

Measuring progress: Commitments to support and expand the mental health workforce in England

Key findings

- The evidence presented in this report shows that many of the mental health workforce commitments in [stepping forward to 2020/21](#) and [the five year forward view for mental health](#) are not on track to be met. This raises significant questions about the ability of the government to deliver on the new commitments to expand and improve the mental health workforce included in [NHS Long Term Plan](#) and the accompanying [mental health implementation plan](#).
- There has been little growth in the mental health workforce in England over the last 10 years, with many of the key staff groups either remaining at a similar level since 2009 or declining. There has been a loss of 7,000 nurses, health visitors and midwives and 6,000 clinical support staff since 2009. The number of doctors has remained steady at around 9,000 since 2009.
- In 2019 the number of people in contact with mental health services was 1.4 million. This is an increase of around 21% since 2016 when around 1.1 million people were in contact with mental health services.
- Around 12% of all medical vacancies are in mental health services. Similarly, around 12% of all nursing vacancies are in mental health and the vacancy rate for Clinical Psychologists is also just over 12%.
- Many sub-specialties in psychiatry are facing under-recruitment year on year, old age psychiatry and psychiatry of learning disability have the lowest fill rates so are likely to remain shortage specialties in the foreseeable future.
- Workforce shortages in mental health are affecting clinicians' workload, wellbeing and morale. 63% of survey respondents said that they work in a healthcare setting in which they have rota gaps across the team. 52% of respondents said that they were too busy to provide the care they would like on their last shift worked.
- Since the publication of Health Education England's (HEE) [mental health workforce plan for England in 2017](#) there has been little improvement in many of the areas committed to within the plan seen by frontline staff. For example, 35% of survey respondents said that there has been no change in access to occupational health services and 50% said that access to training has worsened or greatly worsened.
- Activities to tackle the stigma towards mental health are having a positive effect amongst healthcare staff. 33% of survey respondents said that stigma amongst colleagues in the last two years has either greatly improved or improved. 54% said that stigma towards mental health within the media in the last two years has either greatly improved or improved

Introduction

Despite recent investment and a renewed focus on improving mental health in the [NHS Long Term Plan](#), mental health services in England (and across the UK) continue to suffer from inadequate staffing and funding in the face of rising demand. This is limiting the ability to achieve parity between mental and physical health. This report highlights the concerns of doctors and other health professionals about the growing scale of mental health problems, and the demand

for mental health care which is outpacing both the available resources and the workforce needed to care for people with mental health needs.

The [mental health implementation plan](#)ⁱ was published in July 2019 and includes specific planned workforce expansions to 2023/24 to help deliver on commitments to improve mental health services which were outlined in [NHS England's Long Term Plan](#).ⁱⁱ These include an increase of around 600 psychiatrists, 4,000 nurses, 8,000 psychologists, psychotherapists and psychological professionals, 5,000 support workers and 600 social workers. Evidence presented in this report indicates that this expansion is at risk of being unachievable, and that previous commitments to support and expand the mental health workforce are not on track to be met. This includes commitments that were made in NHS England's '[Five Year Forward view for Mental health](#)' and Health Education England's '[Stepping forward to 2020/21: A mental health workforce plan for England](#)'. To assess progress against these commitments, we have analysed publicly reported workforce data and conducted a survey of healthcare professionals working in the sector to build a clear picture of the state of the mental health workforce in England. The report also set clear areas of action in order to tackle the workforce challenges within mental health services.

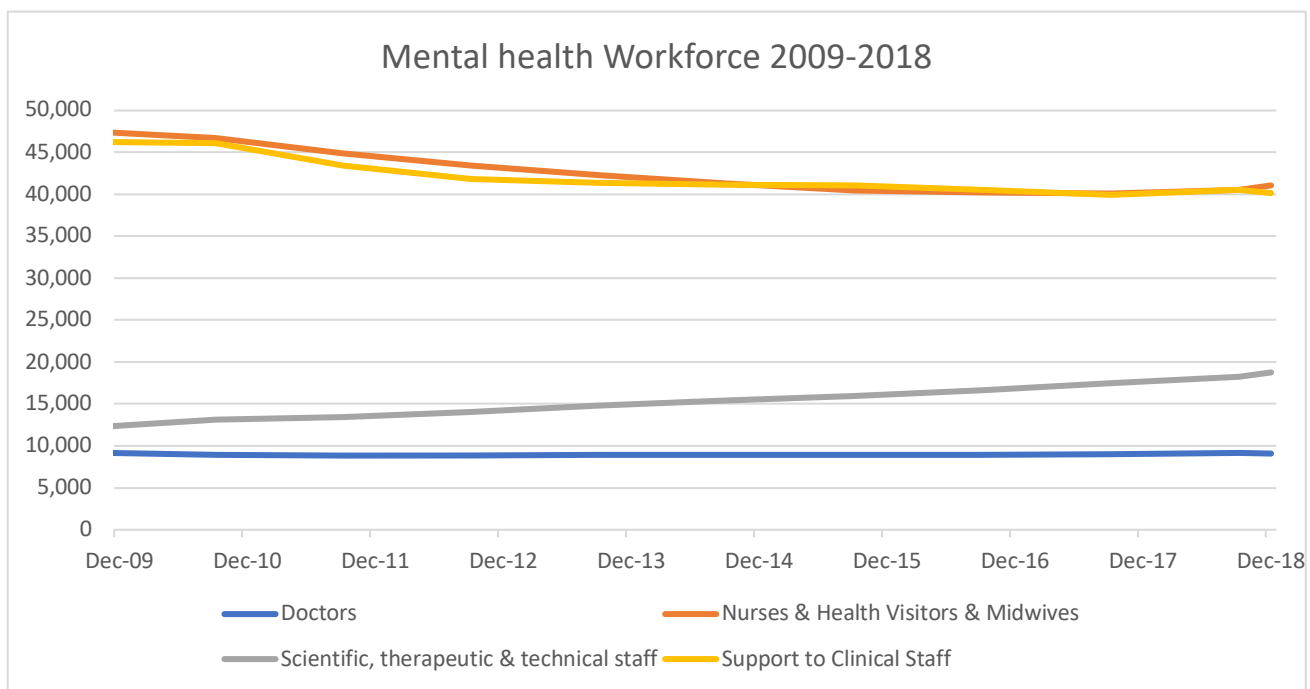
The state of the mental health workforce in England

The mental health workforce has had little growth over the past 10 years

There has been little growth in the mental health workforce over the last 10 years, with many of the key staff groups either remaining at a similar level since 2009 or declining.

- There has been a loss of 7,000 nurses, health visitors and midwives since 2009
- There has been a loss of around 6,000 clinical support staff since 2009
- The medical workforce has remained steady with around 9,000 doctors working within mental health services since 2009
- The number of scientific, therapeutic and technical staff has grown by around 7,000

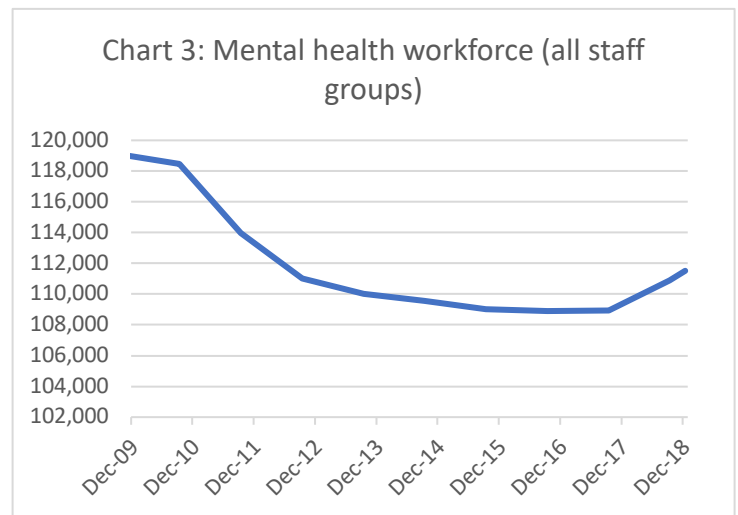
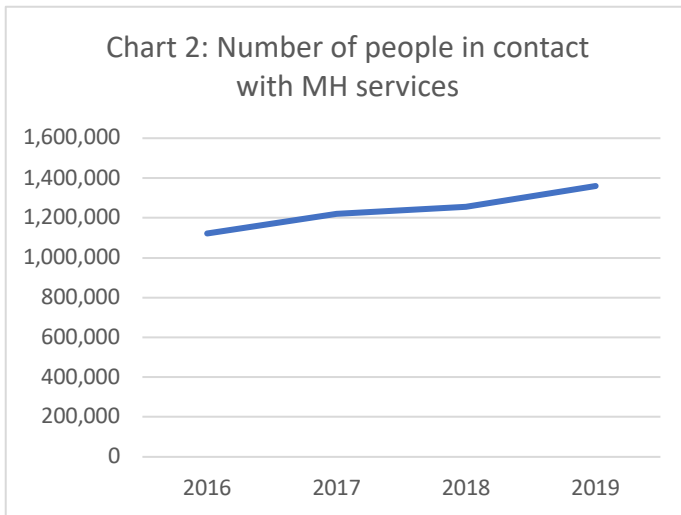
Chart 1. Mental health workforce from 2008 - 2018



Charts 2 and 3. Number of people in contact with MH services from April 2016-2019 and all staff groups within the mental health workforce since sept 2009- Sept 2018 ¹²

¹ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>

² <https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/december-2018>



Demand is increasing while the mental health workforce is declining

The number of people in contact with mental health services is increasing year on year, yet the total number of people working in mental health has been declining (see Annex 1, Charts 2 and 3). However, in the scientific, therapeutic and technical staff group and Nurses, Midwives and Health Visitor staff group there has been a slight increase of around 2,000 staff working in mental health since 2016 (see Annex 1, Charts 2 and 3).

Vacancies within mental health professions remain high

Around 12% of all medical vacancies are in mental health services and vacancy rates for the medical workforce remain largely unchanged over the past few years (see Annex 1, Chart 4). The most recent [census by the Royal College of Psychiatrists](#) also shows vacancy rates for consultant psychiatric posts in England of 9.9% which is double the 2013 rate. According to the census, vacancy rates in England are highest within eating disorders, child and adolescent and perinatal psychiatry.ⁱⁱⁱ

According to HEE, vacancies are also just over 12% for clinical psychologists.^{iv} Additionally, there were 8,000 nursing vacancies for mental health in England in the third quarter of 2018/19 with vacancies continuing to rise. Around 12% of all nursing vacancies are in mental health.

Recruitment into psychiatric specialties remains a challenge

The fill rates for core psychiatry training have slightly improved over the last couple of years however, fill rates for higher specialty training show little to no improvement since 2016 with some specialty fill rates as low as 21%. It is likely that after core training many doctors step out before entering higher specialty training in psychiatry as fill rates are consistently low. Many sub specialties in psychiatry are facing under-recruitment year on year, old age psychiatry and psychiatry of learning disability have the lowest fill rates so are likely to remain shortage specialties in the foreseeable future (See Annex 1. Charts 6 and 7).

Numbers of GP's are declining but the wider general practice team is growing

GPs are often the first port of call for people with mental health problems, according to a [survey undertaken by the charity Mind](#)³. Around two in five GP appointments now involve mental health, while two in three GPs say the proportion of patients needing help with their mental health has increased in the last 12 months.^v Yet, as the number of patients

³ Survey responders were over 1,000 GP's

requiring help with their mental health has increased, the number of full-time equivalent GPs has declined (see Annex 1. Chart 8)⁴. In 2016, a commitment was made to employ an additional 5,000 GP's by 2020/21. This target has not been reached and even if the incoming government is able to meet the Conservative Party pledge⁵ of an additional 6,000 GPs, this is unfortunately still unlikely to be enough to meet growing demand.

Despite the declining numbers of GPs, the wider general practice team has seen some growth (see Annex 1. Chart 9). In 2016 a commitment was made to employ an additional 3,000 mental health therapists within primary care. According to HEE's workforce strategy (December 2017) there are around 2,130 more mental health therapists (83.7%) working in England^{vi} and around 800 were co-located into general practice in 2017 (according to an announcement made by Clare Murdoch^{vii}). There hasn't been any recent data to show the progress of this commitment, it is therefore important that data is collected and published to allow progress in this area to be assessed.

Wider initiatives such as the creation of Primary Care Networks (PCNs) will also help to ease pressure on the declining GP workforce and expand the wider general practice team, whilst also supporting the increasing numbers of patients who are requiring support with their mental health. The objective of PCNs is for a group of practices to come together to deliver primary care at scale which will create resilience within the workforce and ease pressure on GPs, leaving them better able to focus on patient care. PCNs will benefit from additional funding for the employment of clinical pharmacists, physician associates, first contact physiotherapists and first contact community paramedics and social prescribing link workers. This expansion within primary care could represent an opportunity to improve mental health support within the community as PCN's can plan and account for the mental health needs in their localities.

Survey of mental health professionals

The BMA in collaboration with the Royal College of Nursing and the Association of Clinical Psychologists undertook a survey of Mental Health Professionals. The survey was designed for doctors, nurses and clinical psychologists who are working in the specialty, to get the best possible understanding of workforce pressures and to measure the impact of commitments within the mental health workforce plan in England upon mental health services.

There were 1036 response of which there were 334 medical professionals, 390 nursing professionals, 281 clinical psychologists and 31 other health professionals. We surveyed Consultant Psychiatrists, SAS doctors working in mental health, Junior Doctors working in mental health, GPs, Nurses, Healthcare Assistants, Nursing associates and Clinical Psychologists.

Findings from the survey

- 1. Workforce shortages in mental health are affecting workload, wellbeing and morale. Shortages also effect the ability for clinicians to provide the quality of care they wish to.**

Shortages

⁴ The increasing prevalence of mental health problems in England is also evidenced from quality outcomes framework data for primary care which shows the prevalence rate of depression in England is increasing year on year from 7.3% in 2014/15 to 8.3% in 2015/16, to 9.1% in 2016/17 to 9.9% in 2017/18.⁴ This increased presentation shows that there is an increase in demand within the system meaning that more GPs and GP practices are treating patients with mental health problems.

⁵ [Conservative manifesto 2019.](#)

Workforce shortages are widespread in mental health services with many mental health professionals working in settings with rota gaps. Mental health workforce data (Chart 1) shows continual losses in nursing, midwifery and clinical support staff creating workforce shortages and rota gaps. Of those who responded to the survey:

- 63% said that they work in a healthcare setting in which they have rota gaps across the team. 69% said that on average gaps occurred either most of the time or all the time.
- 47% of Doctors said that on their last shift or day worked there was a shortage of one or more medical staff
- 57% of Clinical Psychologists said that on their last shift or day worked there was a shortage of one or more Clinical Psychologist
- 65% of Nurses said that on their last shift or day worked there was a shortage of one or more nursing staff
- 49% agreed or strongly agreed that on their last shift they were concerned about skill mix

Workload

Mental health professionals say that their workload is unmanageable and that they are too busy to provide the care they would like. Of those that responded to the survey:

- 52% of respondents said that they were too busy to provide the care they would like on their last shift worked
- 44% of respondents said that their individual workload was either mostly unmanageable or unmanageable

Wellbeing and morale

Workforce shortages are affecting wellbeing and morale with clinicians reporting that they feel demoralised and upset that they could not provide the care they had wanted to. Of those that responded to the survey:

- 49% agreed or strongly agreed that they felt upset that they could not provide the level of care they had wanted
- 44% agreed or strongly agreed that they felt demoralised on their last shift worked

- 2. Doctors, nurses and clinical psychologists are reporting that over the past two years since the publication of the mental health workforce plan for England there has been little improvement in the following areas:**

Commitments to improve staff health and wellbeing

Access to occupational health services have either not changed or worsened. Last year around 2,400 mental health staff were absent due to mental health sickness absence - around 1% of these were doctors and 2.5% were nurses and health visitors. These figures have worsened since they were last published in January 2013 when around 2,000 mental health staff were absent due to mental ill-health.^{viii} Of those that responded to the survey:

- 35% said that there has been no change in access to occupational health services whilst 26% stated that access has worsened or greatly worsened

Commitments to improve access to training and time for reflective practice

Access to training and time for reflective practice for staff has worsened over the last two years. Various commitments to improve access to different types of training have yielded little progress. Of those that responded to the survey:

- 50% said that access to training has worsened or greatly worsened where as 32% stated that there has been no change in access to training
- 57% of respondents also reported that access to time for reflective practice has worsened or greatly worsened
- 34% said that access to training around mental health promotion had worsened or greatly worsened

Commitments to expand multi-disciplinary teams (MDT)

HEE have committed to enhancing the multidisciplinary team - specifically personal assistants, pharmacists and early intervention workers - in order to free up time for clinicians and allow them to utilise their skills as much as possible. Results show, however, that access to personal assistants and early intervention workers has declined, but there has been an increase in access to pharmacists.

- 43% said that access to personal assistants for clinicians reduced or greatly reduced
- 36% said that access to early intervention workers had either reduced or greatly reduced whilst 12% stated that their access had increased
- 15% of respondent stated that access to pharmacists as part of the wider MDT increased

For those that reported an increased presence of a wider multidisciplinary team 65% provided us with positive examples of improvements including:

- "Increased shared decision making"
- "closer working relationships with other teams"
- "more people being seen on time as a result of early intervention services"
- "shorter stays in hospitals and more interactions with family"
- "Pharmacy in mental health community settings is a great asset. Helping with the triage of referrals, understanding of options and choice for service users and building confidence of nurses"

3. Activities to tackle the stigma towards mental health are having a positive effect amongst healthcare staff, the public and in the media.

Many respondents to the survey reported that stigma towards mental health has improved across colleagues, public and in the media with the biggest improvements being seen in the media. Of the survey respondents:

- 33% said that stigma amongst colleagues in the last two years has either greatly improved or improved
- 54% said that stigma within the media in the last two years has either greatly improved or improved
- 45% said that stigma amongst public/patients in the last two years has either greatly improved or improved

Mental health workforce commitments and areas for action

Evidence presented in this report shows that many of the mental health workforce commitments in [stepping forward to 2020/21](#) are not on track to be met. This raises significant questions about the ability to deliver new commitments to expand and improve the mental health workforce such as those in NHS England's Long Term Plan and the accompanying [mental health implementation plan](#).

Commitments to support and expand the mental health workforce must be realistic and measurable. To support this, more robust and frequent collection and reporting of mental health workforce data is required. Additionally, progress reporting against commitment timelines will help to inform workforce planners locally and nationally - for example, reporting on the planned workforce expansions in the [mental health implementation plan](#) will help workforce planners (local and national) to assess where commitments are not on track to be met and what action needs to be taken to ensure that they are.

Below is a summary of the key mental health workforce commitments in England, their status and what action we recommend should be taken to support each of them.

Box 1. Key mental health workforce commitments since 2016

Commitment	Source	Status	Action required
Commitments to support staff wellbeing			
<p>NHS England and NHS Improvement should ensure current health and wellbeing support to NHS organisations extends to include good practice in the management of mental health in the workplace, and provision of occupational mental health expertise and effective workplace interventions from 2016 onwards.</p>	<p>Five year forward view for mental health</p>	<p>Not on track</p>	<p>NHS England and NHS Improvement should continue to support employers in delivering health and wellbeing support to NHS staff and must also improve the provision of occupational health services which should be consistent across the country and easily accessible for all doctors and staff.</p>
<p>Producing good mental health through creating a mentally healthy workplace, improving training for staff in mental health promotion, tackle stigma's around mental illness within the NHS</p>	<p>Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England</p>	<p>Not on track</p>	<p>Employers, DHSC and all arms lengths bodies should implement the recommendations in the BMA's "Supporting health and wellbeing at work" report.</p> <p>Employers should also sign up to and Implement the BMA's mental wellbeing charter.</p>
Commitments to aide growth and development of the workforce			
<p>An additional 19,000 (11,000 qualified) additional staff working within mental health by 2020/21</p>	<p>Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England</p>	<p>Not on track</p>	<p>DHSC, NHS England and NHS Improvement and HEE must ensure that further commitments to expand the mental health workforce are realistic and measurable. This can be done through robust and frequent workforce data collection of the mental health workforce by NHS digital. Additionally, progress reporting against commitment timelines will help to inform workforce planners locally and nationally.</p>
<p>Identifying and responding as soon as possible to</p>	<p>Health Education England: Stepping forward to</p>	<p>Not on track</p>	<p>HEE and local training bodies must ensure that all</p>

<p>mental and physical health issues through raising awareness of mental health amongst NHS staff and enhancing primary care mental health skills</p>	<p>2020/21: A mental health workforce plan for England</p>		<p>NHS staff have access to basic training in mental health. In primary care this should be done through the local training hubs.</p> <p>Employers should support their staff in taking up training around mental health.</p> <p>In addition to this Employers must ensure that mental health staff are given access to on-going training. Investment into training for Mental health professionals must be a continued priority. Allowing clinicians, the time to undertake these training opportunities must also be factored in to workforce / rota planning.</p> <p>Additionally, staff must be supported by their employers to ensure that they are given time for reflective practice. If employers invest in these areas staff retention is likely to improve alongside service delivery as clinicians will be able to update their training, have the time to evaluate service design and undertake research opportunities.</p>
<p>Employers supporting clinical staff to release more time for those who access mental health services through enhancing the multidisciplinary team to free up time for clinicians for example having personal assistants, pharmacists and physician associates working alongside consultants and</p>	<p>Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England</p>	<p>Not on track</p>	<p>Employers should continue to expand wider multidisciplinary teams to support staff to release time for care. Where MDT's are being expanded positive improvements are being seen.</p>

nurses to free up their time and allow them to utilise their skills as much as possible.			
New skills, roles and ways of working by continuing the expansion of newly created roles within mental health	Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England	Not on track	<p>NHS England and NHS Improvement, NHS Digital and HEE must work together to report on the progress of the expansion of newly created roles within mental health such as those in the IAPT workforce. This can be done through robust and frequent workforce data collection.</p> <p>In addition to this NHS England and NHS Improvement, DHSC and HEE must evaluate the impact of new roles to improve workforce planning within mental health.</p>
Move 3000 mental health therapists into primary care by March 2020.	Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England	<p>On track</p> <p>According to HEE's workforce strategy (December 2017) there are around 2,130 more mental health therapists (83.7%) working in England^x and around 800 were co-located into general practice in 2017 (according to an announcement made by Clare Murdoch^x).</p>	NHS England and NHS Improvement working with HEE and NHS digital must collect and publish data on the numbers of mental health therapists to allow progress in this area to be assessed.
Commitments to support recruitment and retention within mental health			
Retaining and supporting existing staff through supporting trusts who have the highest clinical turnover rates, providing staff retention masterclasses for directors of nursing and HR, developing a staff retention program, making sure there is a dedicated workforce development budget to	Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England	Not on track	<p>HEE and local training bodies must give urgent attention to the certain psychiatric specialties which have higher vacancy rates.</p> <p>HEE must ensure that commitments around retaining and supporting</p>

<p>retain and re-skill existing MH staff, improve NHS accommodation for mental health staff, improve the mental health of the mental health workforce and provide additional support for staff working in MH through more flexible approaches to retirement</p>			<p>existing staff are renewed as vacancies within mental health are showing little improvement and many of the activities around improving retention are not being seen by mental health staff on the ground.</p>
<p>Supporting and retaining trainees through understanding what makes trainees in psychiatry leave and reducing attrition rates and improving supervision and further exposure to training within mental health.</p>	<p>Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England</p>	<p>Not on track</p>	<p>HEE and the GMC should collect, analyse and publish data to understand attrition in psychiatry training.</p> <p>Working with the Royal College of Psychiatrists, HEE should support targeted recruitment campaigns for certain psychiatric specialties including including old age psychiatry and psychiatry of learning disability.</p> <p>Universities must start expanding exposure to psychiatric specialties at medical school to ensure that medical students are able to experience what a career in psychiatry might look like.</p>
<p>Attracting people to work in mental health through the development of an urgent action plan to attract and retain more clinicians to work in mental health and developing a better understanding of the obstacles to a career in mental health.</p>	<p>Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England</p>	<p>Not on track</p>	<p>DHSC, HEE and NHS England and NHS Improvement must develop an urgent action plan linking to the planned expansion in the mental health implementation plan including details on how they plan to attract and retain more clinicians to work in mental health.</p>
<p>Commitments to improve workforce planning and intelligence about the mental health workforce</p>			

<p>Better intelligence about the mental health workforce through working with the NHS and other ALBS to ensure there is access to workforce data to improve workforce planning.</p>	<p>Health Education England: Stepping forward to 2020/21: A mental health workforce plan for England</p>	<p>On track HEE has been working with NHS digital to produce mental health workforce data however, this needs to expand to also include the IAPT workforce.</p>	<p>NHS digital alongside HEE and NHS England and NHS Improvement must collect and analyse MH workforce data including data on the IAPT workforce to improve workforce planning and progress reporting in this area.</p>
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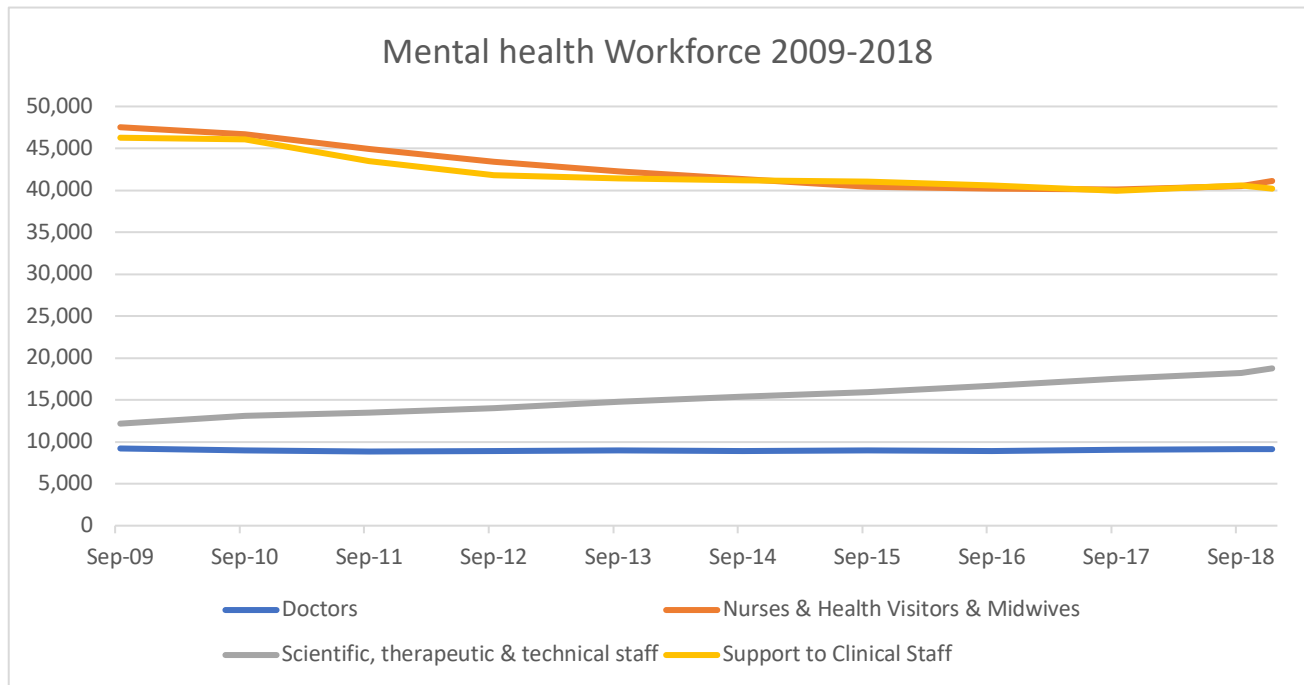
Conclusion

People with mental health problems fail to receive the same quality of care and access to services in comparison to those with physical health problems. This year’s annual report by the care quality commission focuses heavily on mental health and learning disability services because the CQC are finding that ratings for these services are deteriorating. The report stated that the growing pressures on access and staffing in mental health and learning disability services puts patients at risk of receiving in adequate care.^{xi}

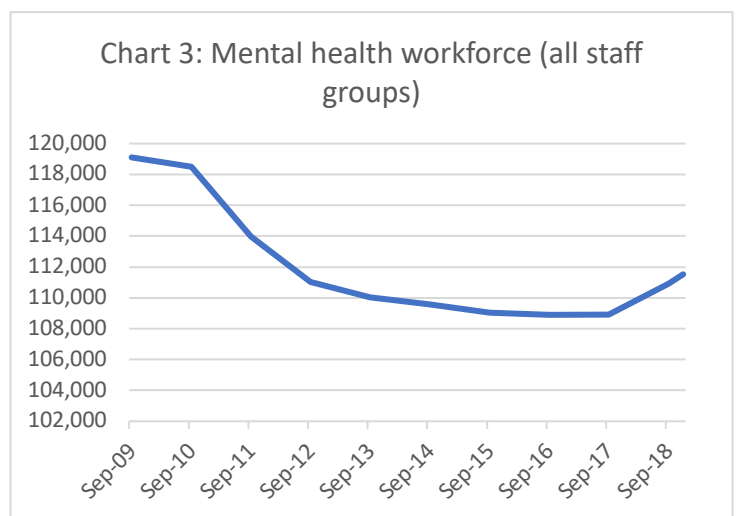
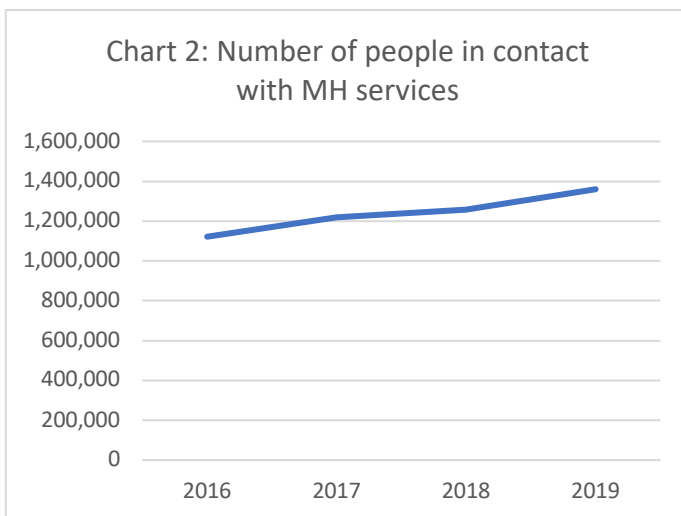
To achieve genuine parity of esteem, the health service must ensure that people with mental health problems receive an equal standard of care. Our companion report ‘beyond parity of esteem: achieving parity of resource, access and outcome for mental health in England’ outlines the key actions that the BMA would like to see happen to improve mental health in England including an expansion of the mental health workforce.

Annex 1. Mental health workforce data

Chart 1. The current mental health workforce NHS Digital (2009-2018)^{xii}



Charts 2 and 3. Number of people in contact with MH services from April 2016-2019 and all staff groups within the mental health workforce since sept 2009- Sept 2018⁶⁷



⁶ <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics>

⁷ <https://digital.nhs.uk/data-and-information/find-data-and-publications/supplementary-information/2018-supplementary-information-files/staff-numbers/nhs-workforce-statistics-with-additional-mental-health-and-learning-disability-experimental-analysis>

Data on vacancies

Chart 4. Mental health Medical FTE vacancies⁸⁹

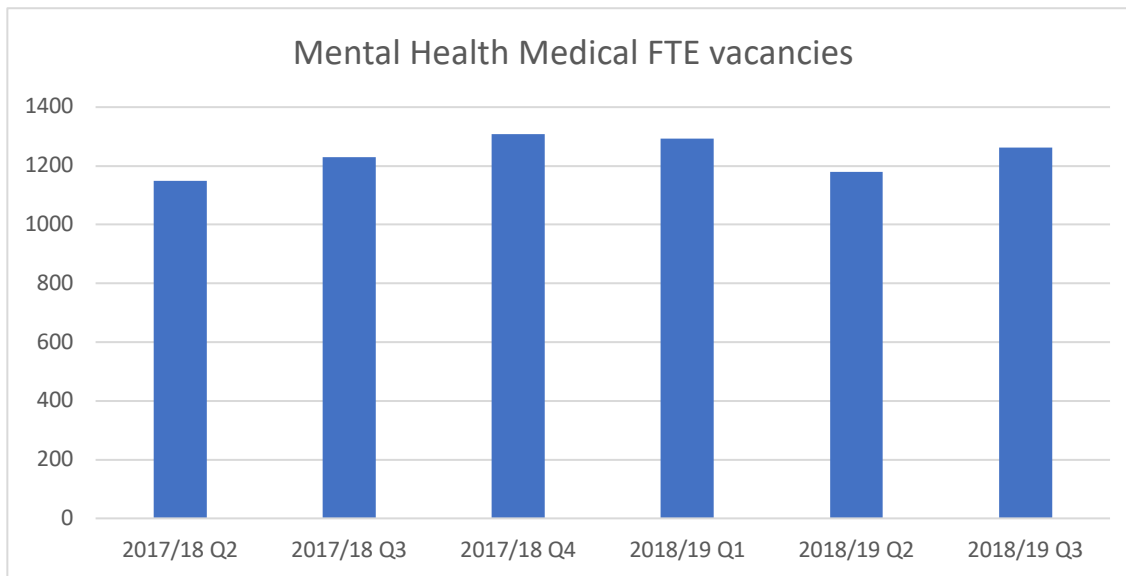
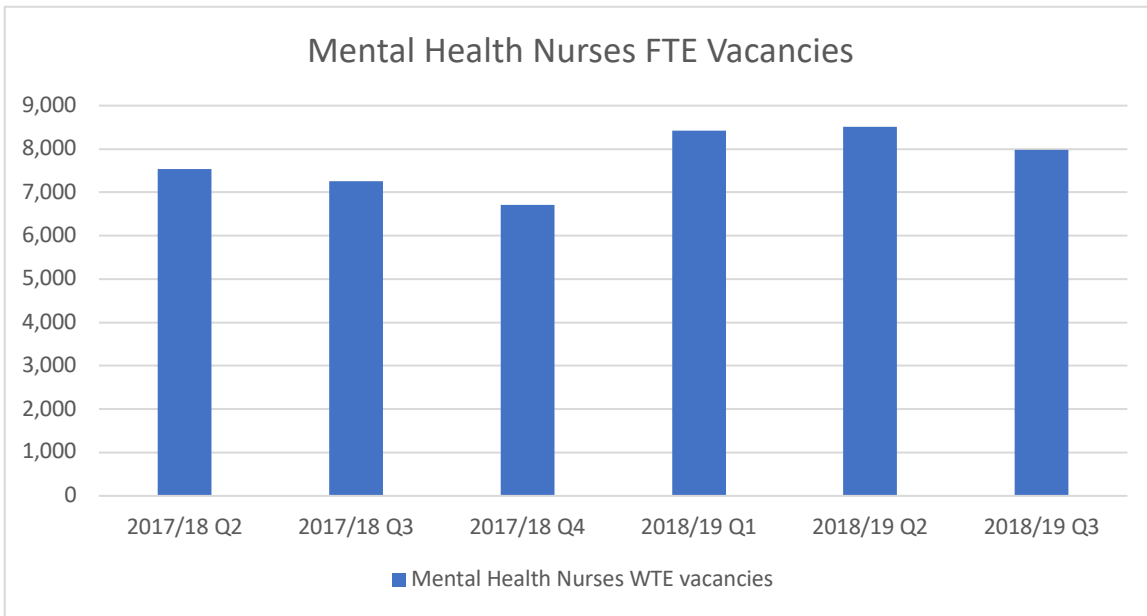


Chart 5. Mental health Nurses FTE vacancies

⁸ Since 2017, NHS improvement has published experimental data on medical and nursing vacancies within mental health. The data is collected from the NHS jobs website which hosts all advertised posts in the NHS. Below are the quarterly figures from Q2 2017/18 to Q3 2018/19 for both doctors and nurses working in mental health.

⁹ There are various limitations with vacancy data, for example It is impossible to accurately assess the impact that medical and nursing vacancies are having on the NHS without a consistent approach to the collection, analysis and presentation of the relevant data. Currently, there is no agreed national approach to vacancy data definitions or collection, meaning that the information presented by NHS improvement and on NHS jobs includes trust / employer level variation in what constitutes a vacancy. This makes it difficult to analyse the data effectively and creates the potential for trusts to use their own definitions which may obscure the extent of the problem.



Recruitment data for psychiatry specialties

Chart 6. Core training fill rates

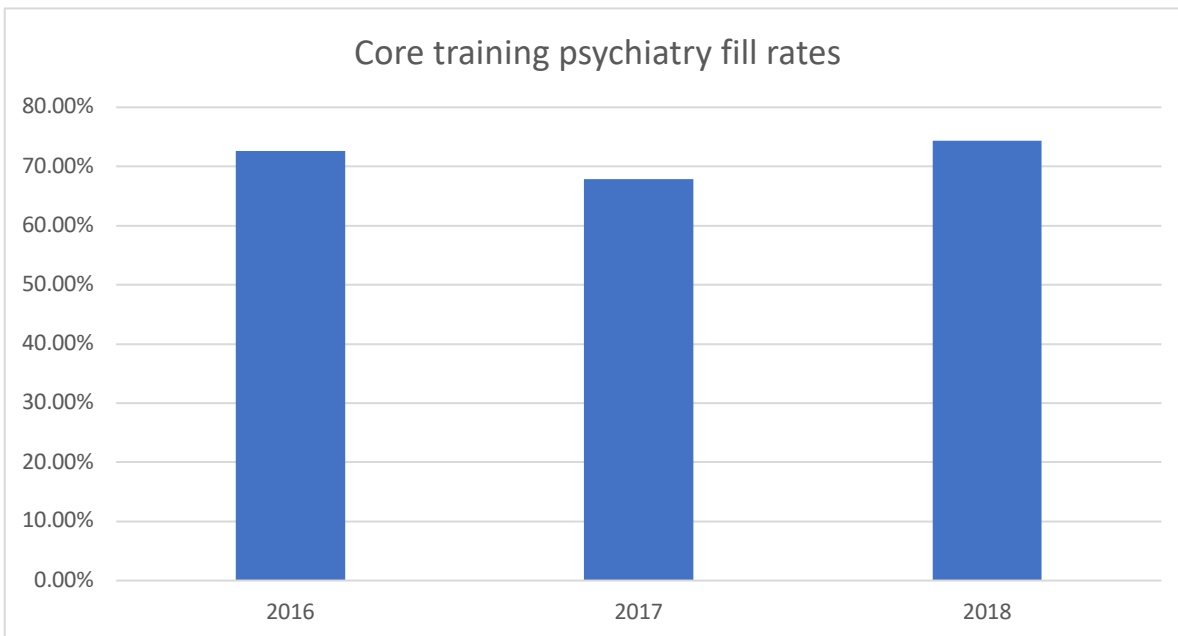
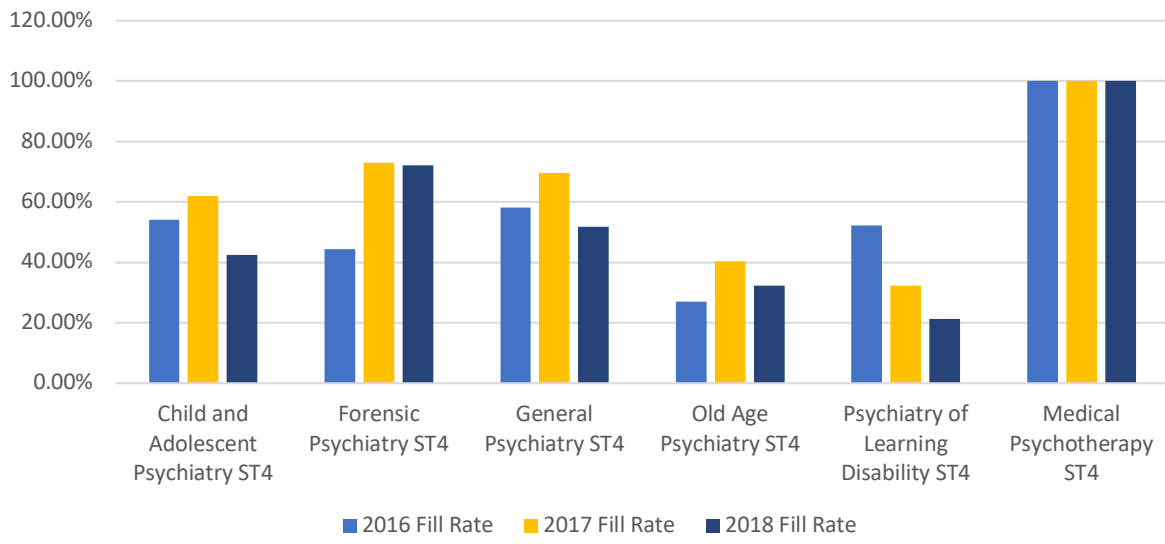


Chart 7. Fill rates for higher specialty trainees in psychiatry specialties

Percentage fill rates for mental health specialties 2016-2018



Primary care workforce

Chart 8. Number of FTE GPs in England

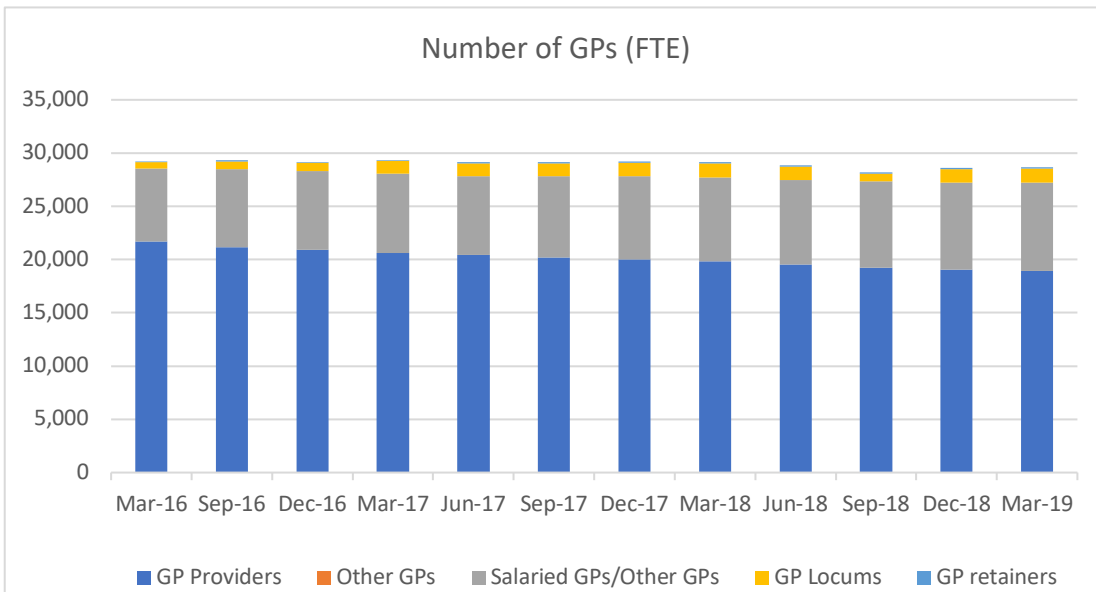
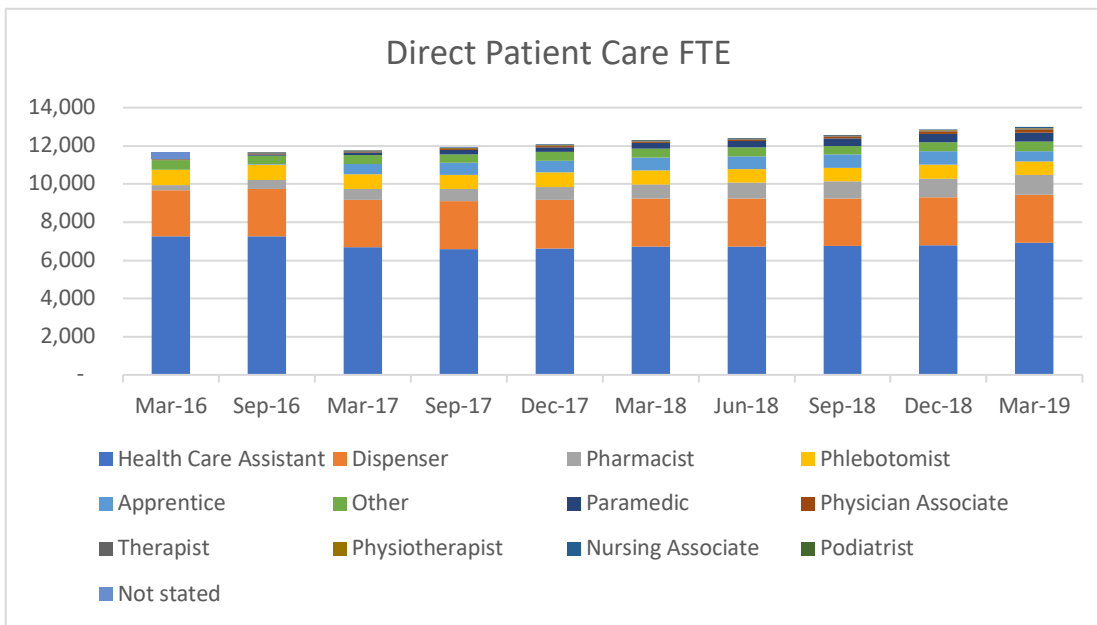


Chart 9. GP workforce – direct patient care FTE



Annex 2. Raw figures

1. Mental health workforce data raw figures:

Staff Grouping	Sep-09	Sep-10	Sep-11	Sep-12	Sep-13	Sep-14	Sep-15	Sep-16	Sep-17	Sep-18	Dec-18
Doctors	9,208	8,943	8,844	8,864	8,951	8,923	8,948	8,918	9,017	9,165	9,107
Nurses & Health Visitors & Midwives	47,521	46,702	44,894	43,398	42,258	41,324	40,440	40,219	40,097	40,530	41,085
Scientific, therapeutic & technical staff	12,170	13,093	13,464	14,045	14,774	15,418	15,918	16,664	17,490	18,226	18,762
Support to Clinical Staff	46,270	46,086	43,459	41,814	41,402	41,180	41,066	40,559	39,940	40,560	40,183
Central functions & Hotel, property & estates	2,339	2,298	1,991	1,679	1,519	1,477	1,326	1,232	1,129	1,165	1,186
Managers & Senior	1,243	1,161	1,138	1,078	970	994	1,086	956	921	904	889

manager s												
Ambulan ce staff & Other staff	351	202	183	149	163	246	244	351	330	351	300	
All Mental Health Staff	119,1 03	118,4 85	113,9 73	111,0 27	110,0 37	109,5 61	109,0 28	108,8 99	108,9 24	110,9 02	111,5 13	

2. FOI from HEE - specialty recruitment rates

Core Psychiatry fill rates for England

Recruitment Year	Posts	Accepts	Fill Rate
2016	558	406	72.76%
2017	482	327	67.84%
2018	569	423	74.34%

Specialty recruitment fill rates for England

Specialty and Level	2016			2017			2018		
	Posts	Accepts	Fill Rate	Posts	Accepts	Fill Rate	Posts	Accepts	Fill Rate
Child and Adolescent Psychiatry ST4	85	46	54.12%	71	44	61.97%	94	40	42.55%
Forensic Psychiatry ST4	45	20	44.44%	48	35	72.92%	43	31	72.09%
General Psychiatry ST4	215	125	58.14%	177	123	69.49%	230	119	51.74%
Old Age Psychiatry ST4	74	20	27.03%	62	25	40.32%	65	21	32.31%
Psychiatry of Learning Disability ST4	46	24	52.17%	34	11	32.35%	47	10	21.28%
Medical Psychotherapy ST4	1	1	100.00%	1	1	100.00%	1	1	100.00 %

References

- ⁱ NHS England, Mental Health Implementation Plan, 2019 <https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>
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