2019 Resident/ Fellow Census

AMERICAN PSYCHIATRIC ASSOCIATION

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Introduction

Data for this report came from the National GME Census or the GME Track, an online survey jointly sponsored by the Association of American Medical Colleges (AAMC) and the American Medical Association (AMA). Additional data was gathered from the ACGME Data Book and the NRMP Data Resource.

The uses of the Resident/Fellow Census are many. It supplies important workforce information to the field for planning and other needs including recruitment and retention efforts of training programs. The Census creates a yearly demographic picture of psychiatry residents, which can be used to assess our psychiatric workforce and its progress on metrics deemed relevant to the practice of psychiatry.

The data gathered from the GME Track survey report is based upon a 94.4% response rate in 2018 from programs accredited by ACGME for general, child and adolescent, geriatric, forensic, addictions, consultation-liaison psychiatry medicine, and/or combined specialty psychiatry training non-accredited by the ACGME. Data in this survey is presented in comparison with the previous years' reports also derived from the GME Track.

The 2019 Census has expanded considerably since the version released in 2018. Not only does it contain updated information and numbers pertinent to the last two years but also retains data in corresponding tables from 2014 to allow for comparison and observation of trends. Additionally, it now includes educational debt information and provides numbers of filled ACGME spots in General Psychiatry and Psychiatric subspecialties as a fraction of a fixed 500,000 people per state.

Readers of this document are permitted to use tables in their own scholarly work with attribution to the American Psychiatric Association.

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Introduction

Acknowledgments

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Special thanks to Ms. Lindsay B. Roskovensky and Mr. Tomas Massari of the AAMC GME Track for providing the APA with relevant data.

History of the Psychiatry Resident/ Fellow Census

The American Psychiatric Association first reported the demographics of the psychiatry residents in 1969 through a survey of all psychiatry residency and fellowship programs. The APA continued to survey the programs annually until 1998. In 1999, the APA collaborated with the American Medical Association (AMA) and used the AMA database of psychiatry residents to produce the 1999-2000 census report. This was done in an effort to reduce the number of data requests training directors receive as well as to assess the timeliness and accuracy of an online data collection format. Starting with the 2001-2002 report, APA's data came from the National GME Survey or GME Track, an online survey conducted by the Association of American Medical Colleges (AAMC) in collaboration with the AMA. Introduced in 2000, the GME Track is a secure web-based database that tracks and reports all residents in the United States. The database includes all the residents and fellows (of the five ACGME-recognized subspecialty fellowships in addictions, child and adolescent, forensics, geriatrics, and consultation-liaison psychiatry) as reported by the GME programs and those who matched during the National Residency Matching Program.

The APA has historically made additions to the data received from the AAMC such as verifying resident status from residency programs that did not respond to the GME Track.

Introduction

Methodology

This census includes selected data from publicly available resources produced by the AAMC, ACGME and NRMP databases in addition to a data grant for specific demographics from the AAMC GME Track.

GME Track® is a resident database and tracking system that was introduced in March 2000 to assist GME administrators and program directors in the collection and management of GME data. GME Track contains the National GME Census, which is jointly conducted by the Association of American Medical Colleges and the American Medical Association and reduces duplicative reporting by replacing the AAMC's and AMA's previously separate GME surveys. The National GME Census is completed by residency program directors and institutional officials. The Census is comprised of two components: the Resident Survey and the Program Survey. Resident data and program data are confirmed annually, and the survey cycle can be updated between May and February, while the GME Track application is open. This census does not include data from residency programs that did not respond to the GME Track. For GME Track data, a GME year indicates that a resident was active in training as of December 31 of that year. For example, GME year 2017 includes residents active in training as of December 31, 2017. Over the years, the methodology for collecting AAMC data on race/ethnicity has changed. Because of these changes, race/ethnicity data may not be directly comparable across time.

From academic year 2002-2003 until academic year 2012-2013, the AAMC collected race/ethnicity data in two questions—one question asked about the race or races with which an individual identified, and the other question asked about Hispanic origin. From academic year 2013-2014 to the present, the AAMC has collected race/ethnicity data in a single question that shows all of the race and Hispanic categories that an individual may select. This question allows an individual to select any combination of races and Hispanic origin.

The Accreditation Council for Graduate Medical Education (ACGME) is the body responsible for accrediting the majority of graduate medical training programs for physicians in the United States. It is a non-profit private council that evaluates and accredits medical residency and internship programs. The ACGME Data Resource Book was developed to provide an easy-to-use collection of current and historical data related to the accreditation process. The book is intended to be a concise reference for policymakers, residency/fellowship program directors, institutional officials, and others to identify and clarify issues affecting the accreditation of graduate medical education programs. For ACGME data, a year indicates an academic year time frame. For example, the year 2016 represents the 2016-2017 academic year. The National Resident Matching Program® (NRMP®), or The Match®, is a private, non-profit organization established at the request of medical students to provide an orderly and fair mechanism for matching the preferences of applicants for U.S. residency positions with the preferences of residency program directors. For NRMP data, a year indicates match data for the year listed. For example, the year 2016 represents the match data for positions offered in the year 2016.

Key Findings

1

The number of **available match positions** in psychiatry **continues to increase**.

2

The **proportion of filled positions has increased** since 2014 and includes a **higher percentage of U.S. medical school graduates** and fewer international medical graduates than prior to 2016.

3

There has been a **reduction in the percentage of female psychiatry residents** since 2016.

4

The **racial and ethnic diversity** among psychiatric trainees **has not changed significantly** since 2016.

5

Large geographic differences exist across states in the ratio of psychiatry trainees to population.

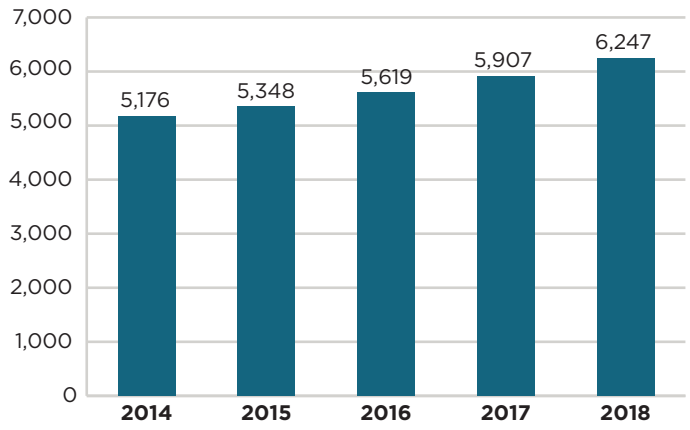
Total Number of General Psychiatry Residents

Key Finding: The total number of psychiatry residents has increased by 1,071 (20.7%) since 2014.

Number of General Psychiatry Residents 2014-2018

TABLE 1

Year	Total Residents
2014	5,176
2015	5,348
2016	5,619
2017	5,907
2018	6,247



Source: ACGME Data Resource Book 2014-2018, Table C.6

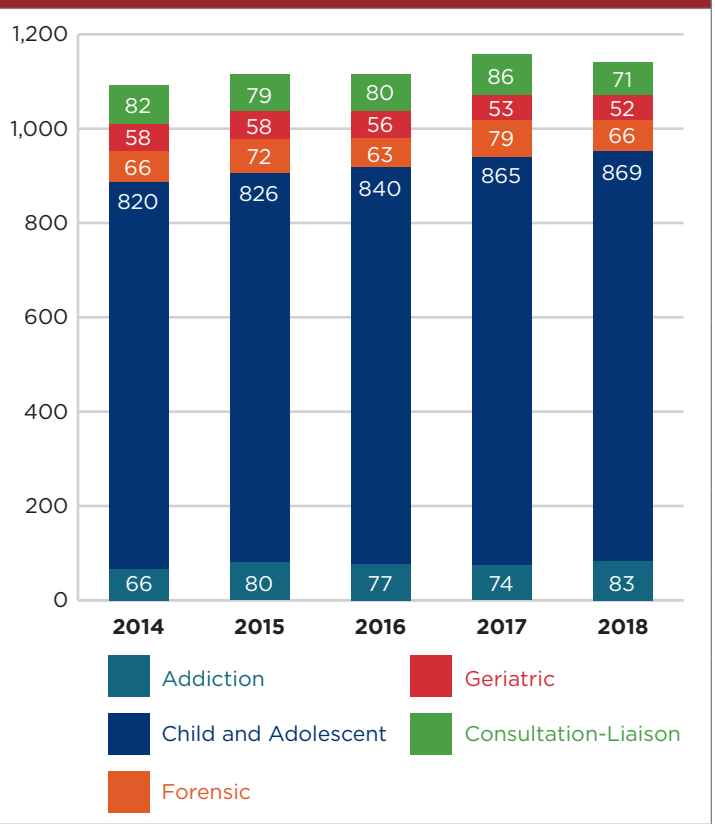
Psychiatry Fellows in Subspecialties

Key Finding: Child and adolescent continues to be the subspecialty with the largest number of trainees. Since 2014, the number of trainees in addiction psychiatry has increased 26% while geriatric psychiatry has decreased by 10%. The number of trainees in consultation-liaison had been increasing but saw a decrease of 17% between 2017 and 2018.

Number of Psychiatry Fellows in Subspecialties 2014-2018

TABLE 2

Year	Addiction	Child and Adolescent	Forensic	Geriatric	Consultation-Liaison
2014	66	820	66	58	82
2015	80	826	72	58	79
2016	77	840	63	56	80
2017	74	865	79	53	86
2018	83	869	66	52	71
Total Growth 2014-2018	**25.76%**	**5.98%**	**0.00%**	**-10.34%**	**-13.41%**



Source: ACGME Data Resource Book 2014-2018, Table C.6

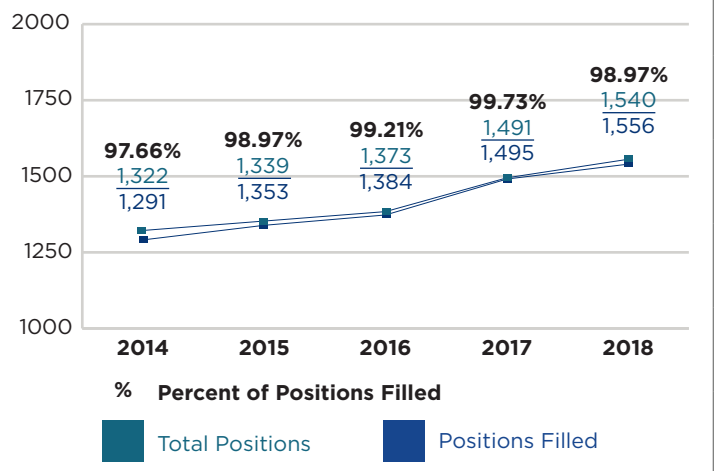
PGY1 Match Numbers

Key Finding: The percentage of filled positions rose to greater than 99% in 2016 and has continued at about that level for the last three years.

PGY1 Positions Offered in the Match Program by Number and Percent Filled 2014-2018

TABLE 3

Year	Total Positions	Positions Filled	Percent of Positions Filled
2014	1,322	1,291	97.66%
2015	1,353	1,339	98.97%
2016	1,384	1,373	99.21%
2017	1,495	1,491	99.73%
2018	1,556	1,540	98.97%



Source: NRMP Results and Data: 2014-2018 Main Residency Match, Table 7

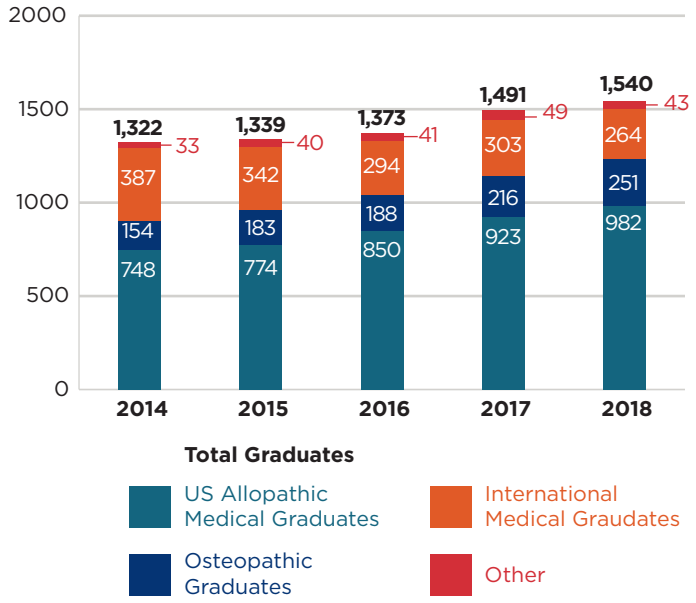
PGY1 Matches for U.S. Graduates

Key Finding: There was an increase in the number of PGY1 matriculants in 2018 while the percentage of international medical graduates continues to decrease.

PGY1 Positions Filled in the Match Program by Number and Percent Filled by US Graduates 2014-2018

TABLE 4

Year	Total Graduates	US Allopathic Medical Graduates	Osteopathic Graduates	International Medical Graduates	Other
2014	1,322	748 (56.58%)	154 (11.65%)	387 (29.27%)	33 (2.50%)
2015	1,339	774 (57.80%)	183 (13.67%)	342 (25.54%)	40 (2.99%)
2016	1,373	850 (61.91%)	188 (13.69%)	294 (21.41%)	41 (2.99%)
2017	1,491	923 (61.90%)	216 (14.49%)	303 (20.32%)	49 (3.29%)
2018	1,540	982 (63.77%)	251 (16.30%)	264 (17.14%)	43 (2.79%)



Source: NRMP Results and Data: 2014-2018 Main Residency Match, Tables 10-12

Psychiatry Subspecialties by Positions Offered and Percent Filled

Key Finding: The percentage of filled positions continues to decrease for geriatric psychiatry.

Accredited ACGME Psychiatry Subspecialties by Positions Offered and Percent Filled 2017-2018

TABLE 5

Year 2017

Subspecialty	Total Filled Complement	Total Approved Complement	Percent Filled	Total Programs
Addiction Psychiatry	83	129	64.34%	49
Child and Adolescent Psychiatry	882	1,105	79.82%	138
Consultation-Liaison Psychiatry	90	143	62.94%	60
Forensic Psychiatry	84	123	68.29%	47
Geriatric Psychiatry	59	155	38.06%	60

Year 2018

Subspecialty	Total Filled Complement	Total Approved Complement	Percent Filled	Total Programs
Addiction Psychiatry	85	132	64.39%	50
Child and Adolescent Psychiatry	883	1,132	78.00%	140
Consultation-Liaison Psychiatry	78	144	54.17%	62
Forensic Psychiatry	73	127	57.48%	48
Geriatric Psychiatry	52	157	33.12%	61

Source: ACGME Special Data Request, 2020

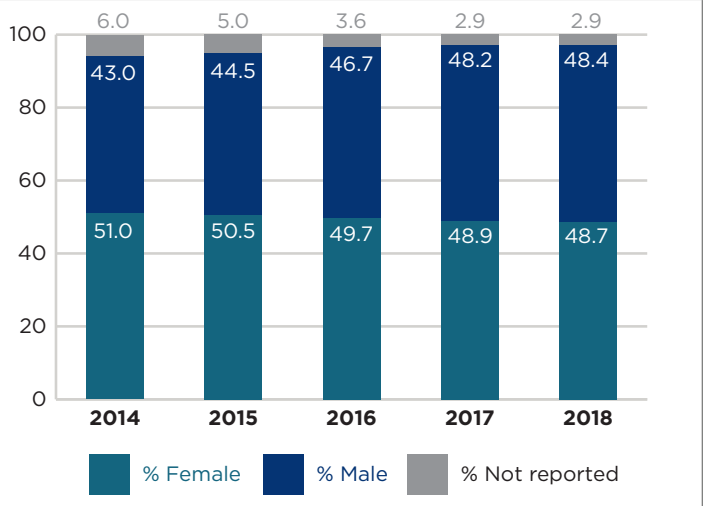
General Psychiatry Residents by Sex

Key Finding: The percentage of reported female residents has decreased since 2014.

General Psychiatry Residents by Sex 2014-2018

TABLE 6

Year	Total Residents	Female (%)	Male (%)	Not Reported (%)
2014	5,176	51.00%	43.00%	6.00%
2015	5,338	50.50%	44.50%	5.00%
2016	5,619	49.70%	46.70%	3.60%
2017	5,907	48.90%	48.20%	2.90%
2018	6,247	48.70%	48.40%	2.90%



Source: ACGME Data Resource Book 2014-2018, Table C.21

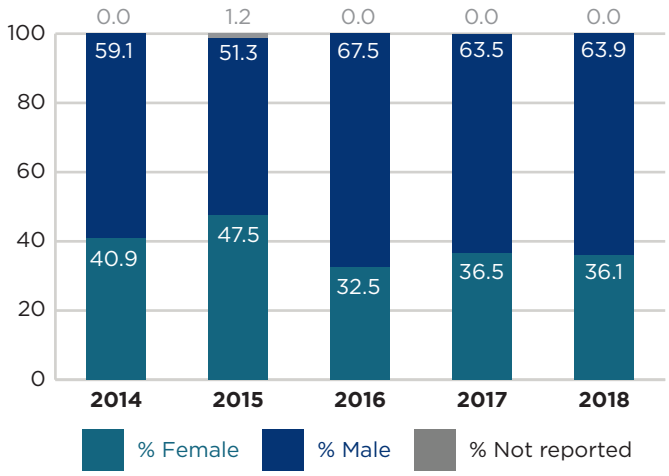
Psychiatry Subspecialties by Sex

Key Finding: The following tables illustrate the sex differences within the five psychiatric subspecialties. There continues to be a large female vs. male gap in some fellowships, with more males in addiction fellowships and more females in child and adolescent and geriatric fellowships.

Psychiatry Addiction Fellows 2014-2018

TABLE 7.1

Year	Total Fellows (n)	Female (%)	Male (%)	Not Reported (%)
2014	66	40.90%	59.10%	0.00%
2015	80	47.50%	51.30%	1.20%
2016	77	32.50%	67.50%	0.00%
2017	74	36.50%	63.50%	0.00%
2018	83	36.10%	63.90%	0.00%

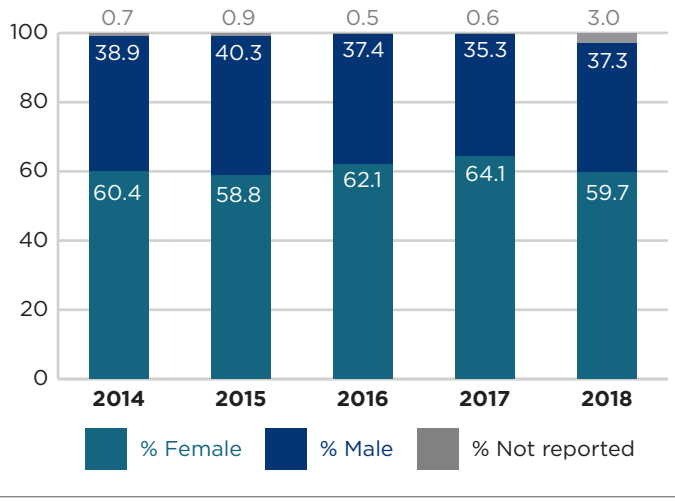


Source: ACGME Data Resource Book 2014-2018, Table C.21

Psychiatry Child and Adolescent Fellows 2014-2018

TABLE 7.2

Year	Total Fellows (n)	Female (%)	Male (%)	Not Reported (%)
2014	820	60.40%	38.90%	0.70%
2015	826	58.80%	40.30%	0.90%
2016	840	62.10%	37.40%	0.50%
2017	865	64.10%	35.30%	0.60%
2018	869	59.70%	37.30%	3.00%



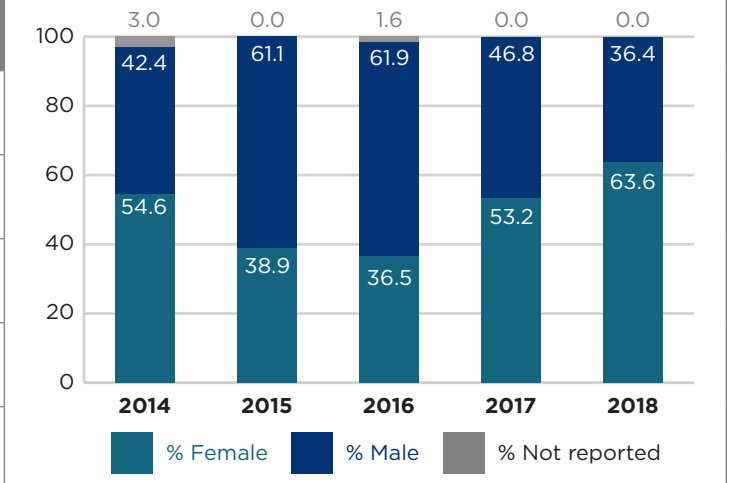
Source: ACGME Data Resource Book 2014-2018, Table C.21

Psychiatry Subspecialties by Sex

Psychiatry Forensic Fellows 2014-2018

TABLE 7.3

Year	Total Fellows (n)	Female (%)	Male (%)	Not Reported (%)
2014	66	54.60%	42.40%	3.00%
2015	72	38.90%	61.10%	0.00%
2016	63	36.50%	61.90%	1.60%
2017	79	53.20%	46.80%	0.00%
2018	66	63.60%	36.40%	0.00%

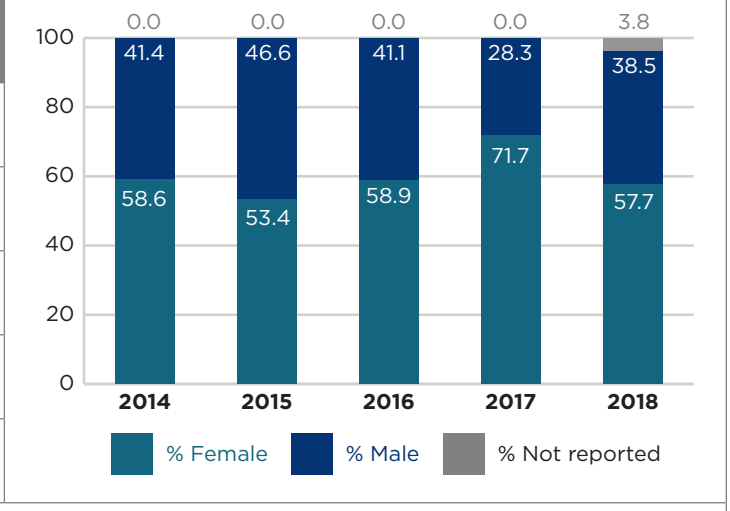


Source: ACGME Data Resource Book 2014-2018, Table C.21

Psychiatry Geriatric Fellows by Sex 2014-2018

TABLE 7.4

Year	Total Fellows (n)	Female (%)	Male (%)	Not Reported (%)
2014	58	58.60%	41.40%	0.00%
2015	58	53.40%	46.60%	0.00%
2016	56	58.90%	41.10%	0.00%
2017	53	71.70%	28.30%	0.00%
2018	52	57.70%	38.50%	3.80%



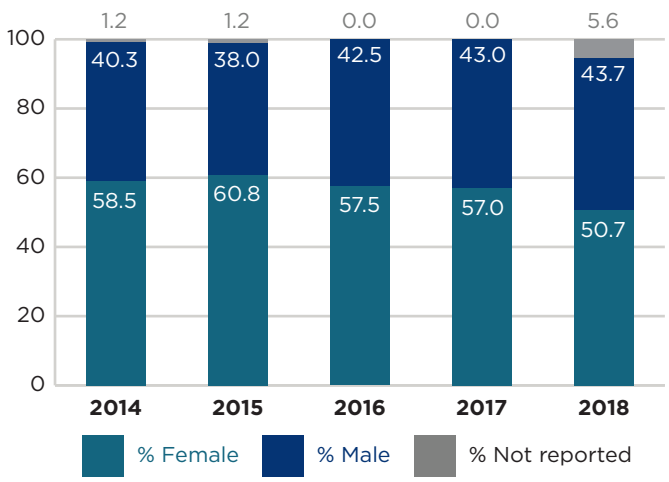
Source: ACGME Data Resource Book 2014-2018, Table C.21

Psychiatry Subspecialties by Sex

Psychiatry Consultation-Liaison Fellows by Sex 2014-2018

TABLE 7.5

Year	Total Fellows (n)	Female (%)	Male (%)	Not Reported (%)
2014	82	58.50%	40.30%	1.20%
2015	79	60.80%	38.00%	1.20%
2016	80	57.50%	42.50%	0.00%
2017	86	57.00%	43.00%	0.00%
2018	71	50.70%	43.70%	5.60%



Source: ACGME Data Resource Book 2014-2018, Table C.21

Psychiatry Residents by Race & Ethnicity, GME Track Data

Key Finding: There are no clear trends in the data resulting from the impact of efforts to increase diversity. The largest categories are White and Asian, and together represent over three-fourths of PGY1 psychiatry residents. The third largest category, Non-U.S. Citizen and Non-Permanent Resident, represents residents who lack citizenship by birth right or naturalization and may include students with unknown citizenship. Fewer than 10% of residents self-identify as Black/African American and Hispanic/Latino/Spanish Origin and less than one percent self-identify as American Indian/ Alaskan Native or Native Hawaiian/Other Pacific Islander.

General Psychiatry PGY1 Residents by Race & Ethnicity 2014-2018

TABLE 8.1

Duplicated Race/ Ethnicity[1]	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
American Indian or Alaska Native	7	0.51%	10	0.71%	11	0.75%	13	0.85%	10	0.63%
Asian	327	24.03%	295	20.94%	318	21.59%	376	24.69%	386	24.28%
Black or African American	95	6.98%	91	6.46%	94	6.38%	123	8.08%	96	6.04%
Hispanic, Latino, or of Spanish Origin	100	7.35%	96	6.81%	129	8.76%	135	8.86%	135	8.49%
Native Hawaiian or Other Pacific Islander	3	0.22%	2	0.14%	3	0.20%	4	0.26%	5	0.31%
White	672	49.38%	744	52.80%	781	53.02%	793	52.07%	827	52.01%
Other	56	4.11%	51	3.62%	62	4.21%	52	3.41%	48	3.02%
Unknown Race/ Ethnicity	2	0.15%	7	0.50%	7	0.48%	7	0.46%	8	0.50%
Non-U.S. Citizen/ Non-permanent Resident[2]	191	14.03%	201	14.27%	209	14.19%	157	10.31%	213	13.40%
Number of Unique Residents	**1,361**	**100.00%**	**1,409**	**100.00%**	**1,473**	**100.00%**	**1,523**	**100.00%**	**1,590**	**100.00%**

Source: AAMC Data Report

[1] Duplicated Race & Ethnicity indicates the resident identified with that race/ethnicity category alone or in combination with any other race/ethnicity category. For example, a resident who identified as Asian, Native Hawaiian or Other Pacific Islander, and white is counted three times, in each of the three categories. Therefore, the sum of the counts and percentages in the categories may be greater than the counts and percentages shown in the Number of Unique Residents row.

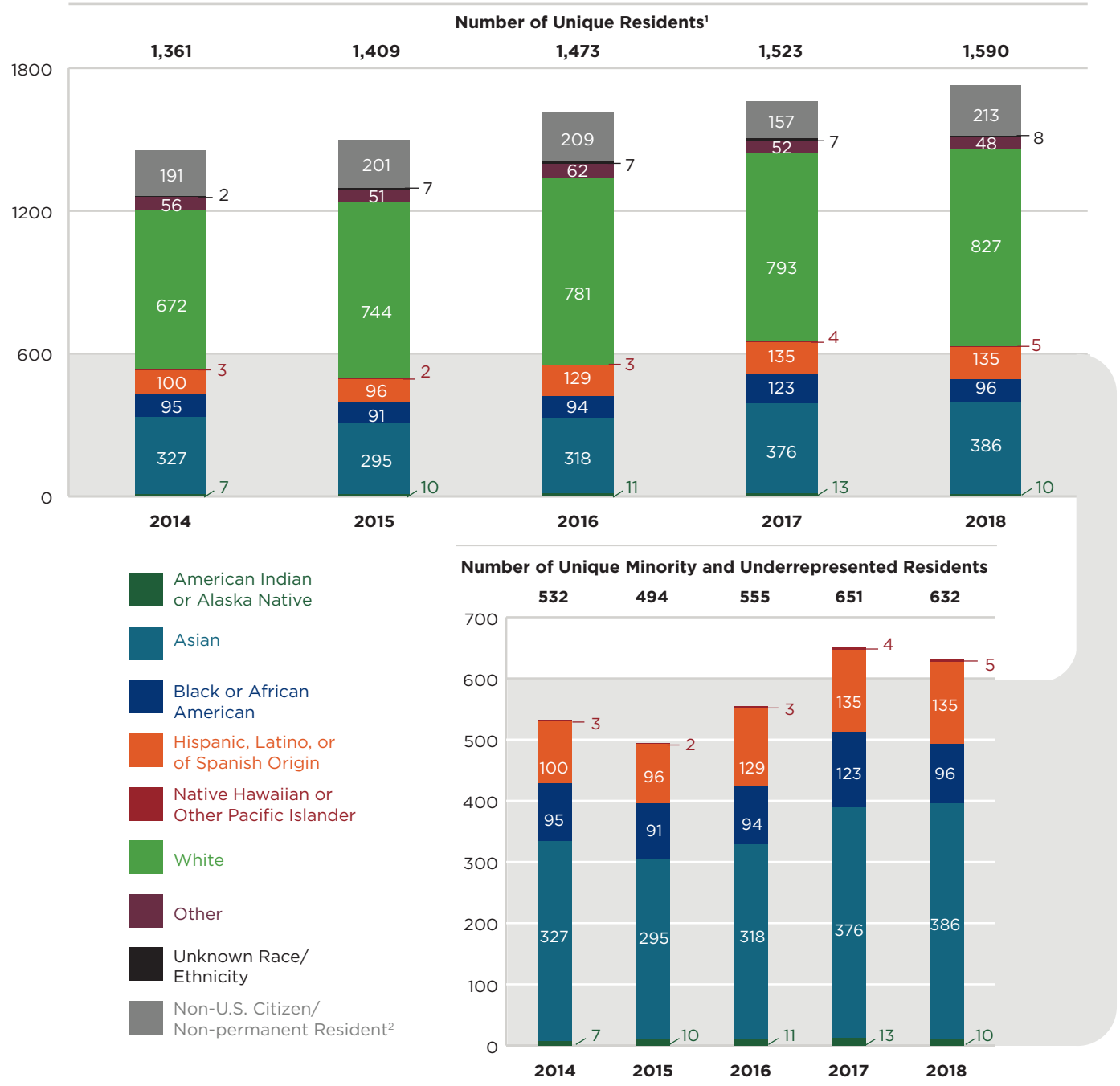
[2] Non-US Citizen/Non-permanent resident category does not pertain to race and ethnicity.

Note: Counts and percentages are slightly different than the 2018 Census Report (typically less than .1%)

Psychiatry Residents by Race & Ethnicity, GME Track Data

General Psychiatry PGY1 Residents by Race & Ethnicity 2014-2018

TABLE 8.2



[1] *Duplicated Race & Ethnicity indicates the resident identified with that race/ethnicity category alone or in combination with any other race/ethnicity category. For example, a resident who identified as Asian, Native Hawaiian or Other Pacific Islander, and white is counted three times, in each of the three categories. Therefore, the sum of the counts and percentages in the categories may be greater than the counts and percentages shown in the Number of Unique Residents row.*

[2] *Non-US Citizen/Non-permanent resident category does not pertain to race and ethnicity.*

Note: Counts and percentages are slightly different than the 2018 Census Report (typically less than .1%)

Psychiatry Residents by Race & Ethnicity, GME Track Data

Key Finding: The largest categories, White and Asian, together represent nearly three-fourths of psychiatry residents. The third largest category, Non-U.S. Citizen and Non-Permanent Resident, represents residents who lack citizenship by birth right or naturalization and may include students with unknown citizenship. Consistently, less than one percent of residents self-identify as American Indian/Alaskan Native or Native Hawaiian/Other Pacific Islander. There have been minor fluctuations in levels of Black/African American and Hispanic/Latino/Spanish Origin categories since 2014, indicating a lack of a consistent trend.

All General Psychiatry Residents by Race & Ethnicity 2014–2018

TABLE 9.1

Duplicated Race/ Ethnicity[1]	2014		2015		2016		2017		2018	
	N	%	N	%	N	%	N	%	N	%
American Indian or Alaska Native	37	0.72%	39	0.74%	38	0.70%	43	0.77%	50	0.78%
Asian	1,117	21.84%	1,189	22.48%	1,214	22.46%	1,256	22.45%	1,365	21.38%
Black or African American	338	6.61%	362	6.84%	370	6.85%	390	6.97%	396	6.20%
Hispanic, Latino, or of Spanish Origin	373	7.29%	379	7.16%	421	7.79%	446	7.97%	494	7.74%
Native Hawaiian or Other Pacific Islander	6	0.12%	7	0.13%	8	0.15%	11	0.20%	11	0.17%
White	2,600	50.84%	2,708	51.19%	2,789	51.60%	2,948	52.70%	3,126	48.96%
Other	197	3.85%	201	3.80%	203	3.76%	209	3.74%	217	3.40%
Unknown Race/ Ethnicity	23	0.45%	25	0.47%	18	0.33%	22	0.39%	23	0.36%
Non-U.S. Citizen/ Non-permanent Resident[2]	739	14.45%	750	14.18%	751	13.89%	751	13.43%	703	11.01%
Number of Unique Residents	**5,114**	**100.00%**	**5,290**	**100.00%**	**5,405**	**100.00%**	**5,594**	**100.00%**	**6,385**	**100.00%**

Source: AAMC Data Report

[1] Duplicated Race & Ethnicity indicates the resident identified with that race/ethnicity category alone or in combination with any other race/ethnicity category. For example, a resident who identified as Asian, Native Hawaiian or Other Pacific Islander, and white is counted three times, in each of the three categories. Therefore, the sum of the counts and percentages in the categories may be greater than the counts and percentages shown in the Number of Unique Residents row.

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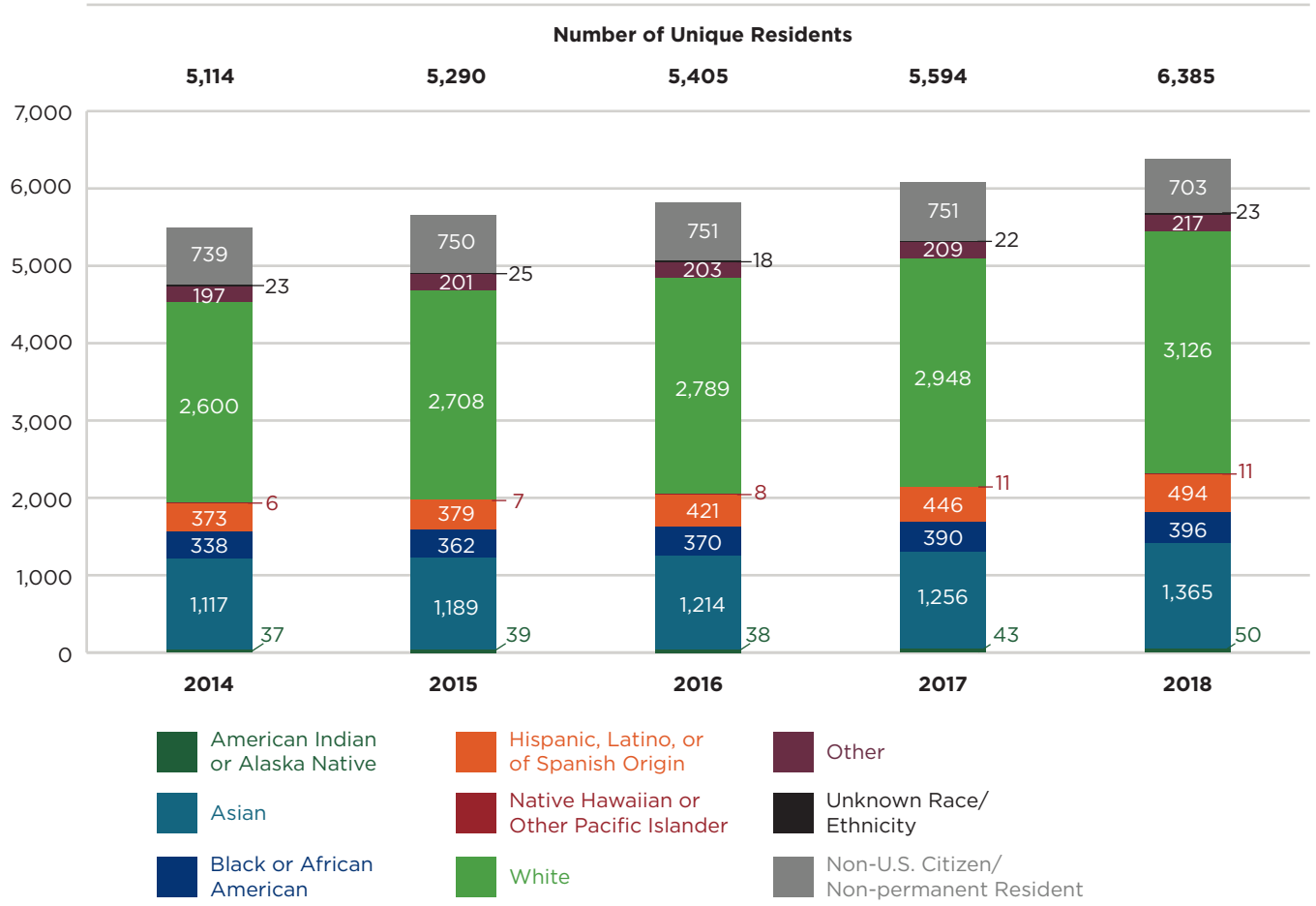
Psychiatry Residents by Race & Ethnicity, GME Track Data

All General Psychiatry Residents by Race & Ethnicity 2014–2018

TABLE 9.2



[1] Duplicated Race & Ethnicity indicates the resident identified with that race/ethnicity category alone or in combination with any other race/ethnicity category. For example, a resident who identified as Asian, Native Hawaiian or Other Pacific Islander, and white is counted three times, in each of the three categories. Therefore, the sum of the counts and percentages in the categories may be greater than the counts and percentages shown in the Number of Unique Residents row.

[2] Non-US Citizen/Non-permanent resident category does not pertain to race and ethnicity.

[3] Counts and percentages are slightly different than the 2018 Census Report (typically less than .1%)

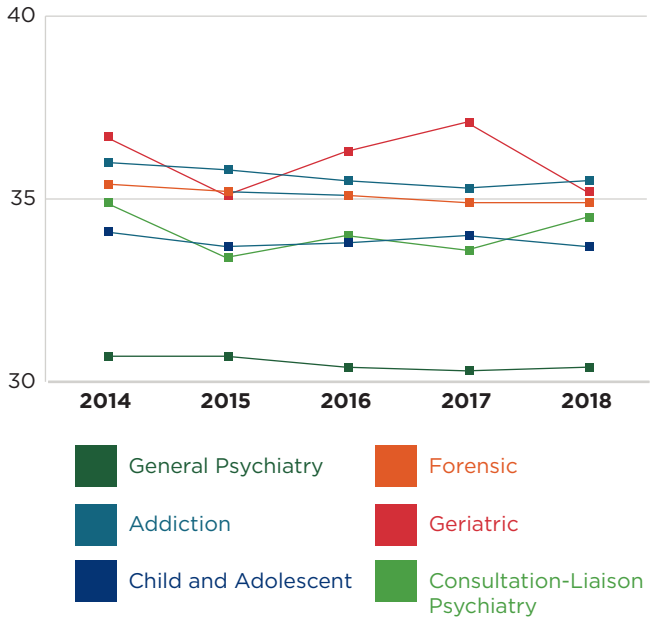
Residents in General Psychiatry and Subspecialty Fellowships by Age

Key Findings: No significant changes have been observed in the average ages of residents in General Psychiatry and subspecialty programs.

Mean Age of Residents in General Psychiatry and Subspecialty Fellowship Programs 2014-2018

TABLE 10

Program Type	2014	2015	2016	2017	2018
General Psychiatry	30.7	30.7	30.4	30.3	30.4
Addiction Psychiatry	36.0	35.8	35.5	35.3	35.5
Child and Adolescent Psychiatry	34.1	33.7	33.8	34.0	33.7
Forensic Psychiatry	35.4	35.2	35.1	34.9	34.9
Geriatric Psychiatry	36.7	35.1	36.3	37.1	35.2
Consultation-Liaison Psychiatry	34.9	33.4	34.0	33.6	34.5



Source: ACGME Data Resource Book 2014-2018, Table C.18

Residents by Birth Country

Key Findings: The highest number of residents in general psychiatry programs in 2014-2018 were born in the United States, followed by India, Pakistan and Canada. There continues to be an increase in the number of active psychiatry residents who were born in the United States.

Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2014-2018

TABLE 11.1

	2014	2015	2016	2017	2018	TOTAL
United States	3,397	3,619	2,813	4,083	4,314	**18,226**
India	426	402	354	314	286	**1,782**
Pakistan	151	149	137	137	146	**720**
Canada	87	94	108	108	111	**508**
China	90	101	99	103	104	**497**
Nigeria	74	78	73	76	70	**371**
Iran, Islamic Republic of	59	52	49	50	46	**256**
Korea, Republic of	44	50	52	53	57	**256**
United Kingdom	38	45	40	34	39	**196**
Russian Federation	35	40	38	33	29	**175**
Egypt	29	31	28	36	31	**155**
Saudi Arabia	26	26	29	32	37	**150**
Bangladesh	27	29	31	26	26	**139**
Ukraine	29	27	29	21	17	**123**
Taiwan, Province of China	28	25	25	22	21	**121**
Colombia	19	24	23	24	24	**114**
Cuba	18	19	21	25	30	**113**
Germany	29	23	20	20	20	**112**
Philippines	27	21	21	15	15	**99**
Unknown	31	26	16	9	6	**88**
TOTAL OF TOP 20 COUNTRIES	**4,664**	**4,881**	**4,006**	**5,221**	**5,429**	**24,201**

This table only clarifies the birth country, and is not related to citizenship information at time of application or match.

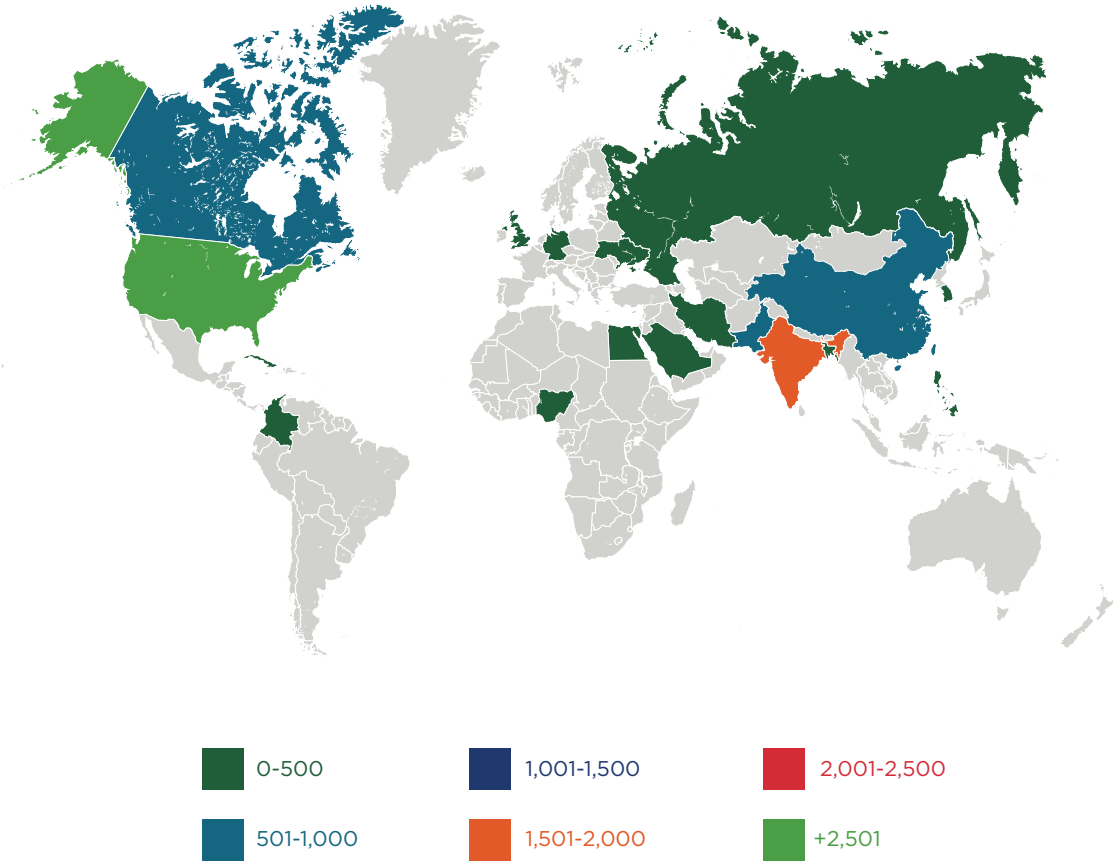
Source: AAMC Data Report

Residents by Birth Country

Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2014-2018

TABLE 11.2

Country	TOTAL 2014-2018
United States	18,226
India	1,782
Pakistan	720
Canada	508
China	497
Nigeria	371
Iran, Islamic Republic of	256
Korea, Republic of	256
United Kingdom	196
Russian Federation	175
Egypt	155
Saudi Arabia	150
Bangladesh	139
Ukraine	123
Taiwan, Province of China	121
Colombia	114
Cuba	113
Germany	112
Philippines	99
Unknown	88
TOTAL of TOP 20 COUNTRIES	**24,201**



This table only clarifies the birth country, and is not related to citizenship information at time of application or match.

Source: AAMC Data Report

Residents and Fellows by Type of Medical School Training

Key Findings: The percentage of active general active psychiatry residents who graduated from US LCME Accredited medical schools continues to increase while the percentage from international medical schools continues to decrease. Notably, there has been a 68.3% increase in the number of residents from US Osteopathic Medical schools in General Psychiatry from 2014-2018 due to the initiation of a unified accreditation system.

Number of Residents in General Psychiatry and Subspecialty Fellowships by Medical School Training 2014-2018

TABLE 12.1

US LCME-Accredited Medical School						
	2014	**2015**	**2016**	**2017**	**2018**	**TOTAL**
General Psychiatry	2,815 (54.39%)	2,972 (55.57%)	3,194 (56.84%)	3,452 (58.44%)	3,760 (60.2%)	**16,193**
Addiction Psychiatry	40	42	39	39	43	**203**
Child and Adolescent Psychiatry	455	444	445	450	456	**2,250**
Forensic Psychiatry	28	28	25	24	40	**145**
Geriatric Psychiatry	50	38	37	50	26	**201**
Consultation-Liaison Psychiatry	51	45	41	49	38	**224**

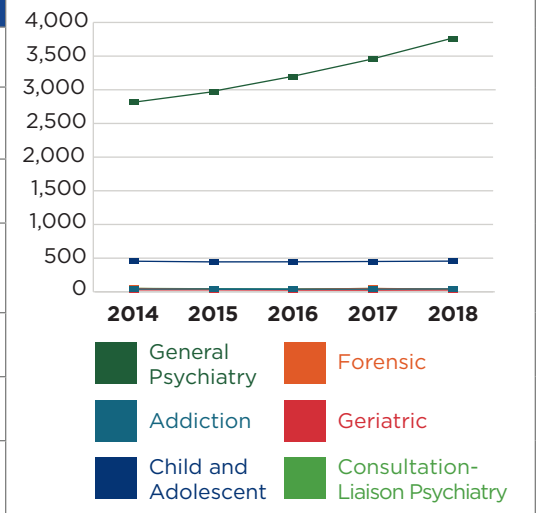
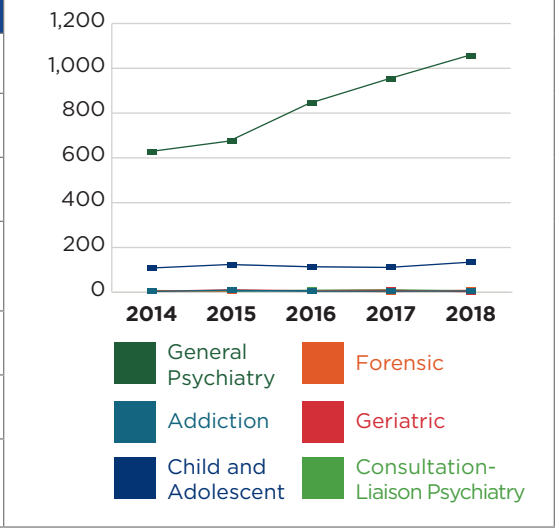


TABLE 12.2

Osteopathic Medical School						
	2014	**2015**	**2016**	**2017**	**2018**	**TOTAL**
General Psychiatry	628 (12.13%)	675 (12.62%)	843 (15.00%)	953 (16.13%)	1,057 (16.9%)	**4,156**
Addiction Psychiatry	4	9	5	5	6	**29**
Child and Adolescent Psychiatry	108	124	114	111	134	**591**
Forensic Psychiatry	7	6	7	3	9	**32**
Geriatric Psychiatry	4	11	7	9	3	**34**
Consultation-Liaison Psychiatry	8	5	9	11	7	**40**



Residents and Fellows by Type of Medical School Training

Number of Residents in General Psychiatry and Subspecialty Fellowships by Medical School Training 2014-2018

TABLE 12.3

International Medical School	2014	2015	2016	2017	2018	TOTAL
General Psychiatry	1,727 (33.37%)	1,704 (31.86%)	1,577 (28.07%)	1,498 (25.36%)	1,429 (22.9%)	**7,935**
Addiction Psychiatry	33	27	32	30	33	**155**
Child and Adolescent Psychiatry	257	258	281	303	277	**1,376**
Forensic Psychiatry	23	24	24	25	16	**112**
Geriatric Psychiatry	11	23	18	19	23	**94**
Consultation-Liaison Psychiatry	22	27	27	26	24	**126**

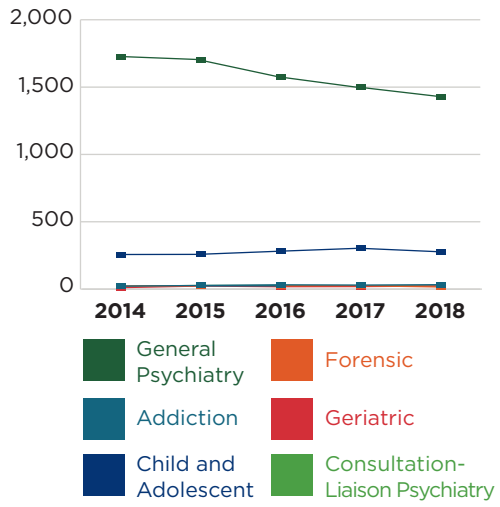
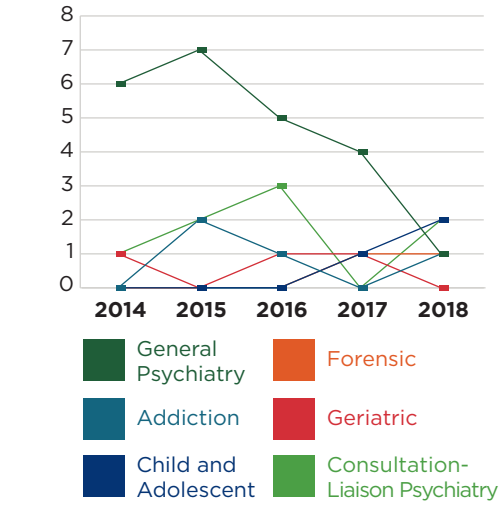


TABLE 12.4

Canadian Medical Schools	2014	2015	2016	2017	2018	TOTAL
General Psychiatry	6 (0.16%)	7 (0.13%)	5 (0.09%)	4 (0.08%)	1 (0.0%)	**23**
Addiction Psychiatry	0	2	1	0	1	**4**
Child and Adolescent Psychiatry	0	0	0	1	2	**3**
Forensic Psychiatry	0	0	0	1	1	**2**
Geriatric Psychiatry	1	0	1	1	0	**3**
Consultation-Liaison Psychiatry	1	2	3	0	2	**8**



Source, Tables 12.1 – 12.4: ACGME Data Resource Book 2014-2018, Table C.15

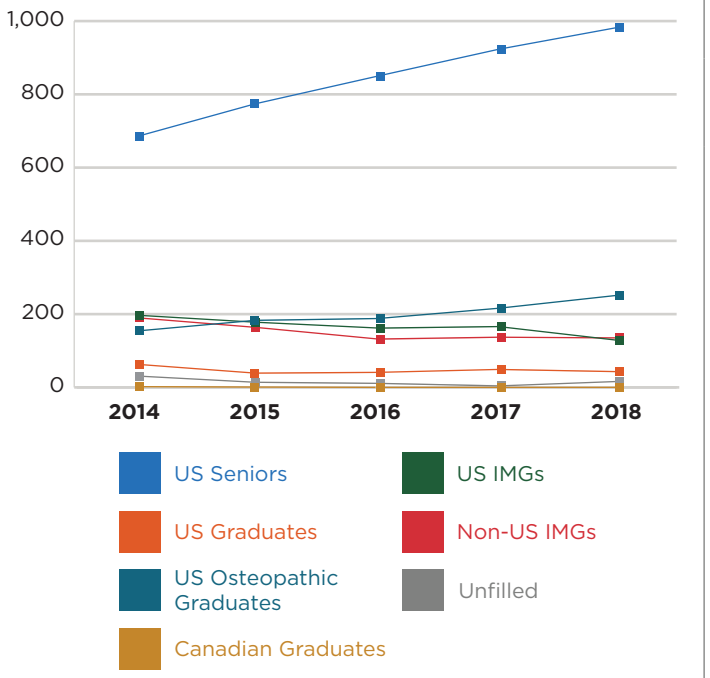
Psychiatry Position in Match by Medical Training

Key Findings: There has been an increase in the number of US seniors (in last year of medical school) matching into Psychiatry. The proportional percentage of US IMGs and non-US IMGs has decreased over the 6-year span.

Psychiatry (Categorical) Positions in Match by Type of Medical Training 2014-2018

TABLE 13.1

Type of Medical training	2014	2015	2016	2017	2018
US Seniors (in last year of medical school)	685	774	850	923	982
US Graduates (graduated medical school)	63	39	41	49	43
US Osteopathic School Graduates	154	183	188	216	251
Canadian Graduates	2	1	0	0	0
US IMGs	197	178	162	166	129
Non-US IMGs	190	164	132	137	135
Unfilled	31	14	11	4	16
Total	**1,322**	**1,353**	**1,384**	**1,495**	**1,556**



Source: NRMP 2018 Main Residency Match, April 2018

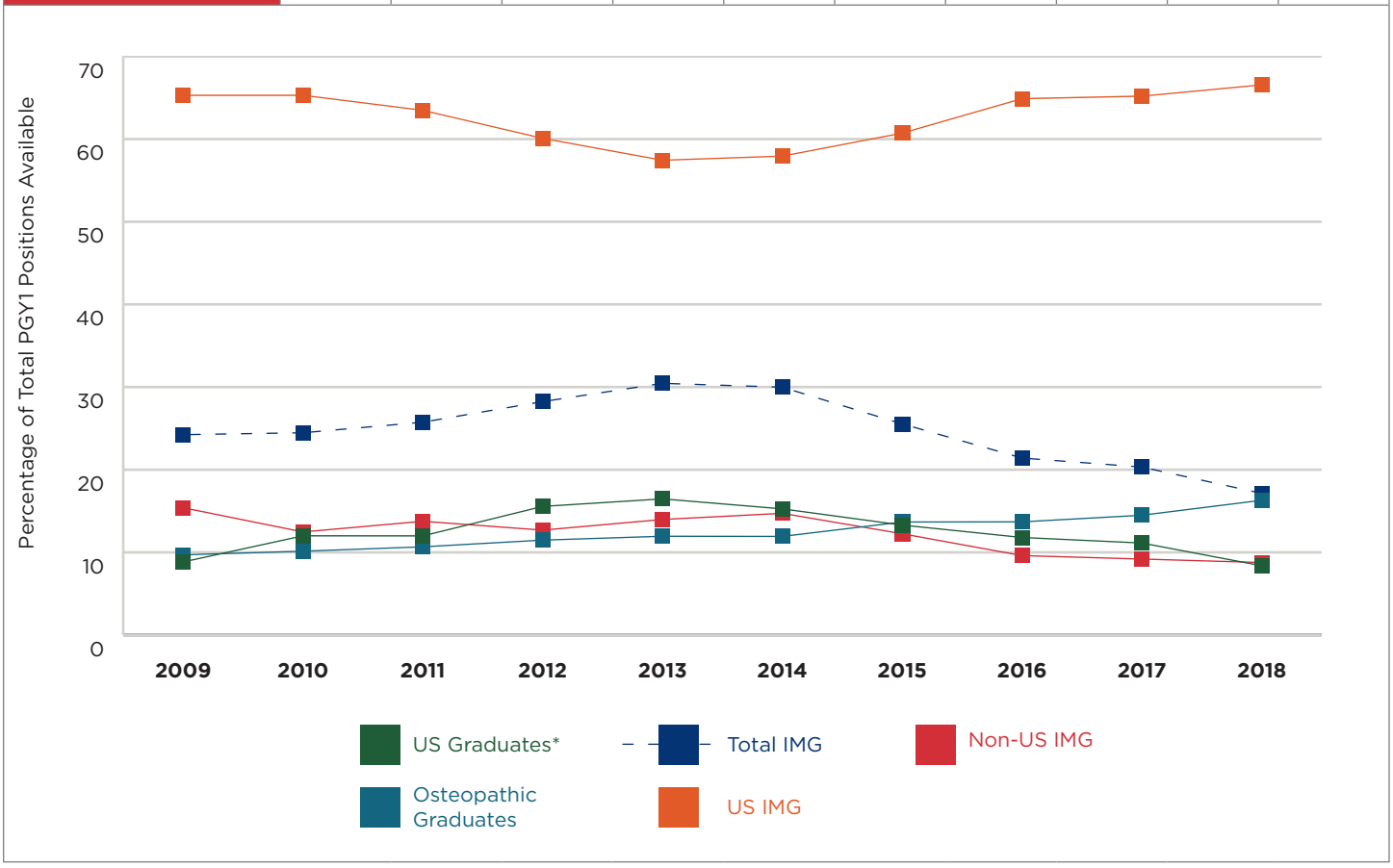
Psychiatry Position in Match by Medical Training

Key Findings: The number of IMG physicians matching into psychiatry residency has decreased considerably over the past decade. In 2010, 25% of the matched PGY-1 psychiatry residents were foreign-trained. In 2013, the percentage of IMG physicians reached a 10-year peak of 30%, then decreased steadily to just 17% in 2018.

PGY-1 (Categorical) Psychiatry Matches by Applicant Type, 2009-2018

TABLE 13.2

Type of Medical Training	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018
US Graduates*	65.30	65.30	63.48	60.09	57.44	57.94	60.72	64.89	65.19	66.56
US IMGs	8.84	12.00	11.99	15.56	16.47	15.26	13.30	11.80	11.13	8.38
Osteopathic Graduates	9.70	10.14	10.67	11.48	11.95	11.93	13.67	13.69	14.49	16.30
Total IMG	24.24	24.47	25.75	28.24	30.45	29.98	25.54	21.41	20.32	17.14
Non-US IMG	15.40	12.47	13.76	12.69	13.98	14.72	12.25	9.61	9.19	8.77



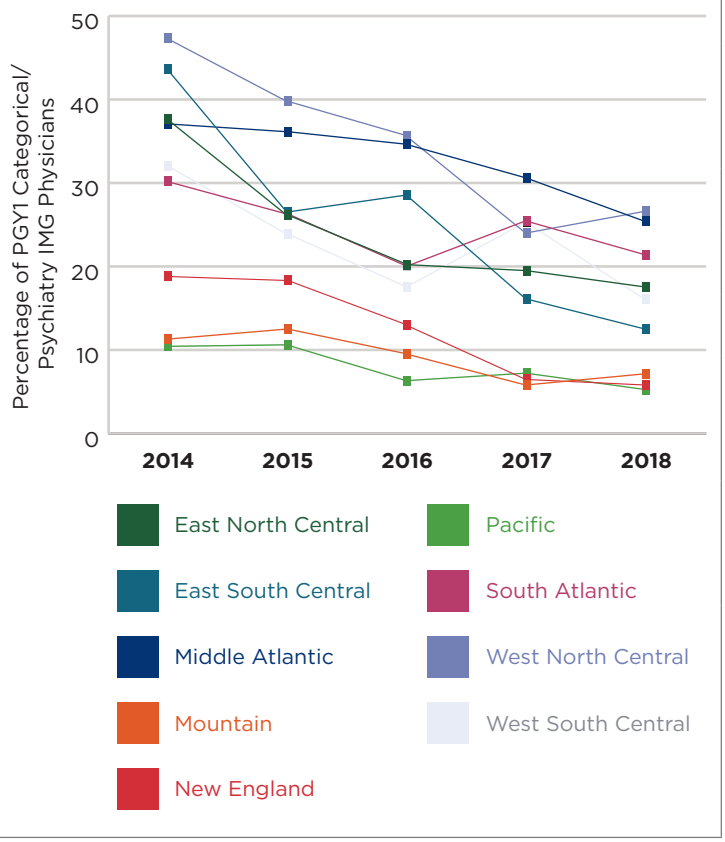
Psychiatry Position in Match by Medical Training

Key Findings: The regions with the highest percentages of IMG physicians matching into PGY-1 positions were the West North Central (27%) and Middle Atlantic (25%), and the regions with the lowest percentages of IMG physicians were the Pacific (5%) and New England regions (6%). Over time, the percentage of IMG physicians matching into categorical PGY-1 positions has decreased in each of the nine regions. The greatest decreases from 2014 to 2018 occurred in the East South Central (72%) and New England (62%) regions. Although they both declined during the five-year period, the South Atlantic (29%) and Middle Atlantic (32%) regions were least affected.

Percentage of International Medical Graduates Matching into PGY-1 Psychiatry Positions by US Census Region, 2014-2018

TABLE 13.3

Region	2014	2015	2016	2017	2018
East North Central	37.65	26.16	20.22	19.51	17.54
East South Central	43.64	26.53	28.57	16.13	12.50
Middle Atlantic	37.08	36.14	34.63	30.62	25.39
Mountain	11.29	12.50	9.52	5.80	7.14
New England	18.80	18.32	12.98	6.47	5.80
Pacific	10.43	10.61	6.32	7.22	5.26
South Atlantic	30.18	26.29	20.00	25.46	21.40
West North Central	47.31	39.78	35.64	24.00	26.61
West South Central	32.09	23.88	17.52	25.32	16.05



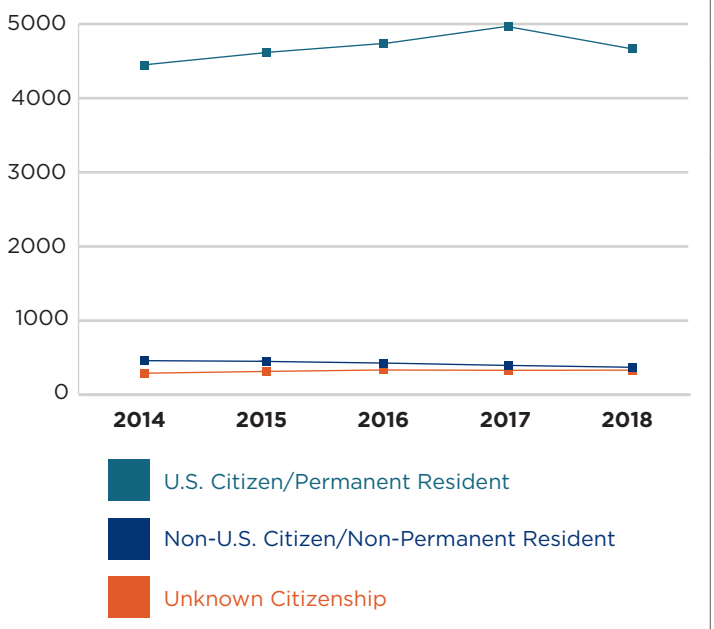
Citizenship Status for all Active Psychiatry Residents

Key Findings: There has been a decrease in the number of non-US/non-permanent psychiatry residents between 2014-2018.

Overall Citizenship Status for Psychiatry Residents 2014-2018

TABLE 14

Citizenship status	2014	2015	2016	2017	2018
U.S. Citizen/ Permanent Resident	4,447	4,612	4,735	4,965	4,670
Non-U.S. Citizen/ Non-Permanent Resident	460	451	428	396	371
Unknown Citizenship	290	314	334	330	332
Total	**5,197**	**5,377**	**5,497**	**5,691**	**5,373**



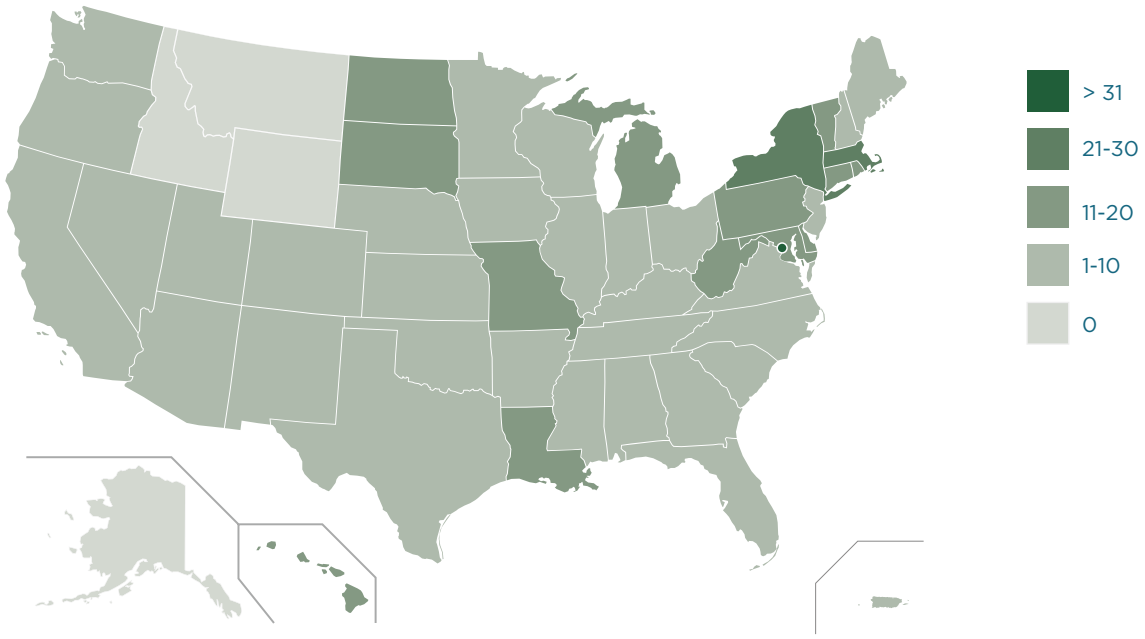
Source: AAMC Data Report

Filled ACGME Spots in General Psychiatry

Key Findings: There are large differences across states in the number of psychiatry trainees per capita. The District of Columbia, New York, and Massachusetts have the largest number of per capita trainees while parts of the southern and western U.S. tend to have very low numbers of per capita trainees.

Number of Filled ACGME Spots in General Psychiatry per 500,000 People by State, 2018

TABLE 15.1



AK	0.00
AL	4.60
AR	7.63
AZ	6.27
CA	7.57
CO	3.86
CT	17.49
DC	69.04
DE	11.37
FL	7.02
GA	4.42

HI	19.36
IA	5.23
ID	0.00
IL	8.56
IN	3.06
KS	8.24
KY	6.83
LA	12.88
MA	22.96
MD	12.83
ME	7.10

MI	12.91
MN	7.75
MO	11.59
MS	4.19
MT	0.00
NC	8.14
ND	14.47
NE	9.33
NH	11.06
NJ	7.58
NM	9.31

NV	8.57
NY	25.33
OH	9.92
OK	9.00
OR	5.49
PA	10.85
PR	7.20
RI	16.55
SC	9.05
SD	13.60
TN	6.72

TX	6.83
UT	5.22
VA	9.04
VT	15.17
WA	5.64
WI	6.88
WV	15.78
WY	0.00

Source: AAMC Data Report

Filled ACGME Spots in General Psychiatry by APA Area

Key Findings: There are large differences across states in the number of psychiatry trainees per capita. The District of Columbia, New York, and Massachusetts have the largest number of per capita trainees while parts of the southern and western U.S. tend to have very low numbers of per capita trainees. Consistently across all states, there are a very few number of psychiatric subspecialty trainees per capita.

Number of Filled ACGME Spots in General Psychiatry per 500,000 People by APA Area, 2018

TABLE 15.2

G=General Psychiatry, A=Addiction Psychiatry, CA=Child & Adolescent Psychiatry, F=Forensic Psychiatry, G=Geriatric Psychiatry, CL=Consultation-Liaison Psychiatry

APA	ST	G	A	C & A	F	G	CL
1	CT	17.49	0.98	3.64	0.84	0.56	0.42
1	ME	7.10	0.00	1.87	0.00	0.00	0.00
1	MA	22.96	0.51	3.33	0.07	0.07	0.72
1	NH	11.06	0.74	1.84	0.00	0.74	0.00
1	RI	16.55	0.00	4.73	0.00	0.47	0.00
1	VT	15.17	0.00	1.60	0.00	0.00	0.00
2	NY	25.33	0.61	3.63	0.36	0.41	0.59
3	DE	11.37	0.00	0.00	0.00	0.00	0.00
3	DC	69.04	0.00	10.68	0.71	0.00	1.42
3	MD	12.83	0.17	2.57	0.17	0.00	0.17
3	NJ	7.58	0.00	0.45	0.06	0.00	0.00
3	PA	10.85	0.16	1.76	0.12	0.04	0.12
4	IL	8.56	0.12	1.18	0.08	0.04	0.08
4	IN	3.06	0.00	0.30	0.00	0.07	0.00
4	IA	5.23	0.00	0.79	0.00	0.00	0.00
4	KS	8.24	0.00	1.20	0.00	0.00	0.00
4	MI	12.91	0.05	1.00	0.10	0.10	0.05
4	MN	7.75	0.09	1.34	0.00	0.18	0.18
4	MO	11.59	0.00	1.31	0.08	0.00	0.00
4	NE	9.33	0.00	1.04	0.00	0.00	0.00
4	ND	14.47	0.00	0.00	0.00	0.00	0.00
4	OH	9.92	0.13	1.24	0.13	0.04	0.09
4	SD	13.60	0.00	1.13	0.00	0.00	0.00
4	WI	6.88	0.09	1.03	0.17	0.09	0.09
5	AL	4.60	0.00	1.33	0.00	0.10	0.00
5	AR	7.63	0.00	0.83	0.17	0.17	0.00
5	FL	7.02	0.02	0.63	0.07	0.02	0.02
5	GA	4.42	0.05	0.52	0.14	0.10	0.05
5	KY	6.83	0.00	0.90	0.00	0.00	0.00
5	LA	12.88	0.00	1.61	0.32	0.00	0.11
5	MS	4.19	0.00	0.17	0.00	0.00	0.00
5	NC	8.14	0.00	1.16	0.00	0.05	0.14
5	OK	9.00	0.00	1.01	0.00	0.00	0.00
5	PR	7.20	0.16	1.10	0.00	0.00	0.16
5	SC	9.05	0.20	1.48	0.10	0.10	0.00
5	TN	6.72	0.00	0.81	0.00	0.15	0.00
5	TX	6.83	0.09	1.01	0.02	0.03	0.00
5	VA	9.04	0.00	0.82	0.00	0.00	0.00
5	WV	15.78	0.00	1.11	0.28	0.00	0.00
6	CA	7.57	0.08	1.25	0.14	0.10	0.06
7	AK	0.00	0.00	0.00	0.00	0.00	0.00
7	AZ	6.27	0.00	0.84	0.07	0.00	0.00
7	CO	3.86	0.26	1.05	0.18	0.00	0.18
7	HI	19.36	0.35	3.52	0.00	0.00	0.00
7	ID	0.00	0.00	0.00	0.00	0.00	0.00
7	MT	0.00	0.00	0.00	0.00	0.00	0.00
7	NV	8.57	0.00	0.66	0.00	0.00	0.00
7	NM	9.31	0.24	1.67	0.00	0.00	0.00
7	OR	5.49	0.24	1.07	0.24	0.00	0.24
7	UT	5.22	0.32	0.95	0.00	0.00	0.00
7	WA	5.64	0.20	0.66	0.00	0.00	0.20
7	WY	0.00	0.00	0.00	0.00	0.00	0.00

Source: AAMC Data Report

References

Accreditation Council on Graduate Medical Education Accreditation Data Systems www.acgme.org

GMETrack www.aamc.org/gmetrack

National Residency Matching Program www.nrmp.org

U.S. Census Bureau. State Population Totals and Components of Change: 2010-2019.
www.census.gov/data/tables/time-series/demo/popest/2010s-state-total.html#par_textimage_1574439295