

## **RSPH Level 4 Diploma for Oral Health Practitioners**

**January 2021**

**Guided Learning Hours (GLH) 215 hours**

**Total Qualification Time (TQT) 370 hours**

**Ofqual Qualification Number: 603/6806/8**

### **Description**

The objective of this qualification is to provide learners with the knowledge, understanding and skills to promote the oral health and wellbeing of individuals, groups and communities. The qualification will enable learners to carry out a range of oral health preventative procedures, deliver oral health education and advice and carry out preventative treatments in accordance with community treatment plans. Successful learners will also be able to help individuals by means of brief interventions and carry out general health screening activities.

The qualification includes the theories and principles of behaviour change, health inequalities, how to conduct a motivational or enabling consultation and specialist units in oral health.

This qualification is appropriate for individuals active in a number of roles such as: Oral Health Practitioner, Community Oral Health Educator, Oral Health Champion, Oral Health Ambassador, Oral Health Improvement Lead, or for individuals already employed as dental nurses or as a registered dental care professional.

The qualification also complements the Level 4 Apprenticeship for oral health practitioners.

The qualification has been assigned a qualification purpose of D1. Confirm competence in an occupational role to the standards required

	<b>Page</b>
Overview	3
Unit 1 Principles of health improvement	4
Unit 2 Supporting Behaviour Change	8
Unit 3 Understand how to deliver an NHS Health Check	13
Unit 4 Legislation for oral health practitioners	17
Unit 5 Health inequalities and behaviour change	21
Unit 6 Conduct motivational consultations	27
Unit 7 Anatomy, physiology and nutrition for oral health practitioners	32
Unit 8 Understand clinical practice for oral health practitioners	36
Unit 9 Carry out oral health practitioner clinical practice	41
Unit 10 Understand preventative practice for oral health practitioners	46
Unit 11 Carry out oral health practitioner preventative practice	51
Unit 12 Understand the role of the oral health practitioner	54
Centre Guidance	59
Exemptions	59
Progression	59
Entry Requirements	59
Special Assessment Needs	59
How to apply to offer this qualification	60
Submission of completed learner assessment	60
Registration of learners	60
Recommended qualifications and experience of tutors	60
Other information	61
Contact information	61

## **Overview**

The qualification consists of twelve mandatory units:

- Principles of health improvement
- Supporting Behaviour Change
- Understand how to deliver an NHS Health Check
- Legislation for oral health practitioners
- Health inequalities and behaviour change
- Conduct motivational consultations
- Anatomy, physiology and nutrition for oral health practitioners
- Understand clinical practice for oral health practitioners
- Carry out oral health practitioner clinical practice
- Understand preventative practice for oral health practitioners
- Carry out oral health practitioner preventative practice
- Understand the role of the oral health practitioner

## Unit 1: Principles of Health Improvement

**Total Unit Time: 8 hours**

**Guided Learning: 8 hours**

**Unit Level: 2**

**Unit Number: T/502/7120**

### Summary of Learning Outcomes

**To achieve this unit a learner must:**

- 1. Know how inequalities in health may develop and what the current policies are for addressing these, *with reference to:***
  - 1.1 An example of health inequality, its effects and possible impact on local communities
  - 1.2 The factors leading to health inequalities
  - 1.3 The policies and methodologies for reducing inequalities in health
  
- 2. Understand how effective communication can support health messages, *with reference to:***
  - 2.1 The communication skills that are effective in communicating health messages
  - 2.2 Barriers to communication that may affect the understanding of health messages and strategies for overcoming these
  - 2.3 The role of effective communication in the promotion of health messages
  
- 3. Know how to promote improvements in health and wellbeing to individuals, *with reference to:***
  - 3.1 The western scientific model and World Health Organisation definitions of the term 'health and wellbeing'
  - 3.2 Positive and negative influences on health and wellbeing
  - 3.3 An example of an approach to the promotion of health and wellbeing
  - 3.4 Resources that can be used for promoting health and wellbeing
  - 3.5 How individuals can promote health and wellbeing
  
- 4. Understand the impact of change on improving an individual's health and wellbeing, *with reference to:***
  - 4.1 An example of behaviour change that can improve an individual's health and wellbeing
  - 4.2 How individuals can be encouraged to change their behaviour
  - 4.3 Positive and negative influences on behaviour change

Learners successfully achieving this unit will have knowledge and understanding of facts, procedures and ideas around health improvement to complete well-defined tasks and address straightforward problems. They will be able to interpret relevant information and ideas and will be aware of a range of information that is relevant to health improvement.

## Indicative Content

### 1. Inequalities in health

- 1.1 *Example of health inequality:* Information from sources such as joint strategic needs assessment data (JSNA), local health profiles, The Marmot Review (2010), Public Health Outcomes Framework and Healthy Life Years (HLY); differences in various health indicators such as obesity, hypertension and heart disease, cancer; local public health team priorities and how they are addressing inequalities with examples of positive outcomes.
- 1.2 *The factors leading to health inequalities:* Effect of the wider determinants of health such as socio-economic factors, gender, ethnicity, income, environment, age and education on health and life expectancy; use of national information to compare with geographical data to highlight these factors and the postcode lottery effect.
- 1.3 *The policies and methodologies for reducing inequalities in health:* Broad aims of Government policies and examples of other public health policies such as Healthy Lives, Healthy People DH, 2010; Health and Social Care Act, DH, 2012; formation of Public Health England (PHE), 2013; Five Year Forward View (NHS England), Oct 2014; the origins and aims of Making Every Contact Count (MECC); National Institute for Health and Care Excellence (NICE) guidance (concept of NICE as a provider of guidance rather than specific examples); Methodologies such as asset based approaches; community-based approaches.

### 2. How effective communication can support health messages

- 2.1 *Methods of effective communication:* Methods such as non-verbal, para-verbal, verbal and active listening; examples of these skills and their application; different types of questioning such as open, closed, leading and probing to encourage an open and frank exchange of views; examples of pacing and leading techniques; key elements of reflecting back: showing empathy and being non-judgemental, ensuring communication free from discrimination; consideration of individual's level of knowledge, cultural, religious and personal beliefs and circumstances.
- 2.2 *Barriers to communication:* Barriers to communication such as level of knowledge, experiences and use of services, cultural, religious and personal beliefs and/or values; strategies for overcoming these such as use of translators, simplification of terms and words, repetition, written or visual explanations as appropriate, presenting balanced information, checking understanding; use of smart technology such as apps.
- 2.3 *Role of effective communication in promoting lifestyle/behaviour changes:* How brief interventions and simple statements of fact about health and healthy lifestyles can be used to prompt individuals to consider and make changes to their lifestyle; examples of brief interventions, their construction and use; 'ask, assess, advise, assist'; use of signposting; checking knowledge and readiness to change; ensuring accuracy, currency, sufficiency and relevance of advice

and information in ways which are appropriate to different people (e.g. culture, language or special needs).

### **3. Promote improvements in health and wellbeing**

- 3.1 *Definitions of health and wellbeing:* Definitions of health to include the western scientific model and World Health Organisation definition; dimensions of health; current definitions used by health care professionals.
- 3.2 *Positive and negative influences on health and wellbeing:* Effect of lifestyle, attitudes, smoking, diet, physical activity, alcohol intake and sexual behaviours on health; role of family and friends; peer behaviour and modelling; effects of community and environment; health on the high street; attitudes towards taking responsibility for own health and wellbeing.
- 3.3 *Approaches to promotion of health and wellbeing:* Definitions of health promotion; approaches to health promotion such as behavioural change, educational approach and social change; strengthening individuals and communities; immunisation programmes; improving the environment; improving access to healthcare facilities and resources; encouraging a healthy public policy; the concept of health as everyone's business; MECC approach; NICE pathway for behaviour change; examples of approaches, incentives and rewards being used to improve public health.
- 3.4 *Resources:* Sources of information and advice on health issues; advantages and disadvantages of information from different sources; resources for health improvement activities such as healthy eating and physical activity; health care centres and fitness centres; local resources available for targeted local health needs; Change4Life, Eatwell Guide, alcohol guidelines, physical activity recommendations, Five ways to mental wellbeing; NHS Choices Live Well; NHS One You campaign.
- 3.5 *Role of individuals:* Role of individuals in improving health and supporting local communities, identifying resources and ensuring their accessibility; examples of specific workers such as health trainers, health champions and volunteers; importance of maintaining client confidentiality and methods for achieving this; building confidence and motivating clients to take responsibility for their own lifestyle choices through information and education; NICE guideline NG44 to "represent local needs and priorities" and take on peer and lay roles to reach marginalised and vulnerable groups; how to carry out peer interventions and reach individuals from same community or similar background.

### **4. Impact of change**

- 4.1 *How behaviour change can improve an individual's health and wellbeing:* Benefits to health and wellbeing, including mental health, of increasing physical activity, reducing alcohol intake, reducing/stopping smoking and changing diet; setting goals for physical activity and healthy eating; use of evidence from PHE local health profiles, JSNA or other sources regarding the success of different health improvement strategies.

- 4.2 *How individuals can be encouraged to change their behaviour.* Different ways in which individuals can be encouraged to change their behaviour and be supported whilst doing so, such as how to motivate individuals, confidence building and self-efficacy; individual's perception of advantages and disadvantages of change and influence on decision making; simple cost-benefit analysis; awareness of the short, medium and longer-term consequences of health-related behaviour for themselves and others; positive benefits of health-enhancing behaviours; importance of planning changes in small steps over time; how social contexts and relationships may affect behaviour; planning for scenarios that will undermine positive changes; coping strategies to prevent relapse; setting and recording of SMART goals; benefits of sharing behaviour change goals with family and peers.
- 4.3 *Positive and negative influences on behaviour change:* The effect of an individual's attitude, values and beliefs on behaviour change; influence of peers; community and environment; social isolation; support networks; set-backs and lapses and how to support these; non-achievement; social norms; use of rewards; the effect of individual's capability and opportunities on motivation.

### **Assessment**

The knowledge and understanding of the learners will be assessed by a multiple-choice examination. The examination consists of 30 questions. A learner who is able to satisfy the learning outcomes will **achieve** a score of at least 20 out of 30 in the examination. Strong performance in some areas of the qualification may compensate for poorer performance in other areas.

The multiple choice examination is provided by RSPH. The duration of the examination is 45 minutes.

## Unit 2: Supporting Behaviour Change

Total Unit time: 16 hours

Guided Learning: 14 hours

Unit Level: 2

Unit reference: T/616/9705

### Summary of Learning Outcomes

To achieve this unit a learner must:

1. **Understand how to communicate effectively and build rapport with an individual, with reference to:**
  - 1.1 Key elements of listening skills and their application to effective communication and rapport building
  - 1.2 Ways of checking whether an individual has understood a communication and how to address any misunderstandings
  - 1.3 Ways of agreeing an agenda for a behaviour change conversation with a client
  - 1.4 The importance of respecting and acknowledging an individual's priorities in relation to their health and wellbeing and their right to refuse advice and information
  - 1.5 What should be avoided in behaviour change conversations
  
2. **Understand what can impact on behaviour change and how to explore these factors with an individual, with reference to:**
  - 2.1 Models of behaviour change
  - 2.2 Ways in which models of behaviour change can be used to support health behaviour change conversations
  - 2.3 Reflective and automatic motivation
  - 2.4 Barriers which can prevent behaviour change
  
3. **Understand how an individual can be supported in thinking about making a lifestyle or health behaviour change, with reference to:**
  - 3.1 The key components of very brief interventions or brief interventions
  - 3.2 How to present information about what you or your service can provide and in ways appropriate to an individual's needs
  - 3.3 What Self-efficacy is and how to support a client to build their self-efficacy
  - 3.4 How Importance and Confidence scales can support behaviour change conversations



**4. Understand how to support an individual to plan for a behaviour change, with reference to:**

- 4.1 The components of a SMART goal and how to ensure that the goal is effective.
- 4.2 The ways of evaluating a SMART goal
- 4.3 The methods of assessing and monitoring an individual's current health behaviour
- 4.4 Why it is important to record information and review it before and after behaviour change.

Learners successfully achieving this unit will have knowledge and understanding of facts, procedures and ideas around supporting behaviour change to complete well-defined tasks and address straightforward problems. They will be able to interpret relevant information and ideas and will be aware of a range of information that is relevant to supporting behaviour change.

## Indicative Content

### 1. Understand how to communicate effectively and build rapport with an individual

- 1.1 *Key elements of listening skills and their application to effective communication and rapport building:* Elements; open questions, affirmations, reflective listening and summarising. Application to effective communication and rapport building; engaging manner, listening to what the speaker means as well as what is being said, asking relevant open questions, making statements that acknowledge the individual's strengths, successes, and efforts to make a behaviour change, giving an account of what was heard in own words, seeking verification concerning accuracy, showing empathy and being non-judgmental.
- 1.2 *Checking whether an individual has understood a communication and how to address any misunderstandings:* Using reflections and allowing the individual to respond; observing body language and facial expressions; asking the individual and address misunderstandings.
- 1.3 *How to agree an agenda for a behaviour change conversation with a client:* Ask open questions to identify issues/problems individual would like to discuss, declare any additional items that were set prior to the meeting, agree with individual what the priorities and will be discussed at current meeting.
- 1.4 *The importance of respecting and acknowledging an individual's priorities in relation to their health and wellbeing and their right to refuse advice and information:* Why respect and acknowledgement is important; part of an enabling relationship, promotes choice, only way to achieve an effective outcome. Reasons why individuals may refuse advice and information; not ready to change, fear of failure, feeling of invulnerability; need to create opportunities for the individuals to revisit.
- 1.5 *What should be avoided in behaviour change conversations:* Arguing or correcting, providing unsolicited advice, confronting a client on failure to act, emphasizing client's feelings of powerlessness or lack of control, using own personal experiences.

### 2. Understand what can impact on behaviour change and how to explore these factors with an individual

- 2.1 *Different models of behaviour change:* Components of various models such as COM-B; Theory of Planned Behaviour; Theory of Reasoned Action; Health Belief Model.
- 2.2 *Ways in which models of behaviour change can be used to support health behaviour change conversations:* Any TWO from sharing with an individual to raising awareness of their motivation; exploring and building self-efficacy; exploring and building on feelings of control; discussing individuals' views on social norms and their impact; exploring the individual's habits and opportunities to make changes; exploring beliefs and attitudes to change; exploring enablers and opportunities; exploring capabilities to make changes; exploring process and possible outcomes including possibility of relapse.

2.3 *Reflective and Automatic motivation:* Reflective Motivation: Beliefs about what is good and bad, conscious intentions, decisions and plans; Automatic Motivation: Emotional responses, desires and habits resulting from associative learning and physiological states.

2.4 *Barriers which can prevent behaviour change:* Social determinants of health including peer network, family, education, access, equality, physical disability, caring commitments, money; desire to change more than one behaviour; triggers.

### **3. Understand how an individual can be supported in thinking about making a lifestyle or health behaviour change**

3.1 *The key components of very brief interventions or brief interventions: very brief intervention:* Ask, Advise, Assist; permission should be obtained before advice is given and the individual asked about their existing knowledge of the topic; the intervention should be tailored to the needs of the individual; brief intervention: Ask, Advise, Assess, Assist; acquire permission, check existing knowledge and tailor advice to the needs of the individual; assess whether the individual is willing to make a behaviour change; assistance is tailored to the needs of the individual.

3.2 *Present information accurately about what you or your service can provide and in ways appropriate to an individual's needs:* Own level of expertise; whether referral/signposting reflects expressed need of individual; appropriateness of the service and taking into account the national Accessible Information Standard (AIS) guidelines.

3.3 *Identify what Self-efficacy is and how to support a client to build their self-efficacy:* Self-efficacy; a person's belief in their ability to succeed in specific situations or accomplish a task. How to support a client to build their self-efficacy; recognise similar or smaller achievements; explore the people and things that can help you make that change.

3.4 *Importance and confidence scales:* Can be used as a tool to either confirm a high level of confidence or to improve the score on the scale by exploring what would need to change for them to report a higher score, reflecting and highlighting personal strengths and goals and brainstorming solutions to any barriers.

### **4. Understand how to support an individual with a lifestyle or behaviour change implementation plan**

4.1 *Components of a SMART goal and how to ensure it is effective:* Components: Specific, Measurable, Achievable, Realistic and Timed. Ensure that it is effective: the goal must not be too difficult or easy, short-term goals are more effective than long-term goals, rewards, clear actions defined, desired outcomes acknowledged, importance of ownership of the plan, if-then plans.

4.2 *Ways to evaluate a SMART goal:* Follow up conversation or appointment; assess whether the goal was SMART and how to adjust it and consider any barriers and facilitators; ensure that own responsibilities are fulfilled; plan a

follow-up meeting; determine whether further action by self is required; consider what incentives may be effective; consider agreeing a commitment contract.

- 4.3 *Method of assessing and monitoring an individual's current health behaviour:* Wellbeing scales, health behaviour questionnaire, behaviour change diary: such as smoking diary, alcohol diary, smoking diary, food diary or physical activity diary.
- 4.4 *Importance of recording information and reviewing it before and after behaviour change:* Before: Client can gain understanding of their behaviour, what triggers it and how it makes them feel; After: client can compare with before, if they have achieved their SMART goal and impact of change.

## **Assessment**

The knowledge and understanding of the learners will be assessed by a multiple-choice examination. The examination consists of 35 questions. A learner who is able to satisfy the learning outcomes will **achieve** a score of at least 24 out of 35 in the examination. Strong performance in some areas of the qualification content may compensate for poorer performance in other area.

The multiple choice examination is provided by RSPH. The duration of the examination is 70 minutes.

## Unit 3 Understand how to Deliver an NHS Health Check

**Total Unit Time:** 8 hours

**Guided Learning:** 7 hours

**Unit Level:** 2

**Unit reference number:** A/507/1006

### Summary of Learning Outcomes:

To achieve this qualification a learner must:

- 1. Understand how the NHS Health Check uses key indicators to assess an individual's risk of cardiovascular disease** *with reference to:*
  - 1.1 Why health checks are important.
  - 1.2 Non-modifiable risk factors for cardiovascular disease.
  - 1.3 Modifiable risk factors for cardiovascular disease.
  
- 2. Understand the procedures for carrying out an NHS Health Check** *with reference to:*
  - 2.1 The legal, ethical and professional requirements for carrying out an NHS Health Check.
  - 2.2 How an NHS Health Check should be conducted.
  - 2.3 How an NHS Health Check can assess and interpret the risk of cardiovascular disease.
  - 2.4 How the risk of cardiovascular disease and opportunities for reducing this risk may best be communicated to clients.

Learners successfully achieving this unit will have knowledge and understanding of facts, procedures and ideas around health checks to complete well-defined tasks and address straightforward problems. They will be able to interpret relevant information and ideas and will be aware of a range of information that is relevant to carrying out health checks.

## Indicative Content:

### **1 Understand how key indicators can help to assess an individual's risk of cardiovascular disease,**

#### *1.1 Why health checks are important:*

Mandatory requirements of The Local Authorities Regulations 2013; invitation of the eligible population in line with call/recall requirements; specific risks identified by an NHS Health Check; data to be recorded; requirements for data of client to be forwarded to GP; requirement for continuous improvement in take-up rate of numbers attending the NHS Health Check.

The scope and purpose of the NHS Health Check as an intervention designed to assess, communicate and support the management of the risk of cardiovascular disease (CVD) by earlier identification and signposting appropriate individuals to lifestyle services.

Age range of people invited for an NHS Health Check; reason why this age range is selected due to risk of disease and cost-benefit analysis of intervention; exclusion criteria; recall interval of eligible population.

Physical, psychological and social effects that CVD can have on individuals, families and society; significance of health inequalities; trends in prevalence of morbidity and mortality due to CVD; definition of CVD as a collective term for all diseases affecting the circulatory system; examples of cardiovascular diseases.

Content of an NHS Health Check; assessment, communication and management of risk and adherence to current Best Practice Guidance.

#### *1.2 Non-Modifiable risk factors for cardiovascular disease:*

Definition and significance of non-modifiable risk factors; how familial history, age, ethnicity and gender can affect the risk of CVD; groups which have the greatest risk of CVD; considerations regarding targeting of the intervention.

#### *1.3 Modifiable risk factors for cardiovascular disease:*

Effect of Body Mass Index (BMI), blood cholesterol, blood pressure and lifestyle choices on the risk of CVD; lifestyle choices to include smoking, alcohol intake, physical activity and diet; effect of lifestyle choices on BMI, blood cholesterol and blood pressure; threshold values as defined by best practice guidance for BMI, blood pressure and cholesterol and their significance.

### **2 Understand the procedures for carrying out an NHS Health Check**

#### *2.1 Legal, ethical and professional requirements for carrying out an NHS Health Check:*

Professional practice requirements and need to work within own level of competence; legal requirements relating to client consent to the intervention and to sharing of data, record keeping, information governance, infection control and clinical waste; need to ensure accuracy and reliability of instruments / devices used in an NHS Health Check; quality assurance systems; procedures for communication of the NHS Health Check results to GPs; codes of conduct for staff involved in carrying out an NHS Health Check; local programme protocols such as immediate action, reporting incidents, compliance with the Equality Act.

## 2.2 *How an NHS Health Check should be conducted:*

Interaction with the client; respecting the clients' responsibility for their own health; need to put client at ease and explain the purpose of the NHS Health Check and what will happen during the check; methods of ensuring effective communication such as active listening, effective hearing, reflecting back, understanding and use of body language, showing empathy; methods of ensuring understanding such as facial expressions, eye contact, repetition, level of language. Use of motivational interviewing approaches throughout the intervention to elicit information relating to familial history and lifestyle choices; to engender a collaborative, person-centred approach; to identify barriers to change; and to identify client-led options for risk management.

Individual tests / point of care testing / measurements required; tools used to assess lifestyle risks such as AUDIT score for alcohol and GPPAQ for physical activity; factors that contribute to or affect the accuracy of measurements; how measurements can be affected by stress or anxiety; why tests might have to be repeated; need for accurate recording and data entry; dementia awareness-raising with qualifying clients.

## 2.3 *How an NHS Health Check can assess and interpret the risk of cardiovascular disease:*

What data goes into risk engines, how data is used; information provided by risk engine and time-frame of risk (eg: in next 10 years); action to take if referral threshold values are reached; the diabetes filter; understanding and interpretation of the risk score with reference to modifiable and non-modifiable risk factors; understanding and interpretation of individual test results; recognition that the risk score is an aid to clinical decision making.

## 2.4 *How the risk of cardiovascular disease and opportunities for reducing this risk should be communicated to clients:*

Brief advice; communication of risk score in context of overall risk profile and how that informs a personalised risk management plan; how to ensure understanding of risk score; key points to be communicated; how changes to modifiable risk factors and behaviours could affect the risk score /individual test results; information regarding behaviour change; assessing motivation to change; working with the client to access and use information to assess options available; appropriate sign-posting to local support

programmes/interventions/services and ways to access them; action to take in the event of a recall or onward referral being required; ensuring the client understands what happens to them, and their data, next.

**Assessment:**

Attainment of the Learning Outcomes will be assessed by a multiple-choice examination including a case study. A learner who is able to satisfy the learning outcomes will be awarded a score of at least 17/25 in the examination.

The multiple choice examination is provided by RSPH. The duration of the examination is 45 minutes.



## Unit 4: Professional, ethical and legal requirements for oral health practitioners

**Total Unit Time:** 17 hours

**Guided Learning:** 13 hours

**Unit Level:** 4

**Unit reference number:** Y/618/5380

### Summary of Learning Outcomes:

To achieve this unit a learner must:

- 1. Understand the regulatory framework that governs the work of oral health practitioners:** *by being able to meet the following assessment criteria:*
  - 1.1 Explain the role and statutory function of the General Dental Council
  - 1.2 Determine organisational procedures for person centred care, valid consent, duty of care, diversity, equality and inclusion
  - 1.3 Determine an oral health practitioner's responsibilities under legislation relating to health and safety, equality and prescription-only medicines
  
- 2. Understand the requirements for data protection:** *by being able to meet the following assessment criteria:*
  - 2.1 Explain the role and function of GDPR with respect to client confidentiality
  - 2.2 Explain the need to obtain consent before providing an intervention
  - 2.3 Explain the local service data sharing protocols
  
- 3. Understand the requirements for safeguarding:** *by being able to meet the following assessment criteria:*
  - 3.1 State what can constitute abuse
  - 3.2 Outline the reporting procedure if abuse is identified, disclosed or suspected
  - 3.3 Outline local procedures for supporting individuals who have been abused
  - 3.4 Determine the whistle-blowing policy of the organisation
  - 3.5 Outline responsibilities with regard to safeguarding as set out in current legislation.
  
- 4. Know the boundaries and responsibilities of the role and that of colleagues:** *by being able to meet the following assessment criteria:*
  - 4.1 Outline the scope of practice of all members of the dental team
  - 4.2 Explain how standards of practice or codes of conduct support the practitioner in carrying out their role
  - 4.3 Explain the importance of accurate record keeping

## Indicative content:

### **1 Understand the regulatory framework that governs the work of oral health practitioners**

- 1.1 *The role and statutory function of the General Dental Council:* The role of the General Dental Council (GDC) is defined and governed by the Dentists Act 1984 and is set out in the following GDC publications: Standards for the dental team (2013, update 2019), Scope of Practice (2013, updated 2019), Student Professionalism and Fitness to Practice (2016) and Preparing for Practice (2015).
- 1.2 *Organisational procedures for person centred care, valid consent, duty of care, diversity, equality and inclusion:* Procedures as determined by the GDC Standards for the dental team to include principles of person-centred care, obtaining consent, duty of care, diversity, equality and inclusion; requirements of legislation relating to equality, discrimination and mental capacity; requirements of NHS England and the Care Quality Commission.
- 1.3 *An oral health practitioner's responsibilities under legislation relating to health and safety, equality and prescription-only medicines: GDC Standards, Scope of Practice, CQC inspection guidance, Health and safety at work act and how it applies to the provision of providing dental care and giving oral health and systemic health advice; the classification of medicines in use in the United Kingdom.*

### **2 Understand the requirements for data protection**

- 2.1 *The role and function of GDPR with respect to client confidentiality:* Outline of GDPR; data protection principles; rights of data subjects; enforcement and accountability; possible breaches of GDPR such as loss or theft of paperwork, data sent to the wrong person by email, data being posted or faxed to the wrong person; definition of sensitive personal data, examples such as data concerning health, genetic data, biometric data; need for 'explicit consent' with respect to the sensitive personal data subject; conditions for processing data role of the data protection officer within an organisation.
- 2.2 *Importance of obtaining consent before providing an intervention:* Local policies and procedures relating to consent obtained and explained; examples given of the circumstances under which consent would need to be obtained and the possible consequences if proceedings continued without consent being obtained.
- 2.3 *Local/service data sharing protocols:* Data sharing protocols obtained and explained, explanation for how these protocols are utilised nationally and locally.

### **3 Understand the requirements for safeguarding**

- 3.1 *What constitutes abuse:* Types of abuse, to include verbal, physical, sexual, emotional and neglect; signs of abuse such as changes in normal attitudes or behaviours, bruises and scratches, nervousness, being withdrawn and reluctance to engage / participate.
- 3.2 *Reporting abuse:* Responsibility to report suspicions of abuse and comply with organisational procedures; reporting arrangements
- 3.3 *Local procedures for supporting individuals who have been abused:* Safeguarding and supporting procedures obtained, how local policies and procedures are designed to safeguard and support children and vulnerable adults; screening of staff and requirement for DBS checks; the six principles of safe-guarding (empowerment, prevention, proportionality, protection, partnership and accountability); staff training requirements for safeguarding; examples provided of how the protocols would be applied in a range of different circumstances such as with children or vulnerable adults.
- 3.4 *The whistle-blowing policy of the organisation:* Organisation's whistle-blowing policy obtained; protection provided by the policy; concerns that can be raised under the policy; confidentiality arrangements, who should concerns be notified to, advice and support, raising concerns with external bodies, criteria to be met for an individual to be covered by the whistle-blowing policy.
- 3.5 *Responsibilities with regard to safeguarding as set out in legislation:* Definition of safeguarding; requirements of Section 11 of the Children Act 2004; requirements of Safeguarding Vulnerable Groups Act 2006; agencies with a responsibility for safeguarding such as Disclosure and Barring Service (DBS), police, local authority, NSPCC; responsibilities under the Health and Safety at Work etc Act 1974; provision of a safe working environment; responsibility to protect their own health and welfare; role of the Care Quality Commission.

### **4 Know the boundaries and responsibilities of the role and that of colleagues**

- 4.1 *The scope and purpose of the role and that of colleagues:* Duties outlined in job description and contract of employment explained; practical application of duties to job role; limitations imposed by job description and contract to how the job role is performed are outlined.
- 4.2 *How standards of practice and codes of conduct can support the practitioner in carrying out their role:* Definition of professional standards; professional standards that apply to job role obtained and outlined; role of standards in safeguarding the employee and their clients explained; codes of conduct, organisational behaviours frameworks.
- 4.3 *The importance of accurate record keeping:* Establishment of audit trails; record of actions taken, use in evaluating actions against outcomes; requirement for team working and transfer of clients between practitioners; maintaining contact with clients; importance in review of action plans; how to ensure accuracy of records.

## **Assessment**

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.

## Unit 5 Health inequalities and behaviour change

Total Unit Time: 60 hours

Guided Learning: 20 hours

Unit Level: 3

Unit reference number: D/618/5381

### Summary of Learning Outcomes

To achieve this unit a learner must:

1. **Understand the wider determinants of health and the impact these can have at an individual and population level:** *by being able to meet the following assessment criteria:*
  - 1.1 Explain how the wider determinants of health can have both a positive and negative impact on individuals and communities.
  - 1.2 Describe the impact of **TWO** determinants of health on health and wellbeing using **TWO** contrasting communities.
  - 1.3 Outline **TWO** local policies or strategies that aim to address the wider or social determinants of health
  - 1.4 Describe potential impacts of these **TWO** local health policies on individuals and communities.
2. **Understand inequalities in health and how these impact on health and wellbeing:** *by being able to meet the following assessment criteria:*
  - 2.1 Identify the ways in which health inequalities in the population are measured and monitored.
  - 2.2 Describe how health inequalities are recognised in **TWO** local policies.
  - 2.3 Explain the potential links between mental health, physical health and health inequalities
  - 2.4 Determine the extent to which local health inequalities impact on individuals and groups in your local area.
3. **Understand the behaviour change theories that underpin health improvement activities:** *by being able to meet the following assessment criteria:*
  - 3.1 Outline **TWO** different behaviour change models that can be applied to health and wellbeing.
  - 3.2 Explain how a named behaviour change model can be applied to an individual.
  - 3.3 Identify types of interventions used to support behaviour change.
  - 3.4 Explain with the use of examples how each of these interventions are applied in practice.
4. **Understand the principles of behaviour change techniques:** *by being able to meet the following assessment criteria:*
  - 4.1 Explain the fundamental principles of three different behaviour change techniques.

- 4.2 State how behaviour change techniques can be used to sustain longer term behaviour change.
  - 4.3 Outline how communication skills can be used to support behaviour change in an individual.
  - 4.4 Explain how a practitioner's attitude, values and behaviour can impact on an individual's readiness to change.
- 5. Understand how motivational techniques can enhance behaviour change interventions:** *by being able to meet the following assessment criteria:*
- 5.1 Explain the fundamental principles of motivational techniques.
  - 5.2 Describe **TWO** motivational techniques that can support self-empowerment and decision making.
  - 5.3 Explain how the processes of motivational interviewing can support an individual to change their behaviour.
  - 5.4 Explain how effective and ineffective use of motivational techniques can impact on the behaviour change outcome.
- 6. Understand how to motivate individual change in group settings:** *by being able to meet the following assessment criteria:*
- 6.1 State the criteria that can be used to decide when to use group work for behaviour change.
  - 6.2 Describe the factors that would need to be taken into account to deliver a group session.
  - 6.3 Explain the factors to be considered when referring someone to a group.
  - 6.4 Explain the methods that would be used to engage individuals to participate in the sessions.

## Indicative Content:

### 1. Understand the wider determinants of health and the impact these can have at an individual and population level

- 1.1 *How the wider determinants of health can have both a positive and negative impact on individuals and communities:* For example, the Dahlgren and Whitehead rainbow, the UCL unit for health equity, PHE definition of wider determinants of health; determinants such as the built and natural environment, work and the labour market, vulnerability, income, crime and education; how each of these can have a positive or negative effect on the health of the individual and population.
- 1.2 *Impact of **TWO** determinants of health using contrasting communities:* Determinants of health selected; impact of these determinants on health outcome in two communities explored and described; contrasting communities selected which describe difference in health outcome for example: affluent, disadvantaged, age, gender, education, cultural and ethnicity.
- 1.3 *Local policies or strategies that aim to address the wider or social determinants of health:* Outlines to include social or health determinants targeted, community targeted, aim of policy / strategy, methods for addressing the social / health determinant, how success would be measured.
- 1.4 *The impact of local health policies on individuals and communities:* Outline of policies selected, to include the individuals and communities targeted and aims of the policies; measurable effects of the policies, additional beneficial effects of implementing the policies and any unintended consequences.

### 2. Understand inequalities in health and how these impact on health and wellbeing

- 2.1 *How health inequalities are measured:* Infant mortality rates; life expectancy; and healthy life expectancy; public health outcomes framework (PHE).
- 2.2 *Local policies and initiatives:* Local policies and initiatives identified and relevant information obtained; progress and effectiveness of policies and initiatives assessed.
- 2.3 *Impact on individuals:* Links established between health inequalities and records of individuals / groups accessing service; links between mental health and wellbeing and outcomes in relation to physical health.
- 2.4 *Impact of health inequalities on local communities:* Local use of statistical information and local / national government data; differences in health outcomes for different groups in the local community; distribution of local resources to address inequalities.

### **3. Understand the behaviour change theories that underpin health improvement activities:**

- 3.1 *How TWO different behaviour change models can be applied to health and wellbeing:* Models such as social marketing, health belief model, nudge and shove theory, COM B model, transtheoretical model.
- 3.2 *How a named behaviour change model can be applied to an individual:* Behaviour change model identified; factors that can influence an individual's readiness and ability to change such as knowledge, skills, opportunity, mental and physical health status; how these factors could be addressed; application of the model to the individual.
- 3.3 *Range of interventions used to support behaviour change:* Very brief advice, brief advice, brief interventions and extended brief interventions; motivational techniques; examples of the use of these interventions.
- 3.4 *How each of these interventions could be applied in practice:* Factors that determine use of interventions such as context, relationship, opportunistic or planned intervention, time available, individual's response, practitioner's role and knowledge. Referencing interventions outlined in 1.3.

### **4. Understand the principles of behaviour change techniques:**

- 4.1 *Fundamental principles of behaviour change techniques:* Behaviour change techniques such as goal oriented techniques, reward and threat, knowledge and acquisition of skills; synergistic effect of behaviour change techniques used in combination; examples of application and effectiveness of different techniques.
- 4.2 *How behaviour change techniques can be used to sustain longer term behaviour change:* Person centred goal setting, diary keeping, identifying coping strategies, lapse awareness and relapse prevention, rewards, use of self-help resources such as APPS and web-sites.
- 4.3 *How communication skills can be used to support behaviour change in an individual:* Importance of verbal, non-verbal, para-verbal, open ended questions, affirmations, reflective listening, active listening (tone and pace), summarising; respecting and valuing the individual's views, importance of expressing empathy.
- 4.4 *How a practitioner's attitude, values and behaviour can impact on an individuals' readiness to change:* Importance of a non-judgemental and person-centred approach; society's values with regard to alcohol, substance abuse, being overweight, obesity and smoking; need to demonstrate an understanding of the individual's situation; need for awareness of stigma, discrimination, and cultural differences; separation of personal and professional boundaries.



## **5. Understand how motivational techniques can enhance behaviour change interventions**

- 5.1 *Fundamental principles of motivational techniques:* Framework for facilitating change: Engaging, building rapport - settling the person into a helpful conversation; focusing - agreeing with the person a direction for the conversation; evoking – elicits the person’s own reasons to change; planning - developing a change plan only when the person is ready to change.
- 5.2 *TWO motivational techniques that can support self-empowerment and decision making:* Decisional balance, exploring ambivalence, sustain talk, change table, use of scaling questions, “typical day” and agenda mapping application.
- 5.3 *The processes of motivational interviewing that can support an individual to change their behaviour:* The underlying ‘spirit’ of motivational interviewing; how motivational interviewing can help an individual to explore their readiness to change their health behaviour by use of the following principles: Working in *partnership*; *acceptance* of the clients situation and not judging their choices, *absolute worth* and potential of every individual, *autonomy* of the individual to make their own choices, *affirming* the individuals strengths and efforts; developing *accurate empathy* to show an active interest and working hard to understand the individuals position, showing *compassion* by promoting the individuals welfare and *evocation* which is the belief that individuals have within them what they need.
- 5.4 *How effective and ineffective use of motivational techniques can impact on the behaviour change outcome:* Gaining consent; respecting individual choices; creating a supportive environment; promoting ongoing rapport; demonstrating openness, knowledge, attitudes and beliefs; respect the person’s views and cultural perspectives; importance of confidentiality.

## **6. Understand how to motivate individual change in group settings**

- 6.1 *Criteria that can be used to decide when to use group work for behaviour change:* Cost effectiveness, appropriateness for topic and audience, enhanced benefit of peer support, other provision, environment, venue and location appropriateness, accessibility, cultural issues, health and safety risk, group dynamics.
- 6.2 *Factors that would need to be taken into account to deliver a group session:* Aims and objectives, number and availability of trainers, leadership of the group, number and length of sessions, exit strategy, alignment with local health priorities; end point.
- 6.3 *Explain the factors to be considered when referring someone to a group:* Client preference, accessibility, personality, personal and cultural belief, client prior experience, appropriateness of intervention for the desired outcome.
- 6.4 *Methods that would be used to engage individuals to participate in the sessions:* Facilitation skills, importance of planning, training skills, reviewing, obtaining feedback and adapting to the needs of the group to ensure it is group centred and fit for purpose.

## **Assessment**

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.

## Unit 6 Conduct motivational consultations

Total Unit Time: 60 hours

Guided Learning: 15 hours

Unit Level: 3

Unit reference number: D/617/6471

### Summary of Learning Outcomes:

#### To achieve this unit a learner must:

1. **Carry out initial consultations with individuals:** *by being able to meet the following assessment criteria:*
  - 1.1 Establish a positive environment to enable rapport to be built
  - 1.2 Explore with the individuals their understanding of the purpose of the consultation and gain their consent.
  - 1.3 Adopt a holistic approach to the individuals' situations
  - 1.4 Follow local arrangements and procedures for an initial consultation and provide assurances with respect to confidentiality.
  - 1.5 Describe the ethical tensions that might arise when carrying out consultations
  
2. **Demonstrate how to support individuals to identify key priorities for their health and wellbeing:** *by being able to meet the following assessment criteria:*
  - 2.1 Determine the perception of individuals of their ability to make changes in their life
  - 2.2 Explore with the individuals the main influences on their choices, behaviours and decision making
  - 2.3 Use a person centred approach to provide information on **TWO** areas where the individuals wish to take action
  - 2.4 Support individuals to identify priorities for action or change and set SMART goals to achieve this
  
3. **Demonstrate how to explore with individuals their readiness and commitment to take action or make changes:** *by being able to meet the following assessment criteria:*
  - 3.1 Enable individuals to explore their readiness to make changes or take action
  - 3.2 Enhance the motivation of individuals to take greater control of aspects of their life and / or behaviours
  - 3.3 Identify the barriers and facilitators of individuals to taking action
  - 3.4 Explain how resistance to change could be overcome
  - 3.5 Agree a course of action with individuals

4. **Carry out development of client-led action plans with individuals:** *by being able to meet the following assessment criteria:*
  - 4.1 Facilitate the development of joint action plans for individuals that use SMART objectives
  - 4.2 Explain how a session could be concluded
  - 4.3 Explain how individuals could be referred to other local services that will support their action plans
  
5. **Carry out action plan reviews with individuals:** *by being able to meet the following assessment criteria:*
  - 5.1 Review the progress of individuals against their goals
  - 5.2 Identify with individuals any lack of progress and the reasons for this
  - 5.3 Develop with individuals an approach for resuming progress
  - 5.4 Agree a revised action plan with individuals

## Indicative content:

### 1. Carry out initial consultations with individuals

- 1.1 *Enable rapport to be built:* Supportive environment, demonstrate warmth, openness, empathy, respect for individual's knowledge, attitudes and beliefs; need for a confidential setting where not overheard or interrupted, time allocation, body language such as seating position and body position; verbal and non-verbal communication; consent for appointment.
- 1.2 *The individuals' understanding of the purpose of the consultation:* Reason for referral and individuals' understanding for meeting; use of an individual centred approach; need to explore individuals' health knowledge, attitudes and behaviour; agree mutual expectations for the consultation; ensure that the individuals are happy with the objectives and purpose of the consultation and understand that it is their choice whether they wish to continue.
- 1.3 *Holistic approach:* Consideration is given to the effect that issues other than behaviour may have on the individuals' health and wellbeing, such as housing, income / debt, welfare, mobility issues and occupation.
- 1.4 *Local arrangements and procedures for an initial consultation:* Length of session, number of sessions, means of keeping in touch (communication channels), time scales, agenda and responsibilities; importance of confidentiality.
- 1.5 *Ethical issues:* For example, the tensions of working with individuals in services and programmes designed to improve the health of populations and whole communities.

### 2. Demonstrate how to support individuals to identify key priorities for their health and wellbeing

- 2.1 *Ability to make changes:* Explored by use of open questions, affirmation, reflection and summarising; standardised health assessment tools used effectively to elicit required information.
- 2.2 *Influences on choices, behaviour and decision making:* Influences on an individual's choices determined; respect shown for individual's values, opinions and individual choice; acknowledgement that individual choices can impact on others such as passive smoking; importance of empathy; consideration of effect of personal circumstances on behaviour, such as housing, debt, mobility, occupation.
- 2.3 *Information on **TWO** areas where the individuals wish to take action:* Current knowledge and understanding of individuals established; two appropriate areas for action selected for the individual; permission obtained to provide health information in an accessible and appropriate format; feedback obtained on the information provided.
- 2.4 *Priority for action or change and SMART goals to achieve this:* Priority for action or change agreed with individuals; availability of support discussed, including support for any wider issues identified such as housing or debt; opportunities for

action or change determined and potential barriers identified; SMART goals agreed.

### **3. Demonstrate how to explore with individuals their readiness and commitment to take action or make changes**

- 3.1 *Explore readiness to make changes or take action:* Readiness of individuals to take action or make changes explored by determining their confidence to act or achieve change; use of techniques such as decisional balance, readiness rulers and scaling questions.
- 3.2 *Enhance the motivation of individuals to take greater control over their behaviour:* Motivation of individuals to change enhanced by determining their own motivation, their reasons for wanting to change and what they regard as the benefits of changing their behaviour; self-efficacy and self-esteem; appropriate tools and approaches used.
- 3.3 *The barriers and facilitators to taking action:* Barriers and facilitators of individuals to act determined, including any wider issues such as housing, income, mobility and occupation; ambivalence explored and resolved; resistance to taking action determined and countered; importance of developing autonomy and supporting self-efficacy; discrepancies supported and developed.
- 3.4 *How resistance to change could be overcome:* Demonstrate empathy, listen and reflect back, 'roll' with resistance, do not challenge or try to persuade, seek to understand.
- 3.5 *Agree a course of action with individuals:* Consultation accurately summarised; agreed outcomes and course of action confirmed; wishes of individuals reinforced by reflecting back over the consultation.

### **4. Carry out development of client-led action plans with individuals**

- 4.1 *Development of joint action plans that use SMART objectives:* Action plan agreed with individuals; SMART objectives incorporated into plan; coping strategies, sources of support and techniques to support behaviour change identified; appropriate support and resources selected.
- 4.2 *How to conclude a session:* Use of summarising skills; understanding of individual checked and confirmed.
- 4.3 *How individuals could be referred to other local support services:* Individuals assisted to navigate local services; individuals provided with information on local services, including where help could be obtained for any wider issues identified, and / or shown how to find information; understanding of difference between referral and signposting.

## 5. Carry out action plan reviews with individuals

- 5.1 *Review the progress of individuals against their goals:* Progress to date summarised, areas of success and building of self-efficacy identified, positive changes reinforced and rewarded.
- 5.2 *Identify any lack of progress:* Lack of progress agreed in a sensitive manner, reasons for lack of progress explored and agreed, individuals reassured that lapses and barriers are part of the process; factors beyond the control of the individuals identified.
- 5.3 *Developing an approach for resuming progress:* Views of individuals on what is achievable in present circumstances obtained; agreement with individuals to set more realistic goals and any further barriers to achieve goals such as cost and time constraints identified, potential help with achieving new goals discussed, such as wider support networks and techniques for preventing relapse; individuals refocussed and individuals are clear on what they have to do.
- 5.4 *Agree a revised action plan:* Clear steps for change established, change plan is SMART, plans agreed and confirmed with individuals, time scales and new review date agreed, plan communicated in an optimistic and positive fashion.

### Assessment

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.

## Unit 7 Anatomy, physiology and nutrition for oral health practitioners

Total Unit Time: 40 hours

Guided Learning: 28 hours

Unit Level: 4

Unit reference number: H/618/5382

### Summary of Learning Outcomes:

#### To achieve this unit a learner must:

1. **Understand dental and oral anatomy and physiology and their application to patient management:** *by being able to meet the following assessment criteria:*
  - 1.1 Describe the general anatomy of the skull
  - 1.2 Describe the anatomy and development of the human dentition at different life-stages
  - 1.3 Describe the anatomy and physiology of the salivary glands
  - 1.4 Explain how dental and oral anatomy affects patient management.
  
2. **Understand the effect of disease on the range of normal human structures and function:** *by being able to meet the following assessment criteria:*
  - 2.1 Describe the process of dental caries, to include the effect of the process on the structure of the tooth and the structure and composition of dental bacterial plaque.
  - 2.2 Explain how oral lesions develop and the action to be taken if oral lesions are observed
  - 2.3 Outline the stages of progression of periodontal disease
  
3. **Understand the use of blood sugar levels and blood pressure as indicators of health and ill-health:** *by being able to meet the following assessment criteria:*
  - 3.1 State the normal parameters for blood pressure and blood sugar levels and their control
  - 3.2 Explain procedures for measuring the blood pressure and blood sugar levels of individuals
  - 3.3 Explain the actions to take if the blood pressure or blood sugar levels of an individual lie outside the normal range.
  
4. **Understand the link between diet, nutrition and hydration with systemic and oral health:** *by being able to meet the following assessment criteria:*
  - 4.1 Explain the components of energy consumption and expenditure
  - 4.2 Explain the energy, hydration and nutrient requirements at different lifetime stages
  - 4.3 Describe the relationship between diet and disease



## Indicative content:

### 1. Understand dental and oral anatomy and physiology and their application to patient management

- 1.1 *General anatomy of the skull:* Identify the key features of the skull to include the mandible, maxilla, nasal, frontal, temporal, parietal, occipital bones and styloid process, with particular reference to the bones of the jaw and its associated musculature; role of the jaw in mastication and as a support for tooth development and function; normal range of these structures.
- 1.2 *Anatomy and development of the human dentition at different life-stages:* Anatomy of the human tooth, to include blood and nerve supply and its insertion in the jaw; morphology of the four types of teeth; function of the different components of teeth; tooth development, eruption and outgrowth; location of the different tooth types in the mouth; primary and secondary dentition development and the differences between them; main dates of tooth eruption.
- 1.3 *Anatomy and physiology of the salivary glands:* Position of the parotid, submandibular and sublingual salivary glands in the mouth and their associated ducts; formation and composition of saliva; release of saliva and the triggers for its release; normal function of saliva and its importance to oral health.
- 1.4 *How dental and oral anatomy affects patient management:* The effect of strong facial muscles on access to the mouth; function of the tongue and its effect on the provision of dental treatment; effect of supernumerary teeth, which may be misaligned or overcrowded; effect of hypodontia.

### 2. Understand the effect of disease on the range of normal human structures and function

- 2.1 *The process of dental caries,* to include the effect of the process on the structure of the tooth and the structure and composition of dental bacterial plaque: Development of dental caries; effect of dental caries on tooth structure and function; dental bacterial plaque, its structure, formation and development; effect of plaque on dental caries and the anchoring of the tooth to the jaw; relationship of dental caries and dental plaque to sugar in the diet.
- 2.2 *How oral lesions develop and the action to be taken if oral lesions are observed:* How commonly occurring ulcers and areas of ulceration may occur in the mouth; commonly occurring bacterial, viral and fungal infections that may occur in the mouth, to include commonly occurring ulcers such as those caused by trauma or friction (eg by denture rubbing), aphthous ulcers, angular cheilitis, candidosis, stomatitis, herpetic lesions, and other red and white lesions; documenting and reporting of oral lesions; role of good oral health, hydration and nutrition in maintaining a healthy mouth.
- 2.3 *Stages of progression of periodontal disease:* Definition of periodontal disease; relationship between periodontal disease and dental bacterial plaque; how periodontal disease progresses in a patient, different stages of progression; outline of a Basic Periodontal Examination (BPE); links of a BPE to protocols for preventative treatment and advice.

- 3. Understand the use of blood sugar levels and blood pressure as indicators of health and ill-health**
  - 3.1 *Normal parameters for blood pressure and blood sugar levels:* Normal limits of blood pressure and its relationship to an individual's height, weight and gender; stages of heart beat that result in systolic and diastolic blood pressure; role of insulin in blood pressure and the effect of type 1 and type 2 diabetes on this.
  - 3.2 *Procedures for measuring the blood pressure and blood sugar levels of individuals:* Use of sphygmomanometer, test strips and blood glucose meters; interpretation of results.
  - 3.3 *Actions to take if the blood pressure or blood sugar levels of an individual lie outside the normal range* Actions that can be taken by the individual if their blood pressure or blood sugar levels are outside of the normal range, to include lifestyle changes such as stopping smoking, reducing alcohol intake, increasing exercise levels, weight management and healthy eating.
  
- 4. Understand the link between diet, nutrition and hydration with systemic and oral health**
  - 4.1 *Components of energy consumption and expenditure:* Units of energy content of food (calories, joules, kilocalories, kilojoules); energy sources, e.g. fats, carbohydrates, proteins, alcohol; contribution of these to energy consumption; indicators of energy consumption and expenditure such as body composition, body weight, skin fold measurements, Body Mass Index (BMI).  
*Energy expenditure;* basal metabolic rate, energy used in different activities such as running, walking, cycling, swimming; energy expenditure of different occupations.
  - 4.2 *Energy, hydration and nutrient requirements at different lifetime stages:* Energy, hydration and nutrient requirement across the lifespan (babies, toddlers, children, adolescents, adults, pregnancy, breast feeding, older age); effect of alcohol on hydration; use of Dietary Reference Values to measure nutrient requirements taking into account current guidance and to include the Eatwell Plate.

4.3 *Relationship between diet and disease:* Why nutrition is important for the prevention and treatment of certain chronic conditions such as dental caries, coronary heart disease and hypertension, obesity and type 2 diabetes, under-nutrition, cancer and food sensitivity.

*Dental caries:* roles of sugars and acids, including hidden dietary sugars

*Coronary heart disease and hypertension:* roles of fats, salt, antioxidants and obesity.

*Obesity and Type 2 diabetes:* roles of carbohydrate, saturated fat and weight loss.

*Under nutrition:* anaemia due to iron deficiency or lack of Vitamin B12; rickets due to lack of Vitamin D and calcium; severe weight loss due to lack of calories.

*Cancer:* roles of antioxidants, fibre, salt and alcohol.

*Food sensitivity:* such as coeliac disease, nut allergy and milk intolerances.

## **Assessment**

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.

## Unit 8 Understand clinical practice for oral health practitioners

**Total Unit Time:** 32 hours

**Guided Learning:** 25 hours

**Unit Level:** 4

**Unit reference number:** K/618/5383

### Summary of Learning Outcomes:

#### To achieve this unit a learner must:

- 1. Understand a range of procedures used by oral health practitioners in clinical practice:** *by being able to meet the following assessment criteria:*
  - 1.1 Explain the significance of dental bacterial plaque indices and food debris scores to the oral health of individuals.
  - 1.2 State the role of fluoride varnish in protecting oral health
  - 1.3 Explain the role and purpose of imaging techniques and taking impressions to oral health
  - 1.4 State the importance of record keeping in clinical practice
  
- 2. Understand the importance of the clinical environment in controlling and preventing infection:** *by being able to meet the following assessment criteria:*
  - 2.1 Explain the risk of infection to the patient and oral health practitioner from the environment, equipment and oral health procedures
  - 2.2 Explain procedures for managing the risk of infection from the environment
  - 2.3 Explain procedures for managing the risk of infection from the use of equipment
  - 2.4 Explain procedures for managing the risk of infection from oral health procedures
  
- 3. Know the role and availability of other services in the locality:** *by being able to meet the following assessment criteria:*
  - 3.1 Explain why patients may require the use of other services
  - 3.2 Determine the help and support that other services can provide to individuals and groups
  - 3.3 Liaise with other services to identify referral pathways for individuals and / or groups requiring support
  - 3.4 Liaise with other services to refer individuals and / or groups to them in accordance with the individual's or group's needs or in circumstances when limitations of the scope of the job role or service makes referral to other agencies and specialists appropriate.
  
- 4. Know how to respond effectively in the event of an emergency:** *by being able to meet the following assessment criteria:*
  - 4.1 State what equipment should be available to the oral health practitioner in order to be able to respond effectively in the event of an emergency
  - 4.2 Describe the type of emergency that can occur, including circumstances that can lead to an emergency, signs and symptoms.

- 4.3 Describe what immediate actions should be taken in the event of an emergency
  - 4.4 Explain what secondary and follow-up actions should be taken as the result of an emergency occurring.
5. **Understand that different patient groups have different needs:** *by being able to meet the following assessment criteria:*
- 5.1 Identify a variety of different patient groups that may have different needs
  - 5.2 Explain the different needs of patient groups
  - 5.3 Explain how techniques can be adapted to suit the needs of different patient groups

## Indicative content:

- 1. Understand a range of procedures used by oral health practitioners in clinical practice**
  - 1.1 *Significance of dental bacterial plaque indices and food debris scores to the oral health of individuals:* Use of plaque and debris scores in the promotion of better oral health; how the scores are obtained; what the scores mean; significance of high and low scores; recording of scores; methods for visualising dental bacterial plaque.
  - 1.2 *Role of fluoride varnish in protecting oral health:* How fluoride varnish is used to protect oral health; importance of team-working and communication in the use of fluoride varnish; evidence for the effectiveness of fluoride varnish.
  - 1.3 *Role and purpose of imaging techniques and taking impressions to oral health:* How photographic and other imaging techniques can be used to enhance oral health; equipment and software used for imaging; role of software in the storage, enhancement and presentation of images; taking traditional dental impressions (with bio material; )importance of consent and confidentiality for taking and using images and impressions.
  - 1.4 *The importance of record keeping in clinical practice:* Importance of record keeping for continuity of patient care and as evidence of the standard of care; as a record of clinical and social findings, decision making and actions taken, information provided to patients, use of drugs and materials; Dental Record Keeping Standards as outlined in NHS England a consensus approach, GDC Standards and Clinical Examination and record keeping (Facility of General Dental Practice).
  
- 2 Understand the importance of the clinical environment in controlling and preventing infection**
  - 2.1 *Risk of infection to the patient and oral health practitioner from the environment, equipment and oral health procedures:* Risk of exposure to pathogenic microorganisms such as HIV, hepatitis C, corvid 19, mycobacterium tuberculae, Legionella; Pseudomonas and mult-drug resistant bacteria; how infections can be transmitted person to person, equipment to person and from the environment; role of fomites as sources of infection
  - 2.2 *Procedures for managing the risk of infection from the environment:* Standard operating procedures such as ventilation, decontamination of hand contact surfaces, general cleaning and disinfection of surfaces; guidance as contained in HTM 01 - 05.
  - 2.3 *Procedures for managing the risk of infection from the use of equipment:* Standard operating procedures such as those defined in HTM 01 – 5, to prevent cross contamination; safe storage of reusable hand instruments, handpieces and ultrasonic scaler tips; cleaning and decontamination procedures safe use and disposal of single use items such as burs, polishing cups, cotton wool rolls, impression trays, application sticks and other consumable items; importance of manufacturers' servicing instructions.
  - 2.4 *Procedures for managing the risk of infection from oral health procedures:* Importance of handwashing and correct use of personal protective equipment;

storage and decontamination of reusable items, safe disposal of single-use items; guidance as laid out in HTM 01 – 05.

### **3. Know the role and availability of other services in the locality**

- 3.1 *Why patients may require the use of other services:* Service required by patients may be outside what is offered by the practice, outside the role and scope of the practitioner or outside the expertise of the practitioner; patient's needs identified unrelated to oral health such as finance, housing or mental health issues.
- 3.2 *Help and support that other services can provide to individuals and groups:* Role of other services determined; aims and objectives of organisations offering these services; nature of organisation; relationship with own organisation; services offered to individuals and groups.
- 3.3 *Referral pathways for individuals and / or groups requiring support:* Information required from referral organisation concerning individuals and groups requiring support; importance of keeping referral organisation up to date with progress; maintaining confidentiality
- 3.4 *Refer individuals and / or groups:* Relevant information provided to organisation, to include whether referral is part of the change plan or due to the requirements of the referred individual or group being outside the scope of practice; support required from organisation for individual or group clearly communicated; progress of individual or group with organisation monitored through regular case meetings; importance of confidentiality; issues with regards to safeguarding communicated to organisations.

### **4. Know how to respond effectively in the event of an emergency**

- 4.1 *Equipment available to the oral health practitioner:* Equipment as specified in 'Primary dental care – Quality standards for cardiopulmonary resuscitation practice and training'.
- 4.2 *Type of emergency that can occur, including circumstances that can lead to an emergency, signs and symptoms:* Medical emergencies such as. myocardial infarction, cardiac arrest, collapse (fainting), hypoglycemic attack, anaphylaxis, epileptic episode, asthmatic attack, stroke, and hyperventilation (stress attack); circumstances that can lead to these emergencies, signs and symptoms that would indicate the type of emergency or would indicate an emergency is imminent; other emergencies that might require evacuation of the patient and staff or assistance from emergency services; 'minor' emergencies that may require the immediate cessation of treatment. The requirements to have undertaken First Aid at Work Act training.
- 4.3 *What immediate actions should be taken in the event of an emergency:* The 'collapse protocol', actions to be taken in the event of a collapse; first aid procedures; summoning assistance, evacuation procedures and sounding the alarm; safety of the patient, other individual and self in the event of an evacuation.
- 4.4 *What secondary and follow-up actions should be taken as the result of an emergency occurring:* Reporting procedures; evaluation of effectiveness of emergency procedures and individual responses to emergency' what could be learnt from the incident; how lessons learnt can be communicated to a wider audience; replacement of any emergency

and first aid equipment used; training needs identified as a result of responses to the incident.

## 5. Understand that different patient groups have different needs

- 5.1 *Different patient groups*: A range of different patient groups identified; distinguishing features of each group; problems that may be associated with specific patient groups.
- 5.2 *Different needs of patient groups*: Different needs of patient groups identified; variation in need within groups due to age, infirmity, pre-existing conditions etc.; pre-existing conditions to include sensory impairment, physical disability, learning disability and mental health issues.
- 5.3 *How techniques can be adapted to suit the needs of different patient groups*: Variation / adaptation of technique proposed according to needs of different patient groups; adaptations to oral health equipment such as toothbrushes and interdental cleaning aids; different types of toothpastes for encouraging cleaning of teeth; use of videos, models and toys.

## Assessment

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.



## Unit 9 Carry out oral health practitioner clinical practice

**Total Unit Time:** 36 hours

**Guided Learning:** 32 hours

**Unit Level:** 4

**Unit reference number:** M/618/5384

### Summary of Learning Outcomes:

#### To achieve this unit a learner must:

- 1. Be able to carry out planning for clinical practice sessions:** *by being able to meet the following assessment criteria:*
  - 1.1 Determine suitability of venues for clinical practice sessions
  - 1.2 Confirm presence of support staff clinical practice sessions
  - 1.3 Prepare an appointment diary to ensure all clinical practice patients are examined and treated promptly
  
- 2. Be able to prepare clinical equipment and records for clinical practice sessions:** *by being able to meet the following assessment criteria:*
  - 2.1 Follow standard operating procedures for the preparation of equipment for clinical practice sessions
  - 2.2 Follow standard operating procedures for the retrieval of records for clinical practice sessions
  - 2.3 Follow standard operating procedures for the preparation of records for clinical practice sessions
  - 2.4 Ensure clinical equipment and records are only accessed by authorised staff
  
- 3. Be able to carry out procedures for infection prevention and control:** *by being able to meet the following assessment criteria:*
  - 3.1 Follow standard operating procedure in the cleaning and disinfection of surfaces
  - 3.2 Use appropriate techniques to disinfect or sterilise equipment
  - 3.3 Ensure disinfected and sterilised equipment is protected from contamination until required
  - 3.4 Follow standard operating procedures for the use of personal protective equipment for the practitioner and patient
  - 3.5 Ensure different types of waste are disposed of correctly
  
- 4. Be able to carry out oral health procedures on patients:** *by being able to meet the following assessment criteria:*
  - 4.1 Ensure patients are treated with dignity
  - 4.2 Follow standard operating procedures for working in the mouth of patients
  - 4.3 Follow standard operating procedures for taking dental bacterial plaque indices and food debris scores
  - 4.4 Follow standard operating procedures for intra and extra oral photography
  - 4.5 Follow standard operating procedures for applying topical fluoride

- 5. Be able to carry out adaptations to procedures according to patient group:**  
*by being able to meet the following assessment criteria:*
- 5.1 Recognise the specific needs of an individual or group
  - 5.2 Adapt oral health procedure(s) and equipment to suit the specific needs of an individual or group

## Indicative content:

### 1. Be able to carry out planning for clinical practice sessions

- 1.1 *Suitability of venues for clinical practice sessions:* Suitability of venues determined; factors such as location, objective(s) of the session, type of patient taken into account; check-list used as appropriate to determine factors such as space, lighting, hand-washing facilities, comfort of patients, accessibility for patients, location of power points if required and emergency exit from venue.
- 1.2 *Presence of support staff at clinical practice sessions:* Availability of appropriate support staff confirmed before clinical practice session booked; GDC recommendations with regard to support staff adhered to.
- 1.3 *Appointment diary:* Appointment diary prepared which enables the safe and efficient use of time, travel to and between venues, carrying out of infection control procedures prior to and after consultations / procedures and updating of records.

### 2. Be able to prepare clinical equipment and records for clinical practice sessions

- 2.1 *Preparation of equipment for clinical practice sessions:* Standard operating procedures adhered to in line with HTM 01 05 for infection control; for clinical practice sessions that are to be conducted outside of the surgery check-list used to confirm all required equipment is available for transfer to the venue before departure; availability of any additional or specialist equipment required due to the nature or location of the external venue confirmed.
- 2.2 *Retrieval of records for clinical practice sessions:* Standard operating procedures are followed for accessing records of patients prior to clinical practice sessions in order to confirm identity of patient and treatment / procedure required.
- 2.3 *Preparation of records for clinical practice sessions:* Standard operating procedures are followed when preparing records prior to a clinical practice session, to include consent forms and records for completion of treatment.
- 2.4 *Access to clinical equipment and records:* Clinical equipment and records are kept secure if to be transported to an external location; appropriate measures taken to ensure only authorised staff can access equipment and records during transport and when at an external venue.

### 3. Be able to carry out procedures for infection prevention and control

- 3.1 *Cleaning and disinfection of surfaces:* Standard operating procedures for cleaning and disinfection of surfaces adhered to before and after procedures are carried out, and in dental surgeries and external locations.
- 3.2 *Disinfection or sterilisation of equipment:* Standard operating procedures for disinfection or sterilisation of equipment adhered to.

- 3.3 *Disinfected and sterilised equipment is protected from contamination until required:* Standard operating procedures are followed for the packaging, sealing and transport of disinfected and sterilised equipment.
- 3.4 *Use of personal protective equipment:* Personal protective equipment such as goggles, masks and aprons are used appropriately and in accordance with standard procedures and guidance contained in HTM 01 – 05.
- 3.5 *Waste disposal:* Used disposable materials and equipment are bagged, labelled and disposed of appropriately or transported back to the dental surgery for safe disposal.

#### **4. Be able to carry out oral health procedures on patients**

- 4.1 *Dignity of patients:* Dignity of patients maintained by ensuring privacy and confidentiality during treatment; wishes of patients respected; language used when communicating with patients is appropriate and respectful, any concerns of patient are addressed sympathetically; procedures to be carried out and the reasons for them are explained to the patient before treatment commences and consent obtained.
- 4.2 *Working in the mouth of patients:* Standard operating procedures are followed; procedure to be undertaken and consent to do so confirmed with the dentist or clinical dental technician and the patient before commencement of procedure; appropriate personal protective equipment is worn by both the oral health practitioner and the patient; procedure explained to the patient before commencement; post-procedure instructions provided and understanding confirmed; appropriate records of treatment are taken.
- 4.3 *Dental bacterial plaque indices and food debris:* Standard operating procedures followed; requirement for dental bacterial plaque indices and food debris scores confirmed before procedure commenced; medical history of patient checked and consent for procedure obtained; results entered into record sheets or other recording system appropriately; destination of results and date sent recorded.
- 4.4 *Intra and extra oral photography:* Standard operating procedures for impression taking and photography followed; requirement for impressions and / or photographs to be taken and consent to do so confirmed; procedures carried out with appropriate privacy; requirements for background, lighting and positioning of patient adhered to; infection control procedures used for impression taking and internal photography; appropriate extra and intra oral checks carried out before photography and impression taking; understanding of local policies for storage and use of images.
- 4.5 *Application of topical fluoride:* Standard operating procedures followed; intra and extra oral checks carried out; confirmation obtained regarding requirement for application of topical fluoride and location of application; medical and social history checked; equipment used appropriately and safely; ; expiry date of topical fluoride checked before use; post-operative instructions given to patient including instructions for oral hygiene; treatment recorded.

5. **Be able to carry out adaptations to procedures and equipment according to patient group**

5.1 *Specific needs of an individual or group:* The needs of a specific group relating to oral health procedures are recognized; such needs could be due to the inability to understand or follow instructions, a failure to understand the need for oral health, or a physical inability to comply with standard oral health procedures or use oral health equipment; or groups for which standard oral health procedures or use of equipment would cause undue stress or anxiety.

5.2 *Adapt oral health procedure(s) and equipment:* Procedures and / or equipment adapted to suit the recognised needs of a specific group; to include adaptations to tooth brushes, oral mirrors, flossing procedures and methods for reducing stress and anxiety and ensuring understanding.

### **Assessment**

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.

## Unit 10 Understand preventative practice for oral health practitioners

**Total Unit Time:** 28 hours

**Guided Learning:** 19 hours

**Unit Level:** 4

**Unit reference number:** T/618/5385

### Summary of Learning Outcomes:

#### To achieve this unit a learner must:

- 1. Understand the principles of population health:** *by being able to meet the following assessment criteria:*
  - 1.1 Explain oral health trends for a range of demographic, social and geographical groups
  - 1.2 Explain the common risk factors relating to general and oral health
  - 1.3 Determine guidelines for best practice, including national and local health initiatives
  
- 2. Understand the relationship between general health systems and oral health:** *by being able to meet the following assessment criteria:*
  - 2.1 Explain the relationship between dental bacterial plaque and general health
  - 2.2 Explain the relationship between other oral health conditions and general health
  
- 3. Understand the purpose of general health screening activities:** *by being able to meet the following assessment criteria:*
  - 3.1 Explain the purpose of health screening for diabetes
  - 3.2 Explain the purpose of blood pressure readings
  - 3.3 Explain the purpose of taking blood tests
  - 3.4 Explain the purpose of taking biometric data of patients
  - 3.5 Explain the purpose of recording individual data such as smoking habits, diet, alcohol intake and activity levels.
  
- 4. Know the key health messages relating to oral health and general health:** *by being able to meet the following assessment criteria:*
  - 4.1 Explain the effect of diet, tobacco and alcohol on oral and general health
  - 4.2 Explain how different health conditions such as cancer and diabetes impact on oral health
  - 4.3 Determine methods for communicating health messages to a range of different patient groups
  
- 5. Understand the different needs and requirements of different patient groups:** *by being able to meet the following assessment criteria:*
  - 5.1 Explain how the age of a patient may affect their needs and requirements
  - 5.2 Explain how the general health of a patient may affect their needs and requirements

- 5.3 Explain how the domestic arrangements of a patient may affect their needs and requirements
- 5.4 Explain how the mobility of a patient may affect their needs and requirements
  
- 6. **Know how to develop strategies for improving oral health in the community:** *by being able to meet the following assessment criteria:*
  - 6.1 Explain a range of strategies that are employed in the community
  - 6.2 Evaluate the success of strategies used for improving oral health in the community
  - 6.3 Explain how different factors in a community may affect the choice and delivery of a strategy for improving oral health

## Indicative content:

### 1. Understand the principles of population health

- 1.1 *Oral health trends*: Definition of epidemiology; description and possible explanations for a range of epidemiological oral health trends such as relating to socio-economic factors, geographical location, age; how epidemiological data is obtained and analysed; significance of trends and use of data.
- 1.2 *Common risk factors*: Risk factors for oral health and general health; understanding of the determinants of health to build on knowledge from unit 1; risk factors specific to oral health such as sugar intake, bulimia, low pH drinks; risk factors for general health conditions to include those for diabetes, cardiovascular disease, hypertension and cancer.
- 1.3 *Guidelines for best practice*: Best practice as demonstrated by 'Delivering better oral health'; outline of local and regional initiatives for improving oral health in communities; national and local health initiatives for improving general health, to include those for diabetes, cardiovascular disease, hypertension and cancer.

### 2. Understand the relationship between general health systems and oral health

- 2.1 *Relationship between dental bacterial plaque and general health*: Relationship between dental bacterial plaque and dementia, diabetes, acquired pneumonia and cardiovascular disease; dental bacterial plaque as a risk factor and indicator of wider general health conditions.
- 2.2 *Relationship between other oral health conditions and general health*: Importance of good oral hygiene to a patient's well-being and social integration; poor oral health as an indicator of more general health issues.

### 3. Understand the purpose of general health screening activities

- 3.1 *Health screening for diabetes*: Screening by measurement of blood sugar levels; raised blood sugar levels as an indicator of risk of diabetes; detection of raised blood sugar levels by screening enables advice to be provided relating to behaviour changes that can reduce blood sugar levels and the potential effect of diabetes on the body.
- 3.2 *Blood pressure reading*: Blood pressure readings as indicators of risk of heart attack, vascular dementia, strokes and harm to organs such as kidneys and eye; detection of high or low blood pressure by screening enables advice to be provided regarding lifestyle issues and behavior change or recommendation to seek medical advice regarding medication being taken for other health conditions.
- 3.3 *Blood tests*: Finger prick test as part of NHS Health Check for detecting diabetes; use for detection of range of conditions, including blood-borne infections and status of organs such as liver and kidneys.
- 3.4 *Biometric data*: Body mass index as an indicator of obesity with associated risk of cardiovascular disease, hypertension and diabetes; opportunity for behavior change and lifestyle advice.



3.5 *Individual data*: Information on smoking habits, diet, activity levels and alcohol intake used for suggestions for behavior / lifestyle changes and advice; examples of conditions that may be caused or worsened by specific behaviours.

#### **4. Know the key health messages relating to oral health and general health**

4.1 *Effect of diet, tobacco and alcohol on oral and general health*: Link to obesity, type 2 diabetes, cardiovascular disease, cancer, lung function; specific effect on oral health and development of dentition.

4.2 *How different health conditions such as cancer and diabetes impact on oral health*: Direct effect of some cancers on the mouth and oral health; effect on oral health of treatment for cancer due to common side effects such as loss of appetite, dry mouth, difficulty with eating and drinking; increased susceptibility to dental caries and gum disease caused by type 2 diabetes.; effect of other health conditions which may lead to loss of appetite on oral health..

4.3 *Methods for communicating health messages to a range of different patient groups*: Importance of non-verbal communication, warmth, empathy and respect when communicating with patients; individuality of patients; use of visual aids, props and patient's own mouth; importance of the patient's age, medical and social history and how this can affect communication and understanding; communicating with carers and responsible adults.

#### **5. Understand the different needs and requirements of different patient groups**

5.1 *How the age of a patient may affect their needs and requirements*: Increased susceptibility of older patients due to an increase in dry mouth as a result of ageing and medication, reduction in cognitive function, manual dexterity, muscle tone and tactical function, loss of weight associated with reduced appetite which could result in poorly-fitting dentures.

Early years children may have poor diet as a result of poor parental guidance, lack of support with brushing of teeth and use of fluoride toothpaste, unavailability of toothbrushes and toothpaste, excessive consumption of sugary and carbonated drinks.

Effect of hormone activity on gingival tissues of adolescents resulting in early onset of gum disease and growth of bacterial plaque; possible effect of this on self-esteem.

Public Health England guidance, 'delivering better oral health'.

5.2 *How the general health of a patient may affect their needs and requirements*: Medication of patients with underlying health conditions could cause dry mouth, with resulting increased susceptibility to root caries, gum and periodontal disease; shortness of breath may affect extent and vigour of brushing.

5.3 *How the domestic arrangements of a patient may affect their needs and requirements*: Guidance from NICE and Care Quality Commission for children and adults with additional needs living at home or in residential care; use of care plans; training of carers in carrying out oral health interventions.

5.4 *How the mobility of a patient may affect their needs and requirements:* Effect of reduced mobility on ability to clean teeth and eat proper meals; reduced access to dental care; reliance on carers and home visits.

## 6 **Know how to develop strategies for improving oral health in the community**

6.1 *Strategies that are employed in the community:* Range of strategies explained such as those advocated by Public Health England, NHS England, NHS Wales, NHS Scotland and HEE; local and bespoke strategies; specific aims and objectives of strategies and groups targeted.

6.2 *Success of strategies:* Evaluation of strategies adopted to include factors such as number of patients involved, increase in engagement with dental practitioners, reduction in incidence of dental caries; reduction in other health issues targeted by the strategy; reduction in smoking, alcohol and sugary drink consumption; evaluation of these factors against targets and comparison with other strategies.

6.3 *How different factors in a community may affect the choice and delivery of a strategy for improving oral health:* Factors such as deprivation indices, age profile, availability of dental practices, income and educational attainment; housing and local transport.

### **Assessment**

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.

## Unit 11 Carry out oral health practitioner preventative practice

**Total Unit Time:** 45 hours

**Guided Learning:** 29 hours

**Unit Level:** 4

**Unit reference number:** A/618/5386

### Summary of Learning Outcomes:

#### To achieve this unit a learner must:

- 1. Be able to carry out planning for preventative practice sessions: *by being able to meet the following assessment criteria:***
  - 1.1 Determine suitability of venues for preventative practice sessions
  - 1.2 Confirm presence of support staff at preventative practice sessions
  - 1.3 Prepare an appointment diary to ensure all preventative practice clients are allocated sufficient time for a consultation and health screening activities
  - 1.4 Ensure planning meets the requirements of the improving oral health strategy
  
- 2. Be able to carry out general health screening activities: *by being able to meet the following assessment criteria:***
  - 2.1 Ensure health screening activities are carried out safely and appropriately
  - 2.2 Advise patients / clients of the results of the health screening
  - 2.3 Advise patients / clients of the possible effect of health screening findings on their general health
  - 2.4 Refer patients / clients to other services as appropriate
  
- 3. Be able to deliver oral health messages to patient / client groups or individuals: *by being able to meet the following assessment criteria:***
  - 3.1 Ensure that the oral health message is appropriate to the needs of the patient / client group or individual
  - 3.2 Use of language and material is appropriate to the needs of the patient / client group or individual
  - 3.3 Demonstrate preventative oral health procedures effectively to a patient / client group or individual
  
- 4. Be able to deliver general systemic advice to patient / client groups or individuals**
  - 4.1 Ensure that the advice is appropriate to the needs of the patient / client group or individual
  - 4.2 Use of language and material is appropriate to the needs of the patient / client group or individual
  - 4.3 Demonstrate preventative general health procedures effectively to a patient / client group or individual

## Indicative content:

### 1. Be able to carry out planning for preventative practice sessions

- 1.1 *Suitability of venues for preventative practice sessions:* Suitability of venues determined by reference to checklists of requirements; type of session, number of patients and requirements of patients taken into account when selecting the venue.
- 1.2 *Presence of support staff at preventative practice sessions:* Presence of support staff confirmed before start of session; suitability and number of support staff for type of session to be conducted is assessed; aims of session modified if level of support available not appropriate for initial plans.
- 1.3 *Appointment diary:* Diary allows sufficient time for all consultations and health screening activities to be completed as planned; sufficient flexibility is built into the diary to allow for unexpected events.
- 1.4 *Requirements of the improving oral health strategy:* Plans for preventative practice sessions are checked against the requirements of the improving oral health strategy and agreed with other staff or managers.

### 2. Be able to carry out general health screening activities

- 2.1 *Health screening activities are carried out safely and appropriately:* Health screening activities such as testing for diabetes, blood pressure measurements, taking of finger prick blood samples and biometric measurements such as height and weight are taken correctly using appropriate equipment; used equipment is disposed of safely; use of life-style questionnaires; individuals are put at their ease before activities are carried out; purpose of activity is explained at an appropriate level for the individual; valid consent is obtained before procedure is performed; understanding of the individual is confirmed before procedure carried out.
- 2.2 *Results of the health screening:* Results of health screening activity recorded correctly; results communicated to individual sensitively; any deviation from 'normal' reference values are explained.
- 2.3 *Possible effect of health screening findings on their general health:* Possible effect of findings to the general health of the individual communicated sensitively; understanding of implications of findings to the individual confirmed; lifestyle issues that may have a bearing on the health screening results explored sensitively.
- 2.4 *Other services:* Individual referred to other services as appropriate; other service providers informed; services offered by other providers and rationale for referral explained to the individual.

### **3. Be able to deliver oral health messages to patient / client groups or individuals**

3.1 *Oral health message is appropriate to the needs of the patient / client group or individual:* Oral health messages to be delivered discussed and agreed with colleagues / managers and are consistent with the requirements of the patient / client group and the aims of local / national oral health strategies.

3.2 *Language and material is appropriate to the needs of the patient / client group or individual:* Language used is appropriate for the individual and the oral health message being delivered; range of resources used for health education and advice; resources chosen are appropriate for the target audience; questions and concerns of the target audience addressed; reassurance and support given.

3.3 *Preventative oral health procedures:* Range of oral health procedures used; selected technique(s) appropriate to the needs of the individual or target audience; procedures adapted to suit specific requirements of a target group or individual.

### **4. Be able to deliver general systemic advice to patient / client groups or individuals**

4.1 *Advice is appropriate:* Advice given is appropriate to the needs of the client group or individual; advice is practical and achievable.

4.2 *Language and material is appropriate to the needs of the patient / client group or individual:* The language used is understood by the patient / client group or individual; the 'language of the priesthood' is avoided, common terms are used in explanations and suggestions for action; Material used has been previously approved for the use to which it is put; new materials used are reviewed to ensure appropriateness and level of language for the intended target group and message.

4.3 *Preventative oral and general health procedures:* Procedures demonstrated effectively to target group; use of repetition of procedure as appropriate; practice of procedure by members of target group observed and any errors in execution of procedure corrected sympathetically.

## **Assessment**

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Course work
- Written examination
- Portfolio of Evidence
- Professional Discussion

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.

## Unit 12 Understand the role of the oral health practitioner

**Total Unit Time:** 20 hours

**Guided Learning:** 5 hours

**Unit Level:** 4

**Unit Reference Number:** F/618/5387

### Summary of Learning Outcomes:

#### To achieve this unit a learner must:

- 1. Know how to care for the individual:** *by being able to meet the following assessment criteria:*
  - 1.1 Explain the importance of putting patient's interests first
  - 1.2 Explain how to treat people with dignity
  - 1.3 Use a range of personal oral health tools
  - 1.4 Apply legislation, policies and local ways of working related to their role
  - 1.5 Describe human anatomical features relevant to their role and how these features apply to patient management
  
- 2. Understand the oral practitioner's role in clinical practice:** *by being able to meet the following assessment criteria:*
  - 2.1 State the range of normal human structures and functions related to oral health
  - 2.2 Describe preventative oral and general health procedures
  - 2.3 Explain the importance of maintaining a clinical environment
  - 2.4 State the normal parameters for blood pressure and blood sugar levels and how these are measured.
  
- 3. Carry out procedures relevant to the oral practitioner's role in clinical practice:** *by being able to meet the following assessment criteria:*
  - 3.1 Plan practice sessions in the community
  - 3.2 Prepare a clinical environment appropriate for oral health treatments
  - 3.3 Maintain a clinical environment appropriate for oral health treatments
  - 3.4 Demonstrate a range of techniques and procedures used in clinical practice to the standard required of an oral health practitioner.
  
- 4. Understand the role of oral health practitioners in the community:** *by being able to meet the following assessment criteria:*
  - 4.1 Explain the basic principles of population health
  - 4.2 Explain the concept of determinants of health
  - 4.3 Determine the needs of different patient groups
  - 4.4 Explain current theories in behaviour change and motivational interviewing
  - 4.5 Explain the need for effective communication with individuals and how to achieve this.

- 5. Carry out personal development activities:** *by being able to meet the following assessment criteria:*
- 5.1 Agree continuing professional development activities and targets with line manager
  - 5.2 Obtain feedback from clients, managers and colleagues about own performance
  - 5.3 Document skills, knowledge and understanding developed as a result of reflective practice and activities for continuing professional development
  - 5.4 Evaluate own performance against agreed targets

## Indicative content:

### 1. Know how to care for the individual

- 1.1 *Patient's interests:* Importance of putting the patient's interests first; caring approach to patient's interest; how to determine the patient's interests and prioritise these.
- 1.2 *Treat people with dignity:* What is meant by dignity; importance of respecting a patient's choices, gaining consent for treatments to be performed and respecting their confidentiality.
- 1.3 *Personal oral health tools:* Purpose of a range of personal oral health tools described and used appropriately such as manual and powered toothbrushes, interdental brushes, tooth floss and disclosing tablets.
- 1.4 *Legislation, policies and local ways of working:* How legislation, policies and local ways of working relevant to the role of the oral health practitioner should be applied; meaning and importance of person centred care, valid consent, duty of care, safeguarding, diversity, equality and inclusion; legislation relating to prescription-only medicine; GDC guidelines for handling complaints.
- 1.6 *Human anatomical features:* Human anatomical features that are relevant to the role of the oral health practitioner; importance of these features in patient management.

### 2. Understand the oral practitioner's role in clinical practice

- 2.1 *Range of normal human structures and functions related to oral health:* The range of normal human structures and functions, with particular relevance to dental caries, oral medicine, periodontal disease and dental treatment; relationship of these to work in the mouth.
- 2.2 *Preventative oral and general health procedures:* Range of preventative oral and general health procedures such as topical fluoride application, diet and exercise regimes, action to reduce tobacco and alcohol intake that are important to the role of the oral health practitioner; how these procedures and techniques should be selected according to the patient's needs.
- 2.3 *Maintain a clinical environment:* Importance of the clinical environment in controlling and preventing infection; what constitutes a clinical environment; requirements of X-rays, photographs and records.
- 2.4 *Normal parameters for blood pressure and blood sugar levels:* Normal parameters associated with blood pressure and blood sugar levels; procedures for carrying out physiological measurements; steps to take if results for these parameters are outside normal values.



3. **Carry out procedures relevant to the oral practitioner's role in clinical practice**
  - 3.1 *Plan practice sessions:* Planning of practice sessions to include allocation and booking of suitable venues, requirements for equipment and support staff.
  - 3.2 *Prepare a clinical environment:* Clinical equipment and records prepared; environment appropriate for infection control and prevention.
  - 3.3 *Maintain a clinical environment:* Clinical environment maintained throughout use to ensure infection control and prevention; clinical waste disposed of appropriately; correct use of PPE; management of emergencies.
  - 3.4 *Techniques and procedures used in clinical practice:* Techniques such as preparation, mixing and handling of biomaterials; measurements of dental bacterial plaque indices and food debris scores from the mouths of patients; application of topical fluoride; photography; techniques for general health screening such as measurement of blood pressure, diabetes checks and taking of blood by finger-pricks.
  
4. **Understand the role of oral health practitioners in the community**
  - 4.1 *Population health:* Principles of population health such as demographic, social, UK and international oral health trends; common risk factors; links between diet, nutrition and hydration with systemic and oral health.
  - 4.2 *Determinants of health:* Determinants of health inequalities and their measurements.
  - 4.3 *Needs of different patient groups:* Different patient groups such as those who are nervous, those with learning disabilities, mental health conditions or phobias, those requiring palliative or end-of-life care; requirements of these groups and strategies for meeting them.
  - 4.4 *Current theories in behaviour change and motivational interviewing:* Behaviour change theories that enable individuals and groups to change their behaviour; methods for supporting behaviour change for individuals and groups; theories and concepts of motivational interviewing.
  - 4.5 *Need for effective communication with individuals:* Methods for communicating with individuals across the age range; determining understanding of message; barriers to communication and methods for overcoming these.
  
5. **Carry out personal development activities**
  - 5.1 *Continuing professional development activities and targets:* Requirement for continuing professional development (cpd) agreed with line manager; appropriate development opportunities identified; permission for attendance at cpd activities obtained from line manager; targets for review period agreed with line manager.

- 5.2 *Feedback from clients, managers and colleagues*: Formal and informal feedback obtained from clients, managers and colleagues concerning performance.
- 5.3 *Skills, knowledge and understanding developed*: Skills, knowledge and understanding developed as a result of cpd activities and reflective practice documented; effectiveness of cpd activities in personal development assessed.
- 5.4 *Evaluate own performance*: Own strengths and weaknesses identified with reference to line manager targets, cpd activities and feedback; areas for improvement identified and used to inform performance review with line manager; action plan for personal development produced.

## **Assessment**

This unit will be assessed by centre devised assessments.

One or more of the following assessment methods may be used:

- Multiple choice examination
- Observation in the workplace
- Professional Discussion

An appropriate apprenticeship end-point assessment can be used to assess learners for this unit.

Centre-assessed learner work will be subject to moderation by RSPH Qualifications. In order to obtain a Pass for the unit, learners must be able to demonstrate that they have achieved each of the learning outcomes.

## Centre Guidance

### Exemptions

Learners who have achieved the following qualifications are exempt from Unit 1 Principles of Health Improvement:

- RSPH Level 2 Award in Understanding Health Improvement (Ofqual No. 600/0592/0) from January 2014 to March 2017
- RSPH Level 2 Award in Understanding Health Improvement (Ofqual No. 603/0655/5)

Learners who have achieved the following qualifications are exempt from Unit 2 Supporting behaviour change:

- RSPH Level 2 Award in understanding behaviour change (health and wellbeing) (Ofqual No. 600/6614/3)
- RSPH Level 2 Award in supporting behaviour change (Ofqual No. 603/3149/5).

Learners who have achieved the following qualification are exempt from Unit 3 Understand how to deliver an NHS Health Check.

- RSPH Level 2 Award in Understanding the delivery of an NHS Health Check (Ofqual No. 601/5893/1)

Evidence of prior certification must be provided by the centre when submitting the learner's assessment evidence and can take the form of a copy of the certificate. In order to be eligible for an exemption for these units, the requisite qualification must have been achieved within **THREE** years of registering for the Level 4 Diploma.

### Progression

Learners who achieve this qualification can progress to employment as oral health practitioners or to qualifications leading to employment as a Dental Therapist or Dental Hygienist.

### Entry Requirements

In order to register for this qualification learners must already be a dental nurse or other appropriate registered dental care professional with the General Dental Council.

### Special Assessment Needs

Centres that have learners with special assessment needs should consult The Society's *Reasonable adjustments and special considerations* policy; this is available from The Society and The Society's web site ([www.rsph.org.uk](http://www.rsph.org.uk)).

## **How to apply to offer this qualification**

To become an approved centre to offer this qualification, please complete the 'Centre Application Form' which can be found on our website. If you are already an approved centre, please complete the 'Add an additional qualification form' that can be downloaded from the Centre area on the website [www.rsph.org.uk](http://www.rsph.org.uk). Please ensure that you include details of your quality assurance procedures, including internal verification of centre-assessed work. You will need to attach a CV to this application. As this qualification is predominantly centre assessed, RSPH will need to approve the assessments that the centre will be using for each of the units, so these will need to be provided with the application.

Please contact the Qualifications Department at: [centreapproval@rsph.org.uk](mailto:centreapproval@rsph.org.uk) if you need any assistance.

## **Submission of completed learner assessment**

Centres should follow the RSPH procedures for submitting internally assessed work for moderation. These can be found under **Resources** in the Centre Area of the Qualifications section of the RSPH website ([www.rsph.org.uk](http://www.rsph.org.uk)).

Centres should ensure that the evidence submitted covers all of the learning outcomes and assessment criteria for each of the units in the qualification and that the evidence is suitable and sufficient to enable the moderator to judge whether or not the units have been achieved.

Assessment procedure documents and learner assessment summary forms for use with the centre-assessed units of this qualification are available in the Centre Area of the Qualifications section of the RSPH web-site ([www.rsph.org.uk](http://www.rsph.org.uk)).

Evidence of internal quality assurance must be recorded, retained and made available to RSPH for the purposes of moderation.

## **Registration of Learners**

Learner registration forms can be downloaded from the Centre Area of the Qualifications section of the RSPH web-site ([www.rsph.org.uk](http://www.rsph.org.uk)).

## **Recommended Qualifications and Experience of Tutors**

The Society would expect that tutors have teaching experience and a qualification in a relevant subject area, as well as sufficient experience in the profession.

Centres must be registered with RSPH.

## **Other Information**

All RSPH specifications are subject to review. Any changes to the assessment or learning outcomes will be notified to Centres in advance of their introduction. To check the currency of this version of the specification, please contact the Qualifications Department or consult the RSPH website.

## **Contact Details**

Any enquiries about this qualification should be made to:

The Qualifications Department,  
Royal Society for Public Health,  
John Snow House,  
59 Mansell Street  
London E1 8AN

Tel. 020 7265 7300  
Fax. 020 7265 7301  
E.mail [rsph@rsph.org.uk](mailto:rsph@rsph.org.uk)  
[www.rsph.org.uk](http://www.rsph.org.uk)