OVERVIEW & TRENDS

Psychiatry Residency Update: Recruitment and Future Changes

An overview of the application process, current trends, and the road ahead

Mark J. Ehrenreich, M.D.

Vice Chair of Education, Department of Psychiatry, University of Maryland School of Medicine
Director of Residency Training, University of Maryland/Sheppard Pratt Program



PART ONE

A Brief Review of the Recruitment Process

How applicants and programs move through recruitment

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THE APPLICATION SYSTEM

Electronic Residency Application Service (ERAS®)

A centralized online application service provided by the Association of American Medical Colleges (AAMC). Medical students apply to residency programs through ERAS and can apply to more than one specialty and to as many programs as they choose.

Fees are charged based on the number of programs applied to within one specialty.

$11

per program
for the first 30 programs
in a specialty

$30

per program
for each additional
program in that specialty

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THE APPLICATION

What Goes Into an ERAS Application

1

My ERAS Application / CV

Personal information, education, experiences (impactful, meaningful, work, volunteer), research, publications/posters/presentations, honors & awards, professional memberships

2

Medical Student Performance Evaluation (MSPE)

The school's summative letter on the student

3

Medical School Transcript

Official academic record

4

USMLE Step / COMLEX Scores

Standardized licensing exam results

5

Personal Statement

Applicant's own narrative

6

Letters of Recommendation (LORs)

Faculty and mentor endorsements

ERAS APPLICATION CHANGES

Geographic Preference

Beginning with the 2022–2023 cycle, applicants could indicate:

- A preference for 3 of ERAS' 9 geographic areas — or no preference
- A preference for a rural, suburban, or urban environment



9 ERAS geographic regions

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ERAS APPLICATION CHANGES

Program Signals

Applicants can “signal” the psychiatry programs they are especially interested in — helping programs identify genuinely interested candidates.

2022–2023 & 2023–2024

5

signals allowed

→

2024–2025 & 2025–2026

10

signals allowed

→

This Coming Recruitment Year

10

signals remain

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THE OTHER MAJOR CHANGE

Virtual Interviewing

1. **Before COVID**

   Applicants offered interviews were interviewed in person.

2. **2020–2021 Cycle**

   Due to the pandemic, all interviews were conducted virtually.

3. **Since Then**

   Psychiatry programs have continued to conduct all interviews virtually — including for local applicants.

4. **Professional Guidance**

   This has been the recommendation of the American Association of Directors of Psychiatric Residency Training (AADPRT).

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THE OTHER MAJOR CHANGE

Virtual Interviewing Has Persisted

+ Advantages

- Lower applicant cost: it is very expensive to travel to many interviews
- Greater equity for applicants of limited means
- Easier scheduling for both applicants and programs
- Lower program costs: one residency program saved about $50,000 a year after switching to virtual interviews

– Challenges

- Interview hoarding: no disincentive to accept an interview
- Applicant perspective: difficulty assessing program culture
- Program perspective: more challenging to evaluate applicant fit

MATCHING

National Residency Matching Program (NRMP) — The Match

1. Applicants and programs register with NRMP
2. General psychiatry programs are “all in” the match — all positions are offered within the Match, with no commitments or positions offered outside it (unlike the Child Psychiatry Fellowship)
3. Applicants and programs submit their Rank Order Lists (ROL) to NRMP
4. NRMP uses a mathematical, “applicant-proposing” algorithm to make assignments
5. Programs and applicants receive notification of the assignments

PART TWO

Statistics

Growth in psychiatry residency programs, positions, and applicant pools

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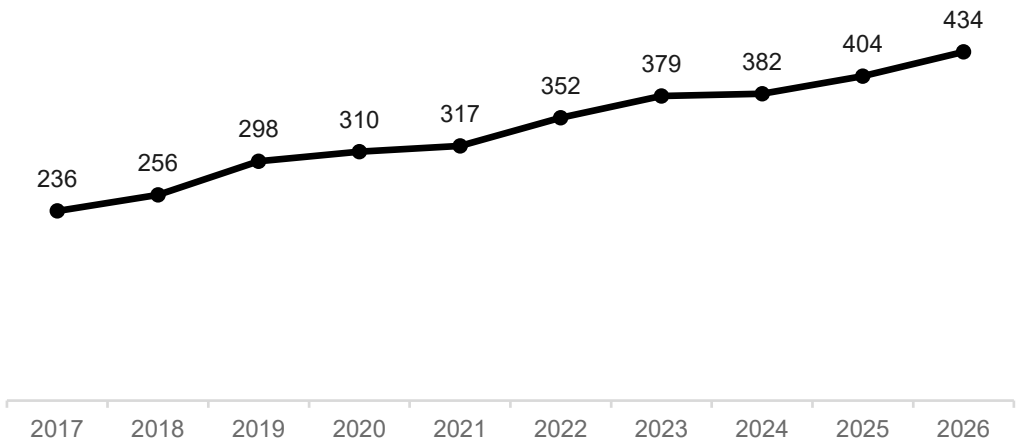
GROWTH

Psychiatry Residency Growth

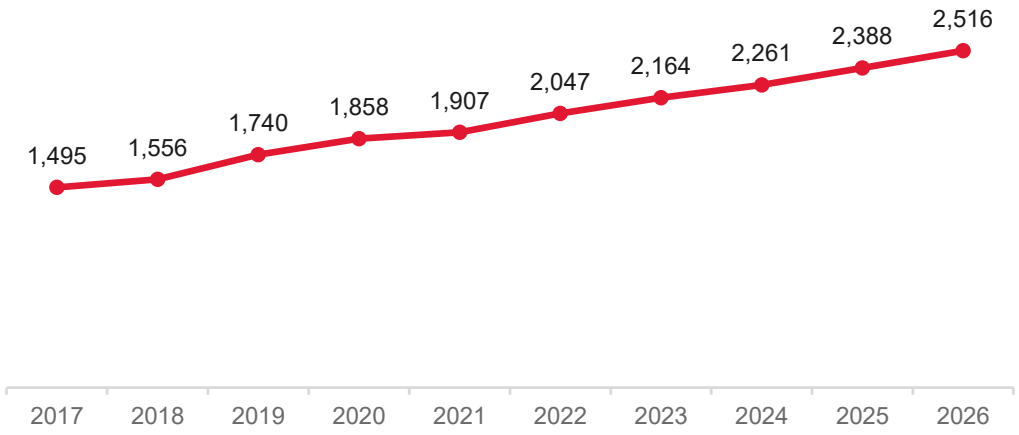
Number of Programs in Match



84%

increase in psychiatry programs
(236 → 434, 2017–2026)

PGY1 Positions in Match



68%

increase in PGY1 positions
(1,495 → 2,516, 2017–2026)

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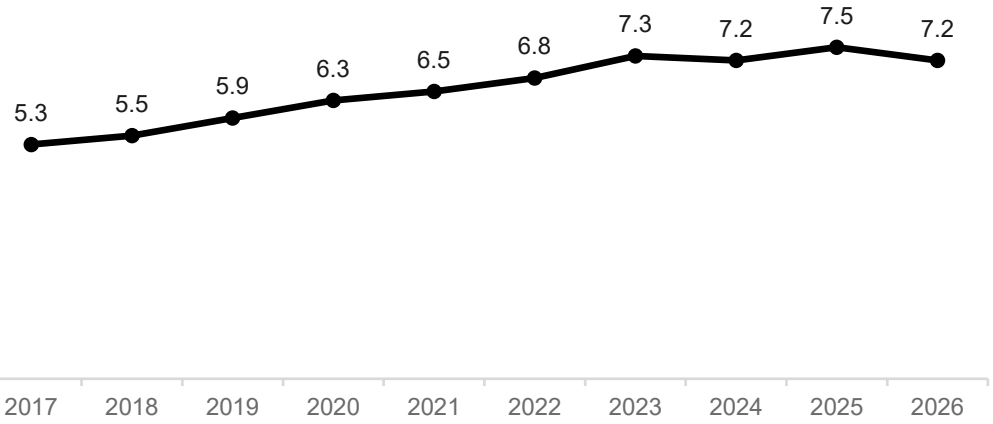
GROWTH

More Students Are Choosing — and Filling — Psychiatry

A larger share of US MD seniors are matching into psychiatry, and the absolute number of entering PGY1s continues to climb.

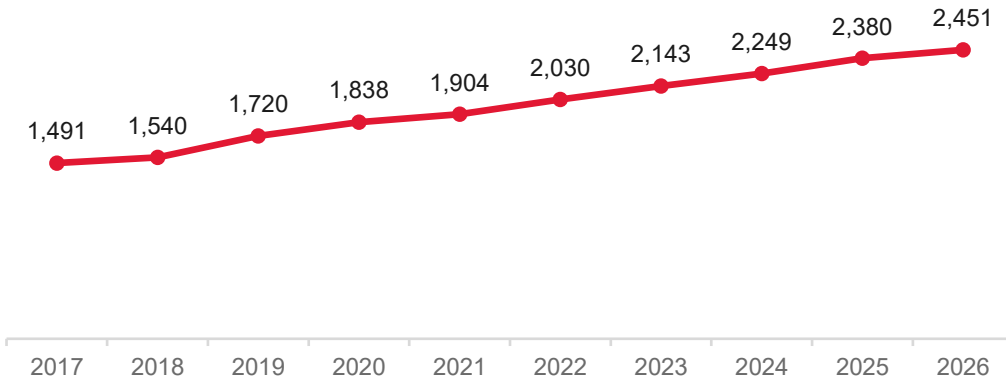
Percent of US MD Seniors Matching in Psychiatry



7.2%

of US MD seniors matched into psychiatry in 2026, up from 5.3% in 2017

Total PGY1 Positions Filled



2,451

PGY1 positions filled in 2026, up from 1,491 in 2017

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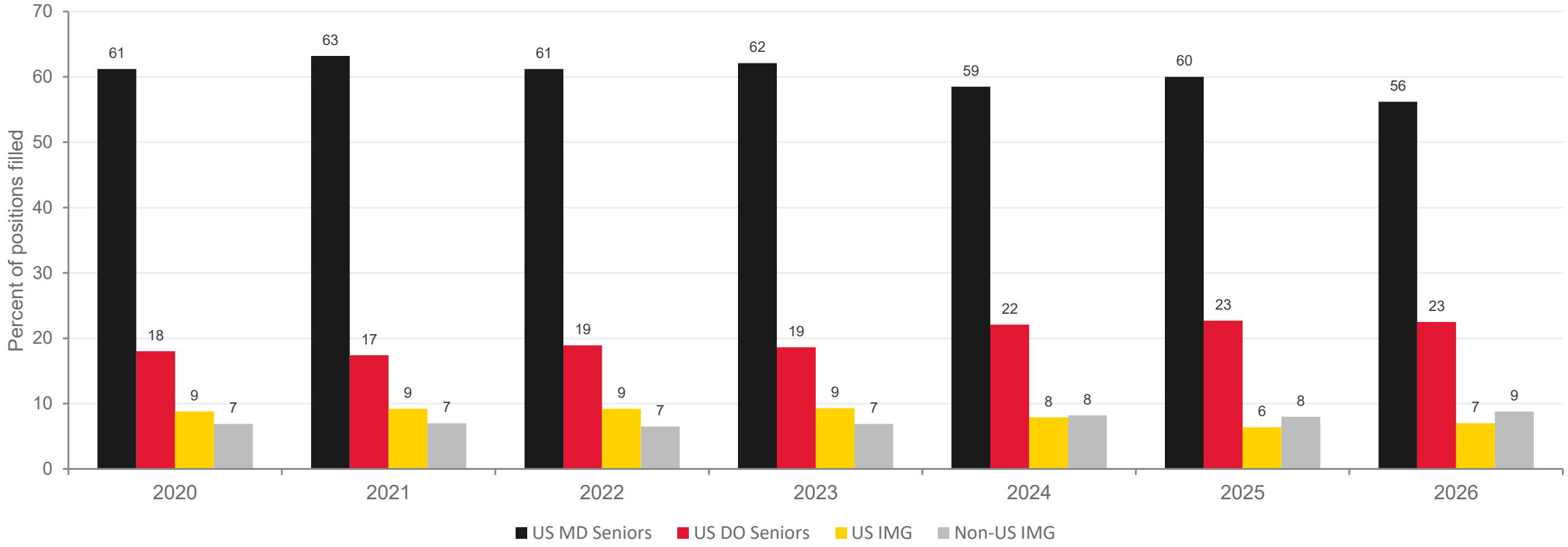
GROWTH

Who Is Filling the Positions?



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RECAP

Summary

- Psychiatry has become an increasingly popular specialty choice
- The number of psychiatry residencies and residency slots has increased significantly
- Applicants are applying to more than 70 programs on average
- Programs are receiving many applications (UM/SP 1,200–1,400 applications)
- **Program signals are becoming increasingly important**
  - Help residencies identify applicants with the most genuine interest
  - Chance of an interview is much greater with a signal than without

70+

programs applied to, on average, per applicant

Programs Receive More Applications Than They Can Holistically Review

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PART THREE

Potential Future Changes and Challenges

Psychiatry residency training looking ahead

WORKFORCE GAP

A Growing Gap Between Need and Supply

Despite increasing psychiatry residency slots, growth has not kept up with the population's mental health needs. As of 2026, psychiatry ranked last in workforce adequacy among more than 20 physician specialties analyzed.

37,470

national FTE adult psychiatrist supply (2026)

52,100

national FTE adult psychiatrist demand (2026)

71.9%

workforce adequacy — last among 20+ specialties

Ranked last in workforce adequacy among more than 20 physician specialties analyzed, in both 2026 and projected 2038.

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WORKFORCE GAP

The Outlook Through 2038

Adequacy Is Projected to Worsen

	2026	2038 (projected)
Supply (FTE psychiatrists)	37,470	36,550 (−2.5%)
Demand (FTE psychiatrists)	52,100	73,330 (+40.7%)
Workforce adequacy	71.9%	49.8%

Geographic Maldistribution (2026)

75.9%

adequacy in metropolitan areas

34.8%

adequacy in non-metropolitan areas

Subspecialty Gaps

- Despite the increase in psychiatry residents, enrollment in subspecialty fellowships has not grown
- Only 39% of fellowship directors report filling their slots
- Significant gaps remain in geriatric, addiction, and child & adolescent psychiatry

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WORKFORCE GAP

Subspecialty Gaps in Detail

Addiction Psychiatry

6,000

board-certified clinicians in addiction psychiatry/medicine

For 48 million people with substance use problems nationwide.

Geriatric Psychiatry

1 : 6,000

geriatric psychiatrists per patients in need (est.)

By 2030, 73M older adults; 14–20% estimated to have a psychiatric illness. Fellowship enrollment has fallen 57% over the past two decades.

Child & Adolescent Psychiatry

27%

of children with severe mental health needs who could be treated by 2030

70% of US counties have no child psychiatrist at all.

LOOKING AHEAD

Potential Changes Being Discussed

1

Fast-Track Expansion

Allow residents to fast-track into all subspecialties, not just child and adolescent psychiatry — an approach often favored by fellowship directors.

2

Generalist Training

Train all residents to be generalists, not solely adult psychiatrists — able to treat addiction, and to treat patients across the lifespan, from adolescents through geriatrics.

LOOKING AHEAD

What Changes Are Being Considered

1. Define the skills necessary to treat these populations
2. Expand training in these areas during residency
3. Define the boundary of general psychiatry — e.g., when to refer to a subspecialist
4. Move away from time-based requirements (e.g., one month of addiction) toward competency-based training integrated across all rotations
5. Reduce elective time in the PGY4 year to make room for the above

SUMMARY

Key Takeaways

1. **Psychiatry is one of the fastest-growing residency specialties —** program and position counts have climbed sharply over the past decade.
2. **Application volume has increased dramatically —** applicants now apply to more than 70 programs on average.
3. **Signals and virtual interviewing have altered recruitment —** both have reshaped how applicants and programs connect, for better and for worse.
4. **Workforce shortages remain severe despite residency expansion —** gaps in addiction, geriatric, and child & adolescent psychiatry are especially wide.
5. **Future training may shift toward broader competency-based preparation —** including generalist training and fast-track models under discussion today.

Sustained growth, evolving recruitment tools, and persistent workforce gaps will all shape how psychiatry residency training evolves next.

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