

## The Changing Culture of Hospice and Palliative Medicine Education

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**M**uch is changing within the field of medicine, particularly in medical education and within the hospice and palliative medicine subspecialty. The recognition of hospice and palliative medicine as a subspecialty of the American Board of Medical Specialties (ABMS) brings not only new visibility to the discipline but also changes to familiar processes and organizations. Physicians who practice hospice and palliative medicine should be aware of new changes regarding board certification, continuing medical education (CME), and maintenance of certification (MOC). Highlights of these changes are outlined here.

### Board Certification The ABMS Boards

ABMS is the organization that formally recognizes specialties and subspecialties in allopathic medicine and confers specialty and subspecialty status. Although voluntary, this recognition is used by the government, healthcare systems, and insurers as evidence of high standards. Of the current 24 member boards of ABMS, 10 boards cosponsored the recognition of hospice and palliative medicine as a subspecialty, including the American Board of Anesthesiology (ABA), the American Board of Emergency Medicine (ABEM), the American Board of Family Medicine (ABFM), the American Board of Internal Medicine (ABIM), the American Board of Obstetrics and Gynecology (ABOG), the American Board of Pediatrics (ABP), the American Board of Physical Medicine and Rehabilitation (ABPMR), the American Board of Psychiatry and Neurology (ABPN), the American Board

of Radiology (ABR), and the American Board of Surgery (ABS).

In an effort to streamline the examination process with 10 boards cosponsoring the subspecialty, ABIM agreed to be responsible for administering the examination on behalf of all 10 boards. However, diplomats of ABA, ABEM, ABFM, ABOG, ABP, ABPMR, ABPN, ABR, and ABS must apply for the examination through their own primary board.

The next ABMS certifying exam in hospice and palliative medicine will take place in fall 2010. Applications will likely be due in the spring of 2010; the exact deadlines will vary among the primary boards. Physicians interested in gaining entry into the examination by the practice pathway should be working now to attain the required number of

clinical hours and interdisciplinary team involvement. AAHPM's Clinical Scholars Program ([www.aahpm.org/education/clinicaltraining.html](http://www.aahpm.org/education/clinicaltraining.html)) is an excellent way for midcareer physicians to enhance the depth of their knowledge in key areas of hospice and palliative medicine.

The hospice and palliative medicine certifying exam will be given again in 2012. That will be the last year that physicians will be able to take the examination without first completing a hospice and palliative medicine fellowship program.

### American Board of Hospice and Palliative Medicine

Prior to ABMS recognition, the American Board of Hospice and Palliative Medicine (ABHPM) was the only certifying body for

*continued on page 2*

### AAHPM and the Board Exam

#### An Appropriate Firewall Maintained

After administration of the board examination, AAHPM received calls from members with suggestions about how the examination can be improved. AAHPM redirected these callers, suggesting they provide their input directly through the mechanism established by ABIM. Why does AAHPM defer suggestions and questions? AAHPM has no direct role or input into the development of the examination. That is the way it should be, following the model for all board examinations in medicine in which the board is purposely separated from the membership organization to preserve the integrity of the examination.

What is the role of AAHPM? As the membership organization, AAHPM develops test preparation courses and products without any inside knowledge about the examination questions. AAHPM relies on the publicly published material about the examination, such as the content outline, which is available to everyone interested in the examination. This process is also used by other professional societies to develop board preparation products in their fields. It works well because the knowledge base for a field—as defined by journals, textbooks, fellowship accreditation standards, and competence statements—forms the fundamental basis from which board examination questions are written and board preparation material is developed.

### Inside

President's Message . . . . .	4	AAHPM/HPNA 2009 Annual Assembly Paper Sessions . . . . .	8	AAHPM Resource Center . . . . .	12	AAHPM Welcomes New Board Members and Officers . . . . .	16
New Editorial Opportunities . . . . .	5	Advocacy Update . . . . .	10	Billing & Coding Forum . . . . .	14	Get Assembly Abstracts In Advance of Annual Assembly . . . . .	19
Staying Soulful . . . . .	6						

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## The Changing Culture of Hospice and Palliative Medicine Education *continued from page 1*

hospice and palliative medicine. ABHPM granted board certifications from 1996 through 2006. Following the ABMS recognition of hospice and palliative medicine as a new medical subspecialty, ABHPM discontinued its examination program and no longer issues new certificates. Certificates already issued by ABHPM are valid until their expiration and are being supported by AAHPM. Contact AAHPM at 847/375-4712 or info@aaahpm.org for verification of ABHPM certification or to update information for an ABHPM diplomate. ABHPM certificates also may be verified directly from the AAHPM Web site.

### American Academy of Hospice and Palliative Medicine

As the professional membership organization for physicians specializing in hospice and palliative medicine, AAHPM is the leading source of educational products and activities in the field, including board preparation materials. AAHPM's educational role is to help physicians and other providers keep their knowledge up to date and renew and enhance their competence. AAHPM provides products and experiences that are targeted to the needs and interests of hospice and palliative medicine clinicians and that are designed to help them prepare for the board examination and meet CME requirements. In the future, AAHPM will also be working to help physicians meet the MOC requirements of their parent boards.

### Continuing Medical Education

AAHPM is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing physician education and *AMA PRA Category 1 credit(s)*<sup>™</sup>. This accrediting body sets standards and criteria for physician education. In much the same way that your treatments for patients must be evidence-based and patient and family outcomes must be measured in your practice, so too does ACCME now expect that CME providers will measure outcomes. The following criteria govern CME requirements:

- CME must now be linked to the collective efforts of the healthcare community to improve the quality of care.
- CME content needs to address the gaps between current practice and best practice that are identified by research.
- Changes in physician competence, performance, or patient outcomes as a result of CME education must now be measured.
- Clear lines must be drawn between promotion and education, ensuring that CME education is free of commercial bias.

You will begin to experience some changes in the education provided by AAHPM and other ACCME-accredited CME providers. You may be asked to participate in pre- and posttests; you may also be asked how education programs and products have impacted your practice. Education will also be a critical part of your MOC.

### Maintenance of Certification

The introduction of MOC by the ABMS boards launched a major shift in the role of board certification in a physician's professional career. The old model was "once board certified, always board certified." Previously boards issued lifetime certificates, and requirements for maintaining certification were minimal, often just keeping one's license in good standing. About 20 years ago, the boards changed to issuing limited-time certificates that require physicians to sit for recertification examinations every 7 to 10 years, depending on the board. About 10 years ago, the ABMS boards began to think of certification as something that needed to be continually maintained—just as one continually works on quality improvement. The ABMS required all 24 ABMS boards to develop MOC programs that had four components:

- professional standing (licensure)
- commitment to lifelong learning and involvement in periodic self-assessment (CME credits and self-assessment modules)

- evidence of cognitive expertise (certification examinations)
- evaluation of performance in practice.

By 2006 all 24 ABMS medical specialty boards had launched their MOC programs to meet the new ABMS standards. What does this mean for you? Board certified physicians must now do more than maintain state licensure and periodically take board certification examinations. MOC is defined by a culture of continuous improvement that requires ongoing activity to improve one's knowledge, competence, and performance in practice.

Hospice and palliative medicine physicians who achieve board certification in hospice and palliative medicine will need to meet the MOC requirements of their parent board. The requirements of the parent boards differ. Some treat hospice and palliative medicine as a subspecialty and some treat it more as a certificate of added qualification. We strongly encourage you to be familiar with the specific requirements of your board as they apply to subspecialty certificates or certificates of added qualifications.

Because the hospice and palliative medicine specialty is so new to the ABMS member boards, none have yet developed modules or materials specific to the specialty. AAHPM will be working with the member boards (particularly ABIM and ABFM) to develop MOC materials that focus on hospice and palliative medicine and allow physicians to gain MOC credit for using approved AAHPM educational materials. In particular, AAHPM will be looking ahead to develop new ways to help our members specifically with parts two (life-long learning) and four (performance in practice).

We look forward to serving as a resource to our members for your continuing education, board preparation, and maintenance of certification needs.

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