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# Quality in Training Report 2025

An overview of quality assurance in psychiatry training in  
2025

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## Foreword

As we reflect on 2025, psychiatry training continues to evolve in response to the changing needs of our profession and the communities we serve. This year has been marked by significant milestones: the successful rollout of curricula transitions, GMC approval of our new formative assessment framework, and the expansion of credentialing opportunities in areas such as addictions and military psychiatry. These developments underscore our commitment to maintaining the highest standards of education and ensuring that our training remains relevant, rigorous, and responsive.

One of the most notable achievements this year was the largest ever CASC examination diet, alongside the historic introduction of the CASC in Doha, the first time this clinical assessment has been delivered in the Middle East. This expansion reflects our dedication to supporting international candidates and broadening access to examinations globally. Examiner recruitment was scaled up significantly, with 200 new examiners appointed to meet growing demand, ensuring that our assessment processes remain robust and fair.

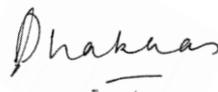
The data presented in this report highlights both achievements and areas for improvement. While overall satisfaction among trainees remains high, we must address persistent challenges around appraisal, time for training, and rota design. The growth in less-than-full-time training and portfolio pathways reflects the need for flexibility and inclusivity in our programmes.

Quality assurance remains at the heart of our work. Strengthening externality processes and enhancing support for Specialty Advisory Committees will be key priorities in the year ahead. I urge all colleagues to engage with surveys and feedback mechanisms; your insights are vital in shaping a training system that is both learner-centred and future-ready.

Together, we will continue to uphold excellence in psychiatric education and prepare the next generation of clinicians to meet the complex mental health challenges of our time.



**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 throughout 2025, alongside ongoing activities that support the quality assurance of education and training standards across psychiatry.

**Key highlights from the report include:**

- Specialty Training Overview – including summaries of data on Certificates of Completion of Training (CCTs), ARCP outcomes, and portfolio pathway applications.
- Curricula Implementation – progress on curricula transition, survey insights, and updates to training tools.
- Formative Assessment – GMC approval of the new formative assessment framework.
- Credentialing – updates on completed credentials, new developments for 2026, and strategic priorities.
- Quality Assurance and Externality – improvements in external advisor processes and oversight of ARCP panels.
- MRCPsych Examination – record CASC diets, international expansion to Doha, and examiner recruitment.
- Workforce Initiatives – including Less Than Full Time (LTFT) training trends and support through the Psychiatrists' Support Service (PSS).
- National Training Survey – key indicators and specialty-level results for trainees and trainers.

Data timescales covered are indicated throughout the report. Most data reflect activity from January to December 2025, with some comparative figures from previous years where relevant.

## **Specialty Training**

## Certificate of Completion of Training (CCT)

Specialty	
General Adult	222
Child and Adolescent	65
Old Age	87
Medical Psychotherapy	13
Forensic	36
Learning/Intellectual Disability	17
<b>Total</b>	<b>440</b>

## ARCP Outcomes for residents

Outcome	2024		2025		Diff
	Count	Percent	Count	Percent	
Outcome 1	2601	53.2%	2650	52.0%	-1.3%
Outcome 2	132	2.7%	143	2.8%	0.1%
Outcome 3	341	7.0%	408	8.0%	1.0%
Outcome 4	57	1.2%	122	2.4%	1.2%
Outcome 5	460	9.4%	447	8.8%	-0.6%
Outcome 6	809	16.6%	850	16.7%	0.1%
Outcome 7.1	9	0.2%	6	0.1%	-0.1%
Outcome 7.2	0	0.0%	0	0.0%	0.0%
Outcome 7.3	0	0.0%	0	0.0%	0.0%
Outcome 7.4	0	0.0%	0	0.0%	0.0%
Outcome 8 (OOPC)	37	0.8%	17	0.3%	-0.4%
Outcome 8 (OOPE)	28	0.6%	24	0.5%	-0.1%
Outcome 8 (OOPR)	39	0.8%	48	0.9%	0.1%
Outcome 9	0	0.0%	0	0.0%	0.0%
No Outcome awarded	375	7.7%	385	7.5%	-0.1%
<b>Total</b>	<b>4888</b>		<b>5100</b>		

## Portfolio Pathway

Specialty	Applications	Reviews
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General (Adult) Psychiatry	14	11
Old Age Psychiatry	8	2
Forensic Psychiatry	1	-
Child & Adolescent Psychiatry	4	5
Medical Psychotherapy	1	-
Learning Disability	-	-
<b>Total:</b>	<b>28</b>	<b>18</b>

***For failed applications in 2025:***

<b>Specialty</b>	<b>Success</b>	<b>Reject</b>
Child & Adolescent Psychiatry	5	4
General (Adult) Psychiatry	16	9
Forensic Psychiatry	1	-
Old Age Psychiatry	5	5
Psychiatry of Learning (Intellectual) Disability	-	-
Medical Psychotherapy	-	1
<b>Total:</b>	<b>27</b>	<b>19</b>

## Academic Training

### Out of Programme Applications

A summary of out of programme applications received by College for 2025 is outlined below.

Data is accurate as of 22<sup>nd</sup> December 2025.

<b>OOP Type</b>	<b>Total</b>
Research (OOPR)	12
Training (OOPT)	9
Experience (OOPE)	3
Career Break (OOPC)	3
Pause (OOPP)	0
Acting up as a consultant (AUC)	32
<b>Total</b>	<b>59</b>

### Run-Through Training

#### ***CAMHS Run-Through Programme***

Destination information	Number
CCT in Child & Adolescent Psychiatry	9
Moved to ST6 in Child & Adolescent Psychiatry	9
Moved to ST5 in Child & Adolescent Psychiatry	6
Moved to ST4 in Child & Adolescent Psychiatry	8
Moved to ST3 in Child & Adolescent Psychiatry	11
Moved to ST2 in Child & Adolescent Psychiatry	6
Moved to ST1 in Child & Adolescent Psychiatry	22
Left training	5
Out of Programme (OOP)	3
Sick Leave	3
Maternity Leave	2
Unknown destination	5

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

ARCP Outcome	2020	2021	2022	2023	2024	2025
Outcome 1	22	31	32	33	31	36
Outcome 2	0	0	0	1	0	0
Outcome 3	0	0	3	3	2	2
Outcome 4	0	0	0	0	0	2
Outcome 5	1	4	1	0	1	0
Outcome 10.1 (Covid)	0	0	1	0	0	0
Outcome 6	0	3	4	3	8	7
Outcome 10.2 (Covid)	0	0	0	0	0	0
Not completed/no outcome	2	1	0	11	15	25
Out of Programme (OOP)	0	0	1	2	2	1
<b>Total</b>	<b>25</b>	<b>39</b>	<b>42</b>	<b>53</b>	<b>59</b>	<b>73</b>

### *Intellectual Disabilities (ID) Run-Through Programme*

Destination information	Number
Moved to ST4 in Intellectual Disability Psychiatry	2
Moved to CT3 in Intellectual Disability Psychiatry	13
Moved to CT2 in Intellectual Disability Psychiatry	5
In CT1 in Intellectual Disability Psychiatry	4
Left training	1
Unknown destination	1
<b>Total</b>	<b>26</b>

ARCP Outcome	2024	2025
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Outcome 1	16	13
Outcome 2	0	1
Outcome 3	0	2
Outcome 4	0	0
Outcome 5	1	0
Outcome 10.1 (Covid)	0	0
Outcome 6	0	2
Outcome 10.2 (Covid)	0	0
Not completed/no outcome	1	4
Left Training	1	1
<b>Total</b>	<b>19</b>	<b>23</b>

## Curricula

Data from the 2025 Curricula survey reflects a training system that is both structured and increasingly adaptable, with most psychiatric resident doctors in full-time posts and a growing number pursuing LTFT roles, Run Through pathways, or dual-specialty combinations. General Adult Psychiatry remains the dominant specialty, though interest in more specialised areas is rising.

While geographic representation is broad, rural regions show lower participation, likely due to smaller training numbers.

Curricula transition uptake was strong by the August 2024 deadline, but low survey response rates (4%) limit insight into trainee experience highlighting the need for improved support and data collection, which the new portfolio and College CRM aim to address.

Feedback on training tools was mixed, with calls for clearer, more practical resources. Upcoming changes to formative assessment, updates to the Silver Guide, and inclusion of neurodiversity perspectives offer cautious optimism for a more streamlined and learner-centred experience

## Formative Assessment

On Monday 17th November, the College received GMC approval for its newly proposed Formative Assessment framework, a significant milestone in the College's commitment to enhancing training and evaluation standards.

This achievement is the result of two and a half years of dedicated work, led by Dr Indira Vinjamuri, Associate Dean for Curricula and Assessment. It reflects the collaborative efforts of four working groups and the invaluable support of our College Committees and members.

#### Key Updates to Formative Assessments

- Entrustability Scale added to Clinical and Educational Supervisor end-of-placement forms.
- Formulation Skills integrated into long case discussions—one during Core Training and one during Higher Training.
- Patient and Carer Feedback introduced for Resident Doctors.
- Expanded DONCS to better reflect skills and experiences not captured elsewhere in the portfolio.

All Resident Doctors are expected to transition by August 2027.

Comprehensive guidance will be shared through multiple channels, with further details available on the College website.

## Credentialing

### Eating Disorders

In autumn 2025, it was confirmed that Cohort 4 of the Eating Disorder Credential would be the final intake. The programme has been a resounding success, with 130 medical professionals benefiting from its training and support. However, following the dissolution of NHS England, the associated funding is no longer available. The College remains committed to advancing education in eating disorders and will be exploring financially sustainable models to continue delivering this vital training.

The College would like to thank Agnes Ayton, Wendy Burn, Helen Bruce, Rachel Elvins and Ashish Kumar for their hard work and dedication. Along with the many mentors and speakers who have contributed to the delivery of the programme.

### Liaison

In autumn 2025, further discussions took place with the GMC regarding potential approval of the Liaison Credential. Liaison had originally been part of the GMC's early adopters programme in 2018 and, despite the GMC later discontinuing plans to expand credentials across other medical specialties, it remained eligible for approval.

However, the healthcare landscape has evolved significantly since 2018, and the original design of the credential no longer aligns with current needs and priorities. As a result, a decision was made not to pursue GMC approval any further.

The College would like to thank Helen Bruce and Thirza Pieters for their hard work and dedication.

### Credentials in development 2025

Throughout 2025, several credential proposals were explored, reflecting continued interest in expanding specialist training. While financial constraints prevented many from progressing, we are pleased to confirm that the following credentials are currently in development and scheduled to launch in 2026.

- Military Credential**  
The Military Credential, funded by the Ministry of Defence, is scheduled to launch as a pilot programme in early 2026. Led by Luke Baker, the initiative is specifically designed for clinicians currently serving in the armed forces, with the aim of enhancing specialist training within military healthcare settings.
- Addictions Credential**  
In November 2025, the College secured funding from the Office for Health Improvement and Disparities (OHID) to support the development of a new credential in addictions. Under the leadership of Louise Sell, Chair of the Addictions Specialty Specific Advisory Committee (SSAC), work is now underway on the design and delivery of the programme. Applications are expected to open in early 2026.

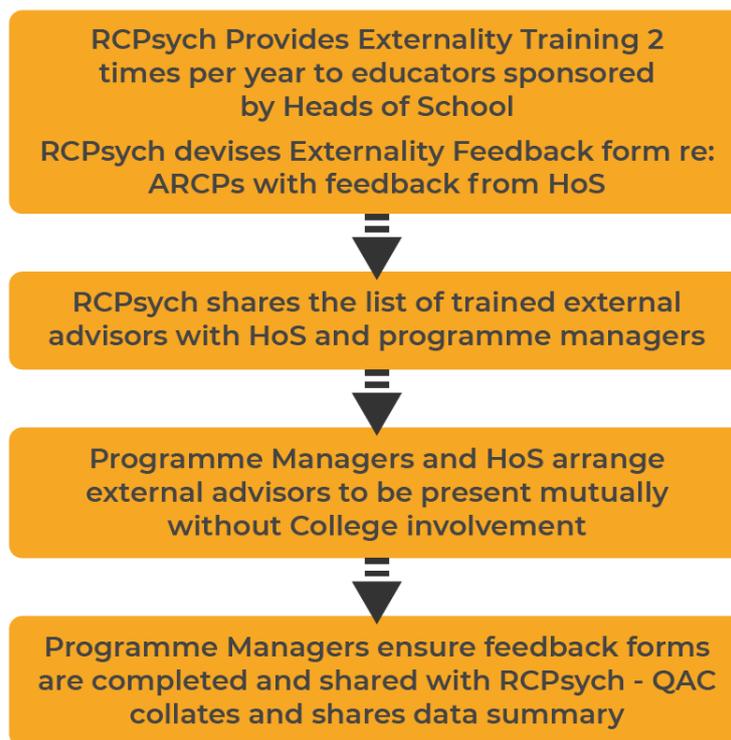
## Quality Assurance Processes

### Externality

Year	ARCPs with EAs allocated	Reports received
2022	6	0
2023	11	2
2024	16	4
2025	25	6

### Improving Externality and Quality Standards

In response to ongoing challenges in meeting the Gold Guide requirement for externality in ARCP panels, the College has implemented a refreshed Externality Strategy. This aims to position the College as the gold standard for externality training, improve oversight of ARCP and interview panels, and support schools with structured processes. Despite expanding the pool of External Advisors (EAs) from 10 to 47, only 12 were active in 2024/25, resulting in unmet demand and increased pressure on a small core group. To address this, the College is introducing decentralised EA sourcing, biannual training, a centralised EA register, and streamlined reporting mechanisms. These initiatives are designed to enhance EA availability, reduce administrative burden, and ensure compliance with national standards.



2025 saw the introduction of 25 new external advisors and in October 2025, the external advisor list was debuted on the RCPsych website. As of December 2025, the College has 80 trained external advisors.

## Specialty Advisory Committees

Specialty Advisory Committees (SACs) and Sub-Specialty Advisory Committees (SSACs) play a vital role in overseeing and monitoring key issues within specialties.

SAC	Chair
<b>Child &amp; Adolescent Psychiatry</b>	Anupam Bhardwaj
<b>Forensic Psychiatry</b>	Fiona Hynes
<b>General Adult</b>	Mona-Lisa Kwentoh
<b>Medical Psychotherapy</b>	Judith Mirsky

<b>Old Age Psychiatry</b>	Sudip Sikdar
<b>Psychiatry of Intellectual Disability</b>	Mischa Mockett

<b>SSAC</b>	<b>Chair</b>
<b>Academic</b>	Rohit Shankar
<b>Addiction</b>	Louise Sell
<b>Eating Disorders</b>	Rachel Elvins
<b>Liaison</b>	Sotiris Posporelis
<b>Neuropsychiatry</b>	Eileen Joyce
<b>Perinatal</b>	Chrisanthy Jayarajah
<b>Rehabilitation</b>	TBC

## National Training Survey

### Overview

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

Key indicators outlined for the 2025 survey are outlined as follows:

- Adequate Experience
- Clinical Supervision (Out of Hours)
- Clinical Supervision
- Educational Supervision
- Feedback
- Handover
- Induction
- Local Teaching
- Study Leave
- Supportive Environment
- Workload
- Reporting Systems
- Teamwork
- Educational Governance
- Rota Design
- Facilities
- Overall Satisfaction
- Regional Teaching

Additional special reports were produced focusing on:

- Burnout
- Less than full-time training (LTFT)

You can view the College's full report by clicking [here](#).

## Resident Results

### 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								
	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Medical Psychotherapy	Old Age Psychiatry	Psychiatry of Intellectual Disability	Addictions Psychiatry	Liaison Psychiatry	Rehabilitation on Psychiatry
East Midlands	76.26	76.46	76.42	N/A	77.37	82.28	N<3	N/A	N/A
East of England	N<3	N<3	N<3	N/A	N<3	N<3	N/A	N/A	N/A
Kent, Surrey & Sussex	79.01	78.65	78.68	N/A	81.87	N<3	N/A	N<3	N<3
North Central & East London	73.09	72.27	71.85	N/A	70.87	N<3	N<3	N<3	N<3
North East	81.33	81.32	81.31	N/A	82.85	N<3	N/A	N<3	N<3
North West	75.56	74.77	74.57	N/A	73.64	N<3	N<3	N<3	N<3
North West London	76.05	76.95	76.98	N/A	84.03	N<3	N<3	N<3	N/A
South London	76.18	75.95	75.06	74.96	75.62	N<3	N<3	N<3	N<3
South West	N<3	74.31	73.97	N<3	74.47	N<3	N<3	74.97	N<3
Thames Valley	79.41	78.91	77.78	87.18	N<3	N<3	N/A	N<3	N<3
Wessex	76.23	74.99	73.11	N/A	71.81	N<3	N<3	N/A	N<3
West Midlands	82.58	82.58	81.46	N<3	81.39	93.00	N<3	N>3	N/A
Yorkshire & Humber	84.59	92.14	74.31	N<3	90.42	58.33	N/A	N>3	N>3
Wales	93.75	75.00	79.46	N/A	73.56	80.00	N>3	N/A	N/A
Scotland	82.50	92.00	80.46	83.75	75.25	N>3	N>3	N>3	N>3
Northern Ireland	88.33	N>3	81.40	N>3	N>3	100.00	N/A	N/A	N/A
Defence Postgraduate Medical Deanery	N/A	N/A	N>3	N/A	N/A	N/A	N/A	N/A	N/A

## Results per Psychiatry Specialty and GMC Indicator

Indicator	Specialty							
	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Medical Psychotherapy	Old Age Psychiatry	Psychiatry of Intellectual Disability	F1	F2
Adequate Experience	87.62	89.21	89.96	78.13	85.07	100	68.79	75.86
Clinical Supervision	95.15	96.52	93.70	92.19	93.33	100	87.05	85.45
Clinical Supervision (OOHs)	92.25	92.23	88.48	N/A	83.78	95.14	85.85	79.84
Educational Supervision	87.15	89.97	85.71	85.94	85.33	95.83	84.57	86.84
Feedback	71.67	87.69	83.14	69.06	84.34	N/A	79.14	79.63
Handover	82.29	70.68	70.74	N/A	65.86	N/A	N/A	63.82
Induction	86.43	87.44	81.47	88.75	81.49	91.67	81.10	82.18
Local Teaching	85.18	81.75	77.35	93.75	68.45	85	N/A	N/A
Regional Teaching	78.70	68.90	67.28	70.84	63.43	51.39	N/A	N/A
Study Leave	87.96	83.06	77.71	81.25	74.13	90.42	N/A	72.60
Supportive Environment	85.18	83.04	76.98	72.5	76.88	95	77.09	78.54
Workload	60.52	61.85	57.53	57.81	57.81	77.08	73.96	66.07
Reporting Systems	83.34	86.85	70.38	N/A	69.42	N/A	70.49	70.19
Teamwork	79.51	83.44	73.99	66.67	73.84	79.17	76.99	77.75
Educational Governance	78.24	81.37	73.75	72.92	73.03	83.33	70.68	71.02
Rota Design	84.14	83.06	70.53	N/A	63.54	72.92	65.62	68.48
Facilities	64.58	61.84	64.78	N/A	58.90	N/A	68.84	70.78
Overall Satisfaction	87.41	87.94	83.64	81.25	83.54	100	74.33	76.15

## Trainer Results

### Results per Psychiatry Specialty and GMC Indicator

Indicator	Specialty					
	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Medical Psychotherapy	Old Age Psychiatry	Psychiatry of Intellectual Disability
Supportive Environment	71.53	71.67	71.87	57.05	71.76	75.7
Educational Governance	71.31	0.78	9.11	61.79	69.83	73.16
Professional Development	74.56	74.88	75.72	69.23	75.1	79.46
Appraisal	60.89	55.31	53.46	58.97	56.16	60.86
Support for Training	75.97	74.55	74.94	71.05	75.45	78.27
Time to Train	67.57	58.72	62.51	61.97	62.43	67.37
Rota Issues	67.96	63.29	64.16	52.21	63.11	65.25
Handover	71.22	61.54	69.45	57.14	67.42	71.53
Resources to Train	72.28	75.83	73.93	69.23	74.46	77.1

### Trainer comparison with other Royal Colleges and Faculties

Indicator	Specialty												
	RCEM	RCOG	RCGP	JRCPTB	RCoA	RCOphth	JCST	RCPCH	RCR	RCPsych	RCPATH	FPH	FOM
Response Rate	<b>36.53</b> %	<b>30.49</b> %	<b>32.52</b> %	<b>32.48</b> %	<b>5.67</b> %	<b>30.57</b> %	<b>28.73</b> %	<b>37.82</b> %	<b>30.43</b> %	<b>37.23</b> %	<b>34.74</b> %	<b>51.40</b> %	<b>46.75</b> %
Supportive Environment	66.66	67.23	90.72	70.15	66.16	66.23	67.1	69.93	68.34	71.7	69.33	73.98	65.97
Educational Governance	61.15	63.18	2.71	63.13	64.5	60.94	60.67	64.09	62.36	69.69	64.73	68.99	62.02
Professional Development	70.96	71.5	77.39	71.73	71.49	69.36	69.39	72.33	70.61	75.5	71.8	78.79	73.96
Appraisal	53.98	55.2	62.2	53.58	52.86	51.94	49.12	56.56	0	55.49	50.52	59.17	53.47

<b>Support for training</b>	70.25	71.18	79.48	70.66	72.09	66.22	67	71.17	69.04	75.24	69.93	76.18	73.5
<b>Time to train</b>	57.34	61.41	67.77	55.77	67.6	54.18	57.07	56.2	56.93	63.07	53.83	61.78	61.11
<b>Rota Issues</b>	52.78	45.49	0	49.55	57.72	52.84	47.55	52.26	57.35	64.12	65.87	76	48.21
<b>Handover</b>	68.62	66.62	0	64	63.99	60.16	66.2	73.95	56.18	68.63	69.82	66.98	62.5
<b>Resources to train</b>	65.89	70.02	78.66	68.46	67.61	65.64	66.5	68.36	68.16	74.06	68.99	78.26	72.22

## 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 10<sup>th</sup> out of a possible 13 with less than 10% of trainees at high risk of burnout. This is a 0.3% improvement from the previous year. Using the data available we were able to determine Forensic psychiatry was most at risk with 16.70%.

<b>Royal College/Training Board/Faculty</b>	<b>No. of Trainees responded</b>	<b>High rates of burnout (%)</b>	<b>Moderate rates of burnout (%)</b>	<b>Low rates of burnout (%)</b>
Royal College of Emergency Medicine	801 to 805	22.80%	42.00%	35.20%
Royal College of General Practitioners	2251 to 2255	10.50%	37.10%	52.40%
Royal College of Obstetricians and Gynaecologists	656 to 660	12.30%	35.00%	52.70%
Joint Committee on Surgical Training	1726 to 1730	9.70%	31.70%	58.60%
Joint Royal Colleges of Physicians Training Board	3441 to 3445	9.50%	37.60%	52.90%
Royal College of Paediatrics and Child Health	1181 to 1185	11.70%	37.30%	51.00%
Royal College of Anaesthetists	1771 to 1775	8.50%	35.00%	56.50%

Royal College of Ophthalmologists	231 to 235	11.60%	32.80%	55.60%
Royal College of Radiologists	666 to 670	9.90%	36.00%	54.10%
Royal College of Psychiatrists	1221 to 1225	9.70%	35.70%	54.70%
Royal College of Pathologists	311 to 315	10.90%	30.90%	58.20%
Faculty of Public Health	131 to 135	9.60%	34.80%	55.60%
Faculty of Occupational Medicine	21 to 25	4.5	45.50%	50.00%
<b>Total</b>	<b>14431 to 14435</b>	<b>10.70%</b>	<b>36.10%</b>	<b>53.20%</b>

Actual Post Specialty	# Trainees N	High risk	Moderate risk	Low risk
Rehabilitation Psychiatry	0	0.00%	0.00%	0.00%
General psychiatry	651 to 655	9.80%	33.20%	57.00%
Child and adolescent psychiatry	146 to 150	7.50%	42.50%	50.00%
Forensic psychiatry	81 to 85	16.70%	45.20%	38.10%
Old age psychiatry	241 to 245	7.90%	34.00%	58.10%
Psychiatry of learning disability	66 to 70	8.70%	36.20%	55.10%
Liaison Psychiatry	0	0.00%	0.00%	0.00%
Addiction Psychiatry	0	0.00%	0.00%	0.00%
Medical Psychotherapy	26 to 30	14.30%	42.90%	42.90%

### Less Than Full Time (LTFT) Training

The following table outlines the comparison data for LTFT trainees who completed the survey for Psychiatry. There is a slight drop compared to 2024.

2020 data was omitted as the format for the 2020 survey differed due to COVID-19.

Survey Year	Number of Trainees	Full Time (%)	LTFT (%)
<b>2015</b>	1086	81.1	18.9

<b>2016</b>	1121	81.9	18.1
<b>2017</b>	1099	80.3	19.7
<b>2018</b>	1051	81.2	18.8
<b>2019</b>	1097	77.1	22.9
<b>2021</b>	1047	73.9	26.1
<b>2022</b>	1040	74	26
<b>2023</b>	1117	73.9	26.1
<b>2024</b>	1319	72	28
<b>2025</b>	1223	73.3	26.7

Of those who responded, they were asked to share their reasons for working less than full time. The highest percentages were childcare at **68.50%** and to have a better work life balance at **52.00%**, a 10% increase on 2024. The data continues to support the need for flexibility in training for childcare and work/life balance.

Data also shows that **85.4%** of the LTFT workforce are women with only **14.6%** men. This is a 2% increase for females since 2024.

This year we are able to share the breakdown of LTFTs per Deanery/Local office. The highest number of Resident Doctors LTFT is Health Education North Central and East London with **37**, however in terms of overall percentage, Northern Ireland Medical and Dental Training Agency have **57.1%** of Resident Doctors training LTFT.

ST6 has the highest number of Resident Doctors in LTFT with **133**.

	LTFT		FT	
	#RDs	%	#RDs	%
Caring for a child with a disability, long term illness or additional needs	17	5.20%	0	0.00%
Caring for an adult (e.g. a parent, family member or friend)	19	5.80%	0	0.00%
Childcare	224	68.50%	15	22.40%
Disability, illness or health condition related reason	46	14.10%	13	19.40%

Other	6	1.80%	0	0.00%
Other external commitments (e.g. leisure, religious or community commitments)	26	8.00%	13	19.40%
Other work commitments (e.g. professional development opportunities)	33	10.10%	9	13.40%
To have a better work life balance	170	52.00%	60	89.60%
To support my return to work following time out of clinical practice	8	2.40%	0	0.00%

Female		Male	
#LTFT RDs	%	#LTFT RDs	%
264	85.4%	63	14.0%

Deanery/NHSE local office	#LTFT RDs	%
Health Education and Improvement Wales	8	17.8%
Health Education East Midlands	14	28.0%
Health Education East of England	15	18.8%
Health Education Kent, Surrey and Sussex	17	22.1%
Health Education North Central and East London	37	25.9%
Health Education North East	12	22.6%
Health Education North West	32	22.2%
Health Education North West London	15	30.0%
Health Education South London	34	25.8%
Health Education South West	27	36.5%
Health Education Thames Valley	17	41.5%
Health Education Wessex	12	38.7%
Health Education West Midlands	16	17.2%
Health Education Yorkshire and Humber	26	31.0%
NHS Education Scotland	33	32.0%
Northern Ireland Medical and Dental Training Agency	12	57.1%

Training Level	#RDs LTFT	%
ST4/CT4	95	22.9%
ST5	83	22.0%
ST6	133	34.8%
ST7	16	35.6%
ST8	-	-

## In Summary

### Points of concern

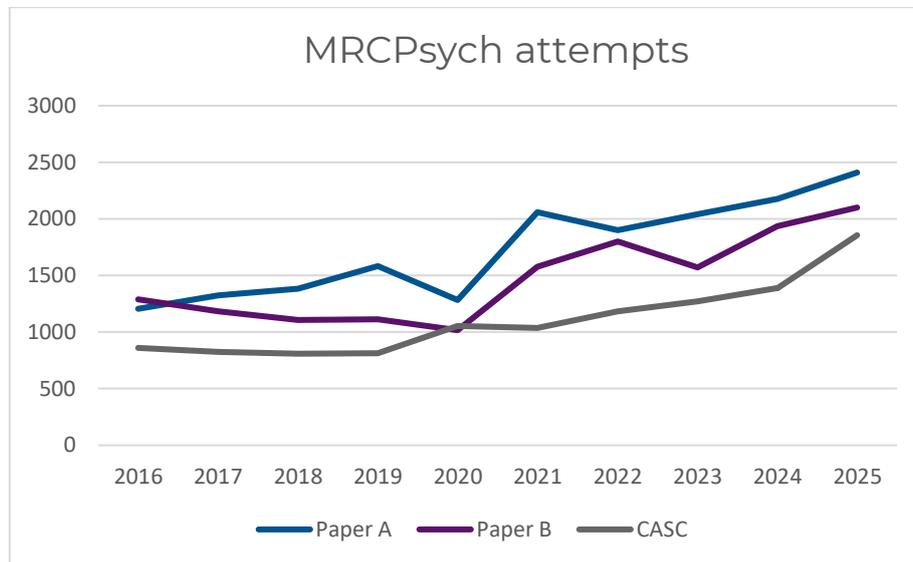
- Appraisal, time for training and rota issues continue to score the lowest across all the Royal Colleges and Faculties. Schools must work to improve these areas.
- Medical Psychotherapy received the lowest score for supportive environment for the second year in a row.

### Points of note

- Resident Doctors continue to choose LTFT citing childcare and work/life balance the main reasons.
- Overall satisfaction scored high for Psychiatry.

# MRCPsych Examination

Attempts at all components of the MRCPsych continued to grow in 2025, with a spike demand for places at the CASC.



## Clinical Assessment of Skills and Competencies (CASC)

High numbers of applications were received for all CASC diets, particularly those in the UK. Examiner recruitment in the spring of 2025 resulted in the appointment of 200 new examiners to support the expansion.

In line with our assessment and international strategies, the College delivered the first diet of the CASC to be held in the Middle East in November 2025. The establishment of this diet is intended to support access to our international candidates.

## Summary of Exam Diets for 2025

Examination Diet	Number of residents who sat the examination	Resident pass rate (%)	Overall pass rate (%)
Paper A 2025 Diet 1	431	66.59%	56.42%
Paper A 2025 Diet 2	235	53.19%	44.33%
Paper A 2025 Diet 3	321	75.70%	60.06%
Paper B 2025 Diet 1	304	64.80%	53.15%
Paper B 2025 Diet 2	347	74.93%	67.29%
Paper B 2025 Diet 3	256	53.52%	40.11%
CASC Diet 1 January 2025	333	68.47%	48.46%
CASC Diet 2 September 2025	435	61.60%	44.60%

# Workforce

## Psychiatrists' Support Service (PSS)

Type of call	Call number
Total number of contacts to the PSS	49
Contacts from residents to the PSS	19

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Dr Indira Vinjamuri, Associate Dean for Curricula and Assessment

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