# **02 DEPARTMENT OF PROFESSIONAL AND FINANCIAL REGULATION**

**313 MAINE BOARD OF DENTAL PRACTICE**

**Chapter 17: REQUIREMENTS FOR ESTABLISHING A BOARD APPROVED DENTAL THERAPY PROGRAM**

**Summary:** This rule establishes the requirements for dental therapy programs to be approved by the Board as a pathway to licensure.

**I. OBJECTIVE**

The purpose of this rule is to establish the minimum requirements for dental therapy programs approved by the Board until such time as programs are accredited by CODA or a successor organization.

**II. PROGRAM APPROVAL BY THE BOARD**

1. **Dental Therapy Program accredited by CODA**. For the purpose of this chapter, a dental therapy program that is accredited by CODA meets the requirements of this chapter.
2. **Dental Therapy Program not accredited by CODA**. For the purposes of this chapter a dental therapy educational program not accredited by CODA based on the unavailability of a CODA accreditation process may receive approval from the Board if:
   1. The educational institution is accredited by an agency recognized by the US Department of Education;
   2. The educational institution meets all requirements of the Maine Department of Education or other state department of education if located in another state;
   3. The educational institution has a CODA accredited program in either dental hygiene or pre-doctoral dental program;
   4. The educational institution submits a written request and forms prescribed by the Board; and
   5. The educational institution and program meet all of the requirements of this chapter.

**III. CRITERIA FOR APPROVAL**

1. **Institutional Effectiveness.** The educational institution must demonstrate pursuant to section II (B) that it meets the requirements of this chapter.
   1. The program must develop a clearly stated purpose/mission statement appropriate to dental therapy education, addressing teaching, patient care, research and service.

Intent: A clearly defined purpose/ mission statement that is concise and communicated to faculty, staff, students, patients and other communities of interest is helpful in clarifying the purpose of the program.

* 1. The program must include an ongoing planning and assessment process that is systematically documented regarding the improvement of educational quality and program effectiveness and that must be broad-based, systematic, continuous, and designed to promote achievement of institutional goals related to institutional effectiveness, student achievement, patient care, research, and service.

Intent: Assessment, planning, implementation and evaluation of the educational quality of a dental therapy education program that is broad-based, systematic, continuous and designed to promote achievement of program goals will maximize the academic success of the enrolled students. The Board expects each program to define its own goals and objectives for preparing individuals for the practice of dental therapy.

Examples of evidence to demonstrate compliance may include:

* + - program completion rates
    - employment rates
    - success of graduates on state licensing examinations
    - success of graduates on national boards
    - surveys of alumni, students, employers, and clinical sites
    - other benchmarks or measures of learning used to demonstrate effectiveness
    - examples of program effectiveness in meeting its goals
    - examples of how the program has been improved as a result of assessment
    - ongoing documentation of change implementation
    - mission, goals and strategic plan document
    - assessment plan and timeline
  1. The dental therapy education program must have a stated commitment to a humanistic culture and learning environment that is regularly evaluated.

Intent: The dental therapy education program should ensure collaboration, mutual respect, cooperation, and harmonious relationships between and among administrators, faculty, students, staff, and alumni. The program should also support and cultivate the development of professionalism and ethical behavior by fostering diversity of faculty, students, and staff, open communication, leadership, and scholarship.

Examples of evidence to demonstrate compliance may include:

* established policies regarding ethical behavior by faculty, staff and students that are regularly reviewed and readily available
* student, faculty, and patient groups involved in promoting diversity, professionalism and/or leadership support for their activities
* Focus groups and/or surveys directed towards gathering information on student, faculty, patient, and alumni perceptions of the cultural environment

* 1. The program must have policies and practices to:
     1. achieve appropriate levels of diversity among its students, faculty and staff;
     2. engage in ongoing systematic and focused efforts to attract and retain students, faculty and staff from diverse backgrounds; and
     3. systematically evaluate comprehensive strategies to improve the institutional climate for diversity.

Intent: The program should develop strategies to address the dimensions of diversity, including structure, curriculum and institutional climate. The program should articulate its expectations regarding diversity across its academic community in the context of local and national responsibilities, and regularly assess how well such expectations are being achieved. Programs could incorporate elements of diversity in their planning that include, but are not limited to, gender, racial, ethnic, cultural and socioeconomic. Programs should establish focused, significant, and sustained programs to recruit and retain suitably diverse students, faculty, and staff.

* 1. The financial resources must be sufficient to support the program’s stated purpose/mission, goals and objectives.

Intent: The institution should have the financial resources required to develop and sustain the program on a continuing basis. The program should have the ability to employ an adequate number of full-time faculty; purchase and maintain equipment; and procure supplies, reference material and teaching aids as reflected in an annual operating budget. Financial resources should ensure that the program will be in a position to recruit and retain qualified faculty. Annual appropriations should provide for innovations and changes necessary to reflect current concepts of education in the discipline. The Board will assess the adequacy of financial support on the basis of current appropriations and the stability of sources of funding for the program.

Examples of evidence to demonstrate compliance may include:

* program’s mission, goals, objectives and strategic plan
* institutional strategic plan
* revenue and expense statements for the program for the past three years
* revenue and expense projections for the program for the next three years
  1. The program must be a recognized entity within the institution’s administrative structure which supports the attainment of program goals.

Intent: The position of the program in the institution’s administrative structure should permit direct communication between the program administrator and institutional administrators who are responsible for decisions that directly affect the program. The administration of the program should include formal provisions for program planning, staffing, management, coordination and evaluation.

Examples of evidence to demonstrate compliance may include:

* institutional organizational flow chart
* short and long-range strategic planning documents
* examples of program and institution interaction to meet program goals
* dental therapy representation on key college or university committees
  1. Programs must be sponsored by institutions of higher education that are accredited by an institutional accrediting agency (i.e., a regional or appropriate\* national accrediting agency) recognized by the United States Department of Education for offering college- level programs. The institution must meet the requirements of the Maine Department of Education if located in Maine or other state department of education requirements if located in another state.

\*Agencies whose mission includes the accreditation of institutions offering allied health education programs.

* 1. All arrangements with co-sponsoring or affiliated institutions must be formalized by means of written agreements which clearly define the roles and responsibilities of each institution involved.

Examples of evidence to demonstrate compliance may include:

* affiliation agreement(s)
  1. The sponsoring institution must ensure that support from entities outside of the institution does not compromise the teaching, clinical and research components of the program.

Examples of evidence to demonstrate compliance may include:

* written agreement(s)
* contracts between the institution/ program and sponsor(s) (For example: contract(s)/agreement(s) related to facilities, funding, faculty allocations, etc.)
  1. The authority and final responsibility for curriculum development and approval, student selection, faculty selection and administrative matters must rest within the sponsoring institution.
  2. The program must show evidence of interaction with other components of the higher education, health care education and/or health care delivery systems.
  3. There must be an active liaison mechanism between the program and the dental and allied dental professions in the community.

Intent: The purpose of an active liaison mechanism is to provide a mutual exchange of information for improving the program, recruiting qualified students and meeting employment needs of the community. The responsibilities of the advisory body should be defined in writing and the program director, faculty, and appropriate institution personnel should participate in the meetings as non-voting members to receive advice and assistance.

Examples of evidence to demonstrate compliance may include:

* policies and procedures regarding the liaison mechanism outlining responsibilities, appointments, terms and meetings
* membership list with equitable representation if the group represents more than one discipline
* criteria for the selection of advisory committee members
* an ongoing record of committee or group minutes, deliberations and activities

1. **Educational Program.** The dental therapist is a new member of the oral healthcare team with expanded functions and scope of practice. Therefore, the curriculum for dental therapy programs must ensure competency in performing these new functions and within this new scope of practice.
2. The curriculum must include at least three academic years of full-time instruction or its equivalent at the postsecondary college-level, including a minimum of four semesters of dental therapy education.

Intent: The scope and depth of the curriculum should reflect the objectives and philosophy of higher education. The time necessary for psychomotor skill development and the number of required content areas require three academic years of study, which is considered the minimum preparation for a dental therapist. This could include documentation of advanced standing. However, the curriculum may be structured to provide opportunity for students who require more time to extend the length of their instructional program.

Examples of evidence to demonstrate compliance may include:

* copies of articulation agreements
* curriculum documents
* course evaluation forms and summaries
* records of competency examinations
* college catalog outlining course titles and descriptions
* documentation of advanced standing requirements

1. The stated goals of the program must be focused on educational outcomes and define the competencies needed for graduation, including the preparation of graduates who possess the knowledge, skills and values to begin the practice of dental therapy.
2. The program must have a curriculum management plan that ensures:
   * 1. an ongoing curriculum review and evaluation process which includes input from faculty, students, administration and other appropriate sources;
     2. evaluation of all courses with respect to the defined competencies of the school to include student evaluation of instruction;
     3. elimination of unwarranted repetition, outdated material, and unnecessary material;
     4. incorporation of emerging information and achievement of appropriate sequencing.
3. The dental therapy education program must employ student evaluation methods that measure its defined competencies and are written and communicated to the enrolled students.

Intent: Assessment of student performance should measure not only retention of factual knowledge, but also the development of skills, behaviors, and attitudes needed for subsequent education and practice. The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills but also assess the process and procedures which will be necessary for entry level practice.

1. Dental therapy program learning experiences must be defined by the program goals and objectives.
2. In advance of each course or other unit of instruction, students must be provided written information about the goals and requirements of each course, the nature of the course content, the method(s) of evaluation to be used, and how grades and competency are determined.

Intent: The program should identify the dental therapy fundamental knowledge and competencies that will be included in the curriculum based on the program goals, resources, current dental therapy practice responsibilities and other influencing factors. Individual course documentation needs to be periodically reviewed and revised to accurately reflect instruction being provided as well as new concepts and techniques taught in the program.

1. Academic standards and institutional due process policies and procedures must be provided in written form to the students and followed for remediation or dismissal.

Intent: If a student does not meet evaluation criteria, provision should be made for remediation or dismissal. On the basis of designated criteria, both students and faculty can periodically assess progress in relation to the stated goals and objectives of the program.

Examples of evidence to demonstrate compliance may include:

* written remediation policy and procedures
* records of attrition/retention rates related to academic performance
* institutional due process policies and procedures

1. Graduates must demonstrate the ability to self-assess, including the development of professional competencies related to their scope of practice and the demonstration of professional values and capacities associated with self-directed, lifelong learning.

Intent: Educational program should prepare students to assume responsibility for their own learning. The education program should teach students how to learn and apply evolving and new knowledge over a complete career as a health care professional. Lifelong learning skills include student assessment of learning needs.

Examples of evidence to demonstrate compliance may include:

* students routinely assess their own progress toward overall competency and individual competencies as they progress through the curriculum
* students identify learning needs and create personal learning plans
* students participate in the education of others, including fellow students, patients, and other health care professionals, that involves critique and feedback

1. Graduates must be competent in the use of critical thinking and problem-solving related to the scope of dental therapy practice, including their use in the care of patients and knowledge of when to consult a dentist or other members of the healthcare team.

Intent: Throughout the curriculum, the educational program should use teaching and learning methods that support the development of critical thinking and problem solving skills.

Examples of evidence to demonstrate compliance may include:

* explicit discussion of the meaning, importance, and application of critical thinking
* use of questions by instructors that require students to analyze problem etiology, compare and evaluate alternative approaches, provide rationale for plans of action, and predict outcomes
* prospective simulations in which students perform decision-making
* retrospective critiques of cases in which decisions are reviewed to identify errors, reasons for errors, and exemplary performance
* writing assignments that require students to analyze problems and discuss alternative theories about etiology and solutions, as well as to defend decisions made
* asking students to analyze and discuss work products to compare how outcomes correspond to best evidence or other professional standards

1. The curriculum must include content that is integrated with sufficient depth, scope, sequence of instruction, quality and emphasis to ensure achievement of the curriculum's defined competencies in the following three areas: general education, biomedical sciences, and dental sciences (didactic and clinical).

Intent: Foundational knowledge should be established early in the dental therapy program and be of appropriate scope and depth to prepare the student to achieve competence in defined components of dental therapy practice. Content identified in each subject may not necessarily constitute a separate course, but the subject areas are included within the curriculum.

Curriculum content and learning experiences should provide the foundation for continued formal education and professional growth with a minimal loss of time and duplication of learning experiences. General education, social science, and biomedical science courses included in the curriculum should be taught at the postsecondary level.

Programs and their sponsoring institutions are encouraged to provide for educational mobility of students through articulation arrangements and career laddering (e.g. between dental therapy education programs and dental education programs) that results in advanced standing permitted for dental hygienists.

1. General education content must include oral and written communications, psychology, and sociology.

Intent: These subjects provide prerequisite background for components of the curriculum, which prepare the students to communicate effectively, assume responsibility for individual oral health counseling, and participate in community health programs.

1. Biomedical science instruction in dental therapy education must ensure an understanding of basic biological principles, consisting of a core of information on the fundamental structures, functions and interrelationships of the body systems in each of the following areas:
   * 1. Basic content areas:
        1. oral embryology and histology
        2. physiology
        3. chemistry
        4. biochemistry
        5. immunology
        6. nutrition
     2. Content beyond the associate degree level:
        1. head and neck and oral anatomy
        2. microbiology
        3. general pathology and/or pathophysiology
        4. pharmacology

Intent: These subjects provide background for both didactic and clinical dental sciences. The subjects are to be of the scope and depth comparable to college transferable liberal arts course work. The program should ensure that biomedical science instruction serves as a foundation for student analysis and synthesis of the interrelationships of the body systems when making decisions regarding oral health services within the context of total body health. The biomedical knowledge base emphasizes the orofacial complex as an important anatomical area existing in a complex biological interrelationship with the entire body.

Dental therapists need to recognize abnormal conditions to understand the parameters of dental therapy care. The program should ensure that graduates have the level of understanding that assures that the health status of the patient will not be compromised by the dental therapy interventions.

1. Didactic dental sciences content must ensure an understanding of basic dental principles consisting of a core of information in each of the following areas within the scope of dental therapy:
2. tooth morphology
3. oral pathology
4. radiology
5. periodontology
6. cariology
7. occlusal disease
8. operative dentistry
9. pain management
10. dental materials
11. dental disease etiology and epidemiology
12. preventive counseling and health promotion
13. patient management
14. pediatric dentistry
15. geriatric dentistry
16. medical and dental emergencies
17. oral surgery
18. orthodontics
19. prosthodontics
20. infection and hazard control management, including provision of oral health care services to patients with bloodborne infectious diseases.

Intent: These subjects provide the student with knowledge of oral health and disease as a basis for assuming responsibility for implementing preventive and therapeutic services. Teaching methodologies should be utilized to assure that the student can assume responsibility for the assimilation of knowledge requiring judgment, decision making skills and critical analysis.

1. Graduates must be competent in managing a diverse patient population and have the interpersonal and communications skills to function successfully in a multicultural work environment.

Intent: Students should learn about factors and practices associated with disparities in health status among subpopulations, including but not limited to, racial, ethnic, geographic, or socioeconomic groups. In this manner, students will be best prepared for dental therapy practice in a diverse society when they learn in an environment characterized by, and supportive of, diversity and inclusion. Such an environment should facilitate dental therapy education in:

* basic principles of culturally competent health care;
* recognition of health care disparities and the development of solutions;
* the importance of meeting the health care needs of dentally underserved populations, and;
* the development of core professional attributes, such as altruism, empathy, and social accountability, needed to provide effective care in a multi-dimensionally diverse society.

Dental therapists should be able to effectively communicate with individuals, groups and other health care providers. The ability to communicate verbally and in written form is basic to the safe and effective provision of oral health services for diverse populations. Dental therapists should recognize the cultural influences impacting the delivery of health services to individuals and communities (i.e. health status, health services and health beliefs).

Examples of evidence to demonstrate compliance may include:

* student projects demonstrating the ability to communicate effectively with a variety of individuals and groups.
* examples of individual and community-based oral health projects implemented by students during the previous academic year
* evaluation mechanisms designed to monitor knowledge and performance

1. Graduates must be competent in communicating and collaborating with other members of the health care team to facilitate the provision of health care.

Intent: Students should understand the roles of members of the health care team, including supervising responsibilities of dental auxiliaries, and have educational experiences, particularly clinical experiences, that involve working with other healthcare professional students and practitioners. Students should have educational experiences in which they participate in the coordination of patient care within the health care system relevant to dentistry.

1. Graduates must be competent in the application of the principles of ethical decision making and professional responsibility.

Intent: Graduates should know how to draw on a range of resources, among which are professional codes, regulatory law, and ethical theories. These resources should pertain to the academic environment, patient care, practice management and research. They should guide judgment and action for issues that are complex, novel, ethically arguable, divisive, or of public concern.

1. Graduates must be competent in applying legal and regulatory concepts to the provision and/or support of oral health care services.

Intent: Dental therapists should understand the laws which govern the practice of the dental profession. Graduates should know how to access licensure requirements, rules and regulations, and state practice acts for guidance in judgment and action.

Examples of evidence to demonstrate compliance may include:

* evaluation mechanisms designed to monitor knowledge and performance concerning legal and regulatory concepts
* outcomes assessment mechanisms

1. Graduates must be competent in applying the basic principles and philosophies of practice management and models of oral health care delivery.
2. Graduates must be able to access, critically appraise, apply, and communicate information as it relates to providing evidence-based patient care within the scope of dental therapy practice.

Intent: The education program should introduce students to the basic principles of research and its application for patients.

1. The program must ensure the availability of adequate patient experiences that afford all students the opportunity to achieve its stated competencies within a reasonable time.

Intent: Sufficient practice time and learning experiences should be provided during preclinical and clinical courses to ensure that students attain clinical competence.

Examples of evidence to demonstrate compliance may include:

* program clinical experiences
* patient tracking data for enrolled and past students
* policies regarding selection of patients and assignment of procedures
* monitoring or tracking system protocols
* clinical evaluation system policy and procedures demonstrating student competencies
* clinic schedules for each term

1. Graduates must be competent in providing oral health care within the scope of dental therapy to patients in all stages of life.

The dental therapist provides care with supervision at a level specified by the state dental practice act. The curriculum for dental therapy programs will support the competencies listed in subsection B(22) within the scope of dental therapy practice.

1. At a minimum, graduates must be competent in providing oral health care within the scope of dental therapy practice with supervision as defined by the state practice acts, including:
2. Minimum competencies:
   1. identify oral and systemic conditions requiring treatment by dentists, physicians or other healthcare providers, and manage referrals
   2. comprehensive charting of the oral cavity
   3. oral health instruction and disease prevention education, including nutritional counseling and dietary analysis
   4. exposing radiographic images
   5. dental prophylaxis performed on transitional or permanent dentition that includes scaling and/or polishing procedures to remove plaque, calculus, and stains
   6. providing, dispensing and administering non-narcotic analgesics, anti-inflammatory, and antibiotic medications
   7. applying topical preventive or prophylactic agents (i.e. fluoride) , including fluoride varnish, antimicrobial agents, and pit and fissure sealants.
   8. pulp vitality testing
   9. applying desensitizing medication or resin
   10. fabricating athletic mouthguards
   11. changing periodontal dressings
   12. simple extraction of erupted primary teeth
   13. emergency palliative treatment of dental pain limited to the procedures in this section
   14. preparation and placement of direct restoration in primary and permanent teeth
   15. fabrication and placement of single-tooth temporary crowns
   16. recement permanent crowns
   17. preparation and placement of preformed crowns
   18. indirect and direct pulp capping on permanent teeth
   19. indirect pulp capping on primary teeth
   20. suturing and suture removal
   21. minor adjustments and repairs on removable prostheses
   22. placement and removal of space maintainers
3. Local anesthesia – required course of study:

The educational program must include a course of study of at least 40 hours of instruction in a formal program in administration of local anesthesia sponsored by an institutional program accredited by the Commission on Dental Accreditation of the American Dental Association. The course must include didactic studies and clinical experience in the administration of block and infiltration anesthesia. A minimum of 30 satisfactorily performed injections is required.

The curriculum for required study must include but is not necessarily limited to:

Medical history evaluation procedures;

1. Understanding pharmacology of local anesthesia and vasoconstrictors;
2. Anatomy of head, neck, and oral cavity as it relates to administering local anesthetic agents;
3. Indications and contraindications for administration of local anesthesia;
4. Selection and preparation of the armamentaria and record keeping for administering various local anesthetic agents;
5. Medical and legal management of complications;
6. Recognition and management of post-injection complications and management of reactions to injections;
7. Proper infection control techniques with regard to local anesthesia and proper disposal of sharps;
8. Methods of administering local anesthetic agents with emphasis on:
   1. Technique
      1. aspiration
      2. slow injection
   2. Minimum effective dosage
9. Nitrous oxide – required course of study:

The educational program must include a course of study in the administration of nitrous oxide that is a part of a CODA approved dental therapy or dental hygiene program or other Board approved course. The nitrous oxide course must be at least 8 hours in length and include didactic and clinical components and an exit examination.

Intent: Graduates should be able to evaluate, assess, and apply current and emerging science and technology. Graduates should possess the basic knowledge, skills, and values to practice dental therapy at the time of graduation. The school identifies the competencies that will be included in the curriculum based on the school’s goals, resources, accepted dental therapy responsibilities and other influencing factors. Recognizing that there is a single standard of dental care, the care experiences provided for patients by students should be adequate to ensure competency in all components of dental therapy. Programs should assess overall competency, not simply individual competencies in order to measure the graduate’s readiness to enter the practice of dental therapy.

1. Dental therapy education programs must have students engage in service learning experiences and/or community-based learning experiences.

Intent: Service learning experiences and/or community-based learning experiences are essential to the development of a culturally competent oral health care workforce. The interaction and treatment of diverse populations in a community-based clinical environment adds a special dimension to clinical learning experience and engenders a life-long appreciation for the value of community service.

C. **Faculty and Staff.**

1. The educational program director must have an administrative appointment as defined by the institution and have primary responsibility for operation, supervision, evaluation and revision of the Dental Therapy educational program.

Intent: To allow sufficient time to fulfill administrative responsibilities, teaching contact hours should be limited for the program director and should not take precedent over administrative responsibilities.

1. The program director must be a licensed dentist (DDS/DMD) or either a licensed dental hygienist or licensed dental therapist possessing a master’s or higher degree. The director must be a graduate of a program accredited by the Commission on Dental Accreditation and have a background in education and the professional experience necessary to understand and fulfill the program’s mission and goals. If the program director is not a licensed dentist (DDS/DMD) the program must also have a dental director who is a currently licensed dentist and who supports the program director by continuous program involvement.

Intent: The program director’s background, and if applicable the dental director’s background, should include administrative experience, instructional experience, and professional experience in general dentistry. The term of interim/acting program director should not exceed a two year period.

Examples of evidence to demonstrate compliance may include:

* bio sketch of program director
* curriculum vitae

1. The program director, and if applicable, the dental director must have the authority and responsibility necessary to fulfill program goals including:
   * + 1. curriculum development, evaluation and revision;
       2. faculty recruitment, assignments and supervision;
       3. input into faculty evaluation;
       4. initiation of program or department in-service and faculty development;
       5. assessing, planning and operating program facilities;
       6. input into budget preparation and fiscal administration;
       7. coordination, evaluation and participation in determining admission criteria and procedures as well as student promotion and retention criteria.

Examples of evidence to demonstrate compliance may include:

* program director position description
* program dental director position description, if applicable

1. The number and distribution of faculty and staff must be sufficient to meet the program’s stated purpose/mission, goals and objectives.

Intent: The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and clinical practice sessions rather than by the number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and evaluation of the process as well as the end results. Faculty are responsible for both ensuring that the clinical and radiographic services delivered by students meet current standards for dental care and for the instruction and evaluation of students during their performance of those services.

Examples of evidence to demonstrate compliance may include:

* faculty teaching commitments
* class schedules
* listing of ratios for clinical, radiographic and laboratory courses

1. The faculty to student ratio for preclinical, clinical and radiographic clinical and laboratory sessions must not exceed one to six. The faculty to student ratio for laboratory sessions in the dental science courses must not exceed one to ten to ensure the development of clinical competence and maximum protection of the patient, faculty and students.

Intent: The adequacy of numbers of faculty should be determined by faculty to student ratios during laboratory, radiography and supervised patient care clinics rather than by the total number of full-time equivalent positions for the program. The faculty to student ratios in clinical and radiographic practice should allow for individualized instruction and assessment of students’ progression toward competency. Faculty are also responsible for ensuring that the patient care services delivered by students meet the program’s standard of care.

1. All faculty of a dental therapy program must be educationally qualified for the specific subjects they are teaching.

Intent: Faculty should have current background in education theory and practice, concepts relative to the specific subjects they are teaching, clinical practice experience and, if applicable, distance education techniques and delivery. Dentists, dental therapists and dental hygienists who supervise students’ clinical procedures should have qualifications which comply with the state dental practice act. Individuals who teach and supervise students in clinical experiences should have qualifications comparable to faculty who teach in the main program clinic and are familiar with the program’s objectives, content, instructional methods and evaluation procedures.

Examples of evidence to demonstrate compliance may include:

* faculty curriculum vitae

1. The program must show evidence of an ongoing faculty development process.

Intent: Ongoing faculty development is a requirement to improve teaching and learning, to foster curricular change, to enhance retention and job satisfaction of faculty, and to maintain the vitality of academic dentistry as the wellspring of a learned profession. Effective teaching requires not only content knowledge, but also an understanding of pedagogy, including knowledge of curriculum design and development, curriculum evaluation, and teaching methodologies.

Examples of evidence to demonstrate compliance may include:

* evidence of participation in workshops, in-service training, self-study courses, on-line and credited courses
* attendance at regional and national meetings that address education
* mentored experiences for new faculty
* scholarly productivity
* maintenance of existing and development of new and/or emerging clinical skills

1. The faculty, as appropriate to meet the program’s purpose/mission, goals and objectives, must engage in scholarly activity.
2. Faculty must be ensured a form of governance that allows participation in the school’s

decision-making processes.

1. A defined faculty evaluation process must exist that ensures objective measurement of the performance of each faculty member.

Intent: An objective evaluation system including student, administration and peer evaluation can identify strengths and weaknesses for each faculty member (to include those at distance sites) including the program administrator. The results of evaluations should be communicated to faculty members on a regular basis to ensure continued improvement.

Examples of evidence to demonstrate compliance may include:

* sample evaluation mechanisms addressing teaching, patient care, research, scholarship and service
* faculty evaluation policy, procedures and mechanisms

1. The dental therapy program faculty must be granted privileges and responsibilities as afforded all other comparable institutional faculty.

Examples of evidence to demonstrate compliance may include:

* institution’s promotion/tenure policy
* faculty senate handbook
* institutional policies and procedures governing faculty

1. Qualified institutional support personnel must be assigned to the program to support both the instructional program and the clinical facilities providing a safe environment for the provision of instruction and patient care.

Intent: Maintenance and custodial staff should be sufficient to meet the unique needs of the academic and clinical program facilities. Faculty should have access to instructional specialists, such as those in the areas of curriculum, testing, counseling, computer usage, instructional resources and educational psychology. Secretarial and clerical staff should be assigned to assist the administrator and faculty in preparing course materials, correspondence, maintaining student records, and providing supportive services for student recruitment and admissions activities. Support staff should be assigned to assist with the operation of the clinic facility including the management of appointments, records, billing, insurance, inventory, hazardous waste, and infection control.

Examples of evidence to demonstrate compliance may include:

* description of current program support/personnel staffing
* program staffing schedules
* staff job descriptions
* examples of how support staff are used to support students

D. **Educational Support Services**

1. Specific written criteria, policies and procedures must be followed when admitting students. The dental therapy program must advise prospective students that the requirements for admission include, but are not limited to, an earned associate’s degree or higher in dental hygiene from a program accredited by CODA. Notice must also be provided that dental therapy is an emerging licensure category, and provide a reference to the statutes and rules regarding the educational requirements, the examination requirements, the supervision requirements as well as the scope of practice of a dental therapist under Maine state licensure laws.

Intent: The dental therapy education curriculum is a postsecondary scientifically-oriented program which is rigorous and intensive. Previous academic performance and/or performance on standardized national tests of scholastic aptitude or other predictors of scholastic aptitude and ability should be utilized as criteria in selecting students who have the potential for successfully completing the program. Applicants should be informed of the criteria and procedures for selection, goals of the program, curricular content, course transferability and the scope of practice of and employment opportunities for dental therapists.

Because enrollment is limited by facility capacity, special program admissions criteria and procedures are necessary to ensure that students are selected who have the potential for successfully completing the program. The program administrator and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures which are non-discriminatory and ensure the quality of the program.

Examples of evidence to demonstrate compliance may include:

* admissions management policies and procedures
* copies of catalogs, program brochures or other written materials
* established ranking procedures or criteria for selection
* minutes from admissions committee
* periodic analysis supporting the validity of established admission criteria and procedures
* results from institutional research used in interpreting admissions data and criteria and/or correlating data with student performance
* advanced standing policies and procedures, if appropriate

1. Admission policies and procedures must be designed to include recruitment and admission of a diverse student population.

Intent: Admissions criteria and procedures should ensure the selection of a diverse student body with the potential for successfully completing the program. The administration and faculty, in cooperation with appropriate institutional personnel, should establish admissions procedures that are non-discriminatory and ensure the quality of the program.

1. Admission of students with advanced standing must be based on the same standards of achievement required by students regularly enrolled in the program. Advanced standing requirements for career laddering into a dental therapy program must meet advanced standing requirements of the college or university offering advanced standing for dental therapy.
2. Transfer students with advanced standing must receive an individualized assessment and an appropriate curriculum plan that results in the same standards of competence for graduation required by students regularly enrolled in the program.

Examples of evidence to demonstrate compliance may include:

* Policies and procedures on advanced standing
* Results of appropriate qualifying examinations
* Course equivalency or other measures to demonstrate equal scope and level of knowledge

1. The number of students enrolled in the program must be proportionate to the resources available.

Intent: In determining the number of dental therapy students enrolled in a program (inclusive of distance sites), careful consideration should be given to ensure that the number of students does not exceed the program’s resources, including patient supply, financial support, scheduling options, facilities, equipment, technology and faculty.

Examples of evidence to demonstrate compliance may include:

* sufficient number of clinical and laboratory stations based on enrollment
* clinical schedules demonstrating equitable and sufficient clinical unit assignments
* clinical schedules demonstrating equitable and sufficient radiology unit assignments
* faculty full-time equivalent (FTE) positions relative to enrollment
* budget resources and strategic plan
* equipment maintenance and replacement plan
* patient pool availability analysis
* course schedules for all terms

1. The program must provide adequate and appropriately maintained facilities and learning resources to support the purpose/mission of the program and which are in conformance with applicable regulations.

Intent: The classroom facilities should include an appropriate number of student stations with equipment and space for individual student performance in a safe environment.

1. The clinical facilities must include the following:
   * 1. sufficient clinical facility with clinical stations for students including conveniently located hand washing sinks and view boxes and/or computer monitors; functional equipment; an area that accommodates a full range of operator movement and opportunity for proper instructor supervision;
     2. a capacity of the clinic that accommodates individual student practice on a regularly scheduled basis throughout all phases of preclinical technique and clinical instruction;
     3. a sterilizing area that includes sufficient space for preparing, sterilizing and storing instruments;
     4. sterilizing equipment and personal protective equipment/supplies that follow current infection and hazard control protocol;
     5. facilities and materials for students, faculty and staff that provide compliance with accepted infection and hazard control protocols;
     6. patient records kept in an area assuring safety and confidentiality.

Intent: The facilities should permit the attainment of program goals and objectives. To ensure health and safety for patients, students, faculty and staff, the physical facilities and equipment should effectively accommodate the clinic and/or laboratory schedule. This Standard applies to all sites where students receive clinical instruction.

1. Radiography facilities must be sufficient for development of clinical competence and contain the following:
   * 1. an appropriate number of radiography exposure rooms which include: dental radiography units; teaching manikin(s); and conveniently located hand-washing sinks;
     2. processing and/or imaging equipment;
     3. an area for viewing radiographs; and
     4. documentation of compliance with applicable local, state and federal regulations.

Intent: The radiography facilities should allow the attainment of program goals and objectives. Radiography facilities and equipment should effectively accommodate the clinic and/or laboratory schedules, the number of students, faculty and staff, and comply with applicable regulations to ensure effective instruction in a safe environment. This Standard applies to all sites where students receive clinical instruction.

1. A multipurpose laboratory facility must be provided for effective instruction and allow for required laboratory activities and contain the following:
   * 1. placement and location of equipment that is conducive to efficient and safe utilization;
     2. student stations that are designed and equipped for students to work while seated including sufficient ventilation and lighting, necessary utilities, storage space, and an adjustable chair;
     3. documentation of compliance with applicable local, state and federal regulations.

Intent: The laboratory facilities should include student stations with equipment and space for individual student performance of laboratory procedures with instructor supervision. This Standard applies to all sites where students receive clinical instruction.

1. Office space which allows for privacy must be provided for the program administrator and faculty.

Intent: Office space for full- and part-time faculty should be allocated to allow for class preparation, student counseling and supportive academic activities. Student and program records should be stored to ensure confidentiality and safety.

1. Instructional aids, equipment, and library holdings must be provided for student learning.

Intent: The acquisition of knowledge, skill and values for students requires the use of current instructional methods and materials to support learning needs and development. All students, including those receiving education at distance sites, should be assured access to learning resources. Institutional library holdings should include or provide access to a diversified collection of current dental and medical literature and references necessary to support teaching, student learning needs, service, research and development. There should be a mechanism for program faculty to periodically review, acquire and select current titles and instructional aids.

Examples of evidence to demonstrate compliance may include:

* a list of references on education, medicine, dentistry, dental therapy, dental hygiene and the biomedical sciences
* policies and procedures related to learning resource access
* timely electronic access to a wide variety of professional scientific literature
* skeletal and anatomic models and replicas, sequential samples of laboratory procedures, slides, films, video, and other media which depict current techniques
* a wide range of printed materials and instructional aids and equipment available for utilization by students and faculty
* current and back issues of major scientific and professional journals related to medicine, dentistry, dental therapy, dental hygiene and the biomedical sciences

1. Student services must include the following:
   * 1. personal, academic and career counseling of students;
     2. assuring student participation on appropriate committees;
     3. providing appropriate information about the availability of financial aid and health services;
     4. developing and reviewing specific written procedures to ensure due process and the protection of the rights of students;
     5. student advocacy; and
     6. maintenance of the integrity of student performance and evaluation records.

Intent: All policies and procedures should protect the students and provide avenues for appeal and due process. Policies should ensure that student records accurately reflect the work accomplished and are maintained in a secure manner. Students should have available the necessary support to provide career information and guidance as to practice, post-graduate and research opportunities.

1. The dental therapy program must advise prospective students of mandatory health standards that will ensure that prospective students are qualified to undertake dental therapy studies.
2. There must be a mechanism for ready access to health care for students while they are enrolled in dental therapy school.
3. Students must be encouraged to be immunized against infectious diseases, such as mumps, measles, rubella, and hepatitis B, prior to contact with patients and/or infectious objects or materials, in an effort to minimize the risk of infection to patients, dental personnel, and themselves.

Intent: All individuals who provide patient care or have contact with patients should follow all standards of risk management thus ensuring a safe and healthy environment.

Examples of evidence to demonstrate compliance may include:

* policies and procedures regarding infectious disease immunizations
* immunization compliance records
* declinations forms

E. **Health, Safety, and Patient Care Provisions**

1. Written policies and procedures must be in place to ensure the safe use of ionizing radiation, which include criteria for patient selection, frequency of exposing radiographs on patients, and retaking radiographs consistent with current, accepted dental practice.

Intent: All radiographic exposure should be integrated with clinical patient care procedures.

1. Written policies and procedures must establish and enforce a mechanism to ensure adequate preclinical/clinical/laboratory asepsis, infection and biohazard control, and disposal of hazardous waste.

Intent: Policies and procedures should be in place to provide for a safe environment for students, patients, faculty and staff.

1. The school’s policies and procedures must ensure that the confidentiality of information pertaining to the health status of each individual patient is strictly maintained
2. All students, faculty and support staff involved in the direct provision of patient care must be continuously certified in basic life support (B.L.S.), including healthcare provider cardiopulmonary resuscitation with an Automated External Defibrillator (AED), and be able to manage common medical emergencies.

Examples of evidence to demonstrate compliance may include:

* accessible and functional emergency equipment, including oxygen
* instructional materials
* written protocol and procedures
* emergency kit(s)
* installed and functional safety devices and equipment
* first aid kit accessible for use in managing clinic and/or laboratory accidents

1. The program must conduct a formal system of continuous quality improvement for the patient care program that demonstrates evidence of:
   * 1. standards of care that are patient-centered, focused on comprehensive care and written in a format that facilitates assessment with measurable criteria;
     2. an ongoing review and analysis of compliance with the defined standards of care;
     3. an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of the care provided;
     4. mechanisms to determine the cause(s) of treatment deficiencies; and
     5. implementation of corrective measures as appropriate.

Intent: Programs should create and maintain databases for monitoring and improving patient care and serving as a resource for research and evidence-based practice.

1. The program must have policies and mechanisms in place that inform patients, verbally and in writing, about their comprehensive treatment needs and the scope of dental therapy care available at the dental therapy facilities.

Intent: All patients should receive appropriate care that assures their right as a patient is protected. Patients should be advised of their treatment needs and the scope of care available at the training facility and appropriately referred for procedures that cannot be provided by the program. This Standard applies to all program sites where clinical education is provided.

Examples of evidence to demonstrate compliance may include:

* documentation of an ongoing review of a representative sample of patients and patient records to assess the appropriateness, necessity and quality of care provided
* quality assurance policy and procedures
* patient bill of rights

1. The program must develop and distribute a written statement of patients’ rights and commitment to patient-centered care to all patients, appropriate students, faculty, and staff.

Intent: The primacy of care for the patient should be well established in the management of the program and clinical facility assuring that the rights of the patient are protected. A written statement of patient rights should include:

1. considerate, respectful and confidential treatment;
2. continuity and completion of treatment;
3. access to complete and current information about his/her condition;
4. advance knowledge of the cost of treatment;
5. informed consent;
6. explanation of recommended treatment, treatment alternatives, the option to refuse treatment, the risk of no treatment, and expected outcomes of various treatments;
7. treatment that meets the standard of care in the profession.
8. The use of quantitative criteria for student advancement and graduation must not compromise the delivery of patient care.

Intent: The need for students to satisfactorily complete specific clinical requirements prior to advancement and graduation should not adversely affect the health and care of patients.

Examples of evidence to demonstrate compliance may include:

* patient bill of rights
* documentation that patients are informed of their rights
* continuing care (recall) referral policies and procedures

1. Patient care must be evidence based, integrating the best research evidence and patient values.

Intent: The program should use evidence to evaluate new technology and products and to guide treatment decisions.

1. The program must ensure that active patients have access to professional services at all times for the management of dental emergencies.

STATUTORY AUTHORITY:

32 M.R.S. §§ 18324, 18345(2)(C) and (F)

EFFECTIVE DATE:

June 29, 2015 – filing 2015-116

AMENDED:

December 15, 2021 – filing 2021-254

APAO WORD VERSION CONVERSION (IF NEEDED) AND ACCESSIBILITY CHECK: July 18, 2025