

Minnesota’s Psychiatrist Workforce, 2012

The Minnesota Department of Health (MDH), in cooperation with the Minnesota Board of Medical Practice (BMP), collects information on the demographics, education, practice locations and specialties of board-certified psychiatrists licensed in Minnesota. As part of their license renewal process, psychiatrists also complete an MDH workforce survey. Unless otherwise noted, the analysis below is based on BMP data, which was obtained for 100 percent of board-certified psychiatrists in the state.ⁱ Information on race, work status and settings, and future plans was obtained through the MDH survey, which had a 62 percent response rate.ⁱⁱ All data presented here are for psychiatrists with active Minnesota licenses as of March 31, 2012.

Overall

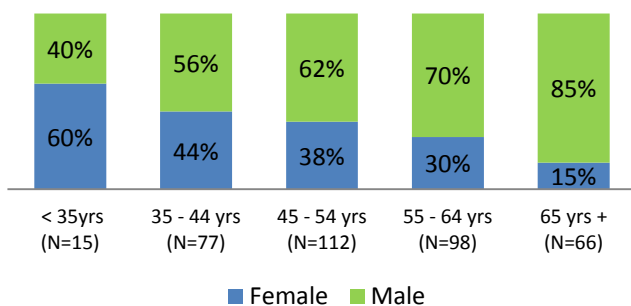
As of March 2012, 658 psychiatrists were licensed in Minnesota. Of these, 474 were board-certified general psychiatrists, 77 percent of whom were based in Minnesota.ⁱⁱⁱ An additional 184 had one or more psychiatric subspecialty certifications, and 70 percent of these psychiatrists were Minnesota-based.

Of the 129 Minnesota-based subspecialty providers, 55 percent were board certified in child and adolescent psychiatry. Only 16 physicians were certified in geriatric psychiatry, a subspecialty expected to be in high demand as the Baby Boomers age. Eleven psychiatrists were board certified in two or more subspecialties.

Gender, Race and Ethnicity

General psychiatry was 66 percent male and 34 percent female, and subspecialty psychiatry was 64 percent male and 36 percent female. However, women have begun to represent a larger percentage of the profession, especially among younger age cohorts. Figure 1 demonstrates this trend among general psychiatrists.

Figure 1. Gender and Age of MN-Based General Psychiatrists

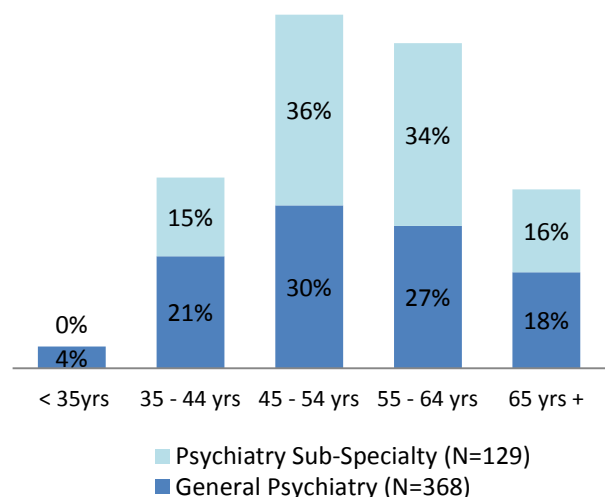


In the MDH physician workforce survey, 88 percent of psychiatrists self-identified as White, 7 percent as Asian. The remaining 5 percent reported their race as Other, Black, American Indian or Multi-racial.^{iv} Nearly 2 percent indicated a Hispanic ethnicity.^v

Age

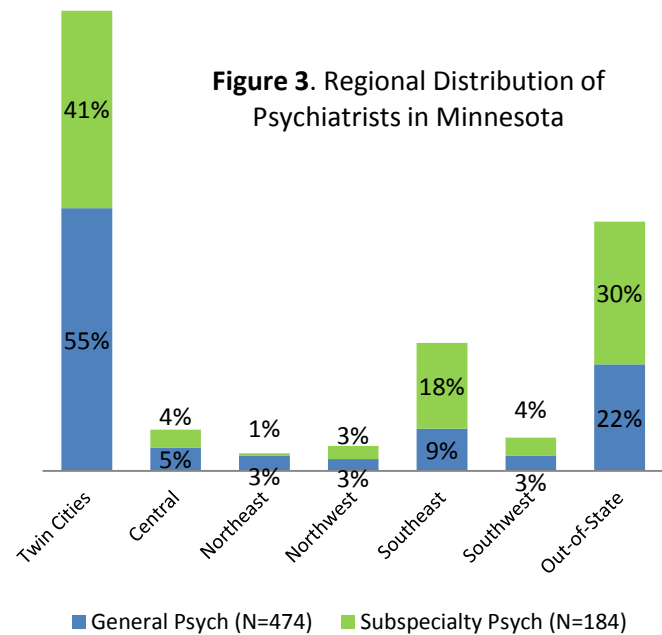
The median age for Minnesota-based general psychiatrists was 53 and 54 for sub-specialists. Nearly half (45 percent) of those board certified in general psychiatry were 55 or older, and fully half of sub-specialists were over 55 (Figure 2). A quarter of general psychiatrists were under age 45, compared to only 15 percent of sub-specialists. This difference may reflect the four- to five-year initial residency training for psychiatrists, plus an additional one to two years of fellowship training to become eligible for board certification in the psychiatric sub-specialties.

Figure 2. Age of MN-Based Psychiatrists



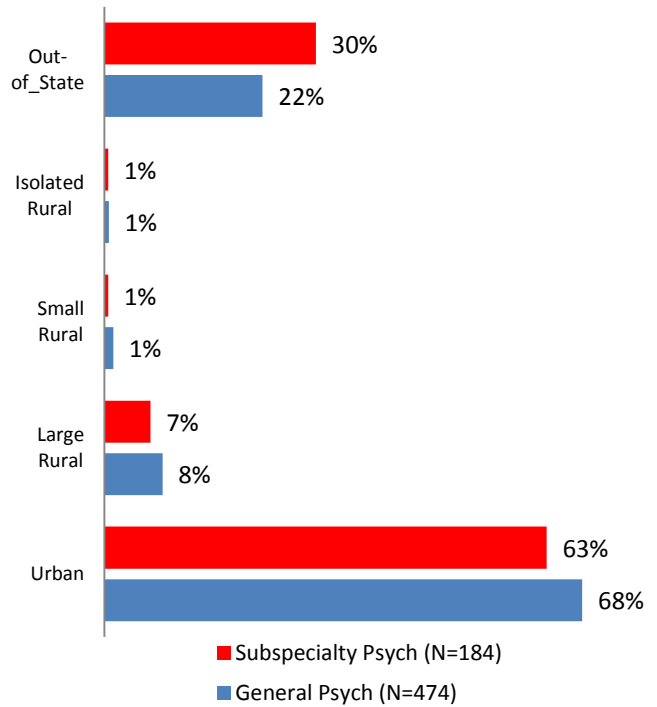
Geographic Distribution

Both general and subspecialty Minnesota-based psychiatrists were concentrated in the seven-county Twin Cities and southeast regions of the state (Figure 3). A substantial percentage of Minnesota-licensed psychiatrists had mailing addresses outside the state. Most of these reported practice locations in other states, but a small number based in North Dakota, South Dakota and Wisconsin reported practicing in Minnesota. Some not practicing in Minnesota may have completed their residency or fellowship in the state, then left to practice elsewhere while continuing to renew their Minnesota license.



The majority of Minnesota-based psychiatrists were located in urban areas (including the Twin Cities, Rochester, Duluth, St. Cloud and Moorhead), while those in the rural areas clustered primarily in large rural settings (Figure 4).

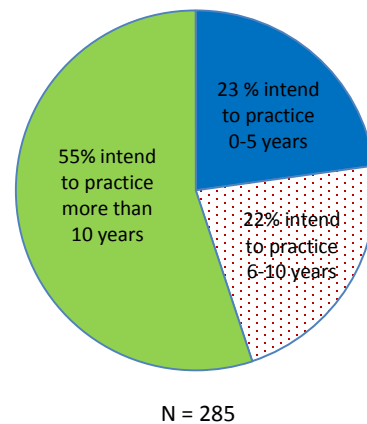
Figure 4. Urban-Rural Distribution of Psychiatrists in Minnesota



Work Status and Future Plans

The vast majority (93 percent) of psychiatrists worked in a paid position requiring a license to practice medicine. In the MDH workforce survey, five percent reported being retired, 1 percent was unemployed but looking for work, and 1 percent was employed in another field or not currently working.^{vi} Over half of the Minnesota-based psychiatrists said they expect to practice 10 years or more, while more than a fifth said they intended to practice 6 to 10 years. The remainder said they were likely to work five years or less.^{vii}

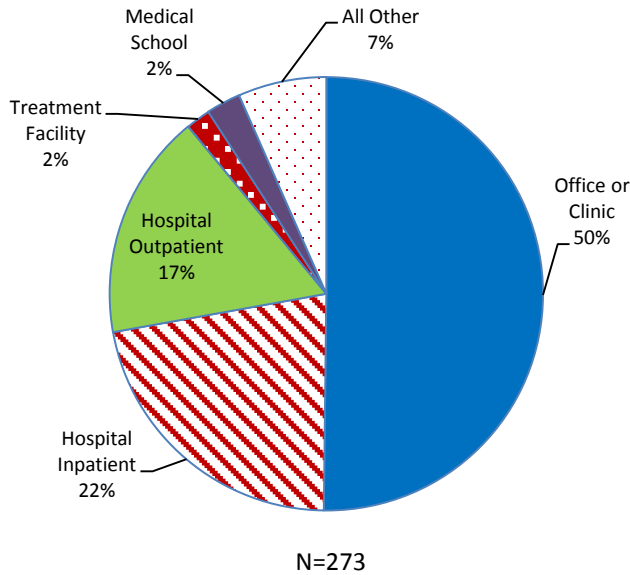
Figure 5. Psychiatrists' Future Practice Plans



Primary Work Settings and Activities

Half of the board-certified psychiatrists indicated in the MDH workforce survey that they worked mostly in office or clinic settings.^{viii} Hospital inpatient settings ranked second, and hospital outpatient settings^{ix} ranked third.

Figure 6. Primary Work Settings of Minnesota's Psychiatrists



Notes

ⁱ Only physicians with American Board of Psychiatry and Neurology general and subspecialty certifications, or those from the American Osteopathic Association Neurology and Psychiatry Specialty Certifying Board, were included in the analysis.

ⁱⁱ This is the survey response rate for all psychiatrists with Minnesota mailing addresses renewing their licenses (N=308). This rate refers to responses to one or more questions on the MDH workforce survey. The number of cases (N) may vary from question to question in that some psychiatrists opted not to respond to specific questions, but did respond to others. Survey results are subject to self-selection as well as non-response error, therefore respondents may differ and not necessarily be representative of the psychiatrist population in Minnesota. This limitation applies only to the information related to race, work status, and the survey results displayed in Figure 5 and Figure 6.

ⁱⁱⁱ These physicians reported a Minnesota mailing address when applying for or renewing a license to practice medicine in the state. While some physicians with out-of-state license addresses see patients in Minnesota, state law did not require applicants to state their primary practice location until August 1, 2012. Because the data used in this analysis predated that requirement, license mailing address is used to define Minnesota-based physicians.

^{iv} Survey response rate for the race question among Minnesota-based generalist and subspecialist psychiatrists combined (N=296) was 60 percent. See earlier footnote for additional survey limitations.

^v Survey response rate for the Hispanic, Latino or Spanish origin question was 61 percent (N=299).

^{vi} Survey response rate for the survey work status question represented in Figure 5 among generalist and subspecialists combined was 62 percent (N=308).

^{vii} Survey response rate for the future practice question represented in Figure 5 was 60 percent (N=299). Non-responses and those reporting they will not be practicing in Minnesota in the future were eliminated from the Figure percentages.

^{viii} Survey response rate for the work site question represented in Figure 6 was 55 percent (N=273). The “All Other” category includes the survey response categories “Other” and “Hospice.”

^{ix} Hospital emergency department responses were combined with hospital outpatient responses.



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