ABNM Diplomate Profile

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From 1972 to 2019 the American Board of Nuclear Medicine (ABNM) certified 5,862 diplomates, of whom 3,667 are not retired or deceased. Practicing diplomates certified since 1992 (53%) have time-limited certificates and must recertify every 10 years. Ninety percent of diplomates with time-limited certificates are currently participating in Maintenance of Certification (MOC). The ABNM requires that diplomates participating in MOC update their professional profiles every year. These data are confidential and are not shared with other individuals or organizations. The ABNM uses these data in various ways, the most important of which is in development of examination content reflecting the practice profiles of diplomates. Collection of data began in 2007.

The percentage of time reported by diplomates spent practicing nuclear medicine varies from 0 to 100%, with a mean of 58% from 2006 to 2020. In 2020, the mean percentage of time practicing nuclear medicine was 57%, with 30% of diplomates practicing nuclear medicine 91%–100% of the time and 17% practicing 0–10% (Fig. 1). The distribution of diplomates in academic and private practice is shown in Figure 2.

Nuclear medicine is primarily a hospital-based specialty. The numbers of diplomates practicing in an exclusively outpatient setting or practicing teleradiology are unknown. The types of studies typically being performed by diplomates are shown in Figure 3. The largest category is general nuclear medicine, which covers a wide range of studies and accounts for 37% of practice. These types of studies have decreased slightly from 38% in 2007 to 32% in 2020. No data are available on the percentage of studies based on physiology versus molecular imaging, although molecular imaging studies are likely increasing as a result of new radiopharmaceuticals. PET and PET/CT account for more than one-third of studies performed by diplomates, with the percentage of practice increasing from 25% in 2007 to 42% in 2020. The majority of these studies are for oncology, although the exact percentage is unknown. Cardiovascular nuclear medicine accounts for 21% of practice and has shown a slight decrease over time, from 25% of practice in 2007 to 17% in 2020. The reasons for the decrease are likely the result of competing modalities (such as CT angiography), as well as increasing utilization of appropriateness criteria that decrease the number of unnecessary studies across all modalities. The percentage of practice devoted to radionuclide therapy has remained relatively constant at 6%–7% each year since 2007, with 8% in 2020. It is anticipated that the number of therapies will increase in the future along with the growth of targeted radionuclide therapy, although some of the increase will likely be offset by fewer patients being treated with radioiodine for thyroid cancer.

The practice of nuclear medicine is evolving. PET/CT has had the biggest impact. It is anticipated that molecular imaging with SPECT/CT and PET/CT will continue to expand and that targeted radionuclide therapy will be an increasingly important part of practice. The ABNM plans to modify the data it collects to ensure that the information is current and accurate. Diplomates are encouraged to update their practice profiles annually.

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**FIGURE 1.** Percentage of time spent practicing nuclear medicine. x axis = number of diplomates. y axis = % hours working in nuclear medicine.

**FIGURE 2.** Distribution of diplomates in academic and private practice.

**FIGURE 3.** Types of studies performed by diplomates.