

Snapshot of Dental Education 2017-2018



Introduction

The American Dental Education Association (ADEA) is The Voice of Dental Education. Its members include all 76 U.S. and Canadian dental schools, over 800 allied and advanced dental education programs, 66 corporations and more than 20,000 individuals.

The mission of ADEA is to lead institutions and individuals in the dental education community to address contemporary issues influencing education, research and the delivery of oral health care for the overall health and safety of the public.

ADEA is committed to conducting research into contemporary and emerging issues that are likely to impact decisions in the dental education and policy-making communities.

Each year, ADEA collects data on topics of particular interest to dental school deans, program directors, faculty, students, residents and fellows.

The resulting ADEA Snapshot of Dental Education presents findings on discrete subject areas to help the ADEA membership and other stakeholders better understand the academic dental profession and its role in health and health care.

The information in this report is taken from data compiled by ADEA, the American Dental Association and other sources.

The associated online resources are updated regularly and are available for download at: adea.org/snapshot.

ORDERS

Additional copies are available from: American Dental Education Association Publications 655 K Street, NW, Suite 800 Washington, DC 20001 202-289-7201



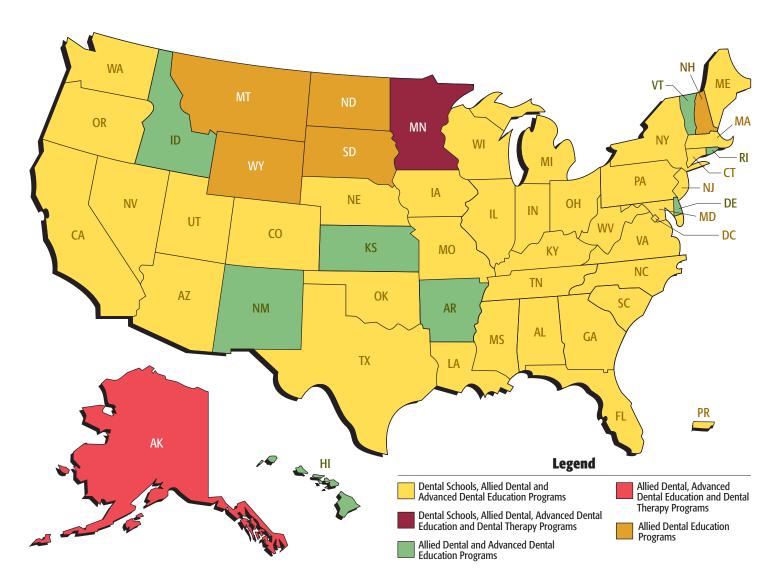
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The Dental Safety Net Covers the Country

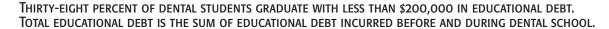
In addition to dental schools, allied dental education, dental therapy and advanced dental education programs are part of the dental safety net in the United States. Each state has its own network of academic institutions.



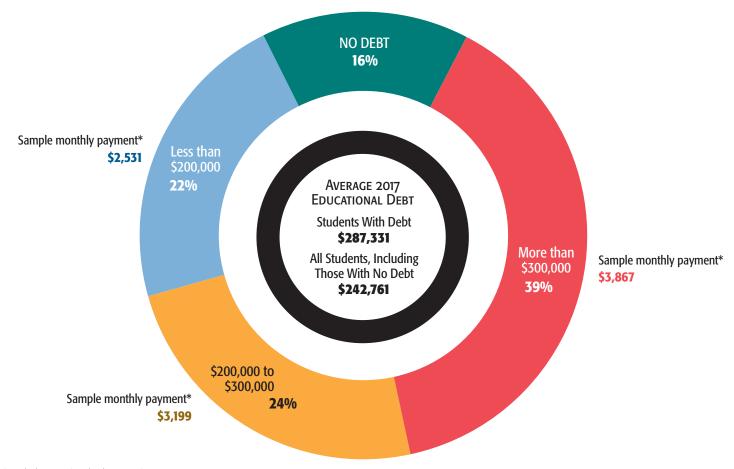


Source: Commission on Dental Accreditation

Well Over a Third of Dental School Graduates Have Total Educational Debt Under \$200,000







^{*}Standard 10 year (120 level payments)

Assumptions for sample monthly payments: Sample payments based on amounts of \$300,000, \$250,000 and \$200,000 on a Standard 10 year loan (120 level payments) • \$162,000 direct unsubsidized, remainder direct PLUS (Grad PLUS) • Six-month "window" period (grace period for direct unsubsidized loans, post-enrollment deferment for direct PLUS) after graduation • No voluntary or aggressive payments, and loans "held to term" (entire repayment period used) • Appropriate interest rates based on academic year loans disbursed for Class of 2017 • Repayment numbers run with AAMC/ADEA Dental Loan Organizer and Calculator

Note: The repayment amounts under this basic repayment plan are not based on income, they are straight amortization schedules based solely on amount borrowed, interest rate and repayment term. Payments may vary each year due to changes in the interest rates. There are a number of income-driven repayment plans designed to help borrowers who cannot initially afford repayment under this and other time-driven plans, and whose repayment amounts are based on income and family size.

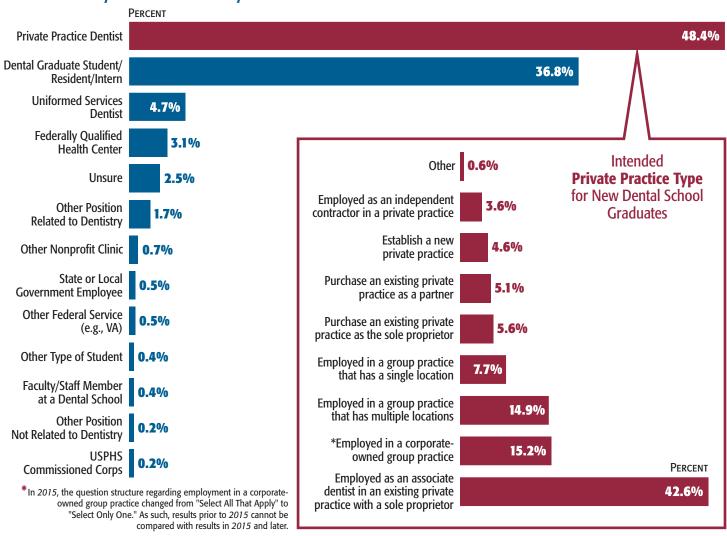
Source: American Dental Education Association, Survey of Dental School Seniors, 2017 Graduating Class Note: Percentages may not add up to 100% due to rounding.

Almost Half of Dental School Graduates Directly Enter Private Practice



ALMOST HALF OF DENTAL SCHOOL GRADUATES IN THE CLASS OF 2017 DIRECTLY ENTERED PRIVATE PRACTICE, ALTHOUGH CORPORATE-OWNED GROUP PRACTICES ARE GROWING IN POPULARITY.

Intended **Primary Professional Activity** for New Dental School Graduates



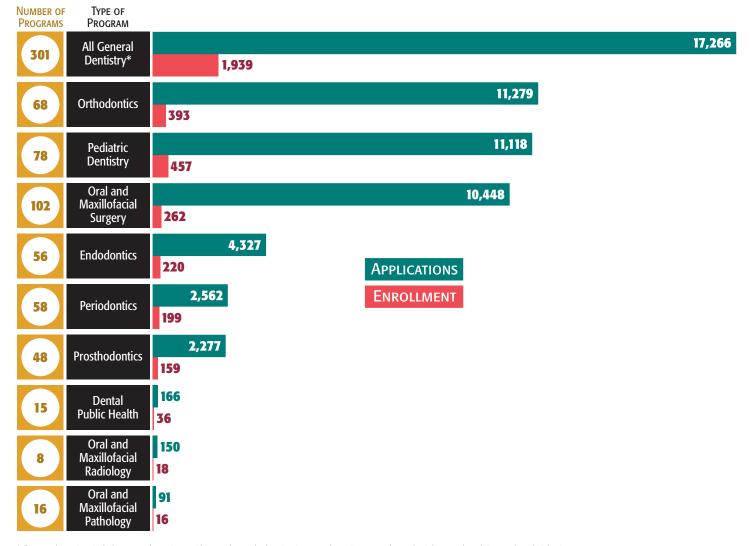
Note: Percentages may not add up to 100% due to rounding.

Source: American Dental Education Association, Survey of Dental School Seniors, 2017 Graduating Class

Interest in Advanced Dental Education Is Strong

DENTAL STUDENTS VALUE THE ADDITIONAL SKILLS GAINED IN ADVANCED DENTAL EDUCATION PROGRAMS, PARTICULARLY IN GENERAL PRACTICE AND GENERAL DENTISTRY. APPLICATION FIGURES ARE FOR THE 2016-17 ACADEMIC YEAR AND REPRESENT THE TOTAL NUMBER OF APPLICATIONS SUBMITTED BY ALL PROGRAMS, AND COUNTS APPLICANTS MORE THAN ONCE IF THEY APPLIED TO MULTIPLE PROGRAMS.



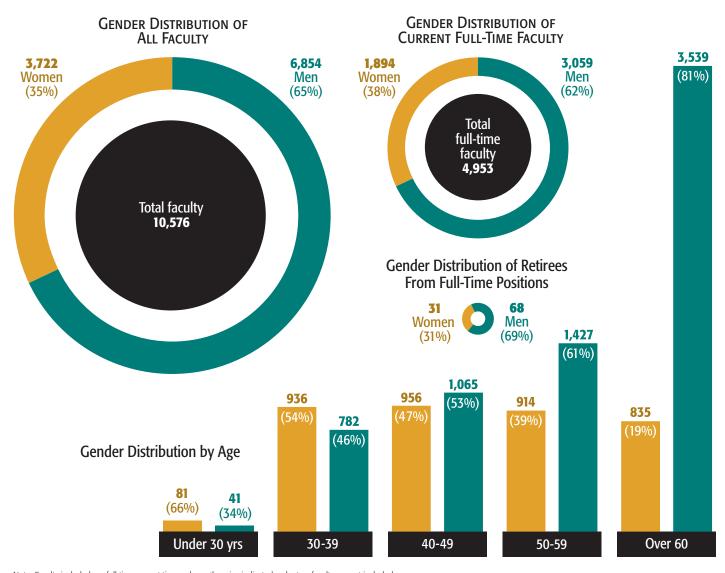


^{*}All General Dentistry includes General Practice Residency, Advanced Education in General Dentistry, Dental Anesthesiology, Oral Medicine, and Orofacial Pain. Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Advanced Dental Education

Percentage of Women on Dental School Faculties Continues to Rise



IN THE 2015-16 ACADEMIC YEAR, THE PERCENTAGE OF PART-TIME OR FULL-TIME WOMEN FACULTY MEMBERS INCREASED IN ALMOST EVERY AGE CATEGORY FROM THE PREVIOUS ACADEMIC YEAR.

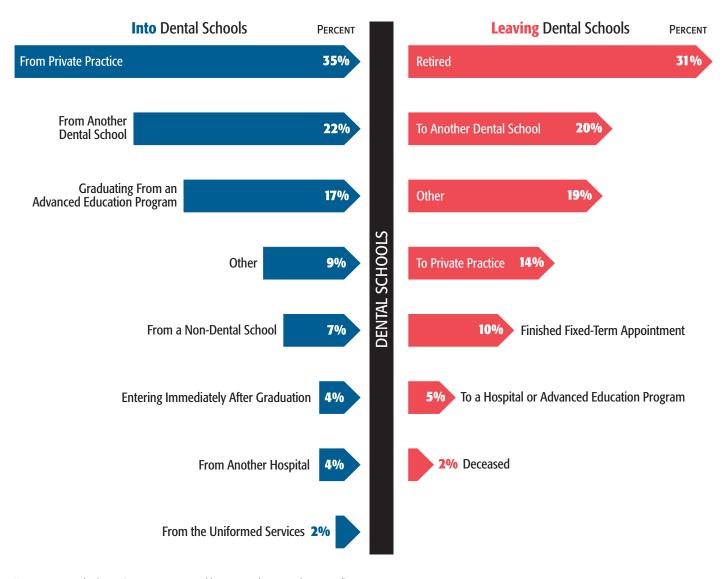


Note: Faculty included are full time or part time unless otherwise indicated; voluntary faculty are not included. Source: American Dental Education Association, Survey of Dental School Faculty, 2015-16

Full-Time Faculty: Where They Come From and Where They Go



A LARGE PORTION OF NEW FACULTY COME INTO ACADEMIC DENTAL INSTITUTIONS FROM PRIVATE PRACTICE OR ANOTHER DENTAL SCHOOL, OR THEY ARE RETIRING FROM PRACTICE.

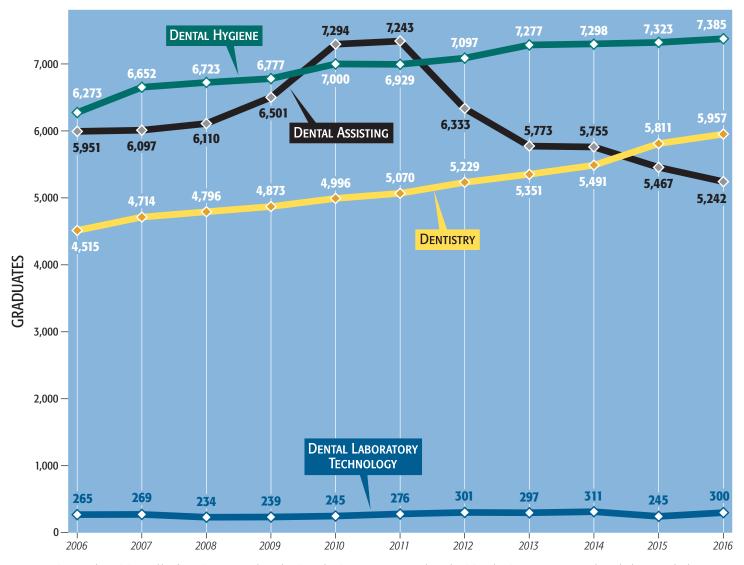


Note: 2015-16 academic year. Percentages may not add up to more than 100% due to rounding. Source: American Dental Education Association, Survey of Dental School Faculty, 2015-16

Are There Enough Dental Graduates?

In 1977, the U.S. population was 220 million, and there were 5,177 dental school graduates (or 2.4 dental school graduates per 100,000 people). In 2016, the U.S. population grew to 323 million, with 5,957 dental school graduates (or 1.8 dental school graduates per 100,000 people). At the same time, there have been fluctuations in the number of graduates from other dental professions.



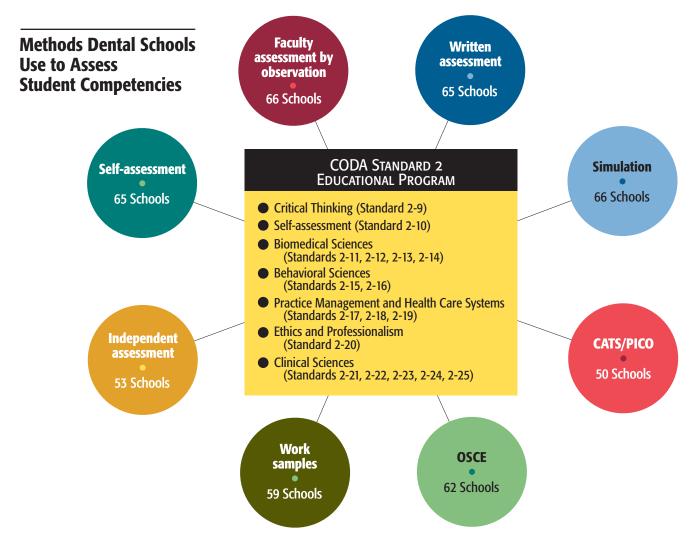


Source: American Dental Association, Health Policy Institute, Surveys of Dental Hygiene Education Programs, Surveys of Dental Assisting Education Programs, Surveys of Dental Laboratory Technology Education Programs, and Surveys of Dental Education.

Dental Schools and CODA Play Key Roles in Assessing Dental Student Competencies



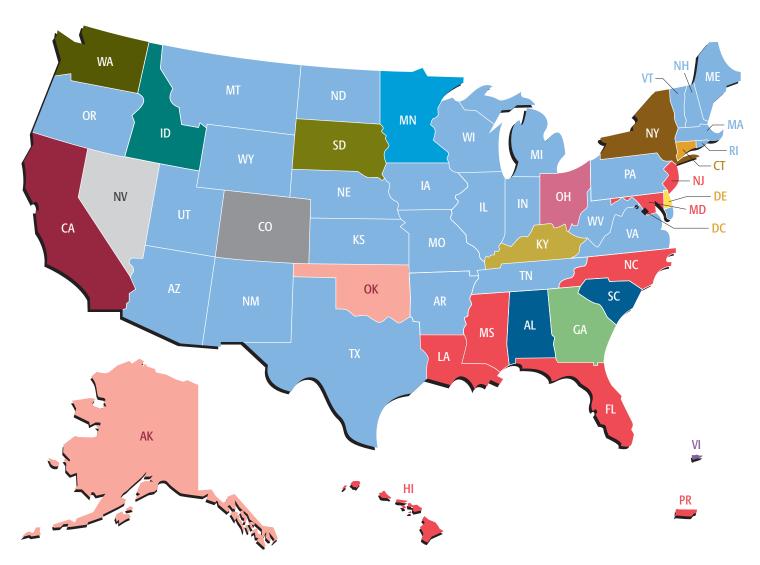
CODA STANDARDS SPECIFY THAT ACADEMIC DENTAL INSTITUTIONS MUST USE STUDENT EVALUATION METHODS THAT MEASURE THEIR DEFINED COMPETENCIES. "The evaluation of competence is an ongoing process that requires a variety of assessments that can measure not only the acquisition of knowledge and skills, but also assess the process and procedures which will be necessary for entry-level practice." (CODA STANDARD 2-5)



The Pathways to Licensure Are Widening: Increasing Portability



Similar to the climate change issue, after years if not decades of discussion but little change, we are at a point where the reality of the need to address portability of initial licensure and licensure by credentials has hit.



Source: ADA Council on Dental Education and Licensure.



Dentists in our society are becoming more mobile, for both professional and personal reasons, increasing the urgency of the issue of portability of licensure.

Consider this: between 2011 and 2016, about 1 in 18 dentists moved to a different state; and about 1 in 8 dentists aged 40 and younger moved across state lines.

In recognition of these trends, more states are accepting more clinical exams and other pathways to licensure that protect the safety of the public while enabling professional mobility for dentists.

- 55% of the 53 different licensing agencies* accept either all clinical exams without restrictions or in conjunction with additional specified components.
- 17% accept at least one alternative licensure pathway (PGY-1, OSCE, or Hybrid Portfolio).

ADEA STRONGLY SUPPORTS CONTINUED EFFORTS TO INCREASE THE PORTABILITY OF LICENSURE
AND TO PROMOTE THE ADOPTION OF ALTERNATIVE PATHWAYS TO LICENSURE
THAT ELIMINATE THE PATIENT-BASED COMPONENT OF THE TRADITIONAL HIGH-STAKES LICENSURE EXAM.

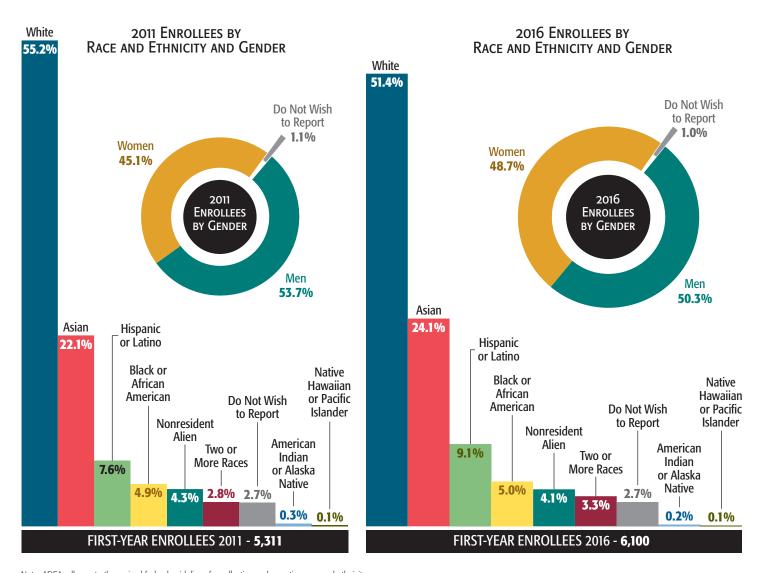
WREB	WREB, Other exam, PGY1 optional	CDCA, CITA, CRDTS, SRTA, WREB, Other exam
CRDTS	Other exam, PGY1 required	CDCA, CRDTS, SRTA, WREB, PGY1 optional
PGY1 required	CDCA, CITA, Other exam	CDCA, CITA, CRDTS, WREB, PGY1 optional
CDCA, CITA	CDCA, CITA, CRDTS, SRTA	CDCA, CITA, CRDTS, SRTA, WREB, PGY1 optional
CRDTS, WREB	CDCA, CITA, CRDTS, WREB	CDCA, CITA, CRDTS, SRTA, WREB, PGY1 optional, Canadian NDEB/OSCE
CDCA, CITA, WREB	CDCA, CITA, CRDTS, SRTA, WREB	CDCA, CITA, CRDTS, SRTA, WREB, Canadian NDEB/OSCE, Other exam, PGY1 optional

^{*}Includes all 50 states, the District of Columbia, Puerto Rico and the U.S. Virgin Islands.

The Dental Student Population Is Becoming More Diverse



In the past five years, the proportion of underrepresented racial and ethnic groups and the number of women represented in the dental student population has increased to almost 50%.



Note: ADEA adheres to the revised federal guidelines for collecting and reporting race and ethnicity.

Source: American Dental Education Association, U.S. Dental School Applicants and Enrollees, 2011 and 2016 Entering Classes Percentages may not add up to 100% due to rounding.

Poor Oral Health Affects Our Military's Readiness and National Security

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"A SOLDIER WHO IS DENTALLY READY IS BETTER ABLE TO FOCUS ON AND ACCOMPLISH THEIR MISSION.

THE ARMY DENTAL CORPS' FOCUS ON DENTAL READINESS NOT ONLY AFFECTS THE WELL-BEING AND QUALITY OF LIFE OF SOLDIERS, IT DIRECTLY FACILITATES MISSION SUCCESS ON THE BATTLEFIELD." --Army Dental Corps

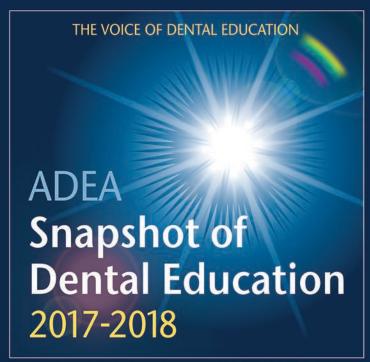


DID YOU KNOW?

- 4-F is a classification given to a new U.S. military registrant indicating he or she is "not acceptable for service in the Armed Forces" due to medical, dental or other reasons. The term originated in the Civil War to disqualify recruits who did not have **four front teeth** with which to tear open gunpowder packages.
- 2 In 2008, nearly all (95.8%) Department of Defense recruits required some type of dental care and over half were considered to be Dental Readiness Class 3 (non-deployable, not medically/dentally ready).
- The most common disqualifier for military service in the 20th century was not flat feet, but military personnel dental health and complications, such as acute necrotizing ulcerative gingivitis ("trench mouth").
- The rampant dental problems of soldiers during World War II led to the National Dental Research Act in 1948. The Act established the National Institutes of Health's third institute, known today as the National Institute of Dental and Craniofacial Research.

Sources:

- 1. Calcaterra N. 4-F: Unfit for service because of your teeth? Directions in Dentistry, March 19, 2013.
- 2. 2008 Department of Defense (DoD) recruit oral health survey. Military Medicine, 176(8), August Supplement 2011, p. 1.
- 3. The military's proud history of oral disease prevention. Inside Dentistry, 7(5):2011.
- 4. NIDCR turns sixty. National Institute of Dental and Craniofacial Research. Press release, June 24, 2008.



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