Board certification has been widely accepted as a means of improving the quality of medical and dental care. Yet, certification of most practicing orthodontists has historically remained elusive at best. Traditional certification percentages of American Association of Orthodontists (AAO) members before 2005 did not exceed 25% and was only between 13% and 17% in the late 1970s. In 2005, to motivate more members of the specialty to become certified, the American Board of Orthodontics (ABO) established a new certification process to increase the numbers of certified orthodontists and yet maintain its standards. This process was called “Early Certification” and included the concept of mandatory, periodic recertification to maintain the level of care throughout an orthodontist’s career. The ABO’s vision was that early certification, followed by repeated recertification, initiates a lifelong process of learning and self-evaluation.

The ABO later renamed the Early Certification process the “Initial Certification Examination” (ICE). Among various specific requirements, the ICE uses cases treated in an orthodontist’s residency with precise stipulations. The specifics of the requirements can be found on the ABO website at www.americanboardortho.com.

As the ICE process was used, it became apparent that residents in shorter orthodontic specialty programs had more difficulty in satisfying the ICE requirements than those from longer programs. Yet, studies showed that younger orthodontists, regardless of program length, valued certification. After the July 2007 conclusion of the ABO Gateway offer, collected data (from an independent survey compiled by the ABO) showed that 74% of AAO members 46 years of age or younger are certified by the ABO.

In 2008, the ABO hosted an Educator’s Conference to which it invited chairpersons or program directors from all orthodontic institutions in the United States and Canada. The ABO solicited recommendations from the faculties for methods to improve the ICE process. The educators stated that certification would be more attainable if residents could accumulate cases that meet the requirements of the ABO Clinical Examination, but there should also be an additional postgraduate opportunity to continue accumulating cases for certification. This pathway could mollify the discrepancies in the lengths of graduate programs.

As a result of this discussion with the educators, the ABO developed the “banking process” and accepted its implementation at its February 2010 meeting. The concept is named “banking” because cases are collected or banked in 2 stages to meet the ABO’s requirements. No certificate will be granted until the full requirements of the ICE examination are satisfied, whether the examinee uses the banking process or not. Most importantly, the ABO still considers the ICE, accomplished during the examinee’s residency, to be the premier and favored pathway for certification.

The details of the banking process are as follows:

- ICE examinees must present a minimum of 3 cases at an ABO Clinical Examination to initiate the banking process.
- If the successful 3-case presentation at the Clinical Examination includes at least 1 case with a discrepancy index (DI) score of 20 or above, the examinee need not return for a future Clinical Examination. The examinee can mail the remaining required cases to the ABO for scoring.
- If the Clinical Examination presentation does not include at least 1 case with a DI score of 20, the examinee must return to a future Clinical Examination for case presentation with an examiner.
ICE candidates must display resident cases within 24 months of graduation, but the rest of the case requirements will be accumulated from postresidency practice.

The ICE candidate has 3 attempts within 10 years to complete certification. Inability to do so will cause the examinee to revert to the Beginning Certification Examination.

The ICE Banking policy will be retroactive for previously incomplete ICE examinees.

ICE candidates, regardless of their involvement in the banking process, must satisfy all requirements of the ICE examination including the Board Case Review Oral Examination to receive their certificate.

Requirements for incomplete examinations involving the ICE banking policy are as follows:

- If 4 or 5 cases are complete, the candidate can mail the remaining 1 or 2 cases to satisfy the ICE requirements. These remaining cases are to be treated in postresidency practice and must fulfill the same requirements as the incomplete cases. There is a 10-year time limit with up to 2 more attempts to do so.
- If 3 cases are complete and include at least 1 case with a DI score of 20 or above, the cases will be banked, and the remaining 3 cases can be mailed to the ABO to satisfy the requirements. These remaining 3 cases are to be treated in postresidency practice.

If 3 cases are complete but do not include one with a DI score of 20 or above, the cases will be banked, and the candidate must return for another Clinical Examination for the remaining required cases.

If 1 or 2 cases are complete, they are banked, and the examinee must return for another Clinical Examination for the remaining required cases. These cases are to be treated in postresidency practice and must satisfy the same requirements as the incomplete cases.

If all ICE cases are scored as incomplete, the candidate must pursue the Beginning Certification Examination to become board certified.

The ABO understands that the future of the certification process lies with those entering our specialty. The ABO wants to enlist the support of both educators and practicing orthodontists to encourage the ICE process. Although board certification was previously a process of a lifetime, it is now a process for a lifetime.

REFERENCES