

ABIM Diplomate Report: Pulmonary Disease 2026





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Executive Summary

The American Board of Internal Medicine's 2026 Pulmonary Disease 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 Pulmonary Disease 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 Pulmonary Disease diplomate population grew in 2026. There were more newly certified Pulmonologists than in the previous year.
- In the last two decades, we observed an increase in the Pulmonary Disease diplomate population per 100,000 U.S. population. The density of the Pulmonary Disease 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 Pulmonologists.
- There has been an increase in the number of Pulmonary Disease certification assessment takers over time. A majority of newly eligible diplomates have chosen the Longitudinal Knowledge Assessment to meet the MOC assessment requirement.




Diplomate Population

This section of the report highlights the current state of ABIM diplomates who received initial certification in Pulmonary Disease, with additional analysis on trends over time and a comparison to the U.S. population. The ABIM Pulmonary Disease diplomate population is defined as physicians with an active medical license who received initial certification in Pulmonary Disease, 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 Pulmonary Disease. Compared to the previous year, there was an increase in the number of Pulmonologists in the diplomate population and a rise in the number of Pulmonologists with a valid Pulmonary Disease certificate. Additionally, there was an increase in the number of newly certified Pulmonologists from the previous year.

ABIM Diplomates

 <i>Pulmonary Disease diplomates</i>	<i>+/- from previous year</i>
20,348	+ 1.6%
 <i>Diplomates with valid Pulmonary Disease certificate</i>	<i>+/- from previous year</i>
18,298	+ 2.9%
 <i>Newly certified in 2025</i>	<i>+/- from previous year</i>
811	+ 7.1%

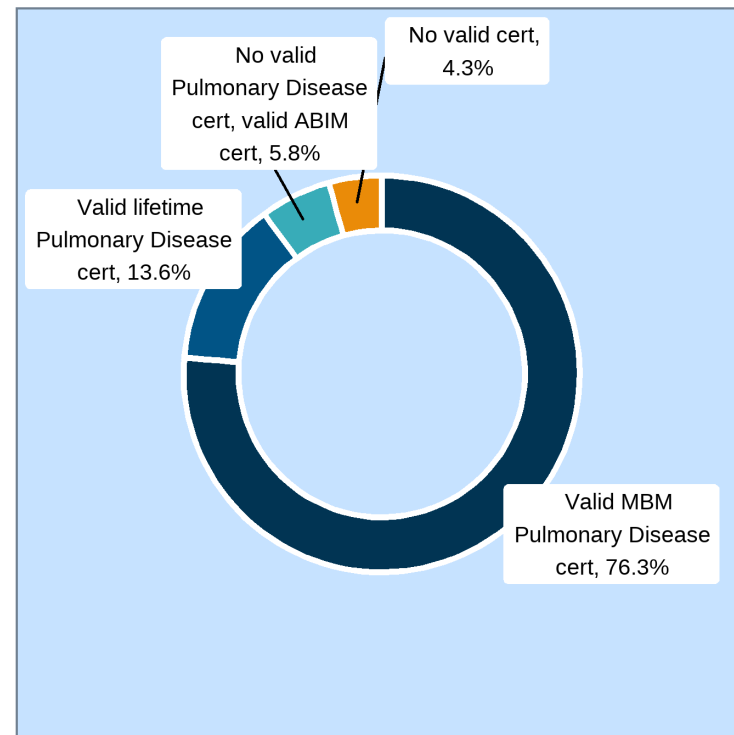
How Many ABIM Diplomates Maintain Certification?

The graph depicts the certification status of the Pulmonary Disease diplomate population. For non-lifetime certification, to maintain a valid Pulmonary 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 Pulmonary Disease diplomate population, 76.3% of physicians hold a valid Must-Be-Maintained (MBM) Pulmonary Disease certificate and 13.6% of physicians hold a valid lifetime Pulmonary Disease certificate. There was an additional 5.8% who were once certified in Pulmonary Disease but do not currently hold a valid Pulmonary Disease certificate, however they do hold some other kind of valid ABIM certificate. The remaining 4.3% of the Pulmonary Disease diplomate population do not hold any valid ABIM certificate.

Therefore, 10.1% of diplomates certified in Pulmonary Disease no longer hold a Pulmonary Disease certificate; for comparison, across all subspecialty certificates, 15% were no longer valid.

Pulmonary Disease Certification Status (N=20,348)

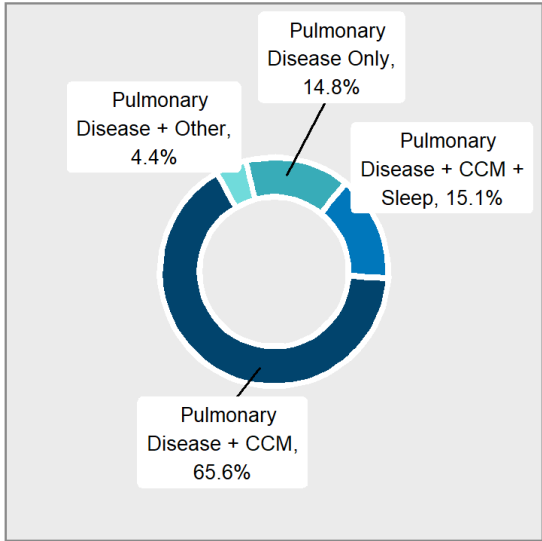


What are Common Dual Subspecialty Certifications and How Many Diplomates Maintain IM Certification?

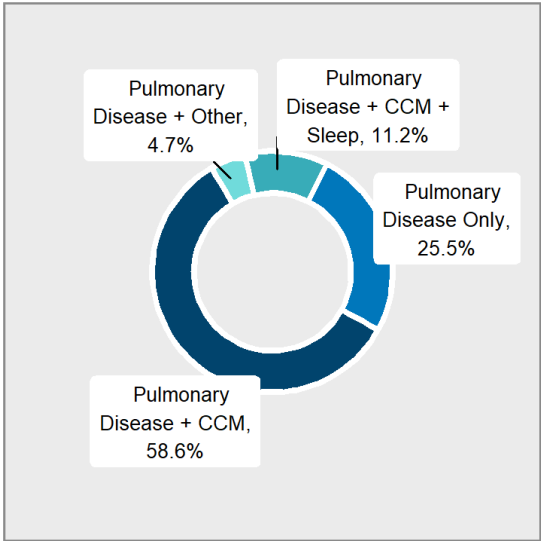
Most Pulmonologists pursued initial subspecialty certification in other disciplines and many choose to maintain their underlying Internal Medicine (IM) certification. The graph on the left displays the breakdown of initial subspecialty certificate combinations among individuals who received initial Pulmonary Disease certification. The graph in the middle shows the population with valid subspecialty certificates. The graph on the right presents diplomates with valid Pulmonary Disease certification who also maintain IM certification (cert). 17,327 physicians with initial Pulmonary Disease certification also received initial certification in another subspecialty. Among physicians with valid Pulmonary Disease certification, 13,636 also have another valid subspecialty certificate, and 13,799 maintain a valid IM certificate.

Pulmonary Disease Certificate Combinations (Initial Certification, N=20,348; Valid Certificates, N=18,298)

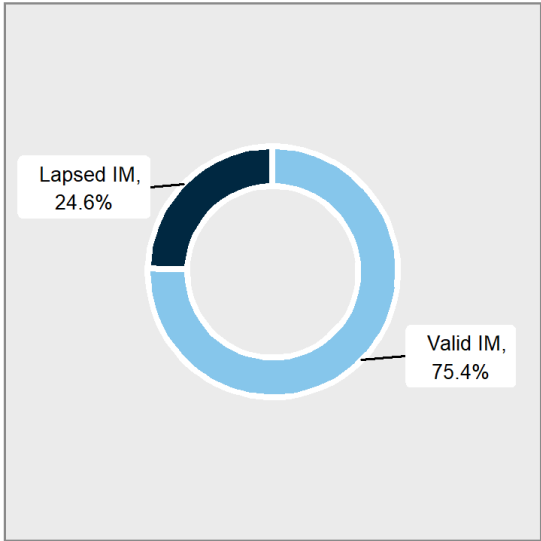
Initial Pulmonary Disease Certification



Valid Pulmonary Disease Certification



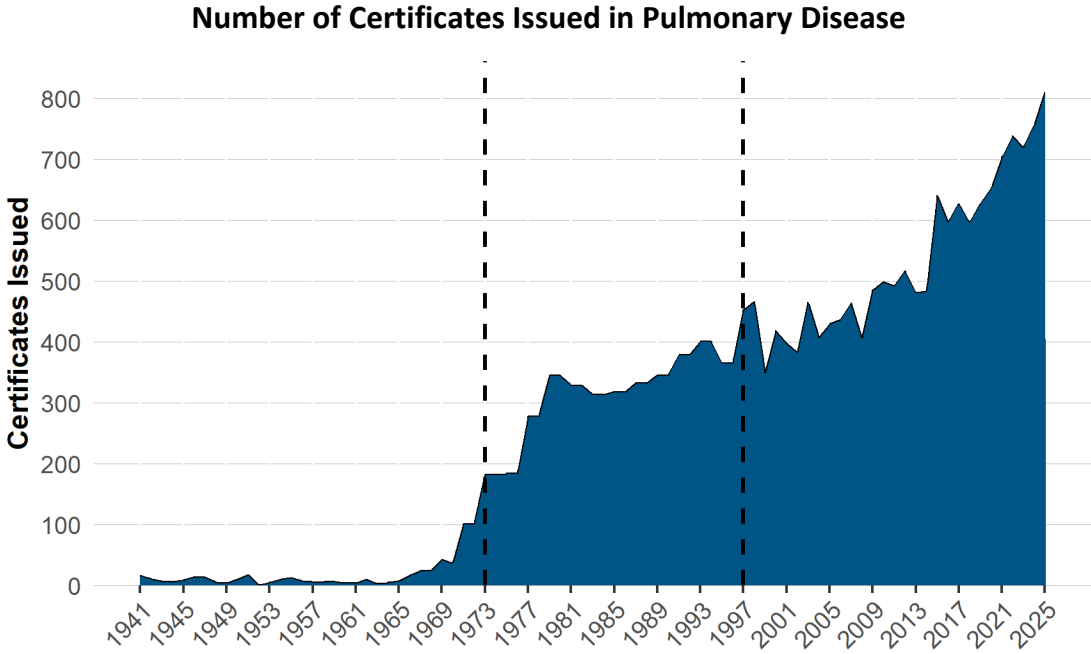
Valid Pulmonary Disease by IM Cert Status



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

Pulmonary Disease certificates were first issued in 1941, with a certification exam that was initially offered annually. Then, in 1973, the exam was offered every other year. As of 1997, the exam is again offered annually. The plot presents the number of ABIM candidates certified in Pulmonary Disease by year of initial certification since 1941.

There has been growth over time in the number of Pulmonary Disease certificates issued. Additionally, we observe significant spikes in certifications during the 1970s. 2025 saw the highest annual number of new Pulmonary Disease certificates ever at 811.

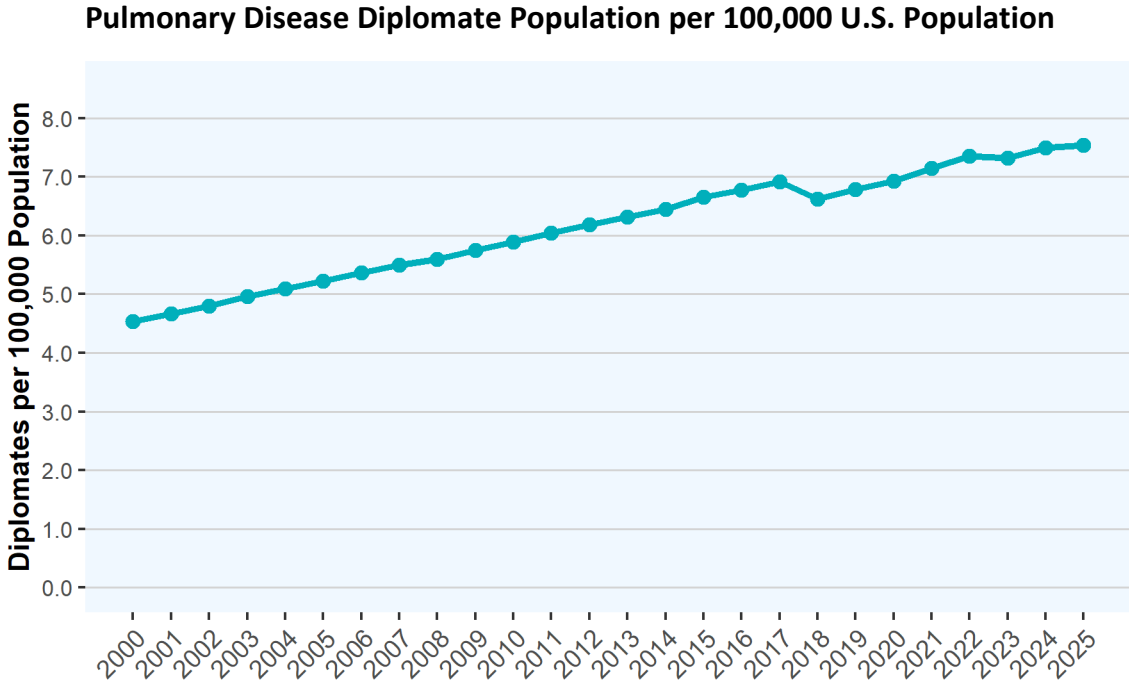


*The exam was offered annually except for the years depicted in the middle section of the plot between dotted vertical lines, when it was offered every other year. When the exam was biennial, the figure displays a 2 year average, allowing for direct comparison with annual values.



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

The graph depicts the annual Pulmonary Disease diplomate population per 100,000 U.S. population 18 years or older. In 2000, there were 4.5 diplomates per 100,000 U.S. population 18 years or older. Since then, we have observed a steady increase in the Pulmonary Disease diplomate population.

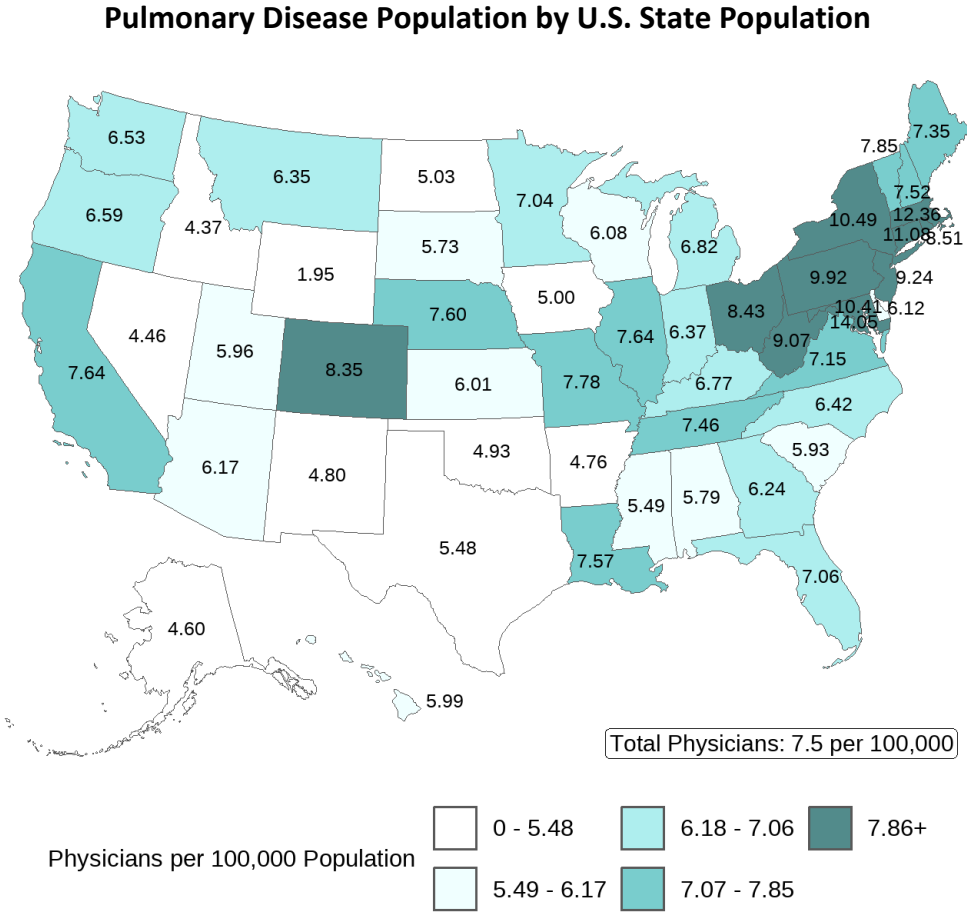


*The Current diplomate calculation used slightly different methods for periods before 2015, 2015-2017, and after 2017. The dip in 2018 is due to the exclusion of physicians who no longer maintained an active medical license.

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

The map depicts the population of Pulmonologists 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 Wyoming and Idaho, have the lowest density of physicians per population, while darker states, like Massachusetts and Connecticut, have the highest density.



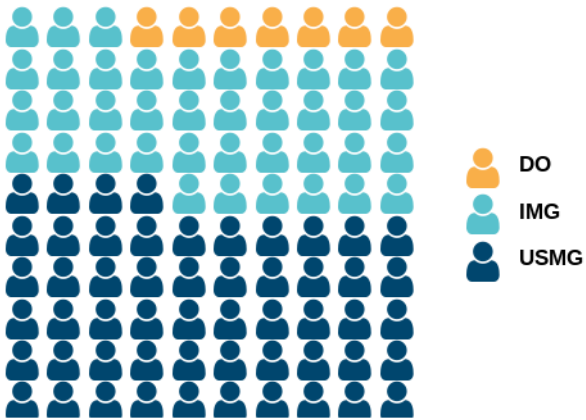
Diplomate Demographics

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

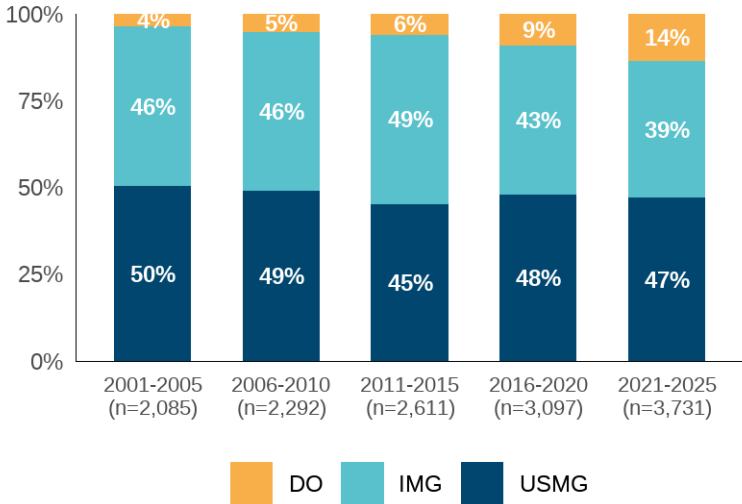
In the Pulmonary Disease diplomate population, 54% of Pulmonologists are U.S./Canadian Medical Graduates (USMGs) and 39% are International Medical Graduates (IMGs). In comparison, 56% of the subspecialty diplomate population is a USMG and 37% is an IMG. Among physicians newly certified in Pulmonary Disease, we observe some fluctuation over time, with an overall trend of a decrease in USMGs from the start to the end of the last two decades. Additionally, there is 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 247 physicians with other or unknown medical school type.

Newly Certified Physicians

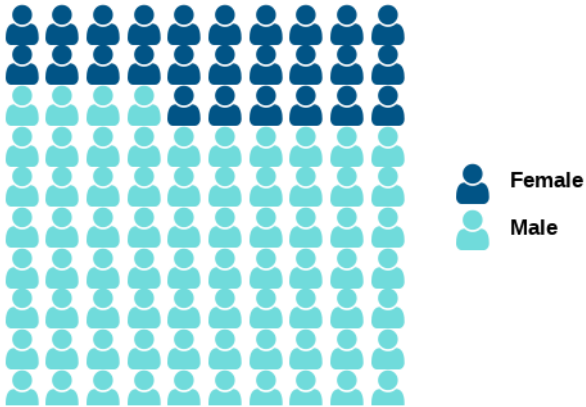


What is the Sex/Gender Composition of the Diplomate Population?

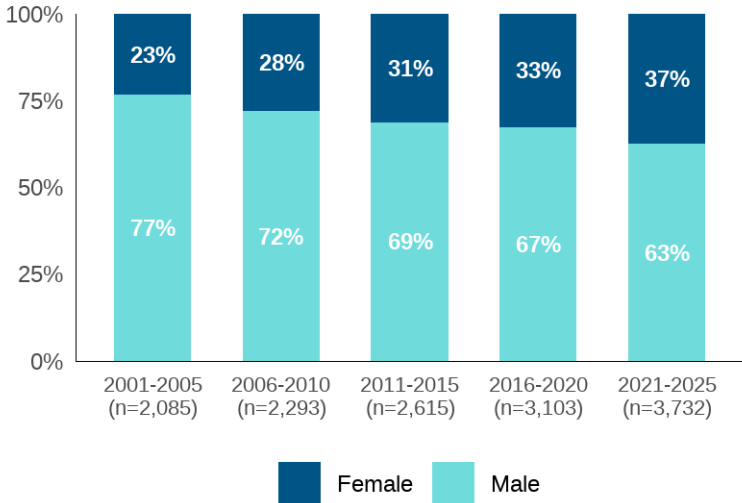
In the Pulmonary Disease diplomate population, 74% of Pulmonologists are male. In comparison, 69% of the subspecialty diplomate population is male. Over time, we observed an increase in the proportion of female Pulmonologists. For comparison, the proportion of all female ABIM subspecialists in 2025 was 40%.

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

Diplomate Population



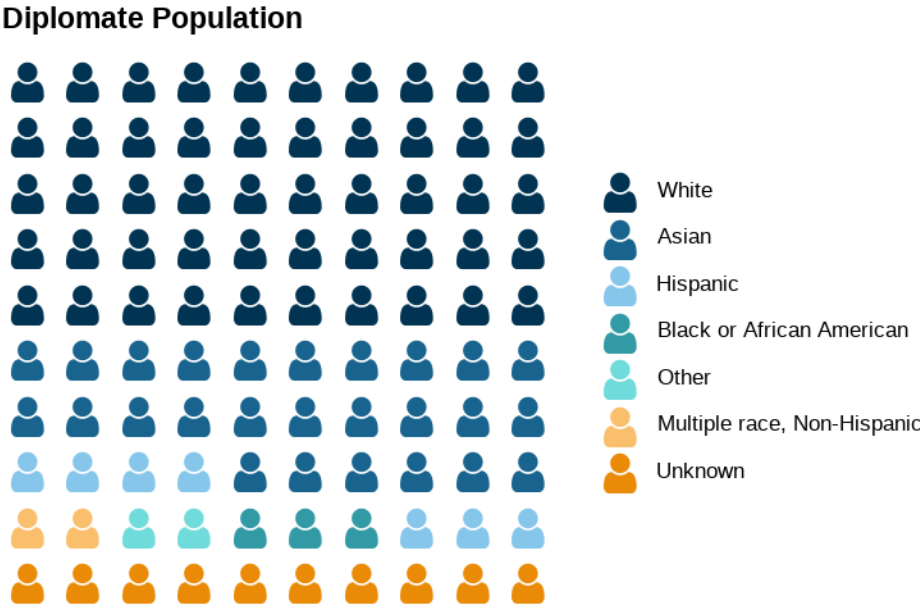
Newly Certified Physicians



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

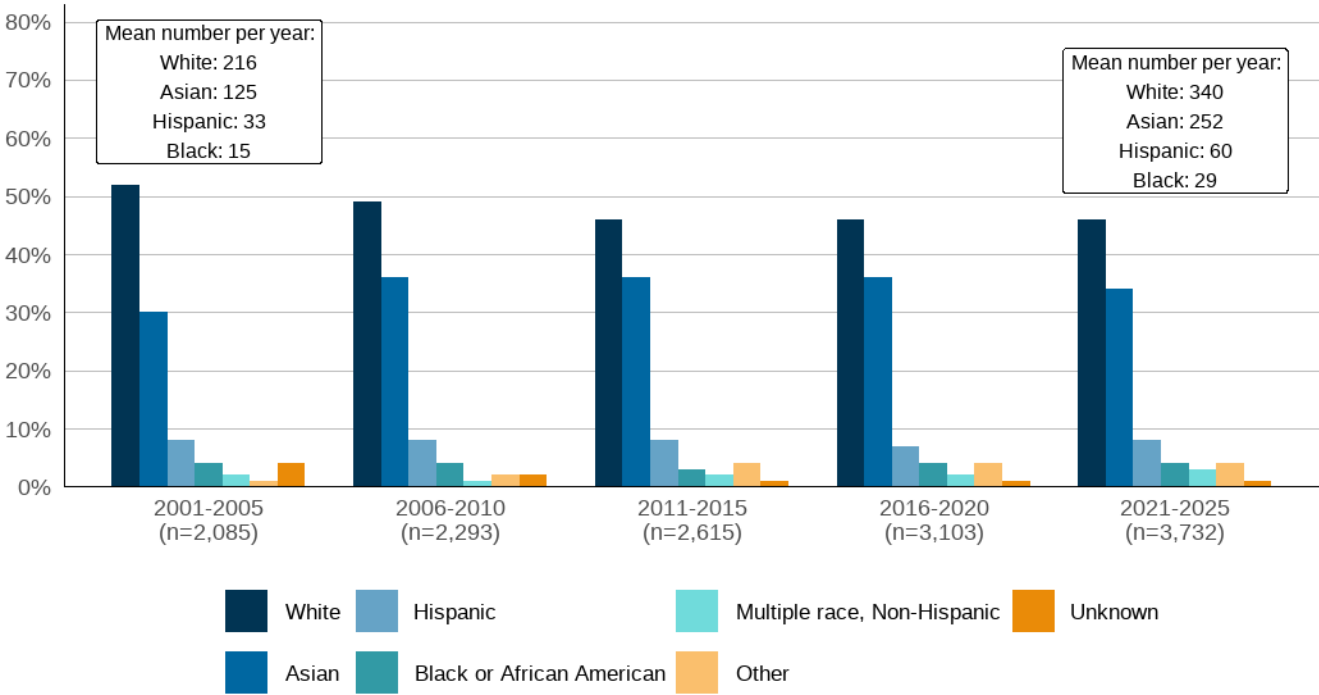
In an examination of a physician’s race/ethnicity in the Pulmonary Disease diplomate population, 50% of Pulmonologists are White, 26% are Asian, 7% are Hispanic (alone or with any race), 3% are Black/African American, and the remaining are multiple race Non-Hispanic, Other, and Unknown. The “Other” category 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?

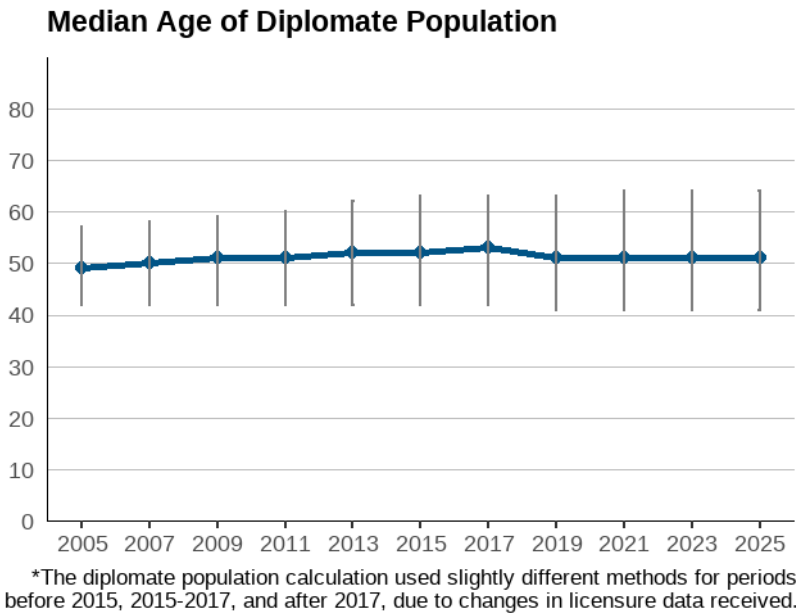
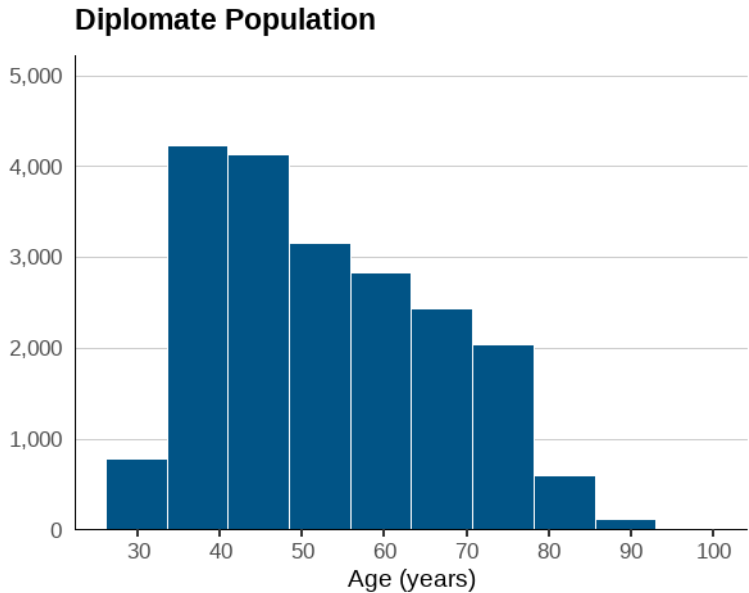
At the beginning of the past two decades, among newly certified physicians, White diplomates were the largest group at 52%. By the end of the period, White physicians make up 46%, while Asian physicians make up 34%. Additionally, we saw little to no change in the proportion of Hispanic (alone or with any race) and little to no change in the proportion of Black or African American Pulmonologists.



* "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 Pulmonary Disease 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 fluctuated slightly but remained relatively stable over time.



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 Pulmonary Disease certification exam is offered annually.

The purpose of Maintenance of Certification 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 2023, 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.

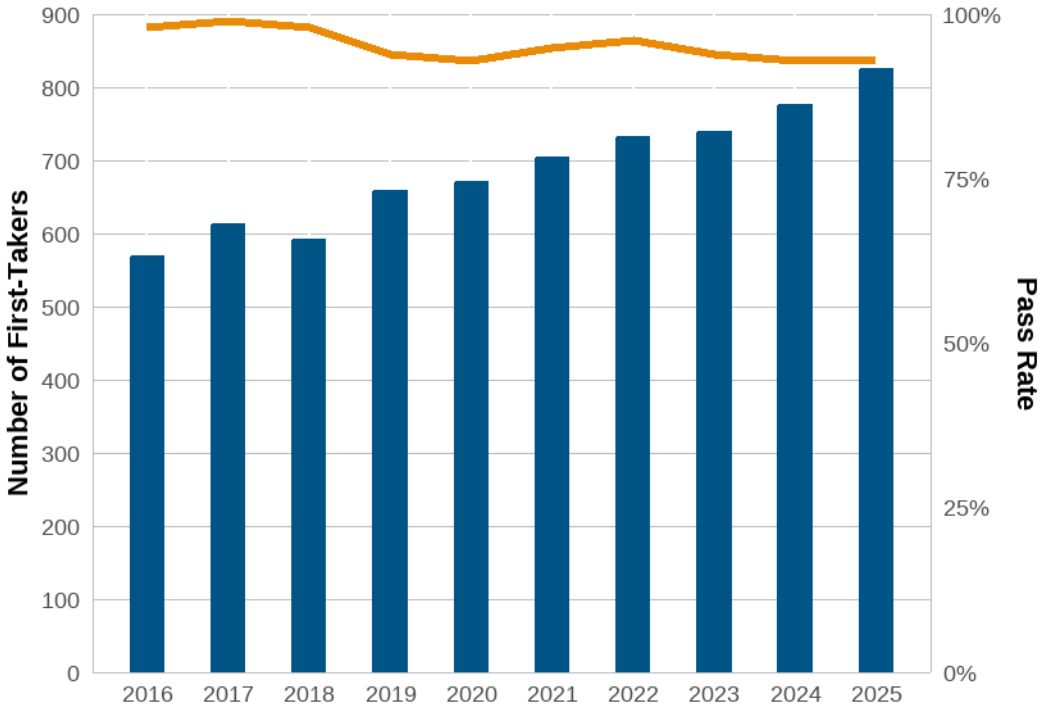
Initial Certification Examinations and Pass Rates Over Time

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

There has been an increase in the number of Pulmonary Disease Certification Examination takers over time, hitting a high of 824 first-time takers in 2025. First-time taker pass rates fluctuated throughout the period and have approached the low-nineties 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 Pulmonary Disease 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 Pulmonary Disease Certification Examination with Pass Rates



Which Maintenance of Certification Assessment Option Did Diplomates Choose?

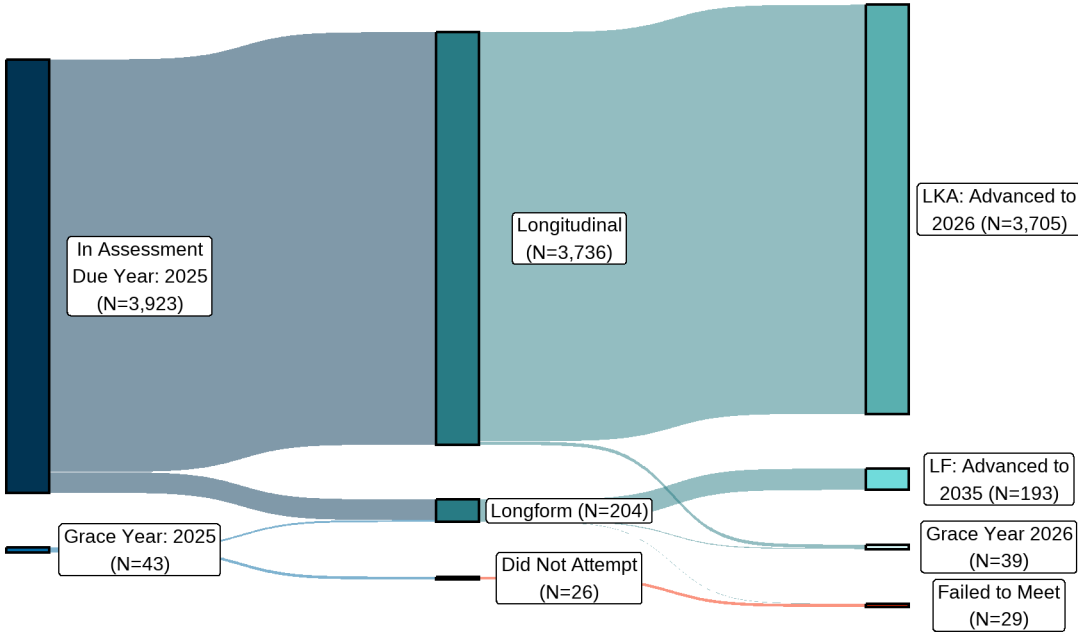
The chart on the right displays the number of physicians by MOC assessment option. It includes physicians with valid certificates as well as individuals who have let their certificates lapse. In 2025, there were 297 takers of the traditional Longform MOC Examination, and 1,025 newly eligible physicians were enrolled in the 2025 cohort of the LKA.

<i>Maintenance of Certification</i>	
<i>Longform</i> 	<i>LKA</i> 
297 takers	1,025 enrolled in the 2025 cohort 2,886 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. 99.3% of diplomates with a **valid Pulmonary Disease certificate** have met the assessment requirement. The remaining 29 (0.7%) diplomates failed to meet the assessment requirement in 2025 and lost their certificate. 3,736 met the assessment requirement through the LKA (longitudinal) pathway, with most successfully advancing their assessment due year to 2026. 204 met the assessment requirement through the Longform exam, 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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