The ABNM was incorporated on July 28, 1971 as a conjoint board sponsored by the American Board of Internal Medicine, the American Board of Pathology, the American Board of Radiology, and the Society of Nuclear Medicine. The ABNM became a primary certifying Board in 1985 with the support of the original sponsors.

From 1972-1976 physicians could be certified in Nuclear Medicine based on experience and/or training. 2801 physicians were certified in the first 5 years before the eligibility criteria were standardized in 1977. During this time, 57% of physicians were also certified by the American Board of Radiology (ABR), 13% by the American Board of Internal Medicine (ABIM), and 12% by the American Board of Pathology (ABP).

Figure 1 shows the certification trends of ABNM diplomates averaged over 3 years for each decade since 1980. The percentage of ABNM diplomates certified by the ABR has remained high and has been increasing, while the percentage of ABNM diplomates certified by other specialty boards has been decreasing.

The reasons for the increasing percentage of ABNM diplomates also being certified by the ABR include changes in healthcare economics and advances in technology (SPECT/CT, PET/CT and PET/MR) favoring physicians trained in multimodality imaging. The ABNM and the ABR have made it easier for radiologists to obtain dual certification with new educational pathways that integrate nuclear medicine and radiology training over 4-5 years.

Figure 2 shows the educational pathways leading to ABNM certification for applicants taking the certification examination from 2017-2019. The majority of applicants (54%) had a total of 12 months of Nuclear Medicine training in addition to the 4 months required by the ABR for certification in Diagnostic Radiology.

Twenty-seven percent had no other post-graduate training in the United States other than Nuclear Medicine. Only 6% percent of applicants were certified by another specialty board other than the ABR, in keeping with trends over the past decade.

The impact of theranostics and the increasing importance of targeted radionuclide therapies on the profiles of future ABNM physicians remain to be seen. The ABNM and the ABIM still approve an integrated training pathway leading to dual certification in Nuclear Medicine and Internal Medicine. The pathway has been inactive for many years, but may see a renaissance by physicians interested in Nuclear Medicine and Medical Oncology.

Advances in radiopharmaceutical science and imaging technology are driving the growth of Nuclear Medicine. The need for high certification standards is very important because of the many different educational pathways, and the ABNM is committed to maintaining the highest standards.