ADEA
Snapshot of Dental Education
2017-2018

AMERICAN DENTAL EDUCATION ASSOCIATION
adea.org/snapshot
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
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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.
Well Over a Third of Dental School Graduates Have Total Educational Debt Under $200,000

THIRTY-EIGHT PERCENT OF DENTAL STUDENTS GRADUATE WITH LESS THAN $200,000 IN EDUCATIONAL DEBT. TOTAL EDUCATIONAL DEBT IS THE SUM OF EDUCATIONAL DEBT INCURRED BEFORE AND DURING DENTAL SCHOOL.

*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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Private Practice Dentist</td>
<td>48.4%</td>
</tr>
<tr>
<td>Dental Graduate Student/Resident/Intern</td>
<td>36.8%</td>
</tr>
<tr>
<td>Uniformed Services Dentist</td>
<td>4.7%</td>
</tr>
<tr>
<td>Federally Qualified Health Center</td>
<td>3.1%</td>
</tr>
<tr>
<td>Unsure</td>
<td>2.5%</td>
</tr>
<tr>
<td>Other Position Related to Dentistry</td>
<td>1.7%</td>
</tr>
<tr>
<td>Other Nonprofit Clinic</td>
<td>0.7%</td>
</tr>
<tr>
<td>State or Local Government Employee</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other Federal Service (e.g., VA)</td>
<td>0.5%</td>
</tr>
<tr>
<td>Other Type of Student</td>
<td>0.4%</td>
</tr>
<tr>
<td>Faculty/Staff Member at a Dental School</td>
<td>0.4%</td>
</tr>
<tr>
<td>Other Position Not Related to Dentistry</td>
<td>0.2%</td>
</tr>
<tr>
<td>USPHS Commissioned Corps</td>
<td>0.2%</td>
</tr>
</tbody>
</table>

* In 2015, the question structure regarding employment in a corporate-owned group practice changed from "Select All That Apply" to "Select Only One." As such, results prior to 2015 cannot be compared with results in 2015 and later.

Almost Half of Dental School Graduates Directly Enter Private Practice

Establish a new private practice

Purchased an existing private practice as a partner

Purchased an existing private practice as the sole proprietor

Employed in a group practice that has a single location

Employed in a group practice that has multiple locations

*Employed in a corporate-owned group practice

Employed as an associate dentist in an existing private practice with a sole proprietor

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

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

<table>
<thead>
<tr>
<th>Number of Programs</th>
<th>Type of Program</th>
<th>Applications</th>
<th>Enrollment</th>
</tr>
</thead>
<tbody>
<tr>
<td>301</td>
<td>All General Dentistry*</td>
<td>1,939</td>
<td>17,266</td>
</tr>
<tr>
<td>68</td>
<td>Orthodontics</td>
<td>393</td>
<td>11,279</td>
</tr>
<tr>
<td>78</td>
<td>Pediatric Dentistry</td>
<td>457</td>
<td>11,118</td>
</tr>
<tr>
<td>102</td>
<td>Oral and Maxillofacial Surgery</td>
<td>262</td>
<td>10,448</td>
</tr>
<tr>
<td>56</td>
<td>Endodontics</td>
<td>220</td>
<td>4,327</td>
</tr>
<tr>
<td>58</td>
<td>Periodontics</td>
<td>220</td>
<td>2,562</td>
</tr>
<tr>
<td>48</td>
<td>Prosthodontics</td>
<td>199</td>
<td>2,277</td>
</tr>
<tr>
<td>15</td>
<td>Dental Public Health</td>
<td>166</td>
<td>166</td>
</tr>
<tr>
<td>8</td>
<td>Oral and Maxillofacial Radiology</td>
<td>150</td>
<td>150</td>
</tr>
<tr>
<td>16</td>
<td>Oral and Maxillofacial Pathology</td>
<td>91</td>
<td>91</td>
</tr>
</tbody>
</table>

*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
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.

Gender Distribution of All Faculty

Total faculty 10,576

- 3,722 Women (35%)
- 6,854 Men (65%)

Gender Distribution of Current Full-Time Faculty

- 1,894 Women (38%)
- 3,059 Men (62%)

Total full-time faculty 4,953

Gender Distribution of Retirees From Full-Time Positions

- 31 Women (31%)
- 68 Men (69%)

Total voluntary faculty 100

Gender Distribution by Age

- Under 30 yrs: 81 (66%) Women, 41 (34%) Men
- 30-39: 936 (54%) Women, 782 (46%) Men
- 40-49: 956 (53%) Women, 914 (47%) Men
- 50-59: 1,065 (52%) Women, 914 (48%) Men
- Over 60: 1,427 (61%) Women, 835 (39%) Men

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
A large portion of new faculty come into academic dental institutions from private practice or another dental school, or they are retiring from practice.

### Into Dental Schools

- **From Private Practice**: 35%
- **From Another Dental School**: 22%
- **Graduating From an Advanced Education Program**: 17%
- **Other**: 9%
- **From a Non-Dental School**: 7%
- **Entering Immediately After Graduation**: 4%
- **From Another Hospital**: 4%
- **From the Uniformed Services**: 2%

### Leaving Dental Schools

- **Retired**: 31%
- **To Another Dental School**: 20%
- **Other**: 19%
- **To Private Practice**: 14%
- **Finished Fixed-Term Appointment**: 10%
- **To a Hospital or Advanced Education Program**: 5%
- **Deceased**: 2%

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
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)

Methods Dental Schools Use to Assess Student Competencies

- Self-assessment: 65 Schools
- Faculty assessment by observation: 66 Schools
- Written assessment: 65 Schools
- Simulation: 66 Schools
- Independent assessment: 53 Schools
- Work samples: 59 Schools
- CATS/PICO: 50 Schools
- OSCE: 62 Schools

CODA Standard 2 Educational Program

- Critical Thinking (Standard 2-9)
- Self-assessment (Standard 2-10)
- Biomedical Sciences (Standards 2-11, 2-12, 2-13, 2-14)
- Behavioral Sciences (Standards 2-15, 2-16)
- Practice Management and Health Care Systems (Standards 2-17, 2-18, 2-19)
- Ethics and Professionalism (Standard 2-20)
- Clinical Sciences (Standards 2-21, 2-22, 2-23, 2-24, 2-25)

Source: American Dental Association, Health Policy Institute, 2016-17 Survey of Dental Education: Group IV - Curriculum
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.

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.

• 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).

*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

“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

Sources: