

# ABO initial certification examination: Official announcement of criteria

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In March 2005, when the American Board of Orthodontics (ABO) announced the change in the board-certification process, the specific criteria for the new Initial Certification Examination intended for recent graduates of orthodontic programs were not delineated.<sup>1</sup> The board's ultimate goals were to engage as many young orthodontists as possible in the certification process and to subsequently maintain and improve the quality of their expertise via periodic recertifications. The ABO directors believed that the results of the then-ongoing Orthodontic Resident Clinical Outcomes Study (the pilot study), combined with the opinions of current and previous ABO directors, ABO examiners, and orthodontic educators, should play significant roles in the formulation of a fair and equitable clinical examination by using cases treated during the resident's graduate program.

Consequently, the ABO obtained educators' opinions in a survey and hosted an Educators' Symposium in St Louis to seek input from the nation's orthodontic teaching professionals. Former ABO directors and examiners were asked to suggest modifications of the Initial Certification Examination process after the 2006 Clinical Examination. The pilot study (PS) was completed in February 2006. Input from these diverse sources completed the information acquired by the board for final determination of the criteria for the Initial Certification Examination. This article will delineate the information that the ABO used to make

decisions about the overall process of administering the Initial Certification Examination.

## GATHERING INFORMATION

### The educators' survey

In June 2005, a survey was sent to 1004 of the nation's full-time and part-time orthodontic educators. It consisted of 19 statements with a 5-point numerical rating scale to solicit each educator's level of agreement or disagreement with the statements. An area for comments was also provided. Those surveyed were asked to return the document by facsimile within a month.

Three hundred fifty-one surveys were returned, a 35% return rate. Additional comments were listed on 52% of the surveys, indicating that many respondents held strong opinions regarding the process. Sixty percent were in favor of the changes in the certification process, and 28% believed residents' treated cases could not meet ABO standards.

As a result of the survey, the following synopsis pertaining to the Initial Certification Examination was developed.

1. The examination should be offered 7.6 months after the completion of the graduate program.
2. Specific recommendations for examination criteria were as follows:
  - a. 92% of survey participants said it should include an oral examination.
  - b. 84% believed that specified malocclusion types should be required.
  - c. 77% thought that the discrepancy index (DI) should be used.
  - d. 5 to 6 cases would be a reasonable display for former residents to present.
3. Participants' comments were classified as to their particular content type as follows:
  - a. 52% of the comments were somewhat negative toward the changes in process.
  - b. 38% of the comments were positive with constructive suggestions.

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- c. 21% of the comments indicated that the ABO was lowering its standards.

### The educators' symposium

On October 8, 2005, 78 faculty representatives from 37 orthodontic programs met with ABO directors in St Louis for the first time in the board's history. The morning session included presentations by ABO directors that delineated various aspects of the written and clinical examinations. The afternoon session consisted of a full-audience discussion about the early certification process, followed by interactive small-group sessions. The audience was divided into 8 subgroups. An ABO director served as the discussion leader of each interactive session involving exploration of 9 questions about the new certification process. A report from each subgroup was presented before the reconvened audience at the end of the symposium.

As one would imagine, many ideas, suggestions, and comments surfaced. Most educators supported the new process and were positive about the potential for early certification. Many thought that the new process would impact the orthodontic educational system in many ways. A recurrent concern was that 24-month programs would have difficulty in allowing their residents to complete enough cases for presentation. Some educators believed that treatment of certain complex problems and 2-phase treatment cases would be difficult for 1 resident to complete during the program length. The educators thought that appropriate cases could be distributed equitably among the residents in their programs. Some educators were concerned that it would be difficult to effectively communicate the details of the Initial Certification Examination to their residents and faculty.

The ABO directors compiled abundant information from the meeting with an increased appreciation of both the educators' interest and genuine concerns regarding the ABO certification process.

### Input from former directors and examiners

Former directors and examiners have a unique and valuable perspective of the certification process, having administered the ABO Clinical Examination for many years. The board solicited the opinions of these veteran examiners after the Clinical Examination in February 2006. This was the first year that the Clinical Examination involved both recent graduates and traditional examinees. Most of the veteran examiners were impressed by the PS participants' enthusiasm, knowledge of orthodontics, and communication skills during the examination process. The former directors and exam-

iners firmly believed that early certification could be successful but thought that the design and implementation of the Initial Certification Examination needed to be tailored to the uniqueness of the residents' educational environments. Many specific recommendations were offered and documented by the present ABO directors.

### The orthodontic resident clinical outcomes study

The 4-year PS concluded in February 2006. Fifty PS participants attended the ABO Clinical Examination, and 45 successfully obtained ABO certification by satisfying the current ABO standards with a minimum of 6 case presentations.

A detailed report of this study is in the November 2006 issue of the *American Journal of Orthodontics and Dentofacial Orthopedics*, entitled "A report of the ABO Resident Clinical Outcome Study (the pilot study)."<sup>2</sup> In essence, the primary question of the PS was answered affirmatively: residents can treat to ABO standards in their orthodontic graduate programs. The cases presented were of sufficient complexity, with an average DI of 16.96 compared with the regular examinees' average DI of 21.84. Eighty-three percent of the 422 (PS and supplemental) cases presented met ABO standards, comparing favorably with 88% of the 326 cases presented by regular examinees. Forty-one percent of all cases involved extractions, and the average treatment length was 24.67 months. In the final analysis, the PS indicated that, when orthodontic residents and faculty are challenged to treat to board standards, they can successfully do so.

### THE CLASS II MOLAR-RELATIONSHIP ISSUE: CAN A FULL-STEP CLASS II BE TREATED EFFECTIVELY DURING A RESIDENCY?

The ABO has traditionally placed great emphasis on the examinees' abilities to demonstrate proficiency in the treatment of full-step Class II molar malocclusions. For many years, ABO case criteria required 3 separate categories of Class II molar treatment (categories 5-7) that required a full-step Class II molar relationship at the start of treatment.<sup>3</sup> These malocclusions can be among the most challenging to treat. The board also found that these 3 category requirements were the most difficult for traditional examinees to locate in their practices. Also, some educators attending the Educators' Symposium expressed concerns that it would be difficult for a resident to treat a full-step Class II molar-relationship case in the time constraints of an orthodontic graduate program.

The PS allowed the board to evaluate the significant Class II cases brought by the PS participants. When the scores for the DI parameter for "Occlusion" were analyzed, only 25% of the PS cases had significant anteroposterior occlusal discrepancies as compared with 52% of the control (traditional) cases. The control group was required to bring the 3 Class II categories listed above.

The PS statistics showed that the mean DI scores for the PS and the control group cases were 17 and 22 points, respectively. This suggests that the DI scores of the PS cases were sufficiently complex, but the PS group did not include enough completed Class II cases to satisfy ABO standards.

A recently published study about Class II treatment times for 2 extraction protocols in an educational environment disclosed that 4-premolar extraction cases required a mean treatment time of 28 months.<sup>4</sup> The average treatment time for the PS cases was 25 months. Because 18 orthodontic programs are only 24 months long, it became apparent that the board should consider modifying the Class II requirement to maintain equity in examination of residents from all accredited programs.

### **INITIAL CERTIFICATION EXAMINATION**

The ABO directors compiled much information from diverse sources concerning the early certification examination and seriously explored many criteria before arriving at the policies for the Initial Certification Examination. The case criteria for the new Initial Certification Examination are similar to the ABO's First Recertification Examination. The specific details of the criteria for the Initial Certification Examination are listed below.

#### **Criteria for the Initial Certification Examination**

The Initial Clinical Examination is offered to orthodontists after the completion of their orthodontic education. The orthodontist must be a graduate of a program accredited by the Commission on Dental Accreditation (CODA) and have successfully passed the ABO written examination. The examinee must attend the examination within 36 months after graduation. This means that 3 February examinations are available to the candidate. To encourage prompt examination after graduation, the time-limited certificate will expire 10 years from the date of the examinee's first available Initial Certification Examination.

1. Patient source. Cases eligible for presentation must be solely treated by the examinee under the direct supervision of a clinical instructor in an orthodontic

program accredited by the American Dental Association. Active treatment is comprised of fixed appliance placement through removal of the appliances and placement of retainers, all provided by the same resident. In cases of multiphased treatment, the final phase of full treatment (appliance placement to appliance removal) administered by 1 resident is acceptable. A Confirmation of Residency Treated Cases from the program director or chairperson is required to ensure that the cases meet these requirements.

2. Components of the Initial Certification Examination.
  - a. Board Case Oral Examination
  - b. Case Report Examination
  - c. Case Report Oral Examination
3. Case criteria for the Initial Certification Examination. The Case Report Examination component requires 6 case reports consisting of 3 cases each with a DI of 20 or greater and 3 cases each with a DI of 10 or greater. Additionally, the 6-case presentation must contain:
  - at least 1 nonsurgical case treated with 4 quadrant extractions that demonstrate effective space closure (the extraction case).
  - at least 1 nonsurgical case with a bilateral end-to-end or greater Class II molar relationship at the time of appliance placement. A unilateral full-step Class II molar relationship is also acceptable. The final result should exhibit a Class I molar and canine relationship (the Class II case).
  - no more than 1 case treated with orthognathic surgery (the surgical case). A surgical case is not required, but a surgical case needs interim (pre-surgical) records.

#### **Noncompletion of the Initial Certification Examination**

If the examinee does not satisfy the requirements of the Initial Certification Examination, the board offers the following guidelines for reexamination.

1. Reexamination will be conducted with the same criteria as applied to the cases that were incomplete.
2. Source of the reexamination cases: cases from the graduate program that were treated under the same requirements as the Initial Certification Examination and cases treated solely by the examinee in his or her private practice may be used.
3. Time limitation to return for completion of the Initial Certification Examination: the examinee has 5 years on 2 separate occasions to present cases to complete the Initial Certification Examination.

4. If the examinee does not pass the reexamination or does not return within the 5-year time limit, he or she must submit a new application and take the First Recertification Examination after paying current fees for it.

## CONCLUSIONS

The ABO realizes that its rules and criteria for the Initial Certification Examination will not be universally accepted by the orthodontic community. The board hopes that the specialty will acknowledge that the directors have attempted to establish, using both evidence and expert opinions, a fair and equitable examination of the knowledge and clinical abilities of recent orthodontic graduates. Initial certification will remain the first step in a clinician's lifelong commitment to excellence, because, via certification, the orthodontist endorses a structured program of future periodic recertifications intended to provide the public with the most optimal care possible.

We express our sincere appreciation to the partici-

pants in the PS, former residents and their orthodontic graduate programs, past ABO directors and examiners, and the orthodontic educational community. Their collective contributions to the formulation of a new and exciting examination for recent orthodontic graduates is a historic example of achievement by true collaboration between orthodontic educators and our specialty's certifying board.

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