

CONTRACT OF EMPLOYMENT FOR ORAL HEALTH THERAPISTS

This contract of employment between

..... (hereinafter referred to as “Employer” or “we” or “us”)
on the one part

And

..... (hereinafter referred to as the “Employee”
or “Supervisee” or “you”) on the other part whose employment will be subject to the terms of
this contract of employment mutually agreed as follows:

Interpretation

In this contract, unless the context otherwise requires:

“Oral Health Therapist” or “OHT”- a person registered as an oral health therapist under the
Singapore Dental Registration Act, Chapter 76, Section 21A

“Supervisors”- registered dentist whose name appears in the first division of the Register of
Dentists

1. GENERAL SCOPE OF WORK

1.1. Engagement

Your engagement will be a

- Full time (no less than 35 hours)
- Part time

Dental Therapist/Dental Hygienist/Oral Health Therapist

Your position reports to no more than **TWO (2)** Supervisors

- A.
- B.



You will be employed at not more than **TWO** (2) locations of workplace as stated below:

- A.
- B.

Your hours of work are as stated below:

1.2. Probation

The effective date of your appointment shall commence on

A **THREE** (3) month probation period will apply from the date of commencement with an interim review at the **SIX** (6) week point of employment. Reviews are to be conducted by your Supervisors.

Refer to **Annex A** for guidelines to interim review.

At any time during this period either you or we may terminate your employment on **ONE** (1) weeks' notice or pay-in-lieu. If the probationary period is successfully completed, your employment will continue in accordance with the terms of this agreement.

1.3. Professional Certification

You are to ensure the following:

- A. Valid Practicing Certificate by Singapore Dental Council
- B. Hold Professional Indemnity Insurance
- C. Valid Basic Cardiac Life Support Certification (Theory)
- D. Fulfil Continuing Dental Education requirements as stipulated by Singapore Dental Council (35 points/2 years)*
- E. Adhere to the medical guideline recommended by MOH for healthcare professionals
- F. Valid R1 radiation license issued by National Environment Agency

*The cost of CDE courses will be borne by yourself or the employer.



1.4. Clinical Duties

Along with carrying out *Oral Examination and Recording of findings*, the scope of work performed by you will be **restricted** to the following as indicated by the Singapore Dental Council:

1. Cleaning and polishing of teeth.
2. Scaling of teeth.
3. Root planning of teeth.
4. Application to the teeth of solutions of sodium or stannous fluoride or such other similar prophylactic solutions as the Council may from time to time determine.
5. Application of fissure sealants.
6. Application of rubber dam.
7. Extraction of primary teeth of persons of 18 years of age or younger.
8. Restoration of teeth of persons of 18 years of age or younger using direct restorative materials.
9. Exposure of radiographic films intraorally or extraorally for the investigation of lesions of the mouth, jaws, teeth and associated structures.
10. Usage of infiltration anaesthesia in procedures such as scaling, root planning, direct restorative procedure and extraction.
11. Taking alginate impressions of the upper and lower dentition.
12. Giving of advice on matters related to dental hygiene.

NOTE: Any expanded scope of work will require prior approval from Singapore Dental Council

Last Updated on SDC website: 03 June 2013

1.5. Clinical Supervision

All clinical duties are to be prescribed by the appointed Supervisor(s) listed in clause 1.1 .

The Supervisor(s) will complete your supervisory report required by Singapore Dental Council from time to time.

An OHT in Part II of the Register must work under prescription and direct supervision.

An OHT in Part I of the Register must work under prescription, direct supervision is not required.



Note: Prescription refers to a written referral from a dentist before carrying out treatment for a patient, it applies to all new and recall cases

The roles of supervisors as indicated by Singapore Dental Council is as follows:

1. provide proper guidance and training to the supervisee in the various areas of practice of dentistry during the period of his/her registration
2. ensure periodic discussions/meetings with the supervisee so as to review his or her progress and make assessment of his or her practical training
3. ensure that the conduct and practice of the supervisee adheres to the regulations and guidelines of the Council, and is befitting of the dental profession
4. report to the SDC immediately if the OHT is considered unsafe to practise in his/her current place of practice
5. submit to the Council, via online submission, the Supervisor's yearly assessment report of the supervisee

The supervisory report will determine if you are able to perform your duties satisfactorily.

In the event that your supervisor is unable to continue his supervisory duties for the full period whilst you are under Part II of the register, he/she should inform Council immediately and Council will write to the clinic to re-nominate a new supervisor.

The Supervisors and you are co-responsible for adherence to the OHT scope of work.

Refer to **Annex B** for recommended workflow

1.6. Non-Clinical Duties *(applicable to OHT on basic retainer only)*

You may be required to perform the following non-clinical duties:

2. ONSITE INTEGRATION

The Supervisor and you will work together to ensure smooth integration into the practice.

Refer to **Annex C** for Onsite Integration guide.



3. REMUNERATION

3.1. Payment

Your remuneration package is as stated below:

Full Time

- Basic SGD\$..... + Tiered Commission% *(AOHT most preferred pay scheme)*

Gross Takings	Remuneration
\$0 - \$ 10,000	5% + basic
\$10,001 - \$15,000	10% + previous tier comm + Basic
\$15,001 - \$20,000	15% + previous tier comm + Basic
\$20,001 - \$25,000	20% + previous tier comm + Basic
\$25,001 onwards	25% + previous tier comm + Basic

- Basic SGD\$..... **OR** Commission%, whichever is higher
- Basic Only SGD\$.....
- Commission Only%
- Tiered Commision

Part-Time

- Hourly Rate \$...../Hour

Your monthly salary will be credited on the day of each month.

Both the Company and you shall make such contributions on the **total** monthly remuneration stipulated by the Central Provident Fund Board and may be adjusted from time to time as required by law.

Your remuneration package and the scope of duties under this Agreement shall be subject to review at the end of every calendar year.

Annual wage supplement will be paid to you on a basic remuneration scheme.

3.2. Overtime, Weekend and Public Holiday Rates (*applicable only to employee with basic retainer*)

Where you are instructed to work beyond your ordinary hours, you will be paid at the rate of time and a half (150%)

3.3. Provisions

The provisions below will be borne by the employer

A. Licenses/Professional Indemnity

- Practicing Certificate est. cost: \$100
- Professional Indemnity est. cost: \$428 as of Year 2016
- R1 radiation license est. cost: \$150

B. Training

- Singapore Oral Health Therapy Congress
- Asia Pacific Oral Health Therapy Congress
- IDEM OHT Forum
- Others

C. Uniform/Scrub (*if required*)

Uniform/Scrubs will be supplied by the Employer. Your uniform remains at all times our property and we will replace your uniform on a fair wear and tear basis.

Employee must wear any such uniform as supplied and is to keep uniform clean and presentable at all time.



4. CAREER PROGRESSION

Where possible, the employer will look into progression opportunities such as:

- A. Senior OHT/Team Leader
- B. Practice Manager
- C. Trainer

5. LEAVE *(applicable only to employee with basic retainer)*

The following are applicable upon confirmation of your appointment:

5.1. Annual Leave

You will be entitled to **FOURTEEN** (14) days of paid annual leave.

The annual leave is incremental based on number of years in company.

Part II OHTs are not allowed to perform clinical duties while the Supervisor is on leave.

5.2. Sick Leave & Hospitalisation Leave

You will be entitled to paid sick leave as follows:

- A. up to **FOURTEEN** (14) working days of paid medical leave annually
- B. up to **SIXTY** (60) calendar days paid hospitalisation leave annually

You must notify your supervisor as soon as possible if you are unable to work for medical reasons.

You are required to produce a medical certificate in all cases where you are absent from work for medical reasons.

5.3. Compassionate Leave

Compassionate leave will be granted upon death of an immediate family member, i.e. spouse, children, siblings, parents, parents-in-law, grandparents and grandparents-in-law, subject to **TWO** (2) days per occurrence.

5.4. Maternity Leave/Paternity Leave

A female employee is eligible for **SIXTEEN** (16) weeks of paid maternity leave if you meet the following requirements:

- A. Your child is a Singapore citizen.
- B. Served your employer for a continuous period of at least **THREE** (3) months immediately before the birth of your child.

We will pay your basic monthly salary during the leave period.

A male employee is eligible for **TWO** (2) weeks of paid paternity leave if you meet the following requirements:

- A. Your child is a Singapore citizen.
- B. You are or had been lawfully married to the child's mother between conception and birth. (Not applicable for adoptive fathers whose formal intent to adopt is on or after 1 January 2017.)
- C. Served your employer for a continuous period of at least **THREE** (3) months before the birth of your child.

5.5. Study/ Training Leave (Optional)

You will be entitled up to **FIVE** (5) days' paid leave per year for relevant study leave or to attend appropriate conference and seminars.

6. TERMINATION OF EMPLOYMENT

Upon confirmation of your appointment, you may resign upon giving **ONE** (1) month's written notice of your intention to resign. We may terminate your appointment at any time by way of **ONE** (1) month's written notice or payment to you of **ONE** (1) months' salary in-lieu by either party.

6.1. Termination due to Misconduct



We may terminate your employment without notice if you are guilty of misconduct that justifies the termination of employment. Without limiting the meaning of the term misconduct, the term is used in its ordinary meaning at law and includes but is not limited to:

- A. Dishonesty, theft
- B. Misinterpretation of your qualifications or employment history
- C. Wilful disobedience
- D. Conviction of criminal offence
- E. Intoxication at work
- F. Neglect of duty
- G. Breach of confidential information

If an act of misconduct has been committed, an inquiry will be conducted before deciding whether to dismiss the employee or to take other forms of disciplinary action.

Under the Employment Act, we may suspend your work during an inquiry for not more than **ONE (1)** week. You will be paid at least half of your salary during suspension

If the inquiry finds the employee guilty of misconduct, we may take the following actions:

- A. Termination of service without notice
- B. Downgrade of employment
- C. Suspension of pay for not more than **ONE (1)** week

If no misconduct is found, we will restore the full amount of any salary that was withheld during the suspension period.

7. GENERAL

Any changes to this agreement will only be valid if put in writing and have been agreed upon and signed by both parties.

THIS AGREEMENT SIGNED AT *(time)* ON THIS *(day)* DAY OF *(month)* *(year)*

(Signature)

(Signature)

.....
Name of Employer / NRIC / DCR No.

.....
Name of Employee / NRIC / DCR No.



(Signature)

.....
Name of Witness / NRIC

Annex A

SUPERVISOR ASSESSMENT REPORT FOR REGISTERED ORAL HEALTH THERAPISTS

Name of Supervisee:	Registration No:
Employer:	
Type of Register:	Dental Hygienist Dental Therapist Oral Health Therapist
Certificate/Diploma (Year of graduation)	_____ ()
Degree (Year of graduation)	_____ ()
Year of registration with SDC	_____
Period of Supervision	: _____ (DD/MM/YY) to _____ (DD/MM/YY) _____ Hours per week

Duration of Actual Clinical Work Performed	_____ Hours per week
	_____ Total hours for period supervised

1. DENTAL HYGIENE / THERAPY KNOWLEDGE

Dental therapy and hygiene knowledge must be demonstrated in the areas relevant to practice under supervision.

Developing	Competent	Exceeding	Not Observed
Demonstrates obvious gaps in dental hygiene / dental therapy knowledge. Shows minimal interest or effort in bridging gaps in knowledge identified.	Demonstrates adequate dental hygiene / dental therapy knowledge. Makes effort to keep current with practice standards.	Demonstrates good dental hygiene / dental therapy knowledge. Makes effort to keep current with practice standards and shares this knowledge willingly.	
Developing	Competent	Exceeding	Not Observed

State reason(s) for the selection:

2. HISTORY TAKING

History taking involves the ability to review and interpret patient case notes, take comprehensive history, and gather relevant information from other reliable sources including consultation with appropriate healthcare providers.

Developing	Competent	Exceeding	Not Observed
Consistently unable to obtain, review and update complete medical and dental histories	Obtains, reviews and updates complete medical and dental histories and determines	Obtains, reviews and updates complete medical and dental histories and	



<p>and determine medical conditions that require special considerations.</p> <p>Has difficulty reviewing and interpreting case notes effectively.</p> <p>Unable to identify crucial information relevant to the case.</p> <p>Shows limited sensitivity to diversity, cultural and linguistic backgrounds (eg. age, gender, ethnicity, knowledge, attitudes and disabilities).</p>	<p>medical conditions that require special considerations most of the time.</p> <p>Reviews and interprets case notes effectively most of the time.</p> <p>Identifies and obtains crucial information that is relevant to the case.</p> <p>Is generally sensitive to cultural and linguistic backgrounds of patients (eg. age, gender, ethnicity, knowledge, attitudes and disabilities).</p>	<p>determines medical conditions that require special considerations all the time.</p> <p>Reviews and interprets case notes effectively all of the time.</p> <p>Identifies and obtains crucial information, as well as some secondary information that is relevant to the case.</p> <p>Is sensitive to cultural and linguistic background of all patients (eg. age, gender, ethnicity, knowledge, attitudes and disabilities).</p>	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the selection:			

3. ASSESSMENT			
Assessment involves a systematic process of examining the patient and collecting information, determining relevant risk factors and dental needs to derive accurate diagnoses.			
Developing	Competent	Exceeding	Not Observed
<p>Consistently unable to perform thorough extra-oral and intra-oral assessment of the hard and soft tissues and record significant findings.</p> <p>Unable to make reliable and accurate assessment.</p>	<p>Performs thorough extra-oral and intra-oral assessment of the hard and soft tissues and records significant findings most of the time.</p> <p>Makes reliable and accurate assessment most of the time.</p>	<p>Performs thorough extra-oral and intra-oral assessment of the hard and soft tissues and records significant findings all the time.</p> <p>Makes reliable and accurate assessment all of the time.</p>	



Consistently unable to determine relevant risk factors related to the condition.	Determines relevant risk factors related to the condition most of the time.	Determines relevant risk factors related to the condition all of the time.	
Accurately interprets assessment data some of the time.	Accurately interprets assessment data most of the time.	Accurately interprets assessment data all of the time.	
Derives relevant diagnoses some of the time.	Derives relevant diagnoses most of the time.	Derives relevant diagnoses all of the time.	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the selection:			

4. PLANNING

Planning involves collaboration with the patient and health professionals, and application of critical decision-making skills, to formulate a patient-centered comprehensive care plan.

Developing	Competent	Exceeding	Not Observed
Addresses patients' needs and/or concerns some of the time.	Addresses patients' needs and/or concerns most of the time.	Addresses patients' needs and/or concerns all of the time.	
Consistently unable to identify, prioritize and sequence appropriate intervention including patient education, treatment and referral.	Selects and employs appropriate intervention including patient education, treatment and referral.	Selects, prioritizes and sequences appropriate intervention including patient education, treatment and referral.	
Identifies and incorporates considerations including patients' preferences, existing etiologic factors, severity and extent of condition when formulating care plan some of the time.	Identifies and incorporates considerations including patients' preferences, existing etiologic factors, severity and extent of condition when formulating care plan most of the time.	Identifies and incorporates considerations including patients' preferences, existing etiologic factors, severity and extent of condition when formulating care plan all of the time.	
Consistently unable to set appropriate and realistic	Sets appropriate and	Sets appropriate and realistic goals to meet patients' needs and engages patients for long term compliance.	



goals and outcomes to meet patients' needs. Consistently unable to recognize and collaborate with other professionals with regards to referral and/or consultation.	realistic goals to meet patients' needs and engages patients. Recognizes the need for referral and/or consultation with other professionals.	Recognizes the need for referral and/or consultation and collaborate with other professionals.	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the selection:			

5a. TREATMENT IMPLEMENTATION (DENTAL THERAPY)

Treatment implementation involves the ability to execute dental therapy procedures in an effective and safe manner.

Developing	Competent	Exceeding	Not Observed
Demonstrates inadequate removal of supra and sub gingival plaque and calculus by scaling and polishing.	Demonstrates adequate removal of supra and sub gingival plaque and calculus by scaling and polishing.	Consistently demonstrates adequate removal of supra and sub gingival plaque and calculus by scaling and polishing.	
Lacks the knowledge and demonstrates inappropriate local anesthesia infiltration techniques for pain control.	Applies the knowledge of and demonstrates appropriate local anesthesia infiltration techniques for pain control.	Consistently applies the knowledge of and demonstrates appropriate local anesthesia infiltration techniques for pain control.	
Demonstrates inappropriate techniques for isolation, application of prophylactic and therapeutic solutions, placement of fissure sealants and direct restorations.	Demonstrates appropriate techniques for isolation, application of prophylactic and therapeutic solutions, placement of fissure sealants and direct restorations.	Consistently demonstrates appropriate techniques for isolation, application of prophylactic and therapeutic solutions, placement of fissure sealants and direct restorations.	
Lacks the knowledge and techniques for primary teeth extraction.	Applies adequate knowledge and techniques for primary teeth extraction.	Consistently applies knowledge and techniques for primary teeth extraction.	



<p>Lacks the appropriate techniques for exposure of radiographs.</p> <p>Lacks the ability to take accurate alginate impressions.</p> <p>Shows limited awareness of patients' overall health and dental status and is unable to customize oral hygiene advice.</p>	<p>Demonstrates appropriate techniques for exposure of radiographs.</p> <p>Takes accurate alginate impressions.</p> <p>Is aware of patients' overall health and dental status and customizes oral hygiene advice.</p>	<p>Consistently demonstrates appropriate techniques for exposure of radiographs.</p> <p>Consistently takes accurate alginate impressions.</p> <p>Is consistently aware of patients' overall health and dental status and customizes oral hygiene advice to meet patient's needs.</p>	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the selection:			

5b. TREATMENT IMPLEMENTATION (DENTAL HYGIENE)			
Treatment implementation involves the ability to execute dental hygiene procedures in an effective and safe manner.			
Developing	Competent	Exceeding	Not Observed
<p>Lacks the ability to remove supra and sub gingival plaque and calculus through periodontal debridement (scaling and root planing).</p> <p>Lacks the knowledge and demonstrates inappropriate local anesthesia infiltration techniques for pain control.</p> <p>Demonstrates inappropriate techniques for isolation, application of prophylactic and therapeutic solutions,</p>	<p>Demonstrates the ability to remove supra and sub gingival plaque and calculus through periodontal debridement (scaling & root planing).</p> <p>Applies the knowledge of and demonstrates appropriate local anesthesia infiltration techniques for pain control.</p> <p>Demonstrates appropriate techniques for isolation, application of prophylactic and therapeutic solutions,</p>	<p>Consistently demonstrates the ability to remove supra and sub gingival plaque and calculus through periodontal debridement (scaling and root planing).</p> <p>Consistently applies the knowledge of and demonstrates appropriate local anesthesia infiltration techniques for pain control.</p> <p>Consistently demonstrates appropriate techniques for isolation, application of prophylactic and therapeutic</p>	



and placement of fissure sealants. Lacks the appropriate techniques for exposure of radiographs. Lacks the ability to take accurate alginate impressions. Shows limited awareness of patients' overall health and dental status and is unable to customize oral hygiene advice.	and placement of fissure sealants. Demonstrates appropriate techniques for exposure of radiographs. Takes accurate alginate impressions. Is aware of patients' overall health and dental status and customizes oral hygiene advice.	solutions, and placement of fissure sealants. Consistently demonstrates appropriate techniques for exposure of radiographs. Consistently takes accurate alginate impressions. Is consistently aware of patients' overall health and dental status and customizes oral hygiene advice to meet patient's needs.	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the selection:			

6. EVALUATING TREATMENT OUTCOMES			
Evaluation involves the ongoing skill to objectively review the effectiveness of an implemented care plan at appropriate times, by comparing actual outcomes and expected outcomes.			
Developing	Competent	Exceeding	Not Observed
Lacks the awareness of usual expected responses to implemented care, and is unable to recognize obvious risk factors or barriers. Consistently unable to communicate, collect relevant data and analyze the information to assess	Is aware of expected responses to implemented care, and recognizes obvious risk factors or barriers to planned intervention. Communicates, collects relevant data and analyzes the information to assess the	Is aware of changes and expected responses during the intervention including anticipating subtle changes in expected patient outcomes. Consistently communicates, collects relevant data and analyzes the information to assess the effectiveness and	



<p>the effectiveness and efficacy of the implemented care.</p> <p>Is unable to review/revise patient care and refer patients as necessary.</p> <p>Demonstrates inappropriate continuing care interval which does not relate to evaluation findings or changing needs of patient.</p>	<p>effectiveness and efficacy of the implemented care.</p> <p>Reviews/revises patient care and refers patients as necessary.</p> <p>Establishes the continuing care interval based on the evaluation outcome and changing patient needs.</p>	<p>efficacy of the implemented care.</p> <p>Consistently uses evidence based decisions to review/revise and refer patients as necessary.</p> <p>Establishes and communicates the importance of the continuing care interval based on the evaluation outcome and changing patient needs.</p>	
Developing	Competent	Exceeding	Not Observed
<p>State reason(s) for the selection:</p>			

7. DOCUMENTATION & RECORD KEEPING

Documentation and record keeping involves maintaining records consistent with applicable legislation, code of ethics and professional standards.

Developing	Competent	Exceeding	Not Observed
<p>Consistently unable to maintain complete, accurate and timely records, including any other information relevant to patient care and management.</p> <p>Incomplete documentation of relevant health history.</p> <p>Unable to ensure informed consent or informed refusal is documented where applicable.</p>	<p>Maintains complete, accurate and timely records, including any other information relevant to patient care and management.</p> <p>Documents up-to-date and comprehensive health history.</p> <p>Ensures informed consent or informed refusal is documented most of the time.</p>	<p>Consistently maintains complete, accurate and timely records, including any other information relevant to patient care and management.</p> <p>Documents up-to-date and comprehensive health history, and sources for information which patients are unable to provide.</p> <p>Recognizes the circumstances where informed consent or informed refusal is needed and ensures documentation where applicable.</p>	



<p>Documentation is difficult to read and understand and hinders continuity of care.</p> <p>Fails to document relevant interactions between patients and the practice.</p> <p>Fails to maintain records and data in a secure manner.</p>	<p>Documentation is legible, with symbols and abbreviations that are well understood, and supports continuity of care.</p> <p>Documents relevant interactions between patients and the practice.</p> <p>Maintains records and data securely.</p>	<p>Documentation is legible, succinct, and complete to allow smooth continuity of care.</p> <p>Documents relevant interactions between patients and the practice clearly and concisely.</p> <p>Maintains records and data securely all the time.</p>	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the selection:			

8. ETHICAL BEHAVIOUR			
Ethical behaviour includes maintaining patient's interest at the forefront of practice, respect for patient's privacy and confidentiality, and professional integrity.			
Developing	Competent	Exceeding	Not Observed
<p>Practices beyond the scope of work set forth in the Dental Registration Act.</p> <p>Does not take into account patient's welfare, safety and interest when providing clinical services.</p> <p>Lacks respect for patients' privacy and confidentiality.</p> <p>Makes false/misleading claims, or is not truthful in delivering services or information to patients.</p>	<p>Adheres to scope of work set forth in the Dental Registration Act.</p> <p>Takes into account patient's welfare, safety and interest in providing clinical services.</p> <p>Respects patients' privacy and confidentiality.</p> <p>Is truthful and factual about services/therapy administered and information provided to patients.</p>	N.A.	



Developing	Competent	Exceeding	Not Observed
State reason(s) for the selection:			

9. PROFESSIONAL RELATIONSHIPS			
Professional relationship refers to the ability to develop and maintain professional relationships with the dental team (receptionists, assistants, dentists and specialists).			
Developing	Competent	Exceeding	Not Observed
<p>Does not adhere to professional boundaries.</p> <p>Unable to build and maintain a good working relationship with the dental team.</p> <p>Not receptive to feedback.</p> <p>Does not interact with peers and colleagues to create an environment that supports collegiality and teamwork.</p>	<p>Adheres to professional boundaries.</p> <p>Builds and maintains a good working relationship with the dental team.</p> <p>Receptive to feedback and takes appropriate self-improvement measures.</p> <p>Interacts with peers and colleagues to create an environment that supports collegiality and teamwork.</p>	<p>Adheres to professional boundaries at all times.</p> <p>Builds and maintains a good working relationship with the dental team, and initiates opportunities to further develop these relationships.</p> <p>Initiates feedback and takes self-improvement measures promptly.</p> <p>Consistently interacts with peers and colleagues to create an environment that supports collegiality and teamwork.</p>	
Developing	Competent	Exceeding	Not Observed
State reason(s) for the selection:			



10. PROFESSIONAL BEHAVIOUR

Professional behaviour pertains to the general behavior expected of a healthcare professional.

Developing	Competent	Exceeding	Not Observed
<p>Disregards the professional standards expected of an OHT.</p> <p>Has poor awareness of one's own level of professional knowledge and skill.</p> <p>Demonstrates poor professional image and demeanor.</p> <p>Does not understand the role of an OHT in the healthcare sector.</p>	<p>Upholds professional standards expected of an OHT.</p> <p>Is aware of one's own level of professional knowledge and skill.</p> <p>Demonstrates professional image and demeanor.</p> <p>Understands the role of an OHT in the healthcare sector.</p>	<p>Upholds professional standards expected of a competent OHT. Strives for excellence and quality of care.</p> <p>Is aware of one's own level of professional knowledge and skill. Seeks to improve knowledge and skills.</p> <p>Demonstrates professional image and demeanor at all times.</p> <p>Understands and articulates the role of an OHT in the healthcare sector.</p>	
Developing	Competent	Exceeding	Not Observed

State observations/reason(s) for the selection:

11. INTERPERSONAL & COMMUNICATION SKILLS

Interpersonal and communication skills relate to the ability to communicate effectively.

Developing	Competent	Exceeding	Not Observed
<p>Lacks care and concern for patient/family.</p>	<p>Demonstrates care and concern for patient/family.</p>	<p>Demonstrates care and concern for patient. Is respectful and compassionate towards patient / family.</p>	



<p>Lacks verbal and non-verbal skills and has difficulty in communicating effectively with patient /family.</p> <p>Has difficulty communicating assessment findings, prognosis and treatment plan to patients, care-givers and other professionals.</p> <p>Has poor rapport with patients, care-givers and other professionals.</p> <p>Has difficulty in providing oral health counselling.</p>	<p>Has good verbal and non-verbal skills, and communicates effectively with patient/family.</p> <p>Communicates assessment findings, prognosis and treatment plan to patients, care-givers and other professionals.</p> <p>Establishes good rapport with patients, care-givers and other professionals.</p> <p>Provides appropriate oral health counselling.</p>	<p>Has excellent verbal and non-verbal skills, and communicates effectively with patient/family.</p> <p>Effectively and clearly communicates assessment findings, prognosis and treatment plan to patients, care-givers and other professionals.</p> <p>Establishes and maintains good rapport with patients, care-givers and other professionals.</p> <p>Provides effective oral health counselling and motivates behavior change.</p>	
Developing	Competent	Exceeding	Not Observed

State reason(s) for the selection:

FOLLOW-UP ACTIONS TO IMPROVE PERFORMANCE

DETAILS OF PRIMARY SUPERVISOR

NAME AND CLINIC	DCR NO.	DATE

ACKNOWLEDGEMENT OF SUPERVISEE



NAME	DCR/REG NO.	DATE

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Annex B

RECOMMENDED WORKFLOW

For New Patient/ Recall Patient

1. Reception to inform and educate patient on OHT.
2. Patient to be booked under OHT appointment.
3. OHT to be introduced to patient.
4. OHT to obtain patient's history, chief complaint and oral assessment.
5. Supervising dentist to diagnose and treatment plan.
6. OHT to commence on prescribed treatment.
7. OHT to refer patient back to dentist for any follow up treatment

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Annex C

ONSITE INTEGRATION OF ORAL HEALTH THERAPISTS

1. Introduction

Introduce OHT to all members of the dental team.

- English: Oral Health Therapist/Dental hygienist/Dental Therapist
- Chinese: 口腔保健治疗师
- Explain differences in job scope between dentist vs OHT to be specified to all staffs
- Resources: [OHT video](#) / [OHT Brochure](#) on AOHT website

Dentist introducing OHT to patients

- Verbal introduction
- Soft introduction - via less invasive procedures such as OHI, X-Ray
- Resources: [OHT leaflet](#)

2. Orientation

- Clinic Management System, OHT appointment list to be created.
- Dental Unit, X-Ray machine and dental products and supplies.

3. Invest/Purchase

- Dental hygiene instruments
 - Curettes
 - Periodontal Probes
 - Hygiene explorer
- Prophy Jet
- Piezo Scaler
- OHI material



4. Support

- By providing OHT with suitably trained DSA