

Revised Application Documentation: Version 5 /25 May 2015

QUALIFICATION FILE – CONTACT DETAILS OF SUBMITTING BODY

Name and address of submitting body:

Healthcare Sector Skill Council

C/o Confederation of Indian Industry, 23, Institutional Area Lodi Road New Delhi – 110 003

Name and contact details of individual dealing with the submission

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List of documents submitted in support of the Qualifications File (attached in following order)

1. Qualification Pack- Annexure1
2. Occupational Mapping Report-Annexure 2
3. Functional Analysis Report-Annexure 3
4. RFP for development of occupational standards-Annexure 4
5. Validation group and industry consultations- Annexure 5
6. The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6
7. Human Resource & Skills Requirement in Healthcare Sector accessible on below given link:
<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>
8. Quality Assurance Strategy of Assessment in HSSC-Annexure 7
9. Assessment criteria/framework-Annexure 8

QUALIFICATION FILE SUMMARY

| | | | |
|--|--|---|--------------|
| Qualification Title | Dento Oral Hygienist (HSS/ Q 2201) | | |
| Body/bodies which will assess candidates | Healthcare Sector Skill Council Accredited Assessing Bodies | | |
| Body/bodies which will award the certificate for the qualification. | Healthcare Sector Skill Council | | |
| Body which will accredit providers to offer the qualification. | Healthcare Sector Skill Council | | |
| Occupation(s) to which the qualification gives access | <p>Dento Oral Hygienist: in the Healthcare Industry is also known as Dental Hygienist and Dental Health Worker.</p> <p>Brief Job Description: is a dental allied professional who provides preventive oral health, typically focusing on techniques in oral hygiene. Some of the key responsibilities of the Dento Oral Hygienists are to remove plaque and clean and polish teeth using scaling instruments and a rotating polisher. They apply decay preventive agents such as fluorides and sealants, chart medical and dental histories, and take and develop dental x-ray films. They also screen patients, take a medical history, and add information to the patient's chart.</p> | | |
| Proposed level of the qualification in the NSQF. | Level 5 | | |
| Anticipated volume of training/learning required to complete the qualification. | 1000 hrs. | | |
| Entry requirements / recommendations. | Class XII in Science or Level 4 Dental Assistant with 3 years of experience in the field or Level 4 Dental Technician with two years of experience in the field | | |
| Progression from the qualification. | <p>Progression will be possible in both academic as well as professional area as:</p> <p>Level 6- Team Leader/ Supervisor</p> <p>or</p> <p>Level 6: Specialization in advanced dental procedures through bridge course</p> | | |
| Planned arrangements for RPL. | HSSC has developed RPL policy to conduct pre assessment of students for gap analysis as per NOS, sharing the gap & final assessments of students and certification. It is explained in section 1 under Assessment, Point 2 | | |
| International comparability where known | While writing the NOSs the UK NOSs were also referred to and an effort was taken to maintain comparability in the technical part of the NOSs. | | |
| Title of unit or other component (include any identification code used) | Mandatory/ Optional | Estimated size (learning hours) | Level |
| HSS/ N 2201: Promote community oral health | Mandatory | Class Room and Skill Lab Training = 750 hours | 5 |
| HSS/ N 2202: Perform infection control and safety | Mandatory | Clinical/Laboratory Training (OJT) = | 5 |

| | | | |
|--|------------------|------------------|----------|
| procedures | | 250 hours | |
| HSS/ N 2203: Perform risk management/ patient assessment | Mandatory | | 5 |
| HSS/ N 2204: Plan to provide dental hygiene treatment | Mandatory | | 5 |
| HSS/ N 2205: Provide preventive dental hygiene care | Mandatory | | 5 |
| HSS/ N 2206: Assist in providing therapeutic treatment | Mandatory | | 5 |
| HSS/ N 2207: Perform stress/anxiety and pain control procedures | Mandatory | | 5 |
| HSS/ N 2208: Maintain records, inventory and equipment | Mandatory | | 5 |
| HSS/ N 2209: Promote and practice productivity/growth | Mandatory | | 5 |
| HSS/ N 9603: Act within the limits of one's competence and authority | Mandatory | | 5 |
| HSS/ N 9604: Work effectively with others | Mandatory | | 5 |
| HSS/ N 9605: Manage work to meet requirements | Mandatory | | 5 |
| HSS/ N 9611: Monitor and assure quality | Mandatory | | 5 |

Please attach any document giving further detail about the structure of the qualification – eg a Curriculum or Qualification Pack.

Give details of the document here:

Qualification pack is attached as Annexure 1

SECTION 1

ASSESSMENT

Name of assessment body:

If there will be more than one assessment body for this qualification, give details.

Manipal City & Guilds
 IRIS corporate solutions pvt ltd
 Aspiring Mind
 CII

Will the assessment body be responsible for RPL assessment?

Give details of how RPL assessment for the qualification will be carried out and quality assured.

HSSC conducts QP-NOS based direct three-way assessment for each and every candidate applied for recognition of prior learning (vis. Certifying the un-certified but skilled workforce who acquired skills through experience of years). Here, the candidates may undergo short-term training of gaps identified. The assessment is conducted via HSSC certified assessor. The assessment pattern is as follows:

REGISTRATION

The candidates need to submit registration form online along with uploading of scanned copies of some mandatory documents. Based on screening of the form, the candidates would be registered on conforming following eligibility criteria.

PRE-ASSESSMENT: The purpose of Pre-assessment is to shortlist candidates as per prescribed limit, and also to notify gaps NOS wise to each candidate for their own self-training or opting for short-term training module before final assessment. The pre-assessment also informs about the reliability of information provided by candidates that they have experience working in the given job role. The pre-assessment is Online, Objective type, NOS based, with Each NOS compulsory each carrying 100 marks, No negative marking for incorrect answers, Test venue is kept as may be home/cyber café/institution/HSSC assessment center if the system have google chrome (Version 41.0.2272.101) and a web camera. Timed test link which expires after 90 minutes from the time of starting / writing the test is used for the same. Result is presented with no. of questions allotted and answered correctly for each NOS along with marks scored for each NOS out of 100.

PORTFOLIO SCREENING

Each registered candidate has to prepare and submit the portfolio as per formats given by HSSC. The portfolio may be verified by HSSC/nominated assessor during pre-assessment and scoring card is given for each portfolio.

FINAL ASSESSMENT: The candidates conforming to RPL guidelines based on both pre-assessment and portfolio screening are finally selected for final assessment. Final assessment is conducted through HSSC accredited Assessing body as per HSSC defined assessment criteria and NOS used for assessment of fresh entrants as described above. Final Assessment is conducted at the training site or at working place in case number of enrolled candidate from the site is more than 15. If needed, Assessment centers is arranged for assessment of candidates in cluster

Describe the overall assessment strategy and specific arrangements which have been put in place to ensure that assessment is always valid, consistent and fair and show that these are in line with the requirements of the NSQF:

QA regarding accreditation of Assessing Body:

The HSSC Accreditation process is divided into two steps:

- 1) Pre-accreditation process:
 - Apply for Accreditation: Application form with desired documents in prescribed format to be sent.
 - Document Compliance Check: to be done for ensuring the compliance and adherence of applied assessing body according to criteria laid down by HSSC.
 - Presentation on Quality Assurance: to be given by Assessing body highlighting the quality assurance process laid down by AB at the process points
 - Once the assessing body clears the due diligence process, the accreditation is given along with terms and conditions.
- 2) Post-accreditation process: Post accreditation, the accredited assessing bodies needs to fulfill following minimum eligibility criteria or requisites for implementation:
 - All Empanelled Assessors would have to undergo **“Train the Assessor”** Program conducted by HSSC for each job role time to time.
 - Accredited Assessing Body would have to abide with requisite time-lines, policies and regulations declared by HSSC.
 - Accredited Assessing Body with times would have to contribute in expansion of the questionnaire.

QA Regarding Assessment Criteria & papers:

The emphasis is on 'learning-by-doing' and practical demonstration of skills and knowledge based on the performance criteria. Accordingly, assessment criteria for each job role is set and made available in qualification pack.

The assessment papers for both theory and practical are developed by Subject Matter Experts (SME) hired by Healthcare Sector Skill Council or with the HSSC accredited Assessment Agency as per the performance and assessment criteria mentioned in the Qualification Pack. The assessments papers are also checked for the various outcome based parameters such as quality, time taken, precision, tools & equipment requirement etc.

The assessment sets as well as assessment criteria are then reviewed by panel of experts from Industry as well as HSSC official for consistency and suitability. The assessments are designed so as to assess maximum parts during the practical hands on work. The technical limitations at the training centres are taken care in theory and viva.

All HSSC accredited Assessment Agency follow the "HSSC process of Assessment Framework" and HSSC approved assessment papers. The assessment by assessment agency will be completely based on the assessment criteria as mentioned in the Qualification Pack developed by HSSC.

Each NOS in the Qualification Pack (QP) will be assigned a relative weightage for assessment based on the criticality of the NOS. Therein each Performance Criteria in the NOS will be assigned marks for or practical based on relative importance, criticality of function and training infrastructure.

The following tools are proposed to be used for final assessment:

1 Practical Assessment: This will comprise of a creation of mock environment in the skill lab which is equipped with all equipment's required for the qualification pack. Candidate's soft skills, communication, aptitude, safety consciousness, quality consciousness etc. will be ascertained by observation and will be marked in observation checklist. The end product will be measured against the specified dimensions and standards to gauge the level of his skill achievements.

2 Viva/Structured Interview: This tool will be used to assess the conceptual understanding and the behavioural aspects as regards the job role and the specific task at hand. It will also include questions on safety, quality, environment and equipment's etc.

3 Written Test: Under this test few key items which cannot be assessed practically will be assessed. The written assessment will comprise of

- i. True / False Statements
- ii Multiple Choice Questions
- iii Matching Type Questions.
- iv) Fill in the blanks

QA Regarding Assessors:

Assessors are selected as per the "eligibility criteria" laid down by HSSC for assessors for each job role. The assessors selected by Assessment Agencies are scrutinized and made to undergo training and introduction to HSSC Assessment Framework, competency based assessments, assessors guide etc. HSSC conducts "Training of Assessors" program time to time for each job role and sensitize assessors regarding assessment process and strategy which is outlined on following mandatory parameters:

- 1) Guidance regarding NSQF
- 2) Qualification Pack Structure
- 3) Guidance for the assessor to conduct theory, practical and viva assessments
- 4) Guidance for trainees to be given by assessor before the start of the assessments.
- 5) Guidance on assessments process, practical brief with steps of operations practical observation checklist and mark sheet
- 6) Viva guidance for uniformity and consistency across the batch.
- 7) MOCK assessments
- 8) Sample question paper and practical demonstration

HSSC also conduct telephonic orientation of the assessors before each assessment for the given job role to assure quality, fairness and timely conduct of assessment.

The assessment agencies are instructed to hire assessors with integrity, reliability and fairness. Each assessor shall sign a document with its assessment agency by which they commit themselves to comply with the rules of confidentiality and conflict of interest, independence from commercial and other interests that would compromise impartiality of the assessments.

QA before, during and after Assessments:

HSSC ensures pre-requisites of Assessment needed by training institute regarding ARTICLES like Mannequins, Mock Ward Infrastructure, Transferring Equipment, Job role related equipment; INFRASTRUCTURE like Class rooms, Skill Lab, Aids like board/marker/logistics, Furniture like display tables, chairs; STAFF like Co-ordinator from training institute, Peon, Some additional members(for simulated situations, if required); DOCUMENTS like Admit Card, Govt. validated ID proof, Record Books like attendance, log book, internal evaluation sheets, Student Enrollment details; for CO-ORDINATION one full time co-ordination point for co-ordination with assessment coordinator before, during and after assessment.

HSSC ensures the three Phases of Assessment to be assured by assessing body and assessor for fair, consistent and quality assessment. The three phases of assessment is enlisted below:

PREPARATORY PHASE: **Documents ensured to be packed, sent and received:** Seal Pack of Sets of Papers, Invigilation Sheet/Covering letter, OMR/Answer sheet; Well **Co-ordination needs to be assured between** Assessment Co-ordinator of assessing body, HSSC official, Co-ordinator from skill center and assessor.

PHASE OF CONDUCT:

1) Written Examination:

- o Assessor should reach the VTP 30 minutes before the assessment and ensure that all the arrangements are as per the HSSC rules and regulation
- o He should make seating arrangement to students leaving minimum 3 feet space between candidates.
- o He should make the students sit in the order of seating arrangements.
- o The enrolment numbers are to be written on the desks before the arrival of students.
- o The details to be filled like assessor name , date and Qualification name should be written on the board
- o Learners should keep all their belongings outside the classroom. All mobiles should be switched off and kept on the desk in front of the invigilator
- o The seal of the assessment materials is opened in front of the students.
- o OMR sheets to be distributed to all learners
- o Assessors should instruct the learners on the rules and regulation of the assessment
 - No. of questions
 - Duration of paper
 - Disciplinary rules
 - Administrative rules

2) Attendance:

- o The assessor/assessment co-ordinator needs to get signature of all candidates while theory as well as practical examination on invigilation sheet. The sheets are signed and stamped by the In-charge /Head of the Training Centre.
- o The assessor/assessment co-ordinator needs to verify the authenticity of the candidate by checking the photo ID card issued by the institute as well as any one Photo ID card issued by the Central/Government. The same needs to be mentioned in the attendance sheet. In case of suspicion, the assessor should authenticate and cross verify trainee's credentials in the enrolment form.
- o The assessor/assessment co-ordinator needs to punch the trainee's roll number on all the test pieces.
- o The assessor/assessment co-ordinator needs to take a photograph of all the students along with the assessor standing in the middle and with the centre name/banner at the back as evidence.
- o The assessor/assessment co-ordinator needs to carry a camera to click photograph of the trainees working on the job and giving theory exam as evidence.

- o The assessor/assessment co-ordinator also needs to carry a photo ID card.
- o The assessor/assessment co-ordinator also needs to take the photographs as evidence from appropriate angles/sides of the final work piece/job submitted by the trainee. This evidence is signed by the trainee at the time of submission of the job piece.
- o The assessor/assessment co-ordinator needs to measure the dimensions and finish of the submitted job piece as per the tolerance or standards mentioned in the assessment guide.

3) Segregate learners into batches:

- o Assign combination of one critical and one elementary NOS along with the soft skill NOS
- o Allocate time to learner
- o Ask learners to be present 5 minutes earlier than the time allotted at the lab

4) Conduct Practical Assessments:

- o Assign practical task to the learners
- o Ask the learner to collect articles and be ready for assessments
- o Observe learner conducting the assigned task
- o Evaluate and Record observations and marks and in the recording sheets
- o You may ask learners question on the task being done

5) Conduct Viva:

- o Ask questions from the learners on the assigned task
- o Ask questions prescribed in the assessment guide on non-prescribed tasks to ensure that the learners have complete knowledge on the assessment

6) Collate Results:

- o Check written answer scripts
- o Sum up the practical NOS marks
- o Sum up the viva marks
- o Remember to sign off on all sheets where scores are mentioned
- o Submit the collated result to assessment body representative/project manager

7) Surprise Visits/Surveillance check is kept to ensure the quality and fair assessments.

POST-ASSESSMENT PHASE

1) Verify Result

- o Check for accuracy of names and date of birth
- o Check for accuracy of marks against each learner
- o Ensure that the pass percentage is correctly applied to the result
- o Ensure that the learner has cleared all sections of the assessments in line with the HSSC assessment strategy
- o Check if the excel sheet for each learner is accurately filled and is available for cross referencing with the covering result sheet
- o Each and every result has to get cross-verified by HSSC official

2) Upload/Sharing of Results

- o Once the results are ready it is uploaded on the SDMS website/portal and verified on the same
- o Or the results are shared to Training institute only by HSSC.
- o In case of any query or issue raised for assessment, the assessments are subjected to re-evaluation as per protocol laid down by HSSC.

3) Documentation

- o Question papers are kept in secure cupboard with limited and controlled access.
- o Used OMR sheets are to be stored for the next ten years
- o QP should be always current version

Assessment process and guidelines are attached as Annexure 7

Please attach any documents giving further information about assessment and/or RPL.

Give details of the document(s) here:

1. **Quality Assurance Strategy of Assessment in HSSC attached as Annexure 7**
2. **Assessment Criteria attached as Annexure 8**

ASSESSMENT EVIDENCE

Complete the following grid for each grouping of NOS, assessment unit or other component as per the assessment criteria. Insert the required number of rows.

| | |
|--------------------------------|---------------------------------|
| Job Role | Dento Oral Hygienist |
| Qualification Pack Code | HSS/Q 2201 |
| Sector Skill Council | Healthcare Sector Skill Council |

Guidelines for Assessment

1. Criteria for assessment for each Qualification Pack will be created by the Sector Skill Council. Each Performance Criteria (PC) will be assigned marks proportional to its importance in NOS. SSC will also lay down proportion of marks for Theory and Skills Practical for each PC
2. The assessment for the theory part will be based on knowledge bank of questions created by the SSC
3. Individual assessment agencies will create unique question papers for theory part for each candidate at each examination/training center (as per assessment criteria below)
4. Individual assessment agencies will create unique evaluations for skill practical for every student at each examination/training center based on this criteria
5. To pass the Qualification Pack, every trainee should score as per assessment grid.
6. In case of successfully passing only certain number of NOS's, the trainee is eligible to take subsequent assessment on the balance NOS's to pass the Qualification Pack

| Skills Practical and Viva (80% weightage) | |
|--|---------------|
| | Marks Alloted |
| Grand Total-1 (Subject Domain) | 400 |
| Grand Total-2 (Soft Skills and Communication) | 100 |
| Grand Total-(Skills Practical and Viva) | 500 |
| Passing Marks (80% of Max. Marks) | 400 |
| Theory (20% weightage) | |
| | Marks Alloted |
| Grand Total-1 (Subject Domain) | 80 |
| Grand Total-2 (Soft Skills and Communication) | 20 |
| Grand Total-(Theory) | 100 |

| Passing Marks (50% of Max. Marks) | | 50 | | | |
|---|---|--|---------------|-------------------------|-------------------------|
| Grand Total-(Skills Practical and Viva + Theory) | | 600 | | | |
| Final Result | | Criteria is to pass in both theory and practical individually. If fail in any one of them, then candidate is fail | | | |
| Detailed Break Up of Marks | | Skills Practical & Viva | | | |
| Subject Domain | | Pick any 2 NOS each of 200 marks totalling 400 | | | |
| Assessable Outcomes | Assessment Criteria for the Assessable Outcomes | Total Marks (400) | Out Of | Marks Allocation | |
| | | | | Viva | Skills Practical |
| 1.HSS/ N 2201: Promote community oral health | PC1. Consistently demonstrate good personal health habits | 200 | 25 | 5 | 20 |
| | PC2. Consistently demonstrated meticulous personal hygiene | | 25 | 5 | 20 |
| | PC3. Accurately provide appropriate education of behaviour health risk relationships | | 25 | 5 | 20 |
| | PC4. Effectively provide appropriate health behaviour counselling | | 25 | 5 | 20 |
| | PC5. Accurately inform the role of oral health in total health | | 25 | 5 | 20 |
| | PC6. Assess the oral health care needs of the community | | 25 | 5 | 20 |
| | PC7. Identify barriers to oral health care in the community | | 25 | 5 | 20 |
| | PC8. Reduce or eliminate barriers to oral health care | | 25 | 5 | 20 |
| | Total | | | 200 | 40 |
| 2.HSS/ N 2202: Perform infection control and safety procedures | PC1. How to select appropriate personal protective equipment and use it in accordance with local, state and federal requirements for all clinical and laboratory procedures | 200 | 20 | 5 | 15 |
| | PC2. Patient treatment areas are thoroughly and efficiently disinfected | | 20 | 5 | 15 |
| | PC3. Patient treatment areas are thoroughly prepared | | 20 | 5 | 15 |
| | PC4. Preparation is completed in a timely manner as per the protocol | | 15 | 5 | 10 |
| | PC5. All clinical instruments and equipment are thoroughly prepared and sterilise in accordance with local, state, federal and manufacturer's | | 20 | 5 | 15 |

| | | | | | |
|---|--|------------|------------|-----------|------------|
| | recommendations | | | | |
| | PC7. All hazardous materials are safely handled, labelled and disposed of through strict adherence to local, state and federal regulations | | 20 | 5 | 15 |
| | PC8. All exposure incident reports are thoroughly and accurately completed according to regulation standards | | 20 | 5 | 15 |
| | PC9. All exposure follow-up procedures are promptly and thoroughly completed according to regulation standards | | 20 | 5 | 15 |
| | PC10. That compliance with recommended/required local, state and federal infection control is effectively monitored | | 15 | 5 | 10 |
| | PC12. Breaches in compliance are accurately identified | | 10 | 5 | 5 |
| | PC13. Breaches in compliance are immediately reported to the assigned local, state and federal safety officer | | 10 | 5 | 5 |
| | PC14. Solutions for problems related to infection control and/or safety procedures are accurately developed and implemented | | 10 | 5 | 5 |
| | Total | | 200 | 60 | 140 |
| 3.HSS/ N 2203 Perform risk management/ patient assessment | PC1. Record an accurate and comprehensive health, social and dental history for each patient | 200 | 20 | 5 | 15 |
| | PC2. Accurately identify potential oral health risk factors and patient concerns | | 15 | 5 | 10 |
| | PC3. Identify potential risks associated with the delivery of care | | 15 | 5 | 10 |
| | PC4. Obtain thorough medical clearance for the patient presenting unstable or suspected health conditions | | 15 | 5 | 10 |
| | PC5. Clearly and accurately document medical alerts and required risk management strategies | | 15 | 5 | 10 |
| | PC6. Perform all risk management procedures accurately and conscientiously | | 20 | 5 | 15 |
| | PC7. Manage emergencies/complications efficiently and effectively in accordance with recommended emergency protocol | | 20 | 5 | 15 |
| | PC8. Document utilised risk management procedures accurately | | 20 | 5 | 15 |

| | | | | | |
|--|--|------------|------------|-----------|------------|
| | PC9. Record overall appearance, gait and movements of patient | | 20 | 5 | 15 |
| | PC10. Record and measure vital signs including respiration rate, pulse and blood pressure accurately | | 20 | 5 | 15 |
| | PC11. Perform clinical extraoral and intraoral examination thoroughly and systematically | | 20 | 5 | 15 |
| | Total | | 200 | 55 | 145 |
| 4.HSS/ N 2204 Plan to provide dental hygiene treatment | PC1. Accurately identify and evaluate patient data | 200 | 20 | 5 | 15 |
| | PC2. Develop and record the dental hygiene diagnosis | | 20 | 5 | 15 |
| | PC3. Develop and record the preventive and therapeutic dental hygiene treatment plan | | 20 | 5 | 15 |
| | PC4. Present the preventive and therapeutic dental hygiene treatment plan | | 20 | 5 | 15 |
| | PC5. Obtain informed consent | | 15 | 5 | 10 |
| | PC6. Prepare for patient care | | 20 | 5 | 15 |
| | PC7. Maintain clinical asepsis throughout procedures | | 20 | 5 | 15 |
| | PC8. Prepare patient for care | | 20 | 5 | 15 |
| | PC9. Develop a thorough and appropriate therapeutic treatment plan accurately | | 15 | 5 | 10 |
| | PC10. Check that patient's mouth is free of lipstick, gum and lozenges | | 15 | 5 | 10 |
| | PC11. Check that antibacterial mouthwash is available for patient pre-rinsing | | 15 | 5 | 10 |
| | Total | | 200 | 55 | 145 |
| 5. HSS/ N 2205 Provide preventive dental hygiene care | PC1. Describe accurately the location, composition and properties of bacterial plaque and their relationship to oral disease | 200 | 25 | 5 | 20 |
| | PC2. Recommend plaque control tools and procedures | | 25 | 5 | 20 |
| | PC3. Explain the importance of diet and nutrition in maintaining oral and general health | | 20 | 5 | 15 |
| | PC4. Assess the quality of patient's diet accurately | | 20 | 5 | 15 |
| | PC5. Implement and develop appropriate strategies to overcome barriers to nutritional compliance | | 25 | 5 | 20 |

| | | | | | |
|--|--|------------|------------|-----------|------------|
| | PC6. Identify signs of significant nutritional disorders | | 20 | 5 | 15 |
| | PC7. Suspect patients with untreated or poorly controlled eating disorders, systemic disease or complicated medication regimens are promptly referred to a qualified care provider | | 25 | 5 | 20 |
| | PC8. Explain the relationship between oral health, general health and tobacco use | | 20 | 5 | 15 |
| | PC9. Identify 'Triggers' which lead to tobacco use | | 20 | 5 | 15 |
| | Total | | 200 | 45 | 155 |
| 6.HSS/ N 2206 Assist in providing therapeutic treatment | PC1. Treat supra-gingival and subgingival tooth surfaces of accessible plaque, plaque by-products and calculus | | 20 | 5 | 15 |
| | PC2. Completely control bleeding | | 20 | 5 | 15 |
| | PC3. Use the appliances/prostheses carefully and make sure that they are free of removable plaque, calculus and stain | | 15 | 5 | 10 |
| | PC4. Perform a thorough re-evaluation of the periodontal condition which is accurately completed four to six weeks after the last debridement appointment | | 20 | 5 | 15 |
| | PC5. Carefully select and recommend appropriate desensitising materials and procedures | | 15 | 5 | 10 |
| | PC6. Properly prepare the wound site and dressing material | | 20 | 5 | 15 |
| | PC7. Ensure that the dressing is properly adapted to the teeth and adjacent soft tissues for appropriate coverage and maximum retention without occlusal interference | 200 | 15 | 5 | 10 |
| | PC8. Ensure that the dressing is properly removed from the wound site following the prescribed healing time | | 15 | 5 | 10 |
| | PC9. Promptly consult the Dentist when healing is unusually delayed or infection is suspected | | 15 | 5 | 10 |
| | PC10. Ensure that the wound site is free of debris and all sutures are properly and thoroughly removed | | 15 | 5 | 10 |
| | PC11. Ensure that residual plaque or calculus deposits are carefully removed from adjacent tooth surfaces when associated with tissue inflammation or delayed wound healing | | 15 | 5 | 10 |

| | | | | | |
|---|---|------------|------------|------------|------------|
| | PC12. Instruct the patient clearly and accurately about the follow-up procedures | | 15 | 5 | 10 |
| | Total | | 200 | 60 | 140 |
| 7.HSS/ N 2207 Perform stress/anxiety and pain control procedures | PC1. Promptly consult a Dentist when a patient presents symptoms of anxiety or stress | 200 | 25 | 5 | 20 |
| | PC2. Accurately plan in collaboration with the dentist/physician and patient an appropriate stress reduction protocol | | 25 | 5 | 20 |
| | PC3. Implement planned stress reduction protocol | | 25 | 5 | 20 |
| | PC4. Complete dental procedures with reasonable comfort and minimal anxiety | | 25 | 5 | 20 |
| | PC5. Complete planned dental procedures without stress-related complications | | 25 | 5 | 20 |
| | PC6. Appropriately select local anaesthetic agents and determine the safe dose | | 25 | 5 | 20 |
| | PC7. Prepare necessary armamentarium accurately | | 25 | 5 | 20 |
| | PC8. Perform nitrous oxide/oxygen conscious sedation accurately | | 25 | 5 | 20 |
| | Total | | | 200 | 40 |
| 8. HSS/ N 2208 Maintain records, inventory and equipment | PC1. Accurately complete patient treatment plans and informed consent documents | 200 | 25 | 5 | 20 |
| | PC2. Record all related insurance information or data accurately | | 20 | 5 | 15 |
| | PC3. Record entries accurately that are dated and signed by provider | | 20 | 5 | 15 |
| | PC4. Record and effectively maintain patient treatment plans and informed consent documents | | 20 | 5 | 15 |
| | PC5. Maintain equipment maintenance procedures accurately in accordance with manufacturer recommendations and organisation policy | | 20 | 5 | 15 |
| | PC6. Accurately complete all equipment maintenance records/logs thoroughly | | 25 | 5 | 20 |
| | PC7. Maintain Dental supplies in appropriate quantities to meet usage rates, shelf life, storage capacity and practice budgetary requirements | | 25 | 5 | 20 |
| | PC8. Store products in accordance with manufacturer's recommendations | | 20 | 5 | 15 |

| | PC9. Maintain accurate, complete and up-to-date inventory records and in accordance with office procedure | | 25 | 5 | 20 |
|---|---|---|------------|------------------|------------------------|
| | Total | | 200 | 45 | 155 |
| 9.HSS/ N 2209 Promote and practice productivity/growth | PC1. Practice productivity goals effectively in collaboration with dental team members and/or professional consultants | 200 | 60 | 15 | 45 |
| | PC2. List factors limiting productivity/growth accurately and honestly | | 70 | 20 | 50 |
| | PC3. Develop and implement strategies in collaboration with internal/external sources | | 70 | 20 | 50 |
| | Total | | 200 | 55 | 145 |
| Grand Total-1 (Subject Domain) | | | 400 | | |
| Soft Skills and Communication | | Pick one field from both parts each carrying 50 marks totaling 100 | | | |
| Assessable Outcomes | Assessment Criteria for the Assessable Outcomes | Total Marks (100) | Out Of | Marks Allocation | |
| | | | | Viva | Observation/ Role Play |
| Part 1 (Pick one field randomly carrying 50 marks) | | | | | |
| 1. Attitude | | | | | |
| HSS/ N 9603 (Act within the limits of one's competence and authority) | PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice | 50 | 5 | 0 | 5 |
| | PC2. Work within organisational systems and requirements as appropriate to one's role | | 5 | 0 | 5 |
| | PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority | | 12 | 6 | 6 |
| | PC4. Maintain competence within one's role and field of practice | | 4 | 0 | 4 |
| | PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice | | 6 | 3 | 3 |
| | PC6. Promote and demonstrate good practice as an individual and as a team member at all times | | 6 | 3 | 3 |
| | PC7. Identify and manage potential and actual risks to the quality and safety of practice | | 6 | 3 | 3 |

| | | | | | |
|--|---|--|-----------|-----------|-----------|
| | PC8. Evaluate and reflect on the quality of one's work and make continuing improvements | | 6 | 3 | 3 |
| | | | 50 | 18 | 32 |

2. Work Management

| | | | | | |
|---|---|-----------|-----------|-----------|-----------|
| HSS/ N 9605 (Manage work to meet requirements) | PC1. Clearly establish, agree, and record the work requirements | 50 | 20 | 10 | 10 |
| | PC2. Utilise time effectively | | 6 | 0 | 6 |
| | PC3. Ensure his/her work meets the agreed requirements | | 6 | 0 | 6 |
| | PC4. Treat confidential information correctly | | 6 | 6 | 0 |
| | PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role | | 12 | 6 | 6 |
| | | | | 50 | 22 |
| Work Management Total | | | 50 | 50 | 22 |

Part 2 (Pick one field as per NOS marked carrying 50 marks)

1. Team Work

| | | | | | |
|--|---|-----------|-----------|-----------|-----------|
| HSS/ N 9604 (Work effectively with others) | PC1. Communicate with other people clearly and effectively | 50 | 3 | 0 | 3 |
| | PC2. Integrate one's work with other people's work effectively | | 3 | 0 | 3 |
| | PC3. Pass on essential information to other people on timely basis | | 3 | 0 | 3 |
| | PC4. Work in a way that shows respect for other people | | 3 | 0 | 3 |
| | PC5. Carry out any commitments made to other people | | 6 | 6 | 0 |
| | PC6. Reason out the failure to fulfil commitment | | 6 | 6 | 0 |
| | PC7. Identify any problems with team members and other people and take the initiative to solve these problems | | 16 | 8 | 8 |
| | PC8. Follow the organisation's policies and procedures | | 10 | 4 | 6 |
| | | | 50 | 24 | 26 |

2. Quality Assurance

| | | | | | |
|--|--|-----------|---|---|---|
| HSS/ N 9611: Monitor and assure quality | PC1. Conduct appropriate research and analysis | 50 | 6 | 2 | 4 |
| | PC2. Evaluate potential solutions thoroughly | | 8 | 4 | 4 |
| | PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry | | 4 | 0 | 4 |
| | PC4. Read Dental hygiene, dental and medical publications related to quality | | 8 | 4 | 4 |

| | consistently and thoroughly | | | |
|--|--|------------------------------------|-------------------------|----|
| | PC5. Report any identified breaches in health, safety, and security procedures to the designated person | 4 | 2 | 2 |
| | PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority | 4 | 4 | 0 |
| | PC7. Promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected | 4 | 4 | 0 |
| | PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently | 4 | 4 | 0 |
| | PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person | 4 | 4 | 0 |
| | PC10. Complete any health and safety records legibly and accurately | 4 | 4 | 0 |
| | | 50 | 32 | 18 |
| Grand Total-2 (Soft Skills and Communication) | | 100 | | |
| Detailed Break Up of Marks | | Theory | | |
| Subject Domain | | Select each NOS totaling 80 | | |
| Assessable Outcomes | Assessment Criteria for the Assessable Outcomes | Total Marks (80) | Marks Allocation | |
| | | | Theory | |
| 1.HSS/ N 2201: Promote community oral health | PC1. Consistently demonstrate good personal health habits | 10 | 10 | |
| | PC2. Consistently demonstrated meticulous personal hygiene | | | |
| | PC3. Accurately provide appropriate education of behaviour health risk relationships | | | |
| | PC4. Effectively provide appropriate health behaviour counselling | | | |
| | PC5. Accurately inform the role of oral health in total health | | | |
| | PC6. Assess the oral health care needs of the community | | | |
| | PC7. Identify barriers to oral health care in the community | | | |
| | PC8. Reduce or eliminate barriers to | | | |

| | | | | | |
|--|---|----------|-----------|--|-----------|
| | oral health care | | | | |
| | Total | | 10 | | |
| 2.HSS/ N 2202: Perform infection control and safety procedures | PC1. How to select appropriate personal protective equipment and use it in accordance with local, state and federal requirements for all clinical and laboratory procedures | 8 | 8 | | |
| | PC2. Patient treatment areas are thoroughly and efficiently disinfected | | | | |
| | PC3. Patient treatment areas are thoroughly prepared | | | | |
| | PC4. Preparation is completed in a timely manner as per the protocol | | | | |
| | PC5. All clinical instruments and equipment are thoroughly prepared and sterilise in accordance with local, state, federal and manufacturer's recommendations | | | | |
| | PC7. All hazardous materials are safely handled, labelled and disposed of through strict adherence to local, state and federal regulations | | | | |
| | PC8. All exposure incident reports are thoroughly and accurately completed according to regulation standards | | | | |
| | PC9. All exposure follow-up procedures are promptly and thoroughly completed according to regulation standards | | | | |
| | PC10. That compliance with recommended/required local, state and federal infection control is effectively monitored | | | | |
| | PC12. Breaches in compliance are accurately identified | | | | |
| | PC13. Breaches in compliance are immediately reported to the assigned local, state and federal safety officer | | | | |
| | PC14. Solutions for problems related to infection control and/or safety procedures are accurately developed and implemented | | | | |
| | Total | | | | 8 |
| | 3.HSS/ N 2203 Perform risk management/ patient assessment | | | PC1. Record an accurate and comprehensive health, social and dental history for each patient | 10 |
| PC2. Accurately identify potential oral health risk factors and patient concerns | | | | | |
| PC3. Identify potential risks associated with the delivery of care | | | | | |

| | | | |
|--|---|-----------|-----------|
| | PC4. Obtain thorough medical clearance for the patient presenting unstable or suspected health conditions | | |
| | PC5. Clearly and accurately document medical alerts and required risk management strategies | | |
| | PC6. Perform all risk management procedures accurately and conscientiously | | |
| | PC7. Manage emergencies/complications efficiently and effectively in accordance with recommended emergency protocol | | |
| | PC8. Document utilised risk management procedures accurately | | |
| | PC9. Record overall appearance, gait and movements of patient | | |
| | PC10. Record and measure vital signs including respiration rate, pulse and blood pressure accurately | | |
| | PC11. Perform clinical extraoral and intraoral examination thoroughly and systematically | | |
| | Total | | 10 |
| 4.HSS/ N 2204 Plan to provide dental hygiene treatment | PC1. Accurately identify and evaluate patient data | | |
| | PC2. Develop and record the dental hygiene diagnosis | | |
| | PC3. Develop and record the preventive and therapeutic dental hygiene treatment plan | | |
| | PC4. Present the preventive and therapeutic dental hygiene treatment plan | | |
| | PC5. Obtain informed consent | | |
| | PC6. Prepare for patient care | 10 | 10 |
| | PC7. Maintain clinical asepsis throughout procedures | | |
| | PC8. Prepare patient for care | | |
| | PC9. Develop a thorough and appropriate therapeutic treatment plan accurately | | |
| | PC10. Check that patient's mouth is free of lipstick, gum and lozenges | | |
| | PC11. Check that antibacterial mouthwash is available for patient pre-rinsing | | |
| | Total | | 10 |

| | | | |
|--|--|-----------|-----------|
| 5. HSS/ N 2205 Provide preventive dental hygiene care | PC1. Describe accurately the location, composition and properties of bacterial plaque and their relationship to oral disease | 10 | 10 |
| | PC2. Recommend plaque control tools and procedures | | |
| | PC3. Explain the importance of diet and nutrition in maintaining oral and general health | | |
| | PC4. Assess the quality of patient's diet accurately | | |
| | PC5. Implement and develop appropriate strategies to overcome barriers to nutritional compliance | | |
| | PC6. Identify signs of significant nutritional disorders | | |
| | PC7. Suspect patients with untreated or poorly controlled eating disorders, systemic disease or complicated medication regimens are promptly referred to a qualified care provider | | |
| | PC8. Explain the relationship between oral health, general health and tobacco use | | |
| | PC9. Identify 'Triggers' which lead to tobacco use | | |
| Total | | | 10 |
| 6.HSS/ N 2206 Assist in providing therapeutic treatment | PC1. Treat supra-gingival and subgingival tooth surfaces of accessible plaque, plaque by-products and calculus | 8 | 8 |
| | PC2. Completely control bleeding | | |
| | PC3. Use the appliances/prostheses carefully and make sure that they are free of removable plaque, calculus and stain | | |
| | PC4. Perform a thorough re-evaluation of the periodontal condition which is accurately completed four to six weeks after the last debridement appointment | | |
| | PC5. Carefully select and recommend appropriate desensitising materials and procedures | | |
| | PC6. Properly prepare the wound site and dressing material | | |
| | PC7. Ensure that the dressing is properly adapted to the teeth and adjacent soft tissues for appropriate coverage and maximum retention | | |

| | | | |
|---|---|----------|----------|
| | without occlusal interference | | |
| | PC8. Ensure that the dressing is properly removed from the wound site following the prescribed healing time | | |
| | PC9. Promptly consult the Dentist when healing is unusually delayed or infection is suspected | | |
| | PC10. Ensure that the wound site is free of debris and all sutures are properly and thoroughly removed | | |
| | PC11. Ensure that residual plaque or calculus deposits are carefully removed from adjacent tooth surfaces when associated with tissue inflammation or delayed wound healing | | |
| | PC12. Instruct the patient clearly and accurately about the follow-up procedures | | |
| | Total | | 8 |
| 7.HSS/ N 2207 Perform stress/anxiety and pain control procedures | PC1. Promptly consult a Dentist when a patient presents symptoms of anxiety or stress | | |
| | PC2. Accurately plan in collaboration with the dentist/physician and patient an appropriate stress reduction protocol | | |
| | PC3. Implement planned stress reduction protocol | | |
| | PC4. Complete dental procedures with reasonable comfort and minimal anxiety | 8 | 8 |
| | PC5. Complete planned dental procedures without stress-related complications | | |
| | PC6. Appropriately select local anaesthetic agents and determine the safe dose | | |
| | PC7. Prepare necessary armamentarium accurately | | |
| | PC8. Perform nitrous oxide/oxygen conscious sedation accurately | | |
| | Total | | 8 |
| 8. HSS/ N 2208 Maintain records, inventory and equipment | PC1. Accurately complete patient treatment plans and informed consent documents | 8 | 8 |
| | PC2. Record all related insurance information or data accurately | | |

| | | | |
|---|---|--|-------------------------|
| | PC3. Record entries accurately that are dated and signed by provider | | |
| | PC4. Record and effectively maintain patient treatment plans and informed consent documents | | |
| | PC5. Maintain equipment maintenance procedures accurately in accordance with manufacturer recommendations and organisation policy | | |
| | PC6. Accurately complete all equipment maintenance records/logs thoroughly | | |
| | PC7. Maintain Dental supplies in appropriate quantities to meet usage rates, shelf life, storage capacity and practice budgetary requirements | | |
| | PC8. Store products in accordance with manufacturer's recommendations | | |
| | PC9. Maintain accurate, complete and up-to-date inventory records and in accordance with office procedure | | |
| | Total | | 8 |
| 9.HSS/ N 2209 Promote and practice productivity/growth | PC1. Practice productivity goals effectively in collaboration with dental team members and/or professional consultants | 8 | 8 |
| | PC2. List factors limiting productivity/growth accurately and honestly | | |
| | PC3. Develop and implement strategies in collaboration with internal/external sources | | |
| | Total | | 8 |
| Grand Total-1 (Subject Domain) | | 80 | 80 |
| Soft Skills and Communication | | Select each part each carrying 10 marks totaling 20 | |
| Assessable Outcomes | Assessment Criteria for the Assessable Outcomes | Total Marks (20) | Marks Allocation |
| | | | Theory |
| Part 1 (Pick one field randomly carrying 50 marks) | | | |
| 1. Attitude | | | |
| HSS/ N 9603 (Act within the limits of one's competence and authority) | PC1. Adhere to legislation, protocols and guidelines relevant to one's role and field of practice | 6 | 6 |
| | PC2. Work within organisational systems and requirements as appropriate to one's role | | |

| | | | |
|--|---|-----------|-----------|
| | PC3. Recognise the boundary of one's role and responsibility and seek supervision when situations are beyond one's competence and authority | | |
| | PC4. Maintain competence within one's role and field of practice | | |
| | PC5. Use relevant research based protocols and guidelines as evidence to inform one's practice | | |
| | PC6. Promote and demonstrate good practice as an individual and as a team member at all times | | |
| | PC7. Identify and manage potential and actual risks to the quality and safety of practice | | |
| | PC8. Evaluate and reflect on the quality of one's work and make continuing improvements | | |
| | Total | | 6 |
| | Attitude Total | 6 | 6 |
| 2. Work Management | | | |
| HSS/ N 9605 (Manage work to meet requirements) | PC1. Clearly establish, agree, and record the work requirements | | |
| | PC2. Utilise time effectively | | |
| | PC3. Ensure his/her work meets the agreed requirements | 4 | 4 |
| | PC4. Treat confidential information correctly | | |
| | PC5. Work in line with the organisation's procedures and policies and within the limits of his/her job role | | |
| | Total | | 4 |
| | Work Management Total | 4 | 4 |
| | Part 1 Total | 10 | 10 |
| Part 2 (Pick one field as per NOS marked carrying 50 marks) | | | |
| 1. Team Work | | | |
| HSS/ N 9604 (Work effectively with others) | PC1. Communicate with other people clearly and effectively | | |
| | PC2. Integrate one's work with other people's work effectively | | |
| | PC3. Pass on essential information to other people on timely basis | 4 | 4 |
| | PC4. Work in a way that shows respect for other people | | |
| | PC5. Carry out any commitments made to other people | | |
| | PC6. Reason out the failure to fulfil commitment | | |

| | | | |
|--|--|-----------|-----------|
| | PC7. Identify any problems with team members and other people and take the initiative to solve these problems | | |
| | PC8. Follow the organisation's policies and procedures | | |
| | Total | | 4 |
| 2. Quality Assurance | | | |
| HSS/ N 9611: Monitor and assure quality | PC1. Conduct appropriate research and analysis | 6 | 6 |
| | PC2. Evaluate potential solutions thoroughly | | |
| | PC3. Participate in education programs which include current techniques, technology and trends pertaining to the dental industry | | |
| | PC4. Read Dental hygiene, dental and medical publications related to quality consistently and thoroughly | | |
| | PC5. Report any identified breaches in health, safety, and security procedures to the designated person | | |
| | PC6. Identify and correct any hazards that he/she can deal with safely, competently and within the limits of his/her authority | | |
| | PC7. Promptly and accurately report any hazards that he/she is not allowed to deal with to the relevant person and warn other people who may be affected | | |
| | PC8. Follow the organisation's emergency procedures promptly, calmly, and efficiently | | |
| | PC9. Identify and recommend opportunities for improving health, safety, and security to the designated person | | |
| | PC10. Complete any health and safety records legibly and accurately | | |
| | Total | | 6 |
| Part 2 Total | | 10 | 10 |
| Grand Total-2 (Soft Skills and Communication) | | | 20 |

SECTION 2

EVIDENCE OF NEED

What evidence is there that the qualification is needed?

While collecting data from the companies for the occupational map & functional analysis, we also took feedback from industry, which was collected with respect to roles for which qualification packs development,

was to be prioritized. This was largely based on volume of people required, quantitative and qualitative shortfall which the Industry feels they face. Governing council of HSSC gave final approval and endorsement for the same.

What is the estimated uptake of this qualification and what is the basis of this estimate?

The workforce in allied healthcare sector need expected to around 74 lac by 2022 double the workforce employed in 2013 as envisaged in Skills Gap analysis Reports for industry demand and secondary research data, though these do not lend to accurate demand projection. The link to NSDC Human Resource & Skills Requirement in Healthcare Sector is <http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

- Feedback from industry for demand though again sample size may not lend to accurate figures
- Training duration, and current and potential training capacity envisaged
- An LMIS development initiative is being put in place to be more precise regarding the demand and supply

What steps were taken to ensure that the qualification(s) does/do not duplicate already existing or planned qualifications in the NSQF?

- NSDC list of Approved and Under-Development QPs was checked prior to commissioning the work
- Is being sent to NSDC QRC team for the confirmation of the same

What arrangements are in place to monitor and review the qualification(s)? What data will be used and at what point will the qualification(s) be revised or updated?

- Agencies/personnel would be appointed by the HSSC to interact with training providers, employers, assessors to gather feedback in implementation.
- Monitoring of results of assessments, training delivery
- Employer feedback will be sought post-placement
- A formal review is scheduled in two year time

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

1. **Occupational Mapping Report-Annexure 2**
2. **Functional Analysis Report-Annexure 3**
3. **RFP for development of occupational standards-Annexure 4**
4. **Validation group and industry consultations- Annexure 5**
5. **The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6**
6. **Human Resource & Skills Requirement in Healthcare Sector accessible on below given link:**

<http://healthcare-ssc.in/images/Human%20Resource%20&%20Skills%20Requirement%20in%20Healthcare%20sector.pdf>

SECTION 3

SUMMARY OF DIRECT EVIDENCE OF LEVEL

Justify the NSQF level allocated to the QP. Relate information about the job role and build upon the five descriptors for the level to justify.

Generic NOS is/are linked to the overall authority attached to the job role.

| Qualification Title and Classification Code Dento Oral Hygienist (HSS/Q 2201) | | | | | |
|---|---|--|---|---|--------------|
| Process required | Professional knowledge | Professional skill | Core skill | Responsibility | Level |
| <p>Dento Oral Hygienist is a dental allied professional who provides preventive oral health, typically focusing on techniques in oral hygiene. Some of the key responsibilities of the Dento Oral Hygienists are to remove plaque and clean and polish teeth using scaling instruments and a rotating polisher. They apply decay preventive agents such as fluorides and sealants, chart medical and dental histories, and take and develop dental x-ray films. They also screen patients, take a medical history, and add information to the patient's chart.</p> <p>Therefore, they require well developed skill, with clear choice of procedures in familiar context</p> | <p>Dento Oral Hygienist requires the individual to work in collaboration with dentist and deliver the healthcare services in consultation with them. They should be result oriented. They should also be able to demonstrate clinical skills, communication skills and ethical behaviour.</p> <p>This indicates that a Dento Oral Hygienist must have knowledge of facts, principles, processes and general concepts, in order to perform activities correctly.</p> | <p>Dento Oral Hygienist is expected to Promote community oral health, Perform infection control and safety procedures, Perform risk management/ patient assessment, Plan to provide dental hygiene treatment, Provide preventive dental hygiene care, Assist in providing therapeutic treatment, Perform stress/anxiety and pain control procedures, Maintain records, inventory and equipment, Promote and practice productivity/growth. They should be able to exhibit fine motor skills, Analytical skills, Detail oriented, Integrity, Interpersonal skills, Technical skills.</p> <p>All these are activities that require him/her to demonstrate a range of cognitive and practical skill, required to</p> | <p>Dento Oral Hygienist should be result oriented. They should also be able to demonstrate clinical skills, communication skills and ethical behaviour. Keep abreast of the latest knowledge by reading internal communications and legal framework changes related to roles and responsibilities. This requires desired mathematical skill, understanding of social, political and natural environment; collecting and organising information and communication.</p> | <p>Dento Oral Hygienist are responsible for all aspects of promotion of preventive and therapeutic dental hygiene & oral health and work closely with dentist and deliver the healthcare services in consultation with them. Individuals must always perform their duties in a calm, reassuring and efficient manner.</p> <p>This is critical as it indicates that the person is responsible to carry out the job not only in familiar situations, but also where problems may arise. It also confirms that dento oral hygienist will be able to make choices about the best procedures to adopt to address problems. He/she is responsible for</p> | 5 |

| | | | | | |
|----------|----------|--|----------|--|---|
| | | accomplish tasks and solve problems by selecting and applying basic methods, tools, materials and information. | | the completion of his/her own work and expected to learn and improve his/her performance on the job. The Dento oral hygienist shall have well developed practical and cognitive skills to complete the assigned work. Dento oral hygienist may also have some responsibility for Dental Assistant work and learning in field of dentistry. These individuals can be described as “fully skilled workers” or “supervisors”. | |
| Level: 5 | Level: 5 | Level: 5 | Level: 5 | Level:5 | 5 |

OTHER EVIDENCE OF LEVEL [This need only be filled in where evidence other than primary outcomes was used to allocate a level] **(Optional)**

- In the process of validation by Industry through various training provider & stake holders

Summary of other evidence (if used): NA

SECTION 4

EVIDENCE OF RECOGNITION OR PROGRESSION

What steps have been taken in the design of this or other qualifications to ensure that there is a clear path to other qualifications in this sector?

Horizontal and vertical mobility options have been articulated.

Please attach any documents giving further information about any of the topics above.

Give details of the document(s) here:

1. **Occupational Mapping Report-Annexure 2**
2. **Functional Analysis Report-Annexure 3**
3. **Validation group and industry consultations- Annexure 5**
4. **The Brief Report on the whole process of the development, validation and notification of these qualification packs along with list of companies and Industry associations involved -Annexure 6**