GUEST EDITORIAL

The role of the American Board of Orthodontics in advanced dental education

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From its inception, the American Board of Orthodontics (ABO) has attempted to elevate the standard of orthodontic care. In 1929, one of the board's first directors, the eminent Dr Martin Dewey, stated that the ABO's primary objective was to "stimulate and promote the spirit of research and self-improvement among students and practitioners of orthodontics."[1,2] The ABO has always believed that the education of proficient clinicians originates at the most basic level—that of the student. Yet a distinct boundary between the board and the autonomy of the advanced dental education programs has been historically respected by the ABO. For example, in 1964, when the Council on Dental Education of the American Dental Association (ADA) approached ABO President Frank Bowyer for "guidance in matters pertaining to orthodontic education," Dr Bowyer declined and emphasized that the ABO would limit its educational influence to assessing the results of education rather than developing educational requirements.[3] This philosophy within the ABO has endured and remains respected today.

Via liaisons with the American Association of Orthodontists' (AAO) Council on Orthodontic Education and the ADA Council on Dental Education, the ABO's input to quality of education is both solicited and offered. As present and former members of both committees will attest however, the ABO intentionally makes no attempt to modify program duration or content. Although the ABO offers a list of recommended publications in preparation for its written examination, the board believes that specifics of educational programs are not within its domain and are best left to other special-interest groups in organized dentistry and dental education.

Concurrent with the ABO's restructuring of its certification process to parallel that of the medical model, a few have opined that the board is attempting to influence the length of orthodontic specialty programs. The board has no intention of entering this arena of debate. The board's historic and present concern is to raise the level of orthodontic specialty care by requiring recertification examinations throughout a practitioner's career to encourage maintenance of knowledge and skill levels for the benefit of the public. Recertification to maintain diplomate status is a time-tested strategy that is not unique to the specialty of orthodontics. Of the ABO's 5143 diplomates, comprising 52% of AAO membership, 2521 will be required to recertify.

The ABO believes that a national standardized clinical examination of recent graduates using patients treated in their residencies is a legitimate means to verify clinical competency. The ABO's written examination is likewise effective in testing an orthodontist's didactic knowledge. Both of these national examinations can be used by educators as outcome measures for their resident programs, potentially fulfilling 2 of the ABO's 79-year-old missions: to *"evaluate* the knowledge and clinical competency of graduates of accredited orthodontic programs" and to *"contribute* to the development of quality graduate, post-graduate and continuing education programs in orthodontics" (italics added). Neither of these mission statements should be interpreted to mean that the ABO intends to exert influence on the length of any specialty program.

The board will continue to refine its certification and recertification processes in the interest of motivating an orthodontist to elevate the level of patient care from the resident's first day of specialty education through the final years of his or her career.

From The American Board of Orthodontics, St. Louis, Mo.
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