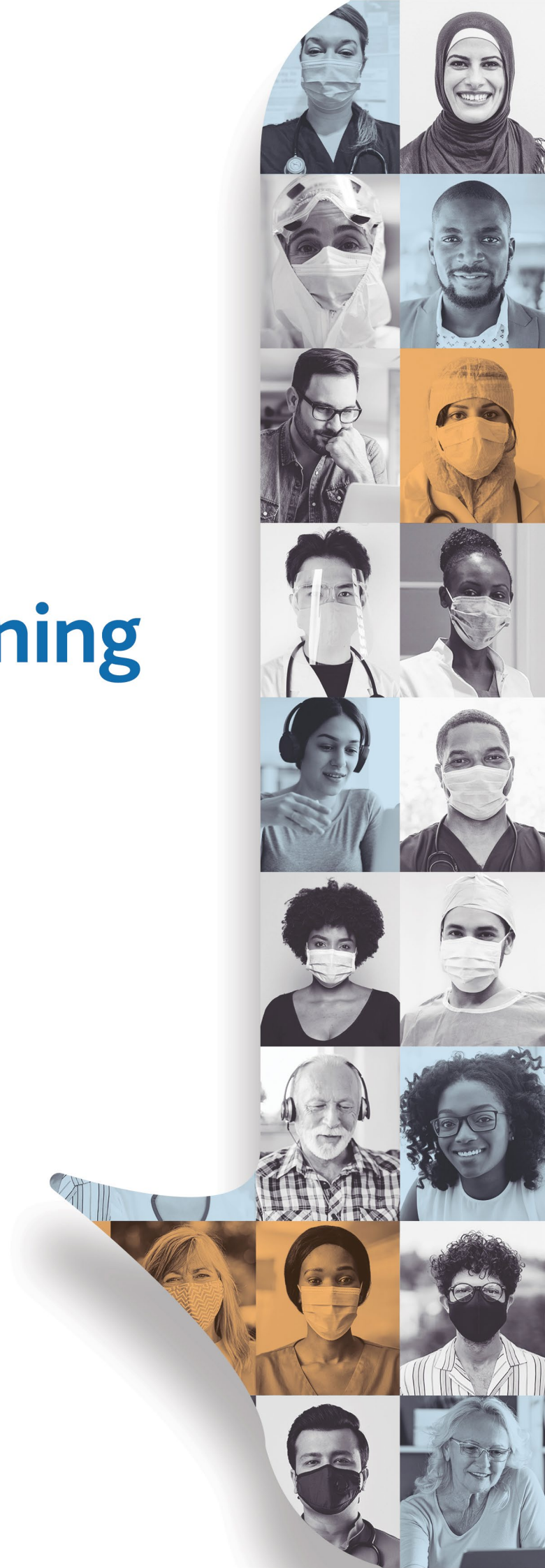


National training survey 2021

Results



National training survey 2021

Foreword

Our annual survey gives us a vital and unique insight into the experiences of more than 63,000 trainees and trainers across the UK.

This year's results tell us that during a time of extraordinary challenge, high quality training has continued thanks to the dedication and commitment of trainers, trainees, and education organisations.

We're pleased to see positive responses to questions on teaching, supervision, and overall training experience. These remain at pre-pandemic levels, across all specialties, regions, and countries of the UK. However, it's clear the pandemic and ongoing recovery are taking a toll on the wellbeing of the healthcare workforce, including trainees and trainers.

Intense workplace pressures have caused burnout rates to increase to their highest levels since we started tracking them in 2018. A third of trainees told us they felt burnt out to a high or very high degree because of their work, as did a quarter of secondary care trainers and more than a fifth of GP trainers.

Reflecting on the last 18 months, this deterioration may not be surprising. But the pandemic is not over yet, and health services will remain under intense pressure for some time to come. Given the material impact of clinicians' wellbeing on patient care, this should give us all cause for concern.

As we look to the challenging period ahead, support for staff is key. It must be central to service and training recovery plans at both local and national levels. Without this concerted focus, it will be increasingly difficult to retain doctors, enable progression, and ultimately develop a more sustainable workforce to meet current and future patient needs.

Working and training environments must be supportive, fair, and inclusive. Too many doctors still face discrimination and disadvantage in education, training and beyond. We're redoubling our work with partners across the system to eliminate these inequalities.

It's also clear that training must become more flexible to adapt to future pressures and changing demands. We've already seen this in action, in the changes we and our partners made to support service delivery and trainee progression during the pandemic. We're now working with all those involved in medical training to embed positive changes that have

emerged over the past 18 months. This includes improving doctors' preparedness for training and encouraging more diverse leadership.

Thank you again to everyone who took the time and effort to complete the survey, and the organisations and groups who encourage trainees and trainers to take part. We appreciate everything you're doing to support doctors and patient care.

Charlie Massey
Chief Executive and Registrar

Introduction

The national training survey (NTS) is the largest annual survey of doctors in the UK. Every year, trainees give us their views on their training and the environments where they work. And trainers report their experience, from their perspective as clinical and/or educational supervisors. The questions in our surveys are focused on our standards for medical education and training – [Promoting excellence](#) – which are organised around five themes:

- learning environment and culture
- educational governance and leadership
- supporting learners
- supporting educators
- developing and implementing curricula and assessments.

How do we use these results to monitor and improve postgraduate training?

The survey results help us assess whether education is being provided in safe, effective, and appropriately supportive training environments that meet our standards. If there are concerns about a training site where our standards aren't being met, we work with the postgraduate dean and employer to resolve the problem. We also use the results to identify trends in postgraduate education, which helps us drive improvements.

Doctors in training may use the survey to report a patient safety, bullying or undermining concern. When this happens, we share it with the relevant postgraduate dean at Health Education and Improvement Wales, Health Education England, NHS Education for Scotland or the Northern Ireland Medical and Dental Training Agency. They must carefully examine any concern we raise with them, and tell us what action they've taken to address the issue.

What this report covers

This report summarises our initial, high-level findings, focusing on four key areas:

- quality of training and experience
- doctors' wellbeing
- training recovery and provision during the pandemic
- supportive environments

In this report, we focus on UK-wide trends. Our online reporting tool has national, regional, local and specialty breakdowns for all survey indicators. You can [access the tool and information about how to use it on our website](#). We will also publish more detailed analysis later in the year.

Any striking year-on-year changes in responses have been highlighted; we have generally not noted where there were small or no changes, except where necessary to provide context for a wider point.

And, unless otherwise stated, we have used 2019 as the comparator year. This is because the featured questions weren't included in last year's bespoke, pandemic-focused survey. In doing so, we are also comparing the current training picture with the pre-pandemic landscape.

A note on the 2020 survey, and changes for 2021

In 2020, we ran a bespoke survey looking at how doctors were affected by the spring peak (March-May) of the pandemic. We added new questions to help us understand its impact on training, wellbeing, and support – as well as some of our usual questions on workload, burnout, and patient safety.

In 2021, we returned to our usual survey format and the full question set. We needed to do this to effectively check the quality of training environments by tracking year-on-year results.

However, having identified several issues in the 2020 survey – such as reduced opportunities for trainees to gain necessary skills and experiences – we also introduced a series of specific questions for trainees this year which focus on training recovery. These covered:

- meeting curriculum outcomes
- decisions about the Annual Review of Competence Progression (ARCP) outcome
- training catch-up
- alternative opportunities to learn/train e.g. simulation activities
- workplace-based assessments

- access to and preparedness to sit exams

Who responded to the survey?

Over 63,000 doctors in training and trainers completed this year's survey. 76% of all trainees in the UK responded, and 32% of all trainers. Although this is much higher than in 2020 (47% and 22%), it is lower than our usual response rates (95% and 45% in 2019). Despite this, we are confident that the number of responses gives us a representative sample of the trainee and trainer population. And, unlike 2020, we can provide detailed information about individual sites via our reporting tool, where at least three doctors have responded, to protect anonymity.

Response rates	England	NI	Scotland	Wales	UK
Trainees	76%	87%	69%	85%	76%
(No. of doctors)	39,079	1,586	3,896	2,232	46,793
Trainers	32%	43%	20%	52%	32%
(No. of doctors)	13,569	555	1031	1259	16,414

How can I find out more about the findings of the national training survey?

The [online reporting tool](#) is available via our website. You can also access a mobile-friendly version of the tool.

We will publish more detailed analysis of NTS findings – alongside other education data – in our *The state of medical education and practice in the UK* report, published in winter 2021.

High-level findings

The quality of training

Despite the pressures brought about by the pandemic, most trainees said they were satisfied with the quality of training they receive – where it has been able to take place. Positive responses to our questions on teaching, supervision and overall experience remain at pre-pandemic levels; this is broadly true across all post specialties, regions, and countries of the UK.

Overall, 76% of trainees rated the quality of teaching as good or very good. Variation between the specialties exists, but this is consistent with pre-pandemic findings. For example, a lower proportion of trainees in medicine and obstetrics and gynaecology posts responded positively – 69% in both cases.

Almost nine in ten trainees (88%) described their clinical supervision as 'good' or 'very good'. 95% of trainees in anaesthetics posts said this was the case, compared to a smaller proportion in medicine (85%), obstetrics and gynaecology (84%) and surgery (83%). Again, these specialty variations mirror the findings of our pre-pandemic surveys.

85% of trainees told us they had a 'good' or 'very good' experience in their post – up by three percentage points (pp) since 2019. While most specialties saw a smaller improvement (1-3pp) on their 2019 results for this question, emergency medicine and medicine reported a five pp and four pp increase respectively. We will look in more detail at differences between specialties and why they exist in our winter report.

Trainees	Positive	Negative
Please rate the quality of teaching (informal and bedside teaching as well as formal and organised sessions) in this post.	76%	8%
Please rate the quality of clinical supervision in this post.	88%	3%
How would you rate the quality of experience in this post?	85%	4%

Trainers	Positive	Negative
Overall, I enjoy my role as a trainer.	91%	2%
I am always able to use the time allocated to me in my role as a trainer specifically for that purpose.	47%	29%

Trainers themselves continue to tell us they enjoy their role supporting the training of the next generation of doctors – nine in ten (91%) agreed with this. This is consistent across all specialties and geographic regions.

However, while almost half (47%) of trainers told us they were always able to use time allocated to them to train, 29% said this was not the case. As usual, there was large variation between specialties for this question. Around three in five trainers in anaesthetics (63%, ↑2pp since 2019) responded positively compared to just over a third of trainers in medicine (36%, ↑3pp) and radiology (33%, ↑2pp). 61% of trainers in general practice responded positively, but this has declined by five pp since 2019 – a much larger negative swing than any other specialty.

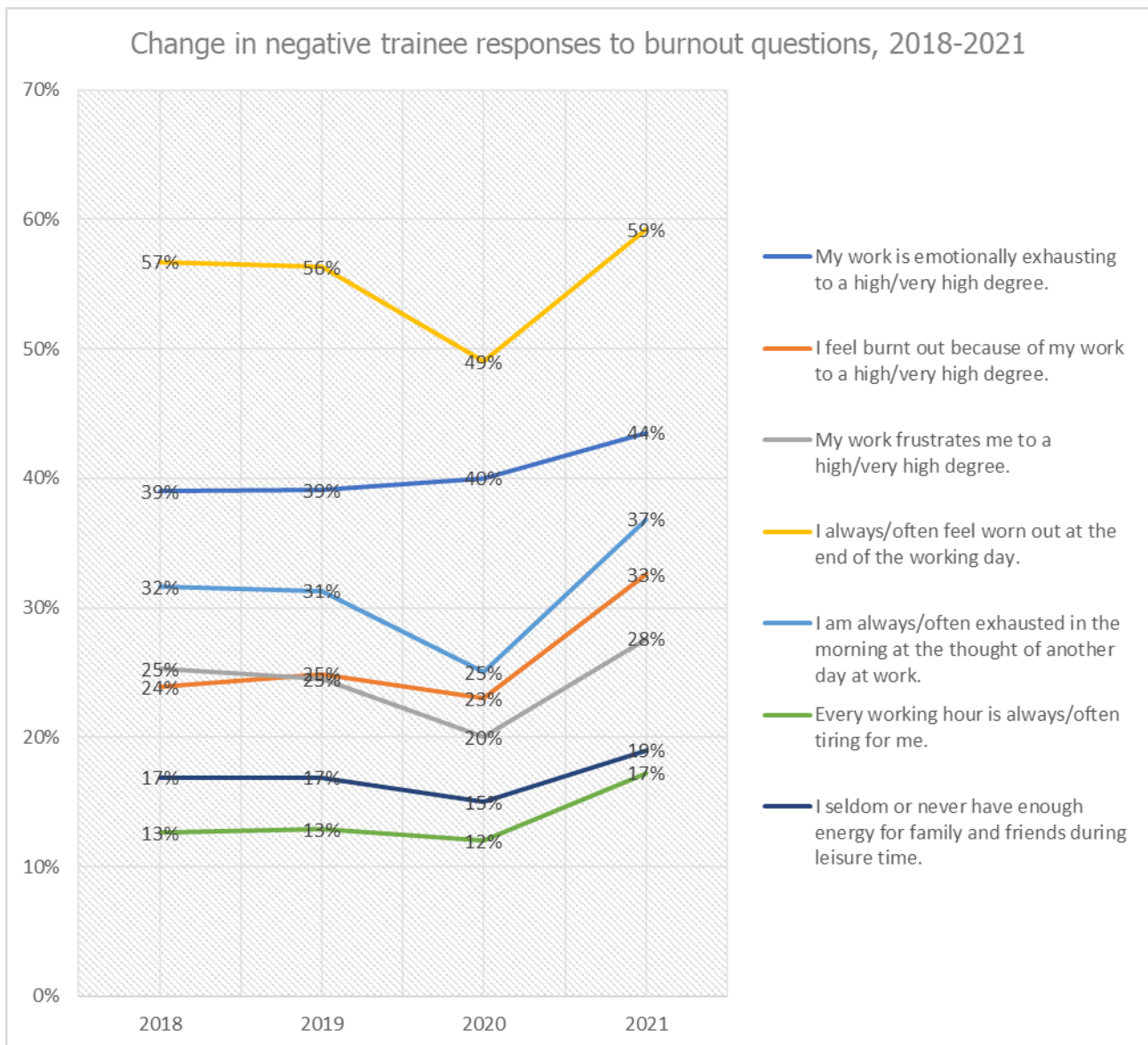
It's extremely pleasing to see that the overall quality of teaching and supervision has been maintained in spite of the pandemic. That's thanks to the skill and dedication of trainers, trainees, and education bodies. But we recognise that the positives in this section are part of a bigger picture of challenge. As this report later discusses, the pandemic has brought significant disruption to training and more broadly, sustained pressure on the healthcare systems and those who work in it.

Trainee and trainer wellbeing

The pandemic has had a marked impact on trainee and trainer wellbeing; this has been the most negative set of responses to our burnout questions since we introduced them in 2018. For each of our seven questions, for trainees across all specialties, we have seen a swing towards more negative responses. In some cases, this difference has been as much as eight pp.

As in previous years, we asked trainers and trainees seven work-related questions taken from the validated [Copenhagen Burnout Inventory](#) to help us better understand the extent of burnout amongst doctors. In 2021, over 40,000 doctors chose to answer these voluntary questions.

A third of trainees who responded (33%) told us they feel burnt out to a high/very high degree because of their work – compared to around a quarter in previous years. Three in five trainees said they always or often feel worn out at the end of the working day. And 44% feel their work is emotionally exhausting to a high/very high degree.



Trainees	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
Is your work emotionally exhausting?	13%	30%	41%	12%	4%
Do you feel burnt out because of your work?	11%	22%	39%	20%	9%
Does your work frustrate you?	10%	18%	38%	23%	11%

	Always	Often	Sometimes	Seldom	Never/ almost never
Do you feel worn out at the end of the working day?	17%	42%	32%	7%	1%
Are you exhausted in the morning at the thought of another day at work?	10%	27%	35%	20%	8%
Do you feel that every working hour is tiring for you?	4%	13%	31%	34%	18%
Do you have enough energy for family and friends during leisure time?	7%	35%	38%	16%	4%

Trainers also gave more negative answers to our burnout questions than in previous years. A quarter (25%) of secondary care trainers told us they feel burnt out to a high/very high degree because of their work, up two pp since 2019. However, this is even more marked in general practice. 22% of GP trainers reported feeling burnt out to a high/very high degree – a five pp swing since 2019. Seven in ten GP trainers (71%, ↑7pp since 2019), and half of secondary care trainers (49%, ↓1pp) said they always or often feel worn out at the end of the day. And just under a third of secondary care trainers (29%, ↓1pp since 2019) and GP trainers (30%, ↑5pp) feel frustrated by their work to a high/very high degree.

Secondary care trainers	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
Is your work emotionally exhausting?	14%	30%	40%	12%	4%
Do you feel burnt out because of your work?	8%	17%	40%	22%	13%
Does your work frustrate you?	10%	19%	40%	20%	11%
	Always	Often	Sometimes	Seldom	Never/ almost never
Do you feel worn out at the end of the working day?	11%	38%	38%	11%	3%
Are you exhausted in the morning at the thought of another day at work?	4%	17%	33%	28%	18%
Do you feel that every working hour is tiring for you?	2%	10%	28%	35%	25%
Do you have enough energy for family and friends during leisure time?	11%	41%	35%	12%	2%

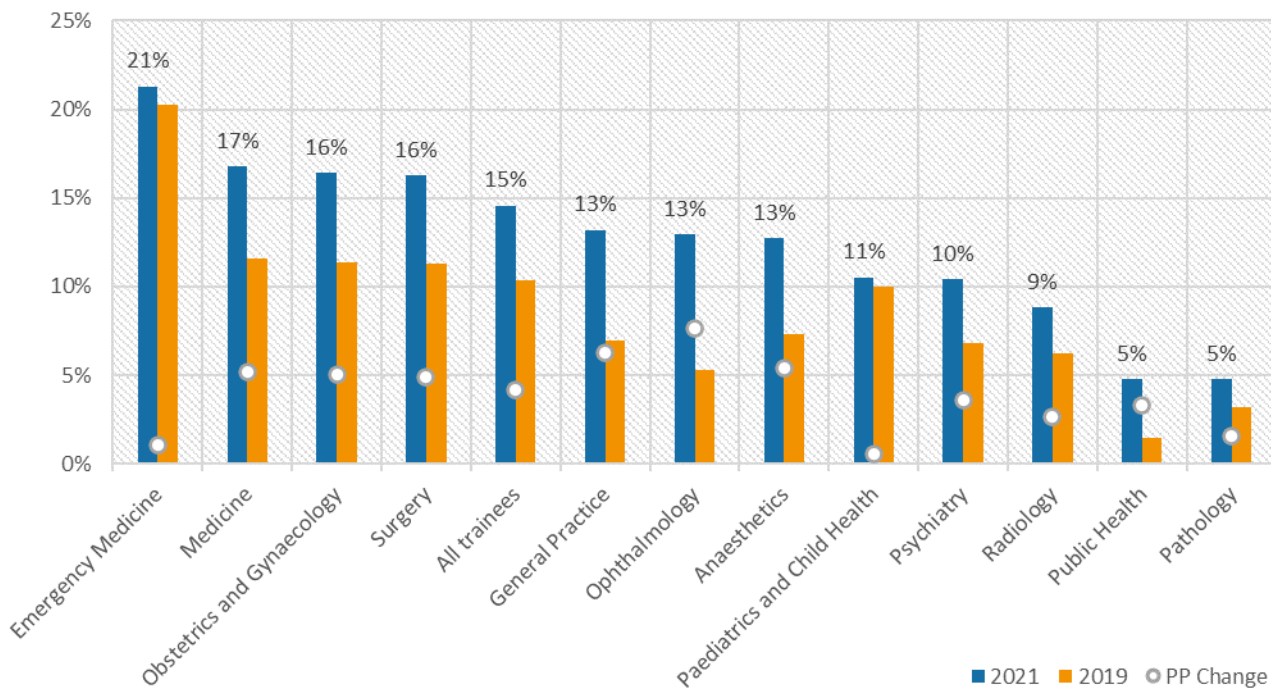
GP trainers	To a very high degree	To a high degree	Somewhat	To a low degree	To a very low degree
Is your work emotionally exhausting?	18%	37%	35%	8%	2%
Do you feel burnt out because of your work?	7%	15%	43%	24%	11%
Does your work frustrate you?	9%	21%	44%	19%	7%
	Always	Often	Sometimes	Seldom	Never/ almost never
Do you feel worn out at the end of the working day?	29%	42%	23%	5%	1%
Are you exhausted in the morning at the thought of another day at work?	7%	20%	34%	25%	14%
Do you feel that every working hour is tiring for you?	5%	15%	33%	30%	16%
Do you have enough energy for family and friends during leisure time?	15%	42%	34%	7%	1%

Each year we use these seven questions to create an [indicator measuring overall risk of burnout](#). As with the individual questions, this indicator also shows a clear swing towards negative responses. 15% of trainees are at high risk, compared to 10% in our pre-pandemic surveys. And 11% of trainers fall into this category, a two-pp increase from 2019.

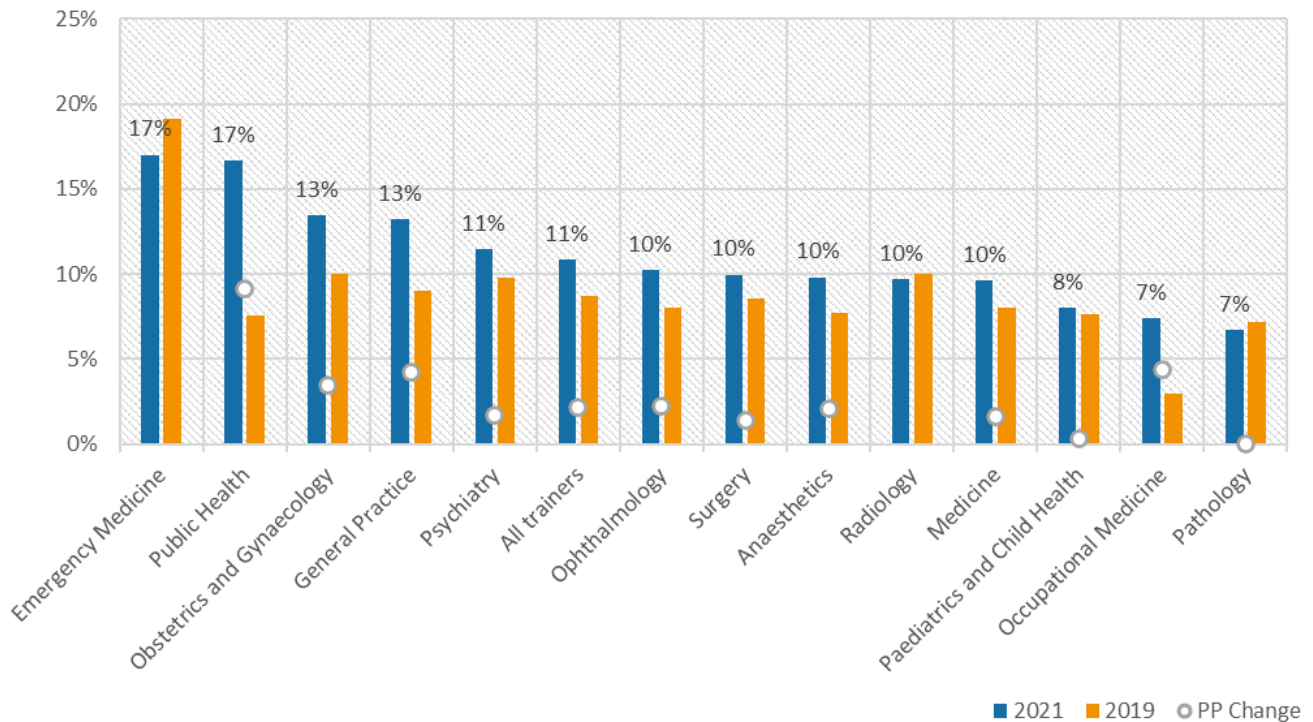


The difference between 2020 and 2021 is even starker, especially in terms of the proportion of trainees and trainers at moderate and low risk of burnout. However, we remain cautious about the 'improvement' in the burnout results in 2020, given many doctors reported significantly reduced workloads during the spring peak of the pandemic and we had a lower response rate.

Post specialty variation in trainees at high risk of burnout, 2021 vs 2019



Specialty variation in trainers at high risk of burnout, 2021 vs 2019



As we've reported previously with our burnout indicator, there's variation between different specialties. For trainees, all specialties are showing an increase in doctors at high risk. However, there are different scales of increase for different specialties. Emergency medicine has always been the specialty with the highest proportion of doctors at high risk. While this remains true in 2021, there have been bigger changes since 2019 for almost all other specialties.

The proportion of trainees at high risk working in emergency posts has increased by one pp from 2019. But for anaesthetics, medicine, obstetrics and gynaecology, surgery, and general practice posts, it increased by at least five pp. And trainers in emergency medicine reported a two-pp reduction in the number of doctors at high risk – the only specialty group to see an improvement.

Trainees in ophthalmology (↑8pp) and general practice (↑6pp) posts recorded the largest swing towards negative responses since 2019. The same was true of trainers in public health (↑9pp), general practice (↑4pp) and occupational medicine (↑4pp) – although there was a smaller sample size for these cohorts.

As in previous years, around two thirds of trainees (68%) said they knew who to contact in their trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing. However, that figure drops to just 52% among those in the high burnout risk category – compared to 62% and 73% for those in the moderate and low risk categories. This variation is consistent with the 2019 survey when we first introduced this question.

COVID-19 and training recovery

Our 2020 survey uncovered the substantial upheaval to training brought about by the pandemic. Three quarters of trainees and trainers told us that training had been disrupted. And over four-fifths said that opportunities to gain required curriculum competencies had been slightly or significantly reduced.

Temporary changes to the ARCP process were introduced in early 2020. This allowed trainees to progress to the next level of their programme, but with a requirement to catch-up with missed competencies during this current training year (2020/21). It was an important adjustment in supporting trainees and seeking to minimise future disruption to the medical education pipeline. We wanted to reassure trainees and their trainers that their progression would not be held back because of factors beyond their control.

We were also clear that any recovery of missing training opportunities must prioritise patient safety, and that trainees and trainers must be supported throughout. Training, and healthcare more generally, was likely to remain deeply affected by the pandemic – continuing restrictions, new waves or variants, and increased demand on healthcare systems as it works through a patient backlog. So, we, our survey advisory group and royal colleges felt it was important to track training recovery and the efficacy of new practices and processes through the 2021 trainee survey.

In 2021, three quarters of trainees (74%) told us that virtual learning environments are being used effectively to support training. This chimes with our analysis of the 2020 survey's free text comments, in which remote training and consultation was overwhelmingly seen as a successful new or innovative practice.

However, trainees gave a more mixed response to questions on replacing training opportunities. Two in five (41%) said they had been able to compensate through transferable skills from other aspects of training. But almost as many (31%) disagreed with this. And half of all trainees (49%) told us they had not been provided with effective alternatives through simulation facilities and/or exercises.

Just over half of trainees (55%) expect to acquire enough training opportunities to prepare them for their next relevant professional exam. A fifth disagreed with this. More positively, eight in ten trainees said they are on course to meet their curriculum competencies/outcomes for this year. Nonetheless, one in ten felt they weren't on track – which still represents a substantial number of doctors concerned about their progression.

Most trainees (73%) had been able to participate in the expected number of workplace-based (or local) assessments. A quarter (25%) had not. Many trainees' assessments were adapted to avoid direct patient contact and/or meet remote working arrangements. However, there were mixed views about the efficiency of these adjustments; 42% thought they offered the same or improved opportunities as pre-pandemic assessments, but 25% felt they were worse.

All trainees	Positive	Neutral	Negative
Virtual learning environments are being used effectively to support my training.	74%	15%	11%
I have been able to compensate for loss of training opportunities through transferable skills gained from other aspects of my training.	41%	28%	31%
To replace my missed training opportunities, I've been provided with effective alternatives through simulation facilities and/or simulation exercises.	26%	25%	49%
Since the start of this training year, have you been able to participate in the expected number of workplace-based (or local) assessments?	73%	2%	25%
Since the start of this training year, have any of your workplace-based/local assessments been adapted to avoid direct patient contact and/or meet your remote working arrangements?	37%	10%	53%
The adapted workplace-based assessments offer the same (or improved) learning opportunities as they did prior to the COVID-19 pandemic.	42%	32%	26%
I have (or expect to have) had enough training opportunities to adequately prepare me for my next relevant professional exam(s).	55%	26%	20%
I've been able to access a slot(s) to sit my relevant professional exams for my stage of training.*	79%	12%	9%
The decision about my 2020 ARCP outcome was the right one for my individual circumstances.	89%	9%	2%
I'm on course to meet my [2021] curriculum competencies/outcomes for this stage of my training.	81%	10%	10%

We also asked some additional questions to trainees on specific training programmes. Around three-fifths of trainees on a craft specialty¹ programme (57%) agreed that they were on course to undertake the expected number of operative/practical procedures. However, this leaves two fifths who said this was not the case – with 14% stating they were 'significantly below' the required amount. Similarly, three fifths (60%) had been given opportunities to backfill competencies missed due to the pandemic (either in the NHS or the independent sector), but two-fifths had not.

Craft specialty programme trainees ¹	Positive	Negative
So far in this training year, are you on course to undertake the expected number of operative / practical procedures needed for your stage of training?	57%	43% [29% - 'not quite'; 14% - significantly below]

* 47% of all trainees responded N/A (excluded from these figures) – so much lower sample size for this question.

Have you been given opportunities to make up the required number of operative/practical procedures to backfill what has been lost because of the COVID-19 pandemic?	61% [25% within the NHS; 9% in mix of sectors; 1% only in independent; 25% not needed]	39%
I've been able to easily access training opportunities in the independent sector* for operative/practical procedures.	16% [+35% - 'not needed to']	36%

Two-thirds of trainees on a medicine or other physician specialty² programme (66%) said they were on course to gain enough experience in the practical procedures needed for their stage of training. One in seven (14%) did not feel this way. Two-fifths (38%) told us they'd been given enough opportunities to backfill missed training, with a fifth (22%) stating this was not the case. Just under a further fifth (17%) felt they had no training to catch up.

Medicine/other specialty programme trainees ²	Positive	Negative
So far in this training year, I am on course to gain enough experience in the practical procedures needed for my stage of training.	66%	14%
I've been given enough training opportunities to back fill what has been lost due to the COVID-19 pandemic.	38% [+17% - 'none to back fill']	22%

Given these are all new questions – ones brought about by unprecedented times for healthcare systems – there's no opportunity for direct historical comparison. However, the data suggest that, as with many of our bespoke 2020 questions, there is a diversity of experiences on these issues. Some trainees are confident that their current working arrangements are providing opportunities for them to fulfil their training requirements and progress to the next stage of the training pathway. But others have reported concerns. We'll work closely with postgraduate bodies and royal colleges to help identify where and how trainees and trainers may require more support in recovering missed opportunities.

We're also working with our education partners to take stock of changes which have emerged during the pandemic. Those involved in planning and delivering training have had to adapt quickly. It's important that we make sure new approaches continue to be fair, inclusive, and haven't created any unintended consequences for particular groups. For example, we're working with the Academy of Medical Royal Colleges to carry out equality, diversity, and inclusion impact assessments of online exams across all specialties.

Progression along the pathway is important – both for individual doctors and patient care. But where trainees need extra opportunities to gain or catch-up skills and experiences, adequate support for those doctors is vital. We'll continue to work with postgraduate

* By independent sector, we mean NHS lists for operations / procedures delivered in a non-NHS location (sometimes referred to as a private sector location).

deans to facilitate this additional training while ensuring patient safety, and without overburdening trainees and trainers.

Supportive environments

Most trainees and trainers across the UK told us they feel supported and valued at work. At a high level this is reassuring – but we know from other research, our outreach teams, and [our differential attainment work](#) that some groups report different experiences of, and access to, support. So, we'll be carrying out in-depth analysis looking at differences by protected characteristics in all our NTS data and publishing our findings later in the year.

Four in five trainees (81%) agreed that their working environment is fully supportive. There was some variation between different post specialties; a greater proportion of doctors in obstetrics and gynaecology (10%), surgery (9%), and ophthalmology (8%) disagreed with this statement. These variations are broadly in line with pre-pandemic specialty differences.

Seven in ten trainees (70%) told us staff are always treated fairly. However, one in ten (12%) disagreed with this. Four fifths said staff are always treated with respect (79%), and that they feel a valued member of the team (79%).

Nine in ten trainees (89%) agreed that their workplace provides a supportive environment for everyone regardless of background, beliefs, or identity. This is a four-pp increase since the 2020 survey, when we introduced this question. However, last year there were notable differences in responses to this question between doctors with different protected characteristics. Again, we'll be following this up in *The state of medical education and practice in the UK* later in the year.

Trainees	Positive	Neutral	Negative
The working environment is a fully supportive one.	81%	13%	6%
Staff, including doctors in training, are always treated fairly.	70%	18%	12%
Staff, including doctors in training, always treat each other with respect.	79%	13%	8%
I feel I am a valued member of the team I work in.	79%	15%	6%
My department/unit/practice provides a supportive environment for everyone regardless of background, beliefs, or identity.	89%	8%	3%

GP trainers are overwhelmingly satisfied that they are in supportive working environments. Almost all agree that their practice is fully supportive (96%), regardless of background, belief, or identity (99%), and that they are valued in that environment (94%).

Trainers in secondary care specialties were slightly less positive. Four fifths (78%) said their trust, board or practice is fully supportive. Like trainees, there is some variation between specialties; a smaller proportion of trainers working in surgery (72%) and ophthalmology (73%) agreed with this statement.

Just under two-thirds of secondary care trainers (63%) feel valued by their trust/board; around one in seven (14%) did not. Breaking the results down by specialty, around one in five trainers in ophthalmology (18%) and surgery (19%) said they didn't feel valued. Finally, around four-fifths of trainers in secondary care (77%) thought their trust/board provides a supportive environment for everyone regardless of background, beliefs, or identity.

Trainers	Positive	Neutral	Negative
The working environment in my trust/board/practice is a fully supportive one. (Secondary care)	78%	14%	8%
The working environment in my practice is a fully supportive one. (GPs)	96%	2%	1%
I feel valued by my trust/board (or equivalent). (Secondary care)	63%	22%	14%
I feel valued by my practice. (GPs)	94%	4%	1%
My trust/board (or equivalent) provides a supportive environment for everyone regardless of background, beliefs, or identity. (Secondary care)	77%	16%	7%
My practice provides a supportive environment for everyone regardless of background, beliefs, or identity. (GPs)	99%	1%	0%

Working with others to act on the results

Supporting the delivery of high-quality training

The survey data will help our partners to deliver high-quality training that meets our standards, as well as monitor the impact of the pandemic on healthcare systems. As always, we will work with employers and education bodies across all four countries of the UK to address issues and learn from best practice. Where there are concerns about a training site, we will work with the postgraduate dean to resolve the problem. And where our data shows additional support is required, we will work with the relevant bodies to secure that.

Protecting training opportunities, progression, and patient safety

The overall quality of training has remained high, despite intense pressures. But there are diverse experiences of opportunities to acquire and/or catch-up on missed skills and procedures. We'll continue to work with healthcare systems to make sure doctors are able to gain the competencies they need, while maintaining patient safety. Over the last eighteen months, we've made a range of temporary changes to curricula and assessment requirements, to minimise disruption for doctors in training and help them catch up.

Creating supportive, inclusive environments

This year's burnout results are the most negative since we introduced these questions in 2018. Even before the pandemic, we were concerned about the impact of burnout on training and working experiences across the UK. It may not surprise many people – inside or outside the profession – that the pandemic has so negatively affected doctors' wellbeing. But we remain clear that addressing this is vital, for individuals, for the system, and for patient safety.

A key priority for us is to help create supportive and inclusive training and working environments, which prioritise staff wellbeing and deliver quality patient care. We've made that commitment central to our strategy for the next five years.

Advocating for reform that allows greater flexibility

As we move forward from the pandemic, it's clear that medical education and training must become more flexible and better able to adapt to changing demands. We've already seen this in action, in our work with our partners to make rapid changes to support service delivery and trainee progression. We're working with all those involved in medical training to embed positive changes that have emerged over the past eighteen months. This includes improving doctors' preparedness for training and encouraging more diverse leadership.

We also see the UK Government's proposed reform of professional regulation as a huge opportunity. These reforms would enable us to better monitor how education and training providers meet our standards, making sure that professionals are supported at all stages of their career. And, as a regulator, it would give us more flexibility to respond to issues in training environments at an earlier stage, in collaboration with others.

Tackling inequality in medical education

We're determined to do all that we can to tackle areas of inequality in medical education and training. This year we've set ourselves a target to eliminate discrimination, disadvantage and unfairness in undergraduate and postgraduate medical education and training by 2031. We continue to work closely with postgraduate deans and royal colleges to identify initiatives that are helping to promote fairness and inclusivity in training. And we're looking at every aspect of our guidance and processes in medical education to identify more we can do to support improvements.

We'll also carry out detailed analysis of any variations by protected characteristic we find in our survey data, and publish the findings in our end-of-year report, *The state of medical education and practice in the UK*.

Survey development

We continually review the national training survey to make sure the questions are relevant and generate the data we need to check the quality of medical training. The pandemic

recovery questions developed for this year's survey emerged from our ongoing conversations with doctors, employers, medical educators, and governments.

We're grateful to the continued commitment and advice from our survey advisory group³ who help us develop the questionnaire.

After completing the national training survey, doctors are invited to sign up to help us develop and test proposed changes for the following year. We greatly value the input of doctors to help us improve the survey. If you'd like to get involved, please email nts@gmc-uk.org.

¹ Craft = Cardiology, Gastroenterology, Core surgical training, Neurosurgery, Oral and maxillo-facial surgery, Trauma and orthopaedic surgery, Urology, Vascular surgery, Cardiothoracic surgery, Otolaryngology, Paediatric surgery, Ophthalmology

² Medicine/Other = Emergency medicine, Audiological Medicine, Allergy, Clinical genetics, Clinical pharmacology and therapeutics, Combined Infection Training, Dermatology, Endocrinology and diabetes mellitus, Genito-urinary medicine, Geriatric medicine, Haematology, Immunology, Infectious diseases, Internal Medicine Training, Medical oncology, Medical ophthalmology, Neurology, Nuclear medicine, Palliative medicine, Rehabilitation medicine, Respiratory medicine, Rheumatology, Sport and exercise medicine, Obstetrics and gynaecology, Core Psychiatry, General psychiatry, Child and adolescent psychiatry, Forensic psychiatry, Old age psychiatry, Psychiatry of learning disability, Medical psychotherapy, Community sexual and reproductive health, Occupational medicine, Chemical pathology, Medical microbiology, Virology, Clinical oncology, Clinical neurophysiology, Renal medicine, Paediatrics

³ The survey advisory group consists of representatives from the following organisations: Academy of Medical Royal Colleges, British Medical Association, Conference of Postgraduate and Medical Deans, Health Education and Improvement Wales, Health Education England, Health Education England, Joint Royal Colleges of Physicians' Training Board, National Association of Clinical Tutors, National Association of Medical Education Management, NHS Education for Scotland, Northern Ireland Medical and Dental Training Agency, Royal College of Obstetrics and Gynaecology, UK Foundation Programme Office, University Hospitals Birmingham NHS Foundation Trust.

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