

ABIM Diplomate Report: Adult Congenital Heart Disease 2026





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Executive Summary

The American Board of Internal Medicine's 2026 Adult Congenital Heart Disease (ACHD) Diplomate Report presents data collected as part of ABIM's certification and maintenance of certification (MOC) programs. The ACHD report will be generated every other year, as the initial ACHD certification exam is offered biennially. The report focuses on the current state of the ACHD 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 ACHD diplomate population grew in 2026. There were more newly certified ACHD Cardiologists than in the previous year.
- In the last two decades, we observed an increase in the ACHD diplomate population per 100,000 U.S. population, plateauing in recent years. The density of the ACHD 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 ACHD Cardiologists.
- There has been a decrease in the number of ACHD certification assessment takers over time.




Diplomate Population

This section of the report highlights the current state of ABIM diplomates who received initial certification in Adult Congenital Heart Disease, with additional analysis on trends over time and a comparison to the U.S. population. The ABIM ACHD diplomate population is defined as physicians with an active medical license who received initial certification in ACHD, 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 Adult Congenital Heart Disease. Compared to the previous year, there was an increase in the number of ACHD Cardiologists in the diplomate population but a decline in the number of ACHD Cardiologists with a valid ACHD certificate. Additionally, there was no change in the number of newly certified ACHD Cardiologists from the last year the exam was offered.

ABIM Diplomates

 <i>ACHD diplomates</i>	<i>+/- from previous year</i>
511	+ 3.0%
 <i>Diplomates with valid ACHD certificate</i>	<i>+/- from previous year</i>
448	-6.3%
 <i>Newly certified in 2025</i>	<i>+/- from previous year</i>
25	0.0%

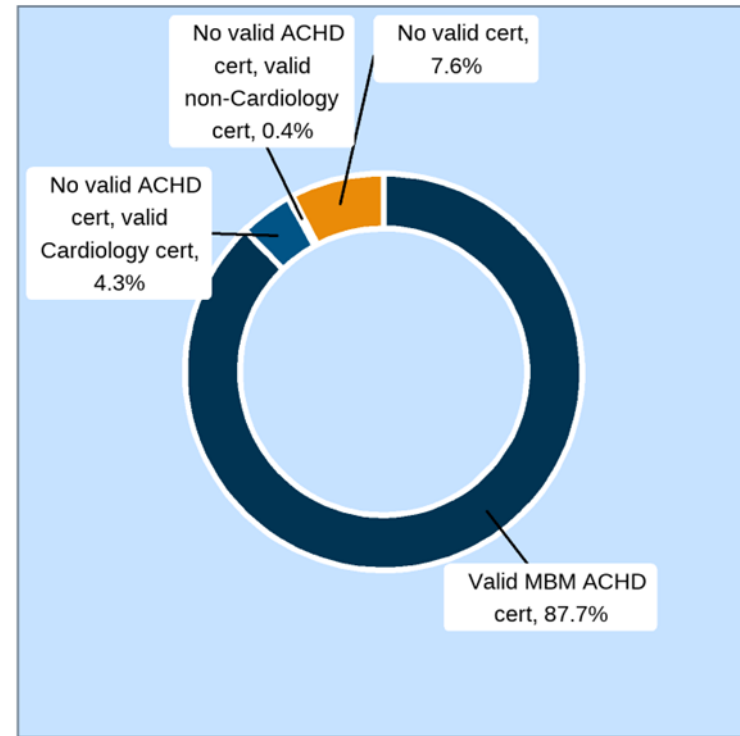
How Many ABIM Diplomates Maintain Certification?

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

In the ACHD diplomate population, 87.7% of physicians hold a valid Must-Be-Maintained (MBM) ACHD certificate. Among individuals who were once certified in ACHD but do not currently hold a valid ACHD certificate, there were 4.3% who hold a valid Cardiology certificate and 0.4% who hold some other kind of valid ABIM certificate. The remaining 7.6% of the ACHD diplomate population do not hold any valid ABIM certificate.

Therefore, 12.3% of diplomates certified in ACHD no longer hold an ACHD certificate; for comparison, across all subspecialty certificates, 15% were no longer valid.

Adult Congenital Heart Disease Certification Status (N=511)

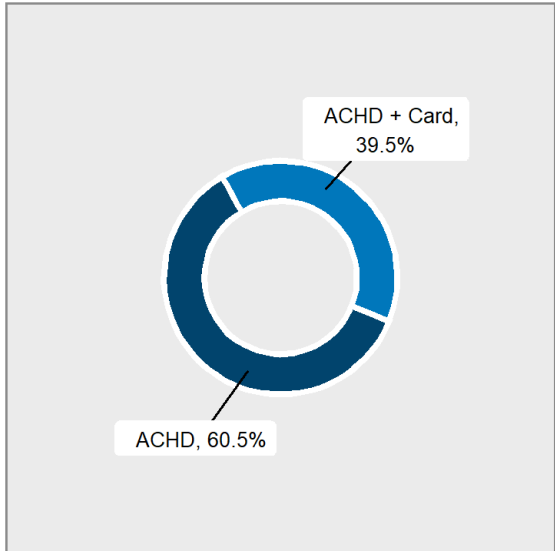


What are Common Dual Subspecialty Certifications and How Many Diplomates Maintain IM Certification?

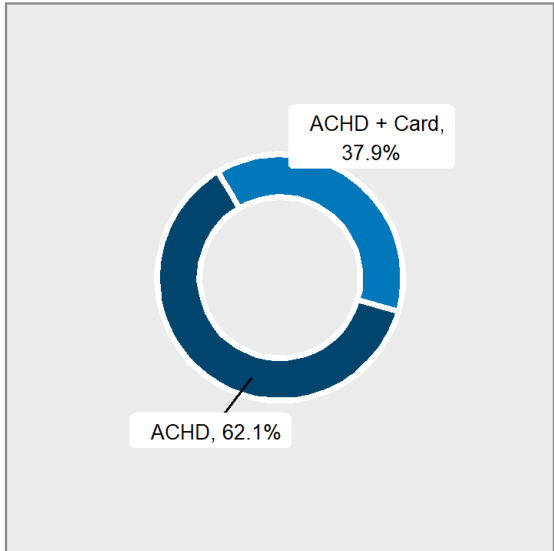
Many ACHD Cardiologists pursued initial subspecialty certification in general Cardiology and some choose to maintain their underlying Internal Medicine (IM) certification. The graph on the left displays the breakdown of initial subspecialty certificate combinations among individuals who received initial Adult Congenital Heart Disease certification. The graph in the middle shows the population with valid subspecialty certificates. The graph on the right presents diplomates with valid ACHD certification who also maintain IM certification (cert). 202 physicians with initial ACHD certification also received initial certification in another subspecialty. Among physicians with valid ACHD certification, 170 also have another valid subspecialty certificate, and 153 maintain a valid IM certificate.

Adult Congenital Heart Disease Certificate Combinations (Initial Certification, N=511; Valid Certificates, N=448)

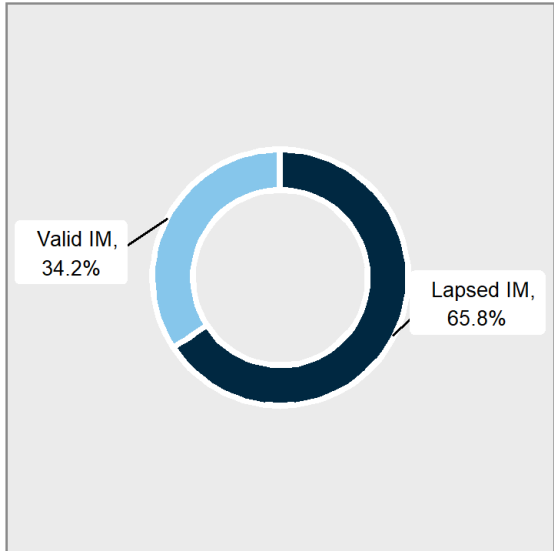
Initial ACHD Certification



Valid ACHD Certification



Valid ACHD by IM Cert Status

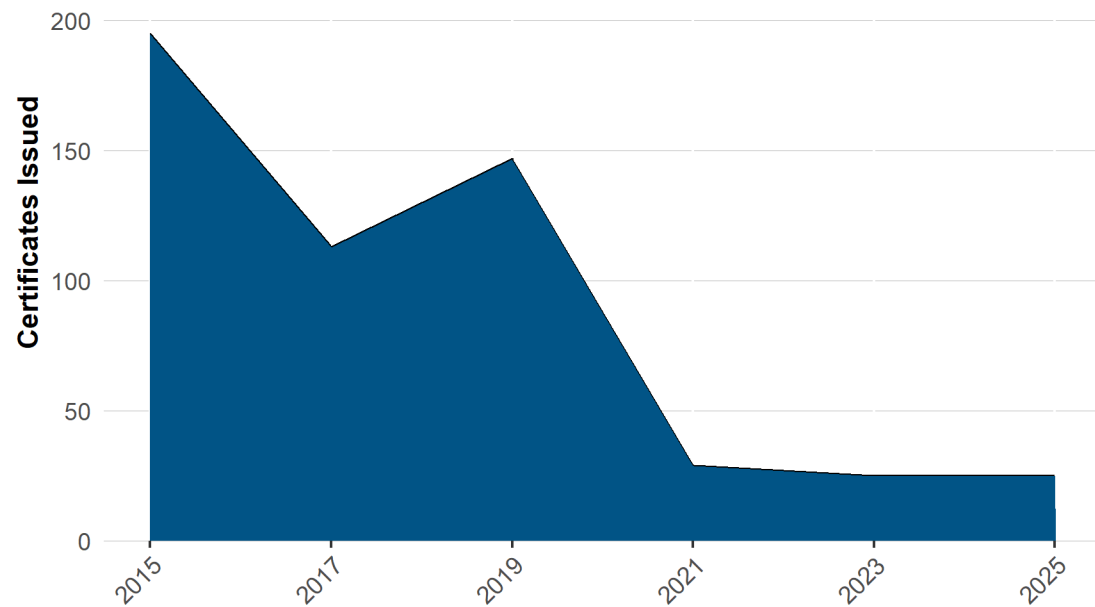


How Has the Number of Issued ABIM Certificates Changed Over Time?

Adult Congenital Heart Disease certificates were first issued in 2015. The plot presents the number of ABIM candidates certified in ACHD by year of initial certification since 2015. The initial ACHD certification exam is only offered every other year.

A Practice Pathway for admission to the ACHD Certification Examination was available in 2015, 2017, and 2019, so we see a higher number of certificates issued in those years.

Number of Certificates Issued in Adult Congenital Heart Disease

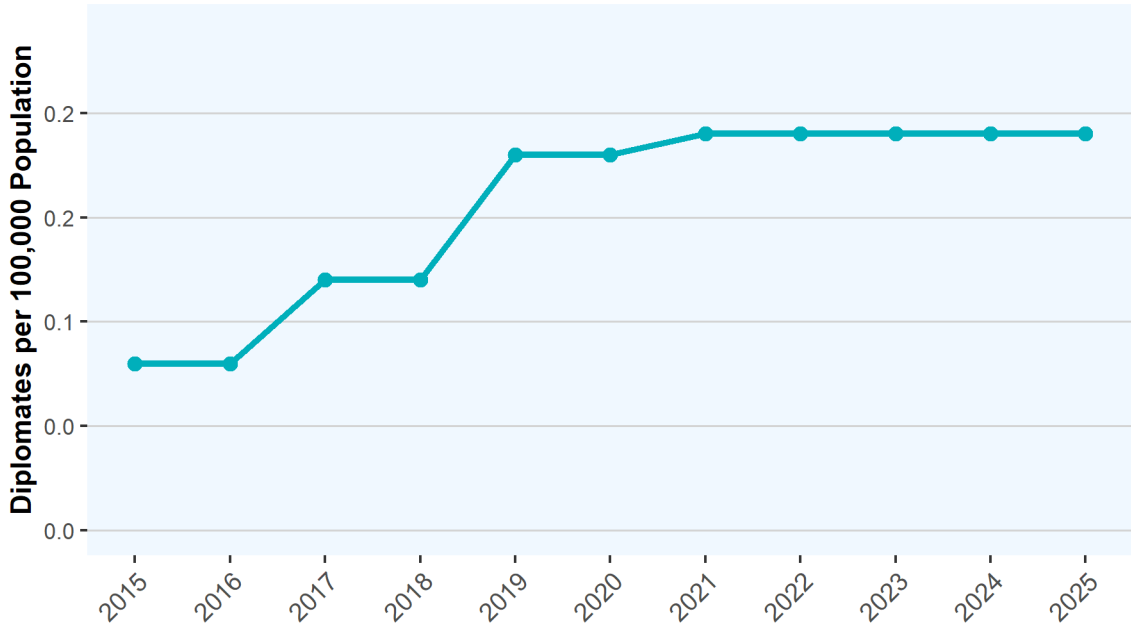




How Has the Diplomate Population Changed Compared to the U.S. Population?

The graph depicts the annual Adult Congenital Heart Disease diplomate population per 100,000 U.S. population 18 years or older. In 2015, there were 0.1 diplomates per 100,000 U.S. population 18 years or older. Since then, we have observed an increase in the Adult Congenital Heart Disease diplomate population, followed by a plateau.

Adult Congenital Heart Disease Diplomate Population per 100,000 U.S. Population

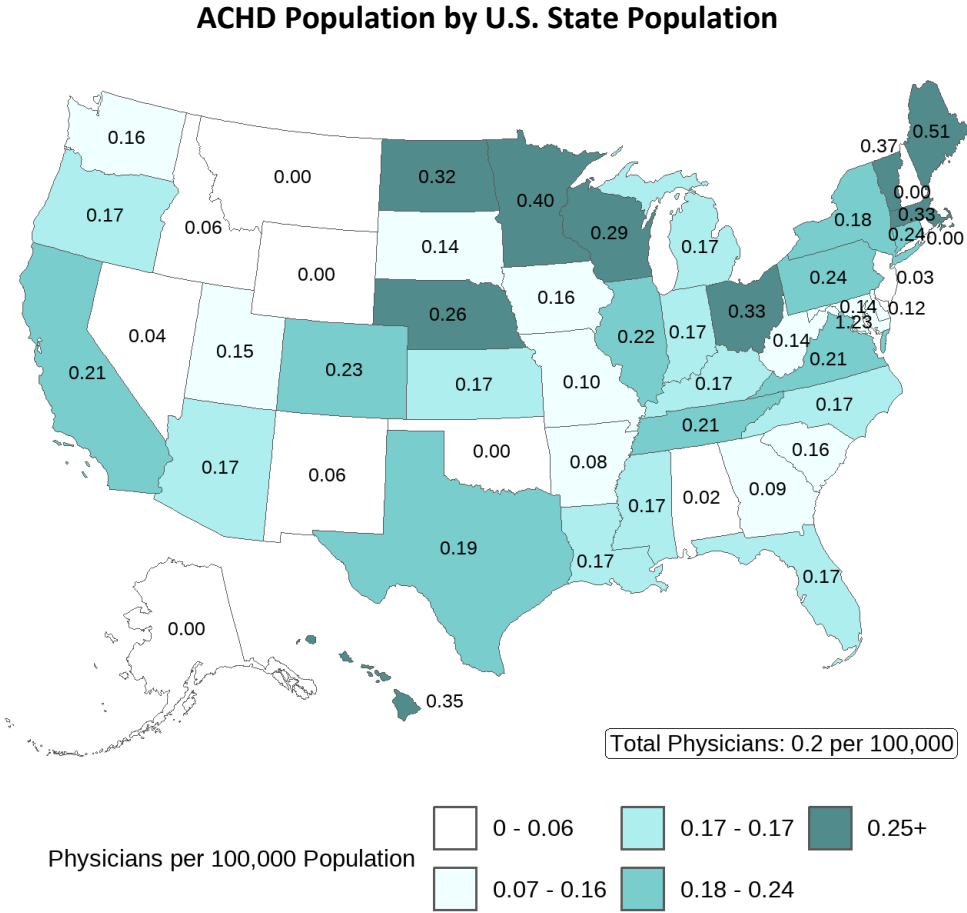


*The Current diplomate calculation used slightly different methods for periods before 2015, 2015-2017, and after 2017. The dip in 2018 is due to the exclusion of physicians who no longer maintained an active medical license.

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

The map depicts the population of ACHD 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 Oklahoma and Montana, have the lowest density of physicians per population, while darker states, like Maine and Minnesota, have the highest density.



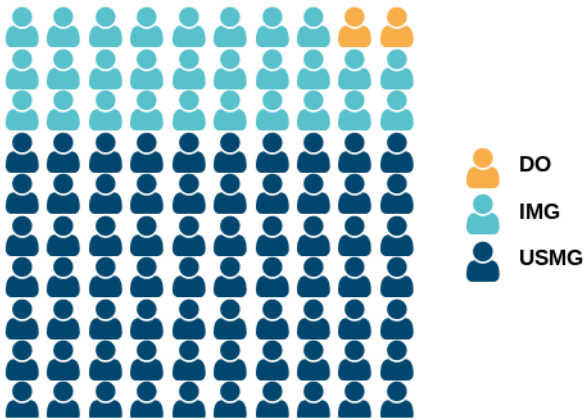
Diplomate Demographics

The infographics and plots in this section of the report display the breakdown of demographic characteristics in the current ACHD diplomate population as well as demographic trends over time in physicians who are newly certified in Adult Congenital Heart Disease. 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?

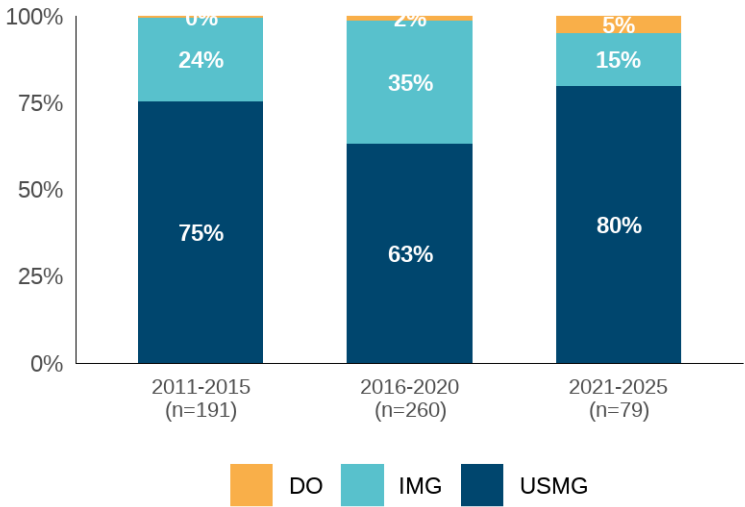
In the ACHD diplomate population, 70% of ACHD Cardiologists are U.S./Canadian Medical Graduates (USMGs) and 28% are International Medical Graduates (IMGs). In comparison, 56% of the subspecialty diplomate population is a USMG and 37% is an IMG. Among physicians newly certified in ACHD, we observe fluctuation over time, with 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

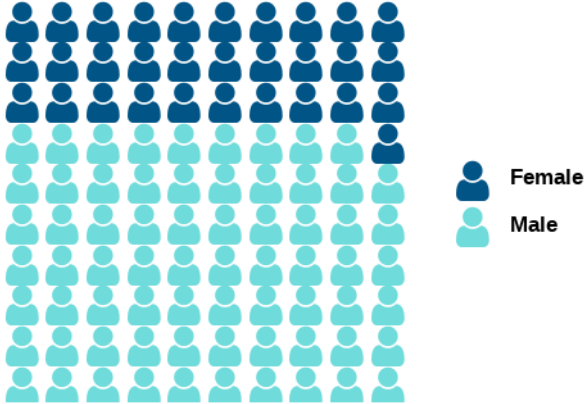


What is the Sex/Gender Composition of the Diplomate Population?

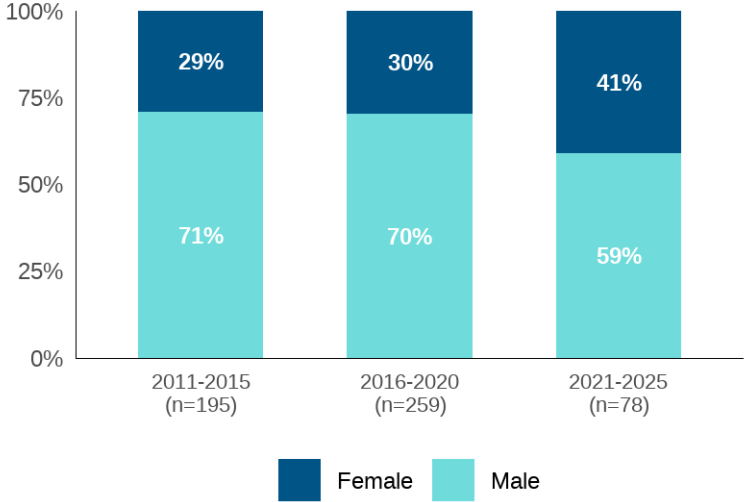
In the ACHD diplomate population, 69% of ACHD Cardiologists are male. In comparison, 69% of the subspecialty diplomate population is male. Over time, we observed an increase in the proportion of female ACHD Cardiologists. For comparison, the proportion of all female ABIM subspecialists in 2025 was 40%.

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

Diplomate Population



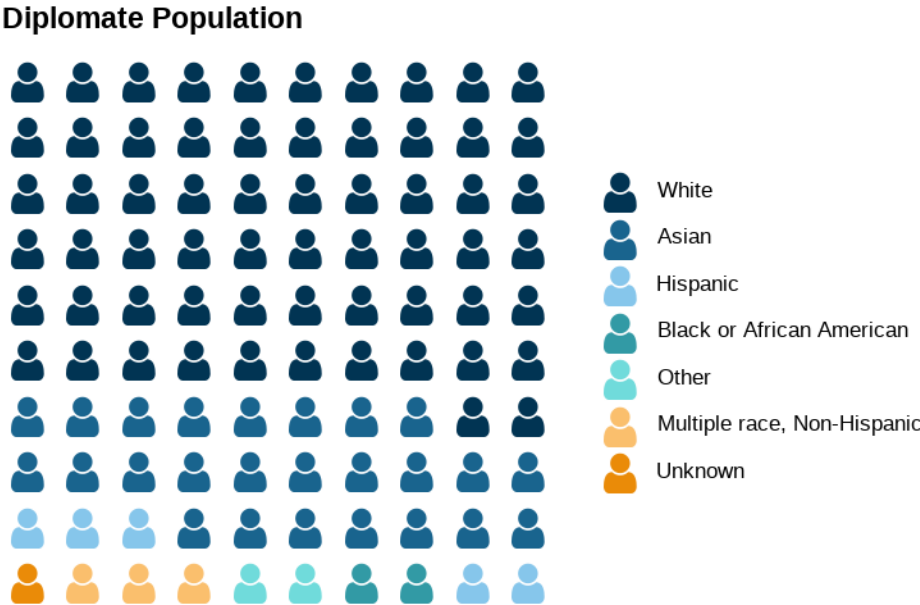
Newly Certified Physicians



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

In an examination of a physician’s race/ethnicity in the ACHD diplomate population, 62% of ACHD Cardiologists are White, 25% are Asian, 5% are Hispanic (alone or with any race), 2% 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.

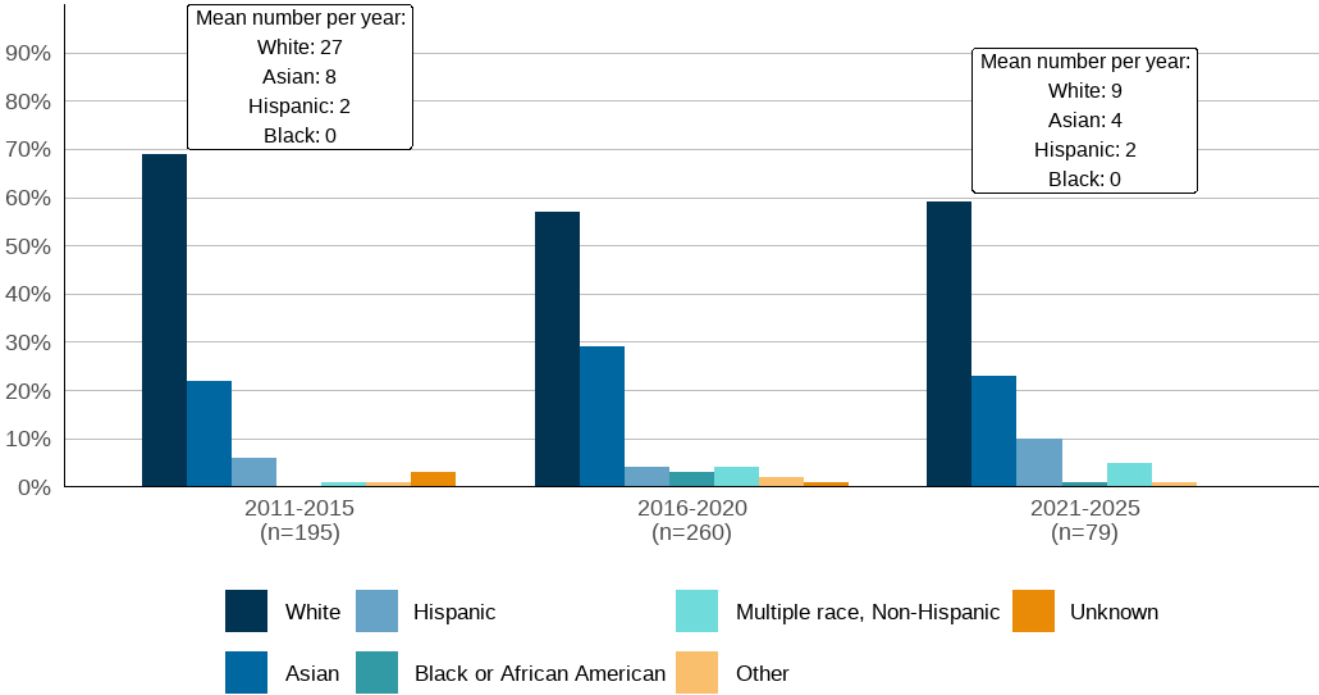
In comparison, 48% of the subspecialty diplomate population is White, 29% is Asian, 6% is Hispanic (alone or with any race), 4% is Black/African American, and the rest are multiple race Non-Hispanic, Other, and Unknown.





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 69%. By the end of the period, White physicians make up 59%, while Asian physicians make up 23%. 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 ACHD Cardiologists.

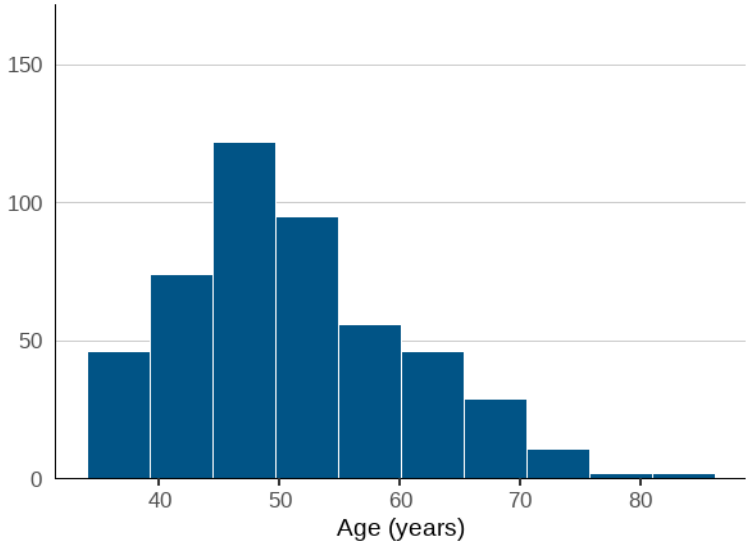


* "Other" = American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, and Other.

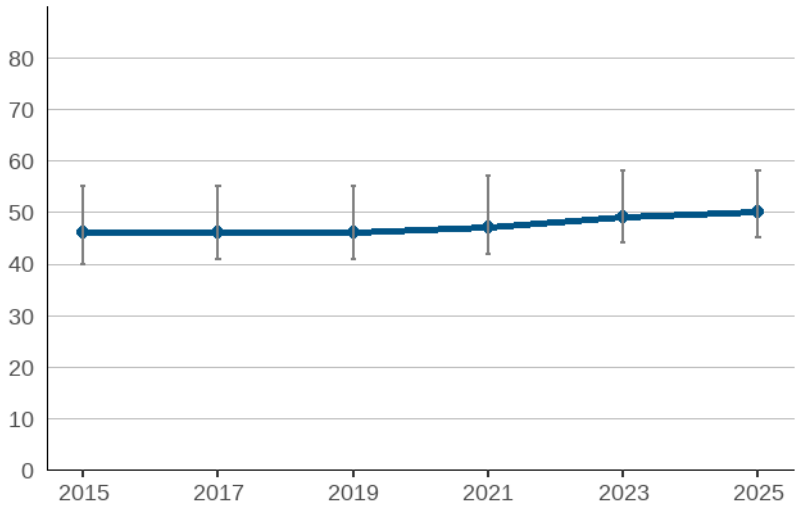
What is the Age Composition of the Diplomate Population?

The graph on the left displays the age breakdown of the current ACHD 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 increased slightly in recent years. This increase is due to the aging of practice pathway physicians, who currently account for a large portion of ACHD Cardiologists; the size of newly certified cohorts is not large enough to lower the median age.

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 2025. The purpose of initial certification is to demonstrate a physician is ready for independent practice in the discipline. The initial ACHD certification exam is offered every other year, on odd years.

The purpose of Maintenance of Certification is to demonstrate a physician is staying current in knowledge and practice. Physicians have one option to meet their MOC assessment requirement: the traditional Longform exam. 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 ACHD.



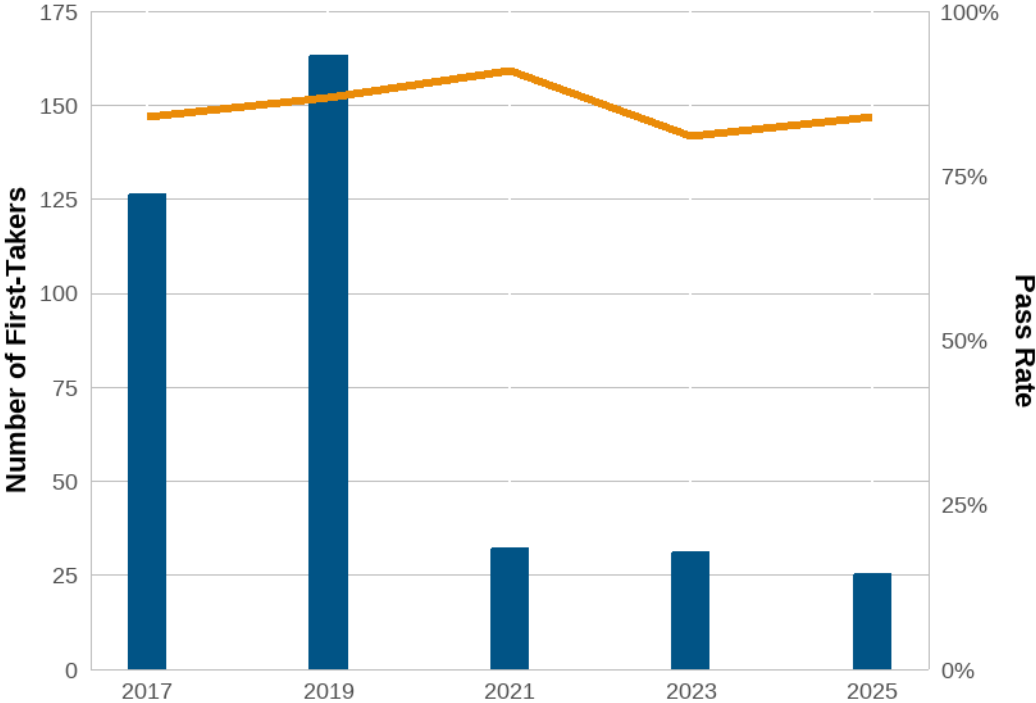
Initial Certification Examinations and Pass Rates Over Time

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

There has been a decrease in the number of ACHD Certification Examination takers over time, hitting a high of 163 first-time takers in 2019. First-time taker pass rates fluctuated throughout the period and have approached the mid-eighties in recent years.

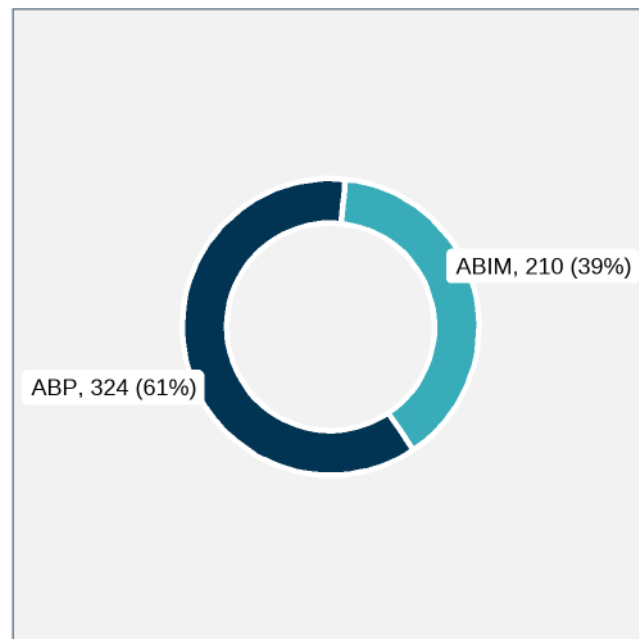
After the completion of fellowship training, physicians are considered 'board eligible' for the following 7 years, meaning that they have 7 years to pass the initial certification examination. Most physicians retake the exam if they failed the first attempt. The ultimate ACHD Certification Examination pass rate was 100% 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 Adult Congenital Heart Disease Certification Examination with Pass Rates



Initial ACHD Certification by Qualifying Board

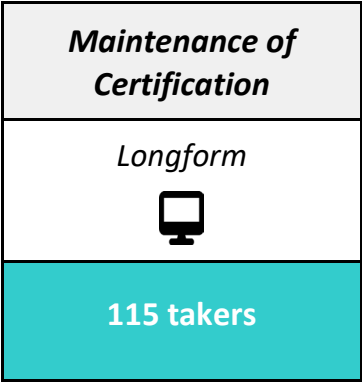
To become certified in Adult Congenital Heart Disease, a physician must be previously certified by ABIM in cardiovascular disease or by the American Board of Pediatrics (ABP) in pediatric cardiology. The plot below depicts the breakdown of type of initial ACHD certification: 39% were initially certified by ABIM and 61% were initially certified by ABP.





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. In 2025, there were 115 takers of the traditional Longform MOC Examination.



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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