

National Association of Academic Psychiatry Administrators Consultation-Liaison Psychiatry Staffing and Funding Survey

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An email survey was sent to over 100 administrators who were members of National Association of Academic Psychiatry Administrators in 2012.

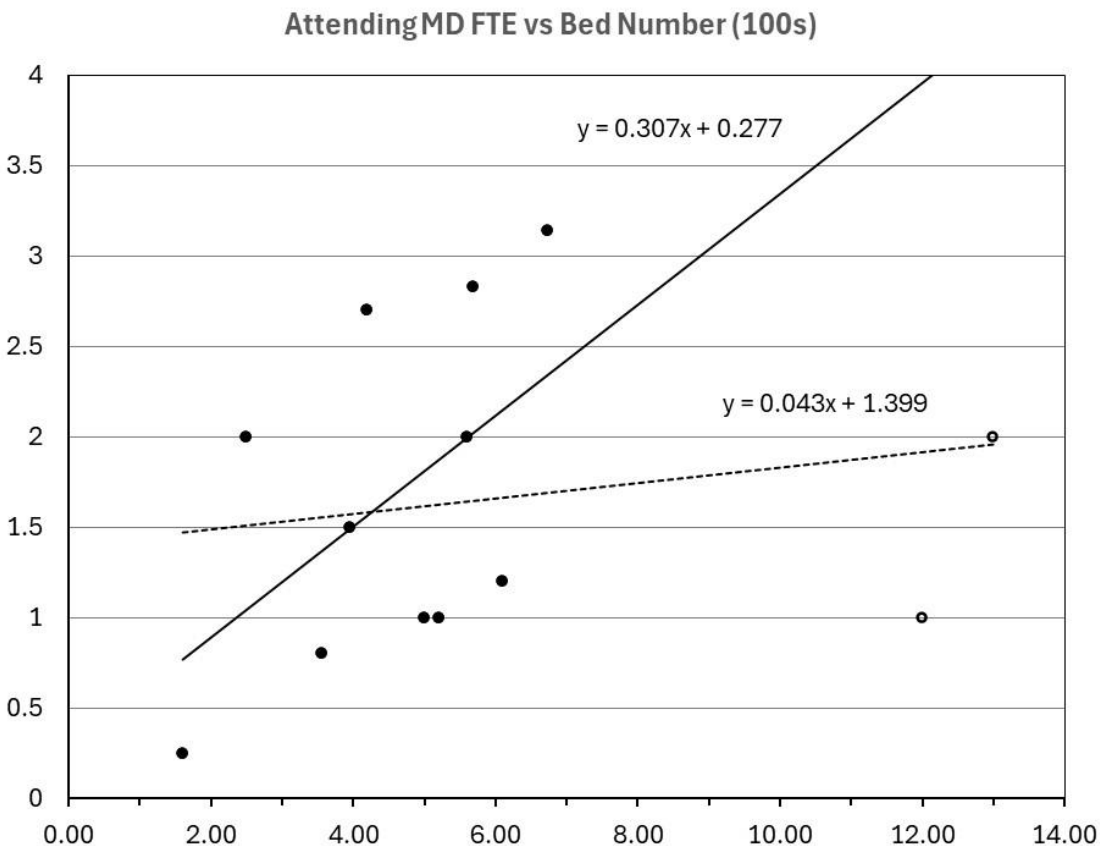
A total of 13 institutions provided data on number of hospital beds, total attending physician full-time equivalents (FTE) on the psychiatric consultation service, and nature of hospital support for the service.

Results are shown in the accompanying Table and Figure. All hospitals were teaching hospitals in diverse areas of the United States. Hospital size ranged from 160 to 1300 beds (577.8 ± 331.4 , mean \pm standard deviation). Attending MD FTE ranged from 0.25 to 3.14 (1.65 ± 0.88). Ten of the 13 reported hospital support for the psychiatric consultation service, generally salary plus fringe benefits, with one also providing social worker time and one also providing nurse practitioner time.

Case	Bed number	Attending MD FTE	State
1	160	0.25	NY
2	250	2	MO
3	356	0.8	MO
4	395	1.5	MA
5	420	2.7	NY
6	500	1	UT
7	520	1	WI
8	560	2	IL
9	568	2.83	CA
10	609	1.2	DC
11	673	3.14	NY
12	1200	1	MO
13	1300	2	MN

The calculated mean FTE per 100 beds ranged from 0.083 to 0.643, with a mean of 0.335 ± 0.215 .

In a regression analysis with all 13 cases, the slope of attending MD FTE per 100 beds was 0.043 (solid line; $r^2 = 0.026$). Cases 12 and 13 (open circle) appear to be outliers: without these 2 cases, the slope of attending MD FTE per 100 beds was 0.307 ($r^2 = 0.265$). We believe this represents a more realistic estimate of the dependence of attending MD FTE on bed number.



These observations provide an estimate of physician time used for psychiatric consultative care in teaching hospitals. The data suggest that an approximate staffing ratio of 300 hospital beds per 1 FTE of CL psychiatrist time represents an average in surveyed academic medical center hospitals in 2012.

Limitations of this survey included small sample size and reliance on informant recall. Furthermore, the survey included only teaching hospitals, which may have higher consultation volumes than community hospitals (1).

Our conclusions appear similar to those of Kunkel et published in 2010 (2). That survey of 7 hospitals in the northeast United States observed a slope of 0.344 attending MD FTE per 100 beds. Our survey, and that of Kunkel et al, report the amount of attending clinical time actually used for a particular size of hospital. The clinical time required for optimal clinical care of patients may be different.

References

1. Saravay S; Garbouzova Y; Ogievetsky N. Survey of C-L Services on Long Island, New York. Annual Meeting, Academy of Psychosomatic Medicine, 2006.
2. Kunkel EJ; Del Busto E; Kathol R; Stern TA; Wise TN; Stoddard FR 2nd; Straus J; Saravay SM; Muskin PR; Dresner N; Harrington CJ; Weiner J; Barnhill J; Becker M; Joseph RC; Oyesanmi O; Fann JR; Colon E; Epstein S; Weinrieb R. Physician staffing for the practice of

psychosomatic medicine in general hospitals: a pilot study. *Psychosomatics*. 51(6):520-7, 2010 Nov-Dec.