Predictions From: The Future of American Dental Education and Research
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1 - “50 in 5” meaning 50% less lecture hours in five years.
2 - Learning will happen everywhere from preferred sources which will not always be the local faculty.
3 - More students with disabilities entering dental school.
4 – Students will have little tolerance for poor quality education at high prices; schools will need to partner to provide the best teaching that exists (instructional consortiums).
5 – Dental schools will seek research faculty from other health sciences, engineering, public health, and information sciences.
6 – Without significant incentives, dental schools will continue to be challenged in recruiting new graduates to faculty positions unless the private practice world becomes less attractive.
7 – The age of the clinical faculty will continue to increase as second career private practitioners enter the faculty ranks.
8 – Integration of the “new science” research faculty and clinical faculty should improve dental curricula by better integration of basic and clinical sciences.
9 – We will have a new type of mid-level provider working under direct dentist supervision completing procedures that formally only a dentist could do.
10 – We will have a greatly expanded public health program for oral health that includes use of a mid-level provider for screening of oral disease and facilitating access to dental office or clinics.
11 – These new providers will not lower the cost of delivering high quality oral health care, but will create market forces to contain costs. Organized dentistry will pay more attention to dental education.
12 – Dentistry will continue to be pressured by the insurance industry to cut costs. Dental schools clinical facilities will be called dental offices rather than clinics. Some will be outside the main school buildings and into the community.
13 – Dentistry will continue to be pulled into the overall health care system.
14 – Curriculum will change by exposure of students to other health professions training; simulation is a great venue for this.
15 – Research in dental schools will involve many non-dental people.
16 – Accountability and regulations will increase particularly for clinical facilities and environment impact; dental amalgam will disappear.
17 – Governments of developing countries will continue to seek expertise of US higher education. This will lead to a continuum of dental education: pre-dental; dental, advanced education; and continuing education in structured curricula. US dental schools will assist with establishment of dental programs in developing countries.
18 – State supported dental schools will look more like private dental schools relative to tuition and donors.
19 – To control costs, dental schools will use principals of mission based management to create incentives to improve efficiency.
20 – Dental schools will increase revenue from clinical service, international contracts, and continuing education curricula.