

## Attend Business Meeting—Vote for Leadership, Bylaws Change



April 18–25, 2015 · Washington, DC

AAN members are encouraged to attend the yearly Business Meeting at the Annual Meeting and vote on the slate of nominees for Academy officer and director positions for the 2015-2017 term, as well as vote on a proposed bylaws amendment.

The Business Meeting takes place on **Monday, April 20, 2015, at 8:00 a.m.** in the Innovation Room, Salon ABC, of the Walter E. Washington Convention Center in Washington, DC. Breakfast will be provided.

Continued on page 38 ▶

## AAN Calls for Elimination of MOC Part IV

AAN President Timothy A. Pedley, MD, FAAN, recently sent a letter to members announcing that the Academy had called on the American Board of Psychiatry and Neurology (ABPN) to eliminate Part IV of the Maintenance of Certification (MOC) requirements. The AAN has urged repeal of Part IV—Improvement in Medical Practice (also known as Performance in Practice and “PIP”)—of MOC.

“The process is unnecessarily cumbersome,” wrote Pedley, “especially in the absence of convincing research showing that it is effective in improving physicians’ practice and the quality of the care they provide. There is still contentious debate regarding the best measures and mechanisms for assessing quality of care and what does—and does not—work. Therefore, the AAN is urging repeal of Part IV of MOC and is calling on the ABPN to respond positively to this request.”

Pedley concluded, “As promised, we will continue to keep you informed about developments regarding this crucial issue, and we appreciate hearing your thoughtful comments and concerns.”

Read the complete letter at [AAN.com/alert-february-24-2015](http://AAN.com/alert-february-24-2015). •

## I Talks Offer New Learning Experience at Annual Meeting

The Innovation Room, Salon ABC, in the Walter E. Washington Convention Center will host a series of special, supplemental educational talks designed to offer Annual Meeting attendees a lively new learning experience. I Talks will be held throughout the week and feature a variety of lectures, presentations, group discussions, and hands-on activities using advanced multimedia formats that bring learning to life. I Talks are included free with Annual Meeting registration.

Continued on page 10 ▶



### THIS ISSUE

- 8 New Invited Science Sessions**  
Feature Cutting-edge Stroke and Epilepsy Abstracts
- 13 Latest Controversies** to Be Debated  
in Annual Meeting Sessions
- 16 Second Annual Sports Concussion  
Conference Seeks Compelling  
Abstracts**

### ***Ave et Vale: One President's Term Ends and Another's Begins*** *Continued from page 3*

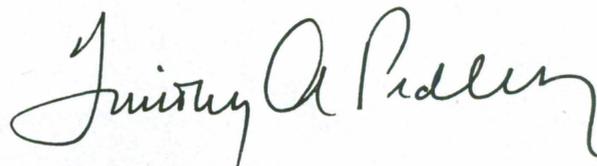
and concerns. However, as a professional organization, we have a responsibility to the patients we serve and, thus, must also be concerned that our members practice neurology that is up-to-date in terms of relevant neuroscience, disease pathophysiology, diagnostic modalities, and therapeutic innovations. Since I was certified in 1975, our field has transformed itself. It is impossible to imagine that I, or any other neurologist practicing today as we did 40 years ago, would be allowed to remain in practice. It is from this perspective that the concept of time-limited certification evolved. At the same time, there has been a parallel growth in patient and consumer advocacy organizations concerned with physicians' competence and quality. Is it possible to present oneself as an up-to-date practitioner in the absence of some ongoing process that assures—in measurable ways—that we have continued to learn, apply new knowledge appropriately, and possess the technical skills to utilize new diagnostic and therapeutic modalities? If the ABMS were to agree to eliminate MOC (even just Part IV), can we credibly argue that we are committed to ongoing education, continuous quality improvement, and new innovative diagnostic techniques and therapies? In today's environment, we must be able to assure our patients and the public that members of our profession self-regulate in meaningful and credible ways. Is there something that can be substituted for MOC that will be equally strong evidence to assure our patients and the public that all board-certified neurologists are engaged in "meaningful and rigorous" self-assessment, lifelong learning, and periodic re-credentialing? I suspect that the ABPN's and ABMS's current position in favor of MOC would receive strong support from patient advocacy groups, medical regulators and, probably, payers as well. The challenge for us now is how to re-engage thoughtfully and productively with both the ABPN and ABMS with the goal of assuring our patients and patient advocacy groups that our members are continuously engaged in meaningful and rigorous lifelong learning that includes periodic reassessments and feasible documentation of practice-related quality improvement activities.

An immediate and critical question for the AAN is how, if we argue against part (or, as some of our members would like, all) of MOC, we respond to those various groups concerned with the quality of medicine that is being practiced by physicians as they become increasingly distant from medical school, residency, and other components of their initial training. Unless we can answer this question convincingly (and that includes supportive evidence), not just for our members but for the public who trust us, we have a serious problem of credibility and undercut our argument that MOC can be eliminated or modified in significant ways that are more palatable to our members. It is insufficient to say there is no or very limited evidence

that MOC improves physicians' capabilities. The AAN should work with the ABPN to obtain persuasive information that neurology MOC does, or does not, make us better neurologists. In medieval times, we would have been a guild, membership in which was seen, by itself, as a guarantee that we had skills nonmembers lacked. Public confidence demands more than that today. Many years ago I used to tell recently certified neurologists that the most valuable aspect of their board certification was that it certified their right to forget. What I meant was that they could concentrate on the information most important to the type of practice and/or subspecialty they had and not retain information that was not practically useful other than to pass an examination. That is probably true still but in a quite limited sense. And it begs the issue about "proving" we remain current in the knowledge and skills our practices demand as the time since formal training grows ever more distant.

In closing, I want to introduce and acknowledge my successor as president, Dr. Terry Cascino, Professor of Neurology and Consultant in the Department of Neurology at the Mayo Clinic, where he has also served as Executive Dean for Education and also as Dean of the Mayo Medical School. Terry is a proven AAN leader. He has served as chair of the Education Committee, the Graduate Education Committee, and the A.B. Baker Section of Neurologic Educators. He has been a member of the Board of Directors since 2003, and has served as our organization's secretary and treasurer. He is a remarkable strategic thinker, and the AAN's focus today on strategic planning to prioritize challenges and adopt the most effective solutions is the result of his leadership. As the presidential transition occurs at the Annual Meeting this spring, I can assure you that the AAN will be in good hands with Dr. Cascino at the helm.

I am deeply grateful to the Academy's outstanding staff and its exceptional Executive Director, Ms. Cathy Rydell, for helping me look better than I probably am; to all of you for the opportunity to have served as your president; and to all my colleagues on the AAN Board and our many committed members who have made the past two years such an extraordinary experience. •



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