

## ABIM and Regulatory Vagaries....What is the True Value of Repeated Testing?

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### Dear colleagues

Hope you are enjoying the summer and family time. ABIM as part of their face saving efforts recently announced that sub-specialists need not take the general cardiology recertification examination going forwards. What does it mean to someone who wants to read an echocardiogram or interpret a nuclear scan or electrocardiogram if they are a subspecialist? You can longer do that? Will the hospitals allow their cardiology subspecialists practice their full breadth without general cardiology boards? The correct answer to this is yet to be seen and understood. A lot of sub-specialists whom I have talked to are still not sure about this. We should congratulate Heart Rhythm Society for the prompt and decisive leadership in tackling this specific issue and championing it.

There is no other country in the world that mandates an expensive ten year renewal or recertification test for every branch or sub-specialty you have expertise in. This is capitalism at play in its best form. Over a career spanning three decades a cardiologist who practices general cardiology, interventions, nuclear cardiology, echocardiography, peripheral vascular medicine and cardiac CT /MRI will need to clear 18 tests paying a whopping 60,000 plus US dollars just in exam fees alone. The money spent in lost wages, travel and other costs are several fold more than this. It was quite evident from ABIMs account books that the testing and retesting process has turned into a money making machine. The real question is whether our multi exam repeatedly certified American physicians significantly better in patient care or subject knowledge compared to those in Canada, Europe, South America, Japan and Australia. Not taking repeated recertification exams make these non US physicians any less? We don't think so. The emphasis on effective and high quality continued medical education seems to do the job in the rest of the world. Why can't umpteen number of CME hours that all the US physicians are mandated to complete each year suffice to be evidence of continued competency? Data doesn't seem to support the existing ABIM's processes that define quality. ABIM has recruited several physicians who also happen to lead various professional organizations who continued to endorse the value of this useless process.

We as physicians are known to follow rules and not challenge the sermoned value of a process. This brainwashed and perceived value of retesting at such great expense did not become an issue over the last

several decades until recently when ABIMs greed reached new levels wanting to mandate the MOC requirements with additional price tag on it. AMA remained a silent spectator to the non-sense that continue to perpetuate. We wonder whether AMA still represents physician interests anymore. The rapidly declining physician membership to AMA is standing testament to the ground reality that none of us trust AMA anymore. So dear colleagues, if we don't take charge and fight back this non sense no one is going to fight for our cause. Please stay engaged in your professional body's activities and direct your leaders in the right direction.

In this issue of the Journal, we have exciting articles that cover a wide breath of EP. The manuscripts range from case reports on the value of low dose novel oral anticoagulants as alternatives to warfarin for high risk cases in resolving LAA thrombus to variable response to statin and increased risk of atrial fibrillation based on genetic predisposition. Real world differences between Cryo and Radiofrequency ablation for atrioventricular nodal reentry (AVNRT) and Phased RF ablation are worth reading. We greatly appreciate all the contributors and reviewers for their work. We are one step short of PUBMED listing and all the manuscripts published on JAFIB will be part of it retroactively once the listing is official.

Have a peaceful rest of the summer.

Sincerely

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