



THE CANADIAN DENTAL  
HYGIENISTS ASSOCIATION  
L'ASSOCIATION CANADIENNE  
DES HYGIÉNISTES DENTAIRE

*ENTRY-TO-PRACTICE  
COMPETENCIES AND STANDARDS  
FOR CANADIAN DENTAL  
HYGIENISTS*

**QUESTIONS &  
ANSWERS:** Educators and  
Administrators

Canadian Dental Hygienists  
Association

The *ETPCS: Q&A* attempts to anticipate and answer common questions related to the *Entry-To-Practice Competencies and Standards for Canadian Dental Hygienists* to aid in implementation. *ETPCS: Q&A* should be used in conjunction with the ***Entry-To-Practice Competencies and Standards for Canadian Dental Hygienists***.

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## **INTRODUCTION**

The *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists* (ETPCS) is a two-part document. Part A – National Competencies presents outcome statements to express the essential knowledge, skills, and attitudes that all dental hygiene students must demonstrate prior to graduation. Part B – National Standards defines how dental hygienists must practise in accordance with their regulatory body.

The implementation of a national set of competencies and practice standards as set out in the document *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists* will be a significant accomplishment for the profession. It will guide the educational preparation of all dental hygiene students by providing exit outcomes regardless of the province or program. The standards of practice in each province will have a consistent foundation.

*ETPCS: Q&A* attempts to present common questions and answers to assist stakeholder users in gaining a better understanding of national direction for dental hygiene education and practice.

CDHA's *Pathways to Support the Oral Health of Canadians: The CDHA Dental Hygiene Education Agenda, May 2009* provides a detailed assessment of variables influencing the dental hygiene profession and impacting on the educational needs of dental hygienists, and the relevance of competencies and standards for the profession.

## GENERAL QUESTIONS

How were the *National Competencies and Standards* developed?

Development of Part A - *National Competencies* was a collaborative project including input from the major stakeholders; Canadian Dental Hygienists Association (CDHA), Commission on Dental Accreditation of Canada (CDAC), Federation of Dental Hygiene Regulatory Authorities (FDHRA), National Dental Hygiene Certification Board (NDHCB) and dental hygiene educators (DHEC).

The competencies were developed using the input of Canadian dental hygienists and evidence from the literature on interprofessional education and dental hygiene education. There were three phases to this project. Phase One involved a search of the literature to explore documents and outcome statements being developed in other health professions. This was followed by a workshop involving 21 key dental hygiene informants who created the initial competency statements. A national web based survey was conducted during Phase Two, and regional focus groups in Phase Three collected additional comments that were used to shape the final version of the *National Competencies*.

For a full explanation of the development of the competencies, you may refer to the January 2008 issue of the *Canadian Journal of Dental Hygiene*- Sunell et al., National competencies for dental hygiene entry-to-practice. *CJDH*. 2008;42(1):27-36.

Development of Part B – *National Standards*

The mandate for regulatory bodies is different than the mandate for education. Therefore the *National Competencies* (Part A) cannot be directly transferred to national standards of practice. The Federation of Dental Hygiene Regulatory Authorities (FDHRA) has developed a parallel document (Part B) that reframes the *National Competencies* to meet the regulatory perspective. The FDHRA did however use the *National Competencies* (Part A) as a resource to develop a Part B - *National Standards* that articulates the competencies from a regulatory perspective. As such the language and organization of Part B is more closely aligned with standards of practice.

Who will use the *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists*?

Now that the project is complete, the original stakeholders will become the users of the *National Competencies*. Each organization will interpret the *Competencies* in *ETPCS* in a manner that meets the unique needs of the respective organization without changing the overriding intent of having one national standard.

All key stakeholders within dental hygiene will use the *ETPCS*. Depending on their individual mandate each stakeholder will use it somewhat differently.

### Dental Hygiene Educators

The *ETPCS; Part A – National Competencies* is first and foremost an academic document. Educators will use this document along with other documents such as the “CDAC requirements”, “NDHCB Blueprint” and provincial practice standards to design curriculum and develop programs. Educators and administrators will also use this document to lobby provincial Ministries of Education for changes to provincial program standards and funding.

### Canadian Dental Hygienists Association

The CDHA is the national voice for the dental hygiene profession. The *ETPCS* will be an important resource for communicating our vision for dental hygiene education to the profession, other professions, governments and the public. The CDHA will also use the document as a resource for designing members’ professional development opportunities.

### Federation of Dental Hygiene Regulatory Authorities (FDHRA)

Just as the *National Competencies* (Part A) will provide a common national standard for dental hygiene education, it is believed that the *National Standards* (Part B) will provide a common national standard for dental hygiene regulation and practice. Provincial regulatory bodies will determine how best to incorporate the national standards into their provincial practice standards.

### Commission on Dental Accreditation of Canada (CDAC)

CDAC is the body responsible for accrediting dental hygiene education programs across Canada. CDAC, in consultation with its partners (including CDHA and the provincial/territorial regulatory authorities for dental hygiene), develops and approves requirements for dental hygiene educational programs. Accreditation is a nongovernmental, peer review process that measures education programs and hospital dental services against predetermined national requirements. CDAC acts as a partner with the profession, educational institutions and health facilities to protect and further the public interest through the accreditation process. CDAC supports and takes its directives from the FDHRA. When the FDHRA has approved the *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists*, CDAC intends to revise the accreditation requirements to be consistent with the entry to practice requirements approved by the FDHRA.

### National Dental Hygiene Certification Board (NDHCB)

The NDHCB exists so that Canadian regulators have reliable and valid testing mechanisms for assessing current dental hygiene competencies. On behalf of the participating Canadian dental hygiene regulators, the NDHCB is the agency

responsible for the development, administration, scoring and reporting of results of the National Dental Hygiene Certification Examination. NDHCB supports and takes their directives from the FDHRA. When the FDHRA has approved the *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists*, NDHCB intends to realign its examination process with the *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists*.

### What are the benefits of one national standard for entry-to-practice education?

The benefits of one national educational standard are numerous and cannot be overstated.

- The educational foundation of our profession will be consistent across the country.
- Educators across Canada, regardless whether in publically funded or privately funded institutions, will have the same document to use for curriculum development.
- Regulators will be able to develop practice standards that reflect both national and provincial expectations.
- Regulators will be able to meet requirements imposed by the Agreement on Internal Trade with confidence knowing that there is consistency in entry-to-practice education across all provinces.
- CDAC requirements will reflect the *National Competencies* when they are approved by the FDHRA.
- NDHCB examinations will be revised to ensure all entry-to-practice candidates meet the *Entry-to-Practice Standards and Competencies for Canadian Dental Hygienists*, when they are approved by the FDHRA.
- Clear articulation of competencies that are shared by other health professionals will encourage inclusion of dental hygiene in interprofessional education opportunities.
- Dental hygiene education will be recognized by other professions and post secondary institutions that could lead to other career opportunities and easier access to advanced education.

### Who is responsible for implementing the *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists*?

The implementation of *ETPCS* will require the concerted effort of many groups and individuals. No one sector of dental hygiene can drive this process on its own. Implementation will require clear and consistent direction at the national level that can be provided by CDHA, FDHRA, CDAC and NDHCB. The bulk of the work however will need to be done at the provincial level by dental hygiene educators and regulatory bodies. Each province will have its own unique situations and processes to prioritize

and to follow.

### How long will it take to implement the *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists*?

It is difficult to provide an exact date when the *ETPCS* will be fully implemented. However the following provide some guidelines as to process and possible timelines.

- The *National Competencies* were shared with dental hygiene educators who attended workshops in British Columbia and Ontario in November 2008.
- Provincial regulatory authorities have reviewed and agreed in principle with the *ETPCS*.
- Provincial regulatory authorities will consider changes to their standards of practice in response to the *National Standards*. Any changes to *standards of practice* will need to go through required consultation and approval processes in the province.
- Once CDAC receives direction from FDHRA, the CDAC's Documentation Committee will review and revise as needed the dental hygiene accreditation requirements. The revised requirements will then be sent to communities of interest to gain commitment before final approval. This process will take from 12 to 16 months.
- The NDHCB has begun the process of revising its national dental hygiene entry-to-practice competencies blueprint in order to align it with the new *ETPCS*. An extensive consultation process is scheduled in early 2011 to ensure all stakeholders agree on the level of importance and frequency of use of each identified individual competency. This crucial step is necessary to ensure the NDHCB examination is calibrated adequately. The NDHCB is also awaiting direction from the FDHRA as to when it should start testing new candidates under the *ETPCS*. It is anticipated that the NDHCB examination will reflect the *ETPCS* by May 2013.
- If all activities proceed as anticipated full implementation of the *ETPCS* may be achieved in 2013.

### Do provincial dental hygiene organizations have a role in implementation of the *Entry-to-Practice Competencies and Standards for Canadian Dental Hygienists*?

While much of the work with the competencies and standards has been at the national level, implementation must occur at the provincial level. Educators and practising dental hygienists will need the support of their professional associations. Professional associations have expertise in lobbying governments on many issues. They should lend this expertise and support to educators as they lobby for implementation of the new competencies. Professional associations are also well positioned to meet some of

the continuous learning needs of practicing dental hygienists. This is an excellent opportunity for educators, professional associations, and regulatory bodies to collaborate for the common good of the profession and the public.

## NATIONAL COMPETENCIES

What is the purpose of the *National Competencies*?

The *National Competencies* (Part A) were developed to articulate one national educational standard for the dental hygiene profession in Canada that could be “used to develop curriculum, assess programs, examine graduates and develop provincial regulatory standards as well as continuing competency programs” (Sunell et al., National competencies for dental hygiene entry-to-practice. CJDH. 2008;42[1]: 27-36).

The *National Competencies* describe the foundation necessary for entry into the dental hygiene profession in Canada. In addition the *National Competencies* reaffirm the profession’s support for the dental hygiene process of care and recognizes the specialized roles of dental hygienists in health promotion, clinical therapy, and education.

The *National Competencies* will be used by all sectors of the dental hygiene profession. Educators, regulators, Commission on Dental Accreditation of Canada (CDAC), and National Dental Hygiene Certification Board (NDHCB) will use this document in the accreditation and examination processes. In addition, *National Competencies* will support efforts to include dental hygiene students in interprofessional education with other health professionals as shared competencies with other health professions are clearly identified. Finally, the *National Competencies* establishes the profession’s belief in one consistent educational foundation for dental hygiene programs across Canada.

Why do we need national competencies for dental hygiene?

There are many reasons to develop national competencies for dental hygiene. Perhaps the most important reason is to ensure that individuals preparing to enter the profession develop the requisite abilities for practice in an increasingly complex health care environment and to ensure the dental hygiene profession remains relevant. By ensuring this, dental hygienists will be better prepared to meet the oral health needs of the Canadian public.



Variations related to dental hygiene education in Canada have created diversity in the educational preparation of dental hygienists and national competencies will provide a national standard for dental hygiene education.

A strong profession needs to have a strong, universal foundation. Therefore it is essential that the education of dental hygienists is grounded by a national document that clearly articulates the competencies agreed on by all sectors of the profession. The *National Competencies* represent the first time that CDAC, CDHA, FDHRA and NDHCB have agreed on a common standard for entry-to-practice education.

What do the *National Competencies* look like?

The *National Competencies* (Part A) identifies 116 competency statements clustered under 8 domains. When considered together, the competency statements articulate the essential abilities for entry-to-practice dental hygiene based on the following definition of the profession:

*Dental hygienists are primary oral health care providers guided by the principles of social justice who specialize in services related to clinical therapy, oral health education and health promotion.*

*Dental hygienists provide culturally sensitive oral health services for diverse clients throughout their life cycle. They work collaboratively with clients, guardians and other professionals to enhance the quality of life of their clients and the public.*

### Organization of Competencies

The 116 competencies are divided into 8 domains organized within two broad categories:

- 1) Core Abilities — reflecting abilities common to the provision of all dental hygiene services but also common to other health care professionals; and
- 2) Dental Hygiene Services — specific abilities related to specialized services provided by dental hygienists.

Collectively, these competencies articulate the critical abilities required to provide safe and effective therapeutic and preventive care. They also address the increasing need for dental hygienists to be able to work within interprofessional and multidisciplinary settings; use an evidence based approach for decision making; manage a dental hygiene practice, and promote positive oral health and health policies and programs that will increase access to oral health care.

Competency Domains

**Core Abilities:**

(common across all health professions)

The dental hygienist as a:

- A. Professional
- B. Communicator and Collaborator
- C. Critical Thinker
- D. Advocate
- E. Coordinator

**Dental Hygiene Services:**

(specialized areas unique to dental hygiene)

The dental hygienist as a:

- A. Clinical therapist
- B. Oral health educator
- C. Health promoter

How do the *National Competencies* compare with the *CDHA Definition & Scope*?

CDHA Areas of Responsibility	New Domains
	<b><i>Core Abilities</i></b>
Professional	Professional Communicator and Collaborator
Research	Critical thinker
Change Agent	Advocate
Administration	Coordinator
	<b><i>Dental Hygiene Services</i></b>
Clinical therapy	Clinical therapist
Education	Oral health educator
Health Promotion	Health promoter

## NATIONAL STANDARDS

What is the purpose of the *National Standards*?

Dental hygiene regulatory authorities have very specific mandates — to ensure the public receives safe, quality dental hygiene care. While the context of dental hygiene practice may be influenced by differing legislation across Canada, the obligation to protect the public by determining entry-to-practice requirements and regulating the profession is consistent. For this reason the FDHRA has participated in the development of the national competencies. Having a common standard for entry-to-practice dental hygiene education in Canada will ultimately support the regulation of the profession in each province. Regulatory bodies will have more confidence when registering dental hygienists from different provinces once all dental hygiene graduates are receiving the same educational foundation. National competencies approved by the FDHRA will be used by CDAC and NDHCB to fulfill their mandate.

What do the *National Standards* look like?

The *National Standards* have two broad categories representing Professionalism, and Dental Hygiene Services and Programs. Within each category are specific standards that reflect the elements for dental hygiene practice. Each standard is supported by examples of performance indicators that are meant to add clarity and guidance for practising dental hygienists.

### **PROFESSIONALISM**

- Responsibility
- Accountability
- Knowledge Application
- Continuing Competence
- Dental Hygienist-Client Relationship
- Practice Environment – Health & Safety
- Practice Management

### **DENTAL HYGIENE PROCESS\* (A FRAMEWORK FOR DENTAL HYGIENE SERVICES and PROGRAMS)**

- Dental Hygiene Assessment
- Dental Hygiene Diagnosis
- Planning
- Implementation
- Evaluation

\*the specialized area of clinical therapy, oral health & health promotion are addressed within each aspect of the DH Process

### How will the FDHRA use the *National Standards*?

Although dental hygiene is regulated provincially, it is anticipated that each provincial regulatory body will use the *National Standards* to re-examine its standards of practice. In some cases, the provincial standards of practice may already represent the national standards; in other cases regulatory bodies may chose to revise or draft new practice standards consistent with the national approach. Ultimately the more each provincial regulatory body aligns with the national approach, the greater ability they will have to regulate the profession without instituting processes that can be viewed as barriers to care or employment by registrants and governments.

As new practice standards are introduced by provincial regulatory bodies, practising dental hygienists will be expected to achieve these standards through continuous learning strategies. It is anticipated that this will be accomplished through quality assurance programs already in place or under development. Professional associations and educational institutions can support practising dental hygienists by providing opportunities for professional development and continuing education.

### What impact will the FDHRA's activities have on dental hygiene education?

Decisions by the FDHRA will not have a direct effect on dental hygiene practice or education. It will be the actions taken by the provincial regulatory bodies that will determine the impact in each province. Any changes to practice standards at the provincial level will need to be adopted by practising dental hygienists and educational institutions.

## EDUCATORS and ADMINISTRATORS OF DENTAL HYGIENE PROGRAMS

Why does dental hygiene education need to change?

The goal of post secondary education is to prepare individuals to become contributing members of society. This is accomplished by developing the learners' abilities within their chosen discipline. Today's learners must be critical thinkers and must be able to use an expanding body of information which requires postsecondary education to place more emphasis on information literacy. Experience in interprofessional settings, as part of health care education is also expected, as are opportunities for learners to contribute to society through service learning. Over the years dental hygiene programs have been attempting to meet these broader goals. These programs concurrently respond to changes within the profession such as the move toward independent and nontraditional dental hygiene practice, evidence based decision making, expanding scope of practice, and a focus on population based health care. In most cases, individual programs interpret and initiate curriculum changes in response to these emerging trends to the best of their abilities within the constraints of their particular institution. Since the structure of dental hygiene education has not changed in years, this has resulted in dental hygiene programs that are very compressed and tremendously varied across provinces. To continue to add to the curriculum of existing programs without a clear national direction will ultimately lead to more fragmentation and increasing compression of dental hygiene education. *ETPCS* provides an opportunity to:

- establish a consistent educational foundation for the profession, and
- address the broader trends within post secondary health care education.

The educational foundation for dental hygienists has changed very little over the past twenty years even though the profession has evolved dramatically. *ETPCS* represents a positive step forward for the dental hygiene profession and dental hygiene programs. Not only do the competencies address current and future needs of dental hygiene education but also incorporate themes that are consistent across post secondary education. The need to work effectively within multidisciplinary teams has become increasingly important in health care and in the education of health care providers. Such an approach is believed to contribute to increased client safety, quality of and access to care. These competencies more accurately reflect the role and responsibility of the dental hygienist in alternative practice settings and as a primary care provider. Alignment of the dental hygiene competency profile with those of other health professionals helps support interprofessional education and interprofessional collaboration in practice.

How will the *National Competencies* support a consistent approach to dental hygiene education?

The development or revision of dental hygiene programs requires educators to address the expectations of several stakeholders. Currently, the dental hygiene profession has several national documents pertaining to entry level education. These documents include:

- Commission on Dental Accreditation of Canada accreditation requirements,
- National Dental Hygiene Certification Examination Blueprint, and
- the Canadian Dental Hygienists Association, Dental Hygiene Definition and Scope.
- Finally, provincial regulatory bodies have *Standards of Practice* that must be included within the dental hygiene curriculum.

Dental hygiene programs must address provincially mandated requirements. Programs continuously strive to meet the national expectations on accreditation and graduate success in the NDHCB examination, but gaps between provincial standards and national expectations present real challenges. Implementation of the *National Competencies* will provide a mechanism to initiate change to provincial program standards.

The need for such a national set of competencies and standards is becoming increasingly important with the divergence of entry-to-practice educational models across Canada, and the entrance of multiple post-secondary organizations into the educational sector. The most common model for dental hygiene programs across Canada is a 3-year diploma, although degree opportunities exist or are being actively pursued in four of seven provinces offering dental hygiene education. Saskatchewan has a 2-year (76 weeks) diploma program. Ontario dental hygiene programs are established as 2 academic years, but are varied in length and program hours. Business colleges offer different models, which could be 4 semesters, 5 semesters (17 months) or a continuous program over 18 months. Implementation of the *National Competencies* will go a long way in establishing consistency and equity between dental hygiene programs across Canada.

How will the implementation of the *National Competencies* impact current dental hygiene programs?

The implementation of the *National Competencies* will have an impact on all dental hygiene educational programs. The extent of the impact will vary from province to province, and across institutions. It is highly probable that the curriculum in dental hygiene degree programs have all the national competencies already incorporated.

Diploma programs on the other hand will be challenged in meeting the competencies without significant changes to the existing programs.

It is anticipated that all diploma programs will need to expand their curriculum to incorporate the national competencies and any new practice standards adopted by their provincial regulatory body. Current programs sufficiently cover content areas related to traditional clinical dental hygiene practice. However, other areas such as non traditional dental hygiene practice, interprofessional collaboration, critical thinking, research, community based practice, health promotion, public policy and the newly legislated services are either not covered or are limited within the curriculum. These areas will need to be expanded or introduced in the curriculum for programs to achieve accreditation in the future, and for their graduates to be successful in the National Certification Board examination.

Adding new content without increasing program length will result in the further compression of the curriculum that already exists. This will significantly impact students in the program as they will not have the time they need to develop themselves as professionals and independent thinkers. This in turn will affect the quality of graduates and their ability to provide safe, quality dental hygiene care independently, or as part of multidisciplinary teams.

Changes to existing programs will need to be supported by sufficient funding. Educational programs will need to lobby their administration and respective ministry for changes to education standards. Upon approval, programs will begin program renewal and development. The timeframe will be dictated by institutional process but a reasonable estimate is at least 18 months from time of ministry's approval.

Incorporating the *National Competencies* and *National Standards* into the curriculum will require developing new courses. What types of courses should be considered?

The following are examples of additional subject areas that existing dental hygiene programs should consider when developing new courses to support implementation of the national competencies:

Population Health	Health Care Policy	Health Care Systems
Health Promotion	Health Care Informatics	Critical Thinking
Statistics	Critical Appraisal of Literature	Research Methods
Evidence based Practice	Advanced Pharmacology	Oral Epidemiology
Advanced Concepts in Oral Health & Disease	Advanced Dental Hygiene Practice	Professional Practice Management
Leadership/Mentorship	Psychology	Sociology of Health & Illness
Biomedical Ethics	Community Practicum	Interprofessional Education

## Will programs need to be longer to incorporate the *National Competencies*?

The competencies were not developed with a specific program length in mind but it is anticipated that most programs will need to be lengthened to incorporate successfully all of the competencies. The length of program will be influenced by parameters set by provincial ministries and individual academic institutions and by the delivery model selected. It will be important for educators to follow a sound process for developing new curriculum to ensure that competencies are met with sufficient depth and breadth to address requirements of provincial regulatory bodies, accreditation, and the NDHCB. Once this is established there will be a clearer idea of the courses required and overall program hours.

## What types of educational models should be considered?

The competencies will require educational programs to retain their focus on the highly specialized knowledge and skills that are required of the profession but also expand their curricula to include a more liberal arts education (including curriculum in the social sciences, sciences, and humanities). This will be extremely important if graduates are to be competent critical thinkers and problem solvers, proficient communicators and professionals who have the capacity to respond to changing societal and health care needs.

Educators generally acknowledge that the current two year diploma will not be able to incorporate the competencies with sufficient depth and breadth. However, there are a number of possible models to consider that would support the implementation of the national competencies. Examples of possible models include, but are not necessarily limited to:

- 1) four years of liberal arts and dental hygiene;
- 2) two years dental hygiene followed by two years of liberal arts and advanced clinical dental hygiene education;
- 3) two years of liberal arts followed by two years of dental hygiene; or
- 4) one pre-professional year, two years of dental hygiene, and one year of liberal arts

## What are the benefits for my program or institution?

There are many benefits to be realized by dental hygiene programs and academic institutions that incorporate the national competencies. Some examples include:

- Dental hygiene programs will be recognized for their ability to prepare professionals for an interdisciplinary health care environment.
- Curriculum changes address current themes in post secondary health education such as: information literacy, critical thinking, evidence-based practice, interprofessional education, authentic learning, and social justice.



- Expanded opportunities for programs and institutions to contribute to increased access to oral care through introduction of a community practicum and interprofessional education.
- Increased revenues to institutions can be realized if funding is adjusted to support increased program length.
- Improved opportunities for students, through articulations with universities, to access and complete baccalaureate studies and masters' programs.
- Dental hygiene programs can align easier with other health care programs within institutions, enhancing the institution's ability to offer more diverse learning experiences, such as interprofessional courses.
- Students in dental hygiene programs will strengthen their professional identity and the skills needed to manage their professional growth in practice.
- Graduates of the program will be prepared for success with their national certification exam.
- Graduates can become successfully registered/licensed to practice.

What challenges can be anticipated during this transition in dental hygiene education?

Changes to dental hygiene education will not be easy particularly when questions of program length, funding, and credentials are not yet answered. Challenges will vary depending on the jurisdiction and the institution. Some of the challenges identified by educators at the November 2008 workshops include:

- Gaining approval at the institution and ministry levels.
- Gaining increased funding to support program delivery.
- Different rules for public versus private institutions.
- Possible shrinking applicant pool if the programs become longer.
- Inability of some programs to incorporate the new competencies on their own.
- Gaining support and understanding from the profession and future students.
- Needing to go through accreditation following implementation of changes.
- Having sufficient numbers of qualified educators.

These challenges can also be viewed as opportunities:

- For educators, regulators, and professional associations to work together to influence government.
- To have dental hygiene education accepted on par with other comparable health professions.
- To introduce new delivery models and articulation agreements with universities for degree completion.
- To ensure there is adequate time and funding for program development and delivery

## How will dental hygiene educators be supported through the transition?

Dental hygiene educators will need the support of each other, their administration, and their professional associations. Educators' forums are excellent opportunities to develop a common vision and share expertise in curriculum development. The CDHA is committed to supporting the learning needs of educators through new initiatives to be announced shortly. Clear messages from professional associations, regulatory bodies, CDAC, and NDHCB will allow educators and administrators of programs and institutions to understand fully new expectations and the resulting impact on their dental hygiene program.

## Will changing our programs cost schools and students more?

The schools may incur some costs during curriculum development and accreditation processes. This is to be expected with any program that makes a significant change to meet new trends and expectations.

Changes to program delivery such as hours or length will increase costs to institutions. However if funding changes accordingly, then institutions should see an increase in revenue. If funding does not change, then it is unlikely that the competencies will be implemented. For this reason it is essential that Ministries of Health and of Education understand the benefits of supporting changes to dental hygiene education.

Students may incur more tuition costs and expenses related to increased program length. While this may be a concern, it should be considered based on a comparison of costs with other health care programs of similar length and increased quality in service provision.

## What are the benefits to students?

There are tangible and intangible benefits for students who will graduate having achieved the competencies.

- Depth and breadth of learning will be enhanced.
- Dental hygiene students will have increased opportunities to learn alongside other health care students.
- Dental hygiene students will be better prepared to adapt to a continuously changing health care environment.
- Dental hygiene students will be able to manage an ever increasing body of scientific knowledge.

- Dental hygiene students will have the time and experiences necessary to develop themselves as professionals.
- Programs will be able to introduce more varied authentic learning experiences within the curriculum.
- Dental hygiene students will continue to be successful with NDHCB examination and meeting entry to practice requirements.
- It will be easier for dental hygiene credentials to be transferred from one jurisdiction to another.

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