

Resolution 402 — Development of the Dental School Educational Value Index (DEVI)

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It directs the ADA, in collaboration with ADEA, AGD, specialty organizations, and ASDA, to develop and publish a public-facing Dental School Educational Value Index (DEVI).

YES means promoting transparency, accountability, and fairness in dental education. The index would use verifiable data—such as clinical experience, student-to-faculty ratios, total educational cost, and access to wellness resources—to help future students make informed decisions and encourage schools to invest in student and clinical excellence.

IF YOU VOTE NO

A NO vote supports the current lack of transparency, where applicants must rely on rumors, prestige, or unverified online forums to select a dental school. It accepts a system that hides true program quality and allows rising tuition and shrinking clinical training to go unchecked.

SUMMARY

This resolution creates the Dental School Educational Value Index (DEVI), a voluntary, outcomes-based reporting system that gives pre-dental students objective, comparable information about U.S. dental schools. It would measure verified metrics such as procedural experience, student support services, and educational costs.

DEVI promotes fairness, helps underrepresented applicants make informed choices, and motivates schools to improve. It strengthens public trust by showing that dental education is accountable, ethical, and transparent—protecting students, patients, and the profession alike.

Why the Board Is Wrong

The Board opposed the resolution, claiming that ADEA or CODA should study these issues instead and expressing concern that schools might not participate. This argument avoids the central problem: there is no existing, ADA-supported mechanism that allows public comparison of dental education quality or value.

DEVI is voluntary, objective, and safe from legal risk. It empowers students with verified data and allows institutions to highlight their strengths. Refusing to act leaves students and the public in the dark while debt climbs and clinical readiness declines.

Transparency does not damage relationships—it strengthens them. An ADA-led index would enhance trust, elevate educational standards, and restore confidence in the profession’s future.

TALKING POINTS

- Pre-dental students deserve access to transparent, verified data about dental schools.
- DEVI helps students make informed, equitable, and financially responsible decisions.
- Transparency drives improvement and strengthens public confidence.
- Rising tuition and declining hands-on training demand accountability.
- Participation is voluntary, protecting institutions while rewarding leadership.
- ADA leadership in DEVI aligns with its mission to protect both the public and the profession.
- A YES vote builds fairness, trust, and educational excellence.



Prepared by Dentistry in General Advocacy Coalition

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Official House Resolution and Board Comments Attached

Resolution 406 — Compact Neutrality, Standards Integrity, and Governance Accountability in National Licensure Portability

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It ensures that the House of Delegates—not the Board or outside groups—retains control over which licensure compact, if any, becomes official ADA policy.

YES means protecting professional standards, state board authority, and patient safety. It directs the ADA to require any compact it supports to include verifiable hand-skills-based or PGY-1 clinical competency assessment, preserve full state licensure, and maintain oversight by state boards.

IF YOU VOTE NO

A NO vote gives the Board and external organizations freedom to promote or endorse compacts before the House has reviewed or approved them. It allows the ADA to support portability models that could weaken state authority, reduce entry safeguards, and lower clinical standards for licensure.

SUMMARY

This resolution establishes clear, ethical, and professional standards for ADA involvement in any future licensure portability compact. It requires that the House of Delegates formally adopt any compact before the ADA endorses or lobbies for it, ensuring governance accountability.

It directs CDEL to set minimum clinical competency criteria—requiring either a hand-skills-based clinical exam or a structured PGY-1 program—to protect patient safety and preserve the profession’s integrity. The resolution also safeguards full state licensure and board authority across all participating jurisdictions.

Board of Trustees — Thank You for the Referral

We Trust the ADA Agencies Will Act Promptly

The Board recommended referral to the appropriate ADA agencies, acknowledging that the subject matter requires expert review and further development by CDEL. This referral is appropriate because the resolution calls for formal criteria and governance structure, not immediate implementation. The key is for the referred agencies to act promptly, preserving the House’s oversight and ensuring that any compact reflects high clinical standards and public protection.

TALKING POINTS

- The ADA must not endorse any licensure compact without House approval.
- Licensure portability must protect patient safety and uphold clinical standards.
- Only a hand-skills-based or PGY-1 pathway ensures readiness for independent practice.
- Full state licensure and disciplinary authority must remain intact in every compact.
- Compact neutrality keeps the ADA independent and credible.
- The House of Delegates—not the Board—sets ADA policy.
- A YES vote maintains professional integrity and protects public trust.



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Resolution 410 — Feasibility Study of a Postgraduate Year One (PGY-1) Licensure Pathway

Author: Dr. Spencer Bloom, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clause. It directs the Council on Dental Education and Licensure (CDEL) to conduct a formal feasibility study on creating a nationally available postgraduate year one (PGY-1) licensure pathway and to report findings to the 2026 House of Delegates.

YES means exploring a structured, evidence-based alternative to one-day licensure exams that could improve clinical readiness, reduce variability in preparedness, and align licensure standards across states.

IF YOU VOTE NO

A NO vote accepts the current fragmented licensure system that depends heavily on high-stakes, single-day exams. It delays consideration of a structured postgraduate model that could provide a fairer, more educationally sound route to independent practice.

SUMMARY

This resolution asks the ADA to study the feasibility of a postgraduate year one (PGY-1) licensure pathway for dentistry, modeled after similar systems in medicine and pharmacy.

A PGY-1 program would allow new graduates to demonstrate competency through supervised practice rather than a one-time test. It could strengthen clinical training, encourage consistency among states, and protect patient safety while preserving professional standards. The study would guide the ADA House in determining if this approach should become an official licensure pathway.

We Appreciate the Board's Support

The Board of Trustees unanimously supported Resolution 410, recognizing that exploring a PGY-1 pathway is an important step toward strengthening the profession's licensure process. By directing CDEL to evaluate feasibility and report back to the House, the Board is advancing responsible innovation while maintaining public protection and professional integrity.

TALKING POINTS

- PGY-1 provides a structured, competency-based alternative to high-stakes exams.
- Aligns dentistry with medicine and pharmacy models of professional readiness.
- Encourages consistency among states while preserving licensure standards.

- Strengthens clinical experience and public trust in graduate competence.
- Reduces exam-related stress and promotes long-term educational growth.
- Supported by the Board of Trustees and aligned with ADA strategic goals.
- A YES vote promotes fairness, quality, and accountability in licensure.



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Resolution 401 — Minimum Hands-On Standards for Safe Dental Practice and CODA Governance

Author: Dr. Steven Saxe, Delegate

IF YOU VOTE YES

A YES vote supports the action requested in the resolving clauses. It directs the ADA to urge the Commission on Dental Accreditation (CODA) to establish enforceable, patient-based minimum clinical standards for graduation and to strengthen its governance, transparency, and collaboration with ADEA, AGD, and the ADA.

YES means protecting patient safety and the integrity of dental education by ensuring every dental graduate demonstrates real, hands-on competency through direct clinical performance, not observation. It also promotes reform of CODA's conflict-of-interest policies and better communication with ADA governance.

IF YOU VOTE NO

A NO vote defends the current status quo, allowing CODA to continue accrediting schools without requiring verifiable, patient-based procedural experience. It accepts a system that tolerates wide variations in graduate readiness, contributes to student debt and burnout, and risks public safety.

SUMMARY

This resolution ensures that dental graduates are competent to practice safely and independently by requiring a national baseline of direct, patient-based procedural training. It calls on CODA to revise accreditation standards, close loopholes that permit observation-only training, and reinforce accountability measures to protect the public.

It also calls for review of CODA's conflict-of-interest policies and for stronger collaboration between CODA, ADEA, AGD, and the ADA through existing workgroups, to align accreditation with professional and ethical obligations.

Why the Board Is Wrong

The Board opposed this resolution, arguing that CODA already complies with federal conflict-of-interest rules and that the maker did not consult the Council on Dental Education and Licensure (CDEL). However, this misses the point.

Compliance with minimum federal regulations does not guarantee educational consistency or patient safety. CODA's own standards require competence in core clinical disciplines, yet those standards are interpreted unevenly, allowing some schools to graduate students with minimal or no direct procedural experience.

This resolution does not replace CODA's independence; it reinforces its duty to the public. The ADA has an ethical responsibility to speak when accreditation standards fail to ensure safe, consistent clinical education. Relying solely on self-reporting and internal committees ignores the profession's duty to protect patients and preserve trust in the dental degree.

TALKING POINTS

- Dentistry is a surgical discipline. Competence cannot be proven through observation alone.
- CODA must define and enforce minimum hands-on procedural requirements for graduation.
- Inconsistent clinical training threatens public safety, licensure portability, and the profession's credibility.
- Rising tuition and shrinking patient access create inequity and early burnout in new graduates.
- CODA's governance must be transparent and free from conflicts of interest.
- Stronger collaboration between CODA, ADA, ADEA, and AGD ensures accountability and ethical alignment.
- A YES vote protects patients, strengthens education, and restores public trust in U.S. dental training.



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