

Resolution No. [Resolution Number] [Type]

Report: RESOLUTION TO DEVELOP THE DENTAL SCHOOL EDUCATIONAL VALUE INDEX (DEVI) Date Submitted: 4/3/2025

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Reference Committee: C (Dental Education and Related Matters)

Total Net Financial Implication: [Total Net Financial Impl.] Net Dues Impact:

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.

[RESOLUTION TO DEVELOP THE DENTAL SCHOOL EDUCATIONAL VALUE INDEX (DEVI)]

Background:

For decades, the dream of becoming a dentist has inspired countless students—drawn by the independence, respect, and fulfillment historically associated with the profession. However, today’s dental landscape is vastly different from what it was even 20 years ago. Dental education has become more expensive, more corporatized, and in many cases, less clinically robust.

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

Today’s pre-dental students are part of a generation raised on reviews, ratings, and comparative data. They are accustomed to using objective metrics to guide life decisions—where to live, what to buy, and which careers to pursue. Yet when it comes to dental schools, no scientific, outcomes-based **ranking system** exists to help applicants evaluate where they are most likely to thrive. Instead, students rely on prestige-based rankings, unverified online forums, or word-of-mouth—resources that are often outdated, incomplete, or inaccurate.

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

1 Transparency in educational outcomes is also an issue of equity. Students from underrepresented
2 or disadvantaged backgrounds may lack access to professional mentorship and rely more heavily
3 on public-facing information. A centralized, ADA-supported tool will help level the playing
4 field. It will also provide dental schools with a reliable alternative to speculation and
5 misinformation online.

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

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

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

21 Some have raised concerns that a **lower ranking** could negatively affect a graduate's
22 employment opportunities. However, in today's dental job market, most employers—especially
23 DSOs—do not base hiring decisions on school reputations alone. The profession has seen a
24 dramatic 40% increase in annual dental graduates over the past two decades, from roughly 5,000
25 to over 8,000. Yet despite this growth, shortages persist only in areas where dentists are reluctant
26 to relocate—not due to insufficient supply.

27 We must focus on strengthening the profession, not lowering the bar. Dental schools are not
28 currently required to publicly report clinical graduation requirements or student support metrics.
29 As more schools open and class sizes expand, we risk a “race to the bottom” in educational
30 quality while simultaneously inflating the cost of entry into the profession. Pre-dental students
31 deserve transparency before taking on life-altering debt. The public deserves confidence in the
32 competence of future practitioners. DEVI offers a credible, ethical, and legally sound way to
33 promote accountability—without penalizing any school or individual.

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

To reduce legal risk, DEVI will rely only on voluntarily submitted, verifiable data directly from dental schools. Institutions that choose not to participate will be listed as non-reporting. This protects the ADA from antitrust and defamation concerns by maintaining objectivity, respecting institutional autonomy, and 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. *Dental School Applicant Quick Guide* – ADEA, 2023
 6. *Correlation Between Students' Dental Admission Test Scores and Performance on a Dental School's Competency Exam* – Carroll, Journal of Dental Education, 2015
 7. *Relationship Between Performance in Dental School and Performance on a Dental Licensure Examination* – Stewart, Journal of Dental Education, 2005
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Resolved Clauses

Resolved, that the American Dental Association, through appropriate councils and in collaboration with academic and student stakeholders, shall develop and publish the **Dental School Educational Value Index (DEVI)** as a public-facing, outcomes-based transparency system. 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

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. DEVI shall be promoted as a voluntary, collaborative transparency initiative, and participating schools shall be recognized for their leadership in educational excellence. The ADA shall also 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.