Editorial

A New Era for the ABO!

Robert J. Isaacson

When you need a specialist's care, there is one thing we all want to know. Does the practitioner hold the Boards in that discipline? Boards signify qualifications and proper training. To me Board certification should represent a set of credentials attesting to competency and this information should be available to any interested third party. Orthodontics owes the public this information.

The American Board of Orthodontics recently announced a set of new initiatives that hold the promise of moving the ABO into a leadership position in this area. The goal of these new initiatives has as its hallmark a fundamental potential move toward an inclusive and broad based membership.

Here's how I see it. The American Board of Orthodontics is the second oldest board in medicine and dentistry, but unfortunately it has never reached the acceptance level enjoyed by many other Boards. In most specialties of medicine to be Boarded means you have completed a residency and are recognized as a fully competent and skilled practitioner in your specialty area. Nevertheless, the fact is that the ABO has only been modestly successful in becoming the measure of competency in orthodontics.

For many years the ABO was regarded as a way for a senior orthodontist to revitalize and renew their practice. Consequently, a limited few took advantage of gaining the ABO credential. The result was that the percentage of Boarded orthodontists did not grow.

To their credit the Board took steps to increase the number of candidates seeking the ABO and offered a number of important new initiatives. The Phase II written examination was completely revamped into a modern testing procedure. Adjustments in the type and number of cases required of the candidates in Phase III were instituted. Perhaps even more important was that the Phase II requirement was modified to allow residents to take the examination prior to graduation, at the time of the annual AAO meeting.

This step was readily accepted by most educational programs and soon the number of Phase II candidates included the vast majority of the graduating residents. Many wanted to believe that this was the beginning of a new era and hence forth these graduates would all move ahead and later complete their Board requirements.

Reality was somewhat different, however, as many of these graduates, in spite of passing the Phase II examination, opted not to go on and complete Phase III and get their Boards. Why? Perhaps it had to do with incentives or a lack of need to justify the necessary time and work. Whatever the reason, the number of Boarded orthodontists increased to around 24% of the AAO, but then membership percentage again stalled.

Why was this? Certainly the Phase II testing initiative was an excellent idea—it just did not go far enough. The new initiatives announced recently by the Board appear to address this issue. Under the proposals now under examination, residents may use cases treated in their residency for Phase III and become a Diplomat upon completion of their residency. The ABO Directors are putting the ball back into the candidates' court. Under this exciting new proposal candidates can be Diplomats upon graduation.

Kudos to the Board for this progressive step. If this proposal is implemented as it appears, orthodontists holding the Boards will become the norm for the next generation. The degree of difficulty in university cases versus usual Board cases has been examined and appears to be equivalent. A Phase III pilot study is in place and scheduled for evaluation in February 2006. All of the pieces are in place and the Directors appear to be proceeding forward deliberately. From this will emerge the basis for determining the details of a new Phase III examination to be offered beginning in 2007. Successful candidates will be given a ten-year certificate subject to recertification like all other Diplomats.

If this is implemented as described, and the vast majority of residents pass the ABO at graduation, the ABO will lead the quality of ongoing orthodontic practice. An orthodontist who does not hold the Boards will become the exception and an anachronism. The most important function of the Board will be to guarantee a certain level of competency and quality in most of orthodontics, not just a small minority of practices.

I urge the Directors to continue on this bold course and I urge the University Program Directors to actively seek ways to integrate this process into their residencies. Just as most residents today pass Phase II, the same should be the result for the new Phase III examination. If this becomes the norm for most of the incredibly bright and competitive young graduates in our programs today, orthodontics will reach a new level of excellence. This could be a very big win-win for the public and orthodontics. I am optimistic!