

ABIM Diplomate Report: Internal Medicine 2026





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Executive Summary

The American Board of Internal Medicine’s 2026 Internal Medicine (IM) 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 Internal Medicine 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. It also highlights distinguishing characteristics for diplomates who did not seek further subspecialization (IM only diplomates).




- The number of physicians in the ABIM diplomate population grew in 2026. There were more newly certified Internists than in the previous year.
- In the last two decades, we observed an increase in both the ABIM and IM only diplomate populations per 100,000 U.S. population; however, the ABIM diplomate population, which contains subspecialists, has increased at a faster rate than the IM only diplomate population. The density of ABIM diplomates 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 U.S. osteopathic medicine. There has been an increase in the proportion of Hispanic physicians; there was also an increase in the number of Black physicians receiving initial IM certification, although their share of physicians receiving initial certification in IM has not grown.
- There has been an increase in the number of Internal Medicine certification assessment takers over time. A majority of diplomates have chosen the Longitudinal Knowledge Assessment to meet the MOC assessment requirement.

Diplomate Population

Understanding the ABIM diplomate population is important, as it makes up roughly one quarter of all physicians certified by an American Board of Medical Specialties (ABMS) member board. This section of the report highlights the current state of physicians who received initial certification in Internal Medicine (the “**ABIM diplomate population**” with initial IM certification) and provides additional analysis on physicians who did not seek further specialization or enroll in a fellowship program (“**IM only diplomates**”), looking at trends over time and a comparison to the U.S. population. The ABIM diplomate population with initial IM certification is defined as physicians with an active medical license who received initial certification in IM, excluding those 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 displays the number of physicians in the **ABIM diplomate population**. Compared to the previous year, there was an increase in ABIM diplomates and a rise in the number of physicians with a valid IM certificate. There was also an increase in the number of physicians newly certified in IM from the previous year.

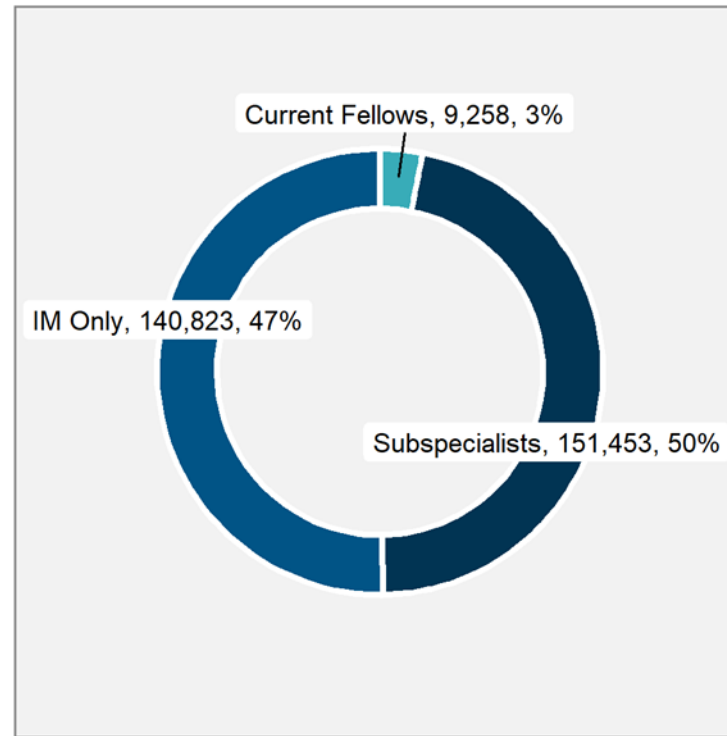
ABIM Diplomates	
 ABIM diplomates	<i>+/- from previous year</i>
301,534	+ 1.0%
 ABIM diplomates with valid Internal Medicine certificate	<i>+/- from previous year</i>
231,267	+ 1.2%
 Newly certified in 2025	<i>+/- from previous year</i>
10,383	+ 1.4%

What Proportion of the ABIM Diplomate Population Subspecializes?

There are 369,061 physicians ever certified in Internal Medicine and 301,534 are in the **ABIM diplomate population** (i.e., physicians with an active medical license who have not reported themselves as retired, who are not suspended from the MOC program, or have not deactivated all certificates).

Roughly half of ABIM physicians pursue subspecialty certification. The graph displays the breakdown of ABIM diplomates into three groups, based on whether they received initial subspecialty certification or are in subspecialty training: IM Only Diplomates, Subspecialists, and Diplomates in Fellowship Training.

ABIM Diplomate Population (N=301,534)



How Many ABIM Diplomates Maintain Certification?

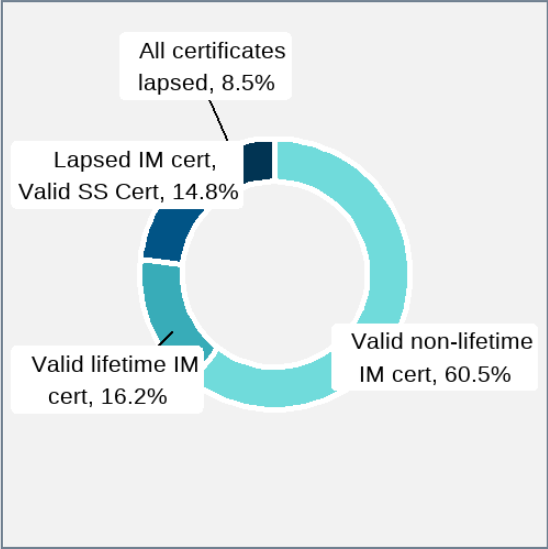
The graphs depict the certification status of the **ABIM diplomate population** and the **IM only diplomate population**. For non-lifetime certification, to maintain a valid IM certificate diplomates must meet MOC requirements including earning 100 points every five years and passing an MOC assessment by the due date.

In the **ABIM diplomate population**, 60.5% of physicians hold a valid Must-Be-Maintained (MBM) IM certificate and 16.2% of physicians hold a valid lifetime certificate, while 8.5% of physicians have let all ABIM certificates lapse.

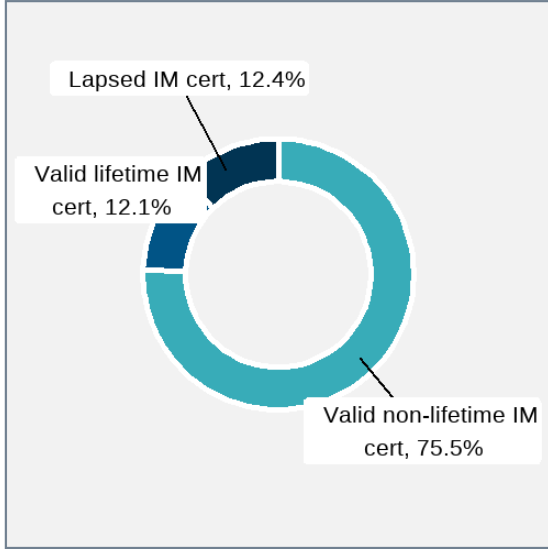
In the **IM only diplomate population**, 75.5% of diplomates have a valid MBM IM certificate, while 12.4% have let their IM certificate lapse.

Internal Medicine Certification Status (ABIM diplomate population: N = 301,534; IM only diplomate population: N = 140,823)

ABIM Diplomate Population



IM Only Diplomate Population

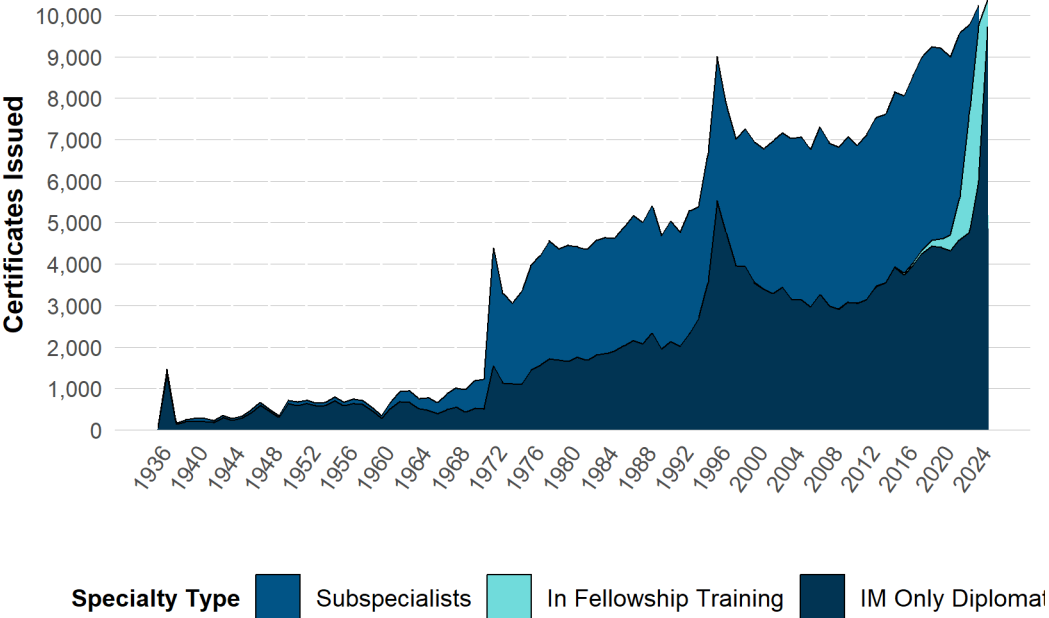


How Has the Number of Issued ABIM Certificates Changed Over Time?

IM certificates were first issued in 1936. The plot presents the number of ABIM candidates certified in IM by year of initial certification. The chart as a whole depicts the total number of initial IM certificates issued annually, also known as the **ABIM diplomate population**. The lower area in dark blue represents the number initially certified in IM among **IM only diplomates**. The small aqua region represents fellows in training with IM certification who have not yet received subspecialty certification. Although they currently hold only IM certification, they are distinguished from **IM only diplomates** because they are on track to become subspecialists. The upper area depicts the number of diplomates from each certification cohort who also certified in a subspecialty.

The number of certificates issued was relatively low in the earliest decades but began to increase in the 1970s. Since the early 2010s, there has been a trend of steady growth in new IM certificates. The spike in the proportion of IM only diplomates to subspecialists in recent years is expected, due to the fact that newly certified physicians have not yet had the opportunity to complete a year of a fellowship program or subspecialize.

Number of Internal Medicine Certificates Issued in the ABIM Diplomate Population

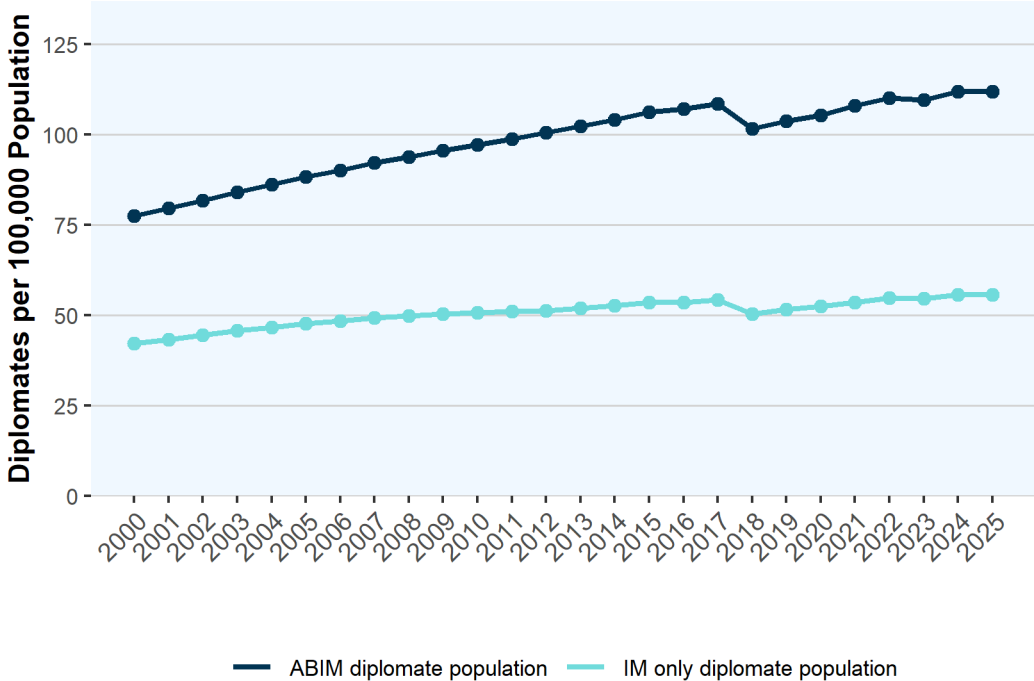


*The IM Only spike in 2026 is an artificial increase due to the fact that no one with an IM certificate in 2026 has become a subspecialist yet. Additionally, the plot does not reflect fellows entering fellowship in the 2026 - 2027 training year.

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

The graph depicts the annual **ABIM diplomate population** and the annual **IM only diplomate population** per 100,000 U.S. population (18 years or older). In this plot, the IM only diplomates include current fellows, most of whom will eventually certify in a subspecialty and exit the IM only population. At the turn of the century, there were 77.4 physicians per 100,000 U.S. population in the ABIM diplomate population and 42.1 physicians per 100,000 U.S. population in the IM only diplomate population. In the last few decades, we observed a steady increase in both groups; however, the ABIM diplomate population, which contains subspecialists, has increased at a faster rate than the IM only diplomate population, reaching 111.8 physicians per 100,000 U.S. population in the ABIM diplomate population compared to 55.6 physicians per 100,000 U.S. population in the IM only diplomate population in 2025. Over the same period, the growth in the diplomate population has outpaced U.S. population growth, resulting in a steady increase in the number of diplomates per 100,000 U.S. population.

ABIM Diplomate Population, IM Only Diplomate Population per 100,000 U.S. Population



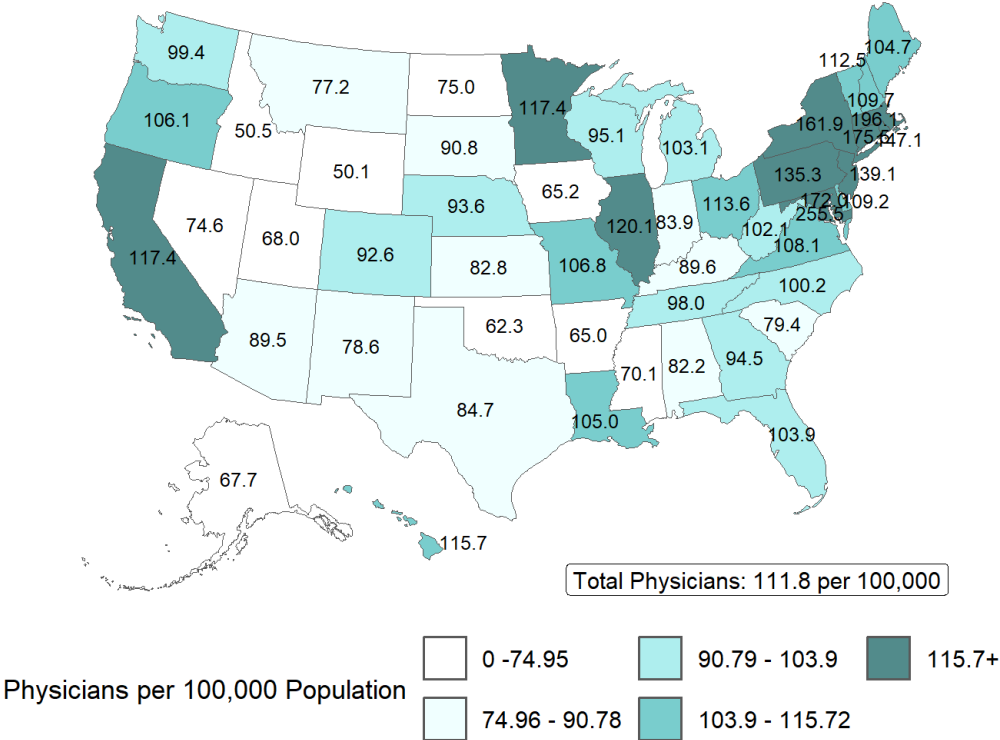
*The diplomate population calculation used slightly different methods for periods before 2015, 2015-2017, and after 2017. The dip in 2018 is due to the exclusion of physicians who no longer maintained an active medical license.

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

The map depicts the **ABIM diplomate population** 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 as of July 1, 2025.

States depicted by lighter colors on the map, such as Wyoming and Idaho, have the lowest density of physicians per population, while darker states, like Massachusetts and Connecticut, have the highest density.

ABIM Diplomate Population by U.S. State Population

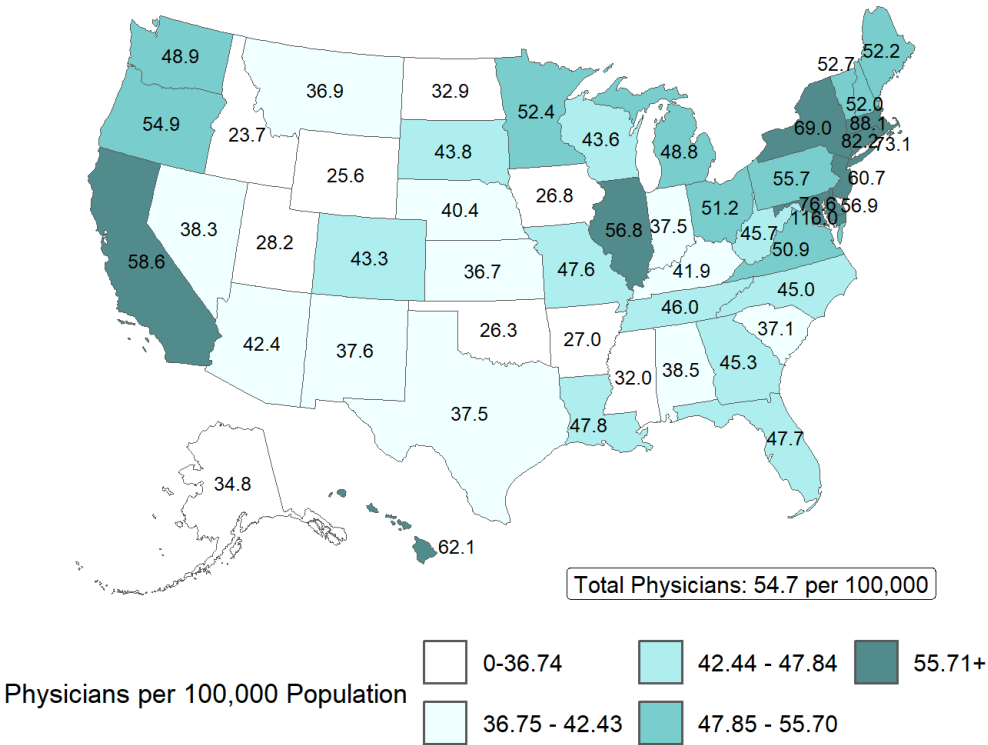


Which U.S. States Have the Highest Density of IM Only Diplomates?

The map depicts the **IM only diplomate population** 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 as of July 1, 2025.

Among IM only diplomates, states such as Idaho and Wyoming have the lowest density of physicians per population, while states like Massachusetts and Connecticut have the highest density.

IM Only Diplomate Population by U.S. State Population



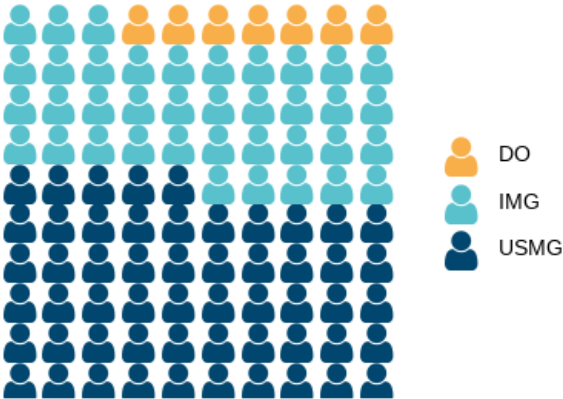
Diplomate Demographics

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

The **ABIM diplomate population** and **IM only diplomate population** share similar proportions of U.S./Canadian Medical Graduates (USMGs), International Medical Graduates (IMGs), and U.S. osteopathic doctors (DOs). In comparison, 56% of the subspecialty diplomate population is a USMG and 37% is an IMG. Among physicians newly certified in Internal Medicine, there has been a decline in the proportion of USMGs and a noticeable increase in the proportion of DOs over time, from 5% to 14%. As a comparison, in 2026, ABIM subspecialists overall had the following breakdown: roughly 47% USMGs, 41% IMGs, and 12% DOs.

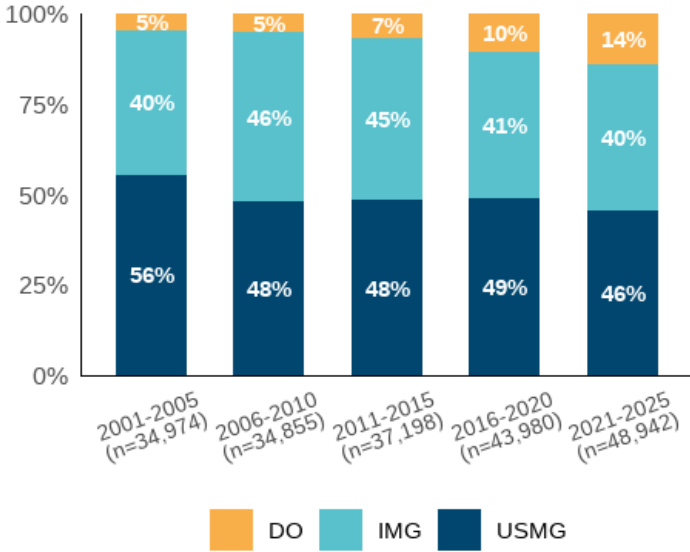
ABIM Diplomates



IM Only Diplomates



Newly Certified Physicians

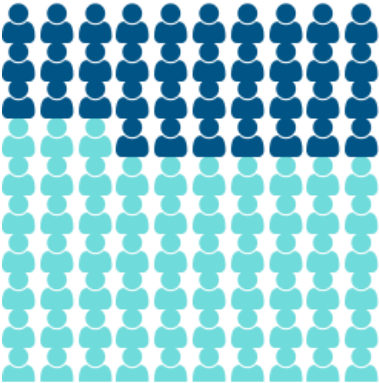


What is the Sex/Gender Composition of the Diplomate Population?

The **ABIM diplomate population** has a higher proportion of male physicians than the **IM only diplomate population** (63% vs. 58%, respectively). In comparison, 69% of the subspecialty diplomate population is male.

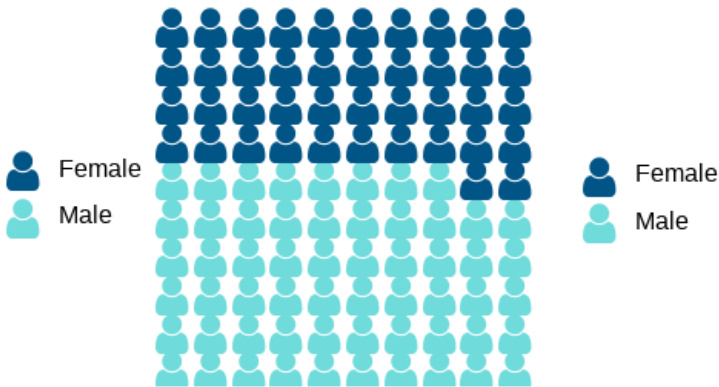
The breakdown of physicians newly certified in Internal Medicine by sex remained relatively stable over the last two decades, with a slight increase in the percentage of female physicians. For comparison, the proportion of all female ABIM subspecialists in 2026 was 40%. Beginning in 2023, ABIM has expanded our gender data collection and will begin reporting more comprehensive data in the future.

ABIM Diplomates

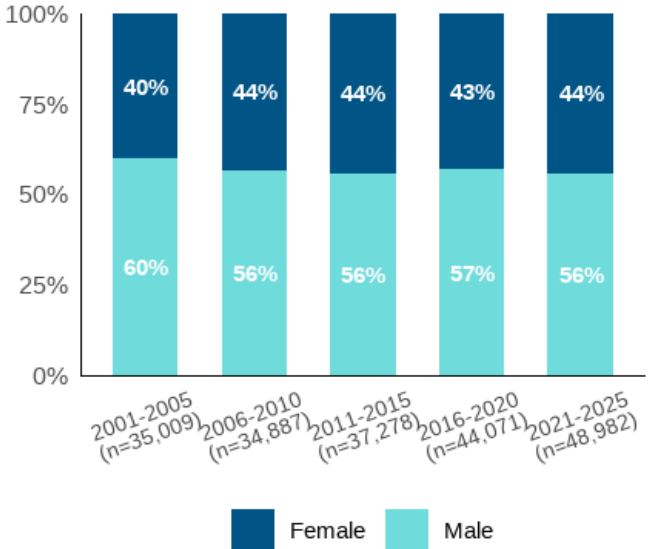


We have collected physician gender for roughly 30% of ABIM Diplomates and about 0.2% are non-binary.

IM Only Diplomates



Newly Certified Physicians

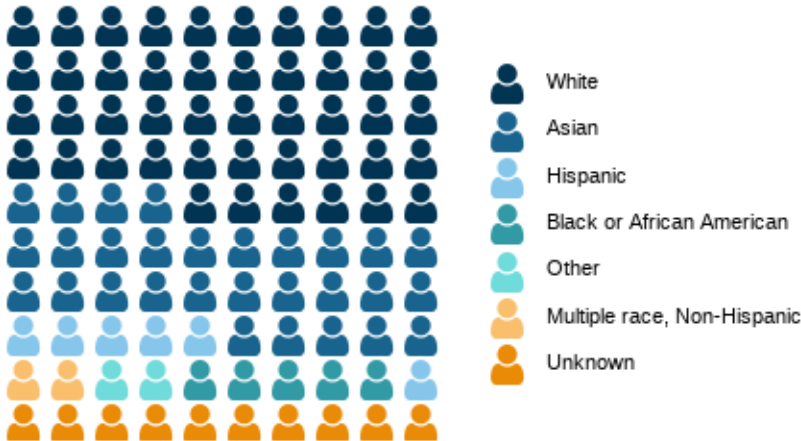


What is the Racial/Ethnic Composition of the Diplomate Population?

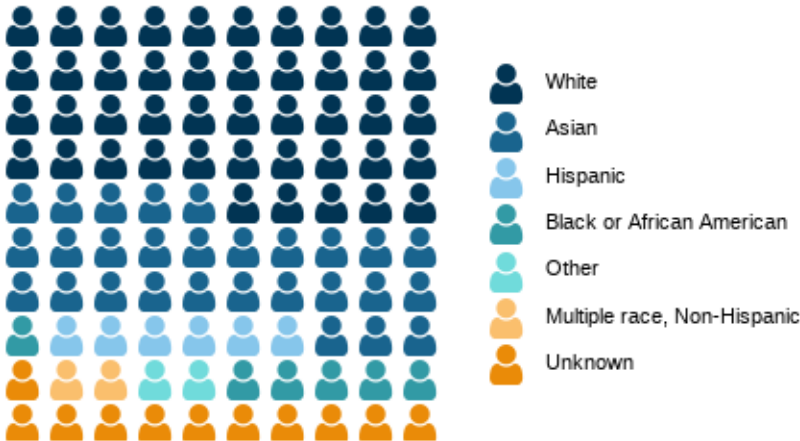
The **ABIM diplomate population** and the **IM only diplomate population** share a similar distribution by race/ethnicity: just under half of physicians are White, just over a quarter of physicians are Asian, 6% are Hispanic (alone or with any race), 5% are Black/African American, and the remaining are 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.

ABIM Diplomate Population

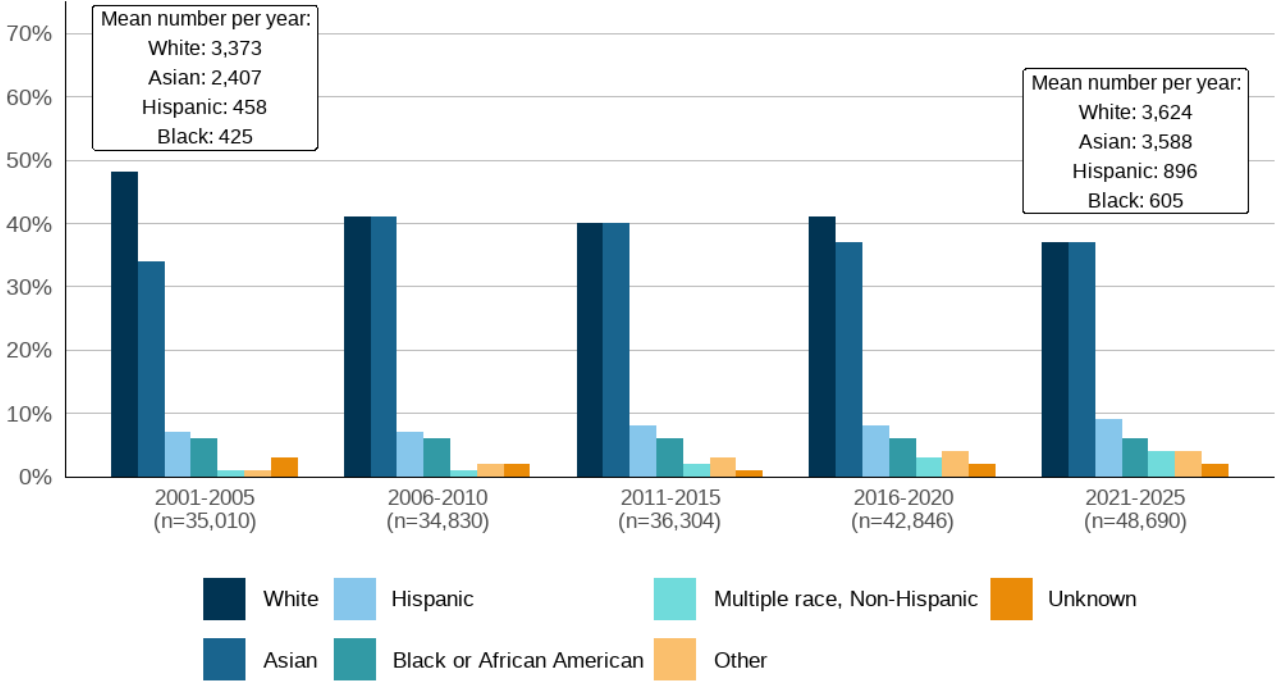


IM Only Diplomate Population



How Has the Composition of Newly Certified Diplomate Race/Ethnicity Changed Over Time?

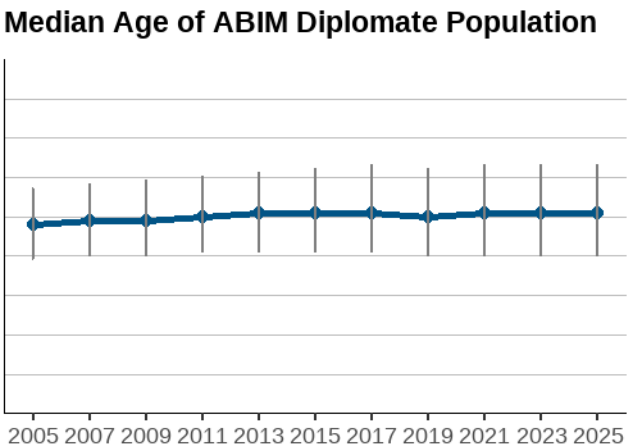
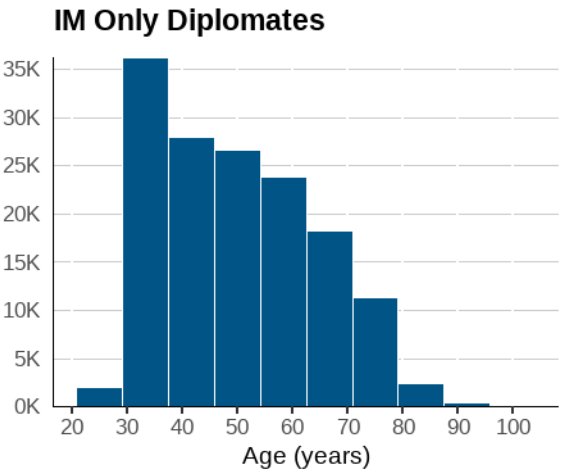
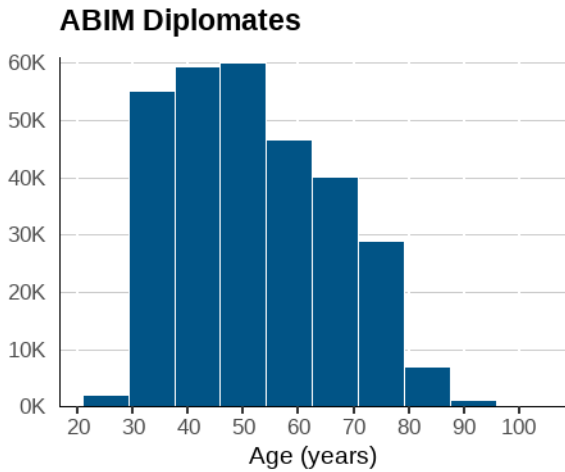
Over the past two decades, the proportion of each racial/ethnic group newly certified in Internal Medicine has fluctuated. The percent of White physicians has declined from 48% to 37%, while the percent of Hispanic physicians has increased from 7% to 9%. Even though the proportion of Black or African American physicians remained stable during the period (6% in 2001-2005 and 2021-2025), their raw numbers did increase, from an average of 425 new Black internists a year in 2001-2005 to an average of 605 in 2021-2025.



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

What is the Age Composition of the Diplomate Population?

The two graphs on the left display the age breakdown of the current **ABIM diplomate population** and the current **IM only diplomate population**, while the plot on the right depicts the median age of the **ABIM diplomate population** over time, with interquartile ranges. The median age has remained stable over time.



*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 Maintenance of Certification, 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 Internal Medicine certification exam is offered annually.

The purpose of MOC is to demonstrate a physician is staying current in knowledge and practice. Physicians have two options to meet their MOC assessment requirement: the traditional Longform exam or the Longitudinal Knowledge Assessment (LKA). 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.

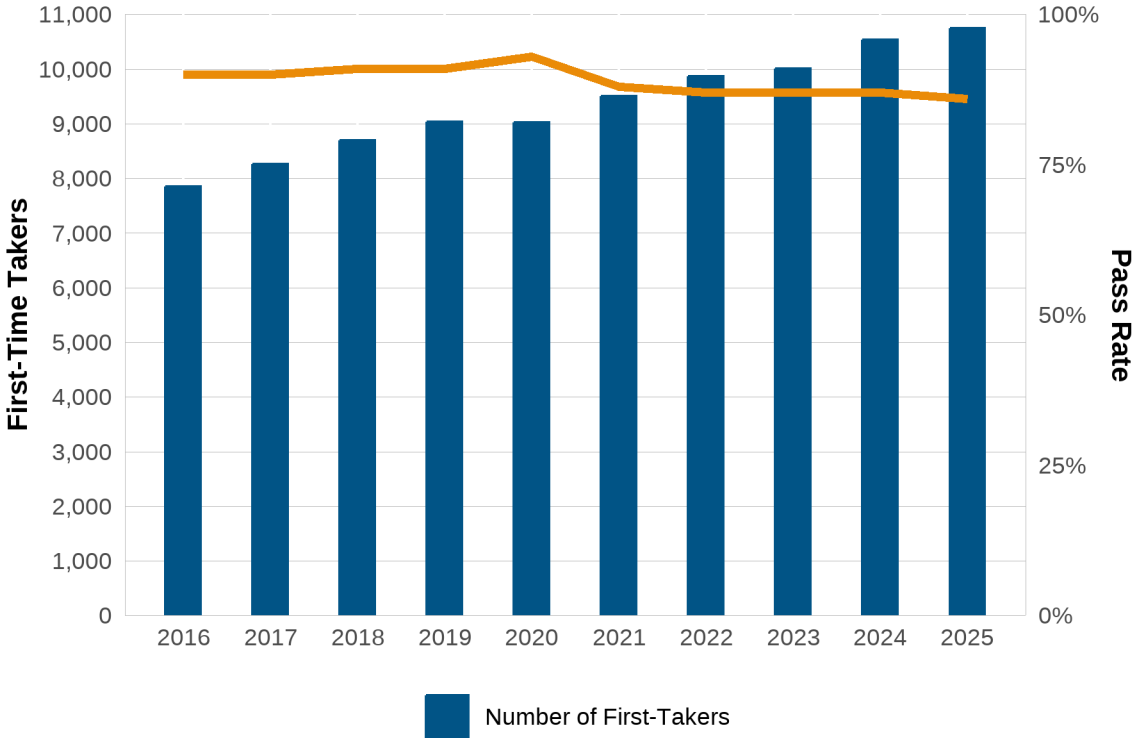
Initial Certification Examinations and Pass Rates

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

There has been an increase in the number of Internal Medicine Certification Examination takers over time, hitting a high of 10,743 first-time takers in 2025. First-time taker pass rates decreased slightly throughout the period and have hovered around 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 IM Certification Examination pass rate was 99% 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 Internal Medicine Certification Examination with Pass Rates



Which Maintenance of Certification Assessment Option Did Diplomates Choose?

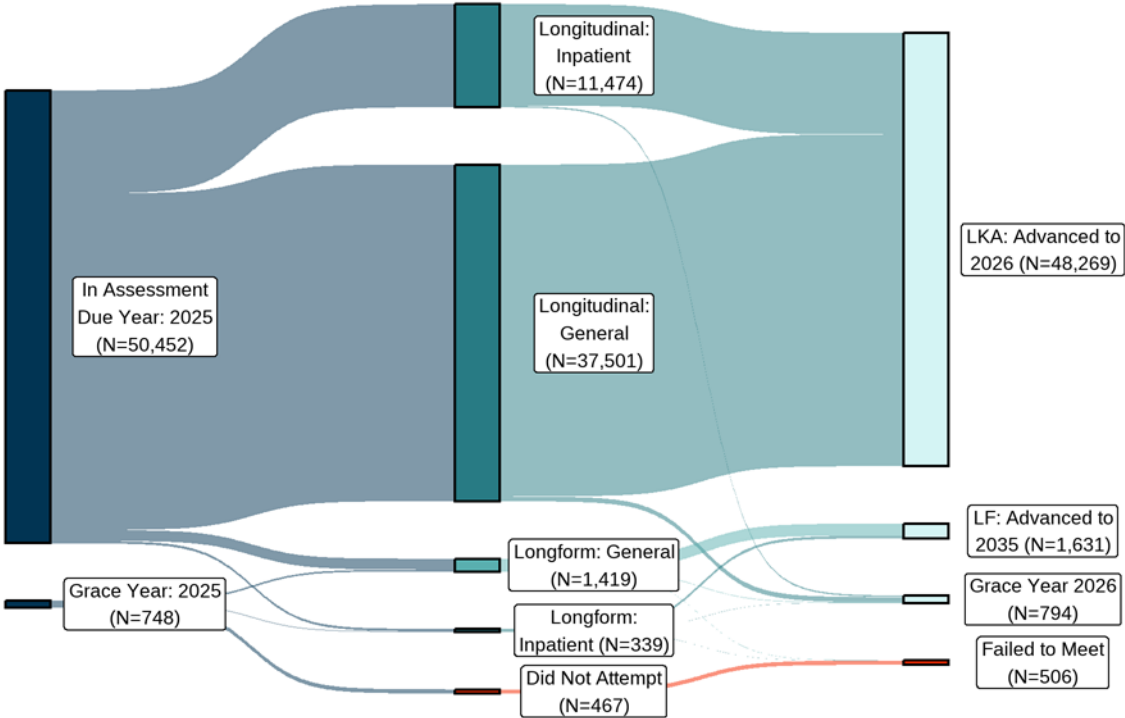
The chart on the right displays the number of physicians by MOC assessment option; it includes physicians with valid certificates as well as individuals who have let their certificates lapse. In 2025, there were 2,110 takers of the traditional Longform MOC Examination and 7,641 enrolled in the 2025 cohort of the LKA.

<i>Maintenance of Certification</i>	
<i>Longform</i> 	<i>LKA</i> 
2,110 takers	7,641 enrolled in the 2025 cohort 32,746 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. 98.7% of diplomates with a **valid Internal Medicine certificate** have met the assessment requirement. The remaining 506 (1.3%) diplomates failed to meet the assessment requirement in 2025 and lost their certificate. Inpatient versions of the IM assessment options were launched in 2024, which are geared toward hospitalists and focus on the inpatient setting. 11,474 met the assessment requirement through the LKA (longitudinal) inpatient pathway and 37,501 met the assessment requirement through the LKA general IM pathway, with most successfully advancing their assessment due year to 2026. 1,758 met the assessment requirement through the Longform exam (general + inpatient), 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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