

# ABIM Diplomate Report: Interventional Cardiology 2026





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## Executive Summary

The American Board of Internal Medicine's 2026 Interventional Cardiology (ICARD) Diplomate Report presents data collected as part of ABIM's certification and maintenance of certification (MOC) programs. The report focuses on the current state of the ICARD 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 ICARD diplomate population grew in 2026. There were more newly certified Interventional Cardiologists than in the previous year.
- In the last two decades, we observed an increase in the ICARD diplomate population per 100,000 U.S. population. The density of the ICARD 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 Interventional Cardiologists.
- There has been fluctuation in the number of ICARD certification assessment takers over time. A majority of newly eligible diplomates have chosen the Longitudinal Knowledge Assessment to meet the MOC assessment requirement.




## Diplomate Population

This section of the report highlights the current state of ABIM diplomates who received initial certification in Interventional Cardiology, with additional analysis on trends over time and a comparison to the U.S. population. The ABIM ICARD diplomate population is defined as physicians with an active medical license who received initial certification in ICARD, excluding physicians who have reported themselves as retired, who are suspended from the MOC program, or who have deactivated all certificates as of March, 2026.

## How Large is the ABIM Diplomate Population?

The table to the right highlights the current state of physicians who received initial certification in Interventional Cardiology. Compared to the previous year, there was an increase in the number of Interventional Cardiologists in the diplomate population and a rise in the number of Interventional Cardiologists with a valid ICARD certificate. Additionally, there was an increase in the number of newly certified Interventional Cardiologists from the previous year.

**ABIM Diplomates**

 <i>ICARD diplomates</i>	<i>+/- from previous year</i>
10,350	+ 1.4%
 <i>Diplomates with valid ICARD certificate</i>	<i>+/- from previous year</i>
7,289	+ 6.3%
 <i>Newly certified in 2025</i>	<i>+/- from previous year</i>
347	+ 0.9%

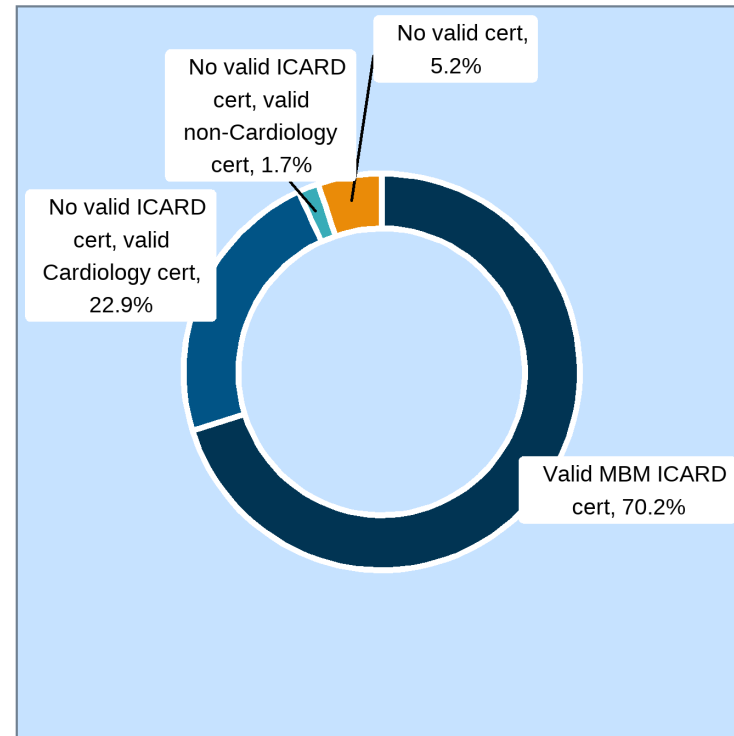
## How Many ABIM Diplomates Maintain Certification?

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

In the ICARD diplomate population, 70.2% of physicians hold a valid Must-Be-Maintained (MBM) ICARD certificate. Among individuals who were once certified in ICARD but do not currently hold a valid ICARD certificate, there were 22.9% who hold a valid Cardiology certificate and 1.7% who hold some other kind of valid ABIM certificate. The remaining 5.2% of the ICARD diplomate population do not hold any valid ABIM certificate.

Therefore, 29.8% of diplomates certified in ICARD no longer hold an ICARD certificate; for comparison, across all subspecialty certificates, 15% were no longer valid.

**Interventional Cardiology Certification Status (N=10,350)**

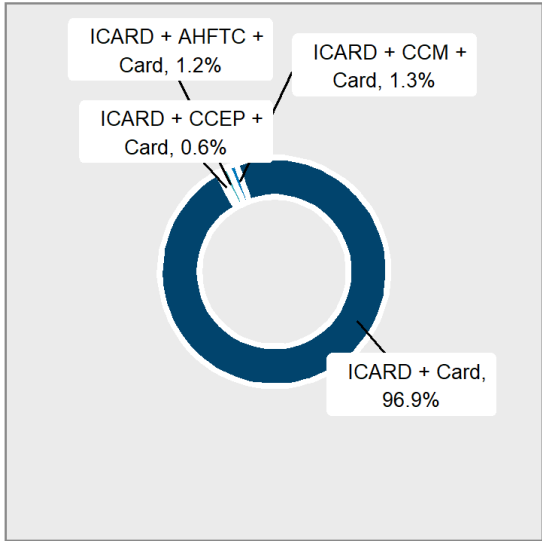


# What are Common Dual Subspecialty Certifications and How Many Diplomates Maintain IM Certification?

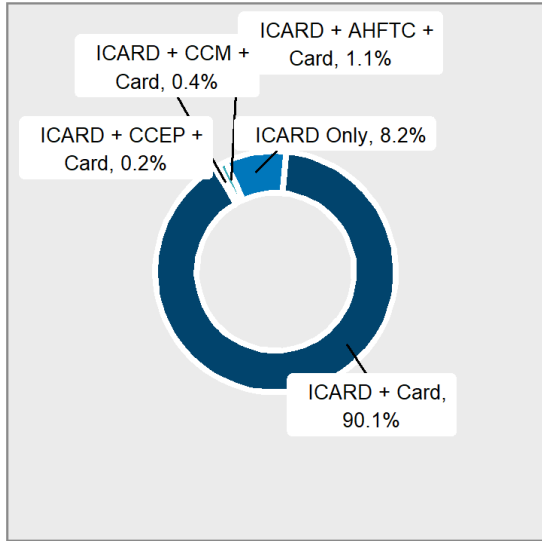
Very few Interventional Cardiologists pursued initial subspecialty certification in disciplines other than general Cardiology and many choose to maintain their underlying Internal Medicine (IM) certification. The graph on the left displays the breakdown of initial subspecialty certificate combinations among individuals who received initial Interventional Cardiology certification. The graph in the middle shows the population with valid subspecialty certificates. The graph on the right presents diplomates with valid ICARD certification who also maintain IM certification (cert). 10,350 physicians with initial ICARD certification also received initial certification in another subspecialty. Among physicians with valid ICARD certification, 6,692 also have another valid subspecialty certificate, and 3,258 maintain a valid IM certificate.

**Interventional Cardiology Certificate Combinations** (Initial Certification, N=10,350; Valid Certificates, N=7,289)

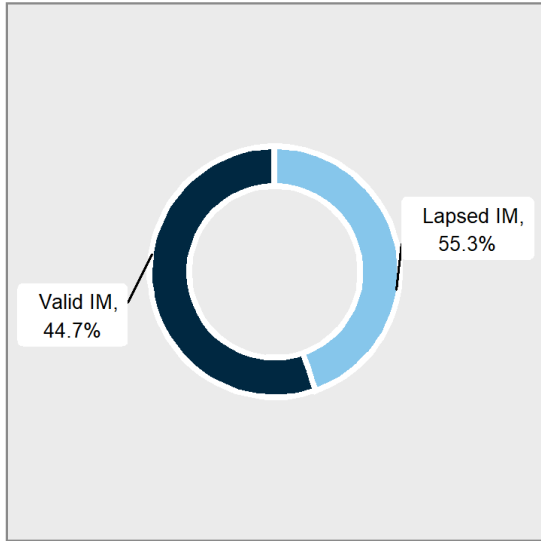
**Initial ICARD Certification**



**Valid ICARD Certification**



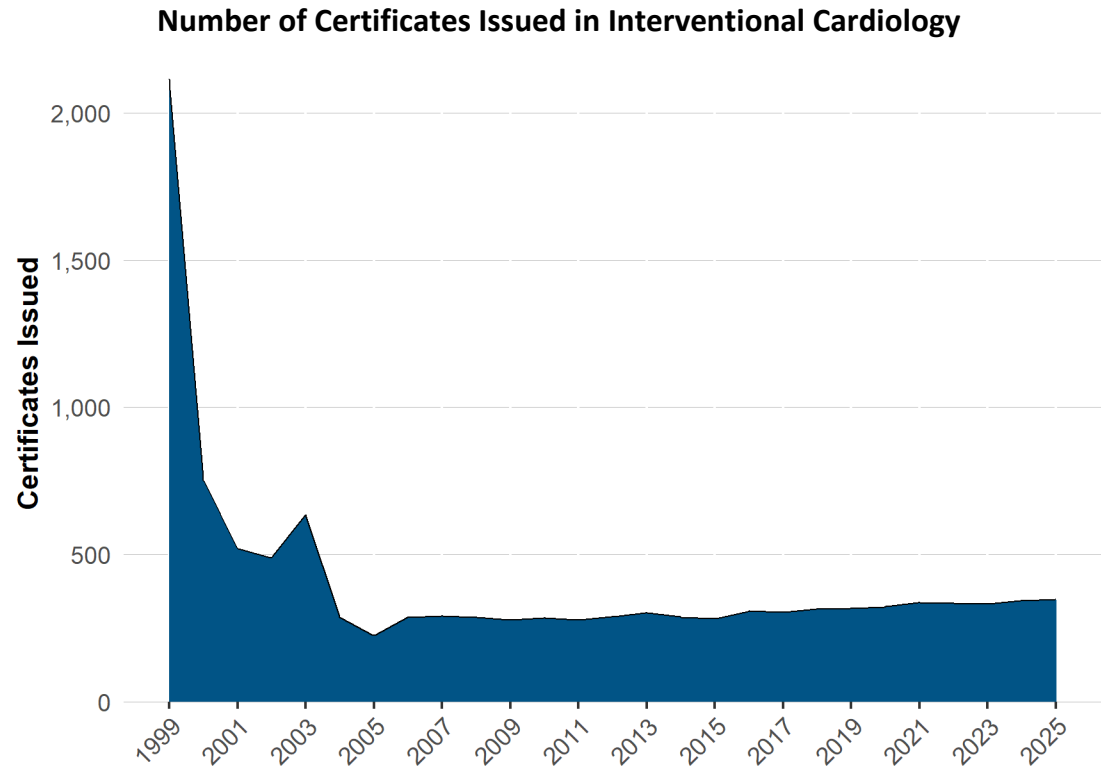
**Valid ICARD by IM Cert Status**



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

Interventional Cardiology certificates were first issued in 1999, with a certification exam that was offered annually. The plot presents the number of ABIM candidates certified in ICARD by year of initial certification since 1999.

A Practice Pathway for admission to the ICARD Certification Examination was available in the initial years of the specialty, so we see a higher number of certificates issued in those years.

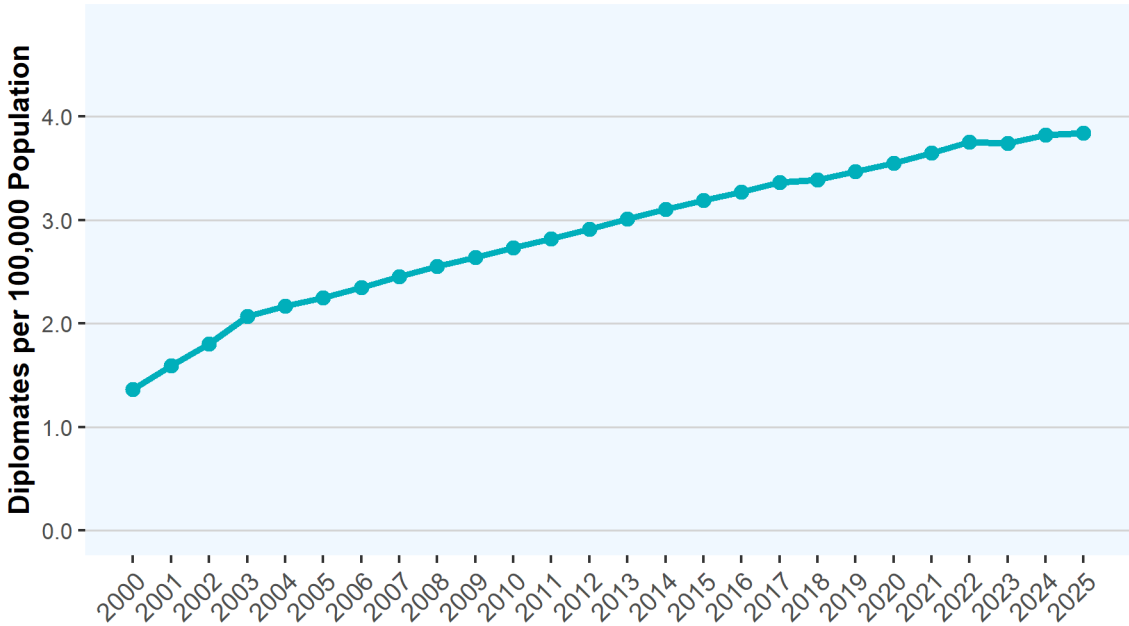




## How Has the Diplomate Population Changed Compared to the U.S. Population?

The graph depicts the annual Interventional Cardiology diplomate population per 100,000 U.S. population 18 years or older. In 2000, there were 1.4 diplomates per 100,000 U.S. population 18 years or older. Since then, we have observed a steady increase in the Interventional Cardiology diplomate population.

**Interventional Cardiology Diplomate Population per 100,000 U.S. Population**



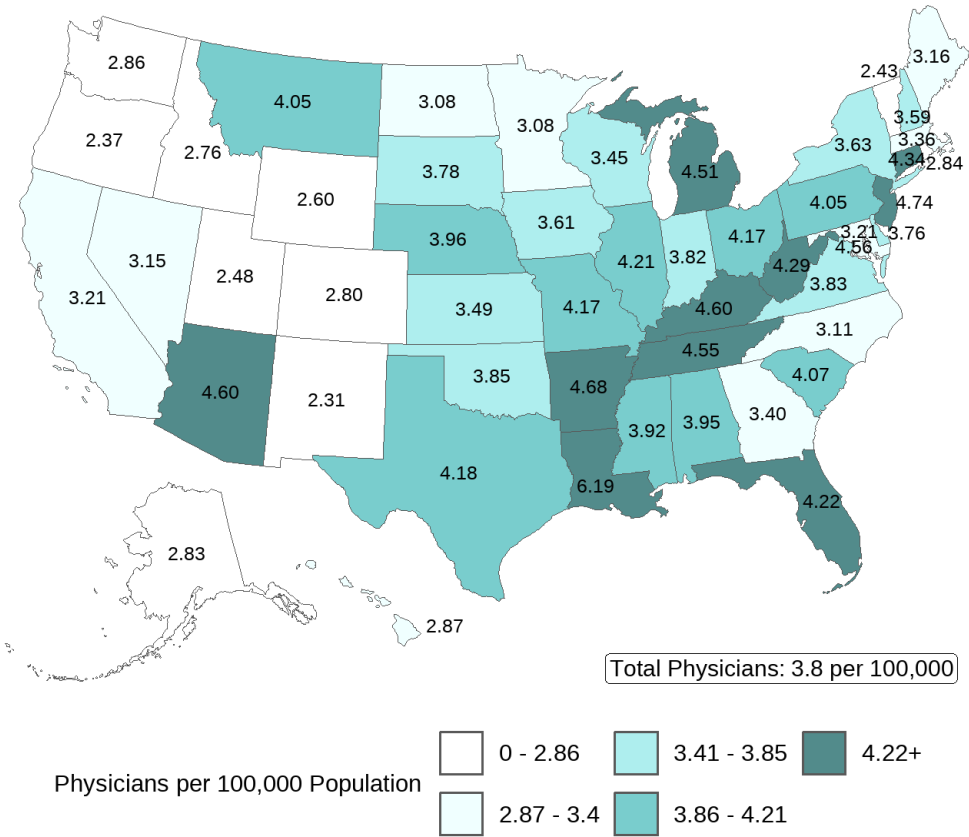
\*The Current diplomate calculation used slightly different methods for periods before 2015, 2015-2017, and after 2017. The dip in 2018 is due to the exclusion of physicians who no longer maintained an active medical license.

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

The map depicts the population of Interventional Cardiologists in 2026. 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 through July 1, 2025.

States depicted by lighter colors on the map, such as New Mexico and Oregon, have the lowest density of physicians per population, while darker states, like Louisiana and New Jersey, have the highest density.

ICARD Population by U.S. State Population



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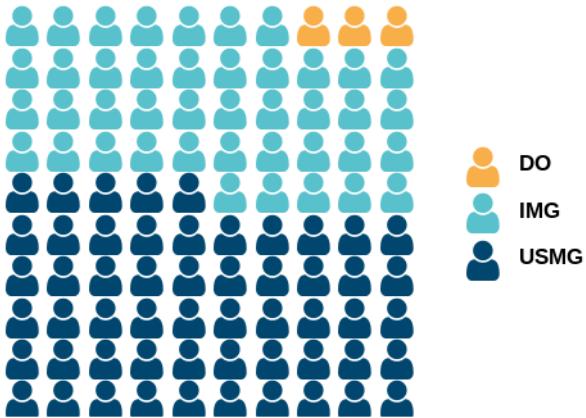
## Diplomate Demographics

The infographics and plots in this section of the report display the breakdown of demographic characteristics in the current ICARD diplomate population as well as demographic trends over time in physicians who are newly certified in Interventional 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?

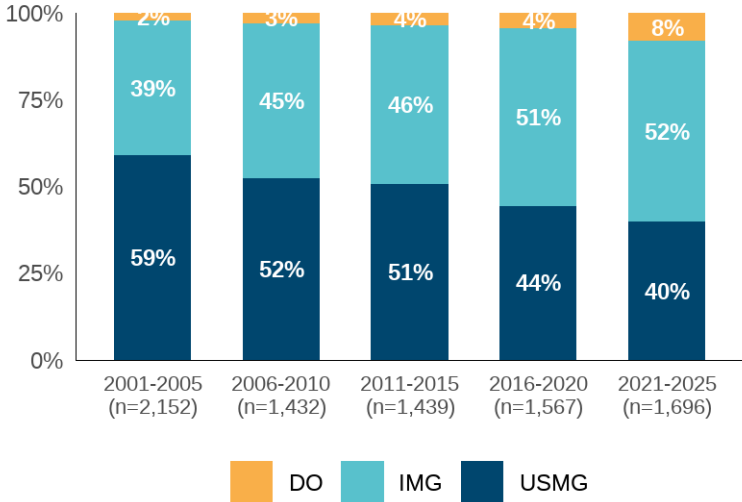
In the ICARD diplomate population, 55% of Interventional Cardiologists are U.S./Canadian Medical Graduates (USMGs) and 42% are International Medical Graduates (IMGs). In comparison, 56% of the subspecialty diplomate population is a USMG and 37% is an IMG. Among physicians newly certified in ICARD, we observe an increase in IMGs 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 2025, ABIM subspecialists overall had the following breakdown: roughly 47% USMGs, 41% IMGs, and 12% DOs.

**Diplomate Population**



\*There are 3 physicians with other or unknown medical school type.

**Newly Certified Physicians**

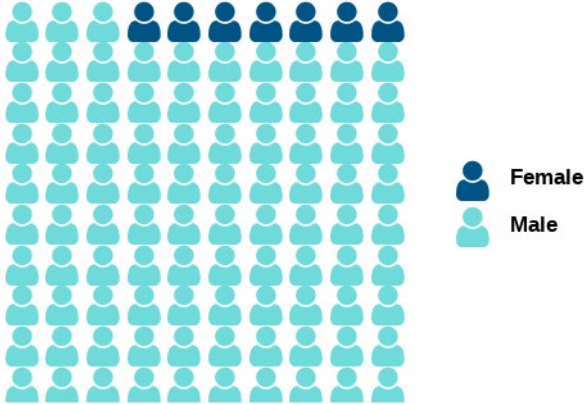


## What is the Sex/Gender Composition of the Diplomate Population?

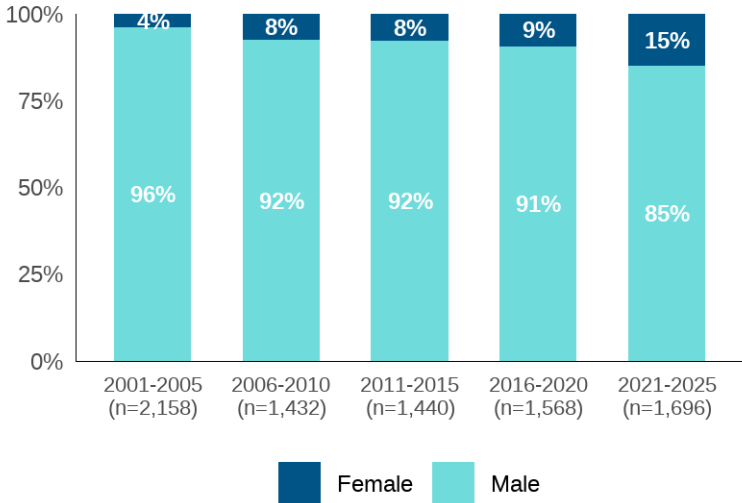
In the ICARD diplomate population, 93% of Interventional Cardiologists are male. In comparison, 69% of the subspecialty diplomate population is male. Over time, we observed an increase in the proportion of female Interventional Cardiologists. For comparison, the proportion of all female ABIM subspecialists in 2025 was 40%.

Beginning in 2023, ABIM has expanded our gender data collection and will begin reporting more comprehensive data in the future.

**Diplomate Population**



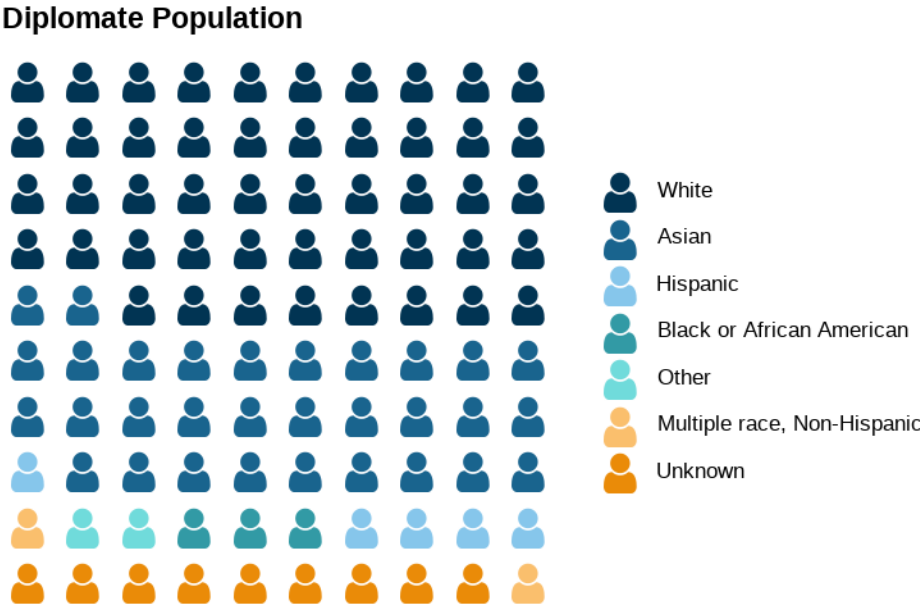
**Newly Certified Physicians**



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

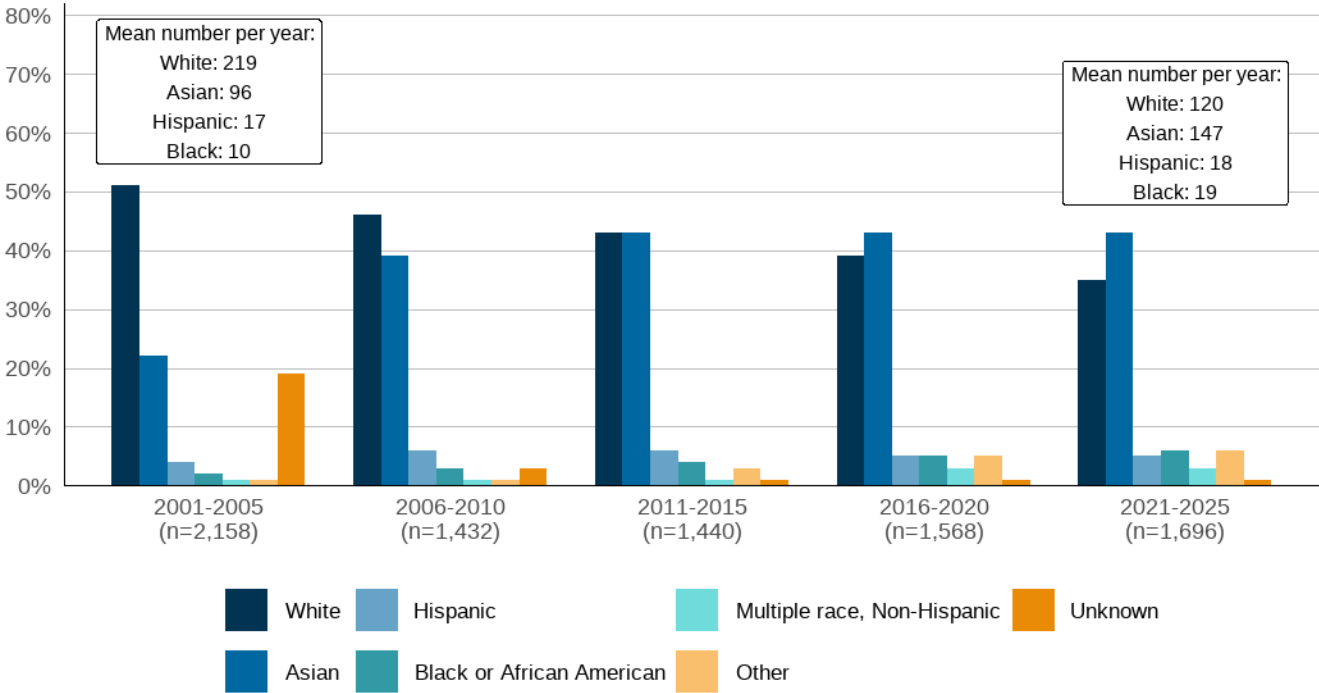
In an examination of a physician’s race/ethnicity in the ICARD diplomate population, 48% of Interventional Cardiologists are White, 31% are Asian, 5% are Hispanic (alone or with any race), 3% are Black/African American, and the remaining are multiple race Non-Hispanic, Other, and Unknown. The “Other” 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, 48% of the subspecialty diplomate population is White, 29% 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 51%. However, by the end of the period, White physicians make up 35%, while Asian physicians make up 43%. Additionally, we saw a slight increase in the proportion of Hispanic (alone or with any race) and an uptick in the proportion of Black or African American Interventional Cardiologists.



Mean number per year:  
 White: 219  
 Asian: 96  
 Hispanic: 17  
 Black: 10

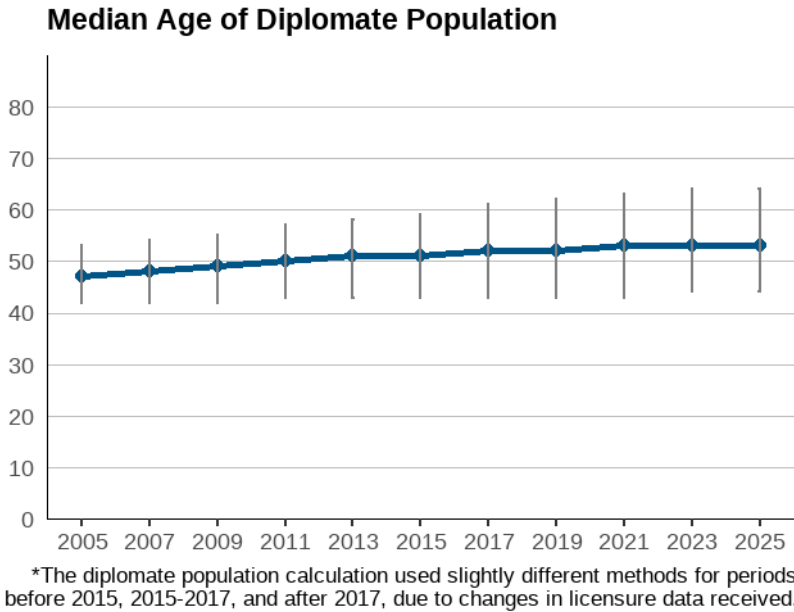
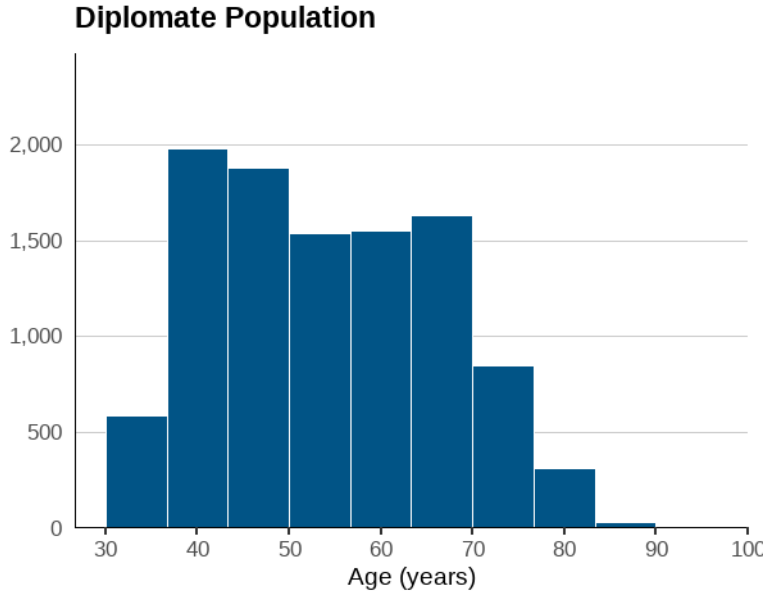
Mean number per year:  
 White: 120  
 Asian: 147  
 Hispanic: 18  
 Black: 19

- White
- Hispanic
- Multiple race, Non-Hispanic
- Unknown
- Asian
- Black or African American
- Other

\* "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 ICARD diplomate population, while the plot on the right depicts the median age of the diplomate population over time, with interquartile ranges. The median age increased gradually over time. This increase is due to the aging of practice pathway physicians, who currently account for a large portion of Interventional Cardiologists; the size of newly certified cohorts is not large enough to lower the median age.



## 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 2025. The purpose of initial certification is to demonstrate a physician is ready for independent practice in the discipline. The initial ICARD certification exam is offered annually.

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. First introduced in 2022, the LKA is a continuous assessment with 30 new questions per quarter and a passing decision at the end of a 5-year cycle. Diplomates are eligible for the LKA at the assessment due year or may use the LKA as a reentry pathway to regain a lapsed certificate. First introduced in 2019, 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.

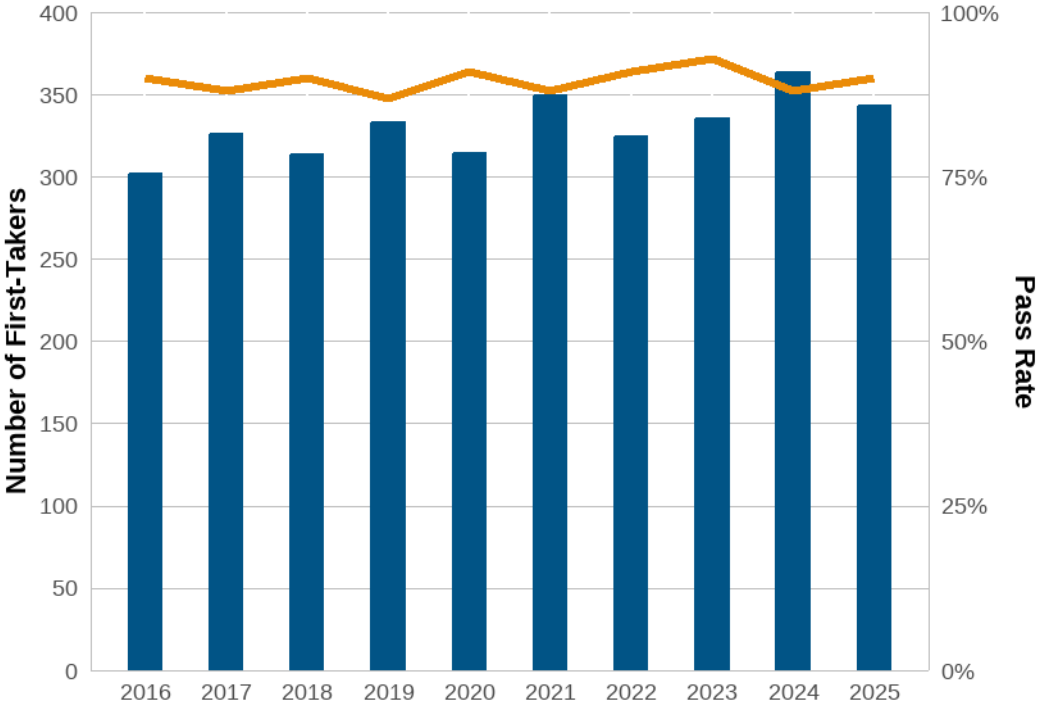
# Initial Certification Examinations and Pass Rates Over Time

The plot depicts the annual number of initial ICARD 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 ICARD Certification Examination takers over time, hitting a high of 363 first-time takers in 2024. First-time taker pass rates also fluctuated throughout the period and have approached the high-eighties 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 ICARD Certification Examination pass rate was 98% for the cohort of physicians whose board eligibility to sit for the exam expired in 2025.

**Annual Number of First-Time Takers of the ABIM Interventional Cardiology Certification Examination with Pass Rates**



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

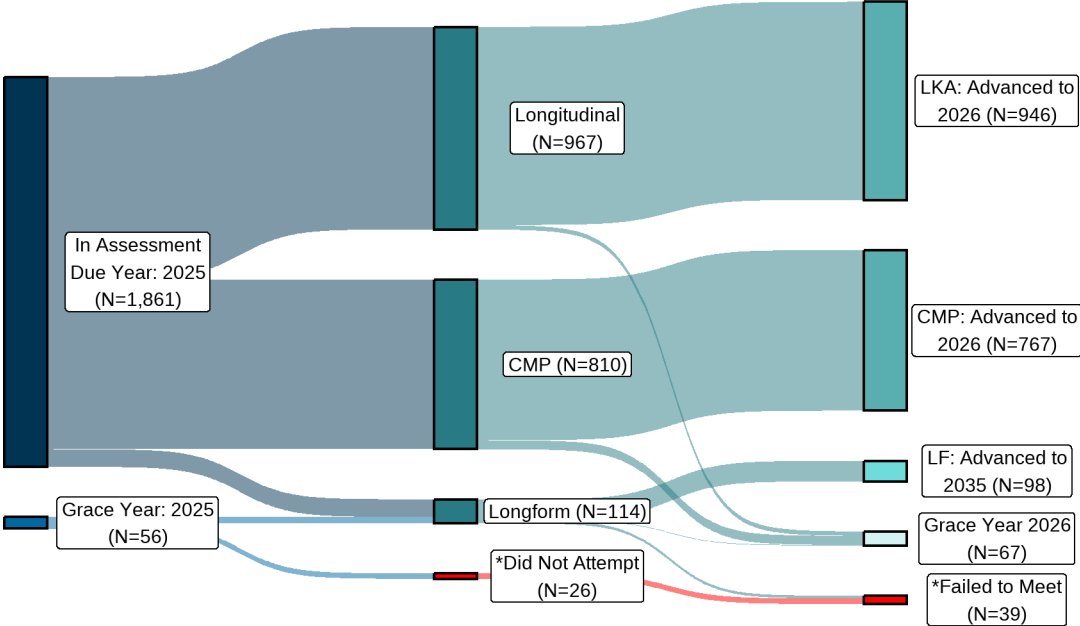
The chart on the right displays the number of physicians by MOC assessment option. It includes physicians with valid certificates as well as individuals who have let their certificates lapse. The righthand column displays physicians enrolled in the CMP to meet the assessment requirement; additional physicians enrolled in the CMP ahead of their assessment due year are not included here. In 2025, there were 191 takers of the traditional Longform MOC Examination, 267 newly eligible physicians were enrolled in the 2025 cohort of the LKA, and 110 newly eligible physicians were enrolled in the 2025 cohort of the CMP.

<i>Maintenance of Certification</i>		
<i>Longform</i> 	<i>LKA</i> 	<i>CMP</i> 
<b>191 takers</b>	<b>267 enrolled in the 2025 cohort</b> 782 previously enrolled	<b>110 enrolled in the 2025 cohort</b> 711 previously enrolled

# What Percentage of Diplomates Met the MOC Assessment Requirement?

Diplomates had to meet an assessment requirement in 2025 if they either had an assessment due this year or they were in a grace year in 2025, due to a previous unsuccessful attempt. 98.0% of diplomates with a **valid *Interventional Cardiology certificate*** have met the assessment requirement. The remaining 39 (2.0%) diplomates failed to meet the assessment requirement in 2025 and lost their certificate. 967 met the assessment requirement through the LKA (longitudinal) pathway and 810 met the requirement through the CMP, with most successfully advancing their assessment due year to 2026. 114 met the assessment requirement through the Longform exam, with most successfully advancing their assessment due year to 2035. A small percentage entered into a grace year in 2026.

**Meeting Assessment Requirements: Assessment Due Year or Grace Year in 2025**



## 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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