Board of Directors (AACE)

1. Administer the affairs of the Association during intervals between Annual Meetings, subject to the general policies established by the Board of Directors.

2. Solicit recommendations for recipients and select awardees for existing awards as well as the creation of new awards for achievements in endocrinology.

3. The Board shall solicit award nominations yearly. At the October Board meeting, recipients will be selected and the award(s) presented at the Annual Meeting.

4. Nominations for non AACE/ACE awards, such as AMA awards, shall also be reviewed annually at the October Board meeting and selection(s) will be made at that time.

5. All other duties and responsibilities shall be conducted in accordance with the AACE Bylaws.

Executive Committee

1. Administer the affairs of the Association between meetings of the Board of Directors, subject to the general policies established by the Board of Directors.

2. Make recommendations annually at year’s end regarding compensation and reimbursement of AACE members and AACE staff.

3. Review policies of the Board of Directors regarding trips, priorities, and national meetings that members of the Board and Executive Committee attend on behalf of AACE.

4. Conduct a periodic review (biannually) of the administration and organization of the AACE headquarters office in consultation with the Chief Executive Officer.

5. Explore and evaluate potential business opportunities and other ventures for non-dues revenues for AACE, such as educational and public awareness activities, as well as other business relationships.

AACECORP Board of Directors

1. Administer programs and activities as may be requested by AACE and the American College of Endocrinology (ACE), including the administration of member benefit programs and identify and promulgate other non-dues income opportunities.

2. Administer special projects of the Association and College and is publisher of *Endocrine Practice* and the *First Messenger*.

3. Serves as the principle contractor for all meetings and conventions of AACE and ACE.

4. All other duties and responsibilities shall be conducted in accordance with the AACECORP Bylaws.

AACE/ACE Awards Committee

1. Solicit nominations from the AACE membership for internal and external awards (i.e., those dedicated to the art and science of medicine) to be recommended to the AACE Board of Directors for approval.

2. Develop, produce, and promote the annual recognition awards to AACE Annual Meeting
attendees through digital and print mediums.

3. Evaluate the awards titles and criteria for AACE and the College, and submit recommendations to the Board.

4. Consider creation of new awards as necessary.

**AACE/ACE Certification and Credentialing Committee**

1. To evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program for endocrinologists on diabetes technology, including closed loop hormone infusion/glucose sensing technology to serve patients with type 1 and insulin dependent type 2 diabetes.

2. To evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program on specific endocrine diseases such as obesity or diabetes for allied health professionals who are employed by or affiliated with endocrinologists.

3. To evaluate the feasibility, value and potential benefit to AACE members of creating a certification/credentialing program on specific endocrine diseases such as obesity or diabetes for non-endocrinologists.

4. To suggest a strategic plan (including funding source, curriculum and potential faculty members) for implementing the certification program/s in 2017-2018.

**AACE/ACE Patient Education and Awareness Committee**

1. Review all current AACE/ACE patient education and awareness initiatives, patient advocacy activities, and patient focused publications and materials for all endocrine disease states.

2. Evaluate current activities and materials as to their relevance and effectiveness and if they should be continued, and/or updated, or eliminated.

3. Explore ways to enhance current activities, or identify and develop new ones needed to fill existing gaps to better serve the patient and increase awareness of endocrinology, including development of a patient centric information resource center on the AACE website.

4. Explore ways to develop metrics to evaluate the effectiveness of these activities.

5. Seek Industry support for conducting patient education and awareness and advocacy activities from AACE corporate partners whose patient awareness and advocacy priorities and activities align with those of AACE.

6. Evaluate the feasibility of developing a multi-faceted patient awareness initiative.

7. Explore ways to increase public perception of AACE and the College.

**AACE/APDEM Joint Liaison Committee**

1. Pursue ways in which APDEM and AACE may collaborate on enhancing the educational curriculum and experience for fellows-in-training that will best serve to prepare them for pursuing their chosen area of interest and practice environment upon completion of their training.
2. Partner together in the development of teaching materials for fellows and reviewing the curriculum to ensure that it meets the needs of the current and changing practice environment.

3. Explore ways to encourage more interest in endocrine fellowships to address the severe shortage of endocrinologist workforce.

**AACE Education Services (AES) Advisor**

1. The AACE Treasurer will serve as the AACE Education Services (AES) Advisor.

2. Explore potential opportunities as well as barriers to be addressed in the development of AACE Educational Services as a viable non-dues revenue source for the Association and submit recommendations to the Executive Committee.

3. Explore opportunities for business by proactively reaching out to industry contacts rather than waiting for drugs to be released.

4. Formalize business development and marketing, to include designation of a dedicated Director to coordinate all AES activities and revenue generation.

**Annual Meeting Clinical Congress Program Committee**

1. Develop the clinical congress portion of the Annual Meeting, which includes selecting, inviting, and securing speakers, appointing moderators, and determining topics and time allotment for general sessions, workshops and satellite symposia.

2. Arrange the publication of the Annual Meeting programs, syllabus, and speaker support materials.

3. Incorporate the College program, special guest speakers selected by the President, and the business meeting in the Annual Meeting format.

4. Ensure that other activities adjacent to or contemporaneous with the Annual Meeting are coordinated with the Annual Meeting schedule and with the President.

**Annual Meeting Oversight Committee**

1. Provide oversight regarding the logistics of the AACE Annual Meeting.

2. Process, vet, and implement comments, criticisms and improvements from one year to the next.

3. Coordinate with the AACE Program Committee and AACE Staff to optimize the Annual Meeting logistics.

**Bylaws Committee**

1. Conduct a comprehensive annual review of the AACE Bylaws with respect to the Articles of Incorporation and Mission of AACE, and develop proposed Bylaws changes.

2. Develop appropriate language for amendments to the Bylaws for recommendations to the Board on actions taken on recommendations from AACE committees approved by the Board, which requires amendments to the Bylaws.

3. Review AACE Chapters bylaws to ensure they remain in compliance with AACE model bylaws for chapters and that any modification does not contradict or contravene.
**Chapters Committee**

1. Foster growth of domestic chapters empowering the Chapter Chairs in their roles as Chapter leaders.

2. Provide chapter with current listings of AACE members and potential AACE members in the area the chapter represents.

3. Enlist the aid of each chapter in the recruitment and retention of AACE members and assist the chapters in doing this.

4. Coordinate chapter activities at the AACE Annual Meeting.

5. Work to enhance the development of activities of AACE chapters, including development of an ongoing grassroots Key Contact program.

6. Assist the Membership Committee in coordinating AACE domestic and international chapter activities, including membership recruitment and retention, and ensure the visibility of AACE at international endocrine meetings.

7. Initiate resolution process and coordinate with the AACE President for domestic and international chapter issues as they arise.

8. Serve as resource to the Underserved Population Committee in assessing the economic aspects of significant health issues, such as diabetes, obesity and osteoporosis, at a local level for the at-risk and underserved population.

**Compensation Committee**

1. Annually evaluate and make recommendations to the Board of Directors regarding the total compensation, including incentives and benefits, paid to the CEO.

2. Review the aggregate compensation, including incentives and benefits, paid to AACE employees.

3. Evaluate stipends, and other compensation, paid to AACE officers.

4. Review AACE honorarium policy and make recommendations regarding changes to existing policies and compensation levels.

**Continuing Medical Education Accreditation Committee**

1. Review and accredit educational programs and activities related to the practice of clinical endocrinology.

2. Maintain ACCME accreditation standards and ensure compliance with reporting requirements.

3. Serve as a resource to the Legislative and Regulatory Committee and Socioeconomics and Advocacy Committee as it relates to Maintenance of Certification (MOC).

**Corporate AACE Partnership Steering Committee**

1. Serve as a forum for regular and direct communications between the American Association of Clinical Endocrinologists (AACE) and the pharmaceutical, medical devices, and diagnostics industry for endocrinology.
2. Promote reciprocal access to the medical, scientific and business leadership of the respective organizations.

3. Integrate industry trends and initiatives with the strategic objectives of AACE.

4. Foster partnerships, projects and collaborations of common interest between AACE and industry.

5. Serve as a mechanism for AACE leadership to learn about important industry trends and for AACE to share with industry information about its current endeavors and plans for the future.

6. Plan the agenda for meetings of the Corporate AACE Partnership (CAP).

**ECNU Certification Committee**

1. Provide direct oversight of and develop strategies and components of the AACE Endocrine Certification in Neck Ultrasound (ECNU) Program.

2. Review ECNU history, status and trends.

3. Review ECNU eligibility criteria.


5. Review challenges to physicians in urban or rural settings that limit their ability of achieving ECNU certification.

6. Research alternatives, such as preceptorship, to enable physicians to obtain their certification.

**Endocrinology Annual Board Review Course Committee**

1. Collaborate with Cleveland Clinic in the development and promotion of an annual Endocrinology Board Review Course.

**Ethics Committee**

1. Address our relationship to our business partners, including any potential conflicts of interest for AACE Board members.

2. Create and maintain guidelines and a system of internal checks and balances.

3. Review complaints concerning reported unethical activities alleged against a member by another member.

4. Review of disclosure statements signed by each Board member at the beginning of each Association year and seek clarification of the information provided as may be deemed necessary by the Committee.

5. Review issues of unresolved conflicts of interest and submit recommendations to the Executive Committee for action. The Committee will first address the issue with the individual(s) affected and ask for an explanation prior to submitting report and recommendation to the Executive Committee.
Fellows-in-Training Committee

1. Promote and assist in the recruitment and retention of endocrine fellows-in-training.

2. Foster camaraderie between fellows and clinical endocrinologists in practice to enhance professional growth, education and membership in AACE.

3. Evaluate and promote relevant AACE activities and opportunities including face distinction to fellow-in-training members and endocrine program directors.

4. Recommend and review leadership training and opportunities for fellows-in-training to develop future endocrine leaders.

Finance Committee

1. Develop an annual budget and perform a quarterly review of financial performance and submit an annual preliminary budget for review by the Board of Directors at the annual fall (October) Board meeting and submit a final annual budget for review and approval by the Board of Directors at the annual winter (January/February) Board Meeting, with such approval being retroactive to January 1 of the new fiscal year.

2. Review expenditures to ensure compliance with established financial policies, reimbursements to AACE Board members, Officers, and staff in conjunction with AACE official travel.

3. Have fiduciary oversight for review of the AACE consolidated annual audit with the AACE independent auditor and report to the AACE Board on the results of the audit.

4. Be responsible for the annual review of AACE investments and monitoring of the investments of AACE surplus funds by the AACE outside capital investment management company.

5. See that reports and recommendations from the AACE Finance Committee are sent to the Executive Committee.

6. Consider alternative sources of revenues, including programs that can generate incremental revenue for AACE to become more financially self-reliant.

7. Evaluate revenue potential of programs, projects and other ventures that are proposed or brought forth.

International Committee

1. Promote the recruitment, retention and growth of international membership in AACE.

2. Identify strategic areas of growth and advise the Executive Committee with prioritization of international meetings.

3. Develop and disseminate information to enhance international membership.

4. Plan and ensure visibility and participation of AACE at international endocrine meetings.

5. Promote international chapters, recruitment and retention.

6. Oversee AACE international activities with aim to increase international AACE membership and active participation in AACE programs.
**IT Advisory Group (Formerly IT Committee)**

1. Provide strategic user guidance and input regarding AACE digital strategy.

2. Provide recommendations to appropriate committees regarding cost, quality, and the adoption or revision of web services.

3. Act as reviewers for website usability.

4. Provide feedback on the usability of new mobile applications.

5. Evaluate use of teleconferencing technology for international engagement as part of the AACE digital strategy.

**Legislative & Regulatory Committee**

1. Assess and develop recommended AACE policy with respect to legislation at the national and state levels.

2. Address, assess, and develop AACE policy in response to federal, state and other issues related to the regulation of the practice of clinical endocrinology.

3. Act on AACE policy through lobbying, visitation, testimony and other appropriate communications with legislative and regulatory entities.

4. Serve AACE members through publication and in communication of AACE policy related to legislation and regulation of the practice of clinical endocrinology.

5. Develop and maintain a grassroots legislative key contact program for state and national issues.

6. Develop and maintain a Legislative Bulletin/Congressional Contact Alert for the AACE membership and Key Contacts for legislative and regulatory issues pertinent to the practice of clinical endocrinology.

7. Interact with the Washington Consultant to effectively advance AACE’s legislative and regulatory priorities.

8. Serve as resource to the Underserved Population Committee in assessing the economic aspects of significant health issues, such as diabetes, obesity and osteoporosis, at a local level for the at risk and underserved population.

9. Monitor FDA issues to determine whether AACE would provide testimony, in consultation with the AACE President, on endocrine issues.

10. Maintain a formal review mechanism for early identification of potential FDA issues that will affect clinical endocrinologists.

11. Create an AACE response and seek action from CMS and other federal entities, such as Congress, regarding ongoing problems identified in the implementation of the Sunshine Act including:

   a. Registration process for Open Payments database

   b. Resolving disputed report issues with applicable manufacturers and CMS

   c. Expanding reporting requirements including CME activities

   d. Collaboration with other stakeholders in the physician community.
**Membership Committee**

1. Assist in the recruitment and retention of members through the development and evaluation of new and existing membership structure, programs and benefits.

2. Facilitate engagement with the medical community.

3. Promote the ideals, programs and benefits of membership.

**Young Physicians Subcommittee**

1. Recommend strong policies, programs and processes to increase the recruitment, retention, education, and engagement of young endocrinologists one to seven years out of fellowship.

2. Determine the needs of young endocrinologists, and recommend the best method to address those needs through AACE programs and services.

3. Develop leadership opportunities within AACE for young endocrinologists.

**Nominating Committee**

The Nominating Committee shall be comprised of the Immediate Past President (the Chair), five (5) members appointed by the Board of Directors at the summer Board of Directors’ meeting and two (2) members selected by a meeting of the Chapter Chairs through an electronic voting process, at least thirty (30) days prior to the Annual Meeting under the direction of the Chapters Steering Committee Chair, who will establish the criteria for voting with the Chapters Steering Committee. At least three (3) of the members appointed by the Board of Directors must have served for three (3) years or more on the Board of Directors. A preliminary slate of Nominating Committee candidates must be presented by the Executive Committee to the Board for their consideration and modification at the summer Board of Directors’ meeting. Members appointed to the Nominating Committee are ineligible for nomination for any Officer or Board position during their scheduled term of service on the Committee. (The members may refuse the appointment to the Committee if they wish to retain their eligibility for office.) In the event of any vacancy on the Nominating Committee, regardless of how created, the Board of Directors shall immediately appoint a replacement(s) to serve until the next Annual Meeting. The President Elect shall serve as an Ex Officio, nonvoting member of the Committee. (AACE Bylaws)

1. The Committee shall present a slate of nominees annually for openings on the Board of Directors and for Officers. (AACE Bylaws)

2. The Committee will solicit nominations at least one hundred sixty (160) days prior to the Annual Business Meeting. (AACE Bylaws)

3. In order to receive petitions for nominations in an open and timely fashion, the Nominating Committee will issue a preliminary slate of candidates to the membership at least one hundred twenty (120) days prior to the AACE Annual Business Meeting. This will allow thirty (30) days for members to submit a nomination by petition [i.e., meet the ninety (90) day deadline]. (AACE Bylaws)

**Nuclear Medicine Endocrine Certifying Board Committee**

1. Develop and apply to the Nuclear Regulatory Commission (NRC) for recognition of the Certification Board of Nuclear Endocrinology (CBNE) as an independent certification board for the purpose of certifying clinical endocrinologists as having successfully fulfilled
the training requirements of the NRC as stated in 10 CFR Sections 35.100 and 35.300 for the administration of Radioactive Iodine-131 for treatment or thyroid uptake.

**Public Relations Oversight and Rapid Response Committee**

1. Provide direction to AACE Public & Media Relations staff in corroborating medical information in various communication efforts (i.e., press releases, patient information material, articles).

2. Provide insight into best practices for reaching physicians and patients with AACE public awareness programs and information, and suggesting topics of interest and/or concern for future patient education materials.

3. Assist in development of a campaign to:
   a. Brand clinical endocrinologists as the primary experts in the care of endocrine conditions such as diabetes, obesity, thyroid disease.
   b. Stake a leadership position within the medical community in regard to endocrine disease training.
   c. Create value proposition with policy decision-makers in regard to compensation.

4. Provide guidance and timely response to address serious public relations situations or reputation threats to AACE, its leadership or members, up to and including crisis situations. This group will work closely with the AACE Director of Public & Media Relations, employing thoughtful yet brisk collaboration and decision making to craft a response to rapid response events.

**Publications Committee**

1. Manage the publication of *First Messenger* to inform members on issues pertinent to clinical endocrinologists and activities of AACE, and solicit the support and input from AACE members in doing so.

2. Manage the publication of a medical journal for clinical endocrinology that is both clinical and practical.

3. Propose and arrange for the writing of guidelines important to clinical endocrinology as needed. Writing and development should be consistent with the National Guidelines Clearinghouse and AMA Criteria for Clinical Practice Guidelines.

4. Assign the update of AACE guidelines, algorithm, and other “White Papers” periodically and dissemination of all guidelines in *Endocrine Practice* and other relevant journals, on AACE Online and other internet-based mediums, through the CAP, consistent with AMA requirements and AACE Clinical Guidelines policy.

5. Create an endocrine library for AACE members to use in educating physicians in endocrine disorders. This includes updating slide-sets for completed guidelines.

6. Provide guidance to CPG subcommittee chairs regarding AACE protocols for evidence-based production of CPG.

7. Ensure adherence of CPG during various stages of development with AACE guidelines for guidelines, algorithms, and other “White Papers”.

8. Annually review all previously published CPG between the Annual Meeting and first Board of Directors meeting regarding the need to update (yes or no).
9. Revise and update the current AACE guidelines for guidelines to make CPG more consistent, briefer, more intuitive with respect to EBM, and more transparent; to ultimately create a simpler template to expedite the production of CPG.

10. Annually review AACE White Papers Diligence Policy and provide recommendations to the Board of Directors as needed.

**Socioeconomics and Advocacy Committee**

1. Develop policies and strategies, as well as serve as a membership resource, related to the effective positioning of the clinical endocrinologists within managed care or other integrated health care delivery systems.

2. Solicit hassle factor reports from members on abuses by managed care, insurance payors, or other third party health care delivery system parties, and initiate appropriate actions to resolve and address identified abuses.

3. Address and respond to third party payor denials for reimbursement of endocrinologic procedures to practicing clinical endocrinologists including radiopharmaceuticals, neck ultrasound, DXA, etc.

4. Determine the most appropriate forum for presenting Program research findings at the AACE Annual Meeting.

5. Represent AACE on coding issues before appropriate government or third party organizations to enhance and promote maximum reimbursement for services provided by clinical endocrinologists. Develop and provide support for new codes for the services of the clinical endocrinologist.

6. Regularly compile, disseminate, and publish information in AACE publications on third party relations, coding, reimbursement and other practice management issues for endocrinology services/procedures.

7. Assist AACE members in receiving optional reimbursement for Continuing Glucose Monitoring through the development of appropriate guidelines.

8. Explore ways by which AACE can provide greater support for individual clinical endocrinologists, including transitioning to other practice environments (i.e., ACOs, hospitals, integrated health care systems, etc.), establishing their practices, supporting practice activities, and expeditiously assisting with various practice management problems as they arise.

9. Coordinate with PhRMA to establish a standardized reporting template to be provided to physicians for all Sunshine Act defined transfers of value.

10. Develop a template for AACE members to use for all industry interactions to assist members in evaluating the Sunshine Act burden of any transaction with individual applicable manufacturers.

   - Coordinate activities regarding PhRMA with the Legislative & Regulatory Committee as needed
   - Create an AACE response and seek action from CMS and other federal entities, such as Congress, regarding ongoing problems identified in the implementation of the Sunshine Act, including:
     a. Registration process for Open Payments database
     b. Resolving disputed report issues with applicable manufacturers and CMS
     c. Expanding reporting requirements including CME activities
d. Collaboration with other stakeholders in the physician community

11. Serve as a resource to the Chapters and Legislative and Regulatory Committees in assessing the economic aspects of significant health issues, such as diabetes, obesity and osteoporosis, at a local level for the at-risk and underserved population.

12. Monitor the certification and recertification process and requirements for endocrinologists as administered by ABMS and ABIM including economic, participation, self-assessment recognition, and other changes imposed by the Maintenance of Certification (MOC) program.

13. Maintenance of Certification (MOC)
   - Seek to redress identified abuses in the MOC process, including collaboration with affiliated subspecialty organizations.
   - Provide updates to the membership related to AACE activities regarding MOC; seek input from other AACE educational related committees, including the CME Committee.
   - Seek to identify viable alternative mechanisms to the MOC process and that relevant certification options for lifelong learning are available.
   - Staff to coordinate these activities with the Legislative and Regulatory Committee as appropriate to ensure uniformity.

1. Establish a plan of action for exploring ways to develop an ongoing dialogue with private third-party payors on coverage and reimbursement policies for endocrine related disorders.

   **Payment Model Subcommittee**

   1. Develop educational tools and resources to guide AACE membership in understanding the new MACRA law and its physician payment system transformations including the Merit-Based Incentive Payment System (MIPS) and Alternative Payment Models (APMs), and the opportunities and challenges they present.

   2. Formulate performance measures and APMs appropriate to enhancing the value/practice of endocrinology and gain professional acceptance of the formulations by government and private entities involved in any aspect of physician reimbursement and regulation.

   **Thyroidology Educational Program Committee**

   1. Address all aspects of thyroid-related courses. These courses include the Basic Endocrine Neck Ultrasound Course, the Advanced Endocrine Neck Ultrasound Course, the Advances in Thyroid Cancer Course, the thyroid/ultrasound segment of Endocrine University®, and the development of novel thyroid programs. Determine course scheduling and curriculum, as well as develop a standard slide deck for the Basic and Advanced Endocrine Neck Ultrasound Courses. A program chair and faculty members will be assigned to the Basic (including the segment at EU) and Advanced courses as they are scheduled.

   2. Review and consider any domestic or international requests for AACE Endocrine Neck Ultrasound workshops or other thyroid programs.

   **Underserved Populations Committee**

   1. Serve as a resource in assessing the economic aspects of significant health issues, such as diabetes, obesity and osteoporosis, at a local level for the at-risk and underserved population.
AACE/ACE Adrenal Scientific Committee

1. Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for adrenal diseases.

2. Serve as a resource for the Executive Committee and other committees related adrenal diseases.

3. Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] regarding adrenal diseases.

4. Develop a clinical algorithm and/or checklists or another format for adrenal related disorders including congenital adrenal hyperplasia and Cushing’s syndrome.

5. Provide guidelines and logistical support to the Publications Committee.

6. Participate, as requested, in any AACE activity with content related to any adrenal topic.

7. Prior to the introduction of new adrenal-related drug/products, identify appropriate entity contacts in order to facilitate early development of essential educational programs.

8. Responsible for review and approval (sign-off) of any adrenal-related activity, based on its scientific validity and consistency with other AACE activities.

9. Identify local national and international AACE member experts that can be called upon for activities relevant to adrenal disorders.

10. Identify an adrenal-related rapid response team to be used at the discretion of the President.

11. Seek to identify a minimum of three specific priority projects for the committee to pursue.

12. Serve as a resource in assessing the economic aspects of significant adrenal-related health issues at a local level for the at risk and underserved population.

AACE/ACE Bone and Parathyroid Scientific Committee

1. Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools regarding osteoporosis and bone.

2. Serve as a resource for the Executive Committee and other committees on topics related to osteoporosis and bone.

3. Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about osteoporosis and bone.

4. Develop/update guidelines and algorithms on relevant topics as determined by the committee.

5. Provide guidelines and logistical support to the Publications Committee.

6. Participate, as requested, in any AACE activity with content related to any osteoporosis or bone topic.
8. Prior to the introduction of new osteoporosis and bone-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

9. Responsible for review and approval (sign-off) of any osteoporosis and bone activity, based on its scientific validity and consistency with other AACE activities.

10. Identify local national and international AACE member experts that can be called upon for activities relevant to osteoporosis and bone disorders.

11. Identify an osteoporosis and bone-related rapid response team to be used at the discretion of the President.

12. Seek to identify a minimum of three specific priority projects for the committee to pursue.

13. Serve as a resource in assessing the economic aspects of significant osteoporosis and bone-related health issues at a local level for the at risk and underserved population.

**Bone Resource Center**

1. Maintain and expand the AACE endocrine disease resource centers via AACE Online and in collaboration with the IT Committee in order to inform, educate, and empower AACE members to take the lead in comprehensive bone disease care and education in their local communities making this information available to other endocrine related health care professionals and patients.

2. Provide a branded "one-stop" resource within the AACE website for all health care practitioners and patients for use in enhancing bone disease care.

**AACE/ACE Diabetes Scientific Committee**

1. Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for diabetes.

2. Serve as a diabetes resource for the Executive Committee and other committees.

3. Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about diabetes.

4. Update diabetes guidelines as necessary to remain consistent with current algorithm unless new data is available.

5. Provide guidelines and logistical support to the Publications Committee.

6. Participate, as requested, in any AACE activity with content related to any diabetes topic.

7. Prior to the introduction of new diabetes-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

8. Responsible for review and approval (sign-off) of any diabetes-related activity, based on its scientific validity and consistency with other AACE activities.

9. Identify local national and international AACE member experts that can be called upon for activities relevant to diabetes disorders.

10. Identify a diabetes-related rapid response team to be used at the discretion of the President.
11. Seek to identify a minimum of three specific priority projects for the committee to pursue.

12. Serve as a resource in assessing the economic aspects of significant diabetes-related health issues at a local level for the at risk and underserved population.

**Diabetes Education Subcommittee**
1. Develop and provide oversight for a national diabetes education initiative for endocrinologists, primary care physicians, allied health professionals and the public.

**Diabetes Resource Center**
1. Maintain and expand the AACE endocrine disease resource centers via AACE Online and in collaboration with the IT Committee in order to inform, educate, and empower AACE members to take the lead in comprehensive diabetes disease care and education in their local communities making this information available to other endocrine related health care professionals and patients.

2. Provide a branded "one-stop" resource within the AACE website for all health care practitioners and patients for use in enhancing diabetes disease care.

**AACE/ACE Endocrine Surgery Scientific Committee**
1. Define and promote activities that integrate and benefit endocrine surgeons as unique members of AACE.

2. Develop greater linkage between AACE, AAES, and AHNS in educational, strategic, and mutual patient care improvement activities.

3. Explore opportunities for joint meetings between AACE, AAES, and AHNS.

4. Provide guidelines and logistical support to the Publications Committee.

5. Recruit endocrine surgeons and head and neck surgeons for AACE membership and promote track for gaining FACE designation.

6. Explore development of white papers in endocrine surgery topics.

7. Provide liaison with Endocrine Surgery University and informational reports to the Board of Directors.

8. Prior to the introduction of new endocrine surgery-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

9. Responsible for review and approval (sign-off) of any endocrine surgery-related activity, based on its scientific validity and consistency with other AACE activities.

10. Identify local national and international AACE member experts that can be called upon for activities relevant to endocrine surgery.

11. Identify an endocrine surgery-related rapid response team to be used at the discretion of the President.
12. Seek to identify a minimum of three specific priority projects for the committee to pursue.

13. Serve as a resource in assessing the economic aspects of significant endocrine surgery-related health issues at a local level for the at risk and underserved population.

**AACE/ACE Lipids Scientific Committee**

1. Provide scientific expertise in lipidology as it relates to diabetes, pre diabetes and other cardio-metabolic conditions (i.e., Metabolic Syndrome).

2. Assess and advance the potential role of AACE in clinical leadership and public health, as it relates to lipid disorders and the prevention of Atherosclerosis.

3. Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for diabetes.

4. Serve as a lipids resource for the Executive Committee and other committees.

5. Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about lipids.

6. Update lipids guidelines as necessary to remain consistent with current algorithm unless new data is available.

7. Provide guidelines and logistical support to the Publications Committee.

8. Participate, as requested, in any AACE activity with content related to any lipids topic.

9. Prior to the introduction of new lipids-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

10. Responsible for review and approval (sign-off) of any lipids-related activity, based on its scientific validity and consistency with other AACE activities.

11. Identify local national and international AACE member experts that can be called upon for activities relevant to lipids disorders.

12. Identify a lipids-related rapid response team to be used at the discretion of the President.

13. Seek to identify a minimum of three specific priority projects for the committee to pursue.

14. Serve as a resource in assessing the economic aspects of significant lipids-related health issues at a local level for the at risk and underserved population.

**Lipids Resource Center**

1. Maintain and expand the AACE endocrine disease resource centers via AACE Online and in collaboration with the IT Committee in order to inform, educate, and empower AACE members to take the lead in comprehensive lipids disease care and education in their local communities making this information available to other endocrine related health care professionals and patients.

2. Provide a branded "one-stop" resource within the AACE website for all health care practitioners and patients for use in enhancing lipids disorder care.
**AACE/ACE Neuroendocrine and Pituitary Scientific Committee**

1. Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools regarding neuroendocrine/pituitary disorders.

2. Serve as a resource for the Executive Committee and other committees for neuroendocrine and pituitary disorders.

3. Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] regarding neuroendocrine/pituitary disorders.

4. Develop an algorithm/checklist for evaluation of pituitary tumors to be the first white paper project.

5. Provide guidelines and logistical support to the Publications Committee.

6. Participate, as requested, in any AACE activity with content related to any pituitary topic.

7. Prior to the introduction of new neuroendocrine/pituitary-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

8. Responsible for review and approval (sign-off) of any neuroendocrine/pituitary-related activity, based on its scientific validity and consistency with other AACE activities.

9. Identify local national and international AACE member experts that can be called upon for activities relevant to neuroendocrine/pituitary disorders.

10. Identify a neuroendocrine/pituitary-related rapid response team to be used at the discretion of the President.

11. Seek to identify a minimum of three specific priority projects for the committee to pursue.

12. Serve as a resource in assessing the economic aspects of significant neuroendocrine/pituitary-related health issues at a local level for the at risk and underserved population.

**AACE/ACE Nutrition and Lifestyle Scientific Committee**

1. Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for nutrition.

2. Serve as a nutrition medicine resource for the Executive Committee and other committees.

3. Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about nutritional topics.

4. Develop a web-based educational module that will help AACE members obtain a certification in nutrition.

5. Provide guidelines and logistical support to the Publications Committee.

6. Participate, as requested, in any AACE activity with content related to any nutrition topic.

7. Prior to the introduction of new nutrition/lifestyle-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential
educational programs.

8. Responsible for review and approval (sign-off) of any nutritional medicine activity, based on its scientific validity and consistency with other AACE activities.

9. Identify local national and international AACE member experts that can be called upon for activities relevant to nutrition and lifestyle.

10. Identify a nutrition and lifestyle rapid response team to be used at the discretion of the President.

12. Seek to identify a minimum of three specific priority projects for the committee to pursue.

13. Serve as a resource in assessing the economic aspects of significant nutrition and lifestyle-related health issues at a local level for the at risk and underserved population.

**AACE/ACE Obesity Scientific Committee**

1. Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools for obesity.

2. Serve as a resource for the Executive Committee and other committees related to obesity.

3. Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about obesity.

4. Develop an initiative plan for an obesity algorithm/checklist for physicians to be the first white paper project.

5. Provide guidelines and logistical support to the Publications Committee.

6. Participate, as requested, in any AACE activity with content related to any obesity topic.

7. Prior to the introduction of new obesity-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

8. Responsible for review and approval (sign-off) of any obesity-related activity, based on its scientific validity and consistency with other AACE activities.

9. Identify local, national and international AACE member experts that can be called upon for activities relevant to obesity disorders.

10. Identify an obesity-related rapid response team to be used at the discretion of the President.

11. Seek to identify a minimum of three specific priority projects for the committee to pursue.

12. Serve as a resource in assessing the economic aspects of significant obesity-related health issues at a local level for the at-risk and underserved population.

**AACE 2nd Consensus Conference on Obesity Writing Task Force**

1. Develop a written consensus statement based on deliberations on the results of the presentation and discussions during the Obesity Consensus Conference. The proceedings of the conference, including the consensus statement, will be published in AACE's scientific journal, *Endocrine Practice*.

**Obesity Resource Center**

1. Independent resource center to be determined, specifically, as a priority, a
separate and distinct resource center on obesity.

2. Maintain and expand the AACE endocrine disease resource centers via AACE Online and in collaboration with the IT Committee in order to inform, educate, and empower AACE members to take the lead in comprehensive obesity care and education in their local communities making this information available to other endocrine related health care professionals and patients.

3. Provide a branded "one-stop" resource within the AACE website for all health care practitioners and patients for use in enhancing obesity care.

**AACE/ACE Pediatric Endocrinology Scientific Committee**

1. Involve pediatric endocrinologists in all AACE activities.

2. Plan appropriate educational activities for Pediatric Endocrinologists at the Annual Meeting and other clinical symposia.

3. Identify medical issues of common concern to both pediatric and adult endocrinologists, (e.g., type 1 Diabetes Mellitus, and areas where appropriate transition from pediatric to adult endocrinologist management is important), (e.g., Growth Hormone deficiency and Turner's syndrome, etc.), and perhaps promulgate guidelines and consider publication of important studies and clinical experience in these areas in *Endocrine Practice*.

4. Identify and address socioeconomic, practice management and regulatory issues for clinical pediatric endocrinologists in practice and in academia.

5. Help foster the spirit of collegiality among pediatric endocrinologists and with pediatric and adult endocrinologist MDs.

6. Provide guidelines and logistical support to the Publications Committee.

7. Prior to the introduction of new pediatric endocrine-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

8. Responsible for review and approval of any pediatric endocrinology activity, based on its scientific validity and consistency with other AACE activities.

9. Identify local national and international AACE member experts that can be called upon for activities relevant to pediatric endocrinology.

10. Identify a pediatric endocrinology-related rapid response team to be used at the discretion of the President.

11. Seek to identify a minimum of three specific priority projects for the committee to pursue.

12. Serve as a resource in assessing the economic aspects of significant pediatric endocrine-related health issues at a local level for the at risk and underserved population.

**AACE/ACE Reproductive Endocrinology Scientific Committee**

1. Promote and support continuing education in the field of reproductive endocrinology.

2. Promote reproductive endocrinology training in fellowship programs.

3. Develop a working relationship with the Androgen Excess Society and explore
collaborative projects.

4. Produce guidelines, position statements, algorithms and related educational tools in reproductive endocrinology.

5. Serve as a reproductive endocrinology resource for other committees.

6. Provide guidelines and logistical support to the Publications Committee.

7. Prior to the introduction of new reproductive endocrine-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

8. Responsible for review and approval (sign-off) of any reproductive endocrinology activity, based on its scientific validity and consistency with other AACE activities.

9. Identify local national and international AACE member experts that can be called upon for activities relevant to reproductive endocrinology disorders.

10. Identify a reproductive endocrinology-related rapid response team to be used at the discretion of the President.

11. Seek to identify a minimum of three specific priority projects for the committee to pursue.

12. Serve as a resource in assessing the economic aspects of significant reproductive endocrine-related health issues at a local level for the at risk and underserved population.

**AACE/ACE Thyroid Scientific Committee**

1. Serve as a sounding board for providing ideas for different programs, guidelines, algorithms and related educational tools related to thyroid disease.

2. Serve as a resource for the Executive Committee and other committees regarding thyroid disease.

3. Follow AACE policy when speaking with the media [i.e., developing position statements (written or verbal), comments, press releases, etc.] about thyroid disease.

4. Provide guidelines and logistical support to the Publications Committee.

5. Prior to the introduction of new thyroid-related drug/products, identify appropriate industry contacts in order to facilitate early development of essential educational programs.

6. Responsible for review and approval (sign-off) of any thyroid-related activity, based on its scientific validity and consistency with other AACE activities.

7. Identify local national and international AACE member experts that can be called upon for activities relevant to thyroid disorders.

8. Identify a thyroid-related rapid response team to be used at the discretion of the President.

9. Seek to identify a minimum of three specific priority projects for the committee to pursue.

10. Serve as a resource in assessing the economic aspects of significant thyroid-related health issues at a local level for the at risk and underserved population.
Thyroid Resource Center

1. Maintain and expand the AACE endocrine disease resource centers via AACE Online and in collaboration with the IT Committee in order to inform, educate, and empower AACE members to take the lead in comprehensive thyroid disease care and education in their local communities making this information available to other endocrine related health care professionals and patients.

2. Provide a branded "one-stop" resource within the AACE website for all health care practitioners and patients for use in enhancing thyroid disease care.

TASK FORCES

AACE/ACE Task Force to Update the Comprehensive Diabetes Management Algorithm

2. To update the 2017 algorithm to reflect the latest therapeutic treatments.

Data Registry Task Force

1. Evaluate the feasibility of the creation of a AACE/ACE Registry focused on the collection of efficacy, safety and clinical outcomes data regarding newly released pharmaceuticals and diabetes technology, and possibly other disease states.

2. Develop a five-year business plan that evaluates the financial viability of a registry.

3. Evaluate the role of a clinical registry in the future of AACE and Clinical Endocrinology

4. Provide a comprehensive report to the Executive Committee that includes fact based recommendations regarding the creation of a clinical registry.

5. Evaluate and provide recommendations regarding the continued involvement of AACE in the Diabetes Collaborative Registry.

Task Force for the Development of an AACE Women’s Leadership Project

1. Develop educational women’s leadership sessions in different cities to address the challenges and opportunities of AACE’s women members on leadership, work and life aspects.

2. Develop and implement a plan to identify issues affecting the recruitment and retention of women as members of AACE.

Task Force on the Endocrinology of Aging

1. Review the feasibility of a healthy aging proposal for AACE to establish a program for designing specific interventions to target the physiological dysfunctions underlying balance and gait.

Task Force Re Possible Consensus Conference on the Endocrinology of Aging

1. Review the feasibility of developing a consensus conference on the Endocrinology of Aging.
Task Force Re The Proposed Thyroid Nodules Guidelines Update

1. AACE and AME will update the 2010 AACE/AME/ETA Medical Guidelines for Clinical Practice for the Diagnosis and Management of Thyroid Nodules.

Task Force to Develop AACE’s Position on the Integration of Insulin Pumps & CGM

1. Develop a position statement on proper patient candidacy for hybrid-closed insulin pumps.

Task Force to Explore Thyroid Applications of Radiofrequency Ablation (RFA)

1. Assess all aspects of radiofrequency ablation (RFA) to include initial FDA approval of the device, CPT codes for payment related to thyroid disease, indications for treatment, anesthesia and safety issues.
2. Establish a plan for clinical trials of thyroid applications of radio frequency ablation.
3. Develop educational initiatives and opportunities for AACE members to become proficient in thyroid applications of radiofrequency ablation.

Task Force to Update the AACE/ACE Bariatric Surgery Clinical Practice Guidelines


Task Force to Update the AACE Growth Hormone Clinical Practice Guidelines

1. Review and update the 2009 AACE Medical Guidelines for Clinical Practice for Growth Hormone Use in Growth Hormone-Deficient Adults and Transition Patients.

Task Force to Update the AACE/ACE Postmenopausal Osteoporosis Clinical Practice Guidelines

1. Update the AACE/ACE Postmenopausal Osteoporosis Clinical Practice Guidelines.

Task Force to Update the Insulin Pump Management Consensus Statement