The American Board of Nuclear Medicine (ABNM) was incorporated in 1971, a time when no Accreditation Council for Graduate Medical Education (ACGME)-accredited nuclear medicine training programs existed. The first certification examination was given in 1972. For the first 5 years, physicians could take the examination if they were certified by 1 of the founding specialty boards (radiology, internal medicine, or pathology) and met other requirements. Training in an ACGME-certified nuclear medicine program became a requirement in 1977. The length of nuclear medicine residency training was initially 2 years. The average number of candidates taking the ABNM examination each year from 1977 to 2007 was 105, and the average number of candidates who passed the examination was 74 (Fig. 1).

In 2007, the length of training was increased to 3 years, and the number of candidates taking and passing the examination declined to 88 and 70, respectively, for the years 2008–2015. During the same period, the number of accredited nuclear medicine residency programs declined from 56 to 43, and the number of residents in training declined from 149 to 93. The increase in the length of training had an unanticipated adverse impact on the number of physicians entering nuclear medicine residency programs. This decline continued in recent years as a result of changes in health care and the poor job market for nuclear medicine physicians who were not also certified in radiology.

The nadir was reached in 2016. Since that time, the numbers of physicians in nuclear medicine training programs has increased, as has the number of physicians certified by the ABNM. This positive trend is partly the result of new integrated training pathways in nuclear medicine and radiology that allow physicians to complete training required for both specialties in 4–5 years. The increase is also due to development of new radiopharmaceuticals for diagnosis and treatment, which has made nuclear medicine training more appealing to young professionals. This year, 69 candidates took the certification examination and 62 passed, compared to 54 and 43, respectively, in 2016.

The same forces responsible for these trends are responsible for changes in the number of ABNM-certified physicians who are also certified by another member board of the American Board of Medical Specialties (ABMS). From 2001 to 2016, 49% of ABNM physicians were also certified by the American Board of Radiology (ABR), and 24% were also certified by another ABMS member board. Since 2016, the percentage of ABNM physicians also certified by the ABR has remained steady, whereas the percentage of ABNM physicians also certified in internal medicine or other specialties has fallen to <10%. In the future, the ABNM expects the percentage of physicians who are also certified by the ABR to increase. It remains to be seen how recent developments in targeted radionuclide therapy and the increasing number of therapies being performed will affect these trends.

The ABNM sees a bright future for nuclear medicine and is encouraged by the recent number of young professionals interested in the specialty. The ABNM is committed to ensuring that nuclear medicine continues to be strong.