The national training survey 2026

Northern Ireland summary report

Why we run the survey

The national training survey plays a vital role in helping us make sure that doctors in training receive high-quality education and training in safe and effective clinical environments. Doctors in training and their trainers share feedback on their training and working environments. This gives us the data we need to identify areas for improvement and to spotlight good practice.

Responses to the survey

This year, over 2,000 doctors in training* and trainers in Northern Ireland completed the survey. The response rate for doctors in training was higher than in 2025 (69% ↑1 percentage points (pp)). Responses from trainers remained the same as 2025.

Table 1: 2026 completion rates in Northern Ireland and the UK (change vs 2025)

	Northern Ireland	UK
Trainees	69% (↑1pp)	**68% (↓2pp)**
Number of doctors	1,457	**51,727**
Trainers	36% (as 2025)	**34% (↑1pp)**
Number of doctors	703	**22,923**

*In this report, 'doctors in training' and 'trainees' describe qualified doctors who are engaged in postgraduate medical training. We haven't used the term 'resident doctors' as this can also refer to postgraduates in a non-training post.

Key findings: doctors in training in Northern Ireland

1,457

doctors in Northern Ireland completed the survey in 2026.

Supervision

85%

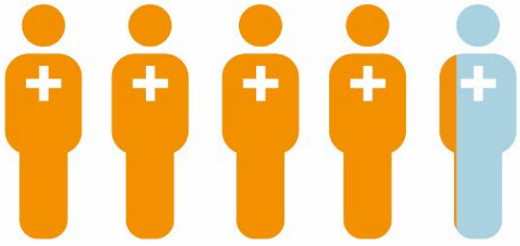
rated the quality of their clinical supervision as good or very good.

Burnout

62%

were considered to be at moderate or high risk of burnout.

Satisfaction



84%

said the quality of their experience was good or very good.

Escalating concerns

77%

never felt apprehensive or hesitant escalating a patient to the supervising clinician.

Leadership skills

68%

said their posts gave them opportunities to develop their leadership skills.

Discriminatory behaviours

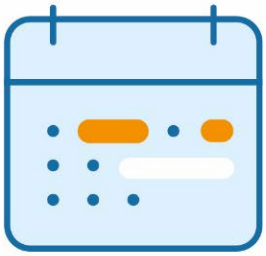
26%

experience micro-aggressions, negative comments, or oppressive body language from colleagues.

Rota gaps

29%

said training is affected because rota gaps aren't dealt with appropriately.



Key findings: trainers in Northern Ireland

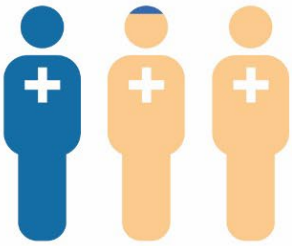
703

trainers in Northern Ireland completed the survey in 2026.

Burnout

52% were considered to be at moderate or high risk of burnout.

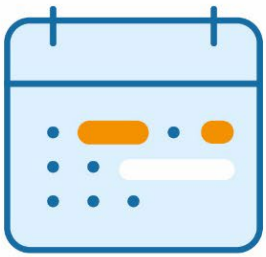
Satisfaction



35% said their work frustrates them to a high or very high degree.

Rota gaps

34% of secondary care trainers said their trainees' education and training is adversely affected because rota gaps aren't dealt with appropriately.



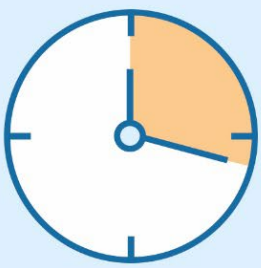
Training and support

88% of trainers enjoy their role.

70% rated support they receive from their employer/local education team as good or very good.

Time to train

24% of secondary care trainers and



29% of GP trainers said they weren't always able to use their allocated training time specifically for that purpose.

Trends in the survey data

This year's findings in Northern Ireland reflect the continued commitment of doctors in training and their trainers, often in demanding circumstances. Trainees again rated teaching and clinical supervision highly. We noted signs of improvement in educational governance and the reporting of discrimination. However, mixed results were found on workload pressures, burnout, supportive environments, and rota design perceptions.

We report these signs of improvement with caution, as we need to analyse them in more detail. Most of the year-on-year changes are small and are mostly in single percentage points. They should be read as steady rather than transformative changes. We are also clear that some overall improvement does not mean things are improving for every group.

We also draw particular attention to a small but real increase in the number of trainees reporting unwelcome sexual conduct on a daily or weekly basis. Any rise in this measure matters, and trainees must be able to work and learn free from harassment. We will continue to expect organisations to take direct action to address this.

For trainers, job satisfaction remained high, access to training time improved, and workload pressures and burnout reduced. However, challenges persist, as ratings of support from employers decreased in parts of the trainer workforce. This highlights the need for continued focus on supporting trainers and addressing pressures in key areas.

High-level findings in Northern Ireland

The quality of medical education and training remains high

Despite continued pressures on health services, doctors in training were still positive about core components of their postgraduate training (see Table 2). Just under three quarters of doctors in training rated the quality of their teaching as good or very good.

Doctors in training were more positive than in 2025 about the usefulness of the post for their future career (89% ↑2pp). Additionally, 77% (same as 2025) would describe their post as very good or good to a friend who was thinking of applying for it.

Table 2: Trainees – positive ratings on education and training quality

	Teaching	Clinical supervision	Induction	Experience
Good/very good rating proportion:	74% (↑1pp)	85% (↓1pp)	78% (↑2pp)	84% (same as 2025)

Positive multidisciplinary working culture

We added a new question to the survey in 2026, asking doctors in training whether their organisation encouraged a culture of shared learning and knowledge sharing between multidiscipline healthcare professionals. Most trainees responded positively to this question

(83%).

Modest improvements in training experiences and environments, with mixed results

A slightly larger proportion of doctors in training responded positively to questions about their training environments.

Mixed reports on supportive working environments

Perceptions of supportive working environments improved in some areas. More trainees said they have access to leadership opportunities (68% ↑1pp). And 76% (↑1pp) felt that staff always treat each other with respect. However, 66% (↓2pp) felt that their colleagues are always treated fairly, and more trainees (57% ↑2pp) reported having no support from a mentor.

Mixed reports on workload pressures and burnout

Measures relating to workload varied slightly compared with previous years. 59% (↓2pp) rated daytime workload intensity as about right, light, or very light. However, 29% (↓1pp) reported that their working pattern leaves them feeling short of sleep on a daily or weekly basis.

We found fewer negative responses to two out of the seven work-related questions drawn from the Copenhagen Burnout Inventory*. However, we saw increases in negative responses for three of these questions. We calculated that 20% (same as 2025) of doctors in training were at high-risk of burnout, 42% (same as 2025) were at moderate risk, and 38% (same as 2025) were at low risk.

Strengthened educational governance

Doctors in training were more confident that their concerns about training would be addressed (66% ↑5pp), and that lessons would be learned from the concerns they raised about training (83% ↑4pp). However, 77% (↓1pp) never felt apprehensive or hesitant about escalating a patient to the supervising clinician.

Mixed rota design perceptions

Doctors in training reported improvements in certain areas of rota design, with 74% (↑3pp) expressing that they were given enough notice about their rota in advance of starting their current post. However, 29% (↑3pp) of trainees in secondary care and 34% (↓3pp) of trainers reported that gaps in the rota are not dealt with appropriately. 45% (same as 2025) answered that the rota design helped optimise their education and development.

Mixed experiences of discriminatory behaviours

Doctors in training reported mixed experiences of discriminatory behaviours from colleagues, compared to 2025. For example:

*The Copenhagen Burnout Inventory (CBI) is a tool for measuring burnout across three dimensions: personal, work-related, and client-related. We use the work-related scale in the survey.

- 79% (same as 2025) reported never hearing insults, stereotyping, or jokes in their presence on the grounds of a person's protected characteristics
- 26% (↑2pp) reported experiencing micro-aggressions, negative comments, or oppressive body language from colleagues on a daily/weekly basis.

Increased confidence in reporting discrimination

- 76% (↑4pp) were confident about knowing how to, or being able to find out how to report discrimination.
- 64% (↑4pp) felt confident about reporting discrimination without fear of adverse consequences.
- 64% (↑3pp) felt confident to challenge discrimination and unprofessional behaviours among colleagues and healthcare professionals.

Additionally, there was a small increase in the number of trainees that reported experiencing unwelcome sexual conduct on a daily or weekly basis, compared with 2025.

Foundation doctors feel more prepared

We saw a small but notable increase in doctors in training who felt adequately prepared for their first foundation post (61% ↑2pp), compared with 2025.

Improvements for trainers across several areas, however challenges remain

Most trainers reported that they enjoy their role (88% – same as 2025), however this was 2 percentage points lower than the UK-wide figure. There were some signs of improvement in the training environment.

- For the second consecutive year, half (51% ↑1pp) said that they were able to use their allocated training time as intended.
- More GP trainers were positive about the resources available in their workplace (89% ↑5pp), but fewer secondary care trainers were positive on this question compared with 2025 (80% ↓1pp). Positive ratings of support from employers decreased (70% ↓2pp).
- Fewer trainers reported being short of sleep on a daily or weekly basis (25% ↓4pp). The proportion of trainers who said they were never short of sleep increased (25% ↑2pp).

We found fewer negative responses from trainers to six out of the seven work-related questions drawn from the Copenhagen Burnout Inventory. This decrease was especially marked among trainers in secondary care, reflected in a higher proportion of secondary care trainers being calculated at low risk of burnout (48% ↑6pp).

Next steps

How we use the findings and what we expect from others

We use the national training survey data to make sure that doctors across the UK are receiving the training they need to deliver good, safe, patient care. It allows us to assess how every location and specialty is implementing the standards outlined in *Promoting excellence*. If we identify risks, we collaborate with those responsible for delivering and providing training to address them. In some cases, we may start our enhanced monitoring processes to protect trainees and ensure patient safety.

In Northern Ireland, we use the data to support the Northern Ireland Medical and Dental Training Agency in the quality management of training programmes. It's also shared with the Department of Health (Northern Ireland) to support and inform workforce policy.

We also expect postgraduate deans, training providers, medical royal colleges, and employers, in Northern Ireland and across the UK, to make use of the rich insights available in our education data tool. By analysing feedback across countries, regions, specialties, and individual locations, they can identify and address concerns, celebrate and share good practice, and actively support the career development of doctors in training.

The education data tool

Further analysis of national training survey data is available through the education data tool, which provides detailed results by question, location, organisation, and specialty. The tool also includes additional reports, including burnout analyses, aggregated data across years, and reporting groups, and data from our newly revised survey for doctors in clinical academic training posts. A help video is available which explains how to use the tool.