



Continuously Learning About Continued Certification

“Learning is like rowing upstream; not to advance is to fall back.”

CHINESE PROVERB

You might not know that the oldest dental specialty board, the American Board of Orthodontics (ABO), recently made a significant change to their certification process. The decades-old case presentations have now been replaced by an oral clinical examination. Why this shift? Largely because the ABO recognized their board certification process needed to evolve, especially since it is optional like ours. Why should you as a pediatric dentist care about this? One reason is that our American Board of Pediatric Dentistry (ABPD) credentialing process and leadership provided a successful and functioning example. With 83% of all eligible pediatric dentists being board certified and participating in continuing recertification, we continue to lead.

Rather than be complacent, the ABPD continuously strives to improve its current exams and processes while building value for its stakeholders. In doing so, we look to others such as the American Board of Medical Specialties (ABMS). The ABMS, representing 24 certification boards and having the mission “Higher Standards, Better Care,” recognizes the critical role maintenance of certification plays in diplomate skills and knowledge. Their most recent effort to remain progressive and relevant, as well as address diplomate concerns about the burden and cost of maintaining certification, was to convene a special commission that published the report *Continuing Board Certification—Vision for the Future* (February 12, 2019).

The ABMS Commission’s foundational recommendation was that “continuing certification must integrate professionalism, assessment, lifelong learning and advancing practice to determine the continuing certification status of a diplomate.” Traditionally, medical specialists have been required to take a high-stakes examination every 5 to 10 years to remain board certified. This was costly and inefficient and, although psychometrically valid, was inconsistent with best practices for adult learning. Given this, as of 2019, each participating medical specialty board must have a plan or immediately begin to shift to more frequent, lower stakes, longitudinal learning assessments. Education science suggests that routinely identifying one’s skills and knowledge gaps can yield customized learning plans and, in turn, a better practitioner than the traditional format of occasional high-stakes exams.

Also of interest, as we look to the future, the stakeholders surveyed by the Commission called for increasing transparency, effectiveness, fairness, and consistency for recertification. The public subgroup, while recognizing some value in board certification, was relatively unaware of what certification meant. Thus, the ABMS was tasked with developing methods for assessing professionalism. All these issues have relevance to our individual and collective development as pediatric dentists. Simply put, what will these new initiatives and methods look like and how can we incorporate them into certification and renewal of certification in pediatric dentistry?

One other challenge we can extract from the Commission’s Report looks beyond psychometric evaluation of exams to independent research about certification processes themselves. Interestingly, a piece of the ABPD’s strategic plan is to encourage and fund projects that can contribute to our knowledge base in this area. I encourage all pediatric dentistry diplomates to take a look at our strategic plan.² The ABPD leadership remains committed to leading and learning.

¹ <https://visioninitiative.org/commission/final-report/> accessed 06/01/2019

² https://www.abpd.org/Handler.ashx?Item_ID=6B4ACD36-A8F6-48E8-AAD4-35B609C280B3 accessed 06/02/19

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