Quality in Training (QIT) Report 2024

An overview of quality assurance in psychiatry training in 2024

February 2025

Foreword

We are pleased to submit the QIT Report for 2024.

In this report we summarise the outcomes of CCTs, ARCPs, and CESR-Equivalence applications for the year.

The 2022 curricula are now fully embedded into training and as of August 2024, all active residents have transitioned.

The College held four working groups to take forward the Formative Assessment recommendations. The final paper is about to go to the GMC for approval and we look forward to sharing the outcome in 2025. We'd like to thank those who volunteered to participate in the meetings and a special thank you to Indira Vinjamuri for leading this area of work.

The new online portfolio development has made great strides, and we hope to implement in August 2025.

2024 saw an increase in trained External Advisors and as a result, the College has been able to support more ARCP panels. The work must continue to achieve the COPMeD mandated 10% externality. Therefore, 2025 will continue to push recruitment and training.

We are delighted to report the increase of CASC applications, and all applicants of the UK diets were offered a place. The pilot to provide 'free text' personalised feedback was successful and was fully rolled out in September 2024.

The College continues to progress with the eating disorder credential, securing £1.4 million in funding from NHS England Workforce, Training and Education (NHSE WTE) - the largest funding contract received in the history of the Training and Workforce team. This means the College is able to deliver multiple cohorts over the next three years, potentially upskilling 180 doctors within eating disorders services. The College has continued to explore setting up in-house credentials such as: Military, Addictions, Neuropsychiatry and NDD (neurodevelopmental disorders) credential with support from and backing of NHSE (due to the high need particularly in this area).

Both Child and Adolescent (CAP) and Intellectual Disability (ID) Run-Through programmes continue to support residents who wish to maintain in their chosen specialty. In 2025 we will work with our stakeholders to review the effectiveness of the Run-Through programme.
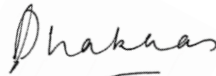
The report highlights the work done by the College to support psychiatrists through the PSS (psychiatrists' support service) and the College's Differential Attainment strategy.

We submit and commend to you, fellow members of RCPsych, the QIT report for 2024.

Professor Subodh Dave
Dean, Royal College of Psychiatrists

Dr Suyog Dhakras
Specialist Advisor for Quality Assurance, Royal College of Psychiatrists

Summary

The following report highlights our work in education and training in 2024, and ongoing activities supporting quality assurance of education and training standards.

Key highlights from the report include:

- Overview of specialty training, including summaries of data on Certificates of Eligibility for Specialist Registration (CESR) and Certificates of Completion of Training (CCTs).
- Overview of our curricula implementation
- Overview of the Formative Assessment work.
- Summary of ongoing work around externality and improvements in quality oversight.
- Workforce initiatives and the Psychiatrists' Support Service (PSS).
- MRCPsych Examination and Differential Attainment.

Data timescales covered are indicated throughout the report. Most data is reported from October 2023 to October 2024.

Specialty Training

Certificate of Completion of Training (CCT)

Psychiatric Specialty	Number of CCTs awarded
Child & Adolescent Psychiatry	70
Forensic Psychiatry	39
General (Adult) Psychiatry	211
Medical Psychotherapy	10
Old Age Psychiatry	84
Psychiatry of Learning (Intellectual) Disability	26
Total	**440**

ARCP Outcomes for residents

A summary of data for overarching numbers of ARCP outcomes and type can be seen below.

Data for 2023 includes data for the period 01/09/2022 to 31/08/2023. Data for 2024 includes data for the period of 01/09/2023 to 31/08/2024.

Outcome type	2023		2024	
	Number	Percent	Number	Percent
Outcome 1	2346	56.1%	2499	55.8%
Outcome 2	100	2.4%	115	2.6%
Outcome 3	204	4.9%	276	6.2%
Outcome 4	58	1.4%	46	1%
Outcome 5	388	9.3%	399	8.9%
Outcome 6	656	15.7%	729	16.3%
Outcome 7.1	7	0.2%	7	0.2%
Outcome 7.2	0	0%	0	0%
Outcome 7.3	0	0%	0	0%
Outcome 7.4	0	0%	0	0%
Outcome 8 (OOPC)	30	0.7%	40	0.9%
Outcome 8 (OOPE)	28	0.7%	25	0.6%
Outcome 8 (OOPR)	35	0.8%	33	0.7%
Outcome 9	0	0%	0	0%
Outcome 10.1	5	0.1%	0	0%
Outcome 10.2	2	0%	0	0%
No Outcome awarded	320	7.7%	308	6.9%
Total	4179		4477	

CESR and equivalence

Specialty	Applications	Reviews
General (Adult) Psychiatry	11	8
Old Age Psychiatry	5	1
Forensic Psychiatry	0	0
Child & Adolescent Psychiatry	1	4
Psychiatry of Learning (Intellectual) Disability	0	1
Total:	17	14

For failed applications in 2024:

Specialty	Success	Reject
Child & Adolescent Psychiatry	4	1
General (Adult) Psychiatry	7	12
Forensic Psychiatry	0	0
Old Age Psychiatry	3	3
Psychiatry of Learning (Intellectual) Disability	0	1

Academic Training

RCPsych have developed a web resource for residents about accessing academic training opportunities in psychiatry.

The Sub-Specialty Advisory Committee (SSAC) has been developing a survey to explore residents experiences with academic training and research, they are hoping the results will help guide their future strategy with increasing engagement with academic psychiatry. The SSAC are also supporting the development of some academic podcasts, in collaboration with the RCPsych eLearning team.

Out of Programme Applications

A summary of out of programme applications received by College for 2024 is outlined below.

Please note this data reflects Q1 – Q3 of 2024 and is accurate as of 04/09/2024.

OOP Type	Total
Research (OOPR)	13
Training (OOPT)	13
Experience (OOPE)	7
Career Break (OOPC)	11
Pause (OOPP)	0
Acting up as a consultant (AUC)	34
Total	**78**

Run-Through Training

CAMHS Run-Through Programme

Destination information	Number
CCT in Child & Adolescent Psychiatry	5
Moved to ST6 in Child & Adolescent Psychiatry	5
Moved to ST5 in Child & Adolescent Psychiatry	8
Moved to ST4 in Child & Adolescent Psychiatry	11
Moved to ST3 in Child & Adolescent Psychiatry	4

Moved to ST2 in Child & Adolescent Psychiatry	12
Moved to ST1 in Child & Adolescent Psychiatry	10
Left training	10
Out of Programme (OOP)	1
Unknown destination	10

ARCP outcome data across all cohorts throughout the programme is outlined below.

ARCP Outcome	2019	2020	2021	2022	2023	2024
Outcome 1	10	22	31	32	33	31
Outcome 2	0	0	0	0	1	0
Outcome 3	0	0	0	3	3	2
Outcome 4	0	0	0	0	0	0
Outcome 5	1	1	4	1	0	1
Outcome 10.1 (Covid)	0	0	0	1	0	0
Outcome 6	0	0	3	4	3	8
Outcome 10.2 (Covid)	0	0	0	0	0	0
Not completed/no outcome	0	2	1	0	11	15
Out of Programme (OOP)	0	0	0	1	2	2
Total	**11**	**25**	**39**	**42**	**53**	**59**

Intellectual Disabilities (ID) Run-Through Programme

Destination information	Number
Moved to CT3 in Intellectual Disability Psychiatry	7
Moved to CT2 in Intellectual Disability Psychiatry	10
In CT1 in Intellectual Disability Psychiatry	4
Left training	1
Unknown destination	1
Total	**23**

ARCP Outcome	2023	2024
Outcome 1	8	16
Outcome 2	0	0
Outcome 3	0	0
Outcome 4	0	0
Outcome 5	0	1
Outcome 10.1 (Covid)	0	0
Outcome 6	0	0
Outcome 10.2 (Covid)	0	0
Not completed/no outcome	0	1
Left Training	0	1
Total	**8**	**19**

Intake numbers for Run Through programmes have reduced over recent years. Whilst Heads of School appreciate the merits of the training programme; they are finding less difficulty recruiting into posts and are concerned with the number of residents who drop out of the programme. The group will continue to monitor the programmes and have invited programme leads to a future meeting.

Plans for future programmes

An application for Old Age Run Through was submitted to the GMC in October 2024. However, at the November Heads of Schools meeting, several expressed they would not be able to support an Old Age Run Through programme as their regions do not require help with recruitment. As a result, the application has been suspended whilst the College looks for sites to participate in the pilot.

Curricula

Transfer to the new Curricula

The new curricula for psychiatry received approval from the GMC in June 2022. The implementation took place in August 2022. The College communicated that all Psychiatry Residents must be on the new curricula by August 2024.

Descriptive Statistics

A summary of resident numbers per region who transitioned to the new curricula.

Region	February 2022	August 2022	February 2023	August 2023	August 2024
East of England	24	120	18	65	569
London	78	300	101	174	1715
East Midlands	23	90	16	46	398
West Midlands	18	114	17	74	542
Northeast and Yorkshire	44	140	56	107	910
Northwest	50	143	34	108	686
Southeast	23	150	30	105	352
Southwest	32	84	19	50	150
Scotland North	7	28	6	19	161
Scotland Southeast	5	38	4	11	140
Scotland East	2	11	1	6	49
Scotland West	10	44	6	30	265
Wales	7	66	11	37	259
Northern Ireland	0	27	2	28	160

Totals	322	1355	321	860	6356

Table 2 – Summary of resident numbers per region on new curricula.

**the number of **all** residents on the 2022 curricula as of August 2024*

How many did not transition by August 2024	165

Reasons provided:

- Residents were about to CCT.
- Residents were on an OOP and planned to change over once they had returned.
- Residents were off sick and planned to change over once they had returned.
- Residents were on Maternity leave and planned to change over once they had returned.
- Doctors had left training but still had access to their Portfolio Online account.

Process to make changes to the current Curricula

The new process was approved at the spring Education and Training Committee (ETC). This was designed to support with Curricula change requests, any queries relating to this can be sent to psychiatrytraining@rcpsych.ac.uk .
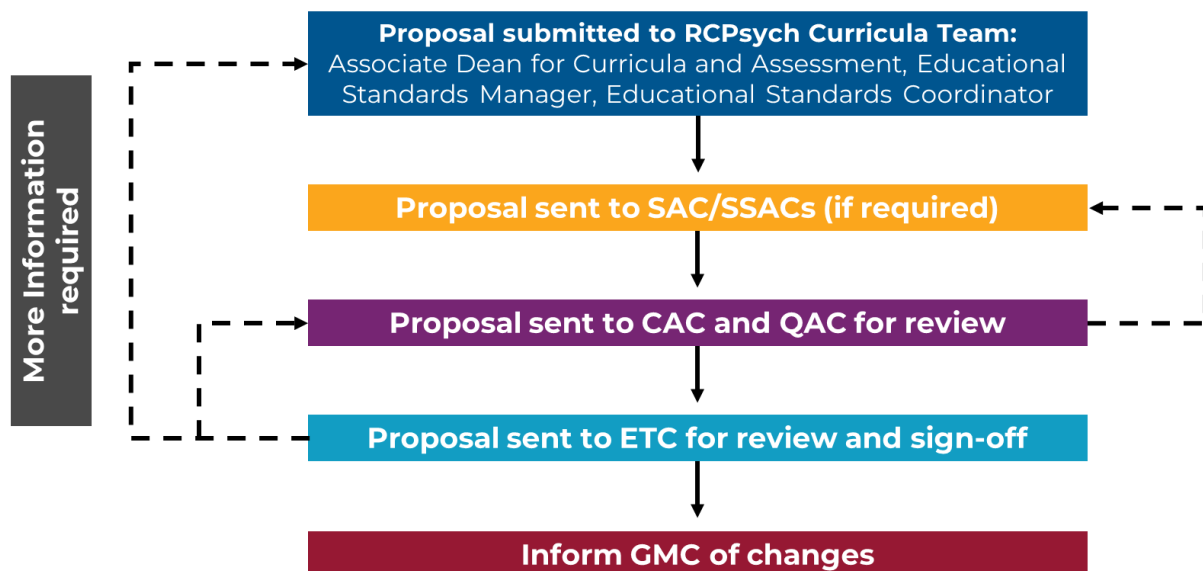
Formative Assessment Working Group

The formative assessment working group reviewed a breadth of topics and innovations and have come to four broad recommendations.

1. Introduce entrust ability scales as part Workplace Based Assessments (WBPAs). This is in with the College's key aim to make WPBAs directly relevant to patient care. Review other models of Entrustability Scales and develop an RCPsych model.

2. Embed Formulation Skills throughout training, particularly in core training years with some additional training to be considered and scoped for Clinical Supervisors to support standardised assessment. It will be important to ensure that there are opportunities for a range of assessors (not just the Clinical Supervisors and Educational Supervisors) to rate the resident. This is line with the ambition to encourage personalisation within training and allows assessment of synthesising skills.

3. Introduce feedback from patients and carers for residents – as is the case with substantively employed colleagues. This is in line with our efforts to increase involvement of patients and carers in training.

4. Introduce a guided supervision session relating to Caseload based discussion – this is in line with our efforts to training clinicians who understand prevention as well as intervention; and to ensure that learning from individual patients informs care provided to the wider community at population-level. As such, we propose:

   a. Supporting supervisors to use the full range of assessments and support residents with constructive feedback throughout training, convening a task and finish group with a defined timeline to assess the options with respect to introducing an Entrustability Scale and agree an alternative to the current WPBA.
   b. Adding caseload-based discussion as an additional option under the leadership and management capability in the new e-portfolio as a DONCS (Direct Observation of Non-Clinical Skills).
   c. Develop resources to help supervisors support guided caseload discussions.

Next steps

A paper has been submitted to the GMC for approval. In the meantime, the team will advise the Portfolio Online development of potential changes required.

Credentialing

Eating Disorders

In July, the College secured £1.4 million from NHS England Workforce, Training and Education Directorate (NHSE WTE) for the continuation of Eating Disorder Credential programme over the next 3 years. This new funding will upskill up to 180 doctors within Eating Disorder Services. There will be two new cohorts in 2025, commencing in Spring and Autumn. The funding will also support the development of Multi Professional Masterclasses.

Cohort 1 completed the Credential in October 2024. X have completed their portfolio and received their certificate of completion. CCQI will be submitting the Cohort 1 end of Cohort report in January 2025.

Liaison

The GMC required amendments in the following areas

- Minimum numbers of assessment
- Levels of performance
- Mandatory curriculum content

The latest version of the document was submitted to the GMC in December 2024.

Credentials in development 2024

The College is to embark on a tendering process to secure funding for the Military Credential.

The College continues to support the development of Credentials in Addictions, Neuropsychiatry and Neurodevelopmental Disorders. All three are awaiting funding for the work to progress.

Quality Assurance Processes

Externality

Year	ARCPs with EAs allocated	Reports received
2021	5	1
2022	6	0
2023	11	2
2024	16	4

Improving Externality and Quality Standards

In 2023, the College set out an aim to improve the accessibility of external representation on ARCP panels, following a reduction in numbers of successfully filled requests after the COVID pandemic and increased pressure on clinicians.

In 2024, a strategy to increase the pool of active external advisors led to the development of two successful training days held in May and December of 2024, with 29 new advisors attending the sessions. These sessions were advertised in the members' newsletter, to Heads of Schools, on RCPsych social media channels and discussed in committee meetings, such as the Quality Assurance Committee (QAC) and Curricula and Assessment Committee (CAC). The job descriptions for all SACs were also amended to reflect a new requirement that all SAC members must represent the College on at least one ARCP panel per year.

Throughout 2024, a new approach was additionally taken when contacting external advisors. It was identified that response rates increased when advisors were contacted individually rather than collectively, which is now the standard approach used within the College.

In 2025, work will commence to increase the pool of active external advisors further, with two additional training sessions planned for the upcoming year. The College aim to increase communications with Deanery Administrators to ensure that processes remain efficient and fit for purpose and maintain trusted relationships between the College and Schools. A short form will also be developed to make it easier to record feedback following external representation in the future.

Specialty Advisory Committees

Specialty Advisory Committees (SACs) play a vital role in overseeing and monitoring key issues within specialties. In psychiatry we have the following SACs:

- General Adult Psychiatry
- Old Age Psychiatry
- Child & Adolescent Psychiatry
- Forensic Psychiatry
- Psychiatry of Intellectual Disability
- Medical Psychotherapy

Since 2018, the SACs have predominantly focused on the curricula review programme, overseeing key issues within specialties on an ad-hoc basis. In 2023 we worked to reestablish the SAC Committees and recruit new chairs.

Key aspects of the SAC remit include:

- Curricula management
- Quality assurance in training (per specialty)
- Workforce and training issues
- Post and programme approvals (where applicable)

- Supporting the College's externality visits

In 2024, we have supported the work and development of 7 Subspecialty Advisory Committees (SSAC)

- Academic Training in Psychiatry (sub-specialty)
- Addiction Psychiatry (sub-specialty)
- Liaison Psychiatry (sub-specialty)
- Rehabilitation Psychiatry (sub-specialty)
- Neuropsychiatry
- Perinatal Psychiatry
- Eating Disorders

2024 also saw the first SAC/SSAC Chair network.

National Training Survey

Overview

The GMC publishes the National Training Survey (NTS) on an annual basis.

Key indicators outlined for the 2024 survey are outlined as follows:

- Overall satisfaction
- Clinical supervision
- Clinical supervision out of hours
- Reporting systems
- Workload
- Teamwork
- Handover
- Supportive environment
- Induction
- Adequate experience
- Curriculum coverage
- Educational Governance
- Educational Supervision
- Feedback
- Local Teaching
- Regional Teaching
- Study Leave
- Rota Design
- Facilities

Additional special reports were produced focusing on:
- Burnout

- Less than full-time training

A summary of each special report is also provided below.

Resident Results

The below table summarises results per deanery and specialty for Psychiatry, under key specific indicators as outlined above. No data was reported for deaneries where there were less than three responses.

Scores are marked out of 100 as a percentage.

Results per Psychiatry Specialty and Deanery

Please note that where there were less than three responses from residents, scores were not recorded. Scores are out of 100 and presented as a percentage.

Deanery	Specialty						
	Core Psychiatry	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Medical Psychotherapy	Old Age Psychiatry	Psychiatry of Intellectual Disability
East Midlands	76.52	86.11	85	83.06	N less than 3	82.5	85.83
East of England	80.1	81.36	80	84.76	N/A	80.42	85
Kent, Surrey & Sussex	83.33	90	90	85.49	N/A	85	100
North Central & East London	80.5	81.11	87.86	77.63	88.89	78.75	N/A
North East	84.77	91.67	N less than 3	88.13	N/A	84.17	94
North West	79.89	90	82.81	85	68.33	82.5	78.38
North West London	78.27	N less than 3	N/A	82.17	N/A	96.25	76.67
South London	82.64	87.29	87.35	81.85	88.75	84.44	79
South West	84.41	86.56	95.71	87.42	N less than 3	83.75	86.25
Thames Valley	79.47	81.88	92	88.61	N less than 3	89	N/A
Wessex	81.15	86.25	N less than 3	76.84	N/A	84.38	N less than 3
West Midlands	77.8	78.26	93.13	84.36	N/A	86	95.00
Yorkshire & Humber	82.03	85	83	85.29	N less than 3	84.62	76.67
Wales	74.2	91.54	N less than 3	89.38	N/A	89.29	92.5
Scotland	80.75	79.78	90.77	89.44	92	92.4	88.75
Northern Ireland	79.21	98	N/A	91.79	62.19	98.33	98.33
Defence Postgraduate Medical Deanery	84.00	N/A	N/A	N/A	N/A	N/A	N/A

Results per Psychiatry Specialty and GMC Indicator

Indicator	Specialty						
	Core Psychiatry	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Medical Psychotherapy	Old Age Psychiatry	Psychiatry of Intellectual Disability
Adequate Experience	80.40	86.60	89.30	86.87	83.43	87.76	87.19
Clinical Supervision	93.85	91.97	96.20	94.18	93.875	95.10	95.66
Clinical Supervision (OOHs)	86.13	90.87	92.58	90.27	86.46	90.85	93.40
Educational Supervision	84.76	88.27	86.18	86.83	87.81	89.51	89.97
Feedback	77.99	77.86	86.98	83.05	87.33	83.16	80.53
Handover	67.27	74.71	71.58	72.25	79.29	71.38	76.35
Induction	81.08	83.72	84.09	84.18	87.82	86.26	85.64
Local Teaching	79.18	78.26	80.57	79.13	78.18	79.50	80.14
Regional Teaching		82.69					
Study Leave	75.5	86.33	87.17	82.96	89.38	83.76	80.15
Supportive Environment	76.57	82.51	80.85	80.14	79.87	81.58	82.02
Workload	59.59	63.43	64.37	59.66	62.15	61.77	63.60
Reporting Systems	70.20	76.49	75.52	75.15	75.85	73.51	77.33
Teamwork	75.25	80.07	82.86	76.69	75.08	77.55	80.16
Curriculum Coverage							
Educational Governance	71.13	79.32	76.97	77.08	83.24	77.14	80.84
Rota Design	67.75	79.13	77.95	73.76	75.64	76.93	78.26

Facilities	65.00	62.21	65.85	64.30	64.63	62.87	55.81
Overall Satisfaction	80.53	86.32	87.97	85.08	84.49	86.36	87.49

Trainer Results

Results per Psychiatry Specialty and GMC Indicator

Indicator	Specialty						
	Core Psychiatry	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Medical Psychotherapy	Old Age Psychiatry	Psychiatry of Intellectual Disability
Supportive Environment		73.35	71.76	70.6	58.22	69.04	72.36
Educational Governance		69.87	68.18	68.21	65.83	67.95	70.22
Professional Development		75.09	75.35	75.44	71.13	74.75	78.25
Appraisal		53.65	53.63	51.19	65.21	51.23	53.30
Support for Training		74.51	74.34	74.20	74.62	74.21	77.15
Time to Train		62.18	63.58	59.66	68.18	59.80	65.58
Rota Issues		66.36	63.64	64.45	51.78	62.86	65.02
Handover		70.05	60.99	68.68	56.25	65.75	63.59
Resources to Train		71.58	77.92	70.91	65.52	73.40	74.60

Trainer comparison with other Royal Colleges and Faculties

Indicator	Specialty						

	RCEM	RCOG	RCGP	JRCPTB	RCoA	RCOpht h	JCST	RCPCH	RCR	RCPsych	RCPath	FPH	FOM
Response Rate	41.89%	35.88%	39.23%	36.22%	40.56%	34.27%	32.41%	39.86%	35.68%	42.44%	37.73%	51.93%	41.18%
Supportive Environment	66.49	66.89	90.02	68.77	65.9	66.27	66.29	69.19	68.37	71.1	68.12	74.83	66.52
Educational Governance	61.78	62.64	71.12	61.98	64.68	62.58	60.29	63.26	62.24	68.78	63.8	72.37	64.92
Professional Development	71.41	71.66	75.09	70.94	70.94	71.03	68.99	71.89	70.22	75.36	71.23	78.73	73.36
Appraisal	53.79	55.75	60.4	53.16	52.71	50.63	48.04	56.09	49.37	54.34	52.37	66.3	64.29
Support for training	70.28	70.22	77.51	69.47	71.51	67.97	66.44	70.53	67.94	74.66	69.27	78.43	75.3
Time to train	56.08	58.46	63.7	53.79	66.78	53.97	56.02	53.78	53.69	61.49	54.74	64.7	55.8
Rota Issues	53.14	42.01	N/A	47.19	57.44	52.78	45.85	50.17	56.4	64.02	64.28	67.53	55.77
Handover	67.77	66.85	N/A	62.51	63.17	60.51	66.2	72.78	57.99	67.51	71.94	67.53	78.13
Resources to train	64.59	69.35	76	67.46	67.09	64.79	65.43	67.46	66.97	72.51	68.71	82.6	75

Special Reports

Burnout

The following table outlines results for burnout in comparison to other Medical Royal Colleges. Please note the scores are ranked from highest to lowest in terms of % burnout scores in the "High" category. Scores are outlined for "High", "Moderate" and "Low".

The RCPsych scored **10th** out of a possible **13** with **10%** of residents at high risk of burnout. Using the data available we were able to determine rehabilitation psychiatry was most at risk with **16.70%**.

Royal College/Training Board/Faculty	No. of Residents responded	High rates of burnout (%)	Moderate rates of burnout (%)	Low rates of burnout (%)
Royal College of Emergency Medicine	876 to 880	27.90%	44.50%	27.60%
Royal College of General Practitioners	5246 to 5250	22.10%	40.10%	37.80%
Royal College of Obstetricians and Gynaecologists	1151 to 1155	22.10%	47.40%	30.50%
Joint Committee on Surgical Training	1546 to 1550	17.30%	38.60%	44.20%
Joint Royal Colleges of Physicians Training Board	2876 to 2880	16.70%	37.70%	45.60%
Royal College of Paediatrics and Child Health	1966 to 1970	16.40%	45.50%	38.10%
Royal College of Anaesthetists	1456 to 1460	13.80%	41.70%	44.50%
Royal College of Ophthalmologists	321 to 325	13.40%	41.30%	45.30%
Royal College of Radiologists	846 to 850	12.80%	32.30%	54.90%
Royal College of Psychiatrists	706 to 710	10.00%	33.60%	56.40%
Royal College of Pathologists	306 to 310	8.80%	21.80%	69.50%
Faculty of Public Health	121 to 125	3.20%	18.40%	78.40%
Faculty of Occupational Medicine	16 to 20		26.30%	73.70%
Totals	**31666 to 31670**	**20.90%**	**42.00%**	**37.10%**

Actual Post Specialty	# Residents N	High risk	Moderate risk	Low risk
Rehabilitation Psychiatry	16 to 20	16.70%	27.80%	55.60%
General psychiatry	1566 to 1570	14.30%	36.90%	48.80%
Child and adolescent psychiatry	261 to 265	13.70%	39.20%	47.10%
Forensic psychiatry	106 to 110	13.60%	23.60%	62.70%
Old age psychiatry	331 to 335	12.60%	36.20%	51.20%
Psychiatry of learning disability	101 to 105	9.90%	30.70%	59.40%
Liaison Psychiatry	56 to 60	8.60%	36.20%	55.20%
Addiction Psychiatry	16 to 20	6.30%	43.80%	50.00%
Total	**31666 to 31670**	**20.90%**	**42.00%**	**37.10%**

43% of all medical residents rated the intensity of workload as very or heavy this year, this is a **1%** decrease on 2023. Emergency medicine scored this highest with **72%** and public health scored lowest with **17%**. Psychiatry scored **21%**, the same as 2023.

12% of trainers were also reported to be at high risk of burn out with Emergency Medicine scoring highest at **26%** and public health, anaesthetics and pathology at **9%**. Psychiatry scored **11%**, the same as 2023.

Less Than Full Time (LTFT) Training

The following table outlines the comparison data for LTFT residents who completed the survey for Psychiatry. The trends show an increase in LTFT training over time, rising from **18.9% in 2015** to **28% in 2024.**
2020 data was omitted as the format for the 2020 survey differed due to COVID-19.

Survey Year	Number of Residents	Full Time (%)	LTFT (%)
2015	1086	81.1	18.9
2016	1121	81.9	18.1
2017	1099	80.3	19.7
2018	1051	81.2	18.8
2019	1097	77.1	22.9
2021	1047	73.9	26.1
2022	1040	74	26
2023	1117	73.9	26.1
2024	1319	72	28

Of those who responded, they were asked to share their reasons for working less than full time. The highest percentages were childcare at **74.30%** and to have a better work life balance at **42.30%**. The increased number of LTFT residents over the last 10 years show an increased need for flexibility in training for childcare and work/life balance.

Data also shows that **83.5%** of the LTFT workforce are women with only **16.5%** men.

LTFT Text	Less than full time	
Answer Unique	**# Residents**	**%**
Caring for a child with a disability, long term illness or additional needs	16	4.30%
Caring for an adult (e.g. a parent, family member or friend)	17	4.60%
Childcare	274	74.30%
Disability, illness or health condition related reason	51	13.80%
Other	11	3.00%
Other external commitments (e.g. leisure, religious or community commitments)	20	5.40%
Other work commitments (e.g. professional development opportunities)	26	7.00%
To have a better work life balance	156	42.30%

Gender	Female			Male		
LTFT	**Less than full time**			**Less than full time**		
Specialty Category	**# Residents**	**%**	**Total %**	**# Resident**	**%**	**Total %**
Psychiatry	308	39.60%	28.90%	61	11.30	12.10

In Summary

Points of concern

- Medical Psychotherapy in the Northwest was flagged for scoring **68.33%**, whilst not under 50%, it was flagged for being lower than other specialties.
- Medical psychotherapy received the lowest trainer score for supportive environment at **58.22%**.
- All specialties scored between **50% and 65%** for appraisals.
- Although scoring at the lower end of the spectrum, Psychiatry has not been able to reduce workload percentages from 2023.

Points of note

- RCPsych received the second highest response rate at **42.44%**.
- **70%** of psychiatry residents agree they are given opportunities to develop their leadership skills relevant for their stage of training.
- The number of LTFT residents has remained at the **26%** mark for the last 3 years. With childcare and work/life balance cited as the main reasons. This figure has increased by **7%** over the last 10 years.
- Forensic psychiatry scored the highest overall satisfaction for residents, with **87.97%**. Both Core and all specialties scored over **80%**.

MRCPsych Examination

Paper A and Paper B

2024 was the second year of three diets and attempts at Paper A and Paper B continue to have an upward trend.

In June 2024 the Examinations Subcommittee published recommended reading lists for Paper A and Paper B to aid revision for these examinations.

MRCPsych candidate numbers by year

Legend: Paper A, Paper B, CASC
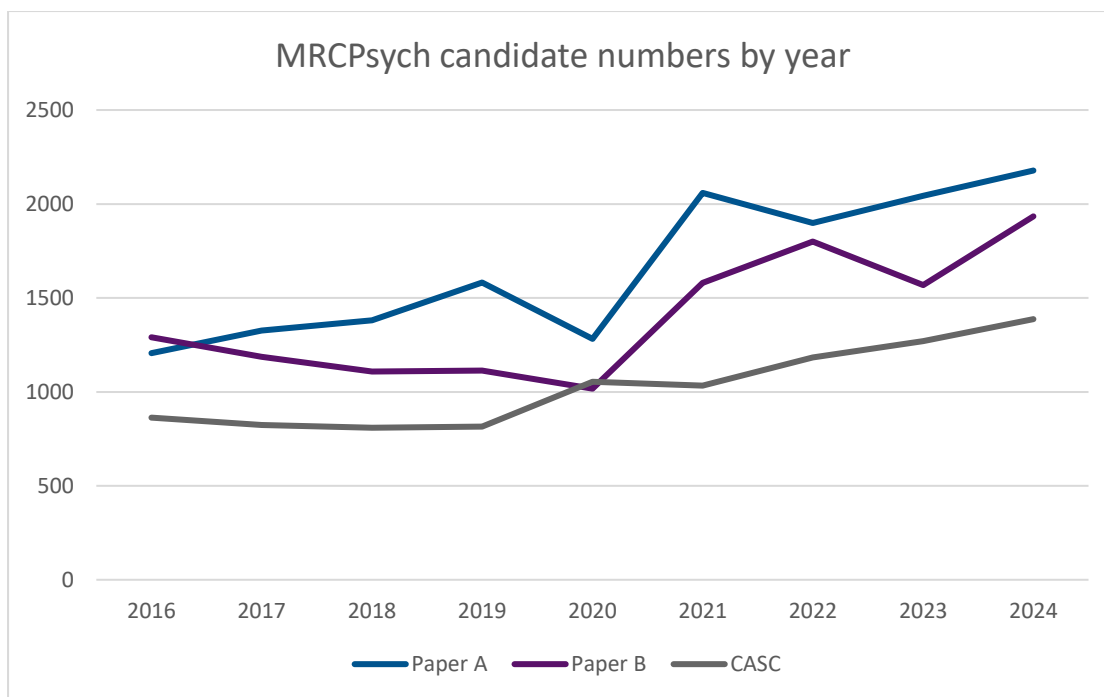
CASC

Applications for the CASC continued to increase in 2024 and all applicants to the UK diets were offered a place.

Personalised feedback

The College's Assessment Strategy Review (ASR) recommended the improvement of feedback provided to candidates at the CASC. In January 2024, 'free text' personalised feedback was piloted on day three of the exam with examiners asked to provide specific feedback on a candidate's performance not covered in the feedback statements offered. The pilot was successful, and provision of personalised feedback was rolled out in September 2024 with feedback reports sent to all candidates unsuccessful in the exam.

Summary of Exam Diets for 2024

Examination Diet	Number of residents who sat the examination	Resident pass rate (%)	Overall pass rate (%)
Paper A 2024-1	367	77.11	67.09
Paper A 2024-2	262	67.83	59.49
Paper A 2024-3	335	63.89	53.52
Paper B 2024-1	354	80.00	52.82
Paper B 2024-2	250	65.15	45.82
Paper B 2024-3	336	66.96	55.09
CASC 2024-1	269	73.61	57.87
CASC 2024-1 (Singapore - June)	N/A	N/A	36.17
CASC 2024-2	308	65.26	44.94

Workforce

Psychiatrists' Support Service (PSS)

Type of call	Call number
Total number of contacts to the PSS	32
Contacts from residents to the PSS	19

Differential Attainment

GMC work on differential attainment and fair training
The GMC is continuing to work to address differential attainment in training and continues to provide support to organisations with equality and diversity considerations. The GMC now require all medical royal colleges and faculties to submit a differential attainment action plan on an annual basis.

Valuing diversity and visible representation in college leadership and governance

- The College's Act Against Racism Campaign and Strategic Plan 2024-2026 outlining the College's commitment to promoting diversity not only across Psychiatric Training, but also for everyone regardless of their background. (Section 2 Strategic Plan, Objectives 2.1; 2.10; 2.12; 2.13) https://www.rcpsych.ac.uk/docs/default-source/about-us/corporate-publications/strategic-plan-2024---2026.pdf?sfvrsn=8f385de3_3 . The College has established an Equality taskforce to monitor its equality and equity commitments and to monitor the Trusts engagement in Act Against Racism.
- Continue to ensure there is diversity in RCPsych Committees and in senior educational appointment such as Associate Deans and Specialist Advisors, including less than full time training (LTFT) and examiners.
- Continue to monitor ethnicity, sex and age data of Examiners, ETC and Associate Deans. This data includes diversity data on the membership as a whole, as a comparison.
- Specific unconscious bias training for examiners every 2 years and for other key educational roles.

Inclusive programmes of learning and assessment

- Inclusive in language in exam content & curricula by continuing to review language used in written / clinical exam items and curricula to avoid bias, slang and ensure plain english is used as much as possible.

- Representation of diverse service users and professionals in clinical exam items. The new CASC syllabus specifies the inclusion of personalised/ individualised approach to patients.
- Continue to ensure there is diversity in RCPsych Committees by working with Committee Managers and Chairs.
- Creation of Neurodiversity in Training Working Group to create and review specific initiatives to support this group of trainees by this group of trainees.

Support for trainers and early learning needs analysis

- College updates relating to differential attainment; where the College is at and what improvements are needed.
- Inclusion of advisory notes on the new RCPsych trainee portfolio (Summer 2024). Educational Supervisors to be made aware.
- Support the Deanery administration teams with ensuring they have access to all the relevant information, at the same time. For example; Curricula, Silver Guide etc...
- Work with Portfolio developers to create a reporting tool for Trainers to review results of all their trainees.
- Review of MRCPsych Courses to ensure fit for purpose and aligned to new core curriculum and assessments ensuring inclusivity.
- Review of Formative Assessment with key recommendations around formulation skills ensuring inclusivity.

Support for UK trainees preparing for high-stakes summative assessments and recovery from failed attempts

- As part of exam preparation, ensure Trainees are aware of the resources available on the RCPsych Website/ TrOn (Trainees Online).
- Ensure the Curricula changeover deadline is communicated to both Trainers and Trainees; via portfolio online, email updates, better communication with deanery administrators, Educational Supervisors and Heads of Schools.
- Consider opportunities for funding / support for trainees who fail first and/or second attempt - criteria to be agreed. Continue discussions with UK education partners and employers regarding funding for CASC preparation course vs extension of training.
- Improve personalised feedback after an exam attempt by piloting free text feedback at the CASC exam in January 2024
- Development of resource/reading lists for theory exams.
- Promoting access to reasonable adjustments, as IMG take up of these is lower than UK graduates.
- Review of MRCPsych Courses to ensure fit for purpose and aligned to new core curriculum and assessments ensuring inclusivity
- Review of Formative Assessment with key recommendations around formulation skills ensuring inclusivity.

CASC Masterclasses

The final evaluation of the CASC Masterclass has now been published. The analysis found that statistically significant improvements were observed for masterclass attendees with a non-UK Primary Medical Qualification (PMQ).

RCPsych has now started to offer the CASC Masterclass as a practical and interactive online course, designed to support candidates in their preparation for the CASC examination, with individualised feedback from experienced examiners and live role players. The masterclass uses small group work, practice CASC stations and vignettes to develop, practice and hone the skills required for candidates to perform at any station, irrespective of the content, in a way which does justice to their knowledge, experience and clinical skills,

GMC and NHSE funding for the Masterclass has now come to an end and it is no longer possible to offer this training free of charge. Therefore, a £750 fee per candidate applies to cover preparation and delivery costs.

Acknowledgements