% of the participants were not registered with OHASA
- 58% of the participants work at private practice
- 21% of the participants work at the Department of health

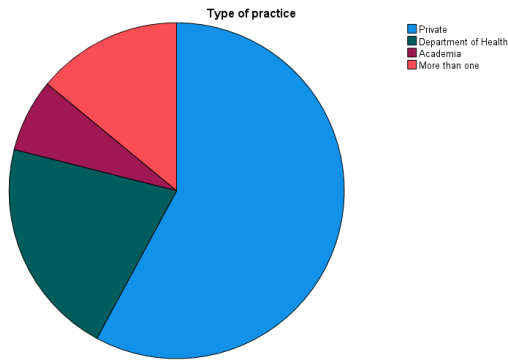


Fig. 5: Displaying the type practice participants work at

- 7% of the participants work in academia
- 14% of the participants work in multiple practices

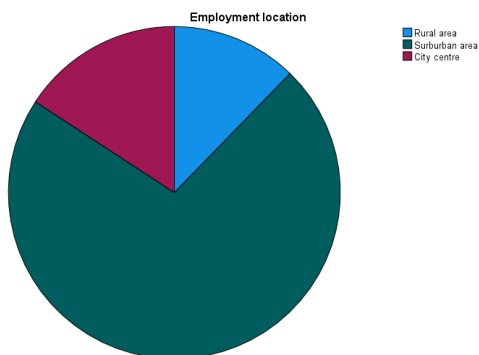


Fig. 6: Displaying the location of the practice

- 12% of the participants work in the rural areas
- 72% work at the suburban areas
- 16% work in the city center

Objective 1

Objective 1 of the study was to investigate the preferences of practising Oral Hygienists regarding the topics presented at the CPD courses in the Western Cape.

Objective 2

Objective 2 of the study was to investigate access and affordability of practising Oral Hygienists to CPD courses in the Western Cape.

Objective 3

Objective 3 of the study was to investigate the contribution to education and skills development

of practising Oral Hygienist after attending CPD courses in the Western Cape

DISCUSSION

Objective 1: Preferences

Due to limited studies on the CPD courses for oral hygienists, there was not enough research to support whether the oral hygienists would or would not like to contribute to topics presented at the seminars. However, this research showed that out of 57 participants 12 contributed to the topics presented at the OHASA seminars while the rest of the participants did not contribute to the topics presented. Out of the 12 participants that contributed to the topics, 2 contributed these topics: fissure sealants in state health and restorations. 3 were part of the OHASA committee. 1 participant motivated lecturers to present and provide topic of interest. The rest of the participants were not clear of the topics they had suggested. 24 participants were open to suggesting topics while 33 were not open to suggesting topics.

The topics that they would have liked to suggest were: Fluoride supplements in children, community dentistry, covid-19 infection control, DSD, ethics regarding interpersonal relationships among clinicians, implant maintenance, laser treatment, more on hand scaling, adaptation and sharpening, orthodontic topics, medico-legal topics, more specialized dentistry, myobrases, myofunctional therapy, oral medicine topics, periodontics, sterilization, radiographs, interdisciplinary approach, working in government and private practice as an OH, antibiotic prophylaxis, medical conditions, bleaching, TMJ treatment, wisdom teeth removal lectures and demonstration of gingival grafts.

Objective 2: Accessibility and affordability

Out of 57 participants, only 6 participants' employers paid for their OHASA registrations and seminars. 51 participants' employers did not pay for their OHASA registrations and seminars. Contradictory to the literature which states that the costs of these CPDs could be a challenge which limits the access to CPD courses, especially for members that whose employees do not pay

for the courses, a majority of 54 out of the 57 participants stated that the attendance was affordable, while only 3 of them said that it is not affordable. They further explained that this is because they need to pay for HPCSA which increases every year, also they have to pay for travelling cost and accommodation to attend the seminars. 54 participants stated that the venues were accessible while 3 said that they were not accessible. The 3 participants explained that this is because the venues were far and there was no parking and also the Durbanville venue was more accessible. Out of the 54 participants that had agreed that the venues were accessible, 1 stated that this is because they now offer seminars in both Northern and Southern suburbs.

Objective 3: Contribution to education and skills

Out of all the participants, only five did not comment and the rest commented that the CPD courses contributed in the following ways: They update knowledge, address new topics, they are beneficial, motivating, broadens knowledge, allows participants to obtain CPDs, educates them, enhances knowledge, creates better learning opportunities, learning of new things, seeing trades, connecting with colleagues, helps in increasing awareness, introducing various and new topics, informed decision, interesting and valuable information to pass on to the patients, keeps them motivated, learning new advances in dentistry, updates on latest development, useful in finding out new products and interventions. These findings agreed with the literature which suggests that the CPD courses should be pursued as they assist in attaining new knowledge which the patients benefit to, and the updated knowledge improves the capacity to address any issues in the current health care system. The participants stated that the CPD courses contributed in their clinical skills in many ways such as, they are able to learn something new and use it in clinics, get new ideas and techniques that are not usually practiced, better knowledge and awareness to help patients benefits them and being better oral hygienist, better patient management, improving treatment outcomes, informative, contributes in management and computer skills. 3 out of the 57

participants stated that they felt as though the CPD courses did not contribute to their clinical skills.

The participants described the CPD seminars as well organized, 0informative, beneficial, fun, cost effective, easily accessible, excellent as there were a range of topics, relevant, professional, well planned and well resourced. However, one participant state that it is quite lengthy and one other participant said that they were not sure.

Similarly to the literature which has discussed various ways to attain the CPD points within a year, 36 out of 57 said the CPD points are attainable because of various reasons such as that these CPD seminars are available to OHASA members, they offer high CPD points which allows them to accumulate points, they are doable if planned correctly, easy access to journals which helps gain these points, OHASA makes it easy to obtain these points and various seminars and regular events are provided to attain these points. Moreover, 21 out of the 57 participants stated that the CPD points were not attainable because of these reasons: More points are needed after each CPD course is attended, working full time makes it difficult to attend, additional activities like journals are needed to attain the 30 CPD points needed, and other obligations.

CONCLUSION

Based on the results, the study concludes that majority of the oral hygienists in the Western Cape have never contributed to the topics presented, however majority of the practicing hygienists are not open to suggesting topics. This research also shows that the majority of the practicing hygienists find the CPD courses affordable and accessible. Over 50% of the participants stated that the CPD courses contributed to their clinical skills, however the majority of the hygienists stated that the required 30 CPD points were unattainable in one year.

Study Limitations

Due to time constraints this study was only conducted with hygienists in the Western Cape. The views regarding costs, access and benefits in the other provinces were not included.

Source of funding : nil

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