During the 8th International Orthodontic Congress the WFO and the Executive Committee of the American Board of Orthodontics hosted a half-day symposium on board certification. The long-term goal was to assist existing orthodontic certifying boards and those national and regional WFO affiliate organizations that wish to form a new certifying board. The WFO encouraged all interested individuals to attend this free symposium, which was held at the ExCel Center in London prior to the opening ceremonies.

The Executive Committee of the American Board of Orthodontics (ABO) designed the 3-hour program to be both informative and interactive with all participants. Dr. Eladio DeLeon, Jr., current president of the ABO, provided an overview of their certifying process, noting major changes that have occurred during the past few years. Dr. Steve Dugoni described the recent implementation of new digital technology in the management of orthodontic records. As in the past, the examinee must provide case presentations that contain specific reports and patient records as required by the Board. The patient records should be of sufficient quality and accuracy that an appropriate diagnosis and observation of treatment results may be adequately viewed by the examiner. The case is evaluated for quality, accuracy and completeness of the patient records and reports in meeting appropriate specifications.

Dr. Chun-Hsi Chung summarized the written examination. It consists of a comprehensive exam that assesses the examinee's knowledge of basic sciences and clinical concepts based on criterion-referenced testing. Examinees are measured against the skill and knowledge represented by each test item. The difficulty of each item for the minimally-competent examinee is the basis for setting the Criterion Standard, one that is represented as an absolute standard on a Benchmark Scale updated every five years.

At the end of the morning, Dr. DeLeon noted, “On behalf of Dr. Steve Dugoni, Dr. Chun-Hsi Chung and myself, I’ll take this moment to sincerely thank everyone responsible for this opportunity to share our ABO message to the WFO members. I believe we had a productive and informative symposium and I have received many complimentary comments. Hopefully, our presentation will have positive impact on the World certification process.”

Following their presentation, attendees divided into groups to discuss common issues on the following topics:

**Standards of Care**
- Minimal diagnostic records
- is there a need
- do you have them
- define them
- advantage/disadvantages
- does it protect the public
- will it create litigation issues
Accreditation standards
- Who sponsors your accrediting organization
- If you have one, how are the members selected for the accrediting organization
- Is there an accreditation protocol for re-accreditation
- Can a program lose accreditation
- If you don’t have one, what obstacles will there be in creating an accreditation body

Board Certified Status
- Is it needed
- Perceived value
- Does your population know what it means to be board certified

Orthodontic Education
- Faculty credentials and recruitment
- Retention of faculty
- Should there be a minimal number of years to complete orthodontic training.
- Prerequisites to orthodontic program
- Ethics
- Market driven orthodontic programs vs evidence base program
- Program affiliation university based, hospital based, company supported

Psychometric assessment of exams
- Are resources available
- Is it necessary
- We use MI

Recertification
- Is it necessary
- Requirements
- How long between recertification’s
- Should it be lifetime
- Should examinees show cases, have online exam, CE or scenario based exam

Written Examination
- Should there be a certifying written exam
- Is it required
- Who prepares the exam
- Prerequisites to take exam

Clinical Examination
- Competency exam
- Cases, scenarios, online
- Out of residency, or post residency
• Prerequisites to take exam

With conclusion of the round table discussions, representatives from each group proceeded to summarize their ideas with presentations to the entire group. The fact is, a majority of existing organizations throughout the world that have formed orthodontic boards have a fairly low rate of participation. A wide variety of reasons for this lack of response were given. In the American Board of Orthodontics (ABO), to help overcome this same problem, a recently established alternative pathway to certification (ICE) was initiated by offering educationally qualified non-boarded orthodontics “time limited certificates” prior to showing case reports. The result of this change was that the percentage of board certified orthodontists in the AAO has increased dramatically. The ABO concluded, “Get educationally qualified orthodontists certified as quickly as possible, but make them prove their capabilities on a regular basis.” This concept is based on the belief that once orthodontists have their board certificates, they will want to maintain their boarded status and will agree to submit to a series of exams throughout their lifetimes. In conclusion, it was recommended that to start an orthodontic board in a country that:

a) All educationally qualified orthodontists should be given “time-limited board certification” initially at the time that the certification board is stated with the understanding that later examination will be necessary.

b) A deadline date for accepting initial board certification by educationally qualified orthodontists must be established and publicized.

“Recertification”

Committee members agreed that recertification is important because boards are supposed to serve and protect the public by elevating the standard of care. The majority felt that the process should include the submission of treated clinical cases.

It was recommended that:

a) Recertification of boarded orthodontic specialists is important to maintain a high level of the standard of care.

b) All board certified orthodontist should be recertified periodically. The interval of certification should be established by the Board of Directors of the certifying board and not be less than five (5) years nor more than twelve (12) years.

c) Recertification should include the submission of clinical cases.

“Selection and Replacement of Examiners / Directors”

The breakout discussion group felt that examiners should not be considered for the Board if they have commercial conflicts of interest. They also mentioned consideration could be given to establishing Regional Boards before moving on to State Boards. Questions related to how directors are to be selected and for what length of time was brought forth a number of opinions. All quickly agreed that an initial selection of these individuals should be chosen based upon their educational background and established credentials. In conclusion it was recommended that:
a) ‘Respected orthodontists, who do not have commercial interests’, should be a requirement for appointment for both initial directors of the board as well as their successors.

b) Ideally, the Board of Directors should represent equally all regions or constituencies within the area that the Board represents.

c) Board directors should agree to serve for a minimum of three years and a maximum of as many years as there are regions or constituencies.

d) Board directors should be replaced in a planned and “agreed-to” basis.

“Examination Process”

Most committee members agreed that from five (5) to ten (10) cases should be the minimal requirement. Opinions on the types of cases to include in the model display were more varied, from early treatment to extraction cases and even those involving orthognathic surgery. Conclusions to the examination process include the following:

a) All orthodontists, including recent graduates, who completed their orthodontic training within 36 months of application AND who possess the educational qualifications approved by the Board, should be able to apply and take the board exam.

b) Candidates must display clinical cases (5-10). Candidates who are within 36 months of their graduation may have a lesser case display requirement and may display cases treated during their residency.

c) All educationally qualified orthodontists, including residents in their final year of their training program, may take the written examination.

d) Specific requirements for the case display should be set by the Board of Directors and be prominently publicized so they are accessible to all candidates.

For more information related to orthodontic board certification as discussed during this symposium, see the official web site of the American Board of Orthodontics <https://americanboardortho.com> and look under the listing “Orthodontic Professionals.” Board certification represents the highest level of commitment in orthodontics. It differentiates professionals - protecting the public and advancing the field of orthodontics. As noted in this web site, “Certification signifies a unique achievement – a step beyond your orthodontic education and training in the specialty. As your judgment, skills and knowledge are evaluated by your peers, it allows you to evaluate your own work and creates a commitment to lifelong learning.”

The following list identifies the orthodontic certifying boards now active throughout the World Federation of Orthodontists.

American Board of Orthodontics
Argentinean Board of Orthodontics
Australasian Orthodontic Board
Brazilian Board of Orthodontics
European Board of Orthodontists
French Board of Orthodontics
German Board of Orthodontics
Indian Board of Orthodontics
Italian Board of Orthodontics
Japanese Orthodontic Board
Korean Board of Orthodontics
Mexican Board of Orthodontics
Philippine Board of Orthodontics
Saudi Board of Orthodontics
Taiwan Board of Orthodontics
Thai Board of Orthodontics

Societies currently interested in starting an orthodontic board certifying process:

Costa Rican Orthodontic Society
Czech Orthodontic Society
China Orthodontic Society
Egyptian Orthodontic Society
Iranian Orthodontic Society
Malaysian Association of Orthodontists
Polish Association of Orthodontists