Changes in ABO certification: A scenario-based format

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Todays orthodontic education and orthodontics in general as an industry is suspect and may well have lost some of the unique trust and luster that it has held since the late 1940s. The crises for accountability, affordability and accessibility are the mantra for professional and educational reform. Many of our educators, clinicians and researchers are ill-equipped to deal with such unexpected and unanticipated challenges. The universal trust that was given by the American public to medicine and dentistry probably no longer exists; working together, we must find ways to rebuild that trust.

The ABOs mission is to establish and maintain the highest standards of clinical excellence in orthodontics. Its mission statement clearly defines four objectives:

1. Evaluate knowledge and clinical competency of graduates from accredited programs;
2. Re-evaluate clinical competency of a diplomates career through recertification;
3. Contribute to the development of quality graduate, postgraduate and continuing education programs in orthodontics; and
4. Contribute to certification expertise throughout the world.

In 2007, the ABO certification process went through many significant changes in criteria: (a) the number of cases required for presentation, (b) specific malocclusions, (c) precise time when a case can be presented, (d) the Initial Certification Examination was offered for the first time to orthodontists graduating in 2007 from a CODA (Commission on Dental Accreditation) accredited orthodontic program and who have successfully passed the ABO written examination, (e) for current board-eligible orthodontists, the Option I and II pathways were to be completed by 2008 but if this was not possible, there would be a transition pathway available; and (f) a recertification process, that was both voluntary and involuntary.

Board certification was based upon the highest standards of knowledge and clinical skill, and all diplomates were expected to maintain and enhance such standards. According to the board, 38 percent (or more than 3,000) of active AAO members from the United States and Canada were board certified. In its 76 years of existence, the ABO has never exceeded 28 percent, averaging approximately 24 percent as board-certified members of all AAO orthodontists.

In 2017, the ABO elected to research and observe other dental and medical specialty boards to ensure adherence to best practices. Currently, clinical examinations of four American Dental Associations dental specialty boards are completely scenario-based. While creating a degree of expertise and proficiency that all orthodontists should aspire to attain, the ABO believed it was essential and imperative to conduct an up-to-date certification examination.

According to Chung, Tadlock, Barone, Pangrazio-Kulbersh, Sabott, Foley, Trulove, Park and Dugoni: “the boards extensive evaluations, combined with research of best practices, support the decision that a new design is needed to give an examination that is fair, valid and reliable, while increasing accessibility. To facilitate the development of a new examination design, the ABO contracted with Castle Worldwide (Castle), a certification and licensure testing company with 30 years of experience in the science of psychometrics and training development” (2018, p. 322).

The new scenario-based examination format is not intended to make it easier; its standards will remain the same high quality. “The ABO believes that in todays climate a shift is needed to develop an examination that facilitates participation by all, while creating a measure of proficiency and expertise that most specialists should aspire to attain” (Chung, Tadlock, Barone, et al., p. 322).

The new examination will no longer require patient cases but will include four sections: (a) Data gathering and diagnosis, (b) Treatment objectives and planning, (c) Treatment implementation and management, and (d) Critical analysis and outcomes assessment. It will also continue to examine case outcomes of the scenario-based examination by taking into account cast and radiographic evaluation, case management form, the discrepancy index and cephalometric superimpositions and analysis.

The written examination will not change; it will use the same layout and design of multiple-choice questions based upon clinical and biomedical sciences, in addition to orthodontics. Once the examinee has successfully completed a CODA-accredited orthodontic program of at least 18 months duration, he or she will be eligible to take the ABO written examination. The recertification process will remain the same, requiring a commitment to lifelong learning, continued clinical improvement, proficiency and self-evaluation.

Change is never easy; it is, however, vitally important for the survival of our profession and the integrity of each one of us. It is only through education that civilization can be advanced and problems solved. There are no teachers we are all learners. Once we begin to compromise our thoughts and become complacent, we become a product of mediocrity. Epistemic access to the future has unending possibilities. As the 17th century French philosopher René Descartes stated, “… under your velvet glove … Cogito ergo sum” is roughly translated as “I think therefore I am.”

The directors of the American Board of Orthodontics are a beacon of elegance and grace. They deserve much credit for their perseverance while swimming upstream in a sea of complexity with no shallow end but instead, some unpopular opinions and resistance my hats off to all the directors!

References are available from the publisher.