



2020 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 94.1% response rate in 2019 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.

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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.

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 2019 includes residents active in training as of December 31, 2019. 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 2019 represents the match data for positions offered in the year 2019.

Key Findings

1

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

2

The proportion of filled positions in 2019 has remained almost the same as in 2015 but it now includes a **higher percentage of U.S. medical school graduates**, and even **higher percentage of osteopathic graduates** compared to 2018 and a **lower percentage of international medical graduates** (steadily decreasing over the 5-year time period).

3

Since the initial decrease in proportion of female psychiatry residents in 2016 and 2017, subsequent proportions have remained roughly the same until 2019, with **male psychiatry residents in the majority**.

4

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

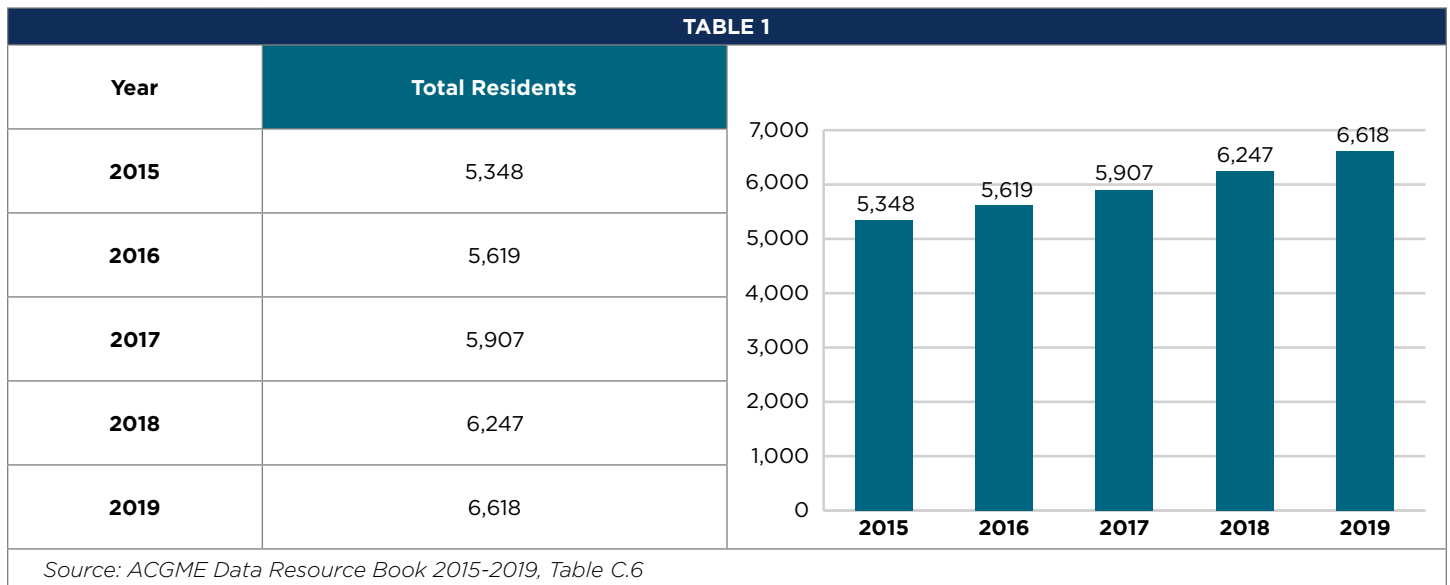
5

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 1,270 (23.7%) since 2015.

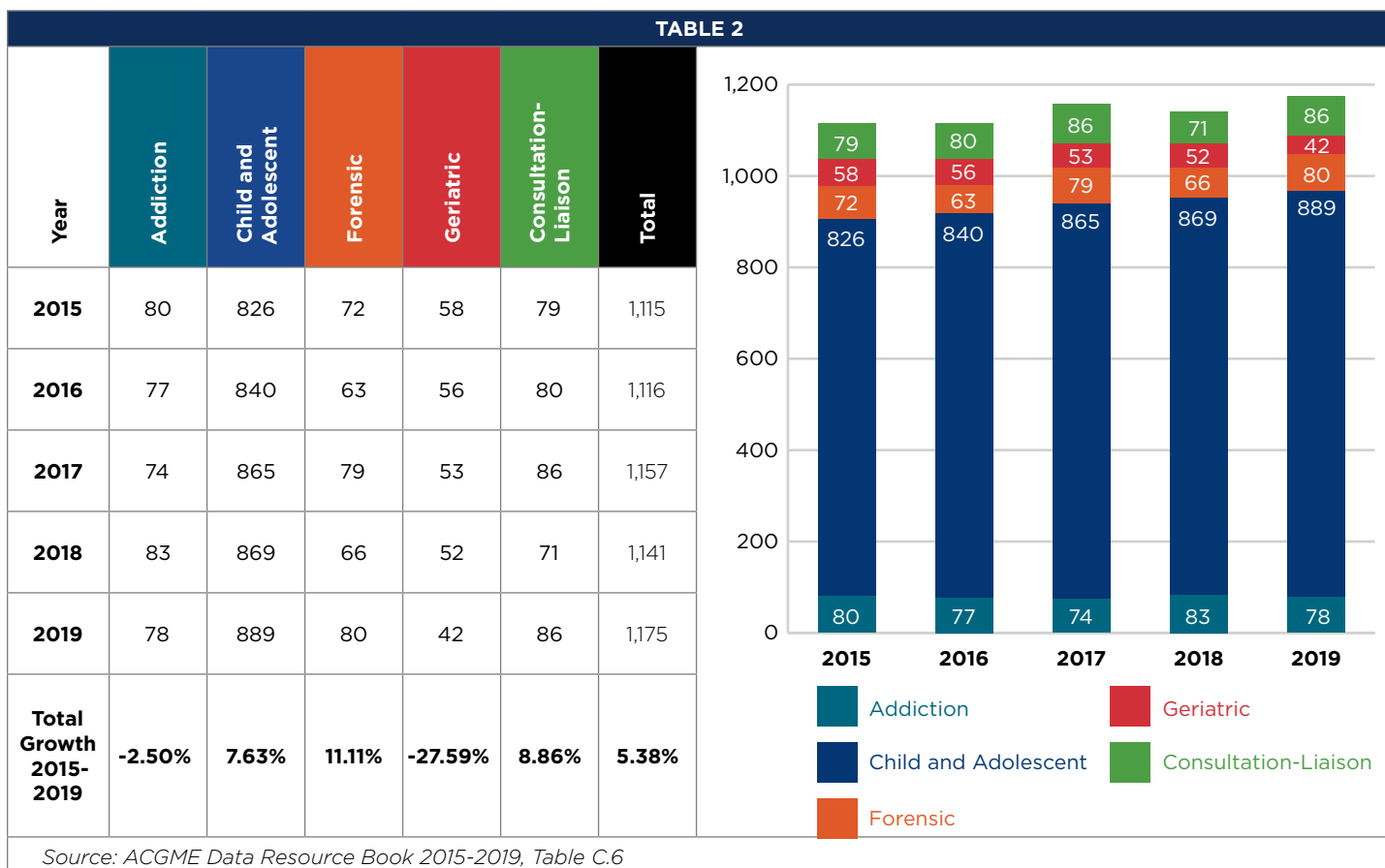
Number of General Psychiatry Residents 2015-2019



Psychiatry Fellows in Subspecialties

Key Finding: The number of residents pursuing subspecialty fellowships has increased by 5% since 2015. However, the number of trainees enrolled in geriatric psychiatry has reduced by over one-fourth since 2015 while the number of trainees in consultation-liaison, forensic, and child and adolescent psychiatry has been increasing.

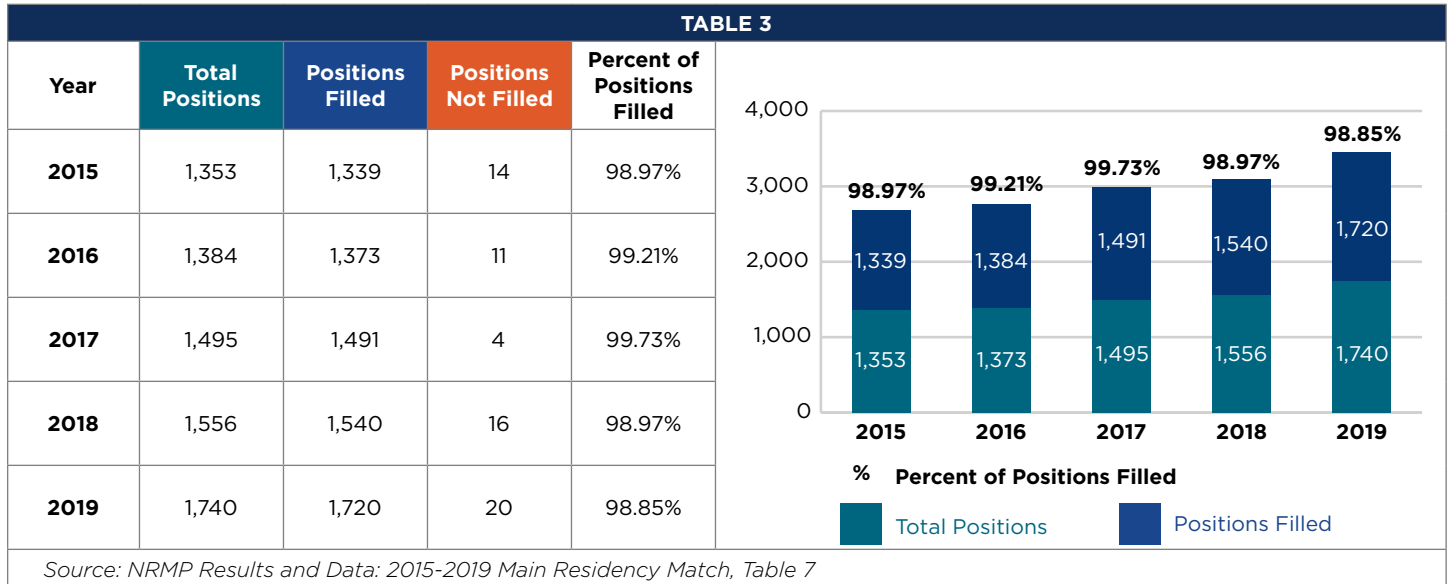
Number of Psychiatry Fellows in Subspecialties 2015-2019



PGY1 Match Numbers

Key Finding: The percentage of filled positions rose to about 99% in 2015 and has continued at about that level for the last three years before a negligible decline in 2019.

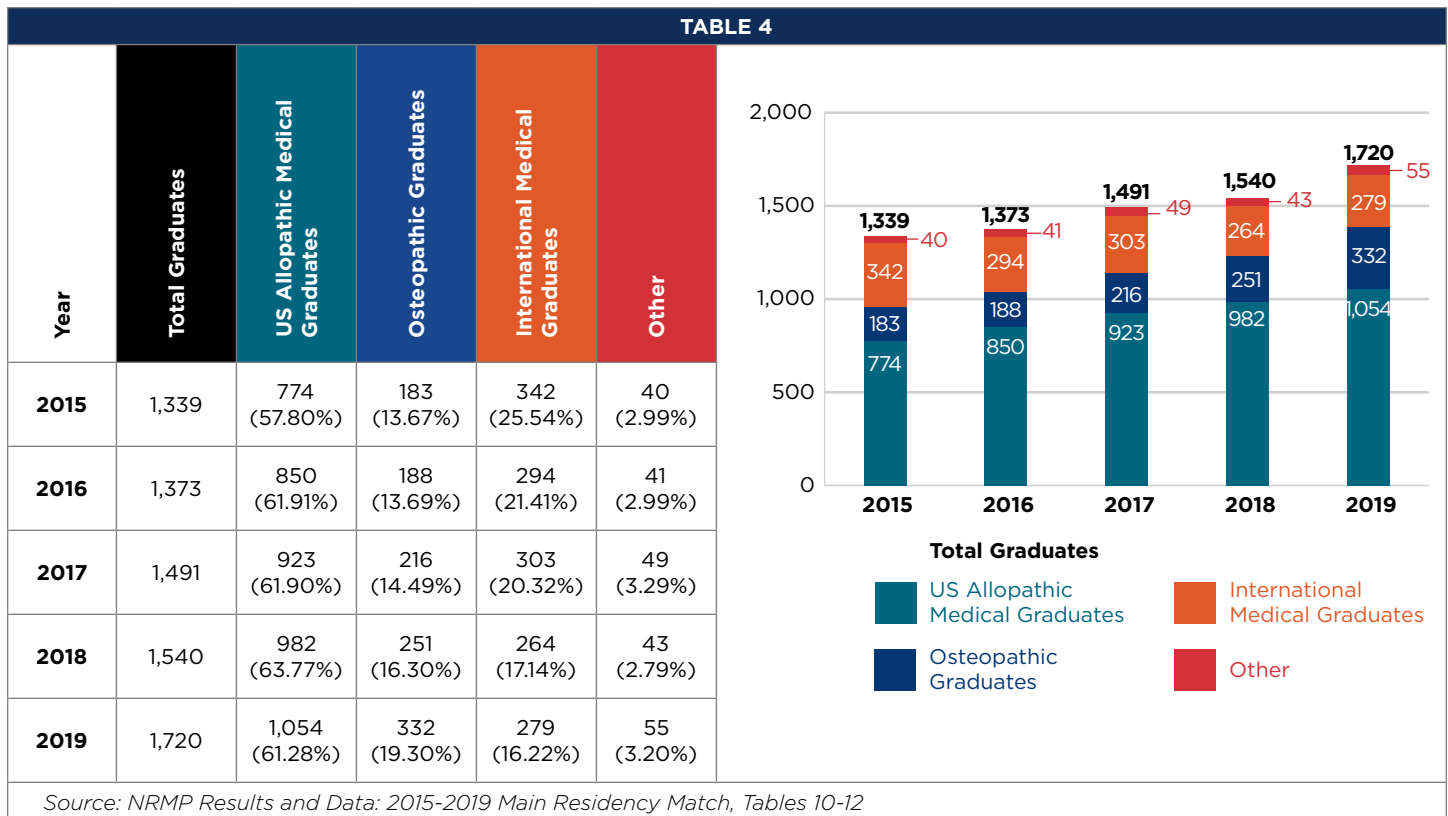
PGY1 Positions Offered in the Match Program by Number and Percent Filled 2015-2019



PGY1 Matches for U.S. Graduates

Key Finding: There was a significant increase in the number of PGY1 matriculants in 2019 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 2015-2019



Psychiatry Subspecialties by Positions Offered and Percent Filled

Key Finding: A significant percentage of positions in subspecialty fellowships go unfilled each year. The percentage of filled positions continues to decrease for geriatric psychiatry, now with less than one-third of positions filling in 2019.

Accredited ACGME Psychiatry Subspecialties by Positions Offered and Percent Filled 2017-2019

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*

Year 2019

Subspecialty	Total Filled Complement	Total Approved Complement	Percent Filled	Total Programs
Addiction Psychiatry	80	133	60.15%	50
Child and Adolescent Psychiatry	911	1,158	78.67%	139
Consultation-Liaison Psychiatry	90	143	62.94%	61
Forensic Psychiatry	83	128	64.84%	48
Geriatric Psychiatry	46	156	29.49%	60

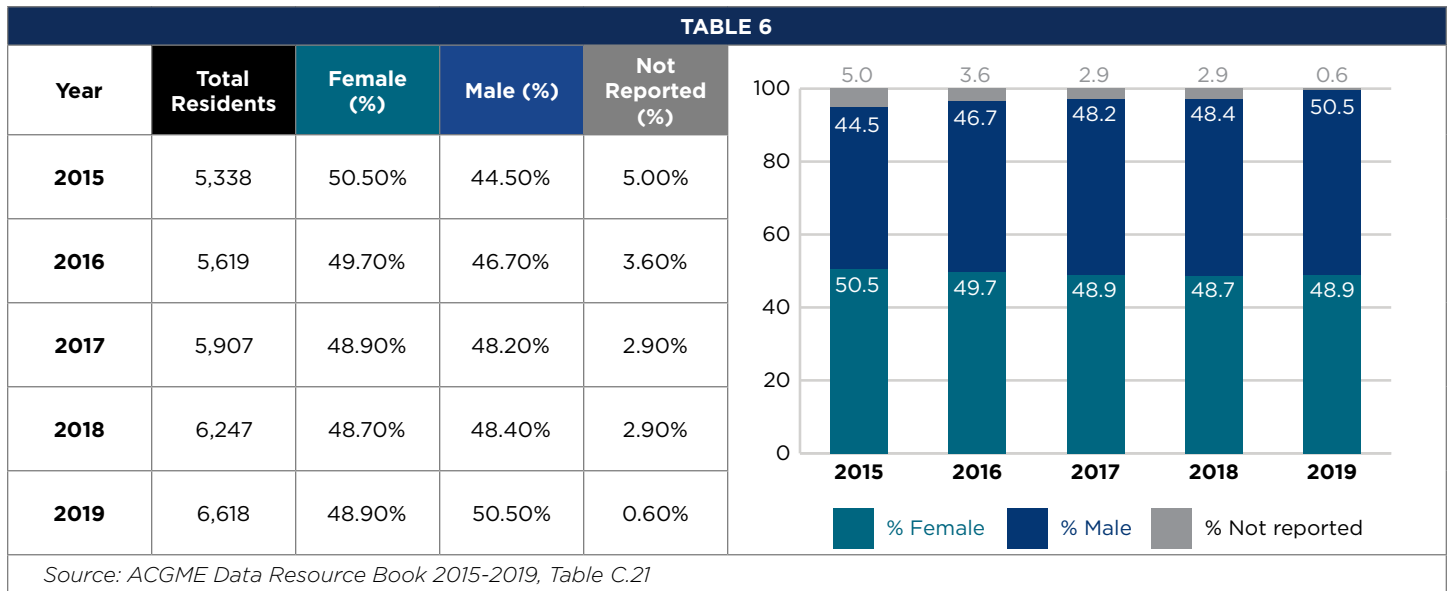
Source: ACGME Special Data Request, 2020

* Correction from 2019 Residency/Fellow Census.

General Psychiatry Residents by Sex

Key Finding: The percentage of reported female residents has decreased since 2015.

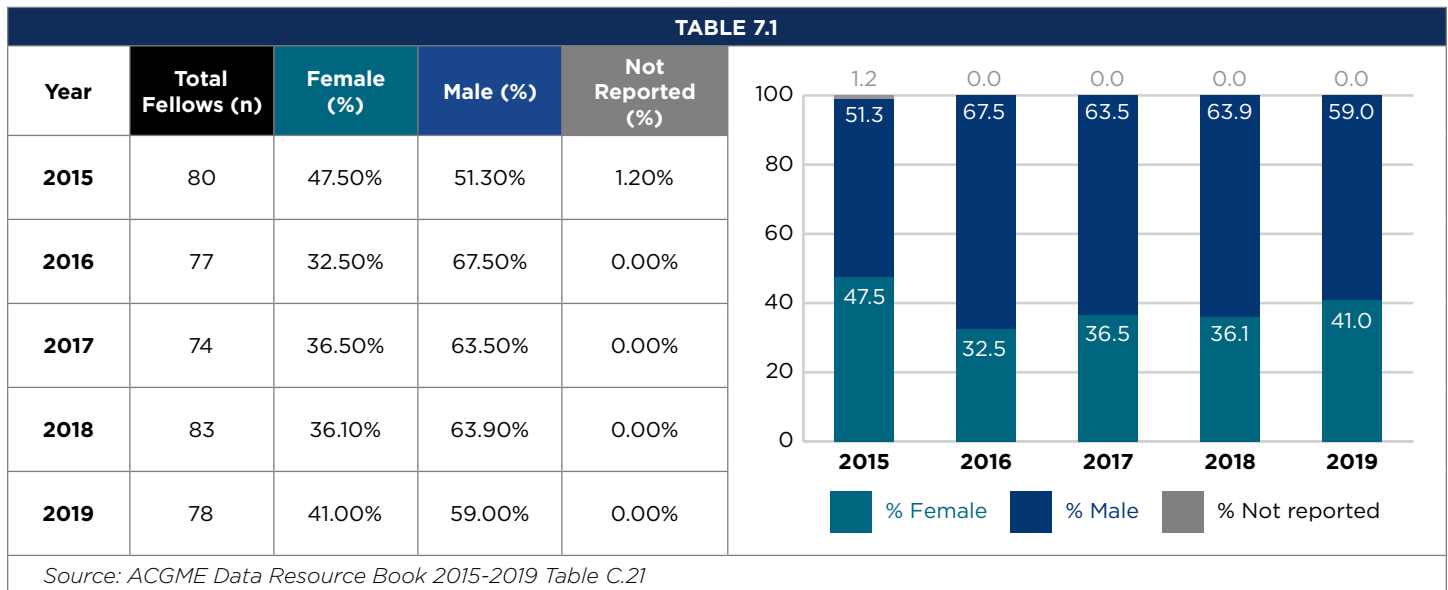
General Psychiatry Residents by Sex 2015-2019



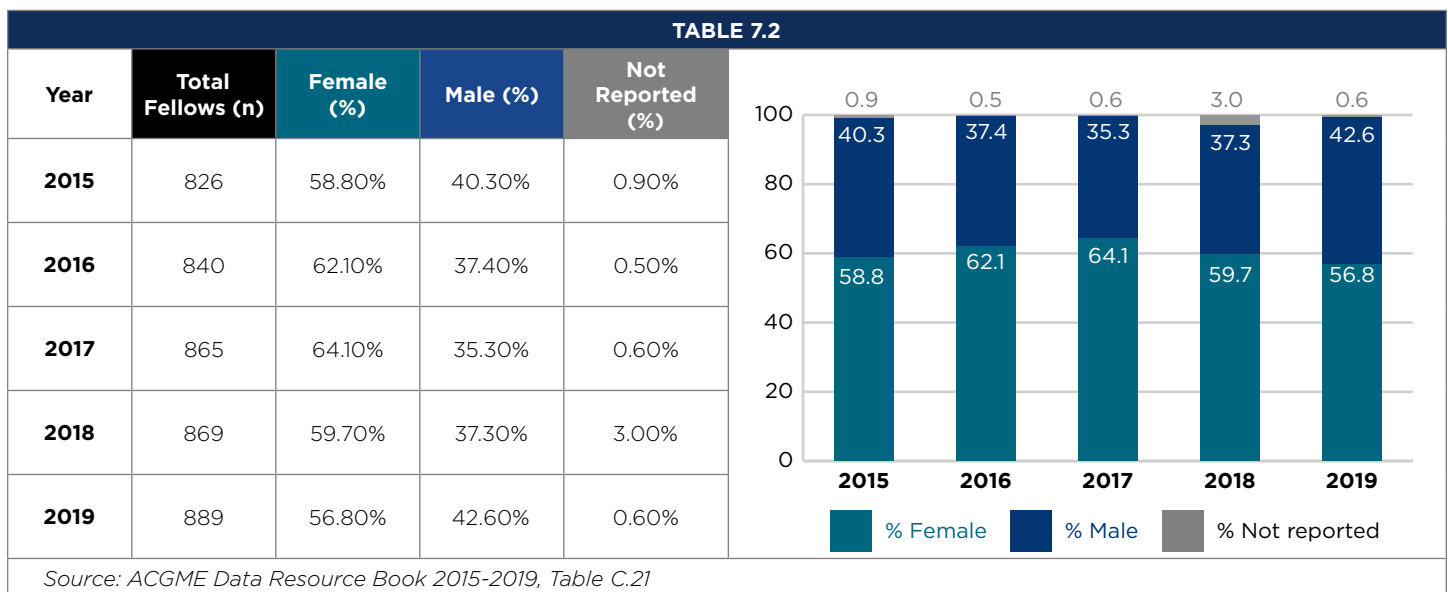
Psychiatry Subspecialties by Sex

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 2015-2019

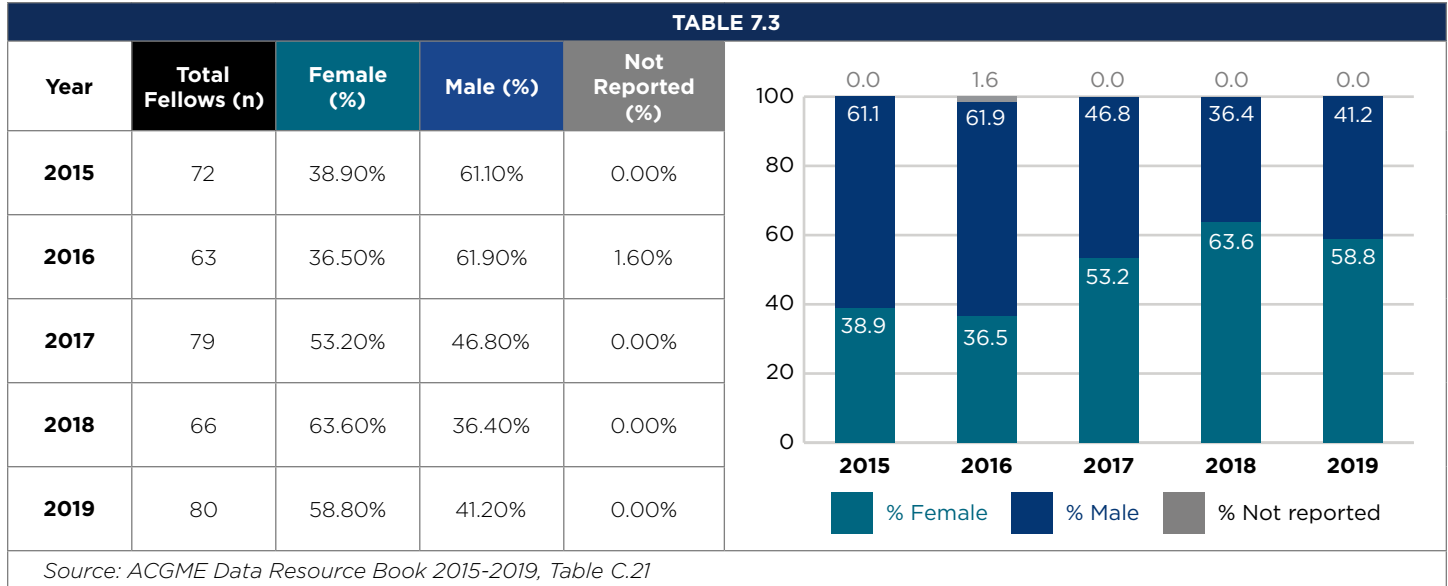


Psychiatry Child and Adolescent Fellows 2015-2019

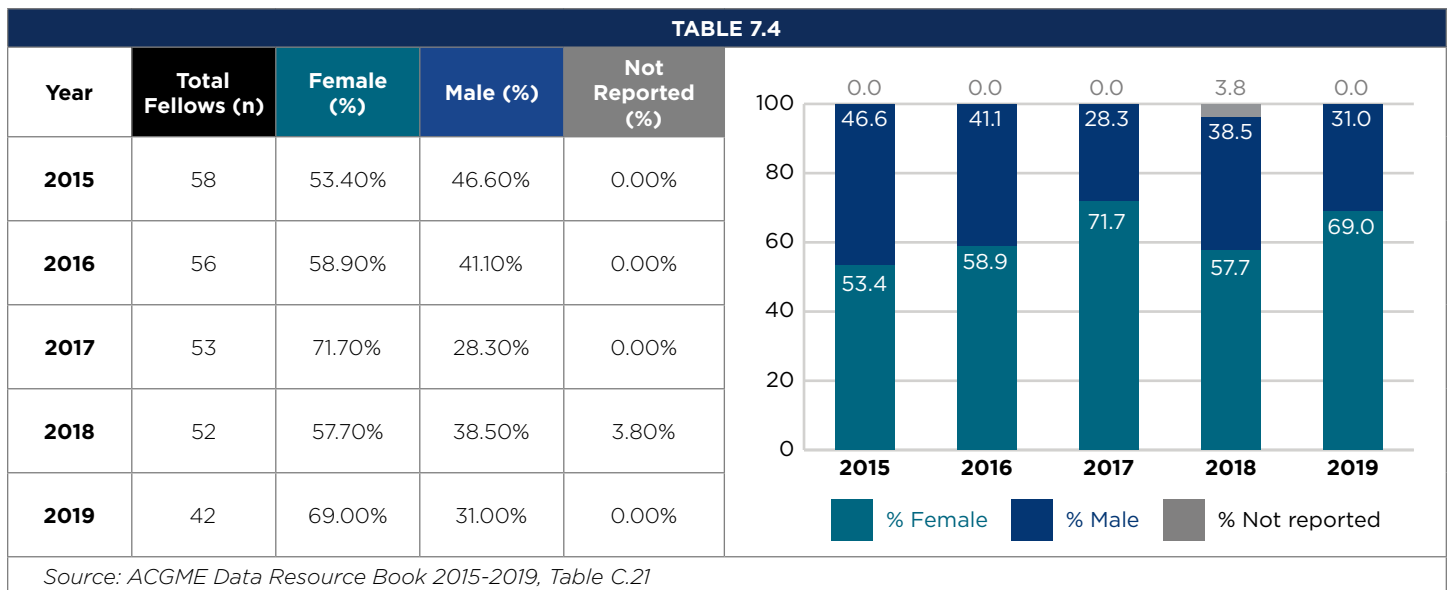


Psychiatry Subspecialties by Sex

Psychiatry Forensic Fellows 2015-2019



Psychiatry Geriatric Fellows by Sex 2015-2019

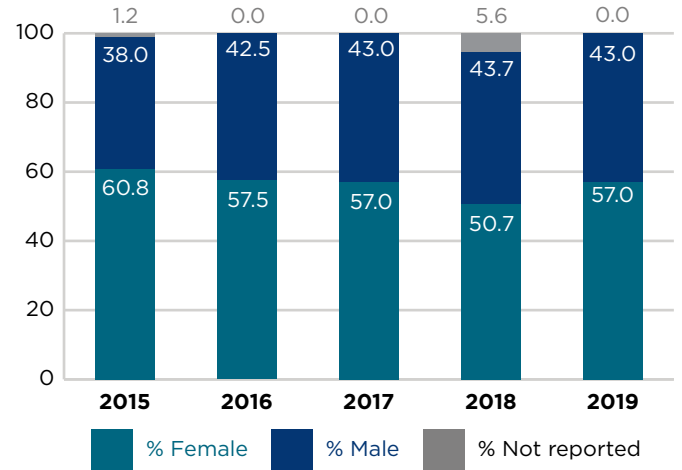


Psychiatry Subspecialties by Sex

Psychiatry Consultation-Liaison Fellows by Sex 2015-2019

TABLE 7.5

Year	Total Fellows (n)	Female (%)	Male (%)	Not Reported (%)
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%
2019	86	57.00%	43.00%	0.00%



Source: ACGME Data Resource Book 2015-2019 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 2015-2019

TABLE 8.1

Duplicated Race/ Ethnicity ¹	2015		2016		2017		2018		2019	
	N	%	N	%	N	%	N	%	N	%
American Indian or Alaska Native	10	0.71%	11	0.75%	13	0.85%	10	0.63%	14	0.80%
Asian	295	20.94%	318	21.59%	376	24.69%	386	24.28%	363	21.60%
Black or African American	91	6.46%	94	6.38%	123	8.08%	96	6.04%	115	6.80%
Hispanic, Latino, or of Spanish Origin	96	6.81%	129	8.76%	135	8.86%	135	8.49%	134	8.00%
Native Hawaiian or Other Pacific Islander	2	0.14%	3	0.20%	4	0.26%	5	0.31%	8	0.50%
White	744	52.80%	781	53.02%	793	52.07%	827	52.01%	912	54.20%
Other	51	3.62%	62	4.21%	52	3.41%	48	3.02%	60	3.60%
Unknown Race/ Ethnicity	7	0.50%	7	0.48%	7	0.46%	8	0.50%	20	1.20%
Non-U.S. Citizen/ Non-permanent Resident ²	201	14.27%	209	14.19%	157	10.31%	213	13.40%	203	12.10%
Number of Unique Residents	1,409	100.00%	1,473	100.00%	1,523	100.00%	1,590	100.00%	1,829	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.

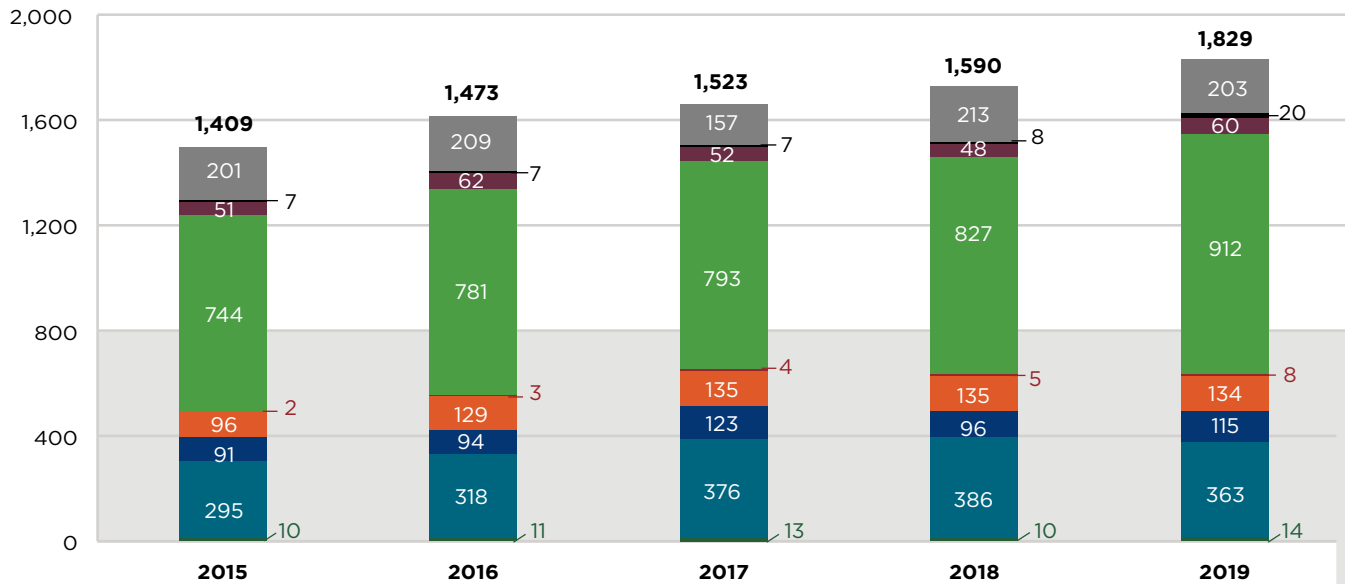
Note: Counts and percentages are slightly different than the 2018 Census Report (typically less than .1%)

Psychiatry Residents by Race & Ethnicity, GME Track Data

General Psychiatry PGY1 Residents by Race & Ethnicity 2015-2019

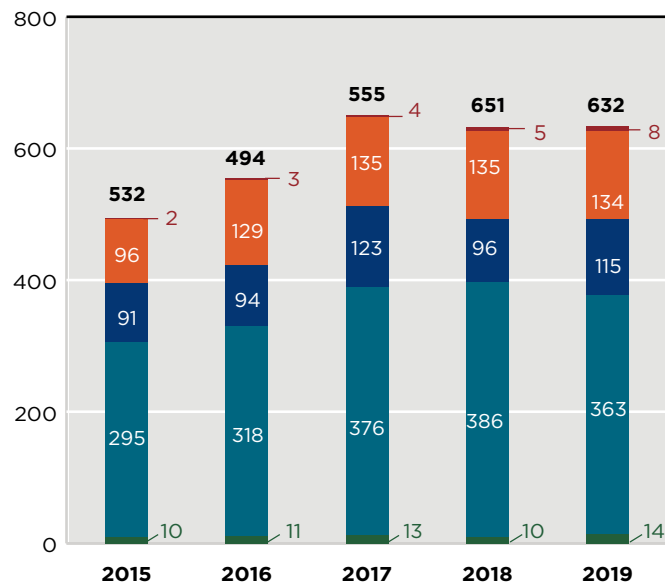
TABLE 8.2

Number of Unique Residents¹



- American Indian or Alaska Native
- Asian
- Black or African American
- Hispanic, Latino, or of Spanish Origin
- Native Hawaiian or Other Pacific Islander
- White
- Other
- Unknown Race/Ethnicity
- Non-U.S. Citizen/Non-permanent Resident²

Number of Unique Minority and Underrepresented Residents



¹Duplicated 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 2015-2019

TABLE 9.1

Duplicated Race/ Ethnicity ¹	2015		2016		2017		2018		2019	
	N	%	N	%	N	%	N	%	N	%
American Indian or Alaska Native	39	0.74%	38	0.70%	43	0.77%	50	0.78%	55	0.90%
Asian	1,189	22.48%	1,214	22.46%	1,256	22.45%	1,365	21.38%	1,438	23.00%
Black or African American	362	6.84%	370	6.85%	390	6.97%	396	6.20%	421	6.70%
Hispanic, Latino, or of Spanish Origin	379	7.16%	421	7.79%	446	7.97%	494	7.74%	551	8.80%
Native Hawaiian or Other Pacific Islander	7	0.13%	8	0.15%	11	0.20%	11	0.17%	21	0.30%
White	2,708	51.19%	2,789	51.60%	2,948	52.70%	3,126	48.96%	3,346	53.60%
Other	201	3.80%	203	3.76%	209	3.74%	217	3.40%	233	3.70%
Unknown Race/ Ethnicity	25	0.47%	18	0.33%	22	0.39%	23	0.36%	39	0.60%
Non-U.S. Citizen/ Non-permanent Resident ²	750	14.18%	751	13.89%	751	13.43%	703	11.01%	712	11.40%
Number of Unique Residents	5,290	100.00%	5,405	100.00%	5,594	100.00%	6,385	100.00%	6,248	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.

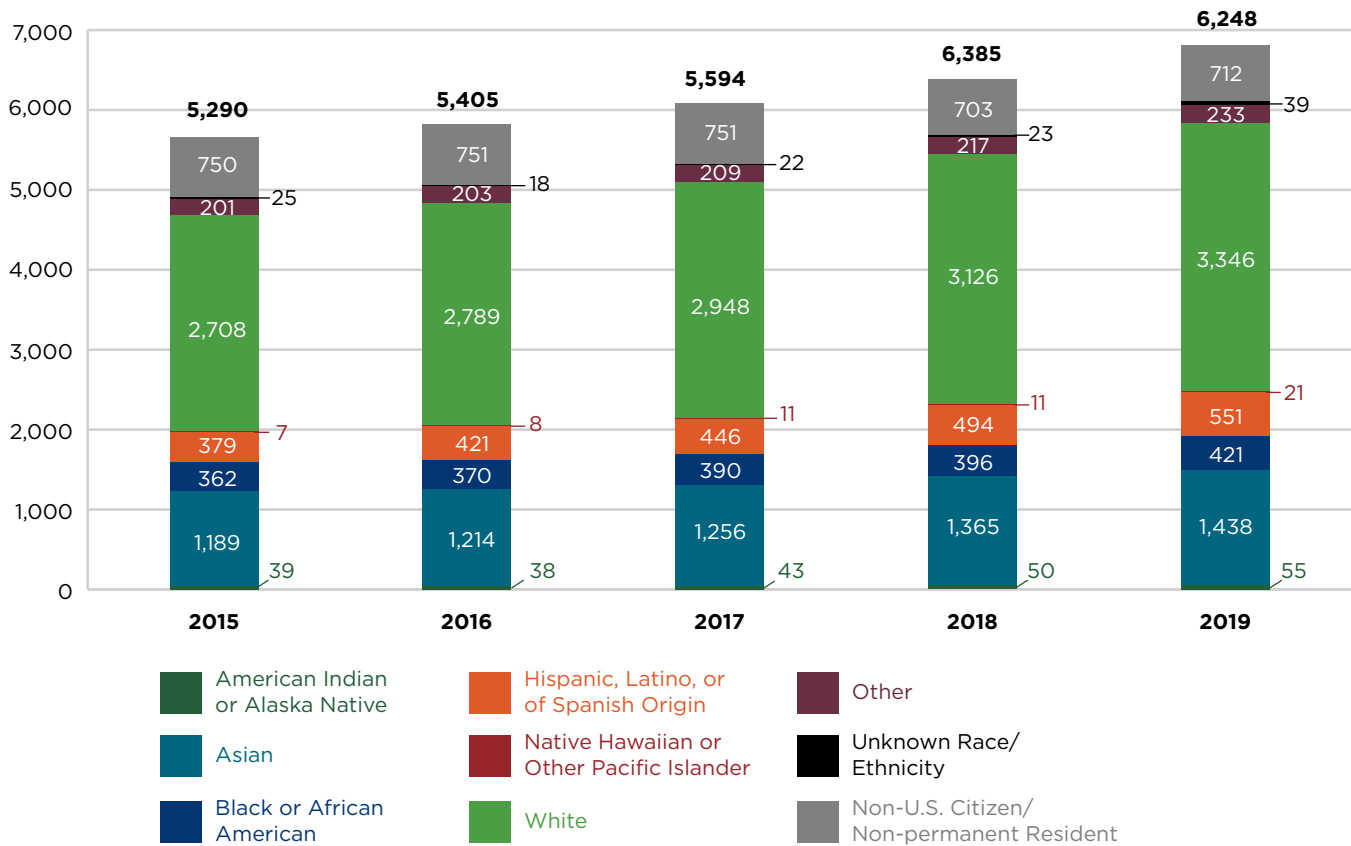
Note: Counts and percentages are slightly different than the 2018 Census Report (typically less than .1%)

Psychiatry Residents by Race & Ethnicity, GME Track Data

All General Psychiatry Residents by Race & Ethnicity 2015-2019

TABLE 9.2

Number of Unique Residents



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.

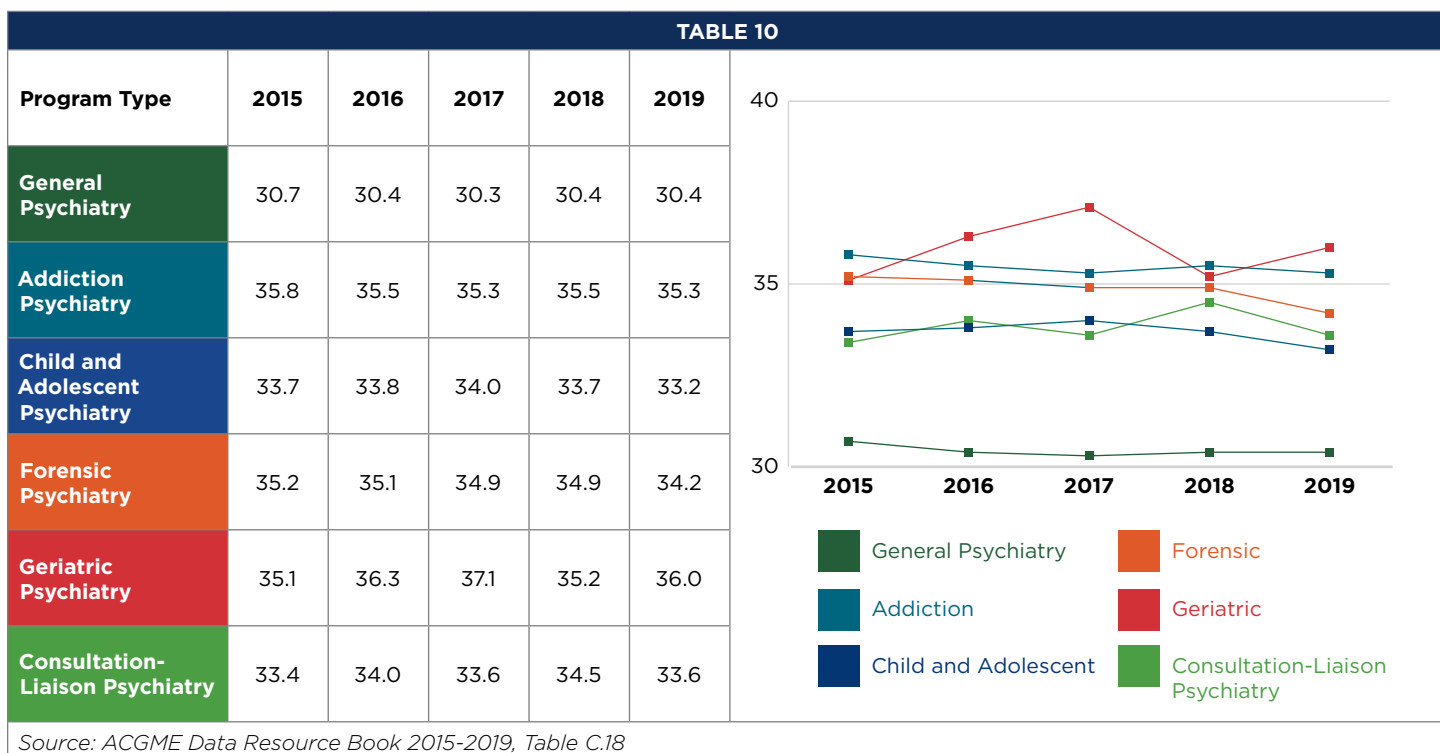
² Non-US Citizen/Non-permanent resident category does not pertain to race and ethnicity.

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.

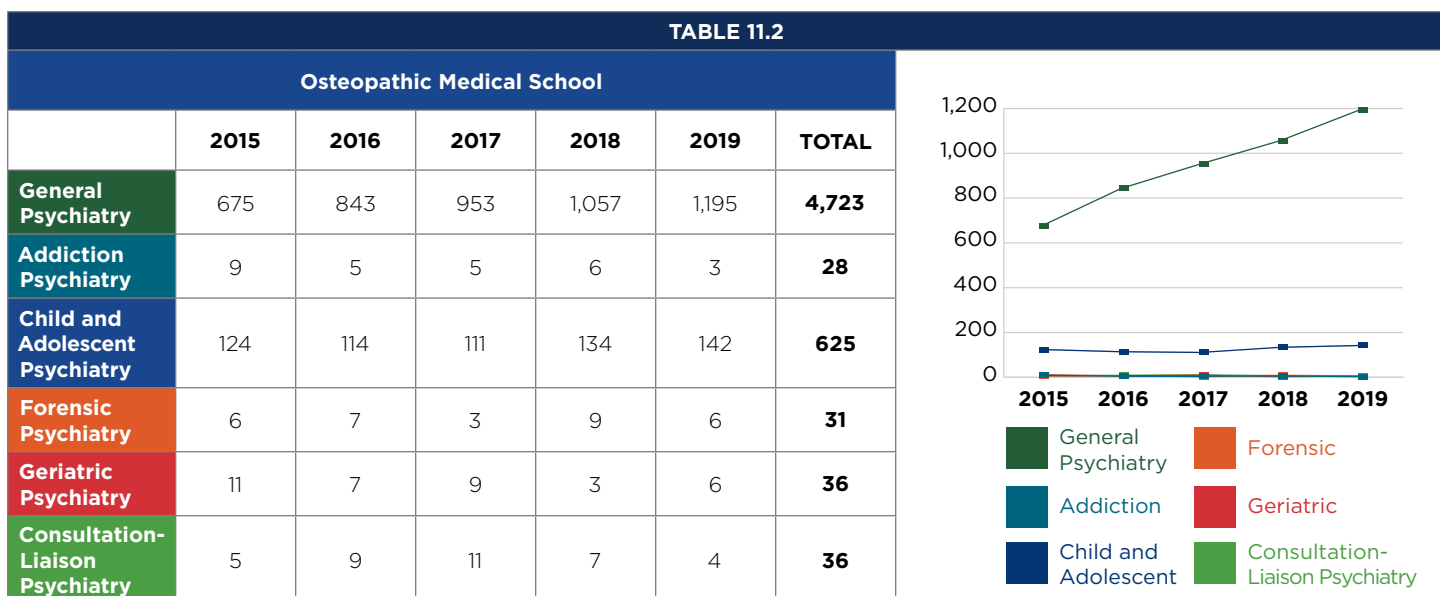
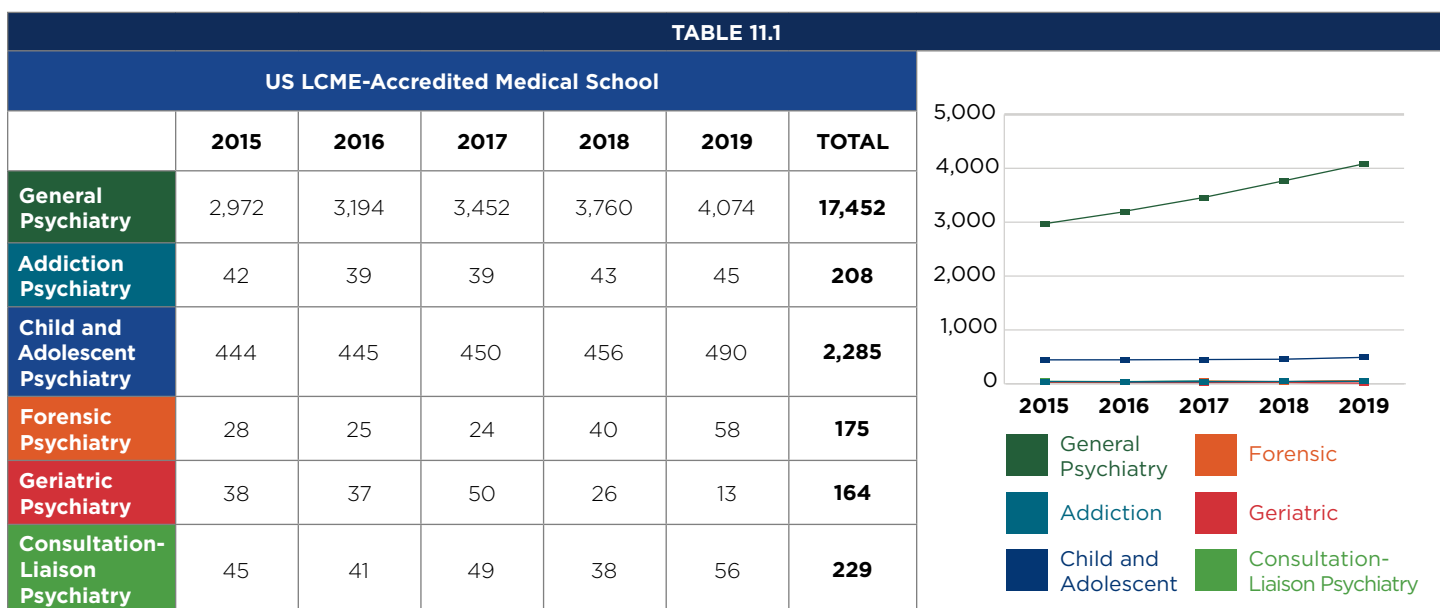
Mean Age of Residents in General Psychiatry and Subspecialty Fellowship Programs 2015-2019



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 large increase in the number of residents from US Osteopathic Medical schools in General Psychiatry from 2015-2019 due to the initiation of a unified accreditation system.

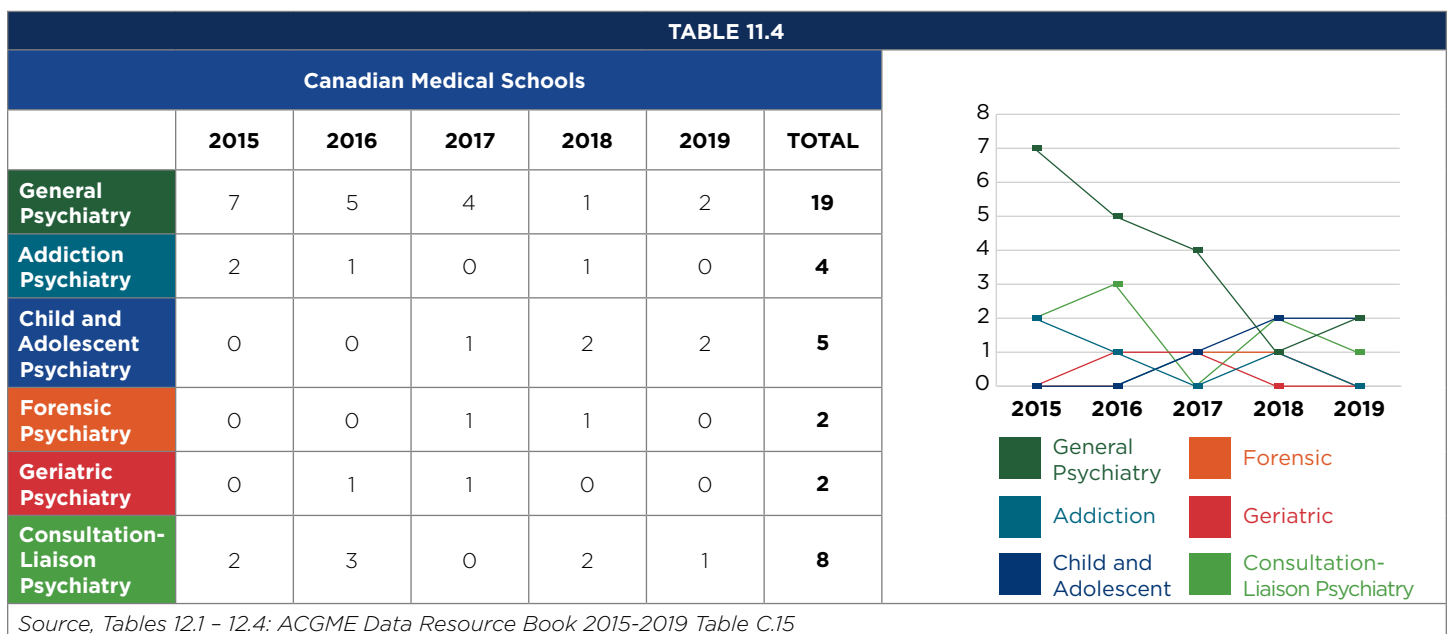
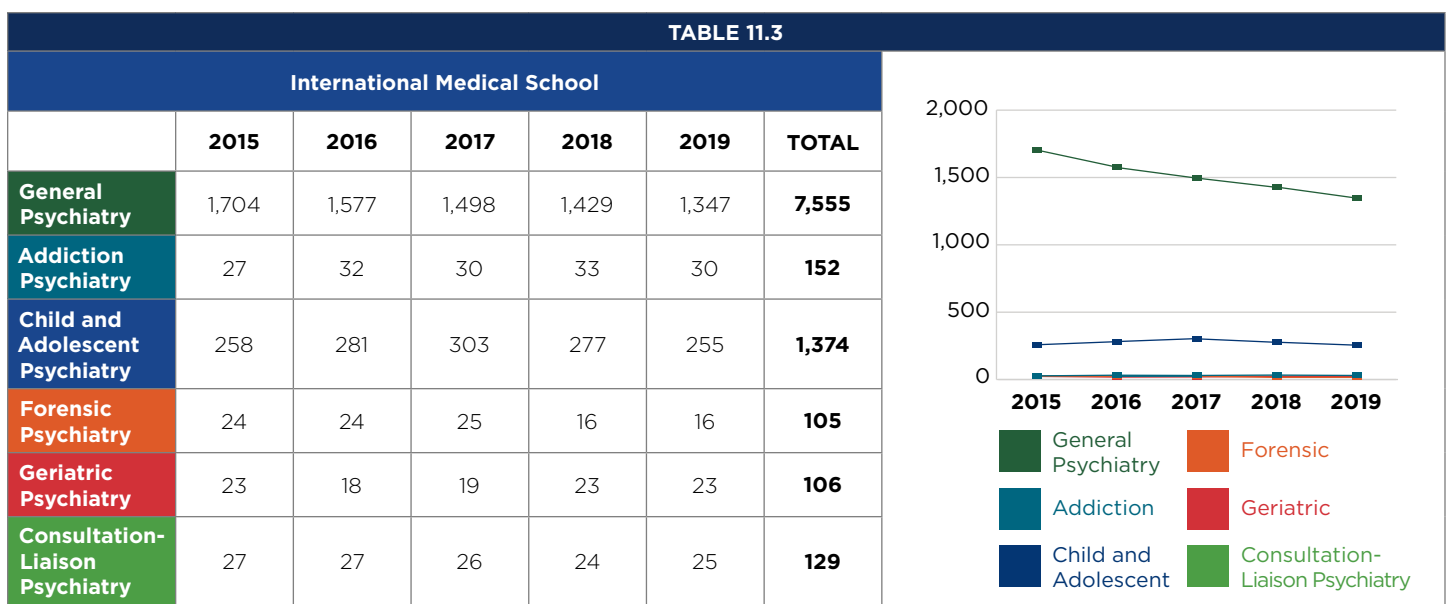
Number of Residents in General Psychiatry and Subspecialty Fellowships by Medical School Training 2015-2019



Residents and Fellows by Type of Medical School Training

Key Finding: The largest proportion of residents that pursue subspecialty training are graduates from US-LCME Accredited Medical Schools, International Medical Schools, and Osteopathic Medical Schools, in that order. However, over the past 5 years, the trends are shifting. While more residents seem to be coming from osteopathic medical schools, a lesser proportion of that group has been pursuing fellowships. This is especially true of Child and Adolescent Psychiatry, Forensic Psychiatry and Addiction Psychiatry.

Number of Residents in General Psychiatry and Subspecialty Fellowships by Medical School Training 2015-2019



Source, Tables 12.1 – 12.4: ACGME Data Resource Book 2015-2019 Table C.15

Residents by Birth Country

Key Findings: The highest number of residents in general psychiatry programs in 2015-2019 were born in the United States, followed by India, Pakistan, Canada and China. 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 2015-2019

TABLE 12.1						
	2015	2016	2017	2018	2019	TOTAL 2015-2019
United States	3,619	2,813	4,083	4,314	4,661	19,490
India	402	354	314	286	267	1,623
Pakistan	149	137	137	146	150	719
Canada	94	108	108	111	124	545
China	101	99	103	104	104	511
Nigeria	78	73	76	70	74	371
Korea, Republic of	50	52	53	57	60	272
Iran, Islamic Republic of	52	49	50	46	57	254
United Kingdom	45	40	34	39	41	199
Russian Federation	40	38	33	29	27	167
Saudi Arabia	26	29	32	37	34	158
Egypt	31	28	36	31	27	153
Bangladesh	29	31	26	26	30	142
Cuba	19	21	25	30	30	125
Colombia	24	23	24	24	21	116
Taiwan, Province of China	25	25	22	21	18	111
Ukraine	27	29	21	17	15	109
Germany	23	20	20	20	25	108
Philippines	21	21	15	15	17	89
Unknown	26	16	9	6	2	59
TOTAL OF TOP 20 COUNTRIES	4,881	4,006	5,221	5,429	5,784	25,321

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

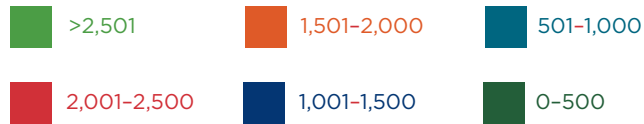
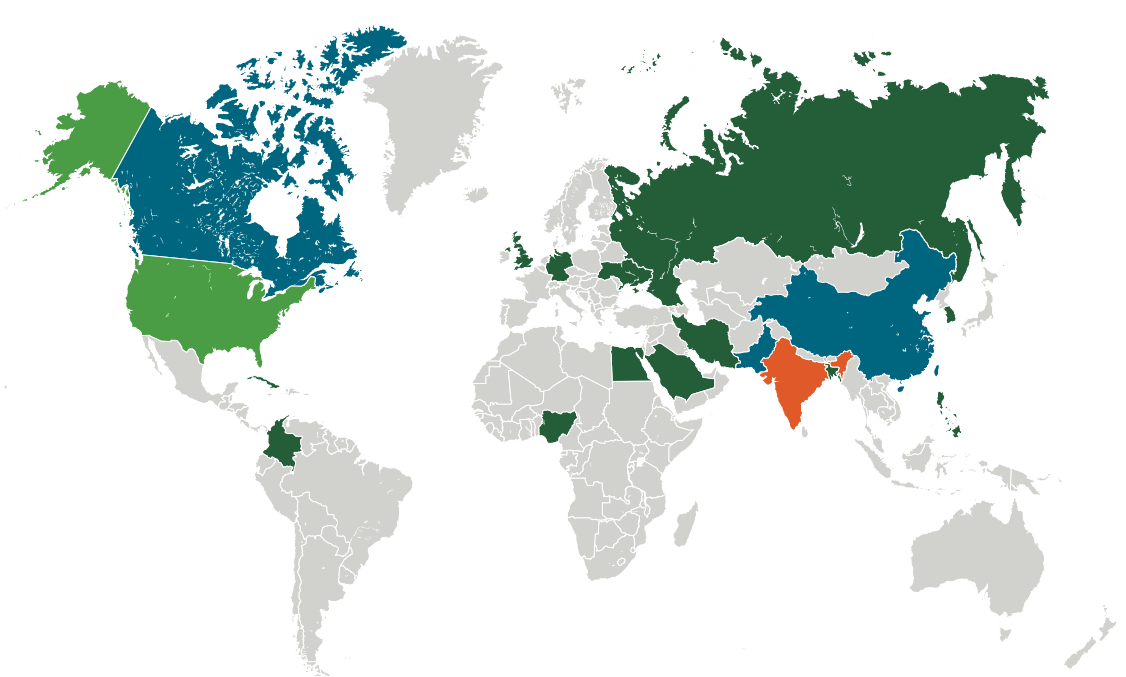
Source: AAMC Data Report

Residents by Birth Country

Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2015-2019

TABLE 12.2

Country	TOTAL 2015-2019
United States	19,490
India	1,623
Pakistan	719
Canada	545
China	511
Nigeria	371
Korea, Republic of	272
Iran, Islamic Republic of	254
United Kingdom	199
Russian Federation	167
Saudi Arabia	158
Egypt	153
Bangladesh	142
Cuba	125
Colombia	116
Taiwan, Province of China	111
Ukraine	109
Germany	108
Philippines	89
Unknown	59
TOTAL of TOP 20 COUNTRIES	25,321



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

Source: AAMC Data Report

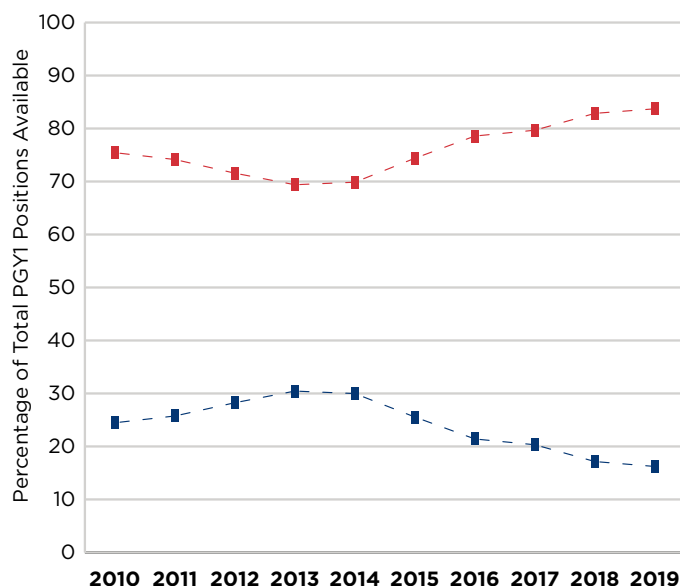
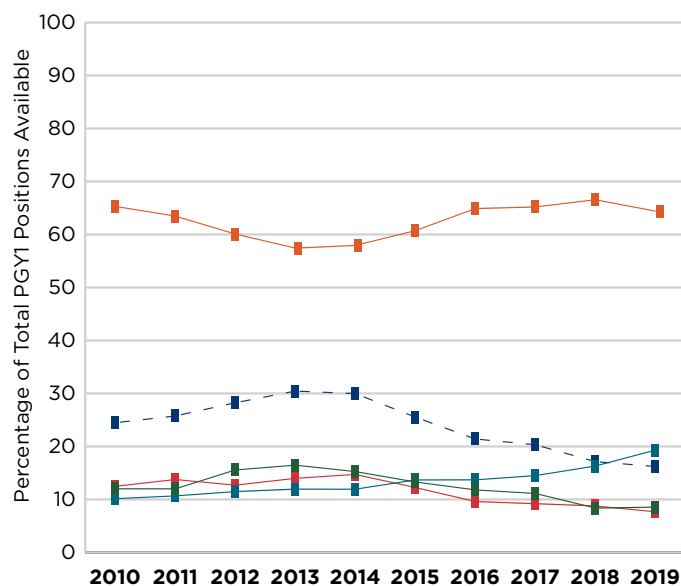
Psychiatry Position Matches by Medical Training

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 16.2% in 2019.

PGY-1 (Categorical) Psychiatry Matches by Applicant Type, 2010-2019

TABLE 13.1

Type of Medical Training	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
US Graduates*	65.30	63.48	60.09	57.44	57.94	60.72	64.89	65.19	66.56	64.42
US IMGs	12.00	11.99	15.56	16.47	15.26	13.30	11.80	11.13	8.38	8.55
Osteopathic Graduates	10.14	10.67	11.48	11.95	11.93	13.67	13.69	14.49	16.30	19.30
Total IMG	24.47	25.75	28.24	30.45	29.98	25.54	21.41	20.32	17.14	16.22
Non-US IMG	12.47	13.76	12.69	13.98	14.72	12.25	9.61	9.19	8.77	7.67



*US Graduates include fourth-year students of US allopathic medical schools and previous graduates of US allopathic medical schools

Source: NRMP

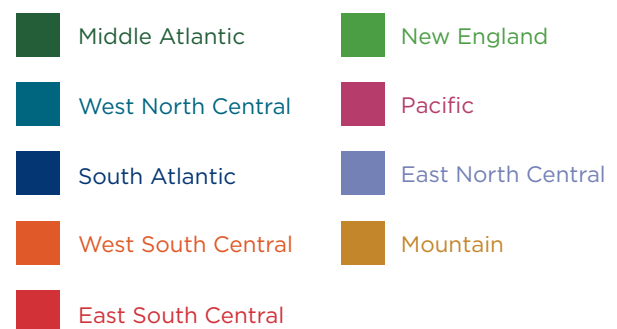
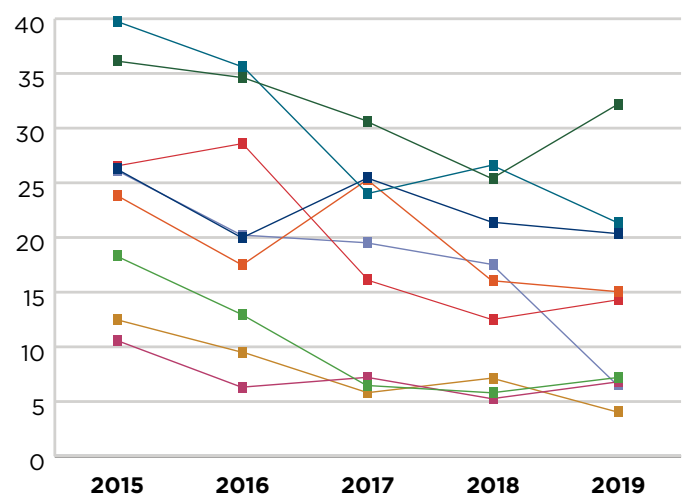
Psychiatry Position Matches by Medical Training

Key Findings: The regions with the highest percentages of IMG physicians matching into PGY-1 positions were the Middle Atlantic (32%) and West North Central (21%) and the regions with the lowest percentages of IMG physicians were the Mountain (4%), East North Central regions (7%) and Pacific (7%). 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 2019 occurred in the East North Central and East South Central regions. Although they both declined during the five-year period, the South Atlantic and Middle Atlantic regions were least affected.

Percentage of International Medical Graduates Matching into PGY-1 Psychiatry Positions by U.S. Census Region, 2015-2019

TABLE 13.2*

Region	2015	2016	2017	2018	2019
Middle Atlantic	36.14	34.63	30.62	25.39	32.14
West North Central	39.78	35.64	24.00	26.61	21.37
South Atlantic	26.29	20.00	25.46	21.40	20.36
West South Central	23.88	17.52	25.32	16.05	15.05
East South Central	26.53	28.57	16.13	12.50	14.29
New England	18.32	12.98	6.47	5.80	7.19
Pacific	10.61	6.32	7.22	5.26	6.79
East North Central	26.16	20.22	19.51	17.54	6.52
Mountain	12.50	9.52	5.80	7.14	4.05



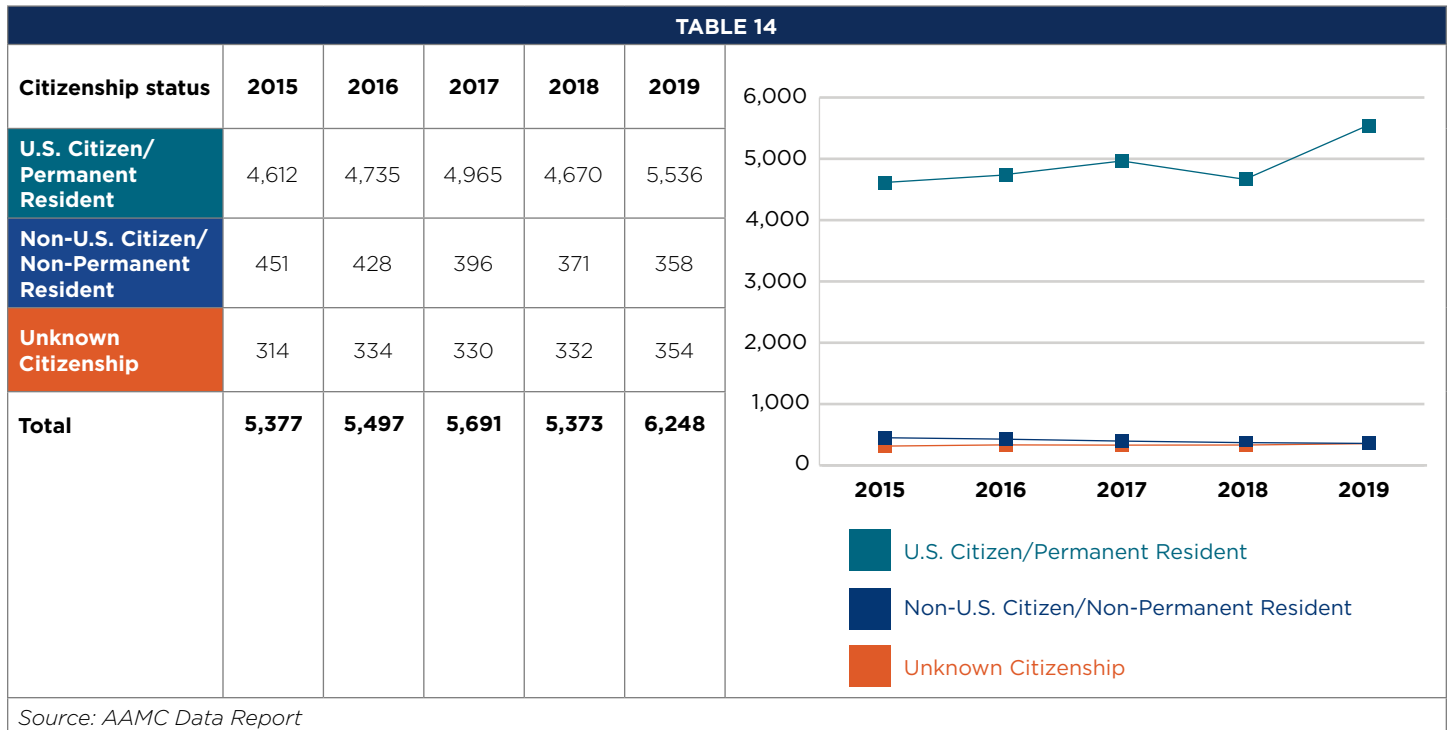
Source: NRMP

*Regions sorted by highest to lowest percentages in 2019

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 2014-2019.

Overall Citizenship Status for Psychiatry Residents 2015-2019

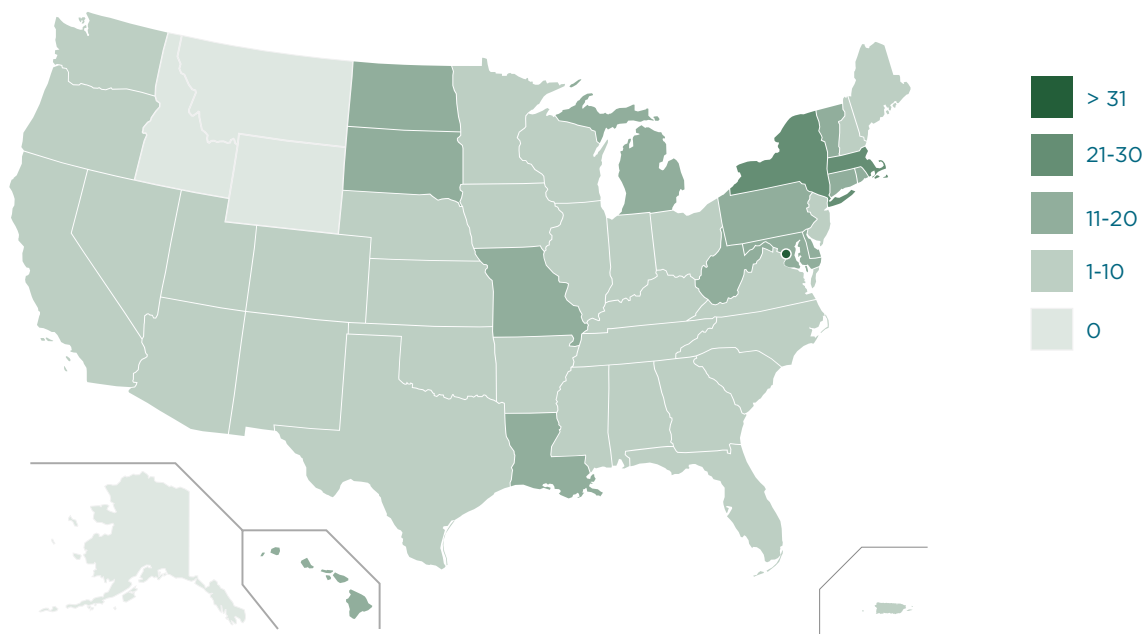


Filed ACGME Spots in General Psychiatry

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, 2019

TABLE 15.1



STATE	
AK	0.00
AL	4.79
AR	8.12
AZ	6.11
CA	8.12
CO	5.90
CT	17.81
DC	70.85
DE	13.86
FL	7.96

STATE	
GA	4.99
HI	19.42
IA	6.97
ID	0.00
IL	8.84
IN	3.94
KS	7.72
KY	7.27
LA	13.12
MA	23.36
MD	13.07

STATE	
ME	7.07
MI	13.42
MN	7.80
MO	11.81
MS	4.54
MT	0.00
NC	8.58
ND	15.75
NE	8.79
NH	11.03
NJ	8.44

STATE	
NM	10.73
NV	9.58
NY	26.81
OH	9.97
OK	10.11
OR	5.81
PA	11.25
PR	6.89
RI	17.94
SC	9.42
SD	15.83

STATE	
TN	6.81
TX	7.24
UT	5.30
VA	9.61
VT	12.82
WA	5.84
WI	7.47
WV	17.02
WY	0.00

Sources: ACGME Data Request & 2019 U.S. Census Bureau State Population Estimates

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, 2019

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	APA / ST	G	A	C & A	F	G	CL
1 CT	17.81	1.12	4.07	0.84	0.56	0.28	5 FL	7.96	0.09	0.68	0.09	0.02	0.07
1 MA	23.36	0.44	3.41	0.07	0.15	0.87	5 GA	4.99	0.14	0.57	0.14	0.05	
1 ME	7.07	-	1.12	-	-	-	5 KY	7.27	-	1.01	-	-	-
1 NH	11.03	0.74	2.21	-	-	-	5 LA	13.12	-	1.61	0.43		0.22
1 RI	17.94	-	5.19	0.47	0.47	0.47	5 MS	4.54	-	0.17	-	-	-
1 VT	12.82	-	3.21	-	-	-	5 NC	8.58	-	1.19	0.05	0.05	0.05
2 NY	26.81	0.36	3.70	0.41	0.36	0.64	5 OK	10.11	-	0.76	-	-	-
3 DC	70.85	-	12.75	-	-	0.71	5 PR	6.89	0.16	1.25	-	-	0.16
3 DE	13.86	-	-	-	-	-	5 SC	9.42	0.29	1.36	0.49	0.29	-
3 MD	13.07	0.17	2.32	0.50	-	-	5 TN	6.81	-	0.88	-	0.07	0.07
3 NJ	8.44	-	0.45	0.11	0.06	-	5 TX	7.24	0.09	0.97	-	0.02	0.03
3 PA	11.25	0.12	1.72	0.08	0.08	0.23	5 VA	9.61	-	0.82	-	-	0.23
4 IA	6.97	-	0.95	-	-	-	5 WV	17.02	0.28	1.12	0.28	-	-
4 IL	8.84	0.08	1.22	0.08	-	0.08	6 CA	8.12	0.09	1.30	0.15	0.08	0.09
4 IN	3.94	0.22	0.37	-	-	0.07	7 AK	0.00					
4 KS	7.72	-	1.03	-	-	-	7 AZ	6.11	-	0.89	-	0.14	-
4 MI	13.42	0.10	1.20	0.10	-	0.05	7 CO	5.90	0.26	1.04	0.17	-	0.17
4 MN	7.80	0.09	1.15	0.18	-	0.18	7 HI	19.42	-	3.53	-	-	-
4 MO	11.81	-	1.30	0.08	-	-	7 ID	0.00					
4 ND	15.75	-	-	-	-	-	7 MT	0.00					
4 NE	8.79	-	1.03	-	-	-	7 NM	10.73	-	1.43	-	-	-
4 OH	9.97	0.09	1.20	0.17	0.04	0.09	7 NV	9.58	-	0.97	-	-	-
4 SD	15.83	-	1.70	-	-	-	7 OR	5.81	-	1.07	0.24	0.12	0.24
4 WI	7.47	0.17	0.94	-	-	0.26	7 UT	5.30	0.16	0.94	-	-	-
5 AL	4.79	-	1.22	-	-	-	7 WA	5.84	0.20	0.72	-	-	0.20
5 AR	8.12	-	1.16	0.17	-	-	7 WY	0.00					

Source: AAMC Data Report

Geographic Region Of Medical School For 2019 Graduates Intending To Pursue Psychiatry

Key Findings: A greater percentage of graduating medical students intending to pursue psychiatry appear to come from medical schools in the Western U.S. compared to students pursuing other specialties.

Geographic Region of Medical School for 2019 Graduates Intending to Pursue Psychiatry

TABLE 16

Region of Medical School	Psychiatry Respondents	All Respondents
Northeast	27.40%	28.90%
South	32.30%	32.90%
Midwest	25.70%	26.70%
West	14.60%	11.50%
Number of respondents	925	16,657

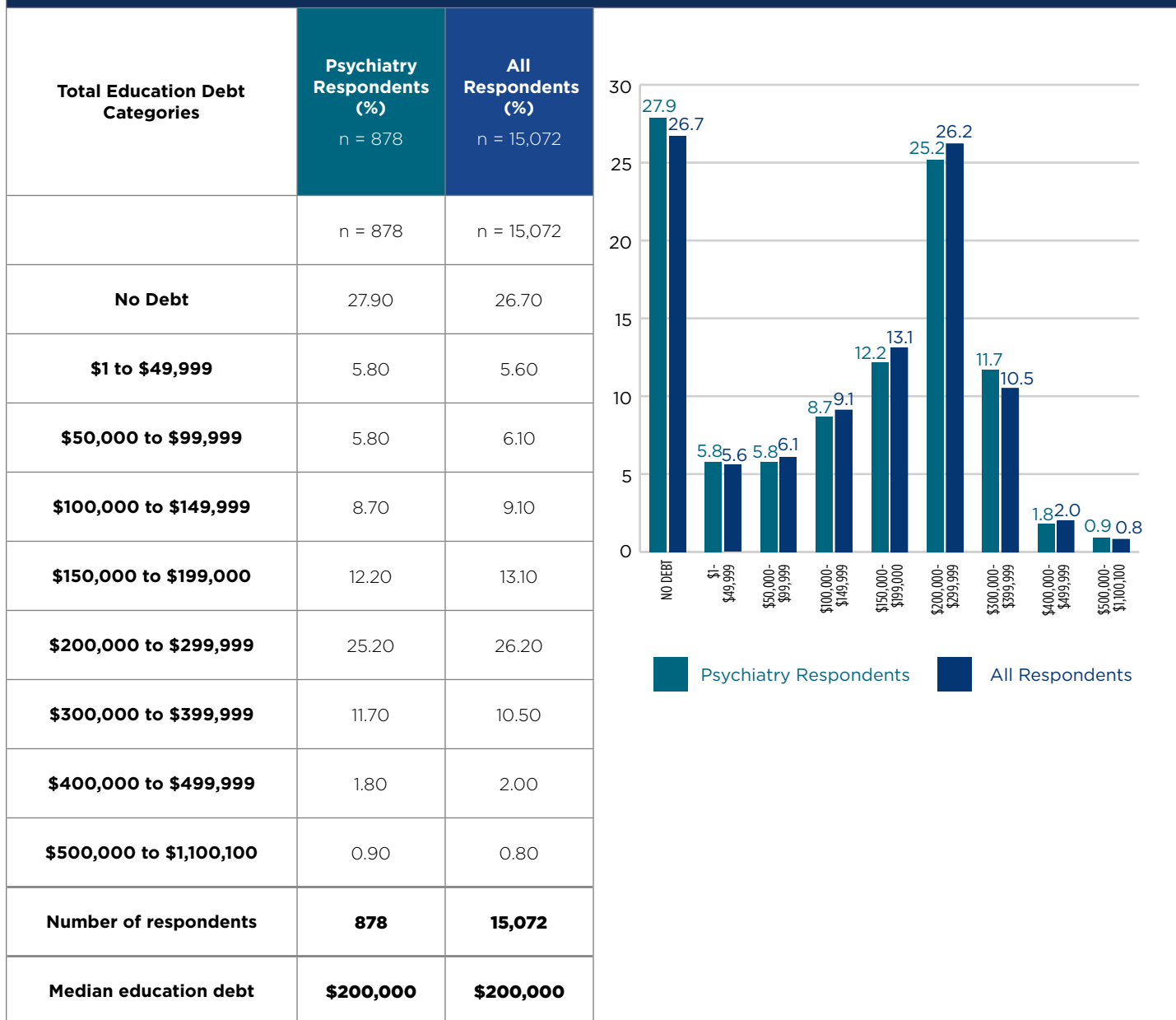
Psychiatry respondents include those who selected 'Psychiatry' in response to the question: "When thinking of your career, what is your intended area of practice?" Source: AAMC Data Report

Educational Debt for 2019 Medical Student Graduates

Key Finding: The median educational debt for psychiatry trainees is \$200,000 and is similar to residents in other specialties.

Educational Debt for 2019 Graduating Medical Students Intending to Pursue Psychiatry

TABLE 17



Education debt is the sum of premedical/college debt and medical school debt. Psychiatry respondents include those who selected 'Psychiatry' in response to the question: "When thinking of your career, what is your intended area of practice?"

Source: AAMC Data Report

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