

Subject: ABIM Double Jeopardy

July 1, 2015

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It's unclear to me if this is helpful to practicing cardiologists outside of academia. Our interventionalists do general cardiology and some internal medicine. Our electrophysiologists the same. Will we be required only to take the sub specialty exam and still be listed as certified in internal medicine and cardiovascular disease as long as we do MOC?

Separately but related, has anyone heard of ASE or ASNC addressing their recertification exams? ABIM only controls half of the six boards I have. There is significant time and expense to doing cme in the other areas and then to have the time and expense of further recertification exams is as onerous as the ABIM pathway.

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Kim Williams, MD, FACC (kim_a_williams@rush.edu)

Hi Ed, you may have heard by now but for the group:

- ASE has spun off NBE to be independent
- ASNC and ACC helped start CBNC but does not own or operate it
- word from ABIM is that it will indicate that one was previously certified and look like this.

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Interventional Cardiology: **Certified**

Participating in Maintenance of Certification: **Yes**

INITIAL CERTIFICATION

Internal Medicine: 1993

Cardiovascular Disease: 1998

Interventional Cardiology: 2002

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Thanks so much Kim. If it looks that way I wonder if it will satisfy the need to be boarded in general cardiology for hospital staff and insurance companies. That is my concern and just wanted to get out ahead of it.

To Anuj-

I did not mean to imply all academic interventionalists do not do general cardiology, only that academic departments might have cardiologists who only do intervention. I imagine a private practice could have such a physician but that would be tough to envision. I do know many electrophysiologists who do only EP in academics. I was just trying to anticipate problems with the structure prior to final implementation and learning a potential mistake in retrospect.

