

SECTION A:	QUALIFICATION DETAILS														
QUALIFICATION (S)	N DEVELOPER Boitekanelo College														
TITLE	Bachelor of Science in Oral Hygiene NCQF LEVEL						7								
STRANDS (where applicable)	1. 2.N/A 3. 4.														
FIELD		alth and cial Services SUB-FIELD Health Science CREDIT VALUE					480								
New Qualification	ualification ✓ Legacy Qualification														
SUB-FRAMEWO)RK	Ger	neral l	Edu	catio	n		TVET			ŀ	ligher Ed	duca	tion	✓
QUALIFICATI ON TYPE	Certifi	cate	1		<i>II</i>		III	IV	١	/	L)iploma		Bach elor	√
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				М	laster	rs					Dod	torate/ F	PhD		

RATIONALE AND PURPOSE OF THE QUALIFICATION

The prevention of oral illnesses is greatly aided by good oral hygiene. By investing in a degree program in oral hygiene, Botswana may highlight the value of preventative care and oral health education. In the end, this strategy would lessen the burden of oral illnesses, boost general health outcomes, and cut healthcare expenses. A dental hygiene degree program would give local students the chance to continue their studies and get specialised knowledge in dental care. By producing its own pool of competent oral hygienists through this initiative, Botswana would be less dependent on outside experts and could focus more on developing its own workforce. In the promotion and training of community health, oral hygienists are essential. The release of the Lancet issue on oral health in July 2019 built up some momentum and put oral conditions and dental services in the limelight. The WHO Global Oral Health Status Report (2022) estimated that oral diseases affect close to 3.5 billion people worldwide, with 3 out of 4 people affected living in middle-income countries. Globally, an



estimated 2 billion people suffer from caries of permanent teeth and 514 million children suffer from caries of primary teeth. There is a need to recognize the importance of the social and commercial determinants of health that act globally to generate oral health inequalities. Other critical areas of work relate to SDG 6 (clean water and sanitation), as water fluoridation is the most cost-effective population approach to address the burden of dental caries and its unequal distribution, which addresses SDG 10 (reduced inequalities; UN General Assembly 2015.

According to WHO report (2022) the oral health profile for Botswana stated as prevalence of untreated caries of deciduous teeth in children 1-9 years is 37.6%, prevalence of untreated caries of permanent teeth in people 5+ years is 32.7% and the prevalence of edentulism in people 20+ years is 37.5%. The extent to which oral health interventions are included in the largest government health financing scheme. The term "largest" is defined as having the highest total population eligible to receive services, while the term "government" is defined as including any public sector scheme for health service provision, including coverage for groups such as the general population, public sector employees and/or the military. (WHO Oral health profile, Botswana 2022).

Botswana may face a shortage of oral healthcare professionals, including oral hygienists, dentists, and dental therapists. This shortage can limit the availability of oral healthcare services and preventive interventions (HRDC -Priority Sills Report 2022). Integrating oral health services into the primary healthcare system can improve access to oral healthcare. Collaborative efforts between oral healthcare professionals and primary care providers can help in promoting oral hygiene, early detection of oral diseases, and timely referrals. The oral hygienist focuses on preventive and promotive oral health services across primary, secondary, and tertiary settings. The dental therapist focuses on primary curative oral health services. Oral health promotion services in Botswana are conducted almost exclusively by the oral hygienist. The oral hygienist is thus uniquely placed to provide the required care at primary, secondary and tertiary levels across public and private practice in both rural and urban settings. Given the historical and social context of communities in Botswana across the social and economic spectrum, the oral hygienist is able to provide appropriate oral health care in both disadvantaged communities and in sophisticated, highly technologically advanced clinical settings.

PURPOSE: (itemise exit level outcomes)

The purpose of this qualification is to equip graduates with specialised knowledge, skills and competencies to:



- 1. Assess oral health status, initiate therapeutic interventions and advocate for community oral health.
- 2. Perform dental prophylaxis as per the needs of patients.
- 3. Apply clinical skills, critical thinking, and ethical decision-making to provide high-quality oral healthcare services.
- 4. Participate in outreach programs and collaborate with community organisations to improve the oral health of underserved populations.
- 5. Adapt to new technologies, research findings, and evolving healthcare practices to keep abreast with oral health trends.

MINIMUM ENTRY REQUIREMENTS (including access and inclusion)

- 1. NCQF level 4 or equivalent.
- 2. Applicants who did not meet the minimum entry requirements with NCQF level 4 will be considered for entry through Recognition of Prior Learning, RPL and Credit Accumulation and Transfer, CAT, as per the national and institutional RPL and CAT policies.





SECTION B QUALIFICATI	ON SPECIFICA	ATION			
GRADUATE PROFILE (LEARNING OUTCOMES)		ASSESSMENT CRITERIA			
Apply oral health management principles in a clinical oral health care	1.1.	Assess patients' oral health needs.			
environment to efficiently manage and administer all oral health professional practice components.	1.2.	Conduct dental examinations and diagnose common oral conditions, including periodontal disease and dental caries.			
	1.3.	Provide preventive care to maintain the current oral health status and prevent the onset of oral disease.			
	1.4.	Identify pain and anxiety and apply appropriate behaviour management strategies.			
	1.5.	Select and apply appropriate modalities to manage dental hypersensitivity.			
2. Perform dental hygiene procedures,	2.1.	Assess, plan for, intervene and			
such as teeth cleaning, scaling, and		evaluate all aspects of oral hygiene			
root planning, to prevent and treat oral diseases		practice.			
	2.2.	Conduct a risk assessment of			
DOTO	A / A	individuals / impacting oral health			
R() IS	Λ / Δ	to inform appropriate health			
	V /	promotion strategies. (knowledge,			
Qualification	ns Au	practices, attitudes, environment, etc)			
	2.3.	Apply infection control principles,			
		methods of infection control in			
		dental surgery, optimal infection			
		control practices and instruments			
		used in the dental clinic.			
	2.4.	Implement preventive care for			
		patients with special needs.			
	2.5.	Evaluate removable intra-oral			
		appliances/prostheses and any			



	1	
		associated oral conditions for
		referral as indicated.
	2.6.	Review and identify risks on the
		medical and oral health history that
		may impact on the treatment plan.
3. Actively participate in research to	3.1.	Use a systematic approach in
contribute to the body of evidence of the discipline of oral hygiene.		developing a problem statement,
the discipline of oral hygiene.		hypothesis, literature review,
		methods, budgetary allocation,
		ethical considerations and data
		analysis.
	3.2.	Interpret research findings and
	5.2.	draw appropriate conclusions.
		draw appropriate conclusions.
	3.3.	Communicate research findings
		effectively through written reports
		and oral presentations.
	3.4.	Demonstrate ethical research
D O TO	A / A	practices, including informed
BU JIGI	$\Lambda / / \Lambda$	consent and protection of human
		subjects.
Ouglification	3.5.	Use critical thinking and problem-
Andillicalic	3.5.	solving skills to address challenges
		encountered during the research
		process.
Manage dental practice and ethical	4.1.	Function legally and ethically in the
considerations while providing oral		oral healthcare environment within
health care in both community and		the oral health scope of practice.
clinical settings.	4.2.	Deliver various dental treatment
55G. 56g5.		modalities within the scope of
		practice of an oral hygienist.
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	4.3.	Carry out prescriptions for
		advanced clinical procedures from
		dentists or dental therapists
		following the terms of the scope of
		practice of the oral hygienist.
	4.4.	Use infection control measures
		such as Personal Protective
		Equipment, scientifically tested
		disinfectants, and international
		accepted sterilisation methods to
		reduce risk of infections.
	5.1.	Utilise health promotion and
5. Educate patients on proper oral	3.1.	communication skills when
hygiene practices, including brushing,		interacting with individuals and
flossing, and diet, to promote oral		communities.
health and prevent dental problems.	5.2.	Identify, describe, apply and
	0.2.	critically evaluate oral health
		promotion strategies in a variety of
	A / A	settings to address oral diseases
B() ICI	Λ / Λ	and conditions and promote health-
		related quality of life.
Ouglification	5.3.	Educate patients about various
Andilledile	115 AL	treatment options in different
		speciality areas.
	5.4.	Provide health counselling on the
		cleaning of removable intra-oral
		appliances/prostheses.
Apply the principles of dental	6.1.	Implement radiation safety
radiography and gain proficiency in		measures to protect patients and
taking and interpreting dental X-rays for		dental personnel.
diagnostic purposes.		
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	6.2.	Demonstrate proficiency in
		positioning patients and exposing
		dental radiographs.
	6.3.	Interpret dental radiographic
		images and identify common
		abnormalities.
	6.4.	Communicate effectively with
		patients regarding the purpose and
		process of dental radiography.
7. Adhere to professional standards, and	7.1.	Analyse and apply ethical
uphold values, ethics, and behaviour in		frameworks to healthcare dilemmas
the oral dental setting.		and situations in dental care
\		practices.
	7.2.	Evaluate legal regulations and
		standards applicable to healthcare
		practices.
	7.3.	Recognise and address ethical
		issues in oral health care related to
DOTO	A / A	patient rights and autonomy.
R()IS	7.4.	Analyse the ethical and legal
		implications of resource allocation in
Ouglification	ne Au	oral care.
& addillicalio	7.5.	Identify and analyse professional
		responsibilities and ethical
		obligations of oral health care
		providers.
		•
8. Collaborate with other dental	8.1.	Design and evaluate community
professionals, such as dentists and		oral health programs.
dental assistants, to provide	8.2.	Analyse the impact of oral health
comprehensive oral healthcare to		policies on population health
patients in the community and clinical		outcomes.
settings.		



8.3.	Collaborate effectively with other
	healthcare professionals to address
	oral health disparities.
8.4.	Lead teams in oral health initiatives
	in both community and clinical
	settings.
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SECTION C	QUALIFICATION STRUCTURE						
	TITLE	Credits Per	Total Credits				
COMPONENT	TITLE	Level [5]	Level [6]	Level [7]			
FUNDAMENTAL COMPONENT	Basic Computer Application	10			10		
Subjects/ Courses/ Modules/Units	Communication and Study Skills	10			10		
	Anatomy and physiology I	10			10		
	Dental Anat <mark>o</mark> my and Oral Physiology	12			12		
	Basic Nutrition	10			10		
	Sociology		12		12		
	Health Ethics and Law	10			10		
	Biostatistics	Λ / I	12	Λ	12		
	Becoming a Health Professional	10	NI V	rit /	10		
CORE COMPONENT	Dental Hygiene I & II	12	14	ппу	26		
Subjects/Courses/ Modules/Units	Oral Health education and Promotion		14		14		
	Oral Pathology			12	12		
	Dental Pharmacology		14		14		
	Periodontology			14	14		
	Dental Materials and Instruments			12	12		



Oral Health prevention and hygiene techniques			16	16
Dental Radiography I & II		10	14	24
Community Oral Health I & II		12	14	26
Infection Control and Safety		10		10
Clinical Oral Hygiene I, II & III	12	12	16	40
Entreprene <mark>ur</mark> ship			10	10
Oral Radiology and Imaging			14	14
Research	12	14	30	56
Educational		14		14
Techniques		17		11
	Λ//	<u> </u>	16	16
Techniques Integrated Clinical	M// ons A	14	16	
Integrated Clinical Practice Dental Hygiene Practice	A// VV/ ons/		16	16
Techniques Integrated Clinical Practice Dental Hygiene Practice Management Advanced	A// VV/ ons/		rity	16
Integrated Clinical Practice Dental Hygiene Practice Management Advanced Periodontics	A// ons/		14	16 14 14
Integrated Clinical Practice Dental Hygiene Practice Management Advanced Periodontics	A/Z vv/ ons/		14	16 14 14
Integrated Clinical Practice Dental Hygiene Practice Management Advanced Periodontics	A// ons/		14	16 14 14
Integrated Clinical Practice Dental Hygiene Practice Management Advanced Periodontics	A// ons/		14	16 14 14



STRANDS/ SPECIALIZATION		Credits Per	Total Credits		
SPECIALIZATION	Subjects/ Courses/ Modules/Units	Level[]	Level[]	Level[]	
1.					
2.					
	Ω	$\Lambda I I$		Λ	
		VV			
	<u>Jalificati</u>	ons A	lutho	ritv	
Electives	Epidemiology		8	/	8
	Risk Management		8		8
	Health Promotion and education		8		8
	First Aid	8			8



SUMMARY OF CREDIT DISTRIBUTION FOR EACH COMPONENT PER NCQF LE	VEL

TOTAL CREDITS PER NCQF LEVEL

NCQF Level	Credit Value
Level 5	108
Level 5	100
Level 6	160
Level 7	212
TOTAL CREDITS	480

Rules of Combination:

(Please Indicate combinations for the different constituent components of the qualification)

Fundamentals modules: 96 credits

Core Modules: 376 credits

Electives (Choose any 1): 8 credits





ASSESSMENT ARRANGEMENTS

The qualification will be assessed through formative assessment with a weight of 50%, and summative, weighing 50%.

All assessors for the qualification shall be registered with the Botswana Qualifications Authority or any equivalent and recognised body.

MODERATION ARRANGEMENTS

The following shall apply for both internal and external moderation.

Internal moderation requirements and external moderation shall be carried out in accordance with ETP moderation policy and BQA requirements.

All assessors and moderators must be registered and accredited with BQA

RECOGNITION OF PRIOR LEARNING

There shall be a provision for the award of credits towards the qualification through Recognition of Prior Learning, RPL in accordance with ETP and national policies on RPL.

CREDIT ACCUMULATION AND TRANSFER

There shall be a provision for the Credit Accumulation and Transfer, CAT in accordance with ETP and national policies on CAT.

PROGRESSION PATHWAYS (LEARNING AND EMPLOYMENT)

Learning Pathways

Horizontal Articulation (related qualifications of similar level that graduates may consider)

- Bachelor of Science in Dental Therapy
- Bachelor of Science in Speech and Language Therapy
- Bachelor of Science in Radiology
- Bachelor of Science in Audiology

Vertical Articulation (qualifications to which the holder may progress to)

Master of Science in Oral Hygiene



Master of Science in Dentistry

Employment

- Dental Office Manager
- Dental Insurance Officer
- Clinical Or didactic Instructor
- Dental Hygiene program coordinator
- Researcher
- Dental Supplies Sales Manager

QUALIFICATION AWARD AND CERTIFICATION

Minimum standards of achievement for the award of the qualification:

For a candidate to be awarded a Bachelor of Science in Oral Hygiene, they must have acquired a minimum of 480 credits. The candidate should pass all the core and fundamental modules in the learning.

Candidates awarded the qualification will be issued a certificate and transcript.

SUMMARY OF REGIONAL AND INTERNATIONAL COMPARABILITY

The Bachelor of Science in Oral Hygiene qualification has been compared with the Bachelor of Science in Oral Hygiene offered by the University of Kwazulu-Natal, South Africa. Internationally, it has been compared with the Bachelor of Science in Dental Hygiene offered by the University of Michigan, United States.

Similarities

Bachelor of Oral Hygiene: University of KwaZulu Natal, South Africa

NQF Levels: Both qualifications are pitched at the different countries NQF Level 7.

Main Learner Exit Outcomes: The learning outcomes for the proposed qualification are similar to those of the Bachelor of Oral Hygiene. Similar modules include;

Apply practice management principles in a clinical oral health care environment.



- Demonstrate an ability to efficiently manage and administer all components of a professional practice.
- Understand infection control and apply universal precautions to avoid cross infection and maintain health and safety standards.
- Understand and apply health promotion theory and practice, based on current evidence to prevent diseases.
- Promote health and oral health at a public health and individual patient care level, through the development of integrated oral health promotion programmes and interventions.
- Select and implement health education strategies at individual and community/group level, through the development of appropriate information, communication and educational initiatives on oral health care. The assessment criteria for the proposed qualification is also similar to the qualification offered by KZN.

Differences

Titles: The title of the proposed qualification is Bachelor of Science in Oral Hygiene, whilst that of the qualification benchmarked with is Bachelor of Oral Hygiene. Even though the titles are different, the main learner exit outcomes and content covered are similar.

Duration: The duration for the proposed qualification is 4 years while the one offered by KwaZulu Natal covers a duration of 3 years only.

Credits: The proposed qualification has a credit value of 480, while the Bachelor of Oral Hygiene has a credit value of 384.

Modules: The qualification offered by KwaZulu-Natal has foundational modules, which are Oral Biology, General Basic Physiology, Basic Isi Zulu, Introduction to Anatomy, Community Studies, Health and Illness Behaviour and academic Skills and Clinical Practice which is different from the proposed qualification as the proposed qualification have basic computer application, communication and study skills, anatomy and physiology I, dental anatomy and oral physiology, basic Nutrition, sociology, first aid, health ethics and law, biostatistics and becoming a Health Professional.

One of the notable differences is that the proposed qualification has a research module which is worth 56 credits, while the Bachelor of Oral Hygiene qualification has no research module.

Assessment Weightings- Even though the assessment methods for the two qualifications are similar, the weightings are 40:60 against the proposed qualification's 50:50 for formative and summative assessment respectively.



Bachelor of Science in Dental Hygiene, University of Michigan, United States

Title: The title of the proposed qualification is Bachelor of Science in Oral hygiene, as opposed to the Bachelor of Science in Dental Hygiene.

Duration: Both qualifications are offered within a 4-year duration. The four-year duration is common for undergraduate dental hygiene qualification offered by University of Michigan allows a more extensive curriculum, clinical experiences, and research opportunities similar to the proposed qualification.

Main Learner Exit Outcomes: University of qualification shares common core competencies as with the proposed qualification, their main exit outcomes reflect the specific educational objectives, clinical priorities, and professional expectations within their respective healthcare systems and societal contexts. University of Michigan in the United States cover similar foundational, core, and elective courses, the specific domains, modules, and subjects addressed in each qualification reflect the unique educational approaches, clinical priorities, and professional standards within their respective healthcare systems and academic contexts which is also similar to the proposed qualification.

Differences:

Credits: In terms of credit value, the proposed qualification is worth 480 credits, while BSc in Dental Hygiene in the United States is offered in 120 credit hours.

Modules: The difference is some core and elective modules reflect specific requirements, competencies, and regulatory frameworks in terms of the distinct educational contexts, healthcare systems, and professional expectations within Africa and the United States.

Assessment Weightings: The proposed qualification's assessment weightings are 50% formative and 50 % summative assessments, while the BSc in Dental Surgery assessment weightings have been stated as Coursework Assignments: 40%, Clinical Competency Assessments: 35% and Research Projects: 25%.

Summary

The proposed qualification overall compares well with other qualifications which it was benchmarked against. The proposed qualification with the qualifications benchmarked provides a strong foundation in the oral hygiene principles, emphasizing practical skills and theoretical knowledge in the field. The proposed qualification and other benchmarked qualification are equipped with competencies which met the academic requirements, clinical competencies as outlined in the qualification and accreditation standards, proficiency in evidence-based practice,



critical thinking, problem-solving, and decision-making in clinical scenarios and commitment to lifelong learning, continuing education, and professional growth in the field of Oral/ dental hygiene. The similarity of the courses consequently translates to the graduate profile of the qualifications from the above-mentioned institutions being comparable to the proposed qualification. Generally, the qualification compares well with the benchmarked institutions in terms of learning outcomes and modules offered, which facilitates easy articulation for the learners of the same qualifications identified both horizontally and vertically.

REVIEW PERIOD	
The qualification will be reviewed every 5 years.	

For Official Use Only:

CODE (ID)			
REGISTRATION STATUS	BQA DECISION NO.	REGISTRATION START DATE	REGISTRATION END DATE
LAST DATE FOR ENROLMENT		LAST DATE FOR ACHIEVEMENT	
ROTSM		/ANI	
REVISION DATE:	alification	NAME OF PROFESSIONAL BODIES/REGULATORY	\