obtaining certification. Decreased number of cases required, more choices of cases to be presented, removal of the post-retention requirement, and the ABO calibration gauge all represent positive steps to encourage more colleagues to obtain certification. Regrettably, these measures did not seem to significantly raise the percentage of ABO-certified orthodontists. In response to this dilemma, the ABO embarked upon a radical departure from an evolutionary change to what has been described as a “revolutionary” change. Previously, board certification in orthodontics was considered, by some, an exclusionary process in which clinical excellence was a chief goal. Moving toward the “medical model” would shift the priority to create more of an inclusion effort, in which, at least a “baseline” level of competence (such as found in medicine) would be established. The ABO created a “Gateway” path (which will expire in July of 2007) which allowed orthodontists who have passed their written examination to become immediately certified and subject to a “recertification” exam within five years of their certification. Secondly, they have made it far easier for graduating orthodontic residents to receive board certification as the “medical model” has been emulated. I remain supportive of the ABO, but feel that until the underlying reasons why orthodontists do not care about board certification are addressed, no ABO system or exam will be effective in encouraging the vast majority of our colleagues to seek certification. Until it becomes a necessary staple for orthodontists to become certified, the number of board certified orthodontists will remain lower than desired. For those not interested in teaching or consulting positions, board certification is simply not important to them.

I think board certification is important, and those of us who prepared and passed the comprehensive testing procedure understand why. You simply have to become a better orthodontist in the areas of diagnosis, patient management, critical thinking and a general knowledge of orthodontic principles. We learned what we did successfully and what areas needed more improvement; that is the real benefit of becoming board certified. And I believe that this process can impact patient care in our individual offices.

As far as awarding ABO certification upon graduation, one has to examine the underlying philosophy of the entire current process. If you want to emulate the “medical model” and restructure the original vision of the ABO, then such a process would appear as making sense with respect to establishing minimal competency levels. Adopting the medical model of board certification will place greater demands upon residency training programs as our residencies must now become unprecedented stake holders in the entire ABO certification process.

Ortho Tribune would like to extend its sincere thanks to Dr. Moskowitz for donating his time and effort, and for sharing his expertise with us!

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**About the author**

Dr. Elliott Moskowitz graduated from New York University’s College of Dentistry in 1972 and then did a general practice residency program from 1972-1975 at the Catholic Medical Center of Brooklyn and Queens, NY. He returned to the NYU College of Dentistry and graduated the post-graduate orthodontic program in 1975. Additionally, he received an M.S. degree from the department of orthodontics. Dr. Moskowitz has a broad and keen interest in clinical orthodontics and education. He has been practicing orthodontics for almost 55 years, and is a clinical professor in the Department of Orthodontics at NYU’s College of Dentistry as well as President of the NYU College of Dentistry Orthodontic Alumni Society. His perspectives and editorials have been published in numerous orthodontic and dental publications. Several of these editorials have won awards from the International College of Dentists and the William Gies Foundation. Dr. Moskowitz is a contributing editor to the Journal of Clinical Orthodontics and is editor of The New York State Dental Journal. He maintains a private practice in Greenwich Village in Manhattan and a practice on the Upper East Side of Manhattan.

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