

2022 Resident/ Fellow Census

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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 95% 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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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 2022 includes residents active in training as of December 31, 2022. 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 2021 represents the 2021-2022 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 2022 represents the match data for positions offered in the year 2022.

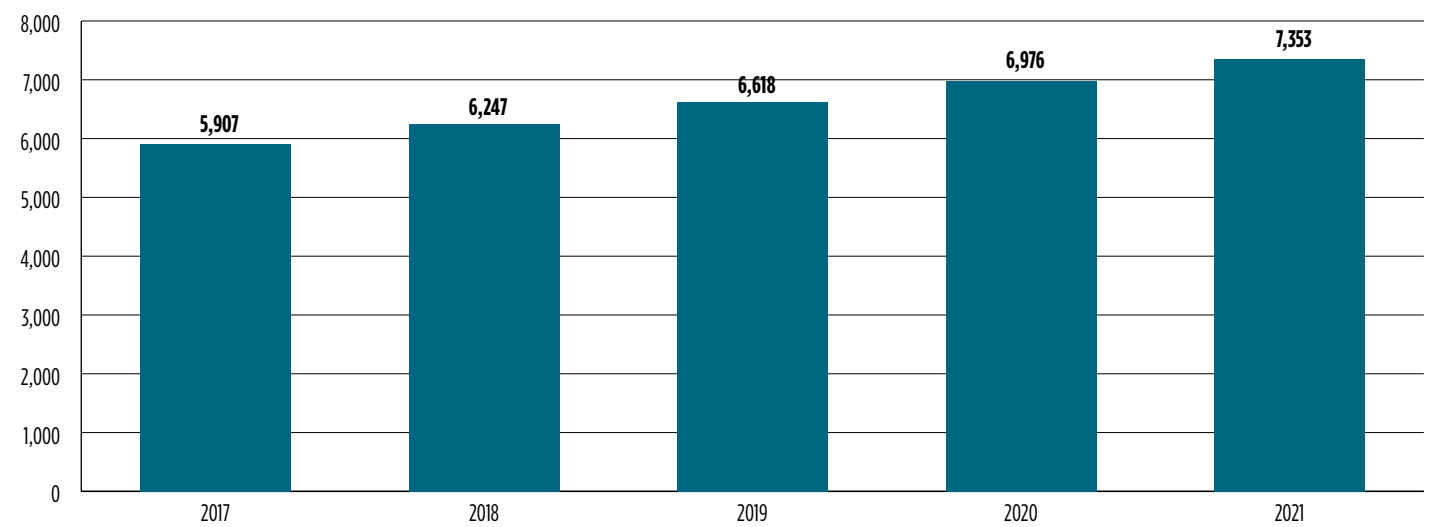
Key Findings

- 1** The number of **available match positions in psychiatry continues to increase**, with approximately 99% positions consistently filled over the past five years.
- 2** Since 2017, a **higher percentage of U.S. medical school and osteopathic graduates**, and a **lower percentage of international medical graduates** have matched into psychiatry.
- 3** The percentage of reported **male and female residents has been nearly equal** since 2017.
- 4** While the racial and ethnic diversity among psychiatric trainees has remained largely unchanged over the past five years, the **number of non-US citizen and Hispanic/Latino residents did increase in 2021**.

List of Tables

TABLE 1: Number of General Psychiatry Residents 2017-2021

Key Finding: The total number of psychiatry residents has increased by 1,446 (24.5%) since 2017.

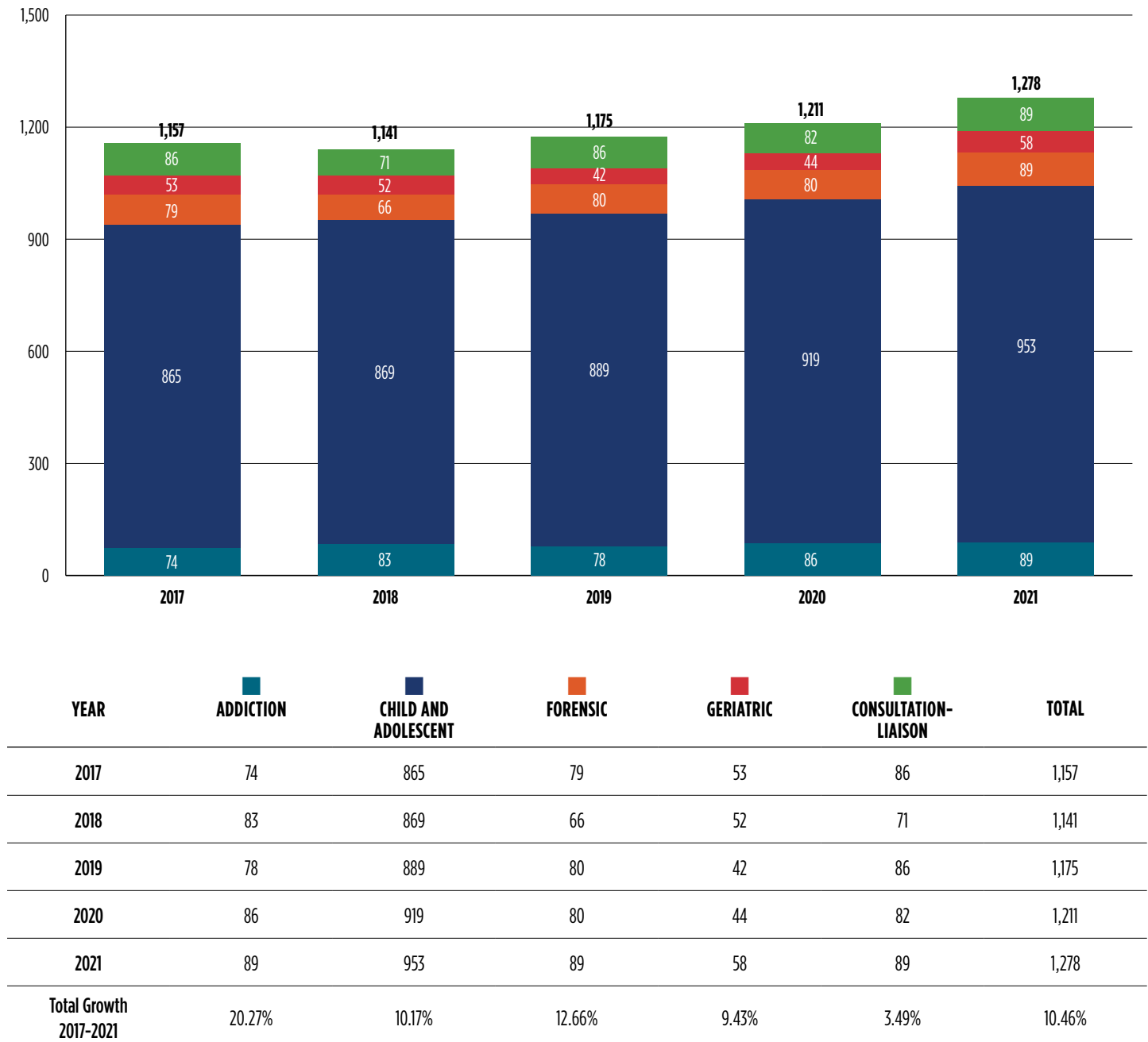


YEAR	TOTAL RESIDENTS
2017	5,907
2018	6,247
2019	6,618
2020	6,976
2021	7,353

Source: ACGME Data Resource Book, 2021-2022, Table C.6

TABLE 2: Number of Psychiatry Fellows in Subspecialties 2017-2021

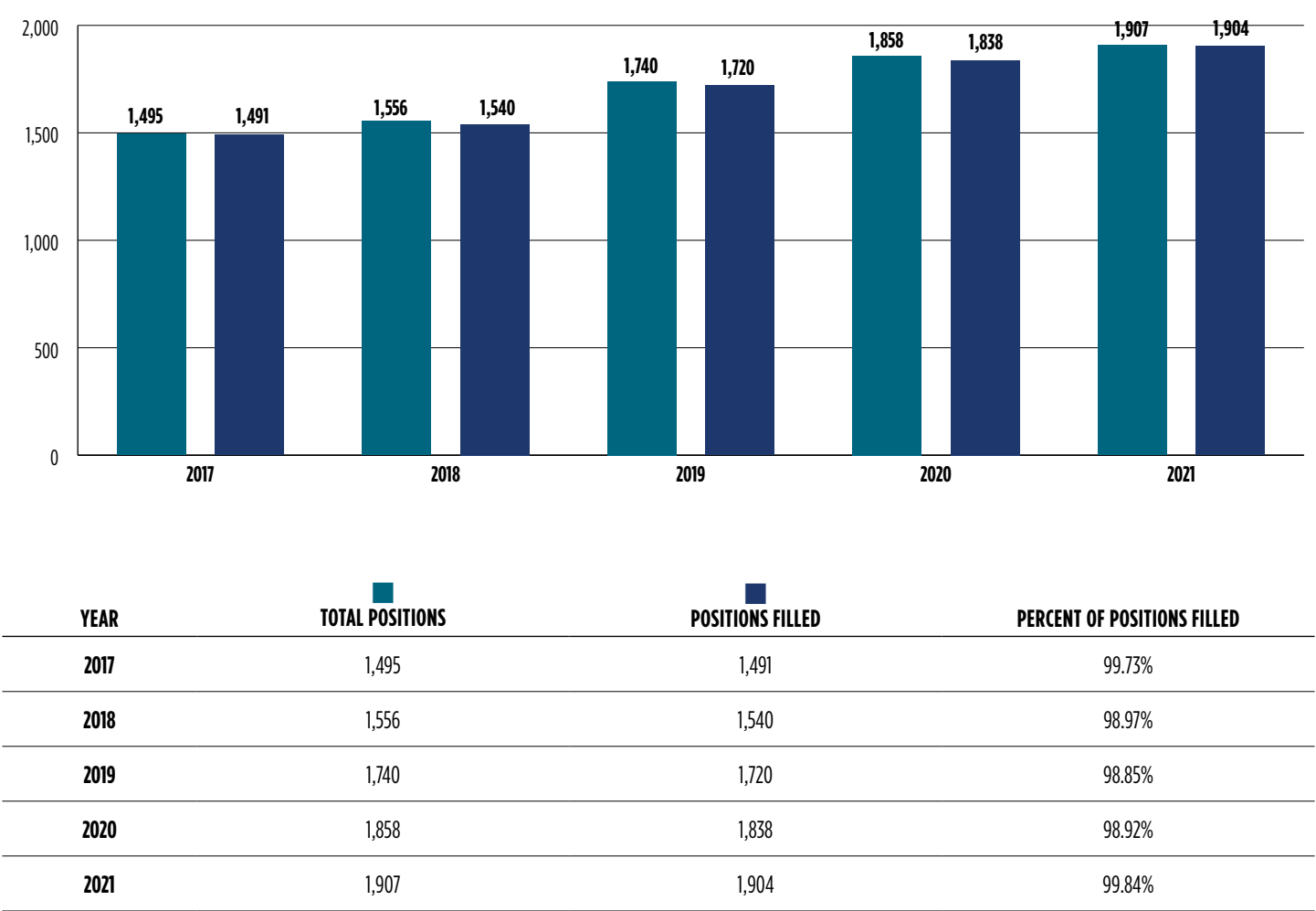
Key Finding: The number of residents pursuing subspecialty fellowships has increased by 10% since 2017, with the greatest percentage increase in addiction and numeric increase in child and adolescent.



Source: ACGME Data Resource Book 2017-2021, Table C.6

TABLE 3: PGY1 Positions Offered in the Match Program by Number and Percent Filled 2017-2021

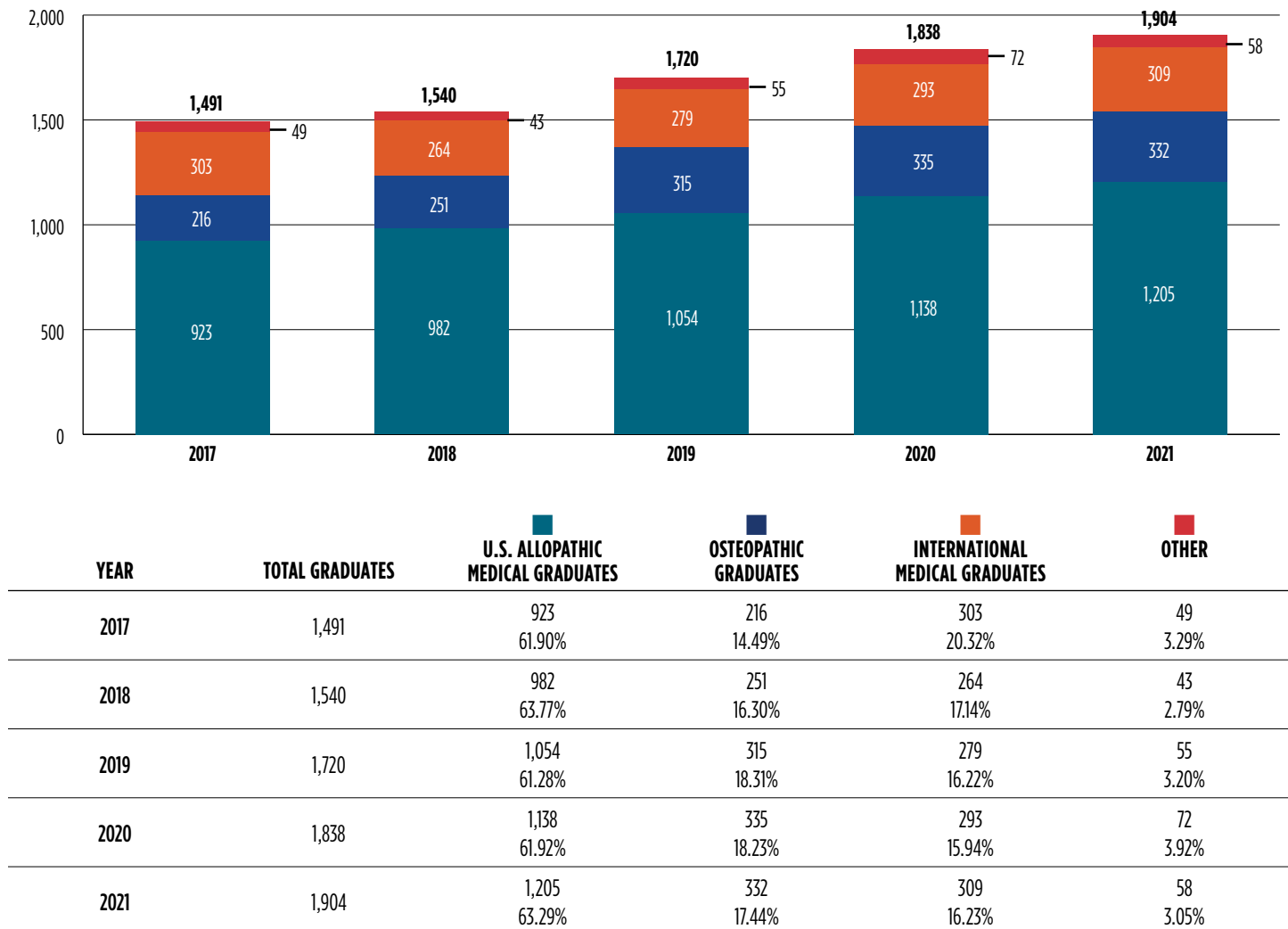
Key Finding: The percentage of filled positions has remained at approximately 99% since 2017. In 2021 there were only three unfilled positions.



Source: National Resident Matching Program, Results and Data: 2023 Main Residency Match®. National Resident Matching Program: 2017-2021, Table 7

TABLE 4: PGY1 Positions Filled in the Match Program by Number and Percent Filled by U.S. Graduates 2017-2021

Key Finding: The number of U.S. medical school graduates matching into psychiatry has steadily increased while there has been a decline in the number of international medical graduates (IMGs) matching into psychiatry.



Source: National Resident Matching Program, Results and Data: 2023 Main Residency Match®. National Resident Matching Program: 2017-2021, Tables 10-12

TABLE 5: Accredited ACGME Psychiatry Subspecialties by Positions Offered and Percent Filled 2017-2021

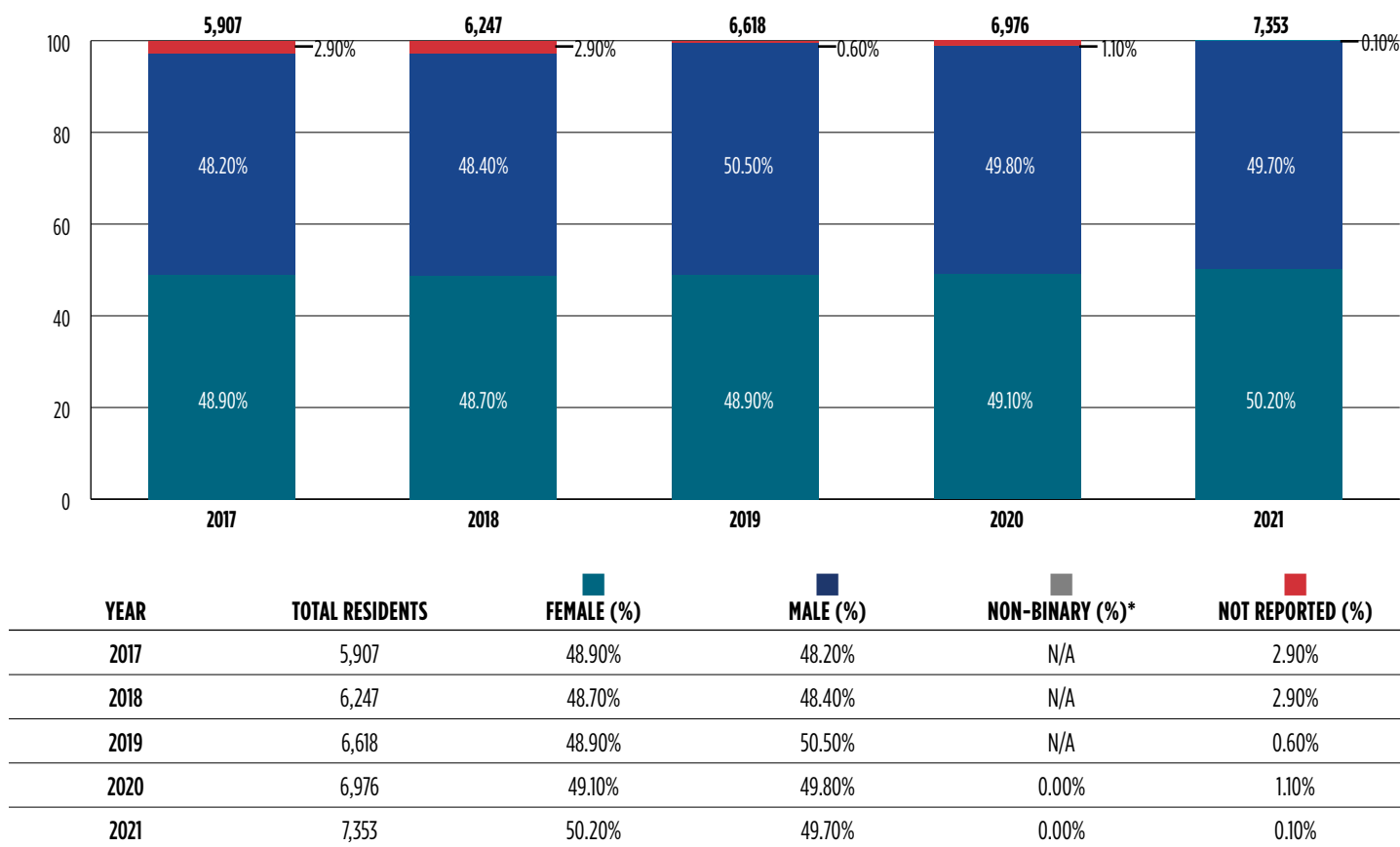
Key Finding: A significant percentage of positions in subspecialty fellowships go unfilled each year. Child and adolescent psychiatry fellowship had the largest occupancy over the last five years. The occupancy rate for addiction psychiatry, consultation-liaison and forensic psychiatry fellowships averaged 64%, 60% and 64%, respectively, over the last five years. Geriatric psychiatry had the lowest average enrollment rate of 33.5% from 2017-2021.

YEAR	SUBSPECIALTY	TOTAL FILLED COMPLEMENT	TOTAL APPROVED COMPLEMENT	PERCENT FILLED	TOTAL PROGRAMS
2017	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
2018	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
2019	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
2020	Addiction Psychiatry	97	144	67.36%	53
	Child and Adolescent Psychiatry	944	1,202	78.54%	146
	Consultation-Liaison Psychiatry	88	148	59.46%	64
	Forensic Psychiatry	88	148	59.46%	49
	Geriatric Psychiatry	49	165	29.70%	64
2021	Addiction Psychiatry	97	152	63.82%	55
	Child and Adolescent Psychiatry	964	1,247	77.31%	152
	Consultation-Liaison Psychiatry	96	155	61.94%	66
	Forensic Psychiatry	91	127	71.65%	49
	Geriatric Psychiatry	62	165	37.58%	64

Source: ACGME Special Data Request, 2023

TABLE 6: General Psychiatry Residents by Gender 2017-2021

Key Finding: The percentage of reported male and female residents remain nearly equal over the last five years. Beginning in 2020, reporting also includes a non-binary category.

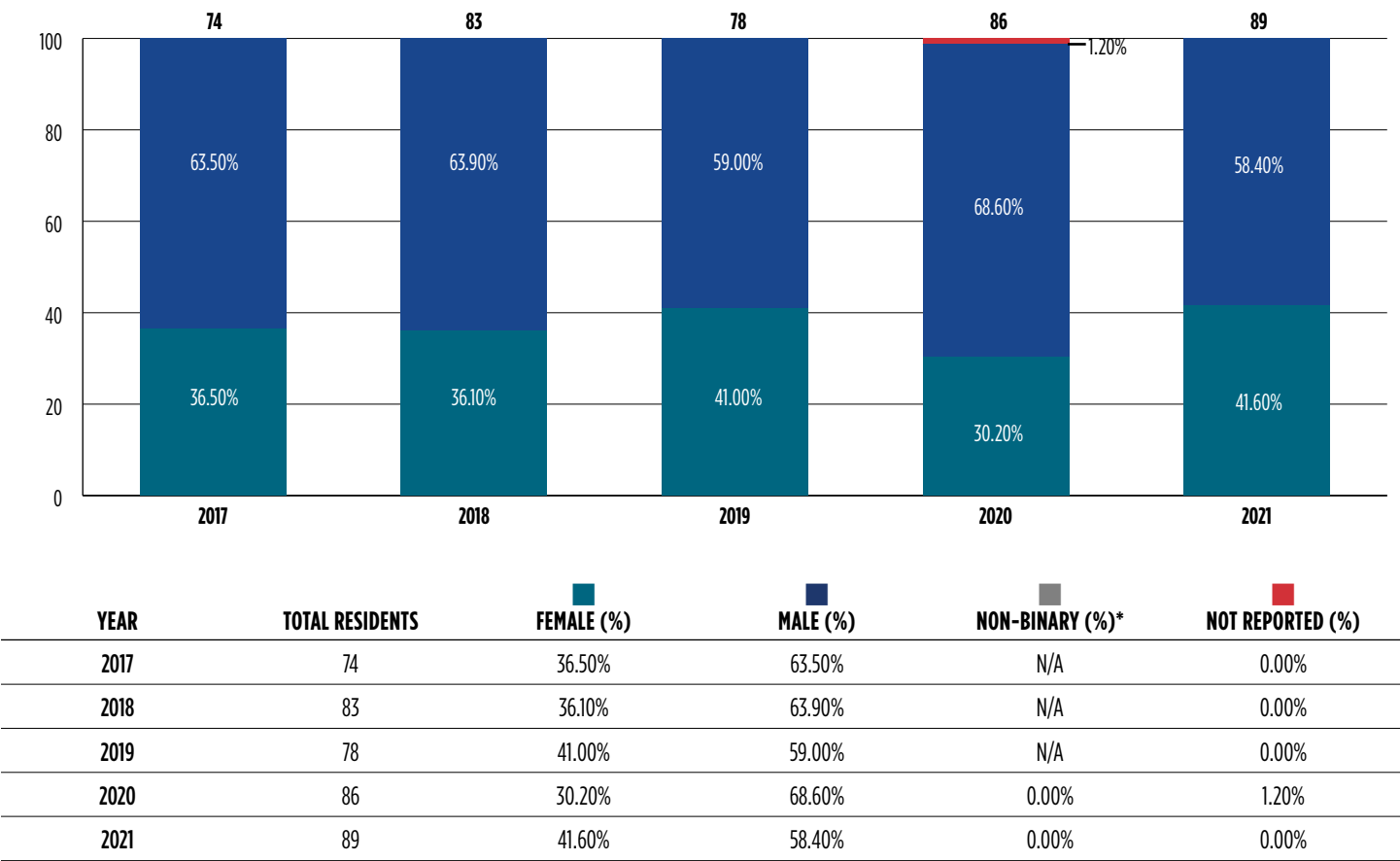


*2020 is the first reporting year

Source: ACGME Data Resource Book 2017-2021, Table C.21

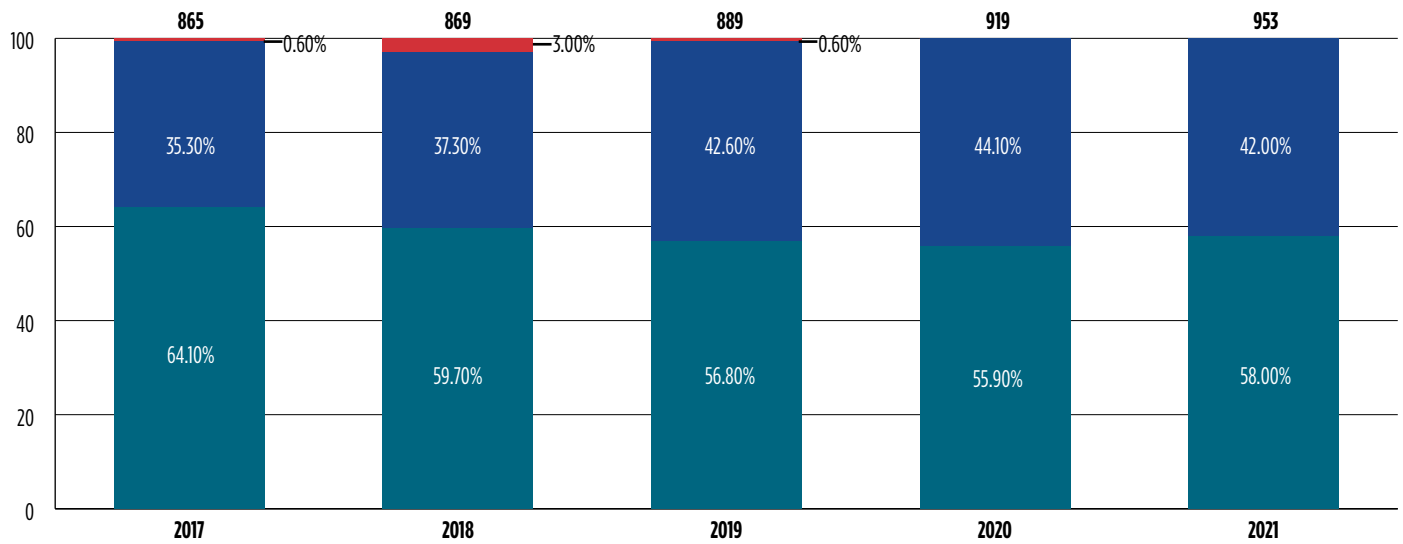
TABLE 7.1: Psychiatry Addiction Fellows 2017-2021

Key Finding: The percentage of female fellows in addiction fellowships has increased since 2017, while the percentage of male fellows in child and adolescent, and forensic fellowships has increased over the last five years.



*2020 is the first reporting year
Source: ACGME Data Resource Book 2019-2021 Table C.21

TABLE 7.2: Psychiatry Child and Adolescent Fellows 2017-2021

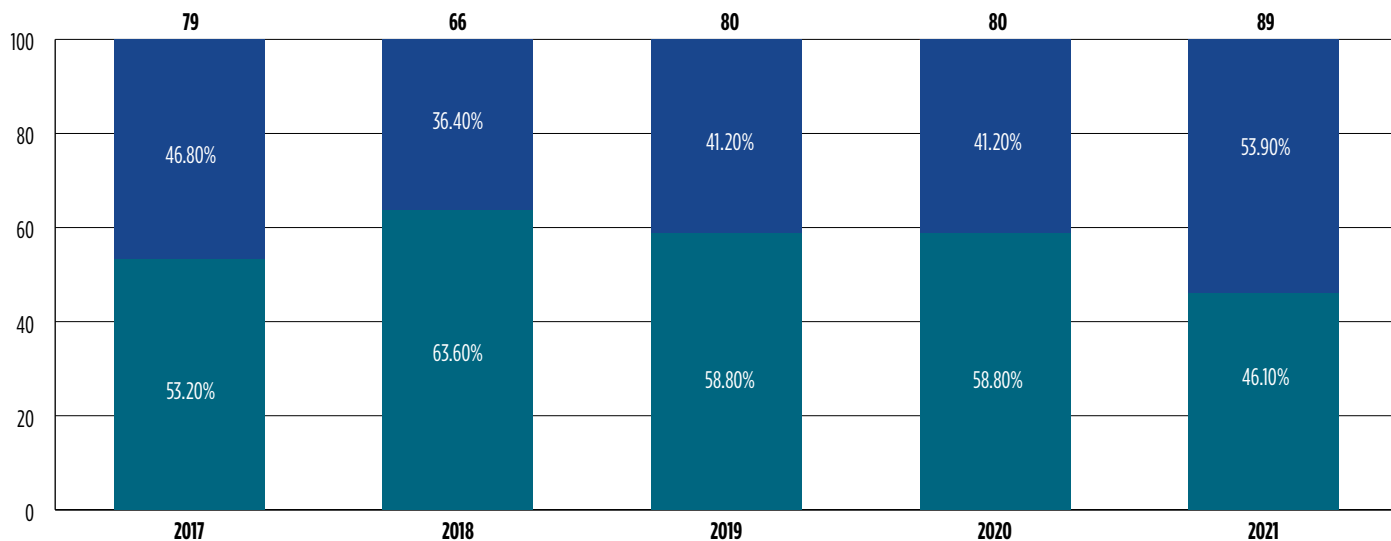


YEAR	TOTAL RESIDENTS	FEMALE (%)	MALE (%)	NON-BINARY (%)*	NOT REPORTED (%)
2017	865	64.10%	35.30%	N/A	0.60%
2018	869	59.70%	37.30%	N/A	3.00%
2019	889	56.80%	42.60%	N/A	0.60%
2020	919	55.90%	44.10%	0.00%	0%
2021	953	58.00%	42.00%	0.00%	0%

*2020 is the first reporting year

Source: ACGME Data Resource Book 2019-2021 Table C.21

TABLE 7.3: Psychiatry Forensic Fellows 2017-2021

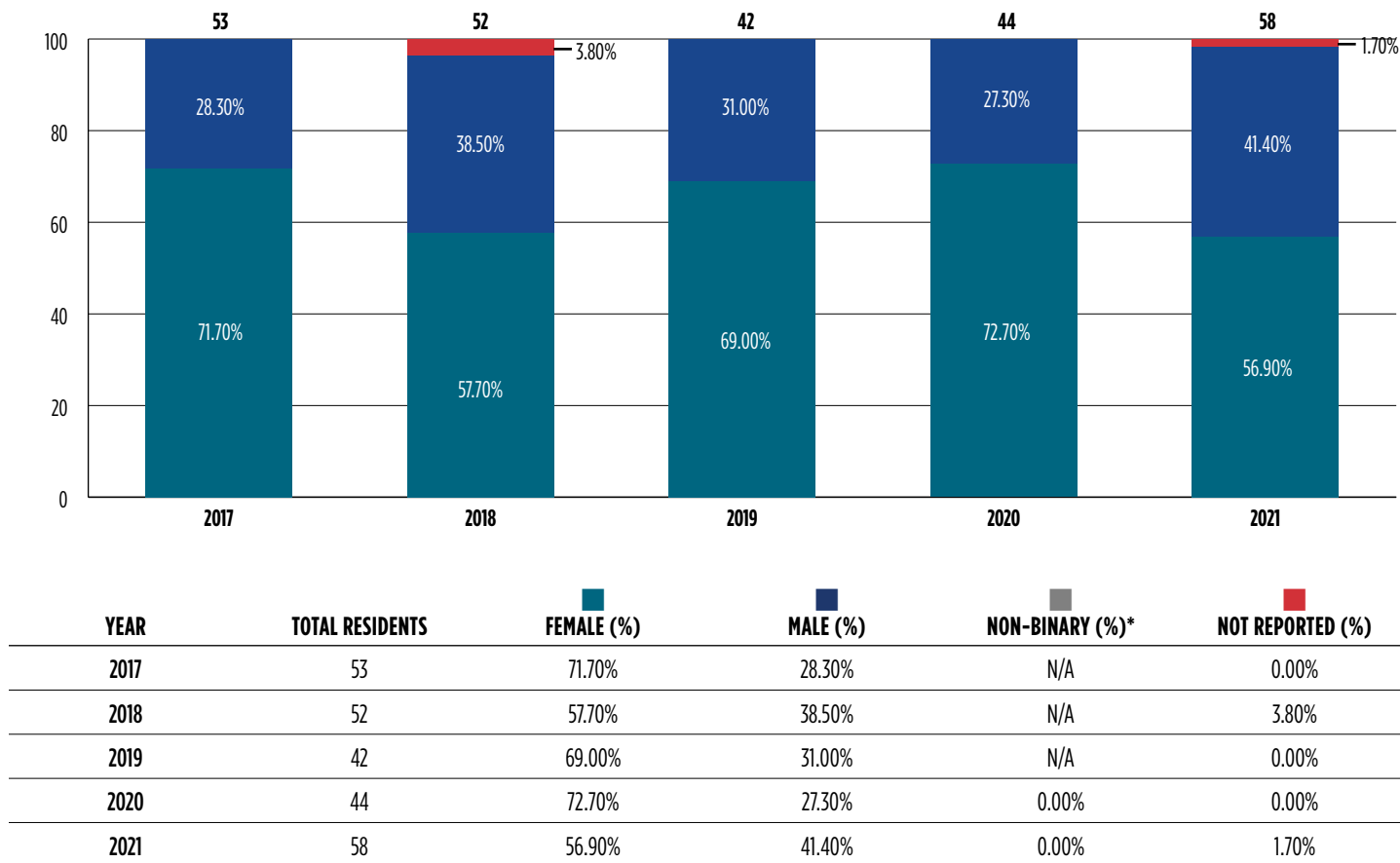


YEAR	TOTAL RESIDENTS	FEMALE (%)	MALE (%)	NON-BINARY (%)*	NOT REPORTED (%)
2017	79	53.20%	46.80%	N/A	0.00%
2018	66	63.60%	36.40%	N/A	0.00%
2019	80	58.80%	41.20%	N/A	0.00%
2020	80	58.80%	41.20%	0.00%	0.00%
2021	89	46.10%	53.90%	0.00%	0.00%

*2020 is the first reporting year

Source: ACGME Data Resource Book 2019-2021 Table C.21

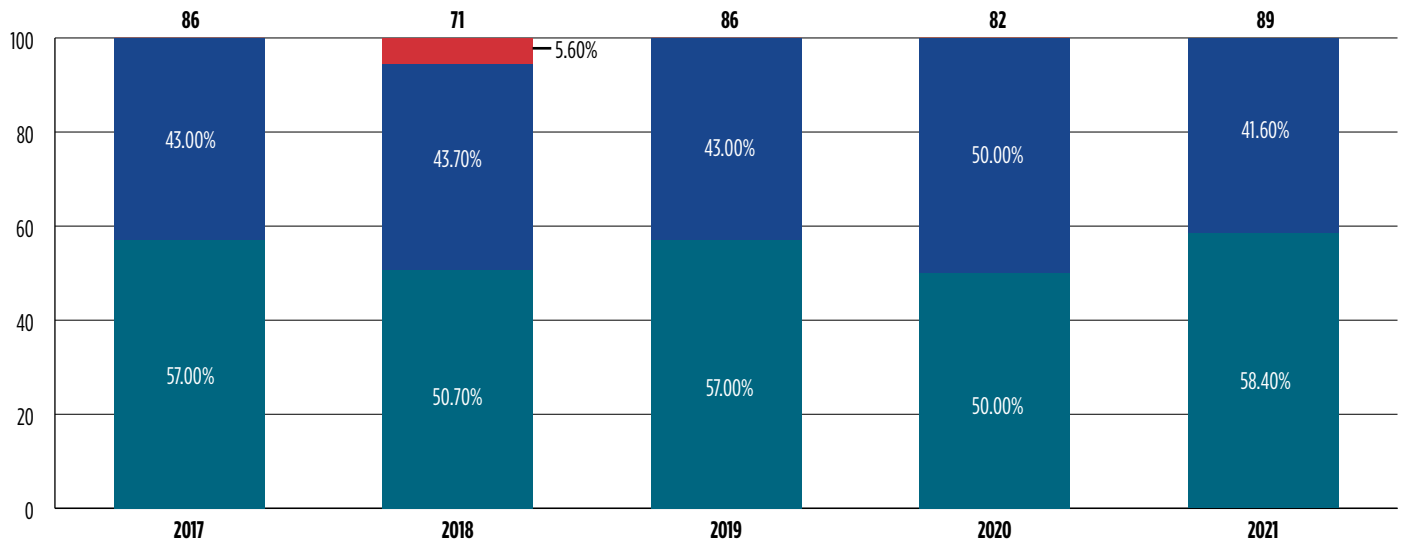
TABLE 7.4: Psychiatry Geriatric Fellows 2017-2021



*2020 is the first reporting year

Source: ACGME Data Resource Book 2019-2021 Table C.21

TABLE 7.5: Psychiatry Consultation-Liaison Fellows 2017-2021



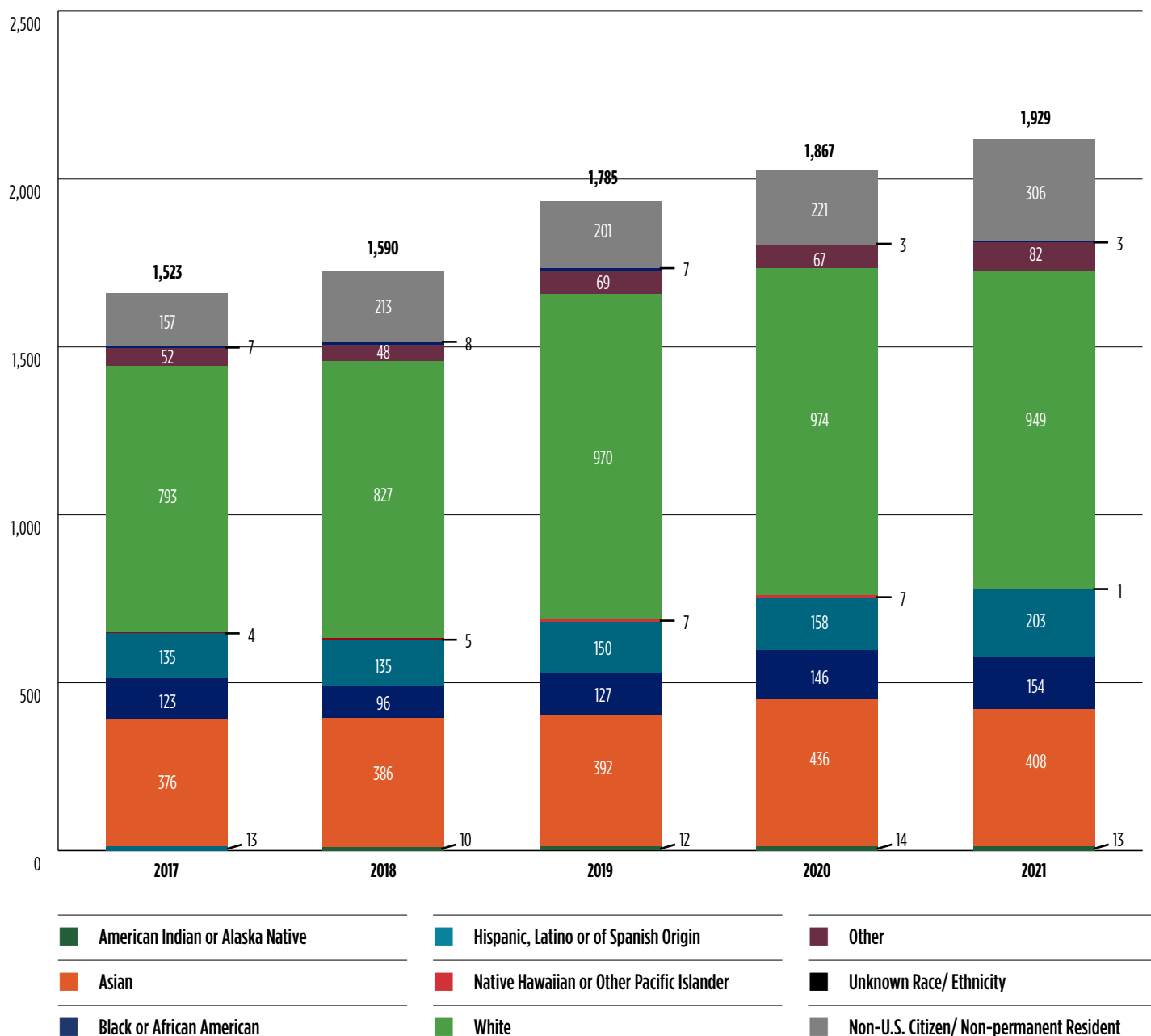
YEAR	TOTAL RESIDENTS	FEMALE (%)	MALE (%)	NON-BINARY (%)*	NOT REPORTED (%)
2017	86	57.00%	43.00%	N/A	0.00%
2018	71	50.70%	43.70%	N/A	5.60%
2019	86	57.00%	43.00%	N/A	0.00%
2020	82	50.00%	50.00%	0.00%	0.00%
2021	89	58.40%	41.60%	0.00%	0.00%

*2020 is the first reporting year

Source: ACGME Data Resource Book 2019-2021 Table C.21

TABLE 8: General Psychiatry PGY1 Residents by Race & Ethnicity 2017-2021

Key Finding: The largest race and ethnicity categories are White and Asian, together representing more than three-fourths of PGY1 psychiatry residents through 2020. Since 2021, there has been a 5% decline in the White and Asian categories combined, while at the same time there was an increase in non-US citizen and Hispanic/Latino residents. The third largest category, non-U.S. citizen, and non-permanent resident, represents residents who lack citizenship by birthright or naturalization, and may include students with unknown citizenship. These numbers have steadily increased over the years. 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.



DUPLICATED RACE/ETHNICITY ¹	2017		2018		2019		2020		2021	
	N	%	N	%	N	%	N	%	N	%
 American Indian or Alaska Native	13	0.85%	10	0.63%	12	0.67%	14	0.75%	13	0.67%
 Asian	376	24.69%	386	24.28%	392	21.96%	436	23.35%	408	21.15%
 Black or African American	123	8.08%	96	6.04%	127	7.11%	146	7.82%	154	7.98%
 Hispanic, Latino or of Spanish Origin	135	8.86%	135	8.49%	150	8.40%	158	8.46%	203	10.52%
 Native Hawaiian or Other Pacific Islander	4	0.26%	5	0.31%	7	0.39%	7	0.37%	1	0.05%
 White	793	52.07%	827	52.01%	970	54.34%	974	52.17%	949	49.20%
 Other	52	3.41%	48	3.02%	69	3.87%	67	3.59%	82	4.25%
 Unknown Race/ Ethnicity	7	0.46%	8	0.50%	7	0.39%	3	0.16%	3	0.16%
 Non-U.S. Citizen/ Non-permanent Resident ²	157	10.31%	213	13.40%	201	11.26%	221	11.84%	306	15.86%
Number of Unique Residents	1,523		1,590		1,785		1,867		1,929	

Source: AAMC Data Report

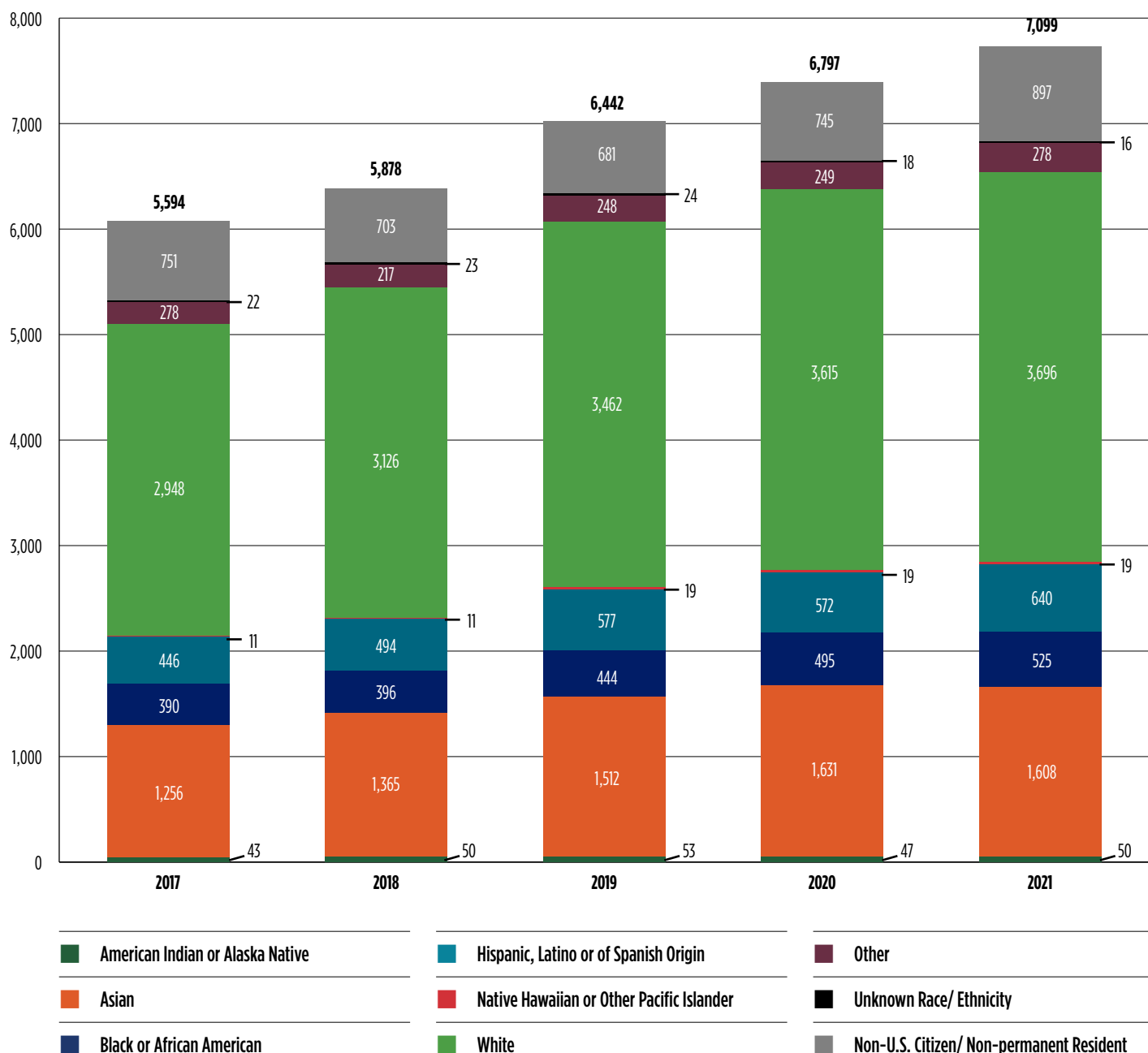
¹ Duplicated Race & Ethnicity indicates the resident identified with that race/ethnicity category alone or in combination with any other race/ethnicity category. For example, a resident who identified as Asian, Native Hawaiian or Other Pacific Islander, and white is counted three times, in each of the 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-U.S. Citizen/Non-permanent resident category does not pertain to race and ethnicity.

Note: Counts and percentages are slightly different than previous Census Reports (typically less than .1%)

TABLE 9: All General Psychiatry Residents by Race & Ethnicity 2017-2021

Key Finding: The largest categories are White and Asian, and together represent greater than three-fourths of psychiatry residents. The third largest category, non-U.S. citizen, and non-permanent resident, represents residents who lack citizenship by birthright 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. The Black/African American and Hispanic/Latino/Spanish origin categories have experienced a slight growth since 2017.



DUPLICATED RACE/ETHNICITY ¹	2017		2018		2019		2020		2021	
	N	%	N	%	N	%	N	%	N	%
 American Indian or Alaska Native	43	0.77%	50	0.85%	53	0.82%	47	0.69%	50	0.70%
 Asian	1,256	22.45%	1,365	23.22%	1,512	23.47%	1,631	24.00%	1,608	22.65%
 Black or African American	390	6.97%	396	6.74%	444	6.89%	495	7.28%	525	7.40%
 Hispanic, Latino or of Spanish Origin	446	7.97%	494	8.40%	577	8.96%	572	8.42%	640	9.02%
 Native Hawaiian or Other Pacific Islander	11	0.20%	11	0.19%	19	0.29%	19	0.28%	19	0.27%
 White	2,948	52.70%	3,126	53.18%	3,462	53.74%	3,615	53.19%	3,696	52.06%
 Other	278	3.74%	249	3.69%	248	3.85%	217	3.66%	278	3.92%
 Unknown Race/ Ethnicity	22	0.39%	23	0.39%	24	0.37%	18	0.26%	16	0.23%
 Non-U.S. Citizen/ Non-permanent Resident ²	751	13.43%	703	11.96%	681	10.57%	745	10.96%	897	12.64%
Number of Unique Residents	5,594		5,878		6,442		6,797		7,099	

Source: AAMC Data Report

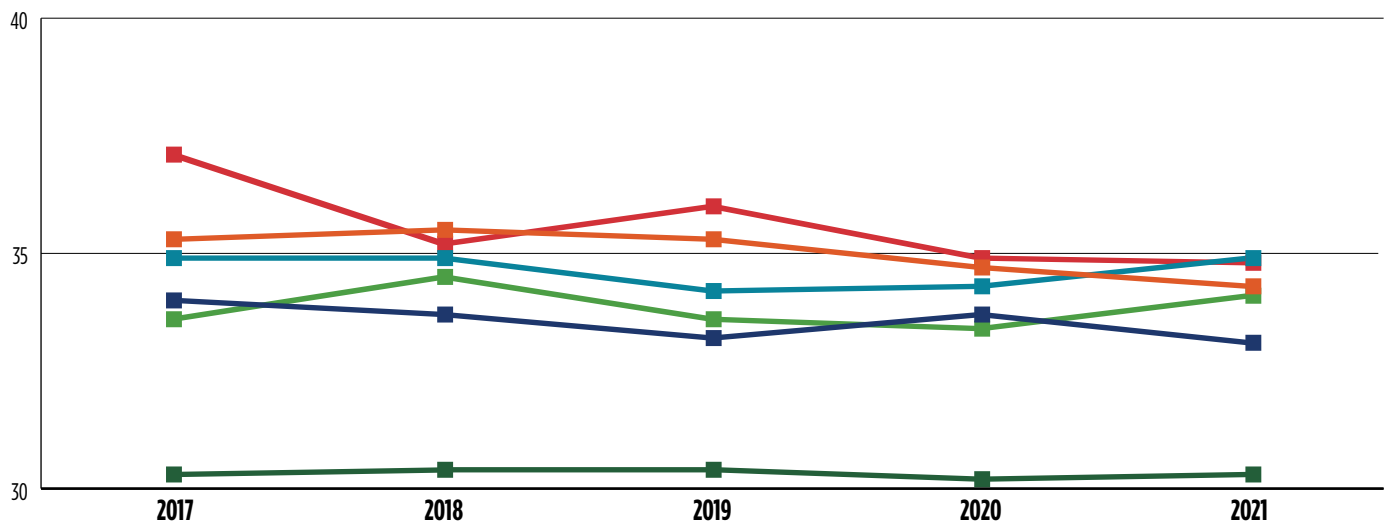
¹ Duplicated Race & Ethnicity indicates the resident identified with that race/ethnicity category alone or in combination with any other race/ethnicity category. For example, a resident who identified as Asian, Native Hawaiian or Other Pacific Islander, and white is counted three times, in each of the 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-U.S. Citizen/Non-permanent resident category does not pertain to race and ethnicity.

Note: Counts and percentages are slightly different than previous Census Reports (typically less than .1%)

TABLE 10: Mean Age of Residents in General Psychiatry and Subspecialty Fellowship Programs 2017-2021

Key Finding: No significant changes have been observed in the average ages of residents in general psychiatry and most subspecialty programs, though there has been a trend toward a decline in the average age of geriatric psychiatry fellows.



PROGRAM TYPE	2017	2018	2019	2020	2021
General Psychiatry	30.3	30.4	30.4	30.2	30.3
Addiction Psychiatry	35.3	35.5	35.3	34.7	34.3
Child and Adolescent Psychiatry	34.0	33.7	33.2	33.7	33.1
Forensic Psychiatry	34.9	34.9	34.2	34.3	34.9
Geriatric Psychiatry	37.1	35.2	36.0	34.9	34.8
Consultation-Liaison Psychiatry	33.6	34.5	33.6	33.4	34.1

Source: ACGME Data Resource Book 2017-2021, Table C.18

TABLE 11.1: Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2017-2021

Key Finding: The greatest number of residents in general psychiatry programs in 2017-2021 were born in the United States, followed by India, Pakistan, and Canada. The percentage of active psychiatry residents born in the United States continues to increase.

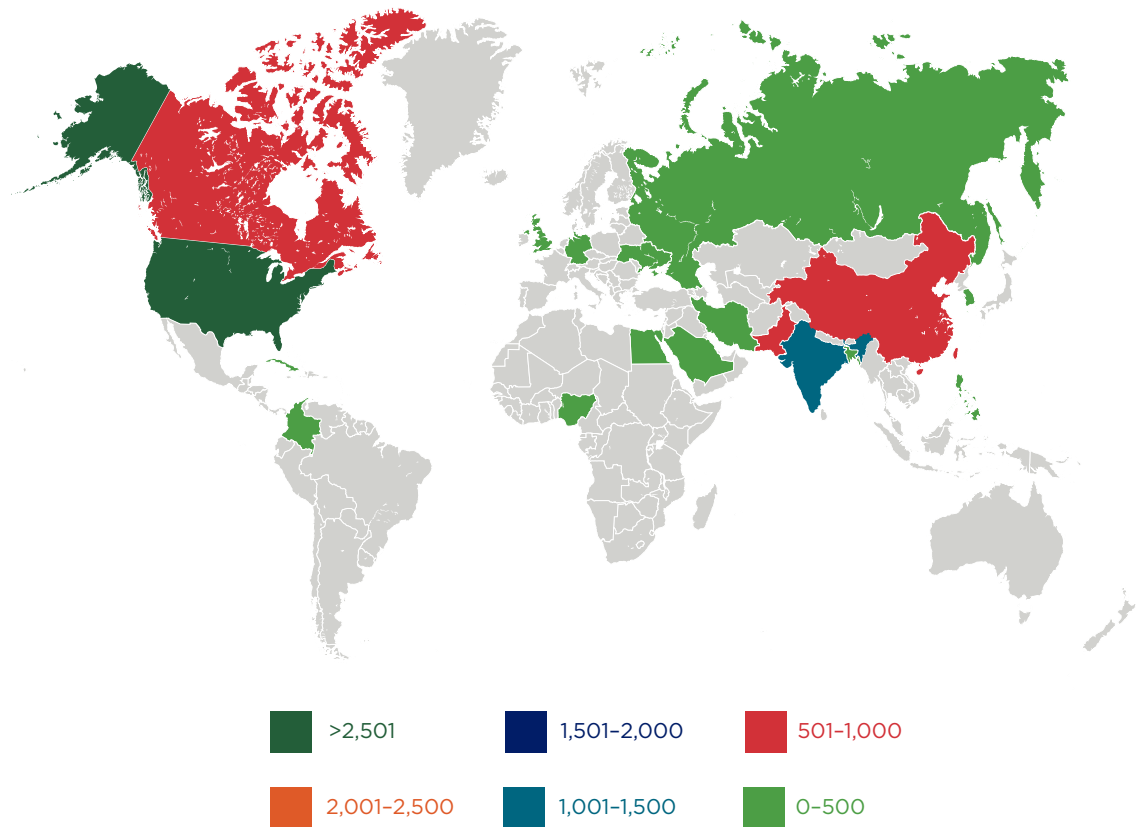
COUNTRY	2017	2018	2019	2020	2021	TOTAL 2017-2021:	% CHANGE FOR 2017-2021
United States	4,083	4,314	4,816	5,104	5,340	23,657	30.79%
India	314	286	277	270	277	1,424	-11.78%
Pakistan	137	146	156	151	136	726	-0.73%
Canada	108	111	124	126	136	605	25.93%
China	103	104	109	122	112	550	8.74%
Nigeria	76	70	74	87	92	399	21.05%
Korea, Republic of	53	57	60	78	80	328	50.94%
Iran, Islamic Republic of	50	46	56	49	49	250	-2.00%
United Kingdom	34	39	42	45	48	208	41.18%
Saudi Arabia	32	37	35	36	30	170	-6.25%
Cuba	25	30	31	32	35	153	40.00%
Egypt	36	31	23	30	30	150	-16.67%
Bangladesh	26	26	31	29	35	147	34.62%
Russian Federation	33	29	28	28	28	146	-15.15%
Germany	20	20	26	27	28	121	40.00%
Colombia	24	24	21	24	25	118	4.17%
Ukraine	21	17	15	23	26	102	23.81%
Taiwan, Province of China	22	21	19	15	15	92	-31.82%
Philippines	15	15	15	21	23	89	53.33%
Unknown	9	6	2	3	24	44	166.67%
Total of Top 20 Countries	5,221	5,429	5,960	6,300	6,569	29,479	25.82%
% of Top Countries excluding U.S.	21.80%	20.54%	19.19%	18.98%	18.71%	19.75%	
Total of Top Countries excluding U.S.	1,138	1,115	1,144	1,196	1,229	5,822	8.00%

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

Source: AAMC Data Report

TABLE 11.2: Top 20 Birth Countries of Active Psychiatry and Internal Medicine/Psychiatry Residents 2017-2021

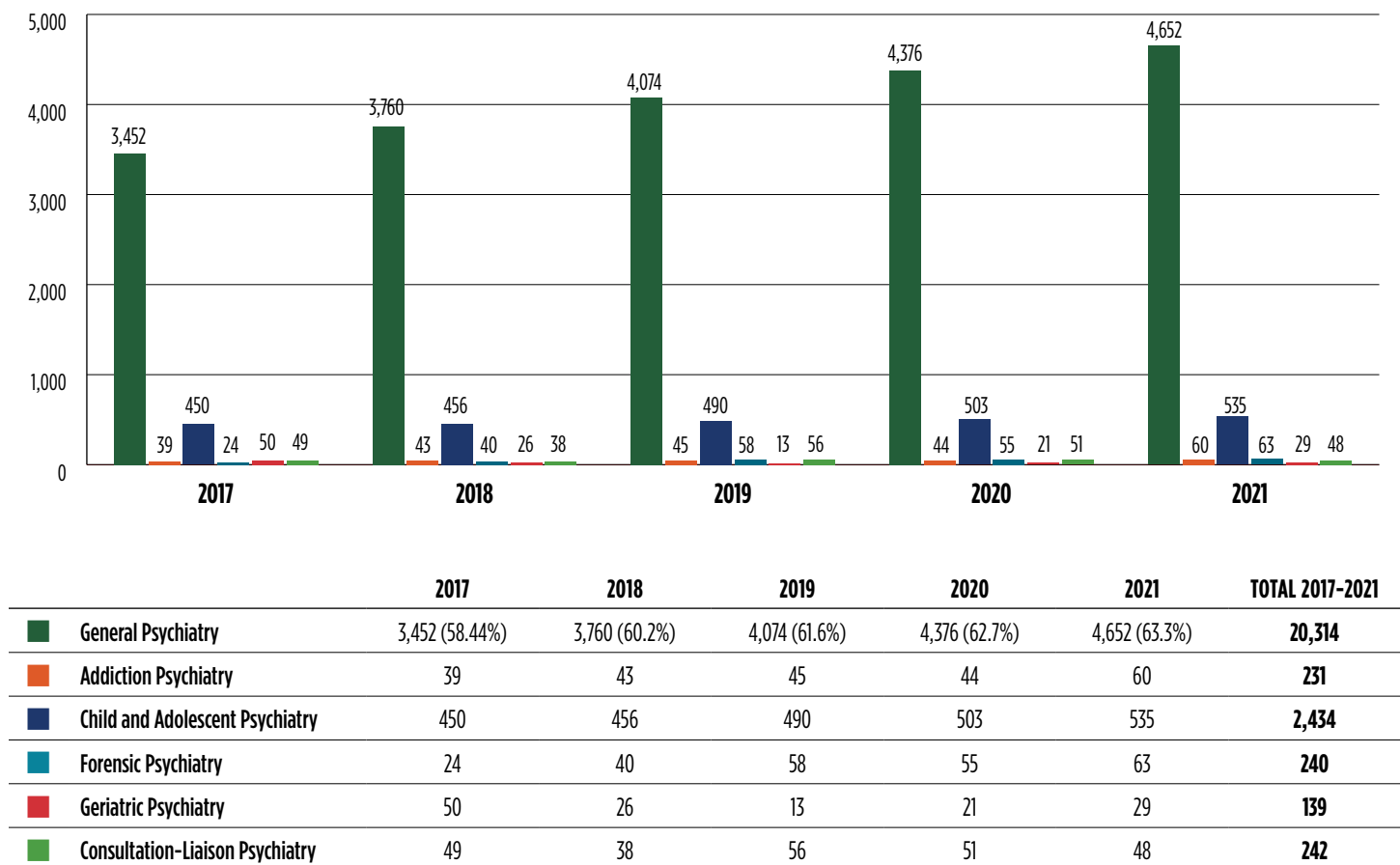
COUNTRY	TOTAL 2017-2021
United States	23,657
India	1,424
Pakistan	726
Canada	605
China	550
Nigeria	399
Korea, Republic of	328
Iran, Islamic Republic of	250
United Kingdom	208
Saudi Arabia	170
Cuba	153
Egypt	150
Bangladesh	147
Russian Federation	146
Germany	121
Colombia	118
Ukraine	102
Taiwan, Province of China	92
Philippines	89
Unknown	44
Total of Top 20 Countries	29,479



Note: This table only clarifies the birth country and is not related to citizenship information at time of application or match.
Source: AAMC Data Report

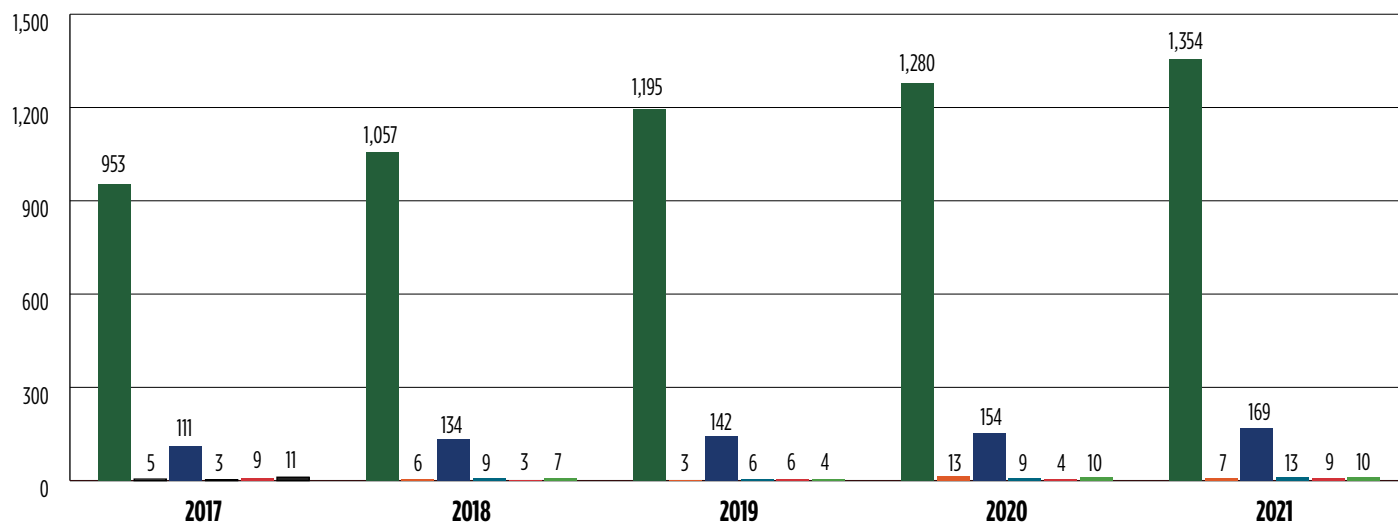
TABLE 12.1: Number of Residents in General Psychiatry and Subspecialty Fellowships by Medical School Training 2017-2021 (U.S. LCME-Accredited Medical Schools)

Key Finding: The percentage of active general psychiatry residents graduating from U.S. LCME accredited medical schools continues to increase while the percentage from international medical schools continues to decrease. The number of residents from U.S. osteopathic medical schools in general psychiatry continues to increase, but at a slower rate than prior periods.



Source: ACGME Data Resource Book 2017-2021, Table C.15

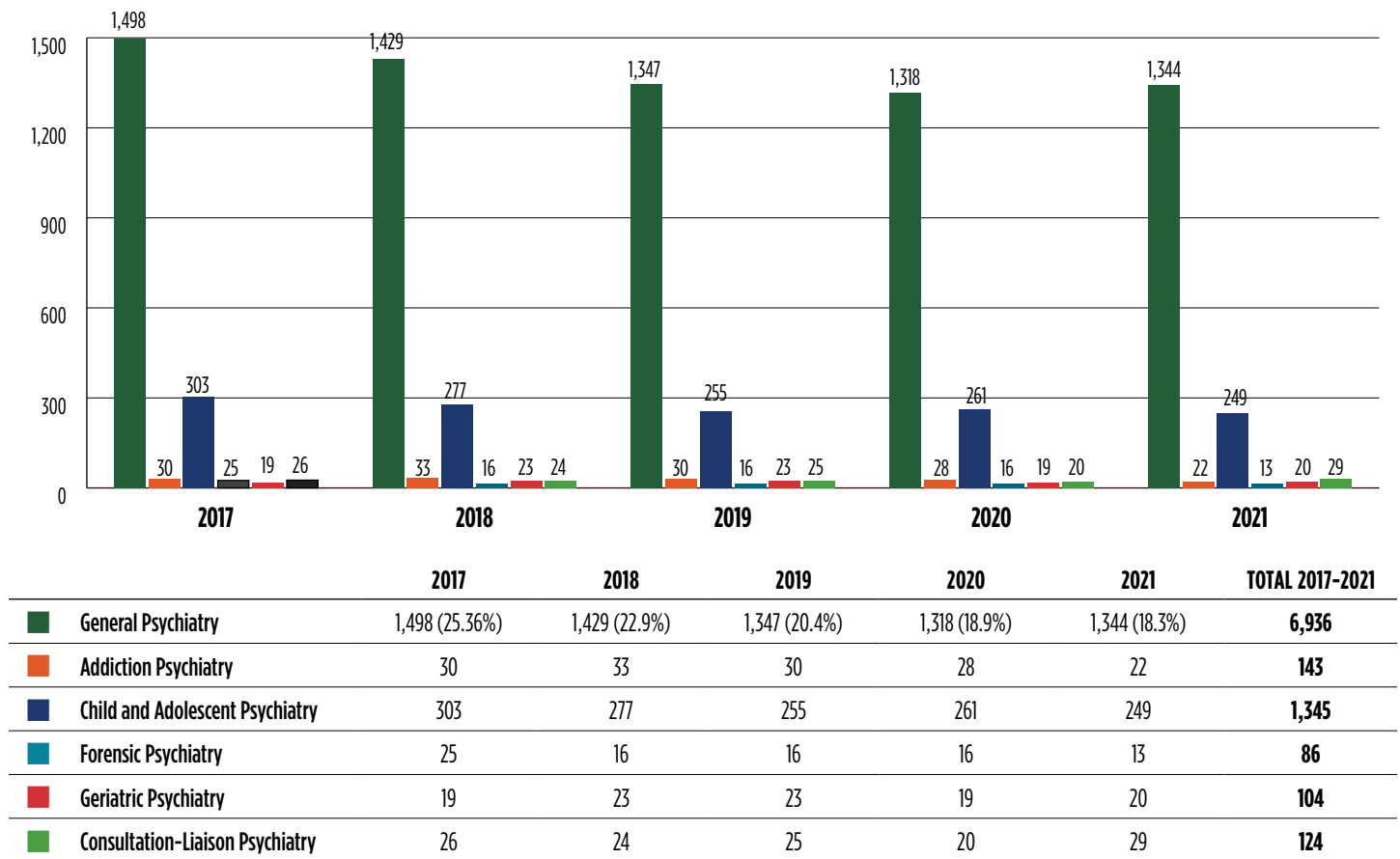
TABLE 12.2: Number of Residents in General Psychiatry and Subspecialty Fellows by Medical School Training 2017-2021 (Osteopathic Medical Schools)



	2017	2018	2019	2020	2021	TOTAL 2017-2021
■ General Psychiatry	953 (16.13%)	1,057 (16.9%)	1,195 (18.1%)	1,280 (18.3%)	1,354 (18.4%)	5,839
■ Addiction Psychiatry	5	6	3	13	7	34
■ Child and Adolescent Psychiatry	111	134	142	154	169	710
■ Forensic Psychiatry	3	9	6	9	13	40
■ Geriatric Psychiatry	9	3	6	4	9	31
■ Consultation-Liaison Psychiatry	11	7	4	10	10	42

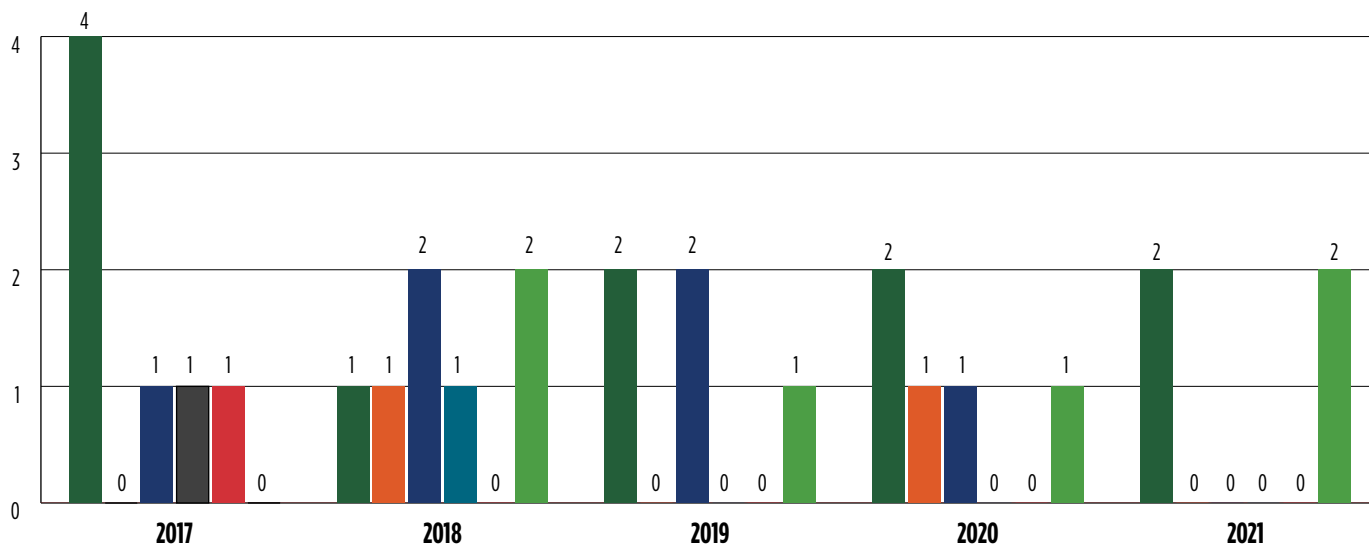
Source: ACGME Data Resource Book 2017-2021 Table C.15

TABLE 12.3: Number of Residents in General Psychiatry and Subspecialty Fellows by Medical School Training 2017- 2021 (International Medical Schools)



Source: ACGME Data Resource Book 2017-2021, Table C.15

TABLE 12.4: Number of Residents in General Psychiatry and Subspecialty Fellows by Medical School Training 2017-2021 (Canadian Medical Schools)

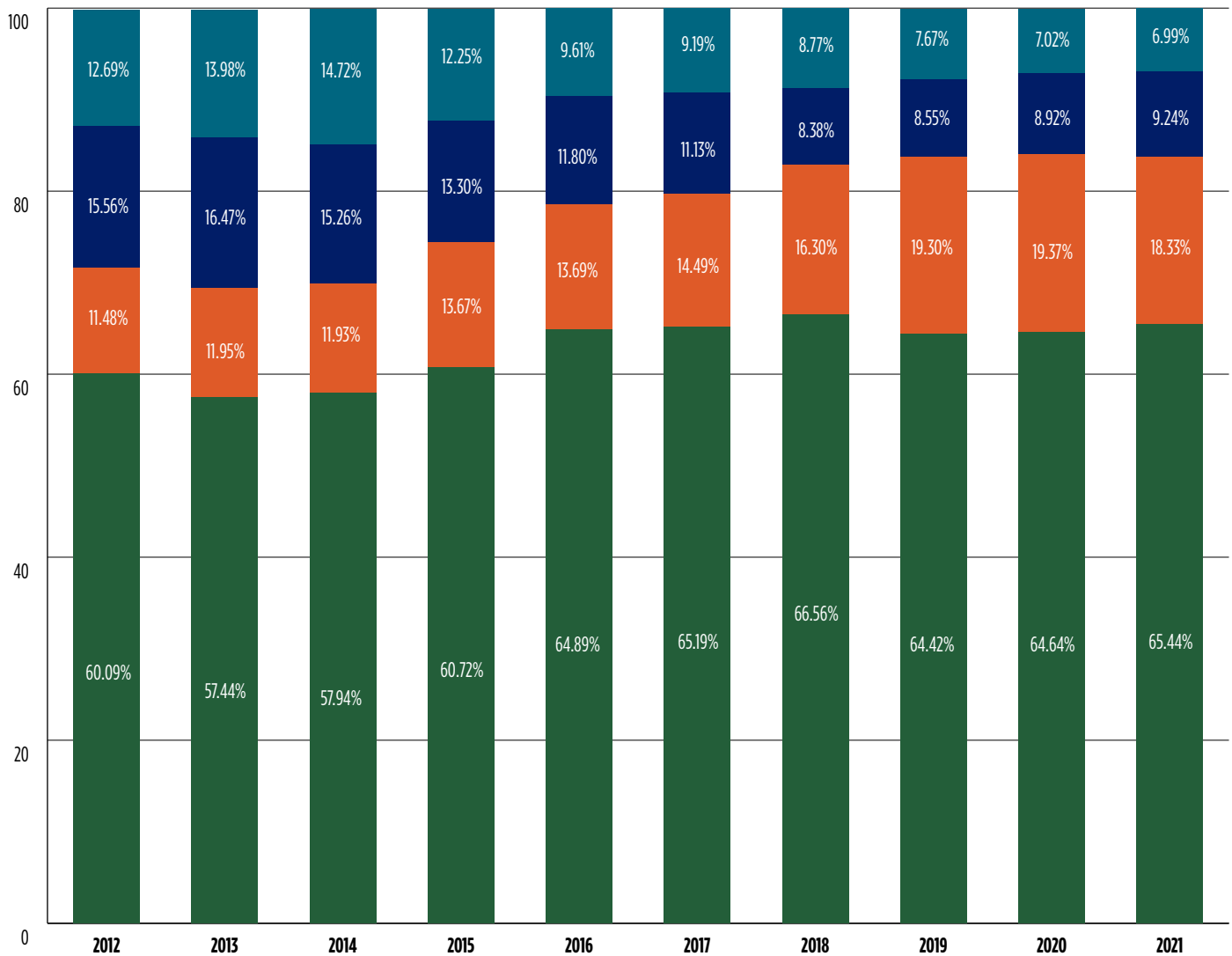


	2017	2018	2019	2020	2021	TOTAL 2017-2021
General Psychiatry	4 (0.08%)	1 (0.0%)	2 (0%)	2 (0%)	2 (0%)	11
Addiction Psychiatry	0	1	0	1	0	2
Child and Adolescent Psychiatry	1	2	2	1	0	6
Forensic Psychiatry	1	1	0	0	0	2
Geriatric Psychiatry	1	0	0	0	0	1
Consultation-Liaison Psychiatry	0	2	1	1	2	6

Source: ACGME Data Resource Book 2017-2021, Table C.15

TABLE 13: PGY-1 (Categorical) Psychiatry Matches by Applicant Type, 2012-2021

Key Finding: There has been a decline in the number of US and non-US IMGs matching into psychiatry residency over the past decade, while the number of osteopathic graduates matching into psychiatry residency has increased over the past decade, from a low of 11.93% in 2014 to a high of 16.30% in 2020.



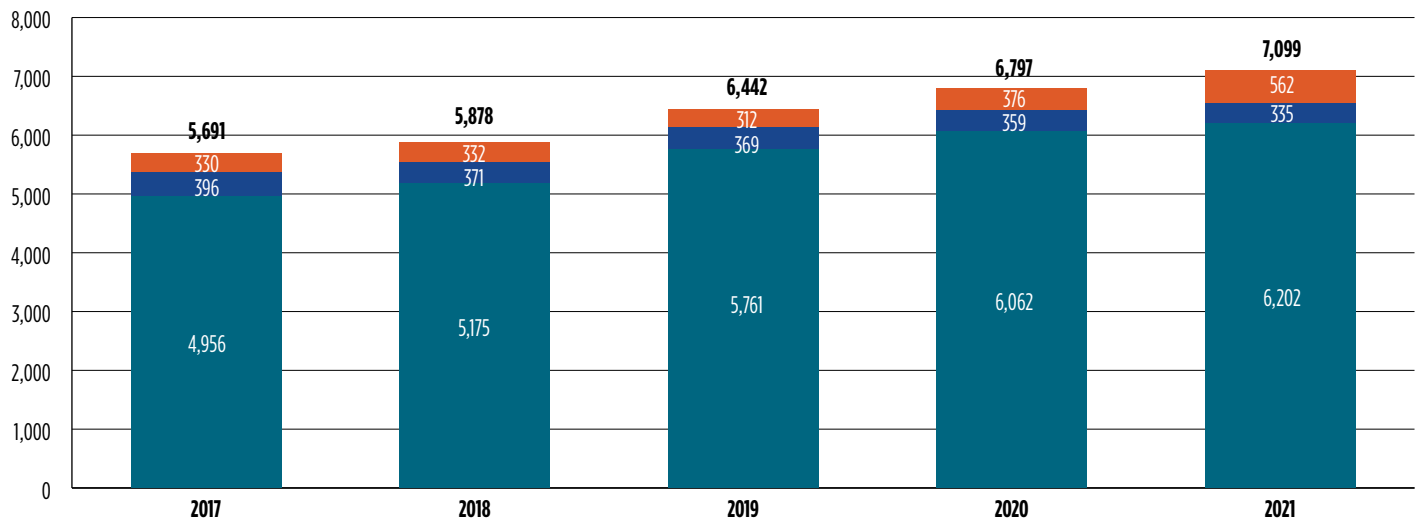
TYPE OF MEDICAL TRAINING	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021
U.S. Graduates*	60.09%	57.44%	57.94%	60.72%	64.89%	65.19%	66.56%	64.42%	64.64%	65.44%
Osteopathic Graduates	11.48%	11.95%	11.93%	13.67%	13.69%	14.49%	16.30%	19.30%	19.37%	18.33%
U.S. IMGs	15.56%	16.47%	15.26%	13.30%	11.80%	11.13%	8.38%	8.55%	8.92%	9.24%
Non-U.S. IMG	12.69%	13.98%	14.72%	12.25%	9.61%	9.19%	8.77%	7.67%	7.02%	6.99%
Total IMG	28.25%	30.45%	29.98%	25.54%	21.41%	20.32%	17.15%	16.22%	15.94%	16.23%
Total Non-IMG	71.57%	69.39%	69.87%	74.39%	78.58%	79.68%	82.86%	83.72%	84.01%	83.77%

*U.S. Graduates include fourth-year students of U.S. allopathic medical schools and previous graduates at U.S. allopathic medical schools.

Source: NRMP

TABLE 14: Overall Citizenship Status for Psychiatry Residents 2017-2021

Key Finding: The number of non-U.S./non-permanent psychiatry residents has continued to decrease between 2017 and 2021, while the number of U.S citizen/permanent resident psychiatry residents has continued to increase.



CITIZENSHIP STATUS	2017	2018	2019	2020	2021
U.S. Citizen/ Permanent Resident	4,965	5,175	5,761	6,062	6,202
Non-U.S. Citizen/ Non-Permanent Resident	396	371	369	359	335
Unknown Citizenship (Other and Unknown)	330	332	312	376	562
Total	5,691	5,878	6,442	6,797	7,099

Source: AAMC Data Report, 2017-2021

TABLE 15: Geographic Region of Medical School for Graduates Intending to Pursue Psychiatry 2019-2022

Key Finding: 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.

	REGION OF MEDICAL SCHOOL	PSYCHIATRY RESPONDENTS*	ALL RESPONDENTS
2019	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
2021**	Northeast	29.70%	28.60%
	South	30.70%	33.50%
	Midwest	24.00%	25.50%
	West	15.60%	12.40%
	Number of respondents	938	16,611
2022	Northeast	28.90%	29.50%
	South	30.60%	32.00%
	Midwest	25.70%	26.30%
	West	14.90%	12.10%
	Number of respondents	1,001	16,901

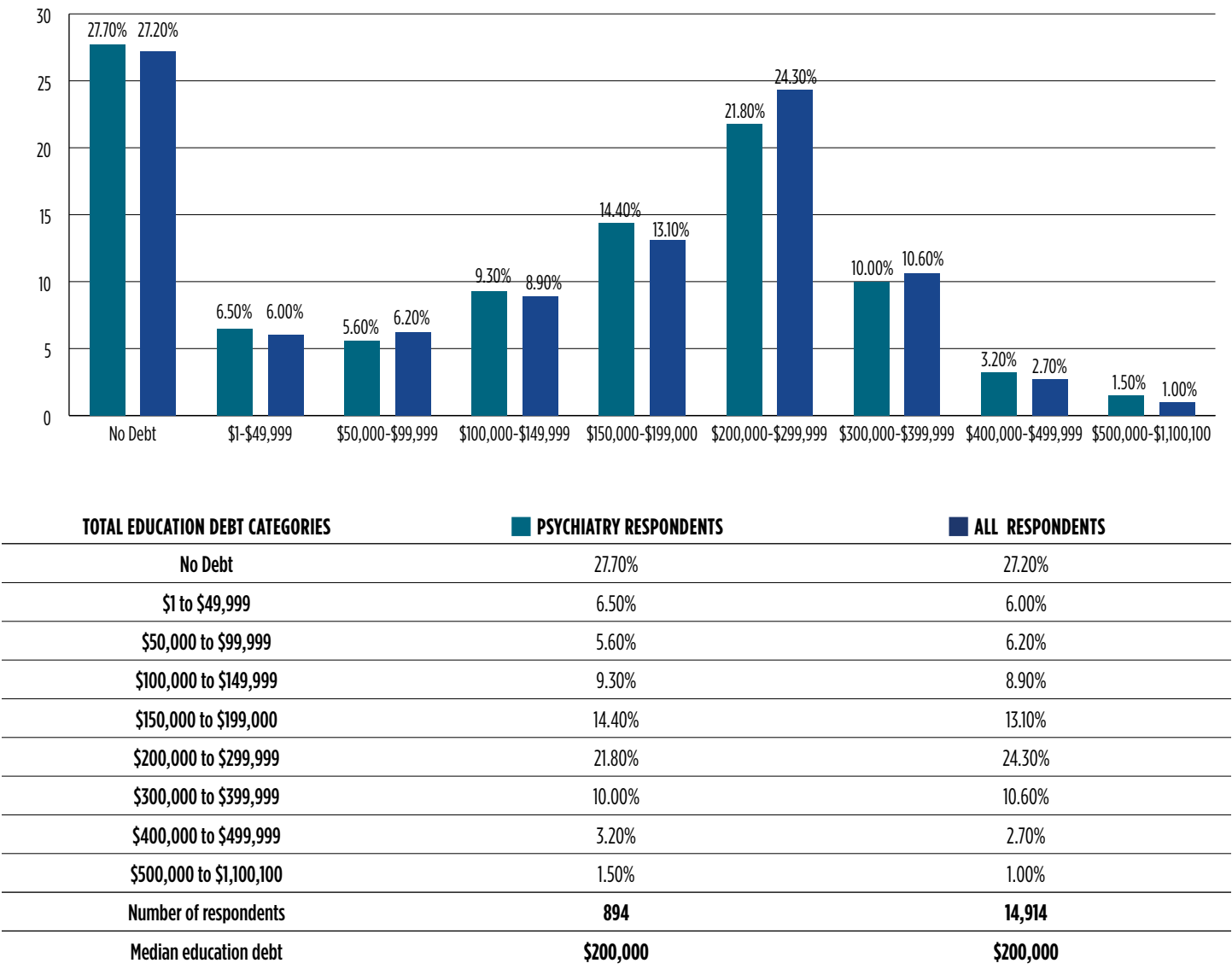
*Psychiatry respondents include those who selected 'Psychiatry' in response to the question: "When thinking of your career, what is your intended area of practice?"

**2020 data on geographic region is not available.

Source: AAMC Data Report

TABLE 16: Educational Debt for 2021 Graduating Medical Students Intending a Career in Psychiatry

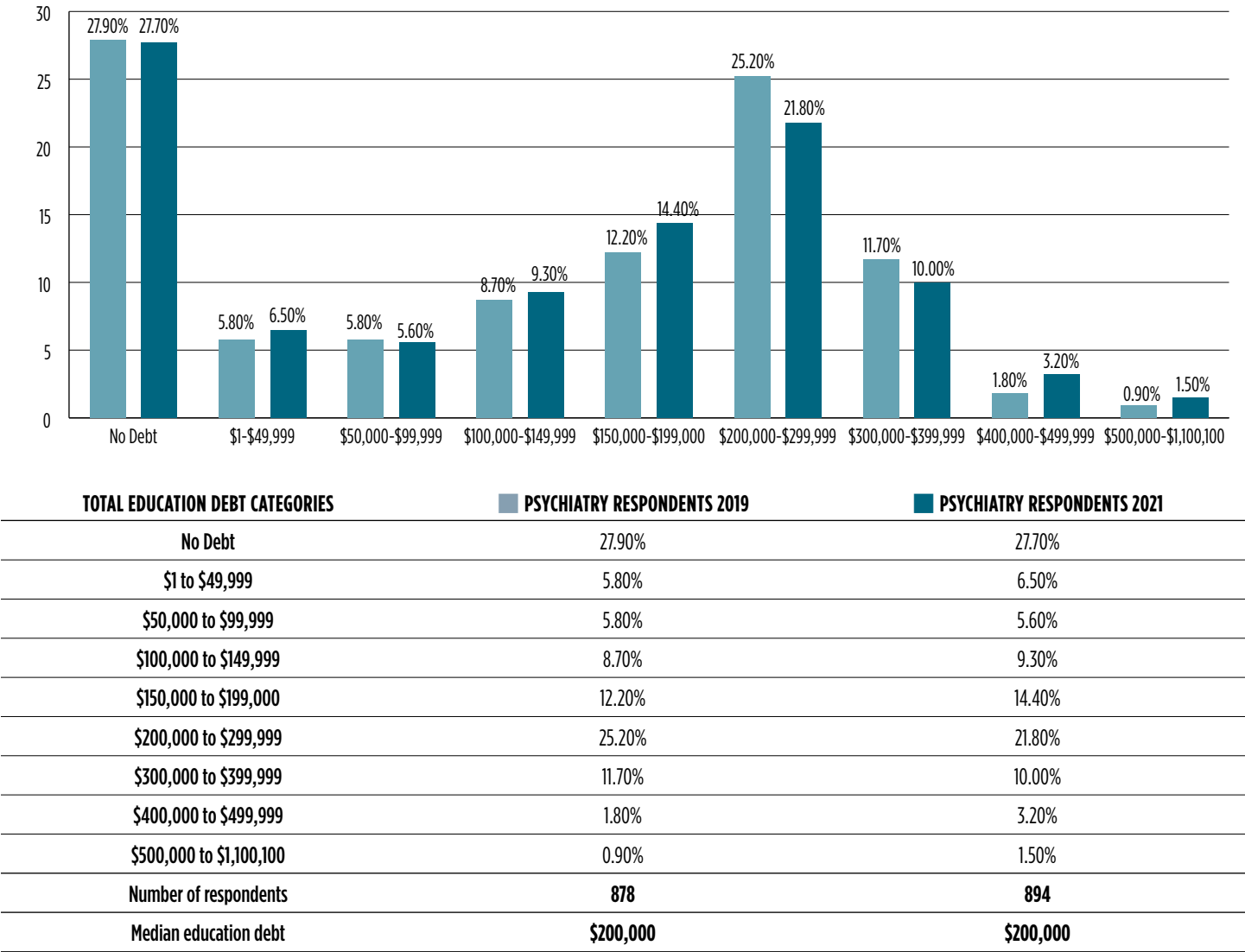
Key Finding: The median educational debt for psychiatry trainees is \$200,000 and is similar to residents in other specialties. Psychiatry respondents with \$200,000 or more in educational debt has decreased slightly since 2019, from 39.6% to 36.5%.



Notes: 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

TABLE 16.1: Educational Debt for Graduating Medical Students Intending a Career in Psychiatry versus 2019 vs. 2021

Key Finding: The average educational debt has trended downward for psychiatry respondents in 2021 compared to 2019.



Notes: 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

TABLE 17: Mean Step 1 and 2 Board Exams for Psychiatry Applicants, 2018-2022

Key Finding: The mean Step 1 Scores for both matched and unmatched non-U.S. IMGs increased by approximately ten points, but otherwise no significant changes in the mean Step 1 and Step 2 Scores for matched and unmatched U.S. applicants and IMGs.

		U.S. ALLOPATHIC SENIORS		U.S. OSTEOPATHIC SENIORS		U.S. IMGs		NON-U.S. IMGs	
		Matched	Unmatched	Matched	Unmatched	Matched	Unmatched	Matched	Unmatched
2018	Mean Step 1 Scores	226	215	224	217	214	207	222	216
	Mean Step 2 Scores	239	229	237	230	227	217	232	224
2020	Mean Step 1 Scores	227	216	225	217	213	208	225	216
	Mean Step 2 Scores	241	229	238	236	226	219	235	223
2022	Mean Step 1 Scores	228	219	223	212	216	211	236	227
	Mean Step 2 Scores	242	233	236	228	228	222	236	227

Source: National Resident Matching Program Charting Outcomes of the Match®

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