

Official House Resolution and Board Comments Attached

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

<https://dentistryingeneral.com/digac>

Resolution No. 402 NewReport: N/A Date Submitted: 4/3/2025Submitted By: Dr. Steven Saxe, delegate, NevadaReference Committee: C (Dental Education and Related Matters)Total Net Financial Implication: \$200,000 Net Dues Impact: \$2.00

Amount One-time: _____ Amount On-going: _____

ADA Strategic Forecast Outcome: Direct to Dentist: Increase interpersonal and digital connections with members, dental students, and future members over the next five years.

1 DEVELOPMENT OF THE DENTAL SCHOOL EDUCATIONAL VALUE INDEX (DEVI)

2 The following resolution was submitted on Thursday, April 3, 2025, by Dr. Steven Saxe, delegate,
3 Nevada.

4 **Background:** For decades, the dream of becoming a dentist has inspired countless students—drawn by
5 the independence, respect, and fulfillment historically associated with the profession. However, today's
6 dental landscape is vastly different from what it was even 20 years ago. Dental education has become
7 more expensive, more corporatized (transformed to operate like a corporation, emphasizing profit), and in
8 many cases, less clinically robust, as seen in the continued decline in full-time faculty hiring and reliance
9 on adjunct and volunteer instructors in clinical education. (2, Page 4)

10 Educational debt now regularly exceeds \$500,000 for some graduates, with the average surpassing
11 \$300,000. (1) This cost burden, combined with tuition-first financial models, has resulted in many students
12 experiencing food insecurity and relying on campus food pantries to meet basic needs, (2) Mental health
13 concerns are also rising, as academic stress, isolation, and financial pressure converge during a
14 formative period of professional development, and (3) These challenges often persist for years after
15 graduation and are closely tied to decisions made at the pre-dental stage—such as enrolling in high-cost
16 programs with limited clinical training or poor support systems.

17 Today's pre-dental students are part of a generation raised on reviews, ratings, and comparative data.
18 They are accustomed to using objective metrics to guide life decisions—where to live, what to buy, and
19 which careers to pursue. Yet when it comes to dental schools, no scientific, outcomes-based ranking
20 system exists to help applicants evaluate where they are most likely to thrive. Instead, students rely on
21 prestige-based rankings, unverified online forums, or word-of-mouth—resources that are often outdated,
22 incomplete, or inaccurate. In contrast, the Association of American Medical Colleges administers the
23 AAMC Graduation Questionnaire, which provides national outcomes data on U.S. medical education.

24 A well-designed index would not only empower students with relevant comparative information, it would
25 also help dental schools communicate their strengths and areas of investment through verified, objective
26 data. Institutions with strong support systems, robust clinical programs, and high faculty engagement will
27 be able to highlight their value to prospective students in a credible, accessible way. Transparency can
28 become a shared tool for institutional accountability, public trust, and continuous educational
29 improvement.

30 Transparency in educational outcomes is also an issue of equity. Students from underrepresented or
31 disadvantaged backgrounds may lack access to professional mentorship and rely more heavily on public-

1 facing information. A centralized, ADA-supported tool will help level the playing field. It will also provide
2 dental schools with a reliable alternative to speculation and misinformation online.

3 The most recent ADEA survey showed 76% of graduating students wanted more clinical experience in
4 implant surgery, and 52% said the same about endodontics—despite 92% stating they had the skills to
5 begin practice (1). This mismatch between confidence and experience reflects an urgent need for clearer
6 communication of program strengths and limitations.

7 Meanwhile, the profession itself is undergoing a structural shift. Private equity and insurance-driven
8 models increasingly shape practice management decisions and clinical autonomy, while many new
9 graduates enter employment with DSOs rather than private practices. Dental education must evolve
10 alongside these realities, but prospective students currently lack the tools to evaluate programs with
11 clarity and confidence.

12 While ADA administers the Dental Admission Test (DAT) and ADEA administers Associated American
13 Dental Schools Application Service (AADSAS) centralized application system, the ADA remains a key
14 stakeholder in dental education policy and workforce development. With its influence, infrastructure, and
15 public reach, the ADA is well positioned to support the development of a public-facing, outcomes-focused
16 index. This system—referred to here as the Dental School Educational Value Index (DEVI)—will be a
17 collaborative tool to promote transparency, support student wellness, and encourage educational
18 excellence.

19 Some have raised concerns that a lower ranking could negatively affect a graduate's employment
20 opportunities. However, in today's dental job market, most DSOs and large employers do not publicly use
21 school reputation as a primary hiring criterion, and there is no evidence of national hiring trends favoring
22 prestige over demonstrated skills or licensure. The profession has seen a dramatic 40% increase in
23 annual dental graduates over the past two decades, from roughly 5,000 to over 8,000. Yet despite this
24 growth, shortages persist only in areas where dentists are reluctant to relocate—not due to insufficient
25 supply.

26 We must focus on strengthening the profession, not lowering the bar. Dental schools are not currently
27 required to publicly report clinical graduation requirements or student support metrics. While CODA sets
28 minimum clinical requirements for accreditation, it does not mandate public disclosure of case-specific
29 graduation data or student-level support metrics. Moreover, there is no centralized system to verify
30 whether those individual requirements were actually completed before a degree is awarded. CODA relies
31 on institutional self-assessment and does not independently confirm case counts or clinical experience at
32 the student level (Comprehensive Policy on Dental Licensure (*Trans.*2018:341) section titled *Curriculum*
33 *Integrated Format Clinical Examination*). As more schools open and class sizes expand, according to
34 ADEA's 2023 applicant data, the number of dental schools and first-year enrollees has grown steadily,
35 even as applicant pools have plateaued. We risk a "race to the bottom" in educational quality while
36 simultaneously inflating the cost of entry into the profession. Pre-dental students deserve transparency
37 before taking on life-altering debt. The public deserves confidence in the competence of future
38 practitioners. DEVI offers a credible, ethical, and legally sound way to promote accountability—without
39 penalizing any school or individual.

40 Participating schools will have the opportunity to publicly highlight their strengths, build applicant trust,
41 and demonstrate their commitment to educational excellence. Ultimately, DEVI is not just about protecting
42 students—it's about protecting patients. Public trust in the dental profession depends on transparency,
43 consistency, and competence in clinical education.

44 To reduce legal risk, DEVI will rely only on voluntarily submitted, verifiable data directly from dental
45 schools. Institutions that choose not to participate will be listed as non-reporting. This protects the ADA
46 from antitrust and defamation concerns by maintaining objectivity, respecting institutional autonomy, and
47 aligning with legal principles enforced by the Federal Trade Commission (4). Comparable systems in law

(U.S. News rankings), consumer reporting (BBB), and medicine (AAMC Graduation Questionnaire, AMA Residency Navigator) have shown that transparent, factual systems can survive legal scrutiny when properly constructed and voluntarily adopted.

References:

1. *Dentists of Tomorrow 2023: An Analysis of the Results of the ADEA 2023 Survey of U.S. Dental School Seniors* – Istrate, ADEA, 2023
2. *Trends in Dental School Faculty* – Istrate, Journal of Dental Education, 2024
3. *Dental Student Well-Being: A National Survey of Psychological Distress, Coping, and Access to Support* – Journal of Dental Education, 2014
4. *FTC Guide to Antitrust Laws* – Federal Trade Commission, 2024
5. *Correlation Between Students' Dental Admission Test Scores and Performance on a Dental School's Competency Exam* – Carroll, Journal of Dental Education, 2015
<https://pubmed.ncbi.nlm.nih.gov/26522638>
6. *Relationship Between Performance in Dental School and Performance on a Dental Licensure Examination* – Stewart, Journal of Dental Education, 2005
<https://pubmed.ncbi.nlm.nih.gov/16081568>

Resolution

402. Resolved, that the American Dental Association, through appropriate agencies and in collaboration with ADEA, AGD, Specialty Associations) and ASDA) stakeholders, shall develop and publish the Dental School Educational Value Index (DEVI) as a public-facing, outcomes-based transparency system, and be it further

Resolved, that DEVI shall include voluntarily reported and verifiable metrics such as:

- Average number of procedures completed across core disciplines
- Student-to-faculty ratios (general and specialty)
- Total educational cost and sources of funding
- Access to wellness resources, food assistance programs, and mental health services
- Reported levels of graduate confidence, satisfaction, and support for diversity and inclusion

and be it further

Resolved, that the ADA shall encourage all accredited dental schools to adopt standardized, outcomes-based reporting on an annual basis and ensure these findings are made publicly accessible through DEVI to help students make informed, equitable, and future-ready choices, and be it further

Resolved, that DEVI shall be promoted as a voluntary, collaborative transparency initiative, and participating schools shall be recognized for their leadership in educational excellence, and be it further

Resolved, that the ADA explore collaboration with the Commission on Dental Accreditation (CODA) to identify which outcome metrics may be appropriate for inclusion in the accreditation self-study process, while maintaining DEVI as a separate, ADA-supported tool to improve institutional accountability and public trust.

BOARD COMMENT: The Board of Trustees thanks the maker for forwarding Resolution 402 and agrees that serious questions exist concerning competency training disparities that appear to exist in dental education. However, the Board believes that these questions are better investigated by other entities,

1 including ADEA and CODA, through a mechanism other than a ranking system. The Board also questions
 2 whether dental schools would participate in such an index, significantly reducing its usefulness, and
 3 whether the ADA's involvement in this type of index would have a negative impact on the ADA's
 4 relationship with dental schools.

5 **BOARD RECOMMENDATION: Vote No.**

6 **Vote: Resolution 402**

BERG	No	DOWD	No	KNAPP	No	STUEFEN	No
BOYLE	No	GRAHAM	No	MANN	No	TULAK-GORECKI	No
BROWN	No	HISEL	No	MARKARIAN	No	WANAMAKER	No
CAMMARATA	No	HOWARD	No	MERCER	No		
CHOPRA	No	IRANI	No	REAVIS	No		
DEL VALLE-SEPÚLVEDA	No	KAHL	Absent	ROSATO	Abstain		