

# Dental Hygiene Education Policy Position Paper 2007

## BCDHA Key Values

The BCDHA policy for dental hygiene education is based upon these key values developed with members; approved and reviewed annually by the Board of Directors.

- **Enhanced health and personal well-being of the public**
- **Professional practice and commitment to a code of ethics**
- **Shared body of research-based knowledge**
- **Accessibility and responsiveness to need**
- **Professional integrity and autonomy**
- **A strong professional profile**
- **Positive inter-professional relations characterized by mutual respect [\(1\)](#)**

The British Columbia Dental Hygienists' Association (BCDHA) believes that Dental Hygienists graduating from entry to practice dental hygiene education programs should have completed a minimum of three academic years of post-secondary education in a recognized institution of higher learning; be an accredited dental hygiene program that meets current provincial and national learning outcomes and competencies; and prepares graduates for a full process of dental hygiene care using research-based decision-making principles. [\(2, 3\)](#)

BCDHA asserts that the following are the minimum educational requirements to enter the dental hygiene profession.

### 1. Transferability and Articulation to Higher Education

BCDHA asserts that Dental Hygiene entry to practice education programs must have curricula that allow for progression through to higher education.

Therefore BCDHA supports the British Columbia Council on Admissions and Transfer (BCCAT) as it meets the values and principles for dental hygiene students that enable articulation and [transferability of education credit](#) among institutions and to higher education in the health sciences.

This enables students and graduates to attain accessible baccalaureate, master and doctoral degrees in areas relating to oral healthcare. [\(4\)](#)

## First year university transfer courses for Dental Hygiene education

There are [five first year university transfer courses](#) in the arts and sciences that articulate to all Dental Hygiene Diploma programs in British Columbia.

The first year university transfer courses provide a sound foundation in the arts and sciences. This foundation is a very important aspect of dental hygiene education that allows students to more effectively build upon a 21<sup>st</sup> century body of research-based knowledge in dental hygiene theory and practice.

Dental Hygiene educators representing the values of the BC Council on Admissions and Transfer (BCCAT) for post secondary education work within the guiding principle that supports the transferability of students in British Columbia to other science programs, higher education and dentistry. [\(4\)](#)

The courses below are fully articulated and transferable to dental hygiene diploma programs in British Columbia in the BCCAT and/or International Credential Evaluation Service (ICES) transfer systems. [\(5\)](#)

These first year university courses allow student mobility among dental hygiene diploma and degree completion programs and give students many transfer options to higher education in the post secondary education system in British Columbia.

1. Human Anatomy and Physiology with labs (full year/2 semesters/terms)
2. Chemistry with labs (full year/2 semesters/terms)
3. English (writing composition) (full year/2 semesters/terms)
4. Psychology (full year/2 semesters/terms)
5. Introductory Descriptive Statistics (1 semester/term)
6. Elective (1 semester/term)

## **2. Graduation from an accredited dental hygiene program in a post secondary institution recognized by the Ministry of Advanced Education or appropriate governmental agency<sup>1</sup>**

BCDHA asserts that dental hygiene education programs should meet or exceed education standards as determined with the [Commission on Dental Accreditation of Canada \(CDAC\)](#) (6)

BCDHA supports a national dental hygiene education program accreditation process that offers opportunities for transparency, public accountability, quality assurance, and improvement of dental hygiene education programs. (6-9)

Accreditation is a non-governmental, peer review process that measures education programs and hospital dental services against predetermined national requirements.

The Commission on Dental Accreditation of Canada (CDAC) acts as a partner with the profession, educational institutions and health facilities to protect and further the public interest through the accreditation process. (6-9)

## **3. Dental Hygiene curriculum includes the full process of care.**

BCDHA supports dental hygiene education programs that teach the [full process of dental hygiene care](#). (10)

The full process of Dental Hygiene care conceptualizes dental hygiene theory and practice with individual, family, group, organization, or community clients accessing the professional services of a dental hygienist within a systematic, cyclical dental hygiene process of assessing, diagnosing, planning, implementing and evaluating rather than the performance of specific tasks. (10-21)

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1- Effective November 21, 2005, programs requesting an accreditation site visit or accreditation status from the CDAC must provide documentation that the program is established at an institution recognized by the appropriate Ministry of Education or governmental agency in the province. Applications failing to provide this information will be considered incomplete and will not be considered by the CDAC (2, 3, 6)

#### **4. Dental Hygiene curriculum includes research-based principles.**

BCDHA supports [research-based](#) decision making, “evidence-based practice”, in Dental Hygiene biomedical and behavioural sciences education. Making decisions about client care (includes patient, population or community) is difficult. Timely access to current relevant literature is crucial to the practice of research-based decision making.

Health care providers who are inundated with new scientific findings need better, more efficient ways to stay current and safe with the latest advances in clinical science so they can provide the most effective and appropriate care.

Internet technology will play an increasingly important role in evidence-based care as the Internet becomes the main means by which scientific information is disseminated. [\(22\)](#)

Evidence-based Education and Practice will contain research findings relevant to dental hygiene practice to assist providers in keeping current and to help bridge the gap between knowledge and practice. Information on how to find relevant evidence, evaluate its validity and apply the findings to practice will be provided. [\(22-25\)](#)

#### **5. Dental Hygiene education meets provincial/national Graduate Learning Outcomes and/or Competencies**

BCDHA supports provincially and/or nationally agreed upon education [learning outcomes](#) or competencies as determined by provincial and national professional educators associations including the Dental Hygiene Educators Committee to the BC Council on Admissions and Transfer, Dental Hygiene Educators Canada, the Canadian and American Dental Hygienists Associations and the National Dental Hygiene Certification Board of Canada. [\(26-28\)](#)

## 6. Baccalaureate Education

The British Columbia Dental Hygienists' Association supports the national policy and movement of the Canadian Dental Hygienists Association (CDHA) towards requiring degree level education for entry to practice in the profession. [\(29\)](#)

At the present time, CDHA supports all nationally accredited Canadian dental hygiene diploma programs and the three existing dental hygiene baccalaureate programs.

However, CDHA also recognizes that entry-level education must adapt to remain commensurate with preparation for entry to an evolving health care system which demands greater independence, accountability and quality of services.

Recognizing future needs, CDHA advocates that dental hygiene education in Canada develop a more comprehensive academic system of baccalaureate and graduate dental hygiene programs.

Within this comprehensive academic system, there should be provisions with enhanced accessibility for all dental hygienists with appropriate credentials and all programs should provide credentials that accurately reflect the educational preparation of graduates. [\(29\)](#)

The Canadian Dental Hygienists Association (CDHA) Policy Framework for Dental Hygiene Education in Canada 2005 may be [viewed here](#).

### Background

The following background information provides further context for the BCDHA Dental Hygiene education policy and position statement. Currently, [dental hygiene programs in BC](#) offer either a 3-year Diploma in Dental Hygiene or a 4-year Bachelor of Dental Sciences in Dental Hygiene degree. [\(1\)](#)

Education in British Columbia must provide well-researched dental hygiene theory and practice in a full process of care that assures safe, quality, and accessible services for individuals, communities, families and populations as well as career satisfaction for dental hygienists. The program curricula should meet provincial and national graduate learning outcomes and/or competencies and be transferable within the higher education system in BC. Dental Hygiene education programs should be accredited by a national dental hygiene education program accreditation process that offers opportunities for transparency, public accountability, quality assurance, and improvement of dental hygiene education programs. [\(6, 29\)](#)

The health care delivery climate changes and scientific evidence associating oral and peri-oral conditions such as periodontal (gum) disease and systemic diseases have

increased the demand for access to oral health services. Ongoing technological advances-make it imperative that dental hygiene education standards not be reduced, rather maintained and enhanced to meet the health care needs of the public. ([18](#), [30-32](#))

### **Access to Care**

Access to preventive and therapeutic dental hygiene care can be increased by maximizing the services that registered dental hygienists are educated to provide, expanding dental hygiene practice settings, and removing restrictive supervision requirements.

Inequalities in access to oral health care services can be found today among various population groups according to financial and education levels, culture, and physical characteristics of a population such as age, gender, marital status, family size, education, geographic location, and occupation.

Research has repeatedly demonstrated that oral disease rates and oral health needs are highest in vulnerable populations including those living with special-needs such as lower financial status, residence-bound elderly persons, single parents or persons living with disabilities and some medical conditions.

As regulatory and legislative changes occur that provide individuals and communities with increased opportunities to access dental hygienists services in more healthcare settings, it becomes imperative that high educational standards either remain in place or are improved. ([18](#), [30-32](#))

### **Information Age Realities**

The dental hygiene body of knowledge is expanding due to increased access to information, research, and biomedical theory and technology. Technological advances are also expanding the way healthcare students are educated, services are provided to the public and how important information, knowledge and data is collected and shared.

It is important for healthcare practitioners to remain current about changes within their professions. BCDHA supports the College of Dental Hygienists of British Columbia's (CDHBC) quality assurance requirement for continuing education and ongoing competence for all registered dental hygienists to expand scientific knowledge and enhance practice modalities. ([33](#))

It is through the educational foundation from an accredited dental hygiene program that dental hygienists can expand their knowledge and skills to meet the current and future health care needs of the public. ([6](#), [18](#), [30-33](#))

### **Oral Health and Total Health: The Needs of the Public**

Oral health is an integral component of overall total health. The first ever Surgeon General's Report on Oral Health in the United States was published in May 2000.

The main message of the report is that “good oral health is essential to the general health and well-being of all...and can be achieved by all...” [\(31\)](#)

Although links between periodontal (gum) disease and diabetes have long been noted, new research is pointing to associations between chronic oral infections and heart and lung diseases, stroke, osteoporosis, and low-birth-weight premature births.

These associations are particularly important because often the signs and symptoms of systemic diseases, such as diabetes, first appear in the mouth. As noted in the Surgeon General’s Report “If any of these associations prove to be causal, major changes in care delivery and in the training of health professionals will be needed.” [\(31\)](#)

Oral health and its relationship to total health underscore the need for quality education for dental hygienists. [\(18, 30-32\)](#)

**Conclusion:**

The health care delivery climate changes including increasing scientific evidence associating oral diseases and systemic diseases, increased demand for access to oral health services, and ongoing technological advances make it imperative that dental hygiene education standards not be reduced, but at a minimum, maintained and enhanced to meet the future oral health care needs of the public.

To assure the health, safety and welfare of the public, BCDHA believes that Dental Hygienists graduating from entry to practice dental hygiene education programs should have completed a minimum of three academic years of post-secondary education in a recognized institution of higher learning; be an accredited dental hygiene program that meets current provincial and national learning outcomes and competencies; prepares graduates for a full process of dental hygiene care using research-based decision-making principles and transferable to higher education within the BC transfer system.

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