Assessment of the Continuing Professional Development Programme for Pharmacists in Nigeria

*Erhun, W. O. and Akintilebo T. A.
Department of Clinical Pharmacy and Pharmacy Administration
Obafemi Awolowo University, Ile-Ife. Nigeria.

ABSTRACT

Objectives: This study was aimed at obtaining the views of pharmacists' on the Mandatory Continuing Professional Development (MCPD) Programme in Nigeria so as to provide an insight into the extent to which the objectives of the programme are being met.

Methods: The research was conducted using pre-tested structured questionnaires, administered to 300 pharmacists who were eligible to participate in the MCPD programme. The data generated were then subjected to statistical analysis.

Results: The results revealed that 35.4% of participants derived much benefit from the programme which they felt kept them updated on the latest developments and trends in pharmacy practice. Live programs in the form of formal lectures or workshops emerged as the most preferred type of programme delivery and majority (77.1%) felt the programme should be retained as a means of ensuring competency and recertification.

Conclusion: Generally the "MCPD" programme has gained wide acceptance among pharmacists in Nigeria.

Keywords: Pharmacists, Continuing Professional Development, Nigeria.

INTRODUCTION

Maintaining competence among professionals has been pursued through continuing education programmes in many countries. The term "continuing education as it applies to the health professions " has been defined as "...organized learning experiences and activities in which (health care professionals) engage after they have completed entry-level academic education and training. These experiences are designed to promote the continuous development of the skills, attitudes, and knowledge needed to maintain proficiency, provide quality service or products, respond to patient needs, and keep abreast of change."[1]. However in the last couple of years the standards demanded for professions in public life have been steadily increasing. This has led to the development of accountability mechanisms by professional associations to meet this demand.

A favorite method used to increase accountability is "Continuing Professional Development" (CPD). The International Pharmaceutical Federation has defined Continuing Professional Development, or CPD, as "the responsibility of individual pharmacists for systematic maintenance, development and broadening of knowledge, skills and attitudes, to ensure continuing competence as a professional, throughout their careers."[2] To implement CPD, a pharmacist must be committed to continually cycling through the steps of self-appraisal, planning, action, and evaluation. CPD requires systematic, ongoing, and self-directed learning.

CPD is essentially a self directed, ongoing, systematic and outcomes-focused approach to learning and professional development. Under this system professional licenses are not expected to be reissued until certain CPD targets have been met. It has been argued that the principle of making CPD mandatory only serves as a rubber stamp and actually does little to increase the competence of practitioners. Even so the number of professions using this technique has been rising steadily for many years probably because there is the lack of a viable alternative.

CPD is a response to the proven insufficiency of CE as a method of changing pharmacists' behavior.[3,4] This not withstanding some of the countries that are just starting to implement a formal lifelong learning system still choose the CE approach (eg. Germany). Various reasons have been adduced for this. First, a system that strictly follows the principles of CPD, such as the system in Great Britain, requires substantial support and is time consuming. Second, when choosing a CPD system, a framework has to be developed that enables pharmacists to satisfy their personal learning needs and is based on the CPD stages of reflection, planning, action, and evaluation. This framework may also include comprehensive competency standards against which pharmacists can assess their own level of competence as a part of the reflection stage of the CPD cycle. Moreover, pharmacists will probably need a good understanding of what CPD is, how they are supposed to document it, and how their records will ▶

be evaluated before they pursue CPD. On the other hand, the advantage of a system based on CE is that it allows quantitative evaluation, which many pharmacists value.[5,6] Also, in terms of regulatory bodies evaluation of credits may be more straightforward than evaluation of CPD portfolios. This may also explain why some countries combine elements of CE (eg, credit points system) and CPD (eg, portfolio).

In comparison, CE can be seen as one part of the CPD process, encompassing such traditional teaching methods as lectures, workshops, and distance learning courses. Whereas CPD is focused on the individual practitioner, CE is structured to address the learning needs of the majority of practitioners. One of the reasons for the shift towards CPD is the limited effect of formal CE activities on the behavior of the practitioner.[6,7]

Pharmaceutical training in Nigeria commenced in 1899 and has since then gone through many stages of change. These changes were introduced through the Pharmacy ordinance of 1945 during which period the Dispensers certificate was abolished and a three year course for the Chemist and Druggist Diploma was introduced. The outcome of a conference on pharmaceutical education held in Ibadan in May 1958 culminated in a considerable improvement in the curriculum content of the diploma course (which was then similar in standard to that of United Kingdom). The award of the diploma was stopped in 1965 after the introduction of a university pharmacy degree programme in Nigeria at the Obafemi Awolowo University in 1962.[8] In the Nigerian pharmacy practice arena there are different categories of pharmacists. Some are diploma holders, most are Bachelor of Pharmacy degree holders and very soon Nigerian universities would be graduating Doctor of Pharmacy degree holders. For these pharmacists to all operate at the same level of competence despite the obvious educational training gap they would have to be involved in life long learning. Herein lies the relevance of continuing professional development in Nigeria.

In an appraisal of the continuing pharmaceutical education (CPE) in Nigeria in 1985, it was concluded that CPE in Nigeria at the age of over ten years is still far from being able to attract the practitioners for whom it is meant. Among the reasons adduced were lack of need identification, inadequate motivation of participants, unawareness of the need for continuing education (CE) as a student, inadequacy of employing the seminar type of CE, venue of activity and the lack of publicity and budgetary constraints.[9]

The need for the Mandatory Continuing Professional Development (MCPD) programme for the recertification of health professionals was acknowledged by the maiden Nigeria National Health Summit in 1995. This was followed by the directive of the Honorable Minister of Health in 1996 to professional regulatory bodies to discuss modalities for the early take off of the MCPD programme. The Pharmacists Council of Nigeria (PCN) in line with Government directives commenced the first cycle of the Mandatory Continuing Professional Education, (MCPE) for the recertification of pharmacists on 1st April 1998, and the first cycle was rounded off in December 2003. The programme was to be later rechristened Mandatory Continuing Professional Development (MCPD) programme. The second cycle commenced in August 2005 and was rounded off in 2007.[10]

Objectives of the MCPD Programme

The MCPD programme for Pharmacists in Nigeria is designed to update the knowledge of pharmacists, to enable them to keep abreast of advancements in pharmaceutical development and modern trends in Pharmacy. This is to enhance their skills in the process of providing pharmaceutical care.

The specific objectives of the MCPD are to:

1. Update the knowledge of pharmacists to assist them in keeping abreast of advancements in pharmaceutical knowledge and changes in Pharmacy practice.
2. Provide opportunity to support initial training of pharmacists and expand their knowledge and skills to meet the needs of the consumers of their services.
3. Improve skills and knowledge to ensure continued relevance of pharmacists in the health management team.
4. Provide a forum for cross fertilization of ideas\experience which would enhance competence and commitment.
5. Serve as an on-going process of change which will assist pharmacists to adapt, contribute and participate actively in the implementation of change.
6. Ensure that the pharmacist is statutorily fit to offer the services he is licensed in line with the provisions of section 14(1) and (6) of the Pharmacists Council of Nigeria Act 91 of 1992.[10]

The MCPD Programme

The MCPD is a 3 year cycle programme developed into three modules each running for two days at a time. To qualify for recertification, a pharmacist must obtain a minimum of thirty (30) credit units. Eligible pharmacists are expected to obtain a minimum of thirty credit units within the recertification period of three years either by attendance of all the three modules or attendance of adequate number of any local, regional or/and international conferences recognized by PCN in addition to attendance of at least two modules of the programme. In a given year, pharmacists are required to attend not more than two modules.

For documentation, the maximum credit units accruable to a module are ten (10). Each programme is allowed a minimum of fifty (50) and a maximum of one hundred and fifty (150) participants.[10]

The MCPD Curriculum

The MCPD programme operates a modular system of three modules and ▶

the modules are developed to contain all the courses in the curriculum. The MCPD curriculum is made up of core, elective and special elective courses as shown below.[10]

1. **Core courses** - All pharmacists are expected to attend the following core courses within the recertification period.
   a. Public Health Pharmacy (6 credit units)
   b. Health Education and the Pharmacists (2 credit units)
   c. Information Technology and Pharmacy (2 credit units)
   d. Contemporary issues in Pharmacy (4 credit units)
   e. Pharmacy Practice (4 credit units)
   f. Pharmacy Laws and Consumer Rights (5 credit units)
2. **Elective courses** - A pharmacist can obtain ten (10) credit units from the special electives in lieu of any of the three modules by attendance of a number of adequate combinations of local, national and international conferences recognized by PCN within the recertification period of three years. Appropriate credit units can only be earned once for a particular conference regardless of the number of times that particular conference is attended within the recertification period of three years. A minimum of two (2) and a maximum of four (4) elective courses are meant to be offered for each module at every MCPD seminar from the following;
   a. Recent advances in Management and Therapy of prevalent Diseases (3 credit units)
   b. Principles of Management (2 credit units)
   c. Pharmaceutical sales and marketing (2 credit units)
   d. Laboratory Investigations (2 credit units)
   e. Total Quality Assurance (3 credit units)

Who is to participate in MCPD?
All pharmacists who graduated before and up to 1999 were expected to attend and obtain the required thirty (30) credit units on or before 31st December 2007 to be recertified by the year 2008. Subsequently, all pharmacists will be required to participate in the MCPD for the purpose of recertification after five (5) years of graduation i.e three years after participating in the compulsory National Youth Service Corps (NYSC) programme.

Some pharmacists are however exempted from participating in the MCPD programme and they include:
i. Pharmacists with 40 years post graduation experience are exempted on age grounds
ii. Pharmacists who are on special assignments as approved by the Council.
iii. Other pharmacists who may be eligible for exemption on health grounds.
iv. MCPD programme coordinators will only be credited with the modules they have coordinated.

Approved Provider Centres
a. Faculties of Pharmacy recognized by PCN
b. West African Postgraduate College of Pharmacists (WAPCP)
c. National Institute of Pharmaceutical Research and Development (NIPRD)
d. Special Providers (existing Continuing Education Providers of Pharmaceutical Society of Nigeria (PSN) and related bodies)

Method of Programme Evaluation
The method presently being used for evaluating participants include full attendance (which is compulsory) as well as post seminar examinations. 10

AIMS AND OBJECTIVES OF THE STUDY

This study was aimed at appraising the Mandatory Continuing Professional Development Programme (MCPD) for the recertification of pharmacists in Nigeria from the pharmacist's (i.e. the participant's) view point.

The objectives of this study were to examine:
i. To what extent participants felt the programme had been able to update pharmacists' knowledge and skills required to keep them abreast of advancement and changes in pharmacy practice.
ii. How well pharmacists had been able to adapt, contribute and participate actively in the programme.
iii. The preferences of pharmacists as to the organization and presentation of the program.
iv. Whether the programme alone should be used as the determinant for ensuring competency/recertification.

METHODS

In carrying out this study, a structured questionnaire was designed, pre-tested and administered to pharmacists in different fields of practice to enable them assess the programme. The instrument was validated and the indices obtained in the internal consistency and reliability procedure were Cronbach á = 0.7 and n =16.

Study Population
The study population consisted of pharmacists in Nigeria with at least three years post graduation experience (i.e. pharmacists who are eligible to participate in the MCPD programme).

Study Area
Questionnaires were distributed in Oyo and Osun states at the following locations:
- MCPD centers in Ibadan (Oyo state) and Ile-Ife (Osun state)
- Community pharmacies in Ibadan.
- Hospitals pharmacies in Ibadan.

Method of Data Collection
Collection of data was done primarily using a structured questionnaire, ▶

consisting of open ended and closed ended questions. The questionnaire was to ascertain, among other things:

- Whether the respondents had participated in the program and establish the reasons for non participation where necessary.
- The preferred delivery format of the programme.
- The preferred type of the programme.
- Preferred method of evaluation.
- The number of modules attended.
- The extent of benefit derived from the program.
- Whether the program should be retained as a means of ensuring competency.

Data analysis was done using the Statistical Package for the Social Sciences (SPSS vol. 11). Results obtained from the questionnaire were subjected to both descriptive and inferential statistics.

RESULTS

A total of 232 questionnaires were completed and returned out of the 300 distributed. (77.3%)

In terms of participation in the MCPD programme; 66.8% of respondents had participated in the program, 32.3% were currently participating and 0.9% had never participated. The number of modules attended by respondents were one (11.6%), two (7.8%), three (15.1%), four (23.2%), five (22.3%) and six modules (12.5%). For respondents who had not participated (1%), the most common reason for non participation was location and their inability to pay the program registration fee of 5000 naira (40 dollars) per module.

In response to the question "what is your preferred month and day to participate..?" the highest percentage (13.4%) indicated preference for the month of June while 6.9% (also the highest percentage) indicated preference for Tuesdays. Majority of respondents also indicated their preference for full day programs (62.1%) as to short day/evening programs (28.4%).There was preference for weekdays (Monday-Friday) (69%) compared to weekends (Saturday-Sunday) (18.1%).

In terms of location for full day programs, respondents preferred programs within their localities (84.5%) to those outside their town of abode (7.8%). Some respondents preferred live programs, (44.8%) to distance learning (18.5%) while 32.8% did not mind either.

Formal lectures and workshops were the most preferred type of delivery format for live programs (55.6%), followed by group and case discussions (14.2%). Satellite broadcast was the least preferred delivery format for live programs (1%). For distance learning as a delivery format the use of VCRs, VCDs and DVDs were the most preferred (10.3%), followed by printed home study materials (5.6%) while the use of personal digital assistant was the least preferred (1%). For the acquisition of new knowledge and skills, the use of VCRs, VCDs and DVDs were also the preferred delivery format.

Written tests and examinations was the preferred mode of evaluation (43.5%), take home assignments (31.5%) while the use of oral tests was the least preferred (9.1%).

Many (43.5%) pharmacists were of the view that participation in MCPD should not be the only requirement for recertification while 31% felt it should. Other methods suggested by respondents that should also be considered for recertification/licensure were participation in conferences and professional association programs as well as further education through acquisition of additional professional qualifications.

A greater percentage of respondents (51.7%) indicated that re-examining pharmacists who had already participated in the MCPD program should be done every 5 years as against biannually (26.7%) and annually (6.5%).

As to the extent of benefit derived from the program; 32.3% responded to have derived "much benefit", 19.8% "great benefit", 23.3% "average benefit" while 0.4% responded to have derived "no benefit" whatsoever from the program.

Relating the benefit acquired to skills and competency, a reasonable percentage (30.2%) responded that the program served as an update on latest developments and trends in pharmacy practice. Some others (12.5%) responded that it served as a forum for acquisition of new ideas and skills relevant to their practice, 6.0% responded that it only served as a refresher course while 1.3% believed that it only provided a forum for interaction with colleagues.

Majority (72.4%) of respondents were of the opinion that the program should be continued as a means of ensuring competence. However equal proportion of respondents (10.8%) either wanted programme to discontinue or were indifferent.

A number of cross tabulations were also generated from the analysis. The level of significance for the chi square analysis was $p < 0.05$.

A cross tabulation of primary employment setting versus extent of benefit derived from the programme (Table 1) showed that community pharmacists appeared to have benefited more from the programme than those in other employment settings. However the relationship was not statistically significant.

A cross tabulation of gender versus extent of benefit derived from the programme (Table 1) showed that females benefited more from the program than males but the difference was not statistically significant.

A cross tabulation of Number of years of employment versus extent of benefit (Table 1) showed that pharmacists with greater than 20 years practice experience derived greater benefit from the program than others with lesser years of practice, however the relationship was not statistically significant.

A cross tabulation of gender versus opinion on continuing the programme showed that more male (N=127, 58.3%) than female pharmacists (N = ►

41, 18.8%) were more of the opinion that the program should be retained as a means of ensuring competency and for the recertification of pharmacists.(÷2 9.533, p=0.009)

DISCUSSION

The acceptance of the concept of Continuing Professional Development is growing as cases of successful implementation in the United States and other countries now exist11. The situation in Nigeria is not much different because the programme has now entered its third cycle.

Our study has shown that a fraction of pharmacists who were eligible for the programme in Nigeria were yet to participate as a result of distance to MCPD location and "high cost" of the programme. These reason appear cogent because the MCPD programme is presently only conducted in centers approved by the Pharmacists Council of Nigeria (PCN). These centers are limited and not wide spread enough to be easily accessed by all participants. Such a problem was also encountered in early days when continuing professional education was not mandatory and the programs were only conducted at four schools of pharmacy within the country[9]. There is thus the need for collaboration between the PCN and private providers which could be accredited by PCN as is being done in some countries.

A large proportion of pharmacists were of the opinion that they had derived much benefit that had served to acquaint them with the latest developments and trends in pharmacy practice as well as acquire skills relevant to practice. Some others felt that it only served as a forum for interaction with colleagues and as a refresher course while some claimed to have derived no benefit. This finding is consistent with findings obtained from a similar study carried out to determine the benefits of CPD to hospital pharmacy administrators in hospitals with over 300 beds. Less than 50% of the respondents perceived continuing education as being beneficial to them12. This further buttresses the fact that not all participants benefit from the program.

Some participants felt that the programme only served as a forum for interaction with colleagues. This is actually a fulfillment of one of the programme objectives which is to provide a forum for the cross fertilization of ideas and experience which would enhance commitment and competence. Some participants even expressed that their motivation for participating in the programme was due to the anticipation of re-uniting with old friends and colleagues. Peer interaction can therefore be said to be an enabler of CPD. Infact a similar study carried out in Canada also identified this factor as a necessary ingredient in successfully implemented CPD. In that particular study participants were of the opinion that their motivation to learn, retain and apply knowledge would be significantly improved through greater peer based interaction.[13]

Looking at the preferences of pharmacists as to the organization and presentation of the programme, there is clear need for more flexibility and improvement by the providers. The programme is presently conducted in the form of modules which are conducted as live formal lectures or seminars. Although the majority of respondents preferred live programs, a significant percentage also indicated their preference for distance learning programmes in the form of printed home study materials as well as audio tapes/CDs, videotapes, video CDs, DVDs and multimedia CD-ROMs. This is similar to the results from a study carried out to assess the use and effectiveness of CPE materials.[14] In the cited study respondents were asked to indicate the format of CE they generally used and it was found out that 95% of pharmacists obtained CE from printed materials, 75% from lectures and seminars, 44% from symposia and 53% from internet based materials. In practice these facilities may be used to aid learning or as an alternative way of providing CPD as is being done in countries like the United States where continuing education is available on the internet.

CPD in the workplace setting was also preferred by some pharmacists and recent literature supports that it enables professional development pointing out that it provides real life learning and is non rigorous compared with structured learning activities.[13]

Another consistent subjective opinion of majority of respondents was that the present method of evaluation being used should be retained. The current method of evaluation includes full attendance and written post seminar examinations. Some respondents were however of the opinion that oral tests/examinations and take home assignments would be better while some proposed the use of multiple choice assessment. In the authors' opinion, oral tests and examination could also be given a consideration although this might be very difficult to conduct owing to the number of pharmacists and the amount of time that will be required to conduct the examinations. However whatever form of evaluation that is used it should be able to test the participants' acquired knowledge that is applicable to his/her practice.

The implication for mandatory CPD is that it determines whether eligible pharmacists will be re-certified. This therefore serves as wake-up call for pharmacists everywhere as "Undertake CPD or you are out" is the message[15]. Pharmacists were however of the opinion that CPD should not be the only determinant for recertification but that other evaluation strategies should be used. Participation in regional/international conferences and professional association programmes, furthering education as well as obtaining professional qualifications were among the several evaluation strategies proposed. A large proportion of pharmacists were of the opinion that the programmme should be retained as a means of ensuring the competence of pharmacists.

CONCLUSION

This study has shown that pharmacists who had participated in the MCPD programme were generally deriving benefits relevant and applicable to their areas of practice and primary employment setting. Peer interaction was also identified as an enabler of CPD.

Although many respondents expressed ▶

dissatisfaction with different aspects of the programme it is clear that the concept has gained wide acceptance among pharmacists and would want the program to be retained as a means of ensuring competence and recertification.

The initial inertia usually encountered in the implementation of change is gradually being overcome as a great percentage of pharmacists have been able to participate actively in this programme. This is an indication of a promising future for the programme in Nigeria.

RECOMMENDATIONS

1. There is need to include collaborations with accredited private providers as is being done in some other countries so as to increase the number of provider centers. This will increase the number of participants that will readily and actively participate in the programme.

2. The providers of this programme should also consider providing the programme through distance learning.

3. The programme should be so designed as to make provision for different types of delivery format, so that participants could choose that which better suits their work schedules and learning preferences.

4. There should be allowance for participants to choose the topics or courses that interest them and from which they would like to acquire skills rather than putting all pharmacists in the same 'boat' as this would not help in achieving specialization as a indicator of competence.

5. What is regarded by PCN as MCPD is basically a traditional method of delivering continuing education. Selecting programmes from a list of predetermined list of modules is not continuing professional development. PCN may wish to now consider changing the focus of the so called MCPD to reflect its name.

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Table 1: Cross tabulation of practice setting, gender and years of professional experience on extent of benefit derived from MCPD programme.

	NO BENEFIT N (%)	LITTLE BENEFIT N (%)	AVERAGE BENEFIT N (%)	MUCH BENEFIT N (%)	GREAT BENEFIT N (%)	Total N (%)	$\div^2$	p
Practice setting								
Academic	1 (0.5)	2 (0.9)	3 (1.4)	4 (1.9)	1 (0.5)	11 (5.2)	33.683	0.212
Hospital		15 (7.1)	23 (10.9)	25 (11.8)	14 (6.6)	77 (36.5)		
Community		11 (5.2)	21 (10.0)	31 (14.7)	26 (12.3)	89 (42.2)		
Industry		3 (1.4)	3 (1.4)	9 (4.3)	2 (0.9)	17 (8.1)		
Administrative		1 (0.5)	2 (0.9)	2 (0.9)	1 (0.5)	6 (2.8)		
Others		4 (1.8)	1 (0.5)	4 (1.9)	2 (1.0)	11 (5.2)		
Total	1 (0.5)	36 (17.1)	53 (25.1)	75 (35.5)	46 (21.8)	211 (100.0)		
Gender								
Male	1 (0.5)	27 (12.7)	38 (17.9)	50 (23.6)	33 (15.6)	149 (70.3)	1.323	0.857
Female		9 (4.2)	16 (7.5)	25 (11.8)	13 (6.1)	63 (29.7)		
	1 (0.5)	36 (16.9)	54 (25.4)	75 (35.4)	46 (21.7)	212 (100)		
Years of Professional Experience								
<10 Years'		11 (5.3)	19 (9.1)	20 (9.6)	9 (4.3)	59 (28.4)	20.415	0.432
10-15 Years	1 (0.5)	9 (4.3)	4 (1.9)	10 (4.8)	5 (2.4)	29 (13.9)		
16-20 Years		6 (2.8)	7 (3.4)	10 (4.8)	9 (4.3)	32 (15.4)		
21-25 Years		4 (1.9)	8 (3.8)	12 (5.8)	10 (4.8)	34 (16.3)		
26-30 Years		3 (1.4)	6 (2.9)	13 (6.3)	7 (3.3)	29 (13.9)		
>30years		2 (9.6)	9 (4.3)	8 (3.8)	6 (2.9)	25 (12.0)		
Total	1 (0.5)	35 (16.8)	53 (25.5)	73 (35.1)	46 (22.1)	208 (100)		