



# *American Association of Clinical Endocrinologists*

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## **AACE Position Statement on Lifelong Learning**

**The AACE Board of Directors, at its meeting on May 12/13, 2014, adopted the following position statement regarding lifelong learning advocating for creating a new process of certification for the clinical endocrinologist:**

The body of medical knowledge is not fixed, but constantly evolving and changing. Yet medical knowledge is only one aspect of optimal clinical care. In addition to keeping current, physicians need to take adequate time with their patients, to think critically about their patient's illnesses, and to demonstrate an ethical and caring attitude. Closed book written exams require recall of knowledge that can be obsolete by the time the exam is taken. When clinical questions arise in the real world of medical practice, physicians perform online literature searches, study evidence-based guidelines, and consult with or refer to their colleagues.

Thus, to sustain current knowledge, physicians must remain actively involved in lifelong learning.

Continuing medical education (CME) has been encouraged and promoted since the 1950's. The American Medical Association created the AMA Physician Recognition Award in the 1960s. Most states require a minimum number of CME hours for maintenance of medical licensure. Since the 1980's the Accreditation Council for Continuing Medical Education has been the principal organization to enforce standards in physician CME.

AACE provides continuing medical education in multiple formats: annual and regional meetings, courses, self-assessment modules, clinical workshops, web based enduring materials and more. AACE has been at the forefront of setting standards in endocrine education.

In the United States, the American Board of Medical Specialties (ABMS) is an independent "not-for-profit" organization. ABMS is the parent organization of 24 specialty boards including the American Board of Internal Medicine (ABIM).

Board certification with ABMS is one of only several means to recognize a physician's achievement. Such third party endorsement may be useful for the physician to promote his or her practice. Initial ABMS sponsored board certification in endocrinology, diabetes and metabolism demonstrates at the time one passes an examination that the test taker has a fund of knowledge, test-taking ability and the English skills necessary to pass the exam.

About 25% of actively licensed physicians in the United States do not carry ABMS board certification. And ABMS board certification by no means guarantees "performance or positive outcomes," as stated in an ABMS disclaimer. There is no evidence to indicate that physicians who are not board certified provide inferior clinical outcomes to those who are ABMS board certified.

Independent surveys indicate that most patients do not understand the concept of an independent certifying organization outside of state medical licensure. Patients largely choose their doctors based upon recommendations from others including other doctors.

Recently in the United States, ABMS has created a product called Maintenance of Certification (MOC). In endocrinology, diabetes and metabolism MOC includes MOC approved self-assessment modules, so called "practice improvement modules," and the passing of a secure closed-book exam.

Physicians who have gone through MOC have found it to be of little value. Given the choice, most would not elect to repeat MOC. Over 13 years ago, AACE expressed serious reservations about this ABIM product (AACE White Paper 2001).

While MOC is promoted as "voluntary," more and more commercial insurance plans and hospital credentialing committees require MOC. Equally concerning are efforts to couple MOC with maintenance of medical licensure (MOL)

and participation in federal and state insurance programs. These efforts by ABMS may amount to restraint of trade and have recently lead to legal challenges.

In Canada, there is a maintenance of certification program operated by the Royal College of Physicians and Surgeons. Their focus is on various approaches to lifelong learning. There are no secure closed-book examinations or “practice improvement modules,” And in Canada, there is ongoing feedback from participants to improve the process and assess its impact.

AACE recognizes the relative scarcity of trained clinical endocrinologists, in the face of an epidemic of diabetes in the population, and the increased demand created by the Affordable Care Act. In the present health-care climate, many patients have difficulty accessing expert endocrinology care. Physicians may choose to retire early, rather than endure the increasing regulatory burden placed upon them.

This will further reduce the availability of endocrinologists in active practice and therefore patients’ access to care.

AACE supports and encourages lifelong learning for all of its members. AACE supports initial ABIM certification after completing a fellowship in Endocrinology. Furthermore, AACE recognizes that even those endocrinologists who do not pass or take an exam may be excellent practitioners. AACE also agrees that professional competency is not proven by completion of programs that are time consuming, costly, burdensome, irrelevant to one’s practice and of unproven value to patient care.

AACE believes that ABIM MOC requirements place an undue burden of time and energy on the practicing physician, taking the physician away from patient care, in pursuit of an activity with no proven benefit to physician or patient. AACE strongly discourages connecting ABIM MOC with hospital privileges, maintenance of licensure or insurance credentialing.

AACE recognizes many avenues of lifelong learning for clinical endocrinologists. AACE also believes that ongoing feedback to the learner is critical to improvement.

Going forward, AACE will advocate for a creating a process of certification for the clinical endocrinologist that is the most rigorous, relevant and real world available. This certification is called Lifelong Learning Certification. Lifelong Learning Certification will be awarded on a three-year cycle.

AACE also urges other specialty and sub-specialty medical societies to advocate for creating certifications that are equally rigorous and relevant for their physician members.

This position statement is available for AACE members to provide to insurance companies and hospitals.