

# ABIM Diplomate Report: Advanced Heart Failure Transplant Cardiology 2025





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## Executive Summary

The American Board of Internal Medicine's 2025 Advanced Heart Failure Transplant Cardiology (AHFTC) Diplomate Report presents data collected as part of ABIM's certification and maintenance of certification (MOC) programs. The AHFTC report will be generated every other year, as the initial AHFTC certification exam is offered biennially. The report focuses on the current state of the AHFTC discipline, while using historic trends to provide appropriate context. The report highlights the current status of the diplomate population, growth in the diplomate population over time, participation in certification and maintenance of certification, demographic characteristics of the diplomates, and examination statistics.

- The number of physicians in the AHFTC diplomate population grew in 2025. There were fewer newly certified AHFTC Cardiologists than in the previous year.
- In the last two decades, we observed an increase in the AHFTC diplomate population per 100,000 U.S. population. The density of the AHFTC diplomate population per U.S. population varies greatly across states.
- In the last two decades, there has been an increase in the proportion of physicians trained in osteopathic medicine and a decrease in the proportion of white physicians, among newly certified AHFTC Cardiologists.
- There has been fluctuation in the number of AHFTC certification assessment takers over time.



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## Diplomate Population

This section of the report highlights the current state of ABIM diplomates who received initial certification in Advanced Heart Failure Transplant Cardiology, with additional analysis on trends over time and a comparison to the U.S. population. The ABIM AHFTC diplomate population is defined as physicians with an active medical license who received initial certification in AHFTC, excluding physicians who have reported themselves as retired, who are suspended from the MOC program, or who have deactivated all certificates as of February, 2025.

## How Large is the ABIM Diplomate Population?

The table to the right highlights the current state of physicians who received initial certification in Advanced Heart Failure Transplant Cardiology. Compared to the previous year, there was an increase in the number of AHFTC Cardiologists in the diplomate population and a rise in the number of AHFTC Cardiologists with a valid AHFTC certificate. The reason for the sharp rise in the number of valid certificates is that many diplomates have caught up with MOC requirements and regained their certificates. Additionally, there was a decrease in the number of newly certified AHFTC Cardiologists from the last year the exam was offered.

**ABIM Diplomates**

 <i>AHFTC diplomates</i>	<i>+/- from previous year</i>
1,748	+ 10.2%
 <i>Diplomates with valid AHFTC certificate</i>	<i>+/- from previous year</i>
1,511	+ 30.4%
 <i>Newly certified in 2024</i>	<i>+/- from previous year</i>
167	-12.6%

Note: Diplomates are on different cycles for MOC requirements. In certain years (e.g. 2023), a large number of diplomates have requirements due, which causes fluctuation in the number with valid AHFTC certificate.

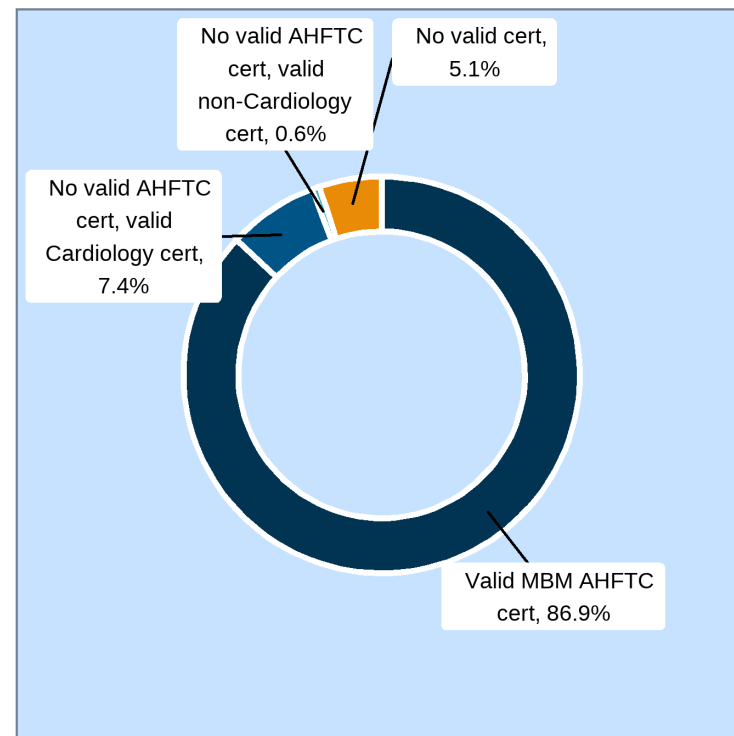
## How Many ABIM Diplomates Maintain Certification?

The graph depicts the certification status of the AHFTC diplomate population. For non-lifetime certification, to maintain a valid Advanced Heart Failure Transplant Cardiology certificate, diplomates must meet MOC requirements including earning 100 points every five years and passing an MOC assessment by the due date.

In the AHFTC diplomate population, 86.9% of physicians hold a valid Must-Be-Maintained (MBM) AHFTC certificate. Among individuals who were once certified in AHFTC but do not currently hold a valid AHFTC certificate, there were 7.4% who hold a valid Cardiology certificate and 0.6% who hold some other kind of valid ABIM certificate. The remaining 5.1% of the AHFTC diplomate population do not hold any valid ABIM certificate.

Therefore, 13.1% of diplomates certified in AHFTC no longer hold an AHFTC certificate; for comparison, across all subspecialty certificates, 16% were no longer valid.

**Advanced Heart Failure Transplant Cardiology Certification Status**  
(N=1,748)

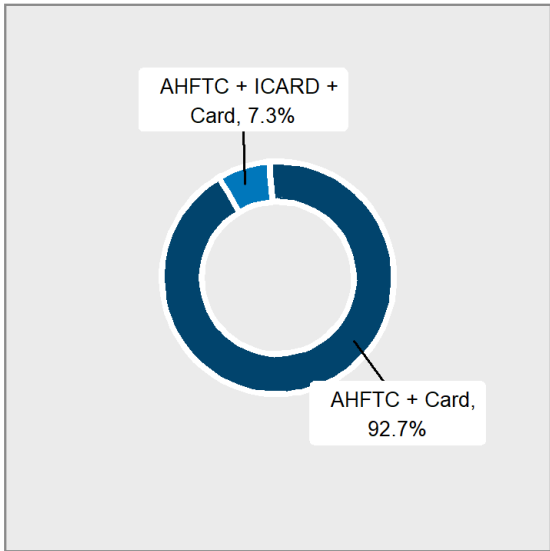


## What are Common Dual Subspecialty Certifications?

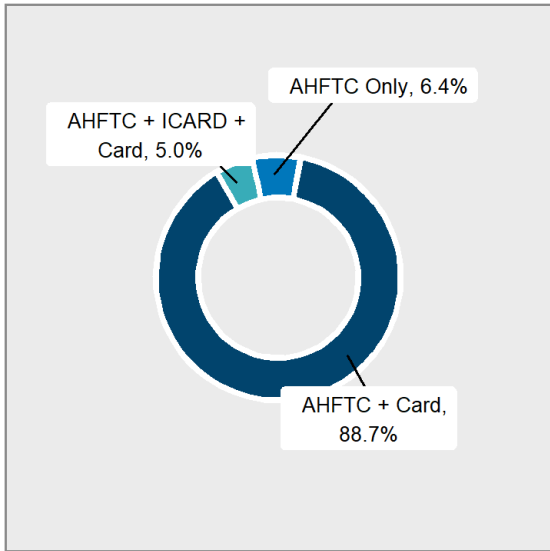
Some AHFTC Cardiologists pursued initial subspecialty certification in disciplines other than general Cardiology. The graph on the left displays the breakdown of initial subspecialty certificate combinations among individuals who received initial Advanced Heart Failure Transplant Cardiology certification, while the graph on the right shows the population with active certificates. There were 1,620 diplomates who received initial certification in AHFTC + Cardiology (1,340 with both certificates active), and 128 physicians received initial certification in AHFTC + Interventional Cardiology + Cardiology (75 with both certificates active).

### Advanced Heart Failure Transplant Cardiology Certificate Combinations (N=1,748; N=1,511)

Diplomate Population: Initial Certification



Diplomate Population: Active Certificates

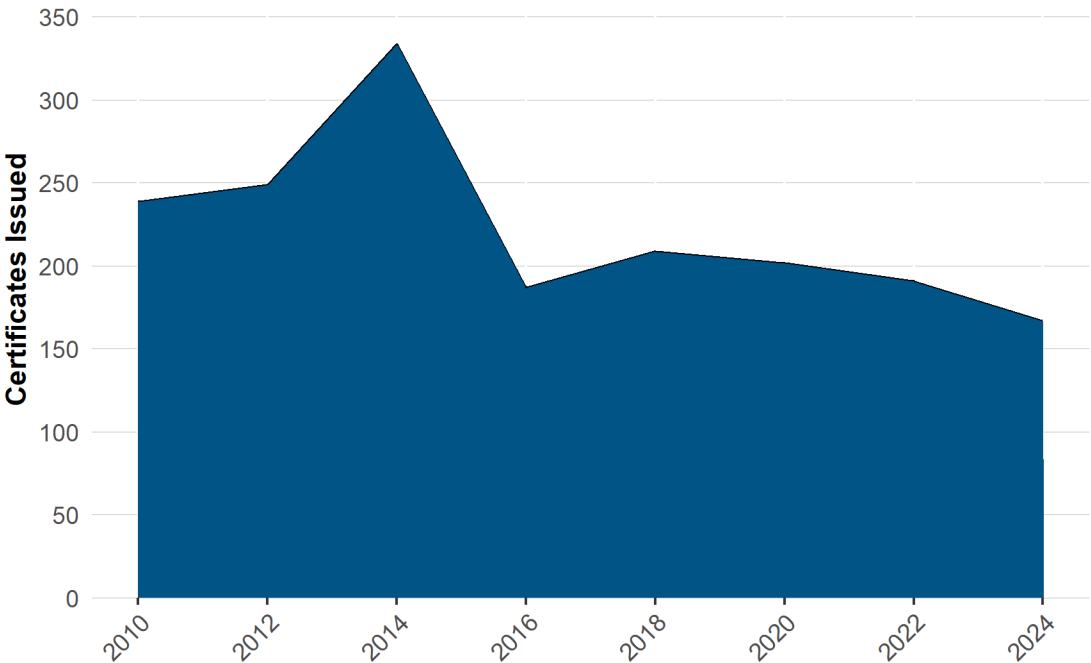


## How Has the Number of Issued ABIM Certificates Changed Over Time?

Advanced Heart Failure Transplant Cardiology certificates were first issued in 2010. The plot presents the number of ABIM candidates certified in AHFTC by year of initial certification since 2010. The initial AHFTC certification exam is only offered every other year.

A Practice Pathway for admission to the AHFTC Certification Examination was available in 2010, 2012, and 2014, so we see a higher number of certificates issued in those years.

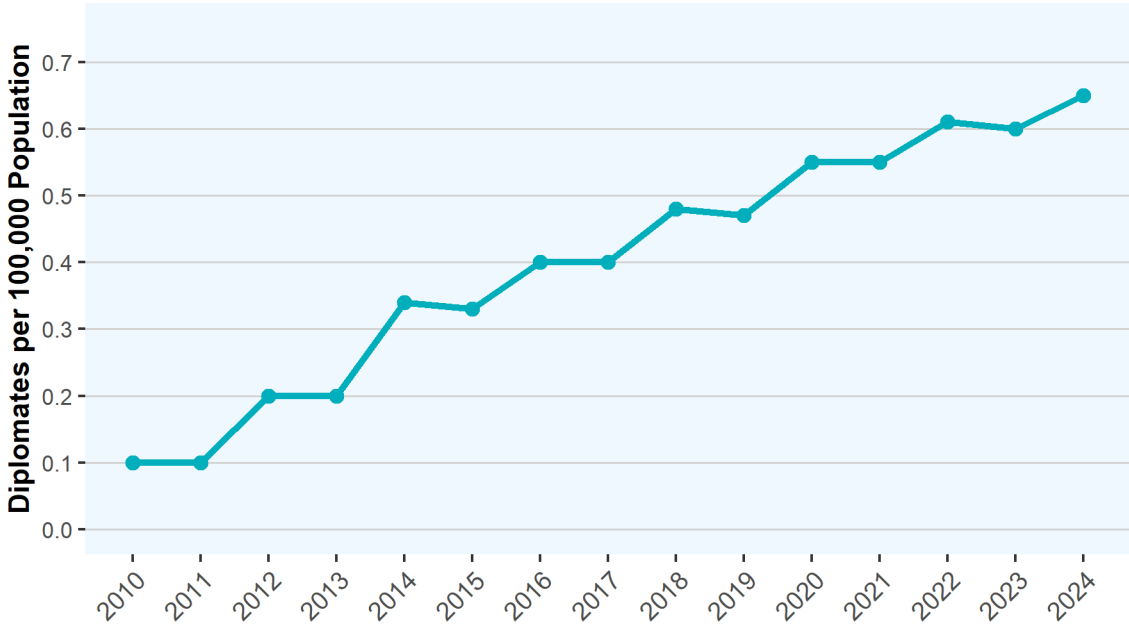
**Number of Certificates Issued in Advanced Heart Failure Transplant Cardiology**



## How Has the Diplomate Population Changed Compared to the U.S. Population?

The graph depicts the annual Advanced Heart Failure Transplant Cardiology diplomate population per 100,000 U.S. population 18 years or older. In 2010, there were 0.1 diplomates per 100,000 U.S. population 18 years or older. Since then, we have observed a steady increase in the Advanced Heart Failure Transplant Cardiology diplomate population.

**Advanced Heart Failure Transplant Cardiology Diplomate Population per 100,000 U.S. Population**

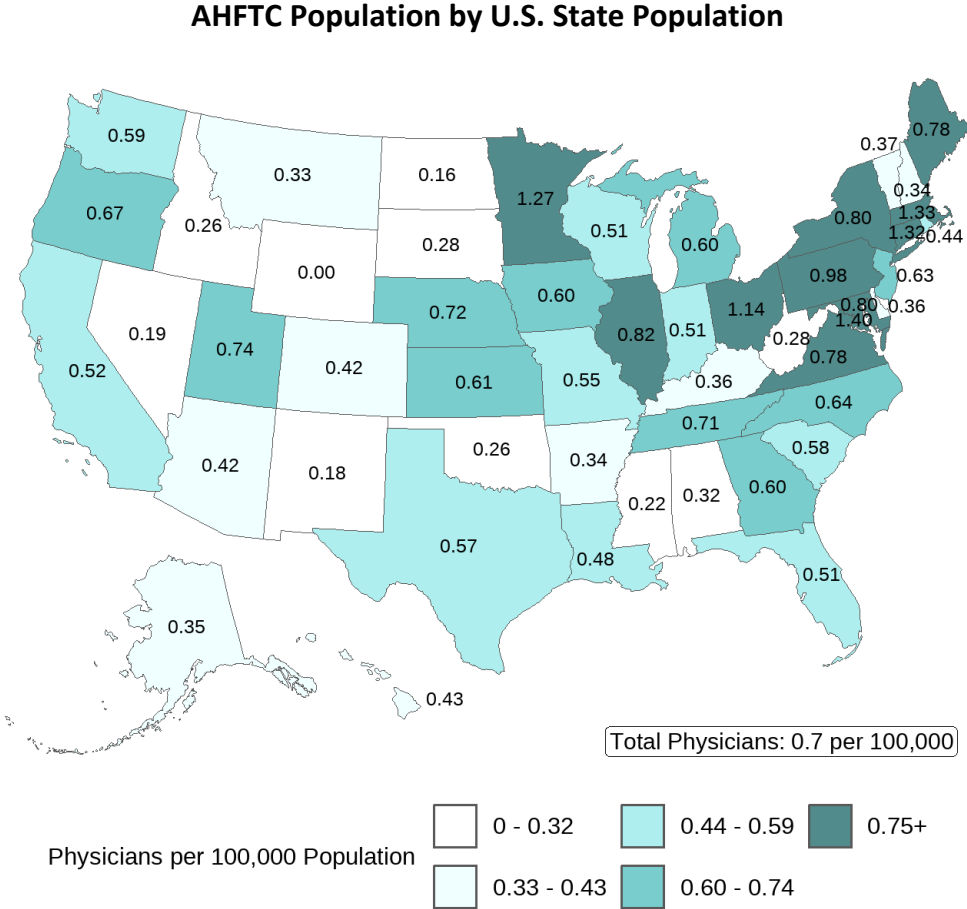


\*The Current diplomate calculation used slightly different methods for periods before 2015, 2015-2017, and after 2017. The dip in 2018 is due to the exclusion of physicians who no longer maintained an active medical license.

# Which U.S. States Have the Highest Density of ABIM Diplomates?

The map depicts the population of AHFTC Cardiologists in 2025. Values reflect the number of physicians per 100,000 U.S. population over the age of 18 years, by state. Estimates of the total U.S. population over 18 years are from the U.S. Census Bureau website and reflect values as of July 1, 2025.

States depicted by lighter colors on the map, such as Wyoming and North Dakota, have the lowest density of physicians per population, while darker states, like Massachusetts and Connecticut, have the highest density.





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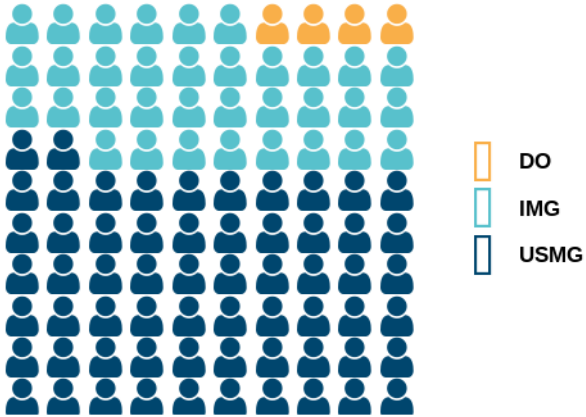
## Diplomate Demographics

The infographics and plots in this section of the report display the breakdown of demographic characteristics in the current AHFTC diplomate population as well as demographic trends over time in physicians who are newly certified in Advanced Heart Failure Transplant Cardiology. We focused on the following demographic characteristics: country of medical school, sex of the physician, physician race/ethnicity, and physician age.

# What is the Medical School Composition of the Diplomate Population?

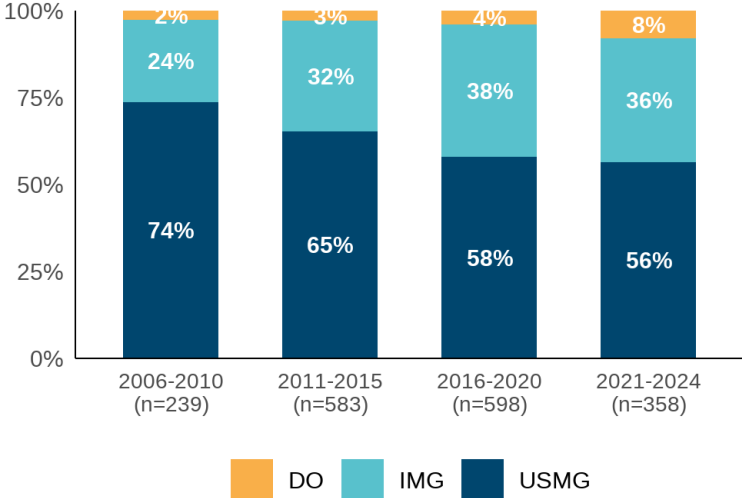
In the AHFTC diplomate population, 62% of AHFTC Cardiologists are U.S./Canadian Medical Graduates (USMGs) and 34% are International Medical Graduates (IMGs). In comparison, 57% of the subspecialty diplomate population is a USMG and 36% is an IMG. Among physicians newly certified in AHFTC, we observe a decrease in USMGs from the start to the end of the twenty-year period. Additionally, there is an increase in U.S. osteopathic doctors (DOs) in this period. As a comparison, in 2024, ABIM subspecialists overall had the following breakdown: roughly 47% USMGs, 42% IMGs, and 11% DOs.

**Diplomate Population**



\*There are 0 physicians with other or unknown medical school type.

**Newly Certified Physicians**

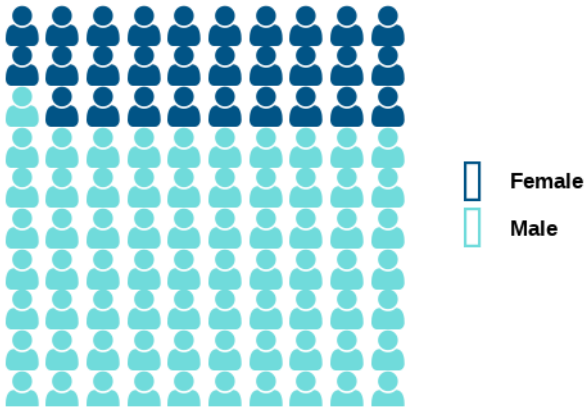


# What is the Sex/Gender Composition of the Diplomate Population?

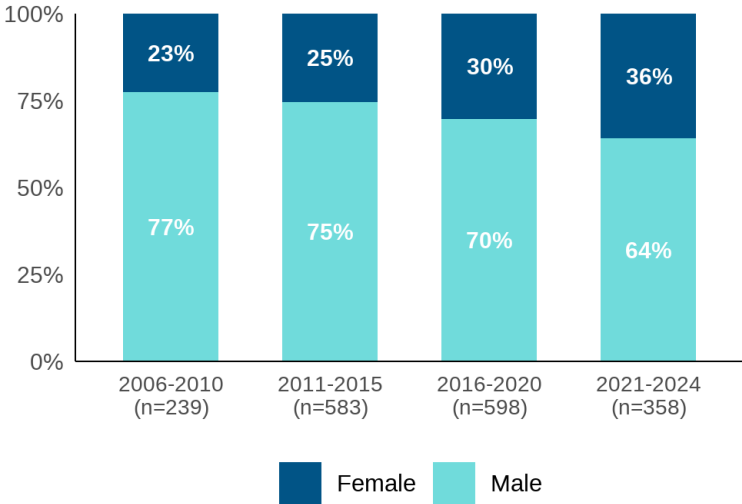
In the AHFTC diplomate population, 71% of AHFTC Cardiologists are male. In comparison, 69% of the subspecialty diplomate population is male. Over time, we observed an increase in the proportion of female AHFTC Cardiologists, although the present breakdown is still not at parity. For comparison, the proportion of all female ABIM subspecialists in 2024 was 40.4%.

Please note, historic data only allowed diplomates to select male or female. Beginning in 2023, ABIM has expanded our data collection to include non-binary gender and will begin reporting these more comprehensive data in the future.

**Diplomate Population**



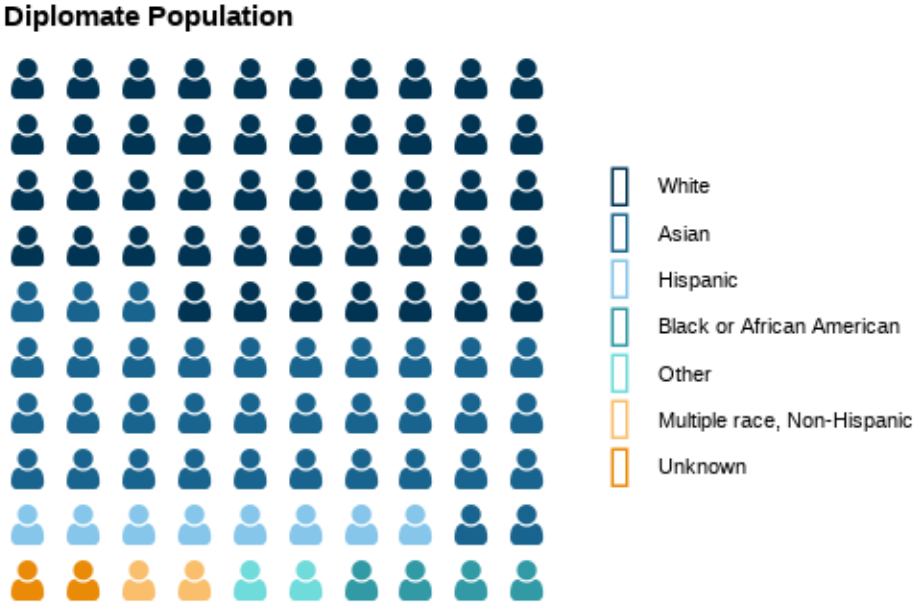
**Newly Certified Physicians**



# What is the Racial/Ethnic Composition of the Diplomate Population?

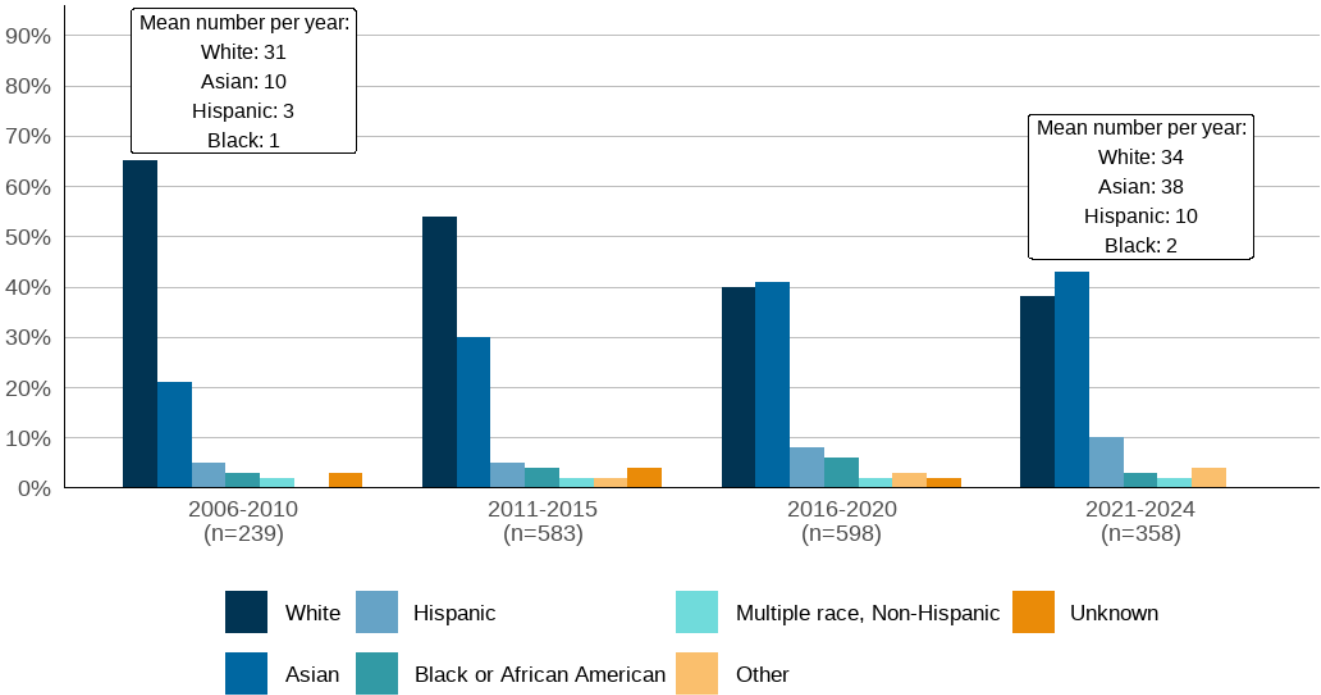
In an examination of a physician’s race/ethnicity in the AHFTC diplomate population, 47% of AHFTC Cardiologists are white, 35% are Asian, 8% are Hispanic (alone or with any race), 4% are Black/African American, and the remaining are multiple race Non-Hispanic, Other, and Unknown. The “Other” category includes American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Other. A designation of “unknown” signifies we are missing race/ethnicity data for that individual. We have expanded our data collection to include physician heritage and will report this in the future.

In comparison, 49% of the subspecialty diplomate population is white, 27% is Asian, 6% is Hispanic (alone or with any race), 4% is Black/African American, and the rest are multiple race Non-Hispanic, Other, and Unknown.



# How Has the Composition of Newly Certified Diplomate Race/Ethnicity Changed Over Time?

At the beginning of the past two decades, among newly certified physicians, white diplomates were the largest group at 65%. However, by the end of the period, white physicians make up 38%, while Asian physicians make up 43%. Additionally, we saw an increase in the proportion of Hispanic (alone or with any race) and little to no change in the proportion of Black or African American AHFTC Cardiologists.

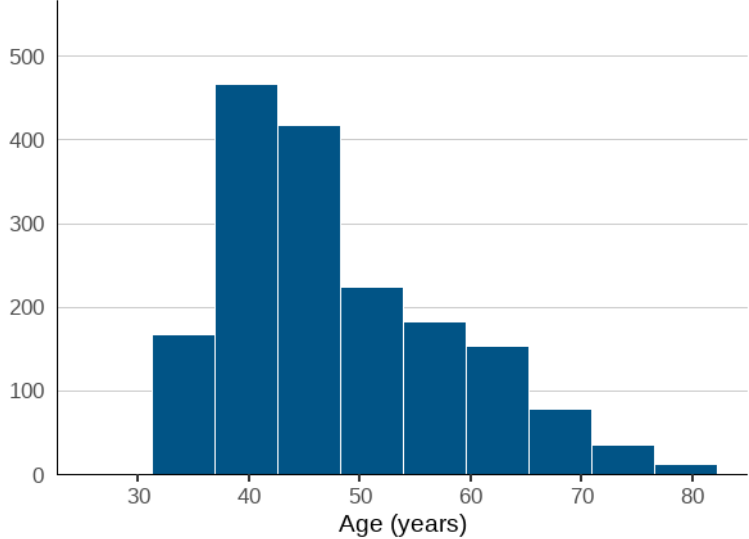


\* "Other" = American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Other.

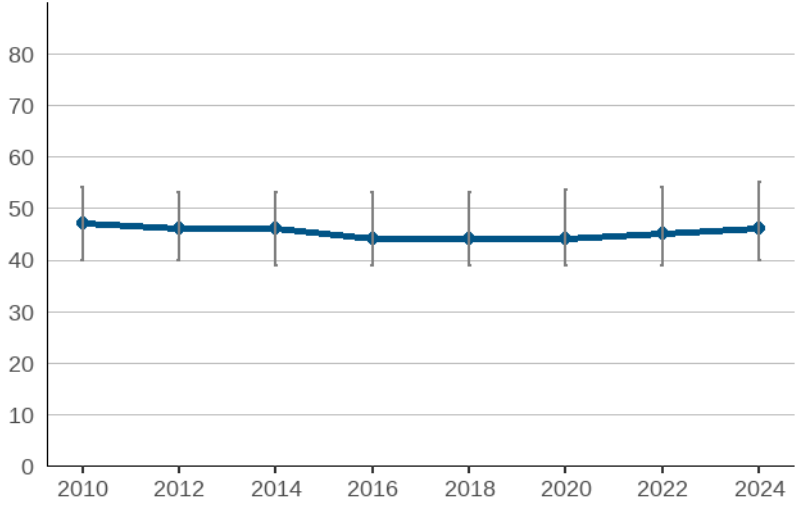
# What is the Age Composition of the Diplomate Population?

The graph on the left displays the age breakdown of the current AHFTC diplomate population, while the plot on the right depicts the median age of the diplomate population over time, with interquartile ranges. The median age has fluctuated slightly, but remained relatively stable over time.

**Diplomate Population**



**Median Age of Diplomate Population**



\*The diplomate population calculation used slightly different methods for periods before 2015, 2015-2017, and after 2017, due to changes in licensure data received.

## Diplomate Assessments

This section of the report highlights initial certification exam taker and pass rate trends over time, assessment options for MOC, and a breakdown of how diplomates met the assessment requirement in 2024. The purpose of initial certification is to demonstrate a physician is ready for independent practice in the discipline. The initial AHFTC certification exam is offered every other year, on even years.

The purpose of Maintenance of Certification is to demonstrate a physician is staying current in knowledge and practice. Physicians have three options to meet their MOC assessment requirement: the traditional Longform exam, the Longitudinal Knowledge Assessment (LKA), or the ACC/ABIM Collaborative Maintenance Pathway (CMP). Physicians must be currently ABIM certified to be eligible for the CMP. If physicians take or enroll in one of these assessment options in their certificate's assessment due year and are successful, the due year is advanced. If they are not successful, **they do not lose their certification based on a single unsuccessful attempt**. Instead, they enter a **"grace year"**, the year after their assessment was due—provided they meet the MOC points requirement. During this grace year, **they have until the end of the calendar year to pass a Longform assessment to maintain their certification**.

The traditional Longform Exam is administered in person and must be passed every 10 years. Diplomates can choose to take the Longform exam before the assessment is due. The Longitudinal Knowledge Assessment (LKA) is not currently offered for AHFTC. The CMP is a continuous assessment that focuses on 20% of the field each year over the course of a 5-year cycle and requires passing a yearly Performance Assessment.

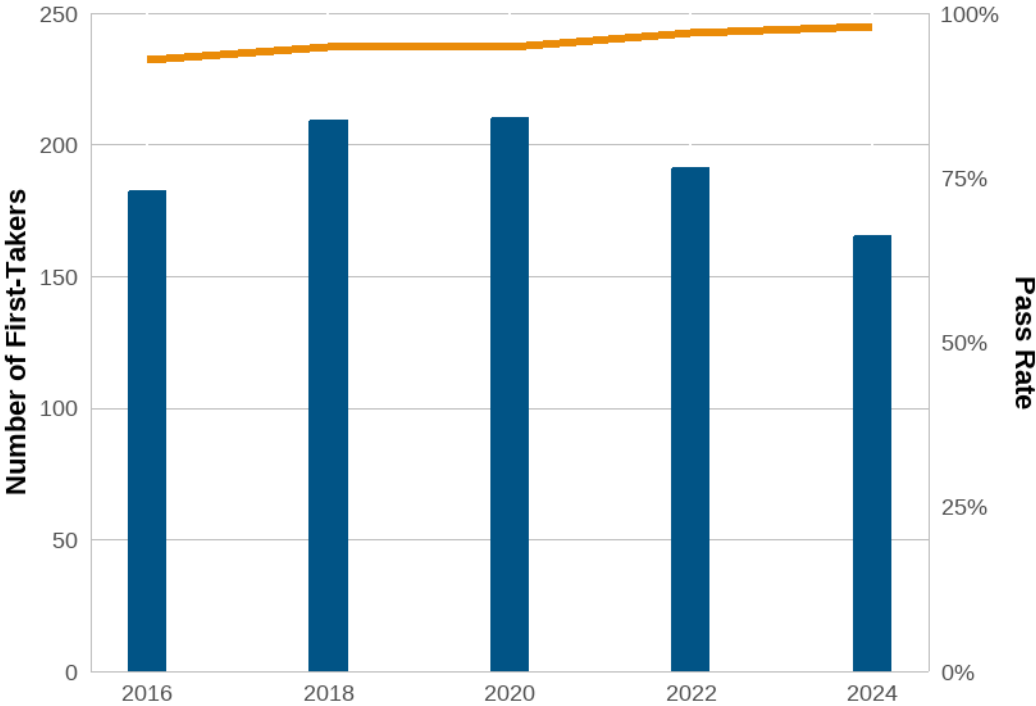
# Initial Certification Examinations and Pass Rates Over Time

The plot depicts the annual number of initial AHFTC Certification Examination first-time takers as vertical bars and the annual first-time pass rate over time as a line graph.

There has been fluctuation in the number of AHFTC Certification Examination takers over time, hitting a high of 210 first-time takers in 2020. First-time taker pass rates increased throughout the period and have approached the high-nineties in recent years.



After the completion of fellowship training, physicians are considered 'board eligible' for the following 7 years, meaning that they have 7 years to pass the initial certification examination. Most physicians retake the exam if they failed the first attempt. The ultimate AHFTC Certification Examination pass rate was 100% for the cohort of physicians whose board eligibility to sit for the exam expired in 2024.

**Annual Number of First-Time Takers of the ABIM Advanced Heart Failure Transplant Cardiology Certification Examination with Pass Rates**



## Which Maintenance of Certification Assessment Option Did Diplomates Choose?

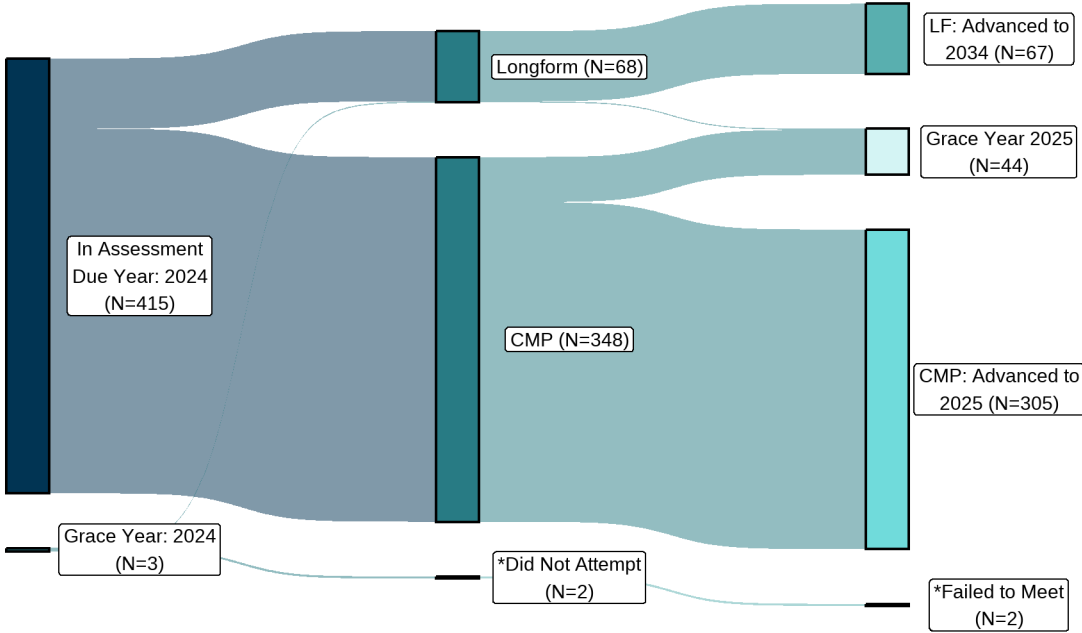
The chart on the right displays the number of physicians by MOC assessment option. It includes physicians with active certificates as well as individuals who have let their certificates lapse. The righthand column displays physicians enrolled in the CMP to meet the assessment requirement; additional physicians enrolled in the CMP ahead of their assessment due year are not included here. In 2024, there were 94 takers of the traditional Longform MOC Examination, and 179 enrolled in the 2024 cohort of the CMP.

<i><b>Maintenance of Certification</b></i>	
<i>Longform</i> 	<i>CMP</i> 
<b>94 takers</b>	<b>179 enrolled in the 2024 cohort</b> 149 previously enrolled

# What Percentage of Diplomates Met the MOC Assessment Requirement?

Diplomates had to meet an assessment requirement in 2024 if they either had an assessment due this year or they were in a grace year in 2024, due to a previous unsuccessful attempt. 99.5% of diplomates with an **active Advanced Heart Failure Transplant Cardiology certificate** have met the assessment requirement. The remaining 2 (0.5%) diplomates failed to meet the assessment requirement in 2024 and lost their certificate. 348 met the assessment requirement through the CMP, with most successfully advancing their assessment due year to 2025. 68 met the assessment requirement through the Longform exam, with most successfully advancing their assessment due year to 2034. A small percentage entered into a grace year in 2025.

**Meeting Assessment Requirements: Assessment Due Year or Grace Year in 2024**



## Notes About Data Usage and Interpretation

- The ABIM diplomate population is defined as physicians with an active medical license excluding those who have reported themselves as retired, who are suspended from the MOC program, or who have deactivated all certificates. As a result, there could be a small number of individuals included in the diplomate population who are no longer practicing medicine.
- Our data reflects every physician who was board certified by ABIM in Internal Medicine or a subspecialty of Internal Medicine but does not include individuals in the workforce who were not board certified by ABIM.
- The data in our report may not exactly match reports by ABMS or other similar types of reports because they may have been pulled at different points in time.
- Lifetime certifications were issued prior to 1990, however there has been a requirement to maintain certification for every subsequent cohort. As a result, lifetime certification will be gradually phased out over time.
- When a new board certification is established, the initial years typically offer two pathways for admission: a practice pathway or a training (traditional) pathway. Physicians in the practice pathway must meet independent practice thresholds in lieu of a traditional training program. After the practice pathway closes, all potential applicants must meet the requirements of the training pathway.
- The U.S. map depicting physician density by state is based on the address provided to ABIM by the physician. This could represent either their home or work address.
- Race/ethnicity categories used in this report are based on the classification used by AAMC. The categories may continue to evolve over time.
- Changes in certification exam pass rates should be interpreted with caution; pass rates are subject to change over time due to adjustments in performance standards, updates to the examination blueprints, and advances in medical knowledge and practice.

*The ABIM Diplomate Report was developed using data from the ABIM administrative database, which is maintained to support essential operations and deliver services to physicians pursuing ABIM certification. ABIM acknowledges the Association of American Medical Colleges (AAMC) for providing and approving the use of race and ethnicity data on ABIM diplomates. This report has been reviewed and deemed exempt by the Advarra Institutional Review Board.*

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