Recruitment of U.S. Medical Graduates Into Psychiatry: Reasons for Optimism, Sources of Concern

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The authors explain the importance of recruiting U.S. medical graduates into psychiatry, give reasons for optimism about future recruitment, express concerns about problems that could hinder it, and recommend ways to address these concerns. Reasons for optimism include: features of the specialty, such as its focus on the doctor/patient relationship; its increasing job availability and incomes; its scientific achievements; the peaking and possible fading of the National Generalist Initiative; and a 5-year upward recruitment trend. Concerns are: low “overt” interest in psychiatry among entering medical students; clerkship directors’ perceptions of a negative educational impact of managed care; graduating seniors’ suboptimal satisfaction with their psychiatry clerkships; and what is likely to be a small impact of New Mexico legislation on prescribing privileges for psychologists. The authors make recommendations for addressing these concerns. (Academic Psychiatry 2003; 27:252–259)

Since the mid-1970s, psychiatry has been concerned about the relatively low proportion of American medical school graduates (AMGs) choosing psychiatry compared to the proportion of students choosing it from 1944 to 1977 (1–4). The past 5 years have seen a change in the recruitment and workforce scene for most specialties, including psychiatry, which has enjoyed a modest increase in recruitment from 1998–2002 (Figure 1). We will a) present a rationale for focusing on AMG recruitment in this paper, b) discuss factors that make us cautiously optimistic about recruitment in the near future, c) comment on matters that might limit recruitment below what we perceive as ideal, and d) make recommendations for addressing these limiting factors.

Rationale for Focusing on AMG Recruitment
In This Paper

A major reason to focus on AMGs choosing psychiatry is that their recruitment into psychiatry serves as an indicator of psychiatry’s desirability, at least to U.S. medical graduates. Although some of the factors potentially contributing to low recruitment (1,2) since the 1970s, such as relatively low psychiatrist incomes coinciding with increasing debts of medical school graduates, are still operative, there are reasons for optimism about future AMG career choice of psychiatry.

The Current and Future Pivotal Role of International Medical Graduates (IMGs)

Although interest of AMGs informs us about the standing or status of psychiatry, it is crucial to note

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that IMGs have an immense, pivotal role in U.S. psychiatry. Given the continual immigration to the U.S. from multiple and diverse nations, IMGs speaking the same national or regional languages or coming from the same cultures will have significant roles in caring for immigrant populations. And it is likely that IMGs will continue to be more willing than AMGs to care for medically underserved populations (5,6).

Like others (7), we support selecting resident applicants based on their overall competency, not on their country of origin or where they obtained their medical education. Finally, IMGs have provided psychiatric care when there have been unfilled residency positions. Had this not occurred, psychiatry’s “survival” might have been jeopardized, especially during its mid-1990s recruitment nadir.

It is unlikely that the percentage of U.S. graduates choosing psychiatry will ever fall below the proportion (2.9%) that chose it in 1998. This 2.9% proportion resembles the proportions (2%–3%) of students choosing psychiatry in published cross-sectional surveys conducted in other countries (8–10), and approximates the United Kingdom’s 1978 recruitment nadir of 2.9%. Between 1974 and 1993, the percentage of UK students choosing psychiatry ranged from 2.9% to 4.2% (10).

### Reasons for Optimism About Future Recruitment

Our reasons for optimism about future recruitment are a) inherent features of the specialty, b) accomplishments of psychiatry during the past decade, c) availability of jobs and increasing incomes for psychiatrists, d) peaking and current decline of the National Generalist Initiative, and e) an upward trend in recruitment during the past 5 years.

#### Inherent Features of the Specialty and Its Developments During the Past Decade

Psychiatry focuses on human behavior and the doctor-patient relationship, and our principal diagnostic and therapeutic strategies rely on interviewing and observing the patient. Even with increased demands for productivity and limitations on time imposed by third-party payers during the past decade, the average psychiatrist still spends significantly more time (39 minutes/visit) with patients than do other specialists (11). The second highest average minutes/visit is for internists, who spend a mean of 20.7 minutes with their patients. Additionally, psychiatry is a “controllable lifestyle” (i.e., control of work hours) specialty, along with anesthesiology,