



National training survey 2020:

Summary of results

General
Medical
Council

National training survey 2020

Foreword

The challenges posed by coronavirus are substantial and far-reaching.

In the face of an acute and immediate need, doctors of all grades and specialties have shown their mettle. Their professionalism and dedication are a credit to the service.

Medics' experiences during this time have not been uniform. But there's no doubt that the pandemic has upended the normal order of things, and managing its effects has required all of us to do things differently.

For doctors in training, and those who train them, the change has been profound.

More than 80% of doctors in training say disruption caused by coronavirus reduced their access to the learning they need to progress their careers.

At the same time, around three-fifths of trainees, and four-fifths of trainers, saw their work change significantly during the spring peak. Redeployed into other specialties to meet demand, many doctors have been working at the edge of their comfort zone.

But some of the changes wrought by coronavirus have been welcome. Innovation has been on full display with training delivered virtually, while a renewed willingness to work together has seen transformational change delivered at pace.

Meanwhile, most trainees and trainers in our survey reported positive experiences around teamwork, support and feeling valued in their role, despite severe pressures.

Supportive, inclusive environments are fundamental, both to doctors' professional development and to their wellbeing. That we've seen these factors come to the fore during this time is to be applauded.

As we enter the next phase of the pandemic, this survey gives us a chance to take stock – of the improvements we want to keep, and the lessons that must be learnt. Thank you to everyone who took the time and effort to complete it, and the organisations and groups who encouraged trainees and trainers to take part.

There is an opportunity now to sustain and embed the positives, to make compassionate cultures a lived reality in the health system. We at the GMC are committed to playing our part in achieving that.

Charlie Massey
Chief Executive and Registrar

About the national training survey (NTS)

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 working environments. And trainers share their perspectives as a clinical and/or educational supervisor. We work with doctors, their representatives and training bodies across the UK to develop the questions, to make sure the survey gives us a relevant and holistic insight into their experiences.

How was the NTS different in 2020?

Throughout the pandemic we've done all we can to help the UK's health services and doctors prioritise frontline patient care. As part of this, we postponed the 2020 survey from its original launch date in March. We then worked closely with key partners across medical education to plan a new approach. Together we agreed that it would be beneficial to run a shorter, targeted survey from 22 July to 12 August.

The 2020 survey had an increased emphasis on how doctors were affected by the pandemic. We added new questions to help us understand its impact on training, wellbeing and support, alongside our usual questions on workload, burnout, and patient safety. We asked trainees and trainers to respond based on their experiences between March and May, during the spring peak of the pandemic. We also included two free text sections where doctors could briefly share their biggest concern and summarise any good practice they've encountered.

Given the changes to the survey, we're reporting the findings in a different way. Rather than grouping questions into themed indicators and comparing results to previous surveys, we're publishing the results for each individual question, benchmarked against the UK average. [You can explore these in detail on our online reporting tool.](#)

How we use the survey responses

The results enable us to work with Health Education England local teams, the Northern Ireland Medical and Dental Training Agency, NHS Education for Scotland, Health Education and Improvement Wales, royal colleges and employers to identify issues, promote good practice and help to develop supportive and inclusive training environments. In the coming months, we'll also analyse the over 60,000 free text comments we received to add context to the stories we've uncovered in our quantitative data.

The pandemic has affected doctors in a variety of ways. Many will have faced huge challenges or had to train and work in unprecedented situations. But we've also heard about new training opportunities or innovations that have improved ways of working. This year's survey will help us to identify important learning points that could help the health services and employers prepare for similar events in future, or shape good practice.

What this report covers

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

- changes to work and workload
- disruption to formal training
- teamwork and support
- personal health and safety, and wellbeing
- patient safety

It concludes by discussing how we will work with others to act on the results, to protect patient safety, support doctors, and to safeguard training progression.

In November, we'll publish more analysis of the NTS findings, alongside other education data, in our annual *The state of medical education and practice in the UK* report. We'll explore how the pandemic affected undergraduate and postgraduate education, and the changes we and our partners made in response to this to prioritise service delivery. It also provides insight into trainee and trainer wellbeing, drawing on our NTS burnout data.

In this report, we focus on UK-wide trends. [Our website help pages provide further information about how to access our online reporting tool](#), where we provide national, regional, local and specialty breakdowns for all survey questions.

Who responded to the survey?

Despite the challenging circumstances, over 38,000 doctors in training and trainers completed the voluntary survey. This is lower than in previous years, but the sample is representative for all specialties, regions and countries. This means we can still generate trust and health board-level breakdowns of the results, though not site-level data as in previous years.

The reports we produce are aggregated and anonymised. This means that individual survey responses can't be identified, so all answers remain confidential.

		England	NI	Scotland	Wales	UK
Doctors in training	No.	23,123	982	2579	1358	28,042
	Response rate	46.7%	55.1%	46.5%	54.8%	47.3%
Trainers	No.	8538	386	1132	729	10,785
	Response rate	21.1%	30.3%	23.1%	32.1%	22.0%

High-level findings

Changes to trainees' and trainers' day-to-day work

Doctors encountered substantial changes in their day-to-day work during the spring peak of the pandemic. Around three-fifths of trainees, and four-fifths of trainers told us that their work had changed significantly. A further two-fifths of trainees and a fifth of trainers said it had changed slightly. At least 95% of both groups experienced some change.

To what extent (if at all) did your day-to-day work as a doctor change as a result of the COVID-19 pandemic?	TRAINEES	TRAINERS
My day-to-day work changed significantly	57%	78%
My day-to-day work changed slightly	38%	20%
My day-to-day work did not change	5%	2%

There were also major changes in workload due to the pandemic. Just 17% of trainees and 11% of trainers told us their workload had not changed. Two-fifths of trainees reported heavier workloads. Conversely, a similar proportion reported lighter workloads. Half of all trainers said their workload had become heavier, with just under two-fifths saying it was lighter.

Overall, how (if at all) was your workload affected by the COVID-19 pandemic?	TRAINEES	TRAINERS
Much heavier	15%	25%
A little heavier	26%	25%
No change	17%	11%
I don't know/can't say	3%	1%
A little lighter	29%	27%
Much lighter	10%	11%

The relatively even split between doctors who had heavier workloads and those who had lighter workloads emphasises the diversity of experiences within the profession. We know that, during its spring peak, the pandemic affected different parts of the health service in different ways. There was increased demand in certain specialties or regions, and a decrease in others as the UK went into lockdown and staff were redeployed. We will explore these differences and the disruption to training in more detail in our *The state of medical education and practice* report later this year.

These variances can be seen in survey responses when broken down by specialty or UK region. A higher proportion of trainees in anaesthetics and occupational medicine posts reported heavier workloads, whereas more trainees in ophthalmology, pathology and radiology posts experienced lighter workloads. In the trainer survey, a higher proportion of doctors in anaesthetics, psychiatry, and occupational medicine reported heavier workloads (although the sample size for the latter specialty was much smaller).

TRAINEES, split by specialty training post: Overall, how (if at all) was your workload affected by the COVID-19 pandemic?	Heavier	No change / don't know / can't say	Lighter
Anaesthetics	59%	14%	27%
Emergency Medicine	29%	18%	53%
General Practice	42%	31%	28%
Medicine	44%	17%	39%
Obstetrics and Gynaecology	36%	23%	41%
Occupational Medicine	63%	17%	21%
Ophthalmology	14%	21%	65%
Paediatrics and Child Health	29%	24%	47%
Pathology	18%	17%	64%
Psychiatry	52%	28%	20%
Radiology	18%	20%	61%
Surgery	30%	16%	53%

TRAINERS, split by specialty: Overall, how (if at all) was your workload affected by the COVID-19 pandemic?	Heavier	No change / don't know / can't say	Lighter
Anaesthetics	68%	9%	23%
Emergency Medicine	28%	7%	65%
General Practice	51%	13%	36%
Medicine	59%	12%	29%
Obstetrics and Gynaecology	55%	16%	29%
Occupational Medicine	91%	0%	9%
Ophthalmology	36%	10%	54%
Paediatrics and Child Health	46%	19%	36%
Pathology	32%	8%	59%
Psychiatry	60%	16%	24%
Radiology	27%	13%	61%
Surgery	29%	10%	62%

A higher proportion of trainees in the East Midlands, East of England, London and the West Midlands said their workload had increased. There was less variation between region in the trainer responses, though again, more doctors in London reported heavier workloads.

TRAINEES: Overall, how (if at all) was your workload affected by the COVID-19 pandemic?	Heavier	No change / don't know / can't say	Lighter
Defence Postgraduate Medical Deanery	40%	13%	47%
East Midlands	49%	19%	33%
East of England	47%	20%	33%
Kent, Surrey and Sussex	42%	21%	37%
London	47%	20%	32%
North East	30%	19%	51%
North West	40%	21%	39%
Northern Ireland	35%	22%	43%
Scotland	33%	18%	49%
South West	30%	18%	51%
Thames Valley	42%	21%	37%
Wales	44%	17%	40%
Wessex	36%	21%	44%
West Midlands	47%	20%	33%
Yorkshire and the Humber	39%	19%	43%

TRAINERS: Overall, how (if at all) was your workload affected by the COVID-19 pandemic?	Heavier	No change / don't know / can't say	Lighter
Defence Postgraduate Medical Deanery	33%	7%	60%
East Midlands	54%	12%	34%
East of England	52%	12%	36%
Kent, Surrey and Sussex	53%	12%	36%
London	60%	11%	28%
North East	41%	11%	49%
North West	47%	12%	41%
Northern Ireland	48%	14%	38%
Scotland	46%	11%	42%
South West	45%	13%	41%
Thames Valley	49%	15%	36%
Wales	49%	11%	40%
Wessex	44%	14%	43%
West Midlands	52%	13%	35%
Yorkshire and the Humber	45%	13%	42%

Disruption to formal training

For most trainees, across all specialties, formal training has been disrupted by the pandemic. Three quarters of trainees and trainers told us that the training they received or provided was disrupted.

	TRAINEES: My training has been disrupted by the COVID-19 pandemic.	TRAINERS: My role as a trainer was disrupted by the COVID-19 pandemic.
Agree/strongly agree	74%	78%
Neither agree nor disagree	13%	10%
Disagree/strongly disagree	13%	11%
I don't know/can't say	1%	0%

This disruption, alongside the [postponement or cancelation of exams](#), led to most trainees feeling that their opportunities to gain required competencies have been limited. Four-fifths told us they had been slightly or significantly reduced.

Trainers shared this view. Overall, almost nine in ten thought their trainees' opportunities had been reduced.

TRAINEES: What impact (if any) has the COVID-19 pandemic had on the opportunities you need to gain the required curriculum competencies for your stage of training?		TRAINERS: What impact (if any) has the COVID-19 pandemic had on the opportunities your trainees need to gain the required curriculum competencies for their stage of training?	
Significantly reduced my opportunities	38%	Significantly reduced their opportunities	46%
Slightly reduced my opportunities	43%	Slightly reduced their opportunities	41%
No change	13%	No change	6%
Slightly increased my opportunities	4%	Slightly increased their opportunities	5%
Significantly increased my opportunities	1%	Significantly increased their opportunities	1%
I don't know/can't say	1%	I don't know/can't say	0%

There were some differences between specialties, regions and stages of training in the extent to which they had been affected. But the common experience for trainees across the profession was that of disruption to training and reduced opportunities.

However, it is important to recognise that formal training is not the only form of learning. The survey suggests that many aspects of postgraduate education are still in place and functioning effectively. For instance, most trainees (87%) continue to rate their clinical supervision as good or very good. This is consistent with the response given in the previous three national training surveys.

TRAINEES: Please rate the quality of clinical supervision you received overall.	
Good/very good	87%
Neither good nor poor	10%
Poor/very poor	4%

Teamwork, support, and feeling valued

The survey highlighted many positive aspects of the culture, support and multiprofessional teamwork that doctors experienced in training environments. These findings back up many of the stories we've heard in our wider engagement with the profession during this time.

Around four-fifths of trainees felt that their workplace encouraged a culture of teamwork between all healthcare professionals. The same proportion felt they were a valued member of their team.

Trainers also responded positively, although to a slighter lesser extent than trainees. Three quarters of trainers said their trust or board encouraged a culture of teamwork between all healthcare professionals. Three-fifths felt valued by their trust/board.

Most trainees (85%) and trainers (73%) believed their trust/board provided a supportive environment for everyone regardless of background, beliefs or identity. And around seven in ten of both groups thought staff were always treated fairly.

	Agree / strongly agree	Neither agree nor disagree	Disagree / strongly disagree
TRAINEES			
The department/unit/practice I worked in encouraged a culture of teamwork between all healthcare professionals.	84%	9%	7%
I felt I was a valued member of the team I worked in.	78%	12%	9%
Staff, including doctors in training, were always treated fairly.	69%	15%	16%
My department/unit/practice provided a supportive environment for everyone regardless of background, beliefs or identity.	85%	10%	5%
TRAINERS			
My trust/board (or equivalent) encouraged a culture of teamwork between all healthcare professionals.	74%	16%	10%
I felt valued by my trust/board (or equivalent).	61%	22%	16%
Staff were always treated fairly in my trust/board	66%	21%	13%
My trust/board (or equivalent) provided a supportive environment for everyone regardless of background, beliefs or identity	73%	19%	8%

Personal health and safety, wellbeing and burnout

Half of all trainees told us they had concerns about their personal safety, or that of their colleagues, during the pandemic. Of that group, around half felt their concerns were addressed, and half felt they were only partially addressed, or not at all. We will carry out further, detailed analysis of the thousands of free-text answers we received in the survey to understand what prompted this response, and to identify where action is needed.

[We have published advice for all doctors on working safely during the pandemic, and how this might inform ethical decision making.](#)

TRAINEES: Did you have any concerns about your personal safety, or that of your colleagues, during the COVID-19 pandemic?	
Yes, and they weren't addressed at all	3%
Yes, though they were only partially addressed	24%
Yes, and they were resolved	24%
No	48%

Despite these concerns, most trainees and trainers were positive about the support they had received in relation to their wider health, safety and wellbeing. Three in five trainees and trainers agreed that concerns were taken seriously by their employer or trust/board. However, one in ten trainees and around one in seven trainers explicitly felt that this was not the case.

	TRAINEES: Concerns relating to my personal safety, or that of colleagues, were taken seriously by my employer.	TRAINERS: Concerns relating to my personal safety, or that of colleagues, were taken seriously by my trust/board (or equivalent).
Agree/strongly agree	61%	61%
Neither agree nor disagree	19%	19%
Disagree/strongly disagree	11%	16%
I don't know/can't say	9%	4%

Around two-thirds of trainees and trainers rated the support they received from their organisation in relation to their personal health and safety, and their wellbeing, as good or very good. However, between 10-15% of both groups described this support as poor or weren't offered any.

Please rate the support you received from your organisation in relation to your...				
	Personal health and safety		Wellbeing	
	TRAINEES	TRAINERS	TRAINEES	TRAINERS
Good/very good	65%	63%	66%	59%
Neither good nor poor	19%	22%	18%	26%
Poor/very poor	9%	13%	8%	12%
Not applicable - I wasn't offered any	3%	1%	3%	2%
I don't know/can't say	5%	1%	4%	1%

As in previous years, we asked trainers and trainees seven questions taken from the [Copenhagen Burnout Inventory](#) to help us better understand the extent of burnout amongst doctors. In 2020, around a quarter of trainees and a fifth of trainers felt burnt out to a high or very high degree because of their work. Two-fifths of trainees and trainers said their work was emotionally exhausting to a high or very high degree. And just under half of all trainees and trainers always or often felt worn out at the end of the working day.

TRAINEES	To a very low degree	To a low degree	Somewhat	To a high degree	To a very high degree
Is your work emotionally exhausting?	4%	14%	43%	28%	12%
Do you feel burnt out because of your work?	14%	28%	36%	15%	8%
Does your work frustrate you?	16%	28%	35%	13%	7%
	Never, or almost never	Seldom	Sometimes	Often	Always
Do you feel worn out at the end of the working day?	2%	10%	39%	37%	12%
Are you exhausted in the morning at the thought of another day at work?	13%	27%	35%	19%	6%
Do you feel that every working hour is tiring for you?	25%	37%	26%	9%	3%
Do you have enough energy for family and friends during leisure time?	3%	12%	34%	41%	10%

TRAINERS	To a very low degree	To a low degree	Somewhat	To a high degree	To a very high degree
Is your work emotionally exhausting?	4%	12%	42%	29%	13%
Do you feel burnt out because of your work?	16%	27%	38%	13%	7%
Does your work frustrate you?	13%	24%	38%	16%	8%
	Never, or almost never	Seldom	Sometimes	Often	Always
Do you feel worn out at the end of the working day?	3%	12%	40%	34%	11%
Are you exhausted in the morning at the thought of another day at work?	20%	30%	32%	14%	4%
Do you feel that every working hour is tiring for you?	27%	35%	26%	9%	3%
Do you have enough energy for family and friends during leisure time?	2%	11%	34%	41%	12%

We will explore these findings in more detail, including our [burnout risk indicator](#) analysis, in our annual *The state of medical education and practice in the UK* report.

Patient safety

Our requirements set out in [Promoting excellence: standards for medical education and training](#) state that organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, the standard of care or education and training, openly and safely without fear of adverse consequences.

In this year's survey, three quarters of trainees said that the culture of reporting concerns either remained the same (48%) or improved (26%). Trainers agreed; half (54%) reported no change and a fifth (21%) thought the culture had improved. Just 9% of trainees and 14% of trainers thought it had got worse.

Overall, how (if at all) was the culture of reporting concerns affected by the COVID-19 pandemic?	TRAINEES	TRAINERS
Much better	5%	5%
A little better	21%	16%
No change	48%	54%
A little worse	7%	10%
Much worse	3%	4%
I don't know/can't say	17%	11%

It's extremely positive that despite working in an exceptionally challenging period, a quarter of trainees and a fifth of trainers said that the culture of reporting concerns had improved. We will work with partners across medical education to understand why and how these improvements have come about, and to make sure they are sustained beyond the pandemic.

Three quarters of trainees said that concerns relating to patient safety were taken seriously by their organisation. The same proportion agreed that there were enough staff to ensure that patients were always treated by someone with an appropriate level of clinical experience.

TRAINEES: Concerns relating to patient safety were taken seriously by my organisation.	
Agree/strongly agree	74%
Neither agree nor disagree	11%
Disagree/strongly disagree	5%
I don't know/can't say	10%

There were enough staff to ensure that patients were always treated by someone with an appropriate level of clinical experience.	TRAINEES	TRAINERS
Agree/strongly agree	76%	74%
Neither agree nor disagree	11%	12%
Disagree/strongly disagree	13%	9%
I don't know/can't say	0%	5%

Working with others to act on the results

The pandemic disrupted the provision of formal postgraduate training

At the outset of the pandemic, we took steps to enable trainees to work flexibly to help doctors and health services prioritise frontline patient care. This included approving new training sites so trainees could be redeployed where they were needed most. [We also supported the decision to postpone planned training rotations in April.](#) We acknowledged that, in doing so, there may be an impact on postgraduate education and progression, but we encouraged training to be protected as far as possible in the circumstances.

As the survey results show, the pandemic significantly disrupted the provision of formal training. It left most trainees feeling that their opportunities to gain required curriculum competencies for their stage of training were reduced. Three quarters of trainees (74%) and trainers (78%) said their training, or their role as a trainer, had been affected by the pandemic. And 81% of trainees felt the pandemic had limited their chances to gain required competencies; 88% of trainers agreed.

We've put measures in place to help trainees in response to this disruption

We have worked with postgraduate training organisations, including postgraduate deans and royal colleges, to make sure the pandemic doesn't compromise long-term training needs and progression.

In anticipation of disruption to training and exams caused by the pandemic, temporary changes to the annual review of competency progression (ARCP) process were introduced earlier in the year. This allowed trainees to progress to the next level of their programme, but with a requirement to catch-up with missed curricula and competencies during the next training year (2020/21).

This 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 along the training pathway would not be held back because of factors beyond their control.

We are clear that patient safety must remain the primary focus, while enabling as many trainees as possible to progress their training and supporting the health services.

We'll work with relevant bodies to make sure appropriate plans are in place to support progression

We know that changes to formal postgraduate training and progression will have implications for what is required of trainees in 2020/2021 and subsequent training years. And this may have added pressure or constraints to their training experience this year. We will work with other bodies to make sure trainees are able to catch up on missed competencies. We'll work with postgraduate deans to facilitate this additional training while continuing to ensure patient safety, and without over-burdening trainees and trainers.

Other forms of learning during the pandemic will have provided valuable experience

It's important that we recognise that formal training is not the only form of learning in postgraduate education. Trainees gain valuable experience from their day-to-day work and through their clinical supervision, which they continue to rate very highly. And although formal training has been disrupted during the pandemic, staying in rotations longer and being exposed to challenging situations is likely to have provided new live learning opportunities and broader skills beneficial for doctors' careers and development.

Medical education and training should be just as flexible and responsive to events and to changing demands. Learning while working won't always go to plan, but that doesn't make the unplanned elements any less relevant or valued.

Lessons learnt about flexibility and collaboration during the pandemic

In the last quarter of 2020, we're bringing together leaders from the health service and statutory education bodies from across the UK to translate what we've learnt from this year into a plan for the future. As part of this conversation, we'll emphasise the importance of making sure medical education is flexible and responsive to changing demands. This will result in a shared set of ambitions for improving medical education based on the lessons from the year, and the changing needs we are likely to see in a post-pandemic world. Our discussions will focus on:

- Assessment and curricula, including:
 - changes to specialty curricula, college examinations, progression (e.g. ARCPs) and other assessments that allow doctors to progress through training despite the disruption caused by the pandemic;
 - a move towards more authentic assessment in the workplace where capabilities and competence can be evaluated fairly in this way;
 - opportunities to make medical education and training more inclusive.
- The balance between generalism and specialism, including:
 - simplifying the process for changing curricula to respond to service needs;
 - shared learning across specialties and areas of practice;
 - learning in multi-professional teams and in different care contexts.
- Preparing graduating medical students, including:
 - structured support for the transition to the Foundation programme;
 - widening access to a medical career, with support to help students from different backgrounds and experiences to start their first job confidently as doctors.
- Doctors as health leaders, including:
 - continuous development of professional capabilities;
 - diversity in the profession and leadership;
 - opportunities for SAS and locally employed doctors to return to training;
 - shared learning between relevant specialties and between different health and social care professions.

Supporting a profession under pressure

We are pleased that most trainees and trainers in the NTS reported positive experiences around teamwork, support and feeling valued in their role. We recognise that fair, inclusive, supportive environments are extremely important to doctors' professional development and wellbeing, as well as to the success of the healthcare system more widely. Our [Caring for doctors Caring for patients report](#), published last year, identified 'belonging' as a core need to ensure wellbeing and motivation at work, and to minimise

workplace stress. We defined this as the need to be connected to, cared for, and caring of others around us in the workplace and to feel valued, respected and supported.

And we also know we have a role to play in supporting and guiding the profession, especially in the current climate. [We will continue to provide advice to doctors across all career stages about working and training during the pandemic.](#)

The 2021 NTS

Finally, we're already looking ahead to the 2021 national training survey. We will design the survey in a way that will provide specialty-specific insight into trainees' progression as they catch up with curricula competencies where necessary. Alongside our ARCP data, this will be a vital tool in making sure the appropriate plans and support have been put in place and are working effectively.

We're grateful to the continued commitment and advice from our survey advisory group* who help us develop the questionnaire. And we will seek input from doctors through focus groups and a pilot survey.

Explore the data

The [online reporting tool](#) is available on our website.

[Our website help pages provide further information about the reporting tool and how to access it.](#)

* 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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