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Short Communication

There was a Time when Board Certification in Pediatric Dentistry Meant Something...

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As one reflects on their time on this planet, it's become apparent that change is inevitable and conceptualization of what was once thought definitive carries new meaning and interpretation. In the political world, while we continually witness diversion and disagreement amongst our elected representatives, we nevertheless once held them in high respect for their competence, commitment to serve and intellect. Today, general discontent and distrust let alone blatant hatred, prevail predicated upon human bias and disrespect for fundamental beliefs in what is fair, ethical, the rule of law and in the best interest of all.

In the field of pediatric dentistry, pursuit of excellence existed by virtue of what constituted board certification; it exemplified the demonstration of what constituted the highest level of knowledge, skill and commitment to enhanced learning. Those achieving Diplomate status, having submitted to the most arduous of testing were recognized as the "best of the best" in the field. Society however evolves and finds need to update and re-examine it's values and priorities. In earlier days, the fact that few pursued this level of recognition, (approximately 15%) for reasons related to excessive cost and willingness to undergo such rigorous scrutiny, contributed to the prestige of achieving board certification. These numbers were for the most part consistent across all specialty disciplines. The standards for what constituted expectations for board certification remained at this level until the arrival of the millennium. Emphasis appears to have largely shifted from setting Diplomate status from the pursuit of excellence to one of moderate decree. Defining a level for which a high percentage of its membership could qualify for having achieved a desirable level of proficiency became the mission of the post-millennial Board.

It was with overwhelming agreement that need existed to elevate public awareness of the efforts of specialties to promote its memberships by identifying greater numbers having achieved such learned status.

If the examination process remained so rigorous as to discourage specialists from seeking such scrutiny, inevitable revision and reduction in the testing format was necessitated.

In pediatric dentistry, what was since it's inception previously a four part examination format spanning a minimum of 3 - 4 years to complete was reduced to an abbreviated two part format, readily accomplished in 1 - 2 years.

An all day original written part one which covered a specified list of 200 scientific articles was reduced to a half day exam covering an unidentified list of references.

Completion of part one enabled eligibility to advance (to Part 2) to an oral examination of one hour duration with any and all questions and topics being fair game.

Part 3 consisted of submission of five documented cases treated by the candidate involving restorative care, trauma, behavioral management, medical or special patient care, and orthodontic care. Pre and post treatment follow up care was required.

The final part consisted of an all day site visit under the scrutiny of two examiners at the candidate's private practice or academic center.

In 2001 the format was reduced to a half day Written qualifying exam and subsequently a one hour clinical oral simulation covering a limited selection of topics. The outcome of the format changes resulted in a dramatic increase in those seeking and passing Board Certification to approximately 80%+ over the previous format.

Failures were significantly reduced and it was readily apparent that the impact of the format changes achieved the objectives of increasing numbers pursuing and achieving certification.

These structural and philosophical changes arose not only in pediatric dentistry, but across all specialties. Recognition of the inherent limitations of the abbreviated new formats gave birth to a belief that re-examination should be considered within ten year periods to verify a commitment to future learning.

Various points of view have emerged seeking to identify whether reducing the complexity of the examination format represented desirable change without compromise of objective or merit. Some argue that standards have been excessively reduced to challenge the actual intent and validity of the process. Others regard the reduced demands of the shortened format to have been overdue and needed. Some sought to lessen the eliteness of Diplomate status to a level where the greatest percentage of members were now given fair or eased access to this accaulade.

Others simply regard the process to have simply and unnecessarily lowered the bar of knowledge to more closely resemble one of mediocrity vs illustration of the pursuit of excellence.

Interestingly, it appears that recognition of the shortcomings of the newer format was made by the ABPD when it declared that no need existed for re-examination by those having secured Diplomate status via the previous format.

To offer and demand a re-examination every 10 years via a fifty question multiple choice, open book test raised questions of validity and principle. One might argue that those who undertook the earlier format already demonstrated a more profound commitment to continuous learning.

As a practitioner of 46 years, completing the original board certification process in 1983, 4 years out of training, I have encountered the opportunity to first hand evaluate several associate Board certified pediatric dentists who were products of both formats.

My observations have been as follows: All "older school Diplomates" (having completed the lengthier process prior to 1999, manifested the highest level of skill, familiarity with both classical and contemporary literature, comprehensive working knowledge of all aspects of pediatric dentistry, inclusive of the most basic and thorough aspects of growth and development, understanding of the intricacies of the mixed dentition, medical management, orthodontic diagnosis and management of malocclusion. An aspect of impressive magnitude was their familiarity with the sedation literature, it's safe and effective utilization, airway and medical emergency management.

Although there have been exceptions, the vast majority of the "newer school" Diplomates manifest significant weaknesses in clinical knowledge of most areas cited above. Most notably found focused on fundamentals of recognition and management of the mixed dentition, understanding of the timeliness or need (or no need) for select extractions, familiarity with classical and contemporary sedation literature and it's clinical implications from a perspective of safety and proficiency. This latter observation should not be surprising for those from sedation training programs who relied heavily on general anesthesia, and/or highly restricted agent and dosing limitations.

This author finds no fault on behalf of a belief that board certification of old imposed unrealistic expectations not readily achievable by huge numbers of clinicians. Without any doubt, redefining by the ABPD of reasonable expectations applicable to the average clinician was needed. It should be understood that the American Board manifests considerable responsibility and dedication to ensuring its examinations are fair and appropriate.

Perhaps a conceptual model that might be explored in the future would designate or differentiate varying levels of expertise and achievement in the board certification process.

Hypothetically, designation might include a format for mastership vs lower forms of recognition. What appears clear to this observer is that distinction between those having secured the previous format and the current format are disproportionate and do not accurately categorize levels of achievement.

Disclaimer

The above does not reflect views of the ABPD and are solely those of the author, having been involved in both academic and private practice of pediatric dentistry for 46 years, consulting for the ADA Commission on Accreditation, the ABPD and editorial boards of numerous journals.

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