

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: [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.

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

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

**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, (Transformed to operate like a corporation, emphasizing profit), and in many cases, less clinically robust, as seen in the continued decline in full-time faculty hiring and reliance on adjunct and volunteer instructors in clinical education. (2, Page 4)

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Instead, students rely on prestige-based rankings, unverified online forums, or word-of-mouth—resources that are often outdated, incomplete, or inaccurate. In contrast, the Association of American Medical Colleges administers the AAMC Graduation Questionnaire, which provides national outcomes data on U.S. medical education.

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.

Transparency in educational outcomes is also an issue of equity. Students from underrepresented or 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 (2024 *Current Policies*, page 139, Curriculum Integrated Format Clinical Examination  
33 section). As more schools open and class sizes expand, According to ADEA's 2023 applicant data, the  
34 number of dental schools and first-year enrollees has grown steadily, even as applicant pools have  
35 plateaued (ADEA, *Dental School Applicant Quick Guide*, 2023, **Page 3**), we risk a “race to the bottom” in  
36 educational quality while simultaneously inflating the cost of entry into the profession. Pre-dental students  
37 deserve transparency before taking on life-altering debt. The public deserves confidence in the  
38 competence of future practitioners. DEVI offers a credible, ethical, and legally sound way to promote  
39 accountability—without 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  
48 (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  
<https://pubmed.ncbi.nlm.nih.gov/26522638>
7. *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

**Resolved**, that the American Dental Association, through appropriate councils and in collaboration with academic (ADEA, AGD, Specialty Associations) and student (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. DEVI shall be promoted as a voluntary, collaborative transparency initiative, and participating schools shall be recognized for their leadership in educational excellence. 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.