
GOVERNMENT NOTICE

SOUTH AFRICAN QUALIFICATIONS AUTHORITY

No. 1177

11 December 2009



SOUTH AFRICAN QUALIFICATIONS AUTHORITY (SAQA)

In accordance with Regulation 24(c) of the National Standards Bodies Regulations of 28 March 1998, the Task Team for

Dental Therapy and Oral Hygiene

registered by Organising Field 09 – Health Sciences and Social Services, publishes the following Qualification for public comment.

This notice contains the titles, fields, sub-fields, NQF levels, credits, and purpose of the Qualification. The full Qualification can be accessed via the SAQA web-site at www.saqqa.org.za. Copies may also be obtained from the Directorate of Standards Setting and Development at the SAQA offices, SAQA House, 1067 Arcadia Street, Hatfield, Pretoria.

Comment on the Qualification should reach SAQA at the address below and ***no later than 29 January 2010***. All correspondence should be marked **Standards Setting – Task Team for Dental Therapy and Oral Hygiene** and addressed to

The Director: Standards Setting and Development
SAQA

Attention: Mr. E. Brown

Postnet Suite 248

Private Bag X06

Waterkloof

0145

or faxed to 012 – 431-5144

e-mail: ebrown@saqa.org.za


D. MPHUTHING

ACTING DIRECTOR: STANDARDS SETTING AND DEVELOPMENT



SOUTH AFRICAN QUALIFICATIONS AUTHORITY

QUALIFICATION:
Bachelor: Oral Hygiene

SAQA QUAL ID	QUALIFICATION TITLE		
74450	Bachelor: Oral Hygiene		
ORIGINATOR		PROVIDER	
TT - Dental Therapy and Oral Hygiene			
QUALIFICATION TYPE	FIELD	SUBFIELD	
National Diploma	9 - Health Sciences and Social Services	Promotive Health and Developmental Services	
ABET BAND	MINIMUM CREDITS	NQF LEVEL	QUAL CLASS
Undefined	360	Level 6	Regular-ELOAC

New NQF Level: NQF Level 07

This qualification does not replace any other qualification and is not replaced by another qualification.

PURPOSE AND RATIONALE OF THE QUALIFICATION

Purpose:

This Qualification will provide learners with the necessary knowledge, skills, attitudes and values to be able to promote the oral health status and general well-being of the individual, family and community systems in which they function. The care provided will be cognisant of the South African context of diverse individual and broader public health needs. The focus will be on the provision of preventive, promotive, interceptive and therapeutic care at a primary health level that is in line with national and international best oral health practice. The oral hygienist will participate in and promote a multi-disciplinary and inter-professional approach to improve oral health, thereby promoting good general health.

Although the sub-field indicated is that of promotive health, and development services, the practitioner will also function in the sub-fields of preventive and curative health, on primary, secondary and tertiary levels.

The qualifying learner will be able to:

- Apply the principles of ethics and relevant legislation in the oral healthcare environment within the relevant scope of practice
- Apply management skills and universal precautions to maintain standards of health and safety in the oral healthcare environment
- Promote oral health and prevent oral disease in accordance with the relevant scope of practice
- Apply the process of care in all aspects of oral hygiene practice
- Critique, explain and demonstrate educational, preventive, therapeutic and cosmetic oral interventions expected in terms of the relevant scope of practice
- Collaborate with other health practitioners in providing holistic patient/public care.
- Actively partake in research development that would contribute to the body of evidence of the discipline of oral/dental hygiene.

On successful completion of this Qualification, the learner will be eligible for registration with the Professional Board for Dental Therapy and Oral Hygiene of the Health Professions Council of South Africa (HPCSA) as an independent practitioner.

Rationale:

Good oral health impacts positively on the physical, social, psychological and economic well being of individuals and communities, thereby contributing to an improved quality of life. However, oral disease is highly prevalent in South Africa as indicated by National and other surveys. The oral disease profile requires that intervention be directed simultaneously in the areas of promotion, prevention and therapeutic care at both an individual and community level. The oral hygienist is uniquely placed in that s/he is able to provide preventive, promotive, interceptive and therapeutic care at a primary health care level in both public and private healthcare practice settings. This practitioner can therefore substantially contribute to a reduction in the prevalence of oral disease by providing for the oral health needs and demands of the broader South African population in order to assist patients/clients/communities in fulfilling their human need for wellness.

The South African community requires the services of a practitioner who has the competence to provide cost effective oral healthcare within and beyond the traditional service models. This Qualification will produce competent practitioners who will take cognisance of, and be able to adapt to, the unique circumstances of a changing South Africa with emphasis on equity in health care.

RECOGNIZE PREVIOUS LEARNING?

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LEARNING ASSUMED IN PLACE

- Communication at NQF Level 4.
- Mathematics at NQF Level 4.
- Biology or Life Sciences at NQF Level 4.

It is strongly recommended that the learner is proficient in end-user computing skills at NQF Level 3.

Recognition of Prior Learning:

This Qualification may be achieved in part through the Recognition of Prior Learning. Portfolios of Evidence, endorsed by previous mentors or employers may be presented and may include learning outcomes achieved through formal, informal and/or non formal learning and work experience. Recognition of Prior Learning may be awarded in accordance with the decision of the relevant provider and in agreement with the relevant ETQA.

Access to the Qualification:

Admission is open to all learners in possession of a Senior Certificate or equivalent NQF Level 4 qualification, subject to the additional requirements laid down by the providing institution and/or relevant ETQA.

QUALIFICATION RULES

All the Exit Level Outcomes must be achieved for the learner to be awarded the Qualification.

EXIT LEVEL OUTCOMES

1. Apply the principles of ethics, relevant legislation and professional behaviour within the oral healthcare milieu.
2. Apply management principles in a clinical oral healthcare environment:
 - Range of administrative duties include but are not limited to:

o Preparation and maintenance of clinical oral health facility and equipment, Patient record keeping, Patient bookings, Stock control, Correspondence, Bookkeeping, Occupational health and safety legislative requirements.

3. Apply universal precautions to avoid cross infection and maintain the highest standards of health and safety.

4. Promote oral health to prevent oral disease in a community.

5. Describe and apply appropriate health education strategies, informed by results of a risk assessment, to individuals and/or communities.

6. Explain and apply preventive interventions within the scope of practice of an oral hygienist.

7. Explain and apply therapeutic and cosmetic interventions within the scope of practice of an oral hygienist.

8. Explain and apply other duties of the oral hygienist within the dental specialties.

• Range of specialties includes but is not limited to general dentistry, orthodontics, prosthodontics, oral and maxillo-facial surgery, oral medicine, periodontics and paedodontics.

9. Develop research skills, conduct a limited research project in the area of oral health and present the findings in the required research format.

Critical Cross-Field Outcomes:

- Identifying and solving problems are demonstrated in patient examination and treatment planning.
- Working effectively with others as a member of a team, group, organisation or community is demonstrated in the interactions between the oral hygienist and other members of the oral healthcare team and the community structures in which they function.
- Organising and managing self is demonstrated in the successful management of patients, health promotion interventions, research activities and clinical facility.
- Collecting, analysing, organising and critically evaluating information is indicated in the successful generation and execution of patient treatment plans, research proposals, health promotion proposals and intervention plans.
- Communicating effectively is demonstrated through the successful delivery of oral health treatments, referrals, education sessions.
- Utilising science and technology effectively and critically is clearly indicated in the successful treatment of patients, health promotion interventions to encourage more healthy lifestyle practices and structural changes to promote oral health.
- Demonstrating an understanding the world as a set of related systems is indicated in the range of activities of a successful oral hygienist and how this practitioner locates self within the broader healthcare system.

ASSOCIATED ASSESSMENT CRITERIA

Associated Assessment Criteria for Exit Level Outcome 1:

1.1 Ethical and legal responsibilities pertaining to oral healthcare practice are explained, evaluated and applied during all interactions with patients, colleagues and/or the community.

1.2 All treatment is rendered in terms of the Bill of Rights and the Patient Charter and patient confidentiality is maintained throughout.

1.3 Professional and personal growth is achieved through the assumption of various roles within the clinical or community setting and is evidenced during interactions between practitioner and patient and/or practitioner and colleagues.

- Range of roles include but are not limited to: Clinician, Educator, Administrator.
- 1.4 All interactions with colleagues, patients and communities promote human dignity and indicate due sensitivity to ethnic, cultural, religious and gender diversity

Associated Assessment Criteria for Exit Level Outcome 2:

- 2.1 The legal requirements governing the operation of a private practice are explained and applied in accordance with the relevant current legislation.
- 2.2 Personal work plans and/or practice protocols for all personnel within the practice are explained and adhered to.
- 2.3 All equipment is checked after cleaning for efficient working and faulty equipment is timeously reported and/or sent for repair.
- 2.4 Booking registers and patient records are maintained in a manner that ensures patient confidentiality and efficiency of practice.
- 2.5 Stock is classified and controlled to ensure currency of all products and efficiency of availability.
- 2.6 Accounts, receipts, petty cash and banking are managed in a manner that ensures safety, efficiency and, where applicable, maintenance of patient confidentiality.
- 2.7 Hazardous and scheduled materials are kept in controlled storage, as per legal requirements.
- 2.8 Appropriate inventory counts are regularly taken and recorded and relevant reports are made.

Associated Assessment Criteria for Exit Level Outcome 3:

- 3.1 Cleanliness of the clinical oral health facility is maintained through adequate hygiene practices and personal management of professional equipment and instruments.
- 3.2 Personal protective equipment is consistently used by clinical staff and supplied to patients when appropriate.
- 3.3 All bio-hazardous medical products are consistently securely stored and waste is appropriately deposited in the special waste container/s for removal by the dedicated hazardous-waste collection agency.
- 3.4 Sterilisation of instruments is overseen to ensure efficacy of the process and integrity of instruments.
- 3.5 All body-waste spillages are immediately cleaned away using the required cleaning agent and method of disposal.
- 3.6 Medical emergencies are dealt with by applying appropriate First Aid measures and acquiring professional assistance.

Associated Assessment Criteria for Exit Level Outcome 4:

- 4.1 Epidemiological statistics are used to determine the oral health status of the target community.
- 4.2 Environmental conditions are assessed and probable risks and/or barriers to behaviour change are identified.
- 4.3 Quality, type and availability of dental services and associated resources are assessed in terms of promoting behaviour change.
- 4.4 Daily living practices and nutritional changes are explained and recommended to advance general health and thereby, oral health.
- 4.5 Patient education is provided, outlining risk factors that threaten oral health and specifying preventive measures to ensure oral health.
- Range of risk factors include but are not limited to: Diet, Tobacco product usage, Poor personal and oral hygiene.
- 4.6 Preventive care is provided in order to maintain the current oral health status and prevent the onset of oral disease.

- Range of preventive measures include but are not limited to: Regular oral health checks, Plaque removal, Remineralisation, Sealant application, Fluoridation, Root debridement, Teeth polishing.

Associated Assessment Criteria for Exit Level Outcome 5:

5.1 Education and communication strategies are described and applied when interacting with individuals and communities to encourage improvement in oral health status.

5.2 A risk assessment of individuals/groups which includes assessment of their knowledge, practices and attitudes, environmental and other risks impacting on oral health is carried out to inform appropriate health education strategies.

5.3 Teaching and learning principles are applied according to target special needs to facilitate the development of specific attitudes, knowledge, skills and behaviours in individuals and/or communities.

5.4 Individual and group education is provided which outlines risk factors that threaten oral health and specifies preventive measures to ensure oral health.

5.5 Oral self-care practices are explained for individuals and/or groups with natural teeth and for those with various types of dental prosthesis.

Associated Assessment Criteria for Exit Level Outcome 6:

6.1 Oral screening is carried out to detect early lesions/oral problems and referrals are made where applicable to facilitate access to the health care system.

6.2 Appropriate preventive health counselling skills are applied within the parameters of the oral hygiene profession.

- Range: Counselling includes but is not limited to: programmes for individuals and groups in smoking/tobacco cessation, nutritional counselling, pain and anxiety control and pre test-counselling prior to appropriate referral within the multi-disciplinary sphere.

6.3 Preventive care is provided to the patient in order to maintain the current oral health status and prevent the onset of oral disease.

- Range of preventive care includes but is not limited to: regular oral health assessments, mechanical and chemical plaque control, fissure sealant application, fluoride therapy, management of dentinal hypersensitivity, making of a study cast to produce a mouth-guard, advise of antibacterial agents, cleaning of removable intra-oral appliances and/or prosthesis, evaluation of removable intra-oral appliances/prosthesis and any associated oral conditions for referral as indicated.

Associated Assessment Criteria for Exit Level Outcome 7:

7.1 A comprehensive clinical examination is followed by a dental hygiene diagnosis and the generation of a patient-specific oral healthcare plan, which is based on current scientific information.

7.2 Pain and anxiety is identified and appropriate behavioural management strategies are applied.

7.3 Symptoms of dysfunction of the temporomandibular joint (TMJ) are described and the various courses of correction are explained.

7.4 Common complications associated with sedation of dental patients are identified and signs and symptoms thereof are explained.

7.5 Patients are assessed for suitability to receive nitrous oxide/oxygen and conscious sedation, performed and monitored by the relevant medical /dental professional, in an oral hygiene context.

7.6 Digital and analogue radiography is described, performed and interpreted within the scope of practice of the oral hygienist.

7.7 Various dental therapeutic treatments are delivered in accordance with the scope of practice of the oral hygienist.

- Range of therapeutic treatments includes but is not limited to: scaling of teeth and implants, root debridement, minimally invasive restorations, sealant restorations, management of dentine sensitivity and cervical abrasion lesions, re-contouring of overhanging restorations and polish of restorations, application of topical and local anaesthesia.

Range of cosmetic treatments includes but is not limited to: vital tooth bleaching.

7.8 Conditions or presenting features identified that are outside the scope of practice of the oral hygienist are immediately referred to the appropriate practitioner and the need for referral is suitably explained to the patient.

Associated Assessment Criteria for Exit Level Outcome 8:

8.1 Patients are informed about various treatment options in the different dental specialty areas and the modalities, instruments and materials used in each are described.

8.2 The preventive, therapeutic and assisting roles of the oral hygienist in general dentist, dental therapist and dental specialist practices are explained with examples.

8.3 Prescriptions for advanced clinical procedures from dentists or dental therapists are carried out in accordance with the terms of the Scope of Practice of the Oral Hygienist.

- Range of care actions carried out according to prescription:

Orthodontic:

Taking impressions for orthodontic study casts; cast pouring and trimming; preparing teeth for placement of orthodontic brackets and bands, cementing and/or removing orthodontic brackets and bands; placing and removing elastics and ligature wires, placing and activating arch wires; placing activated orthodontic appliances; drawing cephalometric tracings; relieving trauma caused by intra-and extra-oral appliances; re-cementing orthodontic retainers.

Periodontal and oral surgery:

Taking cytological smears; splinting mobile teeth; applying and removing periodontal packs; removing surgical sutures.

Prosthetic:

Temporary cementing of crowns, inlays and bridges; temporary placement of soft linings in dentures as tissue conditioners; taking impressions, casting and trimming study and primary work models.

Associated Assessment Criteria for Exit Level Outcome 9:

9.1 Background reading is carried out and an appropriate area for limited research is identified.

9.2 Qualitative and quantitative research methods are explained and the appropriate method for own limited research needs is selected.

9.3 Research proposal is developed, presented and motivated.

9.4 Limited research is conducted according to established, ethical research practice.

9.5 Research findings and conclusions are prepared and presented according to the required research format.

Integrated Assessment:

Formative and Summative assessment strategies should be used throughout the qualification programme to ensure that Exit Level and Cross Critical Outcomes are met.

Formative assessment may include:

- Tests.
- Written and practical assignments.
- Practical application of specific roles such as patient care and health promoter.
- Literature reviews.
- Case studies.
- Class presentations.
- Seminars.

- Peer evaluations.
- Simulations in structured learning environments.

Summative assessment may include:

- Written examinations.
- Oral examinations.
- Practical examinations.
- Supervisor reports where appropriate.
- Objective Simulated Clinical Evaluation Scenarios (OSCEs).

INTERNATIONAL COMPARABILITY

In keeping with the oral hygiene services offered internationally - in both developing and developed countries - this Qualification compares favourably and is probably a world leader in terms of scope of practice at this level. It provides the possibility for postgraduate education in the field of oral health.

There are no like-qualifications offered in developing countries and oral hygiene services are provided by people who received their qualification/s in one of developed countries. In sub-Saharan Africa, South Africa seems to be the place of choice to train the individuals who provide oral health services.

The Qualification, when compared to like-qualifications in countries such as Canada, New Zealand, United Kingdom and Australia, is different in that it allows the graduating learner to practise independently of other dental practitioners.

Graduates may be eligible for registration with relevant professional regulatory bodies in the SADC countries, Canada, Australia, New Zealand, The United Kingdom and The Netherlands, after presenting course outlines to the applicable bodies and/or writing the required entrance examinations.

Conclusion:

This Qualification, geared as it is towards providing a preventive and promotive oral healthcare service which, if successful, should reduce the number of patients needing the more drastic treatments offered by dental practitioners, is essential for producing qualified personnel who can provide an essential service in developing countries.

ARTICULATION OPTIONS

This Qualification articulates horizontally with Bachelor of Dental Therapy, NQF Level 7 (ID 74451).

This Qualification articulates vertically with the Bachelor of Dental Science, NQF Level 8 (ID 9287).

MODERATION OPTIONS

- Providers offering learning towards this qualification must be accredited by the relevant ETQA, currently the HEQC, in conjunction with the Health Professions Council of South Africa (HPCSA). In particular, accreditation is dependent on providers demonstrating that their curricula and/or learning programme/s meet the requirements specified by the HPCSA.

- Moderation of assessment will be overseen by the appropriate ETQA according to moderation principles and procedures.

CRITERIA FOR THE REGISTRATION OF ASSESSORS

- Assessors must be registered in terms of the requirements of the relevant ETQA.

- Assessors and moderators must be used in a manner that fits into the quality management system of the provider and in accordance with the institutional tuition and assessment policies. This must also apply to the appointment of outside assessors and/or moderators.
- Assessors and/or moderators must be in possession of a professional Dental degree, with a minimum NQF Level one higher than the qualification.
- A minimum of five years of appropriate experience in the field being assessed.

NOTES

Registration with the HPCSA as a Learner is a statutory requirement when learners engage in providing services to individuals, groups and/or communities.

Following completion of this Qualification, the successful learner is expected to complete a period of community service in terms of current legislative requirements before full registration as a professional with the HPCSA can be obtained.

UNIT STANDARDS

This qualification is not based on Unit Standards.

LEARNING PROGRAMMES RECORDED AGAINST THIS QUALIFICATION

None