We hear you. We are you.
Dear ABR Candidates, Diplomates, and Friends,

As you probably noticed on the front cover, the theme of this year’s annual report is “We hear you. We are you.” You might be wondering why we chose that theme, and what it really means.

For several years, we’ve been hearing your suggestions, especially regarding our Maintenance of Certification (MOC) program. Based on your input, we’ve been steadily making changes to improve the relevancy of MOC and make it more convenient for you to meet requirements while still ensuring ABR certification upholds the standards expected by the public, patients, and credentialers. The changes we’ve made to MOC are discussed further in this report.

But what about “We are you”? The ABR employs approximately 80 staff members to carry out the directives of its boards—primarily through exam-related and administrative functions. But we also have more than 1,000 volunteers who serve as committee chairs, question writers and reviewers, exam standard setters, advisory committee members, and board members—all of whom are unpaid, including me. And that doesn’t count our many volunteer oral examiners.

ABR volunteers donate thousands of hours each year to help develop and administer ABR exams, and to offer their advice and input. They are all ABR diplomates and candidates just like you, from private practice, academia, and other settings all over the U.S. That’s why we are you. To this end, I want to share 10 “true” facts about your current volunteer president:

1. I was born in Yonkers, New York, in 1965 to a firefighter (former 50s Doo-Wop singer/guitarist) and a homemaker.
2. My brother is a heavy metal guitarist; his band’s name is Malignancy. I promise this did not influence my career choice.
3. My initial intersection with health care began with a bit of divine intervention. During my Catholic high school years in New York, my passions were journalism, science, music, and sports. I had important plans to become a big city news anchor, or perhaps, more secretly, a music television video jockey (MTV VJ). As a junior, I recall a particular morning when the principal, Sister Mary Margaret, summoned the top 10 academic students to her office and was a Boston native, I decided to remain in Beantown for another medical student whose older sister was a radiation oncologist and placated us against the wall akin to a police lineup. She then tapped each of us with her elongated vocations. I happened to be anointed as a “physician.”
4. I attended Boston College (BC) on an academic scholarship at the same time Doug Flutie attended on an athletic scholarship. While Doug won the Heisman, I met my husband, Steve. Interestingly, Steve played BC baseball (not football) and later coached the BC baseball team.
5. As my husband was a Boston native, I decided to remain in Beantown for my graduate studies. In my third year of medical school at Tufts University, I met another medical student whose older sister was a radiation oncologist (continued on next page)
(continued from previous page)

oncologist. He thought rad onc would be a great fit for me as I especially enjoyed the lab, surgical procedures and 3-D imaging, and taking care of patients with cancer. I was fortunate to perform my rad onc residency at the Massachusetts General Hospital Harvard program, and I became instantly hooked on my specialty.

6. After four years as a junior assistant professor at Virginia Commonwealth University, I returned to Boston, where I became the chief, and later professor and chair, of the radiation oncology department at Boston University. At this safety net hospital, I was privileged to care for a very diverse and thankful patient population.

7. Having spent close to 15 years at Boston University, I made the move to Nashville in fall 2015, along with my husband Steve and daughter Sammi, to chair Vanderbilt’s radiation oncology program. While I miss my New England Patriots and Boston Celtics, I quickly warmed to the city’s live music scene and embraced the Predators, the Nashville hockey team, as a proud resident of Smashville.

8. Although much of my career has been focused on developing clinical trials for gastrointestinal (GI) malignancies within the National Cancer Institute’s adult research bases, one of my training program mentors, Chris Willett, a former ABR radiation oncology trustee, recruited me to become an ABR GI item-writing volunteer in 2004.

9. After chairing the Rad Onc GI Item-writing Committee from 2006-2010, I was fortunate to become an ABR trustee in 2010, and more recently, I became an ABR Board of Governors member and President (assuming this role in October 2016).

10. So while I didn’t receive the family music gene or become an MTV VJ, I am thankful for the divine intervention, mentors, ABR colleagues and programs, and many patients, who have all helped to guide and shape me into the physician I am today.

So why do people like you donate so much time to the ABR? Many say it’s because they believe board certification is very important. Others note it’s to give back to a profession that’s given so much to them and to ensure the future of our profession.

Being an ABR Volunteer has truly meant so much to me. I feel privileged in supporting the mission of the ABR to certify, through our initial exam administration and maintenance program, that our diplomates demonstrate the requisite knowledge and skills to best serve our patients. I also love networking with the ABR staff, our many volunteers, and all of you.

Throughout this report, we’ve included quotes from our volunteers, and we hope you’ll also consider volunteering for the ABR. But whether you volunteer or not, please know that we’re always open to listening, that we hear you, and we are you.

And cheers from my family to yours for a wonderful 2018!

Sincerely,

Lisa A. Kachnic, MD, FASTRO
ABR President
STRENGTHENING OUR SERVICE TO YOU

In 2015, we established a Customer Service Center so ABR candidates and diplomates could receive answers to their questions more quickly. The staff members of the Certification Services Department, as it is now known (pictured below), are dedicated to assisting you as well as fulfilling many other duties. They responded to 9,344 phone calls and 10,960 emails in 2017.

In 2017, we launched a new website to make it easier for you to find information online. The site has four separate sections—one for each ABR specialty. Check it out at www.theabr.org.

Dear ABR Candidates, Diplomates, and Friends,

The ABR celebrated its 83rd year in 2017. Since our founding in 1934, we’ve issued 70,932 certificates. Through all the changes over the years, one thing has remained constant: our commitment to supporting you, our candidates and diplomates, for the benefit of patients and the public. We could not do this without your help, and we thank you.

Through our collaboration with you, we have all accomplished a great deal in 2017. Here are some of the highlights:

◊ Welcomed two new governors and six new trustees
◊ Held 61 in-person volunteer committee meetings
◊ Administered 32 exams, including the first interventional radiology/diagnostic radiology (IR/DR) initial certification exam
◊ Issued 2,123 new certificates
◊ Approved a 16-month pathway to certification in diagnostic radiology and nuclear radiology
◊ Launched a new, improved ABR website (www.theabr.org)
◊ Continued developing Online Longitudinal Assessment (OLA), which will replace the 10-year MOC exam beginning for diagnostic radiology in 2019

Without your support and input, self-regulation of the radiology profession would not exist. Please know how sincerely we appreciate you. At all times, we want to have an open system of collaboration. As this year’s annual report cover says, “We hear you. We are you.”

Sincerely,

Valerie P. Jackson, MD, Executive Director

P.S. We hope you enjoy the Arizona photos in this report, all taken by ABR staff members.

“I want to express my sincere thanks to the kind and caring leadership and support staff at the American Board of Radiology. Thanks for being friends on the other end of the phone, letters, or emails. Your roles are infinitely valuable and greatly appreciated!”

—ABR Volunteer Mario E. Torres-León, MD
Diagnostic Radiologist, Hesperus, Colorado
In 2012, we expanded Part 2 activities that meet self-assessment CME (SA-CME) requirements, adding activities from radiology journal articles with self-assessment tests. Self-Assessment Modules (SAMs) are still available from in-person, society-sponsored activities.

In 2013, we launched the MOC Team Tracker program so group practices can appoint authorized administrators to help with bookkeeping and payments.

In 2015, we expanded the ways diplomates can fulfill Part 4 (Improvement in Medical Practice) requirements by including active participation in many activities such as peer review, quality or safety review committees, and root cause analysis teams.

In 2016, we introduced MOC annual attestation, eliminating the need for diplomates to upload or enter detailed information in myABR.

As announced in 2016, we will go live in 2019 with Online Longitudinal Assessment (OLA), replacing the traditional 10-year MOC Exam for Part 3.

“Before medical school, my training was in social and public policy, economics, and the history of medicine. For that reason, I locate board certification within a big-picture, long-range perspective of the function of any professional certifying body in America. Without the ABR, we would have a public policy vacuum that would inevitably be filled by a formal governmental regulatory body. Because I don’t think that’s an optimal endpoint, I want the ABR to succeed in its mission.”

—Scott M. Truhlar, MD, Member of ABR’s MOC Advisory Committee
Diagnostic Radiologist, Iowa City, Iowa

“I feel a tremendous responsibility to the patients and staff who depend on my work. Board certification serves as an independent validation not only that I’m appropriately knowledgeable and skilled to accept this responsibility, but also that I’m continually working to improve those capabilities.”

—ABR Volunteer Jay W. Burmeister, PhD
Medical Physicist, Detroit, Michigan
"I think Online Longitudinal Assessment will help me identify weak areas and focus my CME, as well as help keep me regularly doing CME rather than batching. It is difficult to get this sort of feedback in other forums without paying additional fees. It also seems more practice relevant than a postcertification exam and sounds like it will take very little time out of my day. That will be a big factor in making it a success."

—ABR Volunteer Richard L. Becker, MD
Diagnostic Radiologist, Pensacola, Florida

Online Longitudinal Assessment (OLA) will replace the traditional 10-year MOC examination to meet requirements for Part 3.

A pilot will begin in 2018, with anticipated live rollout for diagnostic radiology (DR) in 2019. OLA for other specialties will follow as soon as possible.

Each year, diplomates will receive 104 opportunities to answer questions. They will be required to answer 52 questions per year, and they may decline 10 per year. Questions will be available weekly.

DR subspecialty questions will count toward OLA requirements for both DR and one subspecialty. Additional subspecialties will require more content.

Immediate feedback will include the correct answer, the rationale, and at least one reference.

Initial performance evaluation will be based on the first 200 questions answered.

Advantages include no travel to complete the MOC Part 3 requirement, minimal impact on the workday, options for when and how frequently questions are answered, the potential for retesting in areas of weakness, and an available history of performance.

Oracle State Park, photo by Elena Luevano, ABR staff

Online Longitudinal Assessment

"Things change quickly in our field, and it’s important that all of us remain current and knowledgeable about new data, techniques, and equipment."

—ABR Volunteer Michael J. Yunes, MD
Radiation Oncologist, Southampton, Massachusetts

Therapeutic medical physics volunteers meet with ABR staff for OLA item-writing training.
2017 ACCOMPLISHMENTS

◊ Formed Online Longitudinal Assessment (OLA) item-writing committees and began development of OLA content.

◊ Created a new and downsized Noninterpretive Skills (NIS) Syllabus.

◊ Conducted three administrations of the Core Exam, two administrations of the Certifying Exam, four subspecialty exams, and two Maintenance of Certification (MOC) exams.

◊ Awarded 1,160 new specialty certificates in diagnostic radiology and 291 new subspecialty certificates.

www.theabr.org/diagnostic-radiology

“Board certification was just a beginning, a start of a career-long evolution to (hopefully) finish better than I started. I believe the current Continuous Certification structure, in a curious way, promises to be more coach and cheerleader than umpire. Continuous certification is a nudge, a reminder that it takes great effort to make our professional work seem effortless.”

—ABR Volunteer Frederick A. Mann, MD
Diagnostic Radiologist, Anacortes, Washington

“Board certification serves as a benchmark and a reminder that learning is lifelong. It is the currency that earns our profession public trust, credibility among our peers, and the respect of legislators and credentialers.”

—ABR Volunteer Jacqueline A. Bello, MD
Diagnostic Radiologist, New York, New York

The Diagnostic Radiology Core Exam GI Committee met in Chicago in August 2017. From left are ABR volunteers Erik V. Soloff, MD; Desiree E. Morgan, MD (Chair); Caroline R. Taylor, MD; Kathryn J. Fowler, MD; Ashok K. Gupta, MD; and David A. Zamora, MS.
ABR BOARD OF GOVERNORS

We extend a warm welcome to the ABR volunteer governors below, who began their service in October 2017.

The following governors rotated off the Board in October 2017. Thank you for your volunteer service to the ABR!

Geoffrey S. Ibbott, PhD
Secretary/Treasurer, 2015-2017
ABR Trustee 2007-2015

Duane G. Mezwa, MD
ABR Governor 2015-2017
ABR Trustee 2008-2015

J. Anthony Seibert, PhD
ABR Trustee, 2013-2017
Medical Physicist, UC Davis

ABR BOARD OF TRUSTEES

We extend a warm welcome to the new ABR trustees below, most beginning in October 2017.

The following trustees rotated off the ABR Board in 2017, most in October. Thank you for your volunteer service to the ABR!

Patricia H. Hardenbergh, MD
Christopher P. Wood, MD

Dennis C. Shrieve, MD, PhD, 2009-2017
Robert D. Zimmerman, MD, 2009-2017

Stephen M. Hahn, MD
2013-2017

Michael G. Herman, PhD
Oct. 2015-Feb. 2017

Jeanne M. LaBerge, MD
2009-2017

Dennis C. Shrieve, MD, PhD, 2009-2017
Robert D. Zimmerman, MD, 2009-2017

Matthew B. Podgorsak, PhD
(began Feb. 2017)

Kalpana M. Kanal, PhD

Anne M. Covey, MD
Brian J. Davis, MD, PhD
Patricia H. Hardenbergh, MD

Background photo taken near the ABR Office by Donna Breckenridge, ABR staff.
Board certification means that an objective, knowledgeable professional board of dedicated experts has stated to the public that I am competent and worthy of trust in performing my medical work.”

—ABR Volunteer M. Victoria (Vicki) Marx, MD
Interventional Radiologist, Los Angeles, California

2017 ACCOMPLISHMENTS

◊ Administered the first oral exam for interventional radiology/diagnostic radiology (IR/DR) specialty certification in October.

◊ Converted 2,601 DR specialty and Vascular and Interventional Radiology (VIR) subspecialty certificates to IR/DR certificates.
A large group of medical physics volunteers attended Online Longitudinal Assessment (OLA) item-writing training at the ABR Office in July 2017. Almost 40 physicists participated and created about 230 OLA items.

“As a physicist, I find it satisfying that we have a process like that of our radiologist colleagues that provides a measure of proficiency.”

—ABR Volunteer Michael V. Yester, PhD
Medical Physicist, Birmingham, Alabama

www.theabr.org/medical-physics

“Medical Physics

MILESTONES IN MEDICAL PHYSICS
◊ 2017 marked the 70th anniversary of ABR certification in medical physics.

◊ Before 1937, medical physicists were certified by the Radiological Society of North America (RSNA).

◊ The ABR is one of only two member boards of the American Board of Medical Specialties that certifies nonphysicians; the second is the American Board of Medical Genetics and Genomics in Bethesda, Maryland.

◊ Among the early medical physics diplomates was Rosalyn Yalow, the only ABR diplomate to be a Nobel laureate. She was co-winner of the 1977 Nobel Prize in physiology or medicine for development of the radioimmunoassay technique.

“It’s critical for medical physics as a profession to demonstrate to the general public that its practitioners are able to meet a common set of standards as defined by the certification process.”

—ABR Volunteer Kieran P. McGee, PhD
Medical Physicist, Rochester, Minnesota

Prickly pear cactus blooms, photo by Carrie Olson, ABR staff

MEDICAL PHYSICS

Prickly pear cactus blooms, photo by Carrie Olson, ABR staff
ABR radiation oncology volunteers use red and green cards to rate the difficulty of a question at the January 2017 Test Assembly meeting.

“Board certification demonstrates an ongoing commitment to excellence in the field. I volunteer because I’m grateful for the opportunity to help maintain the high standards of our specialty. The best part of volunteering is the collegiality of the ABR volunteers and staff.”

—ABR Volunteer John C. Breneman, MD
Radiation Oncologist, Cincinnati, Ohio

RADIATION ONCOLOGY

Cliffs of Sedona, photo by Sherri Tradup, ABR staff

www.theabr.org/radiation-oncology

“Through the certification and recertification exams, the ABR defines the knowledge base required for standard of care radiation oncology practice. It is an honor to help with the important work of defining these standards together with my colleagues.”

—ABR Volunteer Elizabeth H. Baldini, MD, MPH
Radiation Oncologist, Boston, Massachusetts

2017 ACCOMPLISHMENTS

◊ Significantly increased the size of clinical category committees to give greater opportunity for volunteer participation.
◊ Re-organized the clinical category committees to support ABR Online Longitudinal Assessment (OLA) development.
◊ Established standards and schedules for revision of the non-clinical skills syllabus and item inventory.
STATISTICS

ALL CERTIFICATES ISSUED BY DECADE

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1934-1939</td>
<td>1,413</td>
<td>1,844</td>
<td>3,303</td>
<td>4,175</td>
<td>9,318</td>
<td>10,083</td>
<td>12,391</td>
<td>12,994</td>
<td>15,411</td>
</tr>
<tr>
<td>1940-1949</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1950-1959</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1960-1969</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1970-1979</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1980-1989</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1990-1999</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2000-2009</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2010-2017</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TOTAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

SPECIALTY CERTIFICATES ISSUED 2008-2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Radiology</td>
<td>1,092</td>
<td>1,273</td>
<td>1,160</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,092</td>
</tr>
<tr>
<td>Interventional/Diagnostic Radiology</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>256</td>
</tr>
<tr>
<td>Medical Physics</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,609</td>
</tr>
<tr>
<td>Therapeutic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>2,438</td>
</tr>
<tr>
<td>Diagnostic</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Nuclear</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Radiation Oncology</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1,139</td>
</tr>
<tr>
<td>TOTAL</td>
<td>1,530</td>
<td>1,603</td>
<td>1,582</td>
<td>1,720</td>
<td>1,746</td>
<td>1,770</td>
<td>1,494</td>
<td>1,711</td>
<td>1,827</td>
<td>1,551</td>
<td></td>
</tr>
</tbody>
</table>

SUBSPECIALTY CERTIFICATES ISSUED 2008-2017

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Neuroradiology</td>
<td>148</td>
<td>158</td>
<td>167</td>
<td>185</td>
<td>197</td>
<td>189</td>
<td>158</td>
<td>170</td>
<td>149</td>
<td>211</td>
<td>1,732</td>
</tr>
<tr>
<td>Nuclear Radiology</td>
<td>3</td>
<td>2</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>13</td>
<td>11</td>
<td>10</td>
<td>2</td>
<td>5</td>
<td>65</td>
</tr>
<tr>
<td>Pediatric Radiology</td>
<td>34</td>
<td>41</td>
<td>40</td>
<td>53</td>
<td>59</td>
<td>60</td>
<td>57</td>
<td>81</td>
<td>65</td>
<td>74</td>
<td>564</td>
</tr>
<tr>
<td>Vascular &amp; Interventional Radiology</td>
<td>81</td>
<td>103</td>
<td>98</td>
<td>117</td>
<td>133</td>
<td>150</td>
<td>177</td>
<td>103</td>
<td>177</td>
<td>-</td>
<td>1,139</td>
</tr>
<tr>
<td>Hospice &amp; Palliative Medicine</td>
<td>9</td>
<td>-</td>
<td>11</td>
<td>-</td>
<td>42</td>
<td>-</td>
<td>5</td>
<td>-</td>
<td>2</td>
<td>-</td>
<td>69</td>
</tr>
<tr>
<td>Pain Medicine</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>1</td>
<td>1</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>TOTAL</td>
<td>275</td>
<td>304</td>
<td>321</td>
<td>363</td>
<td>438</td>
<td>412</td>
<td>408</td>
<td>364</td>
<td>396</td>
<td>291</td>
<td>3,572</td>
</tr>
</tbody>
</table>

EXAMINATION STATISTICS

Average pass rates for residents taking the exam for the first time (2014-2016)

<table>
<thead>
<tr>
<th>Exam</th>
<th>Average Number of Examinees</th>
<th>Average Pass Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnostic Radiology Core Exam</td>
<td>1,174</td>
<td>90%</td>
</tr>
<tr>
<td>Medical Physics Part 1 General Exam</td>
<td>192</td>
<td>69%</td>
</tr>
<tr>
<td>Medical Physics Part 1 Clinical Exam</td>
<td>185</td>
<td>73%</td>
</tr>
<tr>
<td>Medical Physics Part 2 Exam</td>
<td>143</td>
<td>79%</td>
</tr>
<tr>
<td>Medical Physics Part 3 (Oral) Exam</td>
<td>230</td>
<td>67%</td>
</tr>
<tr>
<td>Radiation Oncology Clinical Exam</td>
<td>176</td>
<td>95%</td>
</tr>
<tr>
<td>Radiation Oncology Physics Exam</td>
<td>192</td>
<td>92%</td>
</tr>
<tr>
<td>Radiation Oncology Biology Exam</td>
<td>192</td>
<td>90%</td>
</tr>
<tr>
<td>Radiation Oncology Oral Exam</td>
<td>163</td>
<td>90%</td>
</tr>
</tbody>
</table>

MOC ENROLLMENT

As of December 4, 2017, a total of 28,248 diplomates were enrolled in ABR Maintenance of Certification (MOC).

1Because of the transition from the diagnostic radiology (DR) oral exam to the DR Certifying Exam, only those who took and passed a DR oral exam were certified in 2014. The first DR Certifying Exam was administered in October 2014.
2Specific specialty of medical physics
3Certification administered by the American Board of Anesthesiology beginning in 2016; exams offered every year.
4Diplomate was originally certified by the American Board of Physical Medicine and Rehabilitation and later transferred.
5No longer issued; replaced by IR/DR in 2017.
◊ The American Board of Radiology (ABR) is located farther west than any of the other 23 ABMS member boards. Next are the American Board of Obstetrics and Gynecology in Dallas and the American Board of Otolaryngology in Houston.

◊ The largest number of ABR diplomates lives in California (5,897), followed by New York (4,028), Texas (3,551), and Florida (3,147).

◊ The smallest number of ABR diplomates can be found in Wyoming (57), followed by Alaska (81), Vermont (103), and North Dakota (117).

◊ U.S. external areas (outside the 50 states and Washington, D.C.) have 204 ABR diplomates. The U.S. military has 73 ABR diplomates overseas.

◊ Canada has 1,498 ABR diplomates, and 359 ABR diplomates live in other foreign countries.

Statistics are from the 2016-2017 ABMS Board Certification Report.