

# Competence Description for Registered Dental Hygienist

This document is a direct translation of the Swedish National Board of Health and Welfare's competence description concerning registered dental hygienists commissioned by the Swedish Federation of Dental Hygienists STHF, september 2008

The National Board of Health and Welfare classifies its publications in different document types. This is a Competence description. It contains recommendations referring to professional skills, competence, experience and attitude for the regulated health and medical care professions. The National Board of Health and Welfare is responsible for the content and recommendations.

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# Preface

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Since 1995, the National Board of Health and Welfare has published competence descriptions for nurses and midwives, physiotherapists, occupational therapists and clinical physicists. The first one has been partly revised via the publication of “Competence Description, Registered Nurse” in 2005. The intention of the National Board of Health and Welfare is to publish competence descriptions even for the most regulated occupational groups.

The competence descriptions are based on a consensus on national level and express the recommendations of the National Board of Health and Welfare as far as professional skills, competence, attitude and experience are concerned. The Competence description can form one of several foundations during an inspection.

This Competence description for registered dental hygienists has been prepared by a work group consisting of six persons. Maria Forsgren from the Board’s Health and Medical Care Department was the project manager. From the Board, Johan Friskopp and Urban Allard also participated in the group. The other members of the group were Kajsa Henning Abrahamsson, registered dental hygienist, assistant professor at the Institute of Dental Medicine at the University of Gothenburg; Ingela Jägestrand, registered dental hygienist, practitioner, Märit Lindqvist Mörk, registered dental hygienist, Public Dental Health in Ljusdal, as well as Agneta Wallén, registered dental hygienist, Public Dental Health in Southern Bohuslän.

To provide support to the work group, there was a management group consisting of the following persons from the National Board of Health and Welfare: Agneta Ekman, Nils Bäckman and Susanne Gullack Flyrén.

A reference group has provided feedback on the work. The following representatives were included: Brita Bergseth, Högskoleverket; Anitha Wijkström, the Swedish Dental Hygienists Association; Kerstin Öhrn, Dalarna University; Håkan Vestergren, Swedish Association of Local Authorities and Regions; Roland Svensson, the Swedish Dental Association; Anders Wikander, the Swedish Association of Private Dentists; Birgitta Jälevik, the Swedish Association of Public Dental Officers and Raimo Pälvärinne, The Swedish National Association of Community Dental Care;

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# Definitions

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The competence description is one of the document types created by the National Board of Health and Welfare. A competence description contains recommendations referring to professional skills, competence, experience and attitude for the regulated health and medical care professions. The terms used in this document are defined below.

## **Professional skills**

“Professional skills include three types of skills; skills concerning direct exercising of a profession (technical part of the work); skills related to the technical, financial, organisational and social principles, traditions and conventions on which the work is based (professional theoretical part); and related skills, including skills that make it possible to interpret and understand the context in which the work is done as well as communication skills (educational part). These three parts form the fundamental prerequisite for vocational training.” (Nilsson, 2000).

## **Competence**

“The ability and the will to perform a task by applying knowledge and skills. Note: ... the following meaning has been added to the word skill = experience, understanding and judgement to put knowledge and skills into practice; will = attitude, commitment, courage and responsibility; knowledge = facts and methods – to know; skills = to be able to perform the task in practice - to do.” (SIS, 2002).

## **Attitude**

In this document, attitude refers to the underlying approach or sense that constitutes the spirit of one’s reaction to a situation or a task.

## **Patient**

In this document, the term patient is used regardless of the form of care.

## **Oral Health**

“Oral health is part of the general health that contributes to physical, psychological and social welfare with satisfactory oral functions related to the individual’s prerequisites, as well as absence of oral diseases” (page 140, Hugoson, Koch, Johansson, 2003).

## **Oral Health Sciences**

There is no common definition of oral health science as a fundamental and research subject. Oral health science is multi-disciplinary. It forms one whole with the knowledge obtained from natural sciences, mostly odontology and medicine, as well as social and behavioural sciences.





# Background

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The registered dental hygiene work is regulated among other things by Act (1998:531) and Ordinance (1998:1513) relating to professional health and medical care activities, the Patient Records Act (1985:562), the regulations and general instructions of the National Board of Health and Welfare (SOSFS 1993:20) concerning the Patient Records Act, the Medicines Act (1992:859), Act (1993:584) and Ordinance (1993:876) relating to medical technical products, the Radiation Protection Act (1988:220), the Secrecy Act (1980:100) and the Patient Rights Act (1996:799). Even the Dental Care Act (1985:125) is an important act that regulates employer's responsibility.

The work of the dental hygienist, regardless of field of operation and form of care, shall be characterised by an ethical attitude based on science and well-trying experience, and shall be performed following current legal provisions (laws, ordinances, rules and regulations). Exercising the dental hygienist profession includes both prevention and medical care measures that are limited by current laws.

The Swedish Dental Hygienists Association created its Ethical Council and its first Ethical rules in 1993. The latest revision of the rules took place in May 2005. There is even a moral code prepared by the International Federation of Dental Hygienists.

The fast progress of knowledge in dental care places requirements relating to information and communication technology skills. The requirements for improved quality and cost-efficiency are growing. The ability to search and apply evidence-based knowledge is therefore important for the practicing dental hygienist.

# Purpose

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The National Board of Health and Welfare would like this competence description to clarify the role and the professional competence of the dental hygienist and thereby contribute to providing good and safe care for the patient.

Registration as a dental hygienist shall be obtained upon filing an application after completing university studies of 80 credits and passing the dental hygienist examination. More colleges/universities offer the possibility to complete a unified three-year dental hygienist education (120 credits) that even entitles you to take a Bachelor degree. Within these studies, it should be possible to use this competence description in syllabus preparation.

The National Board of Health and Welfare supports and supervises dental care and dental care staff. The competence description shows what is covered by the dental hygienist's profession. At the same time, it is not a legally binding document, but can serve as a basis for the supervision operations of the National Board of Health and Welfare.

The dental hygienist's occupational field includes oral health care for children, youths and adults. The profession requires ability to cooperate with other staff working in dental care, health and medical care, as well as old-age care. Furthermore, ability to work independently, scientific attitude and knowledge about other cultures are also necessary. The competence description of the National Board of Health and Welfare has a comprehensive perspective without a detailed description of work assignments.

The areas within which a dental hygienist and a dentist work sometimes coincide. Their competences are different but they complement each other. The formal limitations within each profession are evident from the content of the current basic training and vocational examinations.

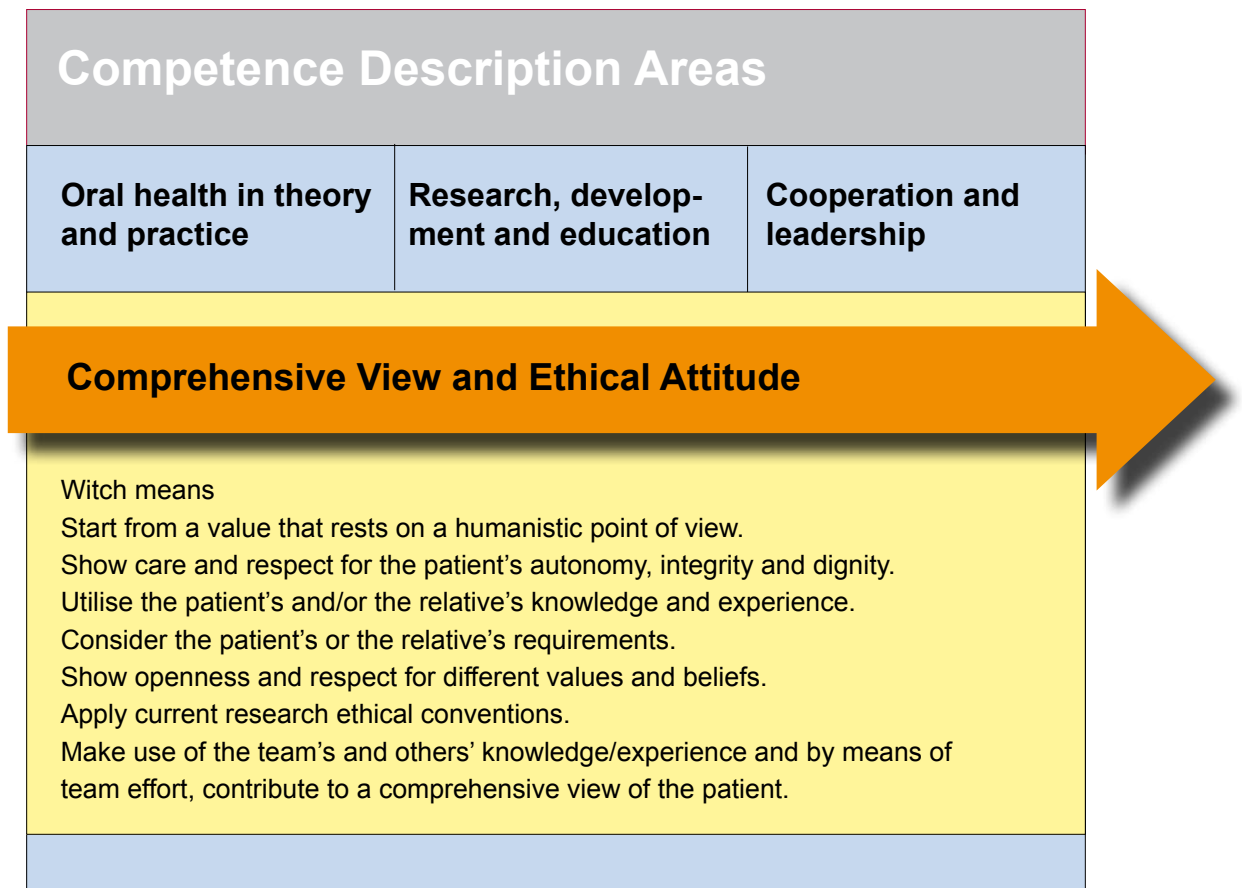
The competence description has been prepared for registered dental hygienists and therefore applies for dental hygienists of varying experience in the profession. A dental hygienist who has just completed his/her degree and who has just been employed has quite a big need for a good introduction. The dental hygienist needs the opportunity to practice his/her professional skills before getting involved into more demanding assignments.

# Competence Description Overview

The National Board of Health and Welfare has chosen to prepare this document as a model containing three areas that are of significance for the dental hygienist, and namely:

- Oral health in theory and practice
- Research, development and education
- Cooperation and leadership

Comprehensive view and ethical attitude shall permeate all competence areas (figure 1).



**Figure 1.** The competence description discusses three main areas that are important to the dental hygienist regardless the activity and form of care: Oral health in theory and practice; Research, development and education as well as Cooperation and leadership. These areas are described in more detailed in several competence areas which have been broken down to different sub-competences. The figure shows how the overall view and ethical attitude shall permeate the work of the dental hygienist.

# Oral health in theory and practice

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<b>Competence Area</b>	<b>Sub-competences</b>
<b>Oral Health Science</b>	<p>To be able to</p> <ul style="list-style-type: none"><li>• utilise the patient's healthy parts</li><li>• independently observe, assess and diagnose caries and periodontitis</li><li>• independently plan and perform oral health care work</li><li>• evaluate and follow up the result of oral health work</li><li>• note and to assess the oral health of individuals in all age groups as well as to evaluate when there is a need to transfer or to refer to dentists or other personnel</li><li>• meet the patient's oral health needs considering both the physical, psychological, social and cultural needs and prerequisites</li><li>• manage and prescribe medications in a safe way</li><li>• observe, evaluate, prioritise and, if necessary, take care of changes in the patient's oral health condition</li><li>• attend to and, as much as possible, alleviate the patient's discomfort and pain as well as to show empathy</li><li>• keep a journal in accordance with the applicable regulations</li></ul>

<b>Competence Area</b>	<b>Sub-competences</b>
<b>Promoting health and preventing sickness</b>	<p>To have the ability</p> <ul style="list-style-type: none"> <li>• to promote oral health for individuals and groups</li> <li>• within the framework of his/her competence, to identify and actively prevent health risks and, if necessary, motivate lifestyle changes</li> <li>• to identify and determine the patient's possibilities and ability for self-care</li> <li>• to inform and support patients and relatives, individually or in groups, with the purpose of promoting health and preventing ill-health</li> <li>• to counteract oral complications in case of an illness, care and preventive treatment</li> <li>• to prevent care-related infections, contagions and spread of contagions</li> </ul>
<b>Treatment and information</b>	<p>To have the ability to</p> <ul style="list-style-type: none"> <li>• show concern, sensitivity and respect when communicating with patients, relatives and personnel</li> <li>• provide patients and/or relatives with support and guidance in order to encourage participation and self-responsibility</li> <li>• make sure that the patient and/or relatives understand the given information identify patients who cannot express their need for information alone or who have special explicit information needs</li> </ul>

<b>Competence Area</b>	<b>Sub-competences</b>
<b>Examinations and treatments</b>	<p>To have the ability</p> <ul style="list-style-type: none"> <li>• to give the patient preventive care and treatment based on a comprehensive view</li> <li>• to independently perform and take part in examinations and treatments and in consultation with a dentist, to perform his/her prescriptions</li> <li>• to question unclear instructions and prescriptions</li> <li>• to identify and assess the need for oral health care work</li> <li>• by regular information to meet the patient's needs regarding safety and comfort during examinations and treatments</li> <li>• together with the patient to create prerequisites for treatment and self-care</li> <li>• to identify, record and report deviations to assess and follow up the performed examinations and treatments</li> <li>• to handle medicine technical products in accordance with current regulations and safety routines</li> <li>• to work based on hygienic principles and routines</li> </ul>

<b>Competence Area</b>	<b>Sub-competences</b>
<b>Safety and quality</b>	<p>To have the ability</p> <ul style="list-style-type: none"> <li>• to follow up current laws, routines and guidelines</li> <li>• to handle sensitive information properly and with care</li> <li>• to use information and communication technology to support his/her work</li> <li>• to follow up established deviation management routines</li> <li>• to act adequately in the event of co-worker's unprofessional practice</li> <li>• to contribute to systematic quality work and regular improvements</li> <li>• to handle situations where violence threats or damage risks are present</li> <li>• if necessary to take life-sustaining measures (cardiopulmonary resuscitation, CPR)</li> </ul>
<b>Care environment</b>	<p>To have the ability to</p> <ul style="list-style-type: none"> <li>• reflect on, to motivate and to contribute to the development of a good care environment</li> <li>• contribute to the working environment tasks</li> <li>• draw the attention to and actively prevent work-related risks</li> <li>• exhibit personal integrity</li> <li>• respect that people are equal</li> </ul>

# Research, Development and Education

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<b>Competence Area</b>	<b>Sub-competences</b>
<b>Research and development</b>	To have the ability to <ul style="list-style-type: none"> <li>• search, analyse and critically examine relevant literature and information</li> <li>• contribute to or perform development work</li> <li>• contribute to/inspire the application of new knowledge</li> <li>• contribute to research</li> <li>• critically reflect on existing routines and if necessary to assist in changing them</li> <li>• to contribute to guiding students</li> </ul>
<b>Personal and professional development</b>	To have the ability to <ul style="list-style-type: none"> <li>• analyse strengths and weaknesses concerning his/her own competence</li> <li>• regularly develop his/her own competence</li> </ul>
<b>Education</b>	To have the ability to <ul style="list-style-type: none"> <li>• guide and train co-workers</li> <li>• contribute to competence development of other personnel within care</li> <li>• guide students and to assess their clinical work</li> <li>• pay attention and to be sensitive to the prerequisites of other professional groups regarding their participation in preventive oral health care</li> </ul>



# Cooperation and Leadership

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<b>Competence Area</b>	<b>Sub-competences</b>
<b>Cooperation in the care chain</b>	To have the ability to <ul style="list-style-type: none"><li>• organise and participate in team work as regards the patient</li><li>• cooperate with other personnel within care through planning, consultation and information sharing</li><li>• achieve continuity, quality and efficiency via information and cooperation</li></ul>
<b>Leadership, planning and organisation</b>	To have the ability to <ul style="list-style-type: none"><li>• utilise co-workers', patients' and relatives' viewpoints and proposals so as to develop and improve the care service</li><li>• perform oral health care in a quality-assured and cost-effective way</li><li>• deliver oral health care based on science and well-tried experience</li><li>• facilitate research and development work</li><li>• contribute to planning and follow-up activities</li></ul>



# References

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Ordinance (1998:1513) relating to professional activity in the field of health and medical care

Consensual conference Oral Health A Hugoson, G Koch, S Johansson (ed.). Stockholm, Förlagshuset Gothia, 2003

Law (1998:531) relating to professional activity in the field of health and medical care

The rules and regulations of the Medical Products Agency (LVFS 1997:10) relating to the provision and delivery of medicines etc. (prescription regulations)

Nilsson L. Cooperation between the school and the working life: Regarding the possibilities to learn while working, appendix 1 (in Ds 2000:62). Stockholm, Ministry of Education and Science, 2000

The Patient Records Act (1985:562)

The regulations and general guidelines of the National Board of Health and Welfare (SOSFS 1996:18) concerning the patient treatment documentation within dental care etc.

The regulations and general guidelines of the National Board of Health and Welfare (SOSFS 2005:12) regarding quality and patient safety management systems in health and medical care

The regulations and general guidelines of the National Board of Health and Welfare (SOSFS 2000:1) regarding medicine management in health and medical care

The regulations and general guidelines of the National Board of Health and Welfare (SOSFS 1993:20) regarding the Patient Records Act

The general guidelines of the National Board of Health and Welfare (SOSFS 1998:8) regarding quality systems within old-age care and care for people with disabilities

Swedish Institute of Standards (SIS) SS 62 40 70 Competence Supply Management

Systems – Requirements. Stockholm, Swedish Institute of Standards, 2002  
The Dental Care Act (1985:125)

Other documents that are of importance for the competence description  
Higher education in development – the Bologna process in Swedish context. Stockholm, the Ministry of Education and Science, 2004. (Ds 2004:2)  
The Higher Education Act (1992:1434)

The Higher Education Ordinance (1993:100)

The rules and regulations of the National Board of Health and Welfare (SOSFS 2002:12) regarding dental care delegation

The general guidelines of the National Board of Health and Welfare (SOSFS 1991:4) regarding the use of fluorides for odontological purposes

The Radiation Protection Act (1988:220)