



2018 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 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 94.8% response rate in 2017 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

Acknowledgements

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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. Additional thanks to Ms. Lisa Diener of the APA Membership Office for assistance with the research proposal and draft revisions.

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 2012-2017 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. When available, data from 2012-2018 are presented in this report.

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 has steadily increased** since 2012.

2

The proportion of **filled positions has increased since 2012** and includes a **higher percentage of U.S. medical school graduates** than prior to 2012.

3

The **racial and ethnic diversity in the psychiatric workforce has increased** since 2012.

4

There has been a **reduction in the percentage of female residents** since 2012.

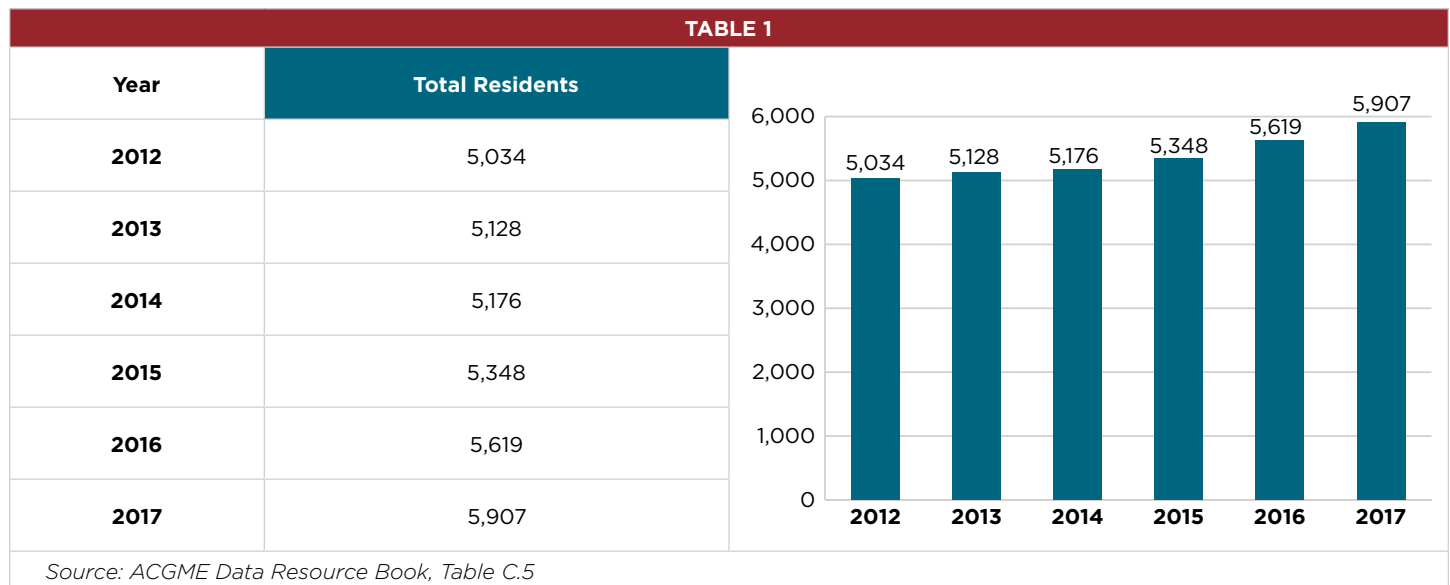
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As more U.S. medical graduates enter psychiatry residency training, **the percentage of international medical graduates in the U.S. resident workforce has declined.**

Total Number of General Psychiatry Residents

Key Finding: The total number of psychiatry residents has increased by 873 (17.3%) since 2012.

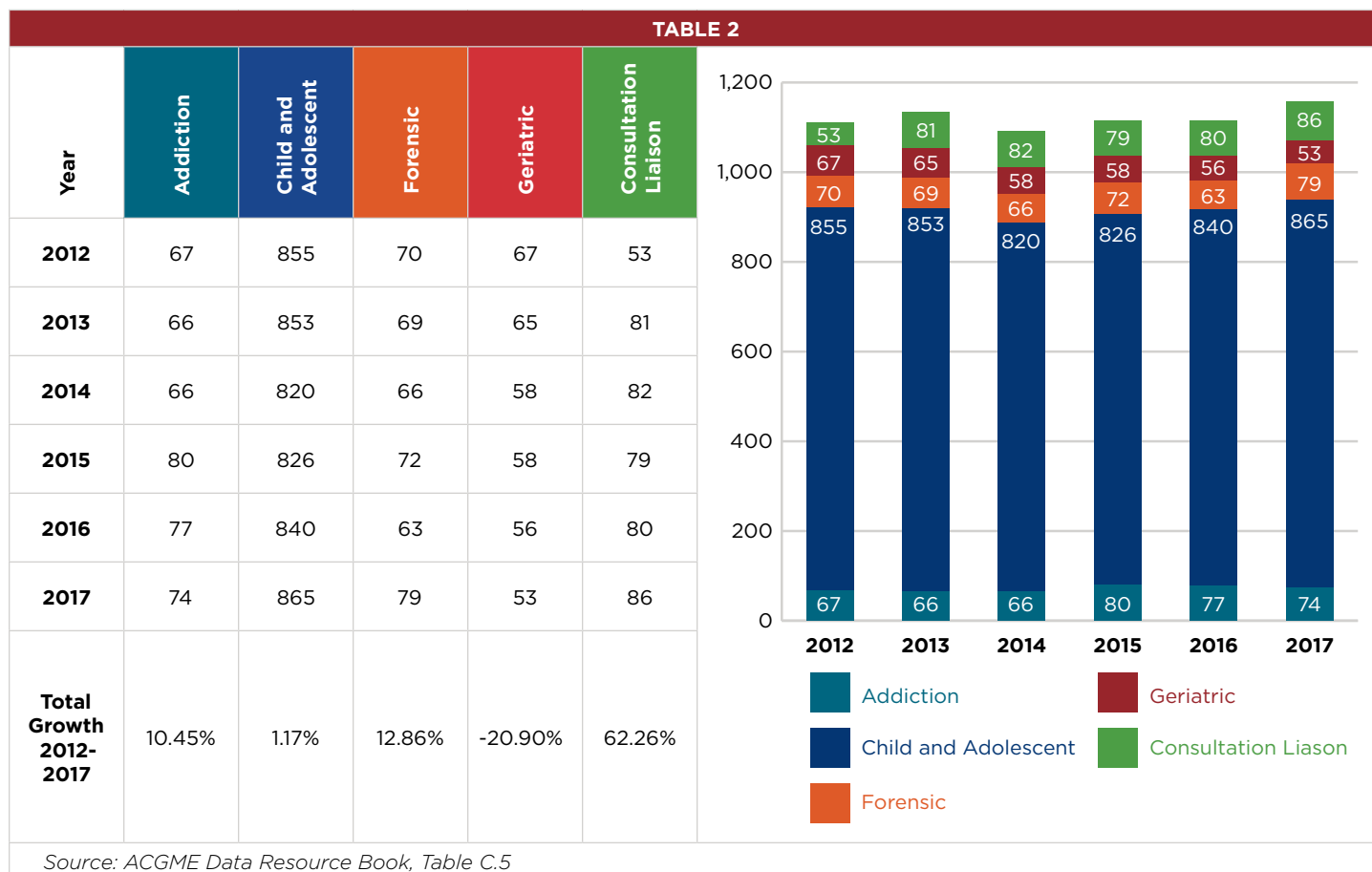
Number of General Psychiatry Residents 2012-2017



Psychiatry Fellows in Subspecialties

Key Finding: Child and Adolescent continues to be the subspecialty with the largest number of trainees. The number of trainees enrolled in geriatric subspecialty programs has reduced in number by one-fifth since 2012.

Number of Psychiatry Fellows in Subspecialties 2012-2017

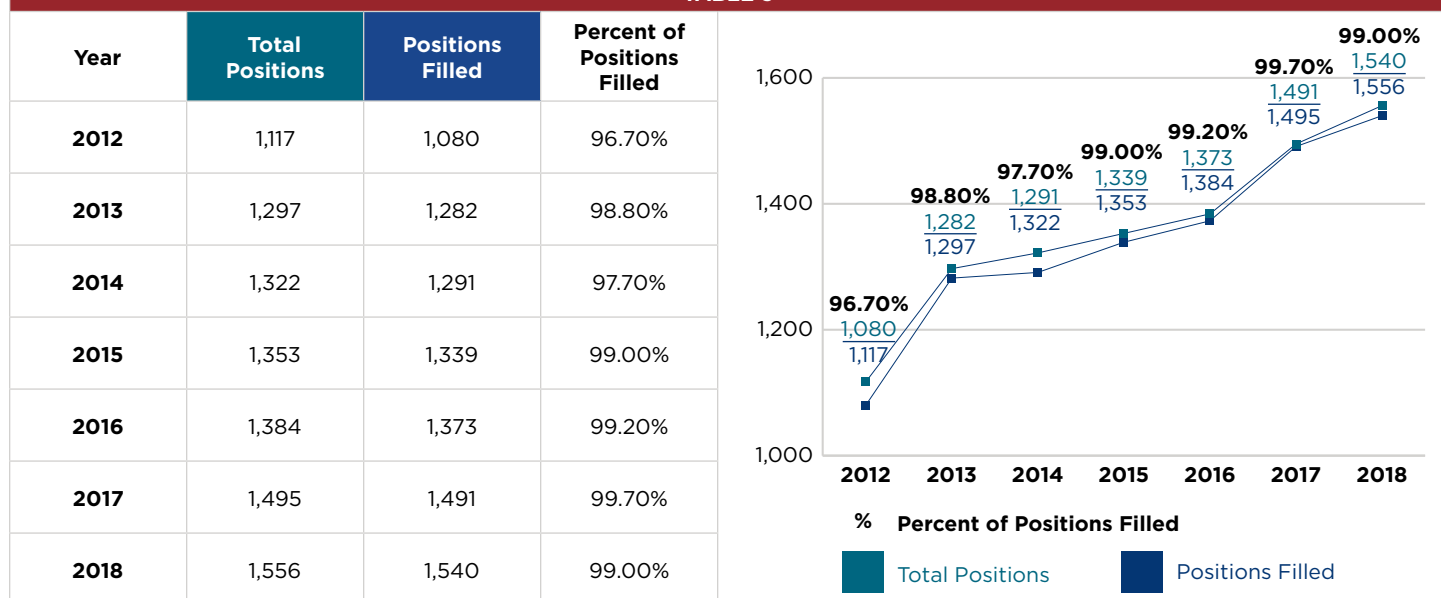


PGY1 Match Numbers

Key Finding: The percentage of filled positions rose to greater than 99% in 2015 and has continued at that level for the last four years.

PGY1 Positions Offered in the Match Program by Number and Percent Filled 2012-2018

TABLE 3



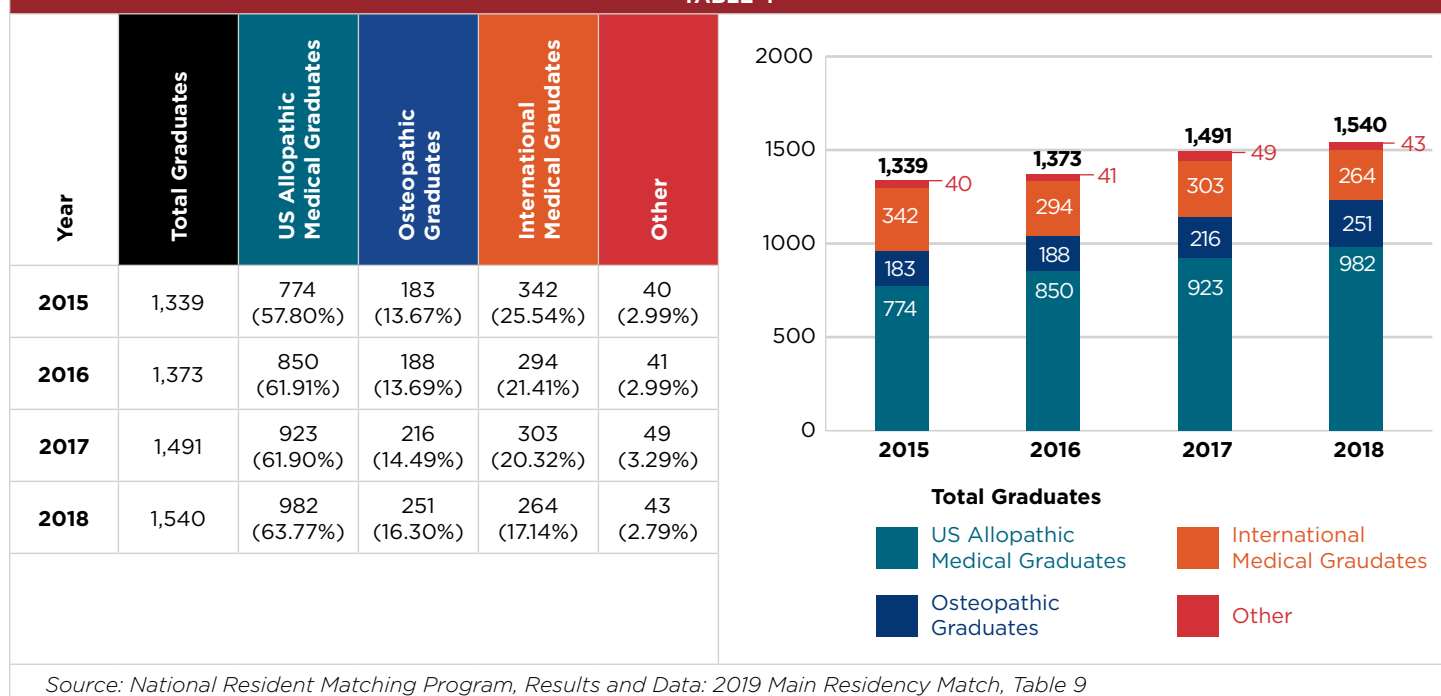
Source: National Resident Matching Program, Results and Data: 2019 Main Residency Match, Table 8

PGY1 Matches for U.S. Graduates

Key Finding: The total number of positions for PGY1 matriculants has increased steadily since 2015, while the percentage of international medical graduates has decreased by 14 percentage points between 2015 to 2018.

PGY1 Positions Filled in the Match Program by Number and Percent Filled by US Graduates 2015-2018

TABLE 4



Source: National Resident Matching Program, Results and Data: 2019 Main Residency Match, Table 9

Psychiatry Subspecialties by Positions Offered and Percent Filled

Key Finding: The percentage of filled positions has increased for Consultation-Liaison and Forensic psychiatry subspecialties.

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	64.30%	49
Child and Adolescent Psychiatry	882	1,105	79.80%	138
Consultation-Liaison Psychiatry	90	143	62.90%	61
Forensic Psychiatry	84	123	68.30%	47
Geriatric Psychiatry	59	155	38.00%	60

Year 2018

Subspecialty	Total Filled Complement	Total Approved Complement	Percent Filled	Total Programs
Addiction Psychiatry	85	132	64.40%	50
Child and Adolescent Psychiatry	883	1,132	78.00%	140
Consultation-Liaison Psychiatry	78	144	54.20%	62
Forensic Psychiatry	73	127	57.50%	48
Geriatric Psychiatry	55	157	35.00%	61

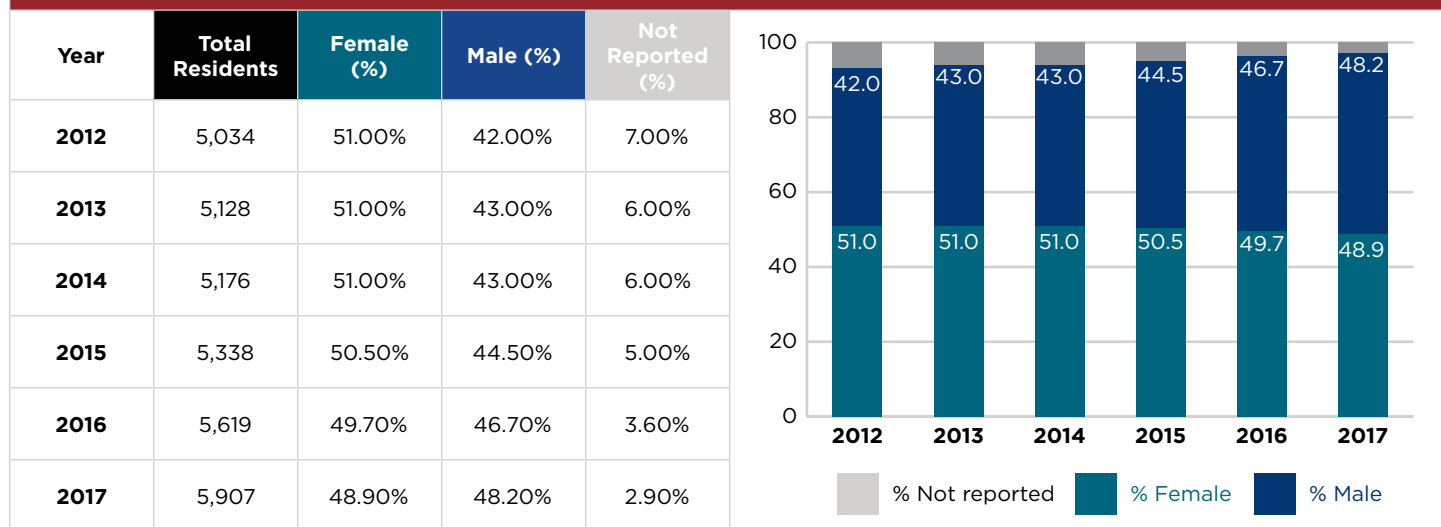
Source: AAMC Special Data Report received April 30, 2019.

General Psychiatry Residents by Sex

Key Finding: The percentage of reported female residents declined over time.

General Psychiatry Residents by Sex 2012-2017

TABLE 6



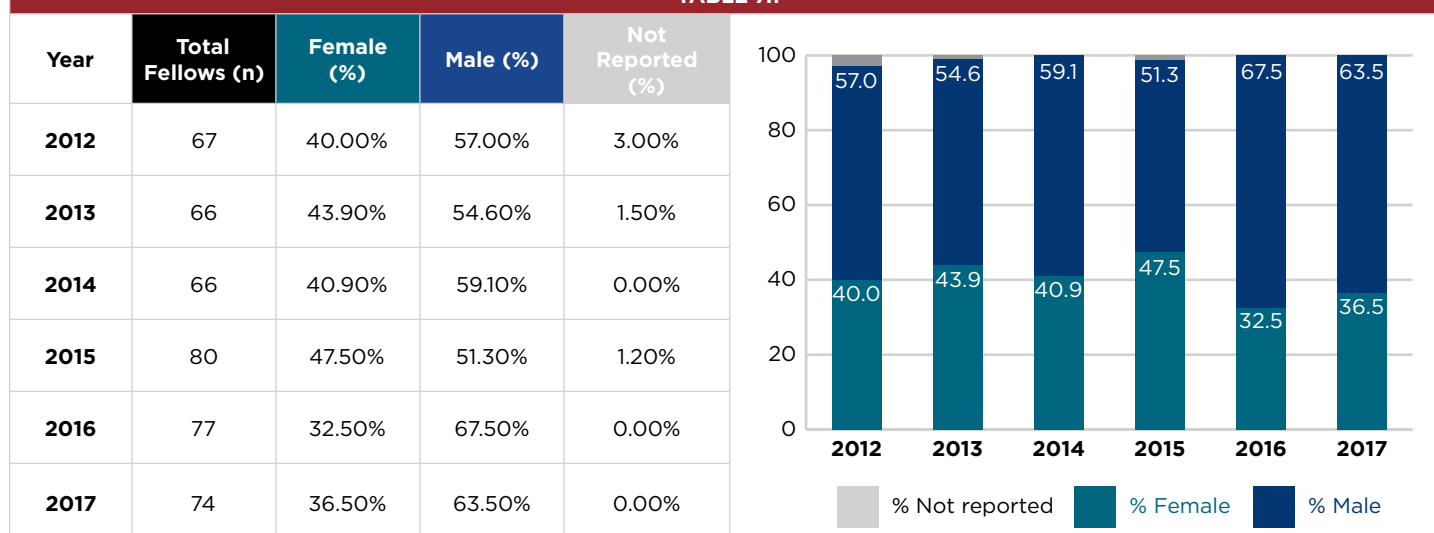
Source: ACGME Data Resource Book, Table C.21

Psychiatry Subspecialties by Sex

Key Finding: The following tables illustrate the sex differences within the five psychiatry subspecialties. The female vs. male gap has widened with more males in addiction fellowships and more females in child and adolescent and geriatric fellowships.

Psychiatry Addiction Fellows 2012-2017

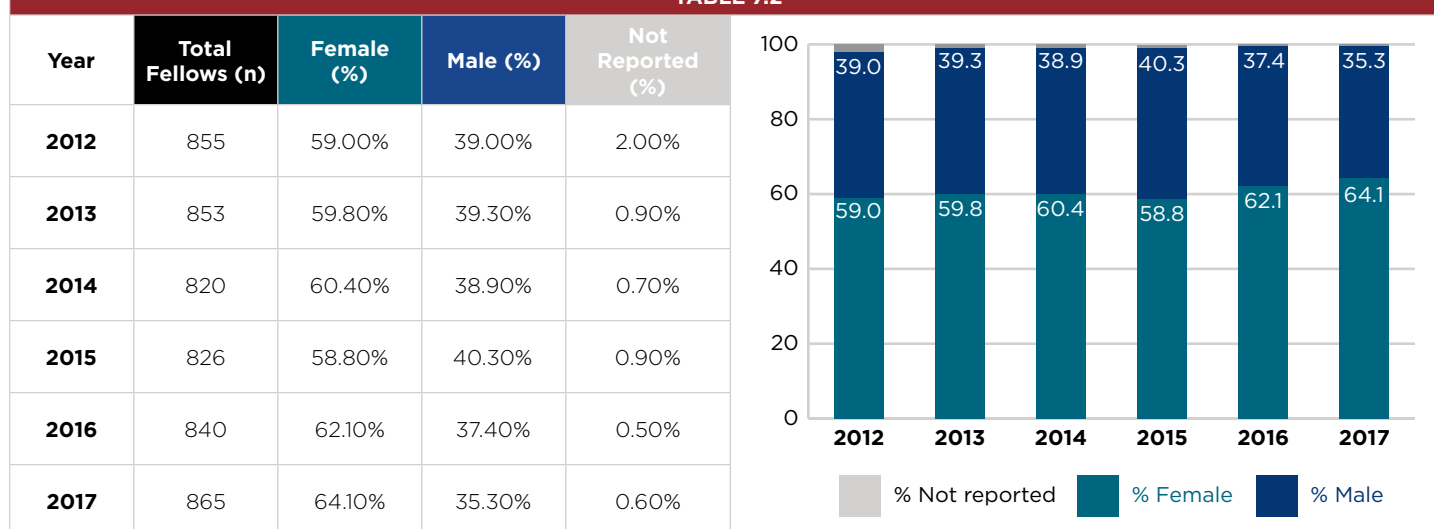
TABLE 7.1



Source: ACGME Data Resource Book, Table C.21

Psychiatry Child and Adolescent Fellows 2012-2017

TABLE 7.2

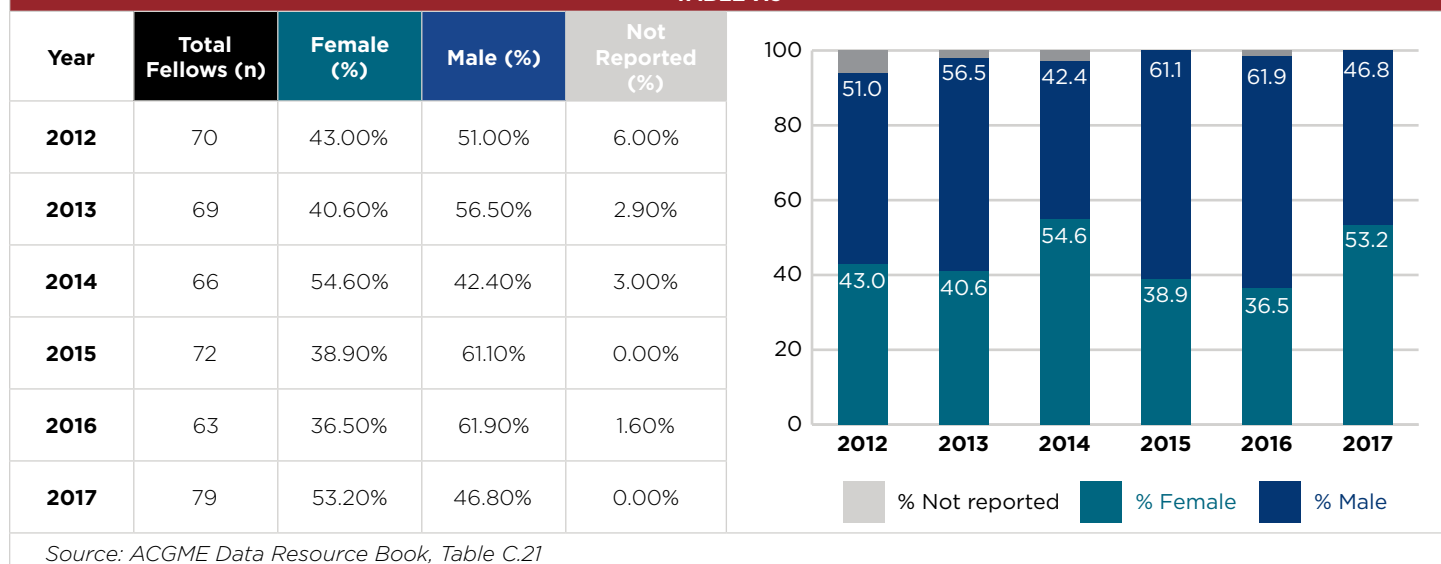


Source: ACGME Data Resource Book, Table C.21

Psychiatry Subspecialties by Sex

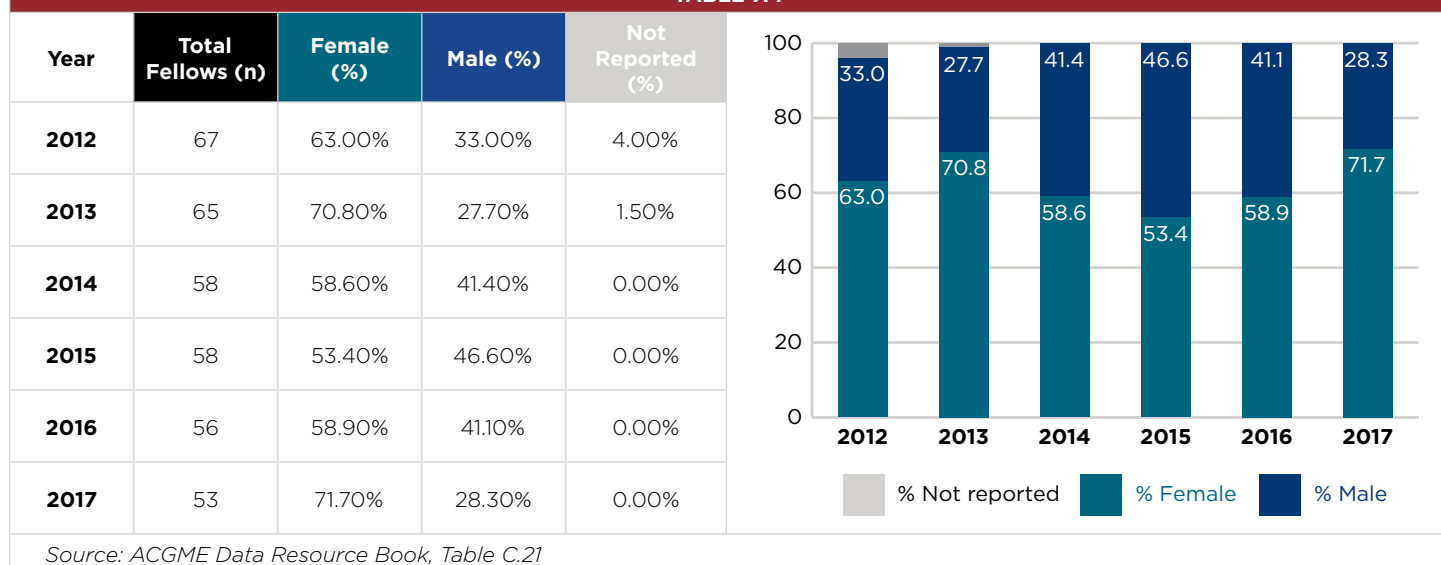
Psychiatry Forensic Fellows 2012-2017

TABLE 7.3



Psychiatry Geriatric Fellows by Sex 2012-2017

TABLE 7.4

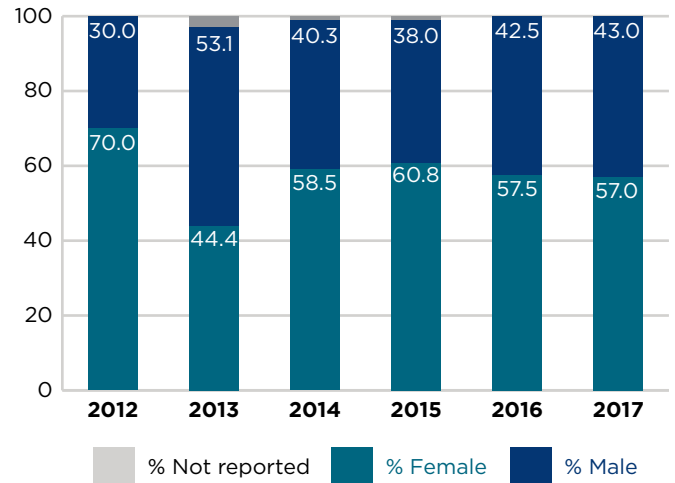


Psychiatry Subspecialties by Sex

Psychiatry Consult-Liaison Fellows by Sex 2012-2017

TABLE 7.5

Year	Total Fellows (n)	Female (%)	Male (%)	Not Reported (%)
2012	53	70.00%	30.00%	0.00%
2013	81	44.40%	53.10%	2.50%
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%



Source: ACGME Data Resource Book, Table C.21

Psychiatry Residents by Race & Ethnicity, GME Track Data

Key Finding: The largest categories are White and Asian, and together represent nearly 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. Consistently, less than one percent of residents self-identify as American Indian/Alaskan Native or Native Hawaiian/Other Pacific Islander. Both the Black/African American and Hispanic/Latino/Spanish Origin categories have experienced a slight growth since 2012.

General Psychiatry PGY1 Residents by Race & Ethnicity 2012-2017

TABLE 8

Duplicated Race/ Ethnicity ¹	2012		2013		2014		2015		2016		2017	
	N	%	N	%	N	%	N	%	N	%	N	%
American Indian or Alaska Native	11	0.90%	6	0.40%	7	0.50%	10	0.70%	11	0.70%	13	0.90%
Asian	273	21.50%	330	24.40%	327	24.00%	295	20.90%	318	21.60%	376	24.70%
Black or African American	82	6.50%	92	6.80%	95	7.00%	91	6.50%	94	6.40%	123	8.10%
Hispanic, Latino, or of Spanish Origin	94	7.40%	106	7.80%	100	7.30%	96	6.80%	129	8.80%	135	8.90%
Native Hawaiian or Other Pacific Islander	2	0.20%	1	0.10%	3	0.20%	2	0.10%	3	0.20%	4	0.30%
White	634	49.90%	674	49.80%	672	49.40%	744	52.80%	781	53.00%	793	52.10%
Other	66	5.20%	42	3.10%	56	4.10%	51	3.60%	62	4.20%	52	3.40%
Unknown Race/ Ethnicity	12	0.90%	4	0.30%	2	0.10%	7	0.50%	7	0.50%	7	0.50%
Non-U.S. Citizen/ Non-permanent Resident ²	200	15.70%	195	14.40%	191	14.00%	201	14.30%	209	14.20%	157	10.30%
Number of Unique Residents	1,271		1,354		1,361		1,409		1,473		1,523	

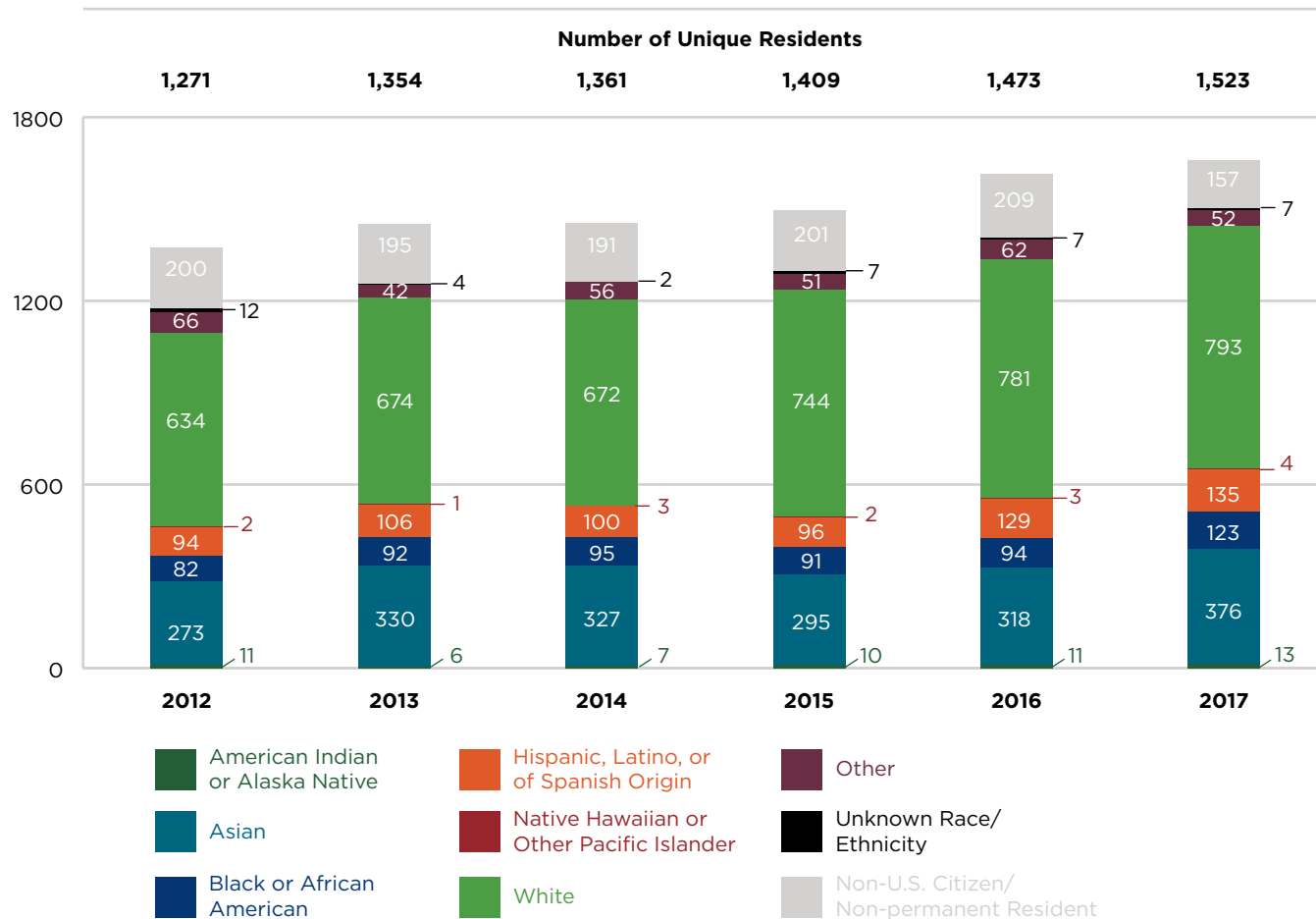
Source: AAMC Data Report

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.

Psychiatry Residents by Race & Ethnicity, GME Track Data

General Psychiatry PGY1 Residents by Race & Ethnicity 2012-2017



* 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 in Table 8.

Psychiatry Residents by Race & Ethnicity, GME Track Data

Key Finding: The largest categories are White and Asian, and 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. Both the Black/African American and Hispanic/Latino/Spanish Origin categories have experienced a slight growth since 2012 though this increase in representation is more pronounced for the PGY1 subgroup (see Table 8).

All General Psychiatry Residents by Race & Ethnicity 2012–2017

TABLE 9

Duplicated Race/ Ethnicity ¹	2012		2013		2014		2015		2016		2017	
	N	%	N	%	N	%	N	%	N	%	N	%
American Indian or Alaska Native	36	0.70%	39	0.80%	37	0.70%	39	0.70%	38	0.70%	43	0.80%
Asian	1,024	20.80%	1,116	22.20%	1,179	23.10%	1,189	22.50%	1,214	22.50%	1,256	22.50%
Black or African American	307	6.20%	332	6.60%	338	6.60%	362	6.80%	370	6.80%	390	7.00%
Hispanic, Latino, or of Spanish Origin	365	7.40%	355	7.10%	373	7.30%	379	7.20%	421	7.80%	446	8.00%
Native Hawaiian or Other Pacific Islander	7	0.10%	7	0.10%	6	0.10%	7	0.10%	8	0.10%	11	0.20%
White	2,645	53.70%	2,631	52.40%	2,600	50.80%	2,708	51.20%	2,789	51.60%	2,948	52.70%
Other	208	4.20%	183	3.60%	197	3.90%	201	3.80%	203	3.80%	209	3.70%
Unknown Race/ Ethnicity	20	0.40%	24	0.50%	23	0.40%	25	0.50%	18	0.30%	22	0.40%
Non-U.S. Citizen/ Non-permanent Resident ²	744	15.10%	728	14.50%	739	14.50%	750	14.20%	751	13.90%	751	12.80%
Number of Unique Residents	4,930		5,019		5,114		5,290		5,405		5,594	

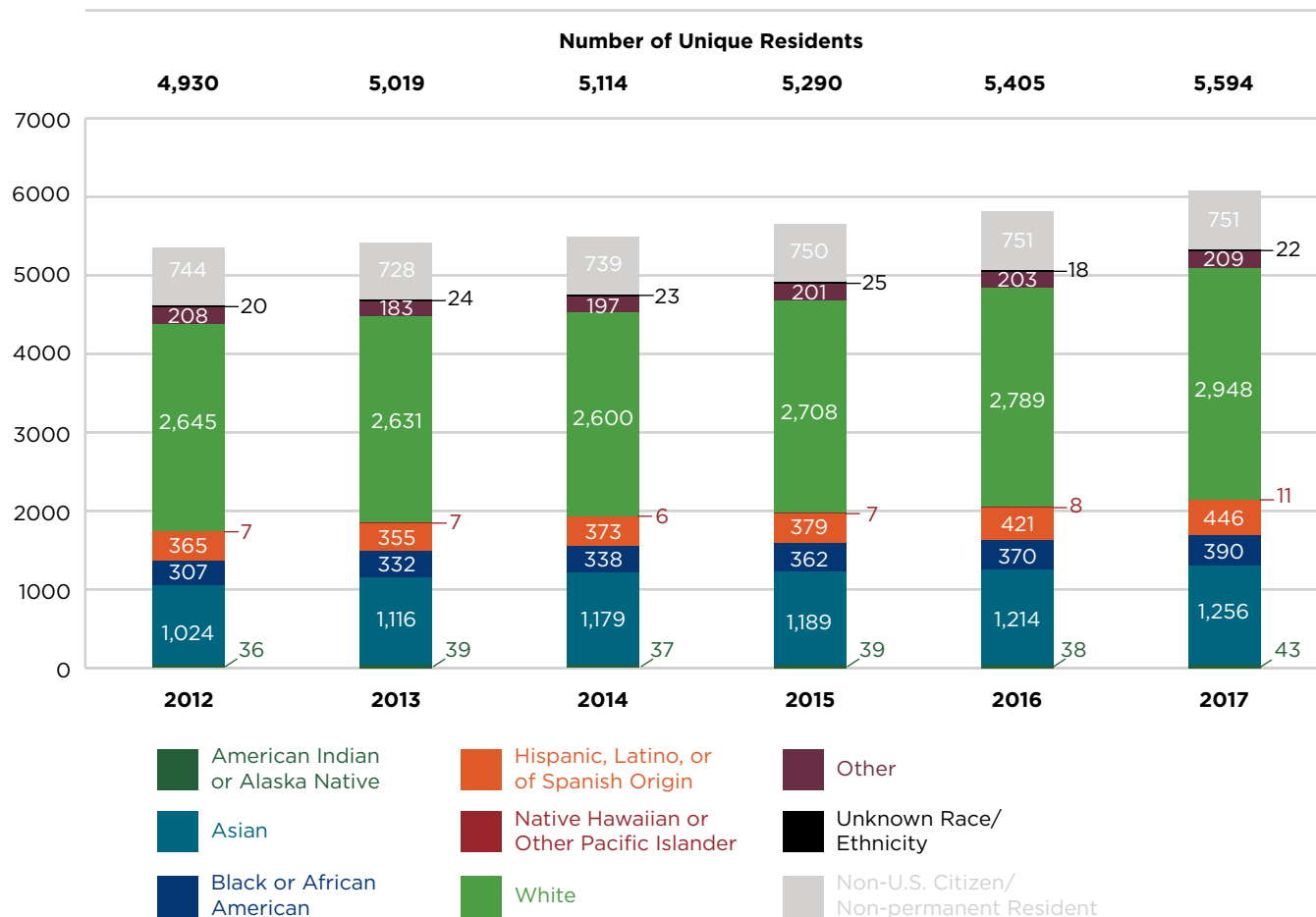
Source: AAMC Data Report

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.

Psychiatry Residents by Race & Ethnicity, GME Track Data

All General Psychiatry Residents by Race & Ethnicity 2012 – 2017



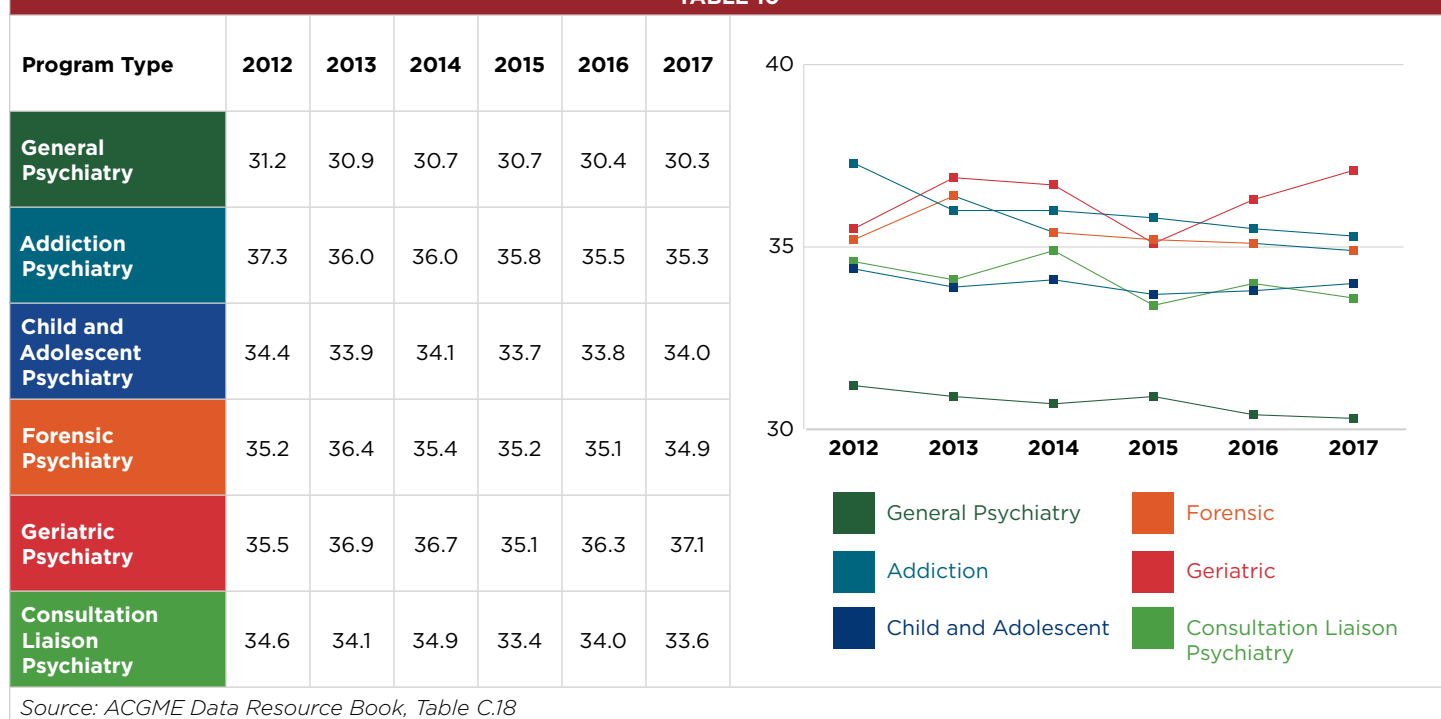
* Duplicated Race & Ethnicity indicates the resident identified with that race/ethnicity category alone or in combination with any other race/ethnicity category. For example, a resident who identified as Asian, Native Hawaiian or Other Pacific Islander, and white is counted three times, in each of the 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 in Table 9.

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. The average age in General Psychiatry is lower than that in subspecialty programs, with Geriatric Psychiatry having the overall largest average by a small margin.

Mean Age of Residents in General Psychiatry and Subspecialty Fellowship Programs 2012-2017

TABLE 10



Residents by Birth Country

Key Findings: The highest numbers of residents matching into Psychiatry in 2012-2017 were born in the United States, followed by India, Pakistan and China. The table also shows the rest of the 17 top birth countries of residents matching into Psychiatry and Internal Medicine/Psychiatry programs.

Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2012-2017

TABLE 11.1

Country	2012	2013	2014	2015	2016	2017	TOTAL
United States	3,269	3,358	3,397	3,619	3,813	4,083	21,539
India	450	439	426	402	354	314	2,385
Pakistan	133	143	151	149	137	137	850
China	85	85	90	101	99	103	563
Canada	66	71	87	94	108	108	534
Nigeria	62	66	74	78	73	76	429
Iran, Islamic Republic of	53	60	59	52	49	50	323
Korea, Republic of	33	35	44	50	52	53	267
Russian Federation	34	36	35	40	38	33	216
United Kingdom	28	31	38	45	40	34	216
Egypt	27	26	29	31	28	36	177
Bangladesh	24	26	27	29	31	26	163
Ukraine	28	26	29	27	29	21	160
Philippines	41	33	27	21	21	15	158
Saudi Arabia	16	22	26	26	29	32	151
Taiwan, Province of China	25	25	28	25	25	22	150
Germany	26	25	29	23	20	20	143
Colombia	25	24	19	24	23	24	139
Cuba	22	22	18	19	21	25	127
Unknown	38	31	31	26	16	9	151
TOTAL of TOP 20 COUNTRIES	4,485	4,584	4,664	4,881	5,006	5,221	28,841

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

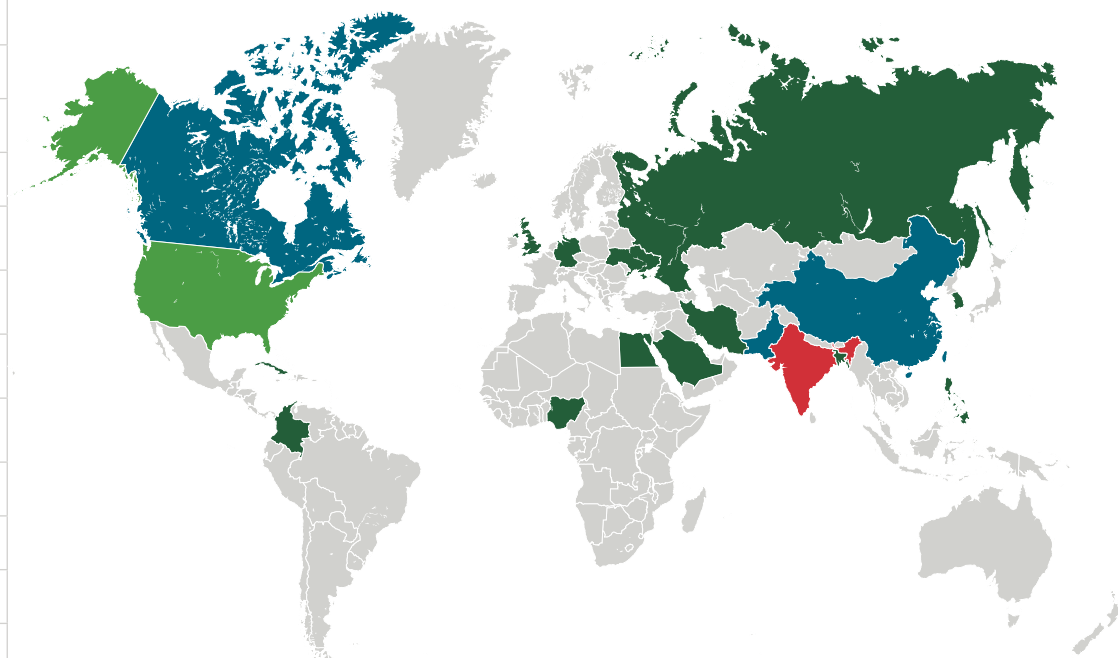
Source: AAMC Data Report

Residents by Birth Country

Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2012-2017

TABLE 11.2

Country	TOTAL 2012-2017
United States	21,539
India	2,385
Pakistan	850
China	563
Canada	534
Nigeria	429
Iran, Islamic Republic of	323
Korea, Republic of	267
Russian Federation	216
United Kingdom	216
Egypt	177
Bangladesh	163
Ukraine	160
Philippines	158
Saudi Arabia	151
Taiwan, Province of China	150
Germany	143
Colombia	139
Cuba	127
Unknown	151
TOTAL of TOP 20 COUNTRIES	28,841



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: There has been a 12.6% increase in residents from US LCME Accredited medical schools and about a 3% decrease in residents from International medical schools in General Psychiatry. Notably there has been a 48% increase in the number of residents from US Osteopathic Medical schools in General Psychiatry between years 2012 and 2017 due to the initiation of a unified accreditation system.

Number of Residents in General Psychiatry and Subspecialty Fellows by Medical School Training 2012-2017

TABLE 12.1

US LCME-Accredited Medical School							
	2012	2013	2014	2015	2016	2017	TOTAL
General Psychiatry	2,836 (56.34%)	2,845 (55.48%)	2,815 (54.39%)	2,972 (55.57%)	3,194 (56.84%)	3,452 (58.44%)	18,114
Addiction Psychiatry	40	40	40	42	39	39	240
Child and Adolescent Psychiatry	457	462	455	444	445	450	2,713
Forensic Psychiatry	30	35	28	28	25	24	170
Geriatric Psychiatry	51	46	50	38	37	50	272
Consultation Liason Psychiatry	32	42	51	45	41	49	260

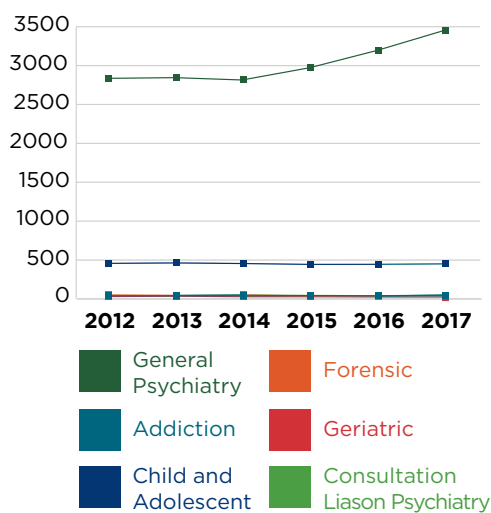
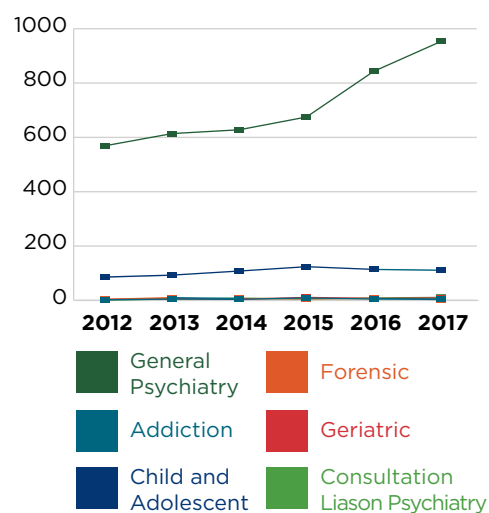


TABLE 12.2

Osteopathic Medical School							
	2012	2013	2014	2015	2016	2017	TOTAL
General Psychiatry	569 (11.30%)	614 (11.97%)	628 (12.13%)	675 (12.62%)	843 (15.00%)	953 (16.13%)	4,282
Addiction Psychiatry	2	5	4	9	5	5	30
Child and Adolescent Psychiatry	86	93	108	124	114	111	636
Forensic Psychiatry	4	10	7	6	7	3	91
Geriatric Psychiatry	4	6	4	11	7	9	41
Consultation Liason Psychiatry	1	5	8	5	9	11	39



Residents and Fellows by Type of Medical School Training

Number of Residents in General Psychiatry and Subspecialty Fellowships by Medical School Training 2012-2017

TABLE 12.3

International Medical School							
	2012	2013	2014	2015	2016	2017	TOTAL
General Psychiatry	1,625 (32.28%)	1,664 (32.45%)	1,727 (33.37%)	1,704 (31.86%)	1,577 (28.07%)	1,498 (25.36%)	9,795
Addiction Psychiatry	25	20	22	27	32	30	156
Child and Adolescent Psychiatry	312	298	257	258	281	303	1,709
Forensic Psychiatry	32	20	23	24	24	25	148
Geriatric Psychiatry	15	17	11	23	18	19	103
Consultation Liaison Psychiatry	20	31	22	27	27	26	153

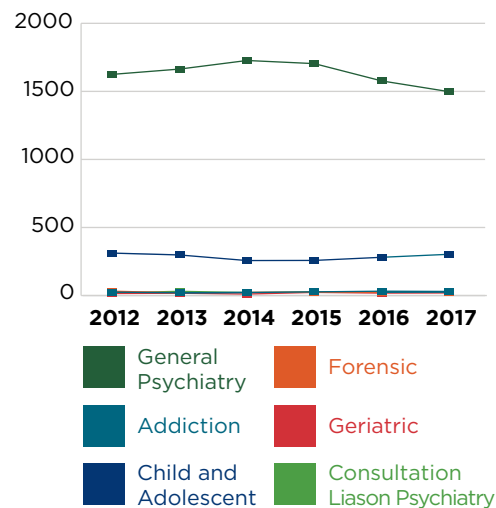
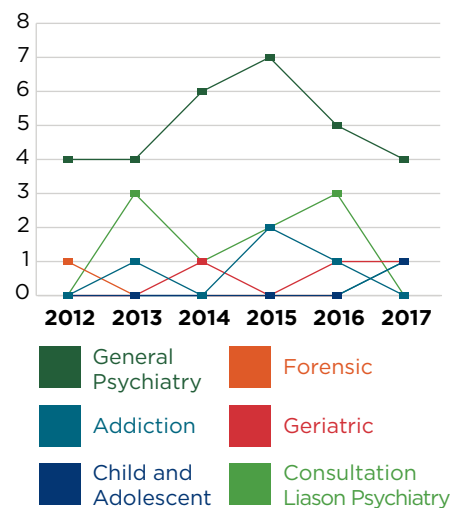


TABLE 12.4

Canadian Medical Schools							
	2012	2013	2014	2015	2016	2017	TOTAL
General Psychiatry	4 (0.08%)	4 (0.08%)	6 (0.16%)	7 (0.13%)	5 (0.09%)	4 (0.08%)	30
Addiction Psychiatry	0	1	0	2	1	0	4
Child and Adolescent Psychiatry	0	0	0	0	0	1	1
Forensic Psychiatry	1	0	0	0	0	1	2
Geriatric Psychiatry	0	0	1	0	1	1	3
Consultation Liaison Psychiatry	0	3	1	2	3	0	9



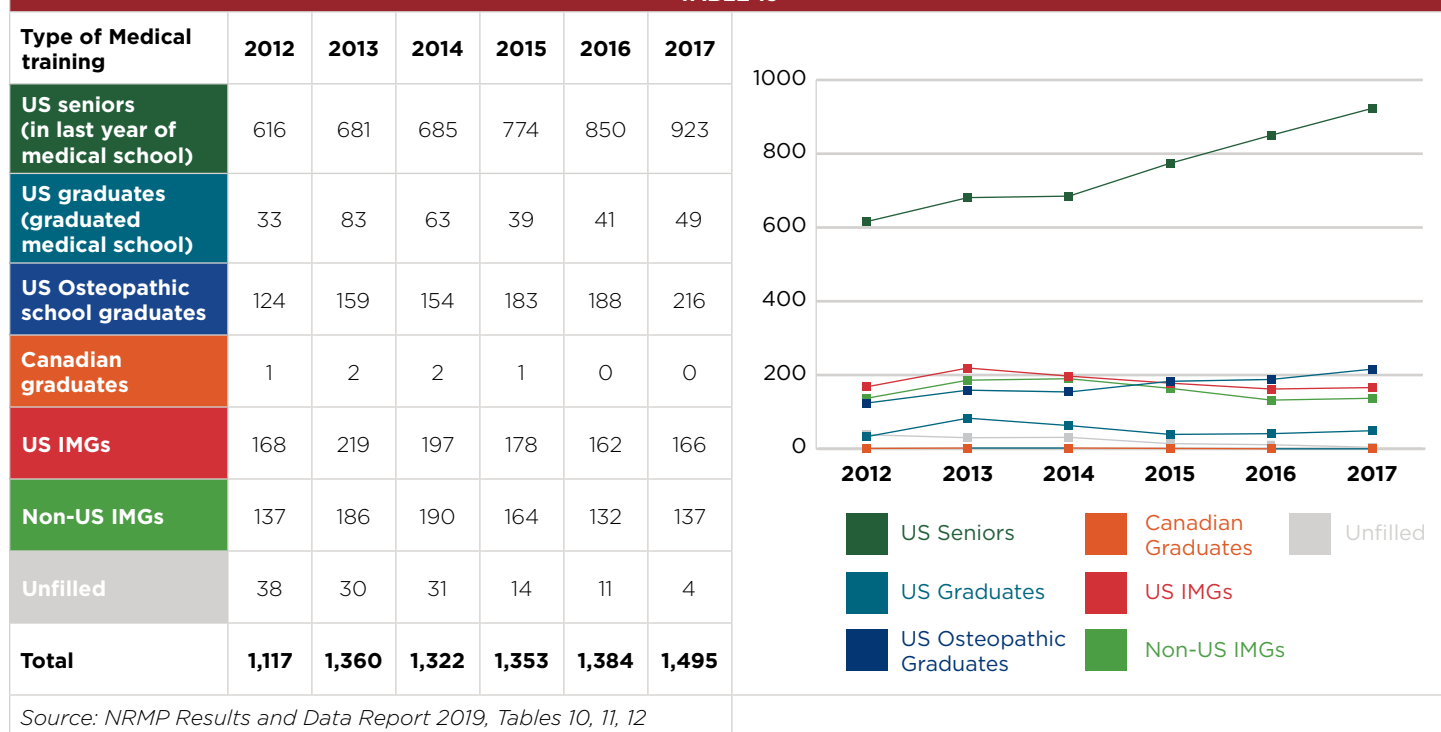
Source, Tables 12.1 – 12.4: ACGME Data Resource Book, Table C.15

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 5-year span.

Psychiatry (Categorical) Positions in Match by Type of Medical Training 2012-2017

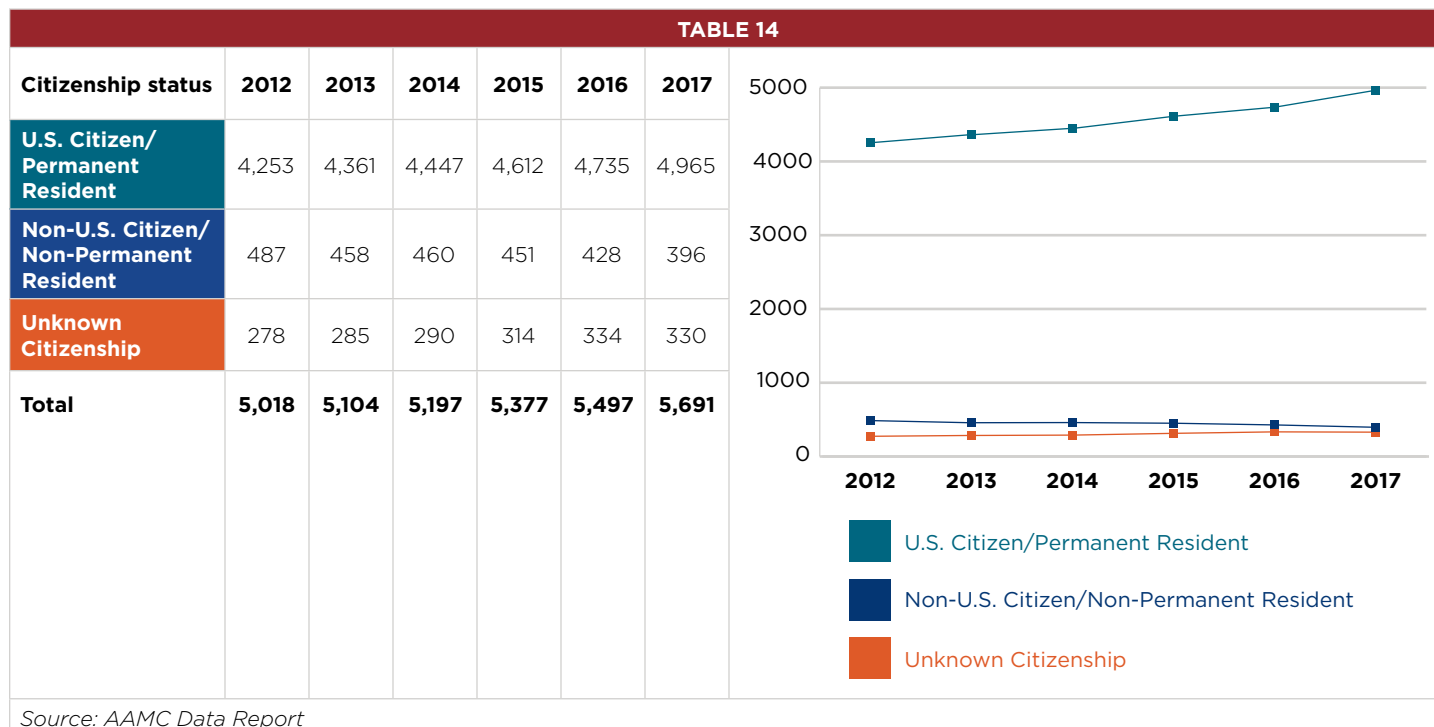
TABLE 13



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 2012 and 2017.

Overall Citizenship Status for Psychiatry Residents 2012-2017



Source: AAMC Data Report

References

GMETrack www.aamc.org/gmetrack

National Residency Matching Program www.nrmp.org

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