

Things look good for the present, but it is also easy to imagine a future where applications decline precipitously.

In this month's letter, Dr. Rick Valachovic, Executive Director of the American Dental Education Association, looks at the health professions applicant pool and considers the recruitment challenges that may soon confront dental and dental hygiene schools.



Beware Complacency in the Evolving Competition for Applicants

In recent years, you may have heard me say if you can't get into dental school these days, well, you can always go to medical school. Although I don't know of any med schools that have instituted open admissions, my tongue-in-cheek remark holds a grain of statistical truth. Last year, dentistry had a ratio of 2.5 applicants to each first-time first-year enrollee, while medicine's ratio was 2.3 to 1. That said, I suspect this numerical advantage may soon come to an end.

While we still enjoy a generously sized dental school applicant pool, the number of applicants is leveling off in proportion to the number of available spaces. We hit a peak of 13,700 applicants in 2007, with about 12,200 applicants in 2008 and 2009. The size of our applicant pool is still strong and will likely remain stable over the next couple of years, but our ratio of applicants to enrollees is likely to decrease when the newest dental schools accept their inaugural classes in 2011.

It is harder to tell how things stand with the allied dental education applicant pool. What we do know is that allied dental education has experienced a major expansion in its capacity in the last two decades, reflected in a nearly 25% increase in first-year dental hygiene enrollment and a 46% increase in first-year dental assisting enrollment over the past decade. Meanwhile, some urban areas have begun to produce more graduates than the local market may be able to absorb. (For more, see the [December 2009 issue of Charting Progress](#).) While I cannot tell you what the impact has been on applications to allied dental programs in these cities, I can imagine a decline in applications moving forward, as oversupply typically discourages potential applicants from entering the pool.

Medicine has also increased its capacity in recent years. In order to forestall a looming physician shortage, the [Association of American Medical Colleges](#) (AAMC) set a goal of increasing enrollments in allopathic medical schools by 30% between 2002 and 2015. Its member institutions responded by increasing class sizes, and more than two dozen communities initiated plans to create new schools, seven of which have already been accredited. [A 2009 survey](#) indicates that first-year enrollment in medical school is indeed on the rise, having increased from 16,488 in 2002 to 18,390 in 2009.

The AAMC predicts it will not reach its 30% target until 2018, but enrollment at osteopathic schools is also up significantly. According to the same survey, enrollment at both allopathic and osteopathic schools is expected to rise 36% between 2002 and 2015.

That represents over 26,000 medical students—a healthy number for sure, but not as big as may be needed to accommodate the influx of 33 million newly insured Americans into the health care system in the years ahead. Indeed, as more and more Americans gain the resources to access care, the need to graduate more health professionals of every stripe will create new pressures on academic institutions. Will we be able to find sufficient numbers of qualified applicants to meet this unprecedented demand?

Not necessarily. You may remember [my December 2008 letter](#) on the critical importance of early algebra instruction in preparing young people to pursue careers

in the health professions. Far too many of our young people leave high school without the strong foundation in mathematics needed to pursue higher education in the sciences and, ultimately, in our professions. While awareness of this need has grown, our country still lags behind other industrialized nations in math instruction, and it is unlikely that we will make substantial gains in the immediate future.

I recently spoke with Dr. Lucinda Maine, my counterpart at the [American Association of Colleges of Pharmacy](#), and I'm pleased to report that their association's recent past suggests a rosier scenario. Pharmacy education has experienced an explosion in the last six years. Almost one-third of its 120 schools opened since 2004, although this accounts for less than half of enrollment growth during this period, most of which is attributable to expansion of existing programs. Lucinda tells me pharmacy has no trouble attracting qualified applicants. Its schools graduated 12,000 practitioners this year, and current enrollments should produce another 14,000 grads in 2012.

According to Lucinda, three factors have supported this dramatic growth. The decision to move all programs to a doctoral degree in 2004 stimulated a new wave of interest in pharmacy among students with bachelor's degrees. Meanwhile, federal workforce projections of a pharmacist shortage convinced students they could expect solid job prospects and six-figure earnings upon completing the Pharm.D. degree. Finally, these trends coincided with the dot-com bust and a growing perception that medicine was not conducive to enjoying the work/life balance so prized by this current generation of students.

Dentistry also scores well by this measure. Our profession is perceived as one in which established private practitioners have considerable control over their hours and income. In the competition for health professions applicants, dentistry has two other distinctive advantages: the ability of the dental student to enter unsupervised private practice immediately upon graduation and above-average financial compensation.

In other words, like pharmacy, I expect dentistry will remain an attractive career option for college graduates who seek professional challenge and a satisfying work-life balance. Likewise, dental hygiene—with its excellent employment prospects over the long term and emerging opportunities for advanced practice—should continue to attract a robust applicant pool.

But it is critical we not become complacent about recruiting applicants. There is no doubt that other health professions will work hard to woo these young people as well.

Medical schools may soon find themselves contemplating the creation of accelerated programs for future physicians willing to commit to careers in primary care. Nursing has already done this for career switchers wishing to enter the field and for professional nurses wanting to enter advanced practice. And if the economy rebounds, many of the brightest and best-prepared candidates may opt once again for the glamour or promise of riches associated with startups in information technology, engineering, and any of a number of emerging fields.

So things look good for the present, and they may remain so. But it is also easy to envision a future not so different from the reality we experienced in the late 1990s, when applications to dental school declined precipitously. Where does this leave us?

- We need to stay focused on the pipeline and do what we can to encourage middle and high schools to offer rigorous programs in math and science to prepare more of our youth for higher education.
- We need to make sure awareness of the careers of dentistry and dental hygiene and their many desirable attributes remains high.
- We need to continue to pursue our initiatives to encourage the kind of change and innovation in dental education that engages students in ways future applicants find appealing.
- And finally, we need to tackle the problem of containing the cost of dental education head-on, so dental school becomes more accessible to aspiring young professionals from diverse backgrounds.

As Lucinda pointed out, diminishing state support is pushing the tuition at public institutions dangerously close to that of private schools. She hopes the federal government will mitigate the situation with service-repayable loans and that, as the economy rebounds, states will begin to repair the damage they have done to higher education. She says the average pharmacy student graduates with \$75,000 to \$100,000 in indebtedness, about half the debt burden dental students typically carry.

"Then again," Lucinda points out, "That's less than their first year's salary, so it may not be untenable, especially for married students with two professional incomes."

Her bigger concern is that college itself may become unaffordable, or that student awareness of the current slump in job opportunities will eclipse the long-term benefits of entering the health professions. "Students will walk if they don't think these careers will be viable. With the economic downturn last year, we had 1,000

more applicants for postgraduate residencies than we typically do, and 1,000 applicants failed to match. Those graduates will still find jobs, but maybe not get their top choices.”

Perhaps the same can be said of our institutions in the race to recruit applicants. If we want to remain selective, we will have to take seriously the need to invest in growing a sizable, diverse, qualified applicant pool.

A handwritten signature in black ink, appearing to read 'Rich', with a long horizontal flourish extending to the right.

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