The national training survey 2026

Scotland 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 6,000 doctors in training* and trainers in Scotland completed the survey. The response rate for doctors in training was higher than in 2025 (73% ↑2 percentage points (pp)). Responses from trainers were also higher than in 2025 (27% ↑2pp).

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

	Scotland	UK
Trainees	73% (↑2pp)	**68% (↓2pp)**
Number of doctors	4,816	**51,727**
Trainers	27% (↑2pp)	**34% (↑1pp)**
Number of doctors	1,743	**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 Scotland

4,816

doctors in Scotland completed the survey in 2026.

Supervision

88%

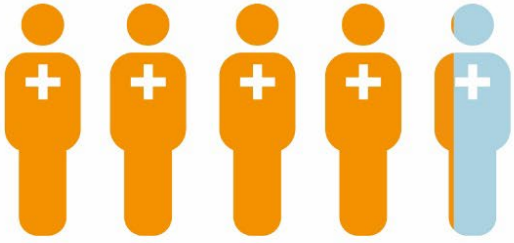
rated the quality of their clinical supervision as good or very good.

Burnout

57%

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

Satisfaction



85%

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

Escalating concerns

79%

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

Leadership skills

70%

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

Discriminatory behaviours

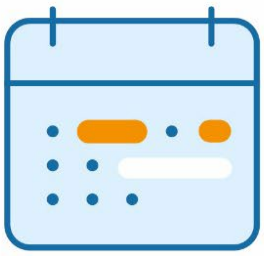
26%

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 Scotland

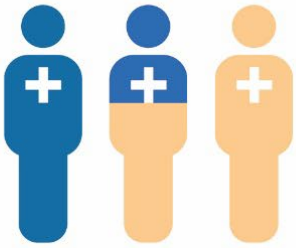
1,743

trainers in Scotland completed the survey in 2026.

Burnout

46% were considered to be at moderate or high risk of burnout.

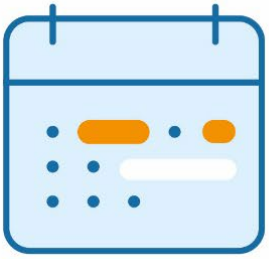
Satisfaction



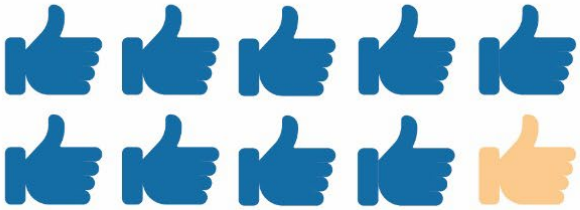
41% said their work frustrates them to a high or very high degree.

Rota gaps

33% of secondary care trainers said their trainees' education and training is adversely affected because rota gaps aren't dealt with appropriately.



Training and support



90% of trainers enjoy their role.

69% rated support they receive from their employer/local education team as good or very good.

Time to train

29% of secondary care trainers and

31% 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 Scotland reflect the continued commitment of doctors in training and their trainers, often in demanding circumstances. Trainees again rated teaching and clinical supervision highly, although these measures saw a decrease compared to 2025. We noted signs of improvement in burnout risk, supportive environments, and the reporting of discrimination.

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.

For trainers, job satisfaction remained high, and ratings of support from employers improved. However, pressures persist, and burnout risk increased 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 Scotland

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. In Scotland, whilst these ratings of quality remained higher than the UK-wide figures, there was a decrease in positive ratings compared with 2025 (see Table 2).

Consistent with 2025, 89% of doctors were positive about the usefulness of the post for their future career. However, 79% (↓1pp) 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 or very good rating proportion:	77% (↓2pp)	88% (↓1pp)	80% (↓3pp)	85% (↓1pp)

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 (84%).

Modest improvements in training experiences and environments

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

More supportive working environments

Perceptions of supportive working environments improved. More trainees said they have access to leadership opportunities (70% ↑1pp). 74% (same as 2025) felt that their colleagues are always treated fairly and 79% (↑1pp) felt that they always treat each other with respect. 55% (same as 2025) reported having no support from a mentor.

Reduced workload pressures and burnout

Measures relating to workload slightly improved compared with previous years. 60% (same as 2025) rated daytime workload intensity as about right, light, or very light. And 22% (↓1pp) reported that their working pattern leaves them feeling short of sleep on a daily or weekly basis.

We found fewer negative responses to four out of the seven work-related questions drawn from the Copenhagen Burnout Inventory*. We calculated that 15% (↓1pp) of doctors in training were at high-risk of burnout, which is 4 percentage points lower than the UK-wide figure. 42% (↑2pp) were at moderate risk, and 43% (↓1pp) were at low risk.

Strengthened educational governance

Doctors in training were more confident that their concerns about training would be addressed (66% ↑1pp), and that lessons would be learned from the concerns they raised about training (83% ↑2pp). 79% (same as 2025) never felt apprehensive or hesitant about escalating a patient to the supervising clinician.

More positive rota design perceptions

Doctors in training reported improvements in rota design, with 52% (same as 2025) answering that the rota design helped optimise their education and development. 78% (↑3pp) expressed that they were given enough notice about their rota in advance of starting their current post. 29% (same as 2025) of trainees, and 33% (↓2pp) of secondary care trainers reported that gaps in the rota are not dealt with appropriately.

Fewer doctors report experiencing discriminatory behaviours

Doctors in training reported fewer experiences of discriminatory behaviours from colleagues across several areas. For example:

- 77% (↑4pp) reported never hearing insults, stereotyping, or jokes in their presence on the grounds of a person's protected characteristics

*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.

- 74% (↑3pp) reported never experiencing micro-aggressions, negative comments, or oppressive body language from colleagues.

Increased confidence in reporting discrimination

- 78% (↑1pp) were confident about knowing how to, or being able to find out how to report discrimination.
- 66% (↑2pp) felt confident about reporting discrimination without fear of adverse consequences.
- 62% (↑2pp) felt confident to challenge discrimination and unprofessional behaviours among colleagues and healthcare professionals.

Additionally, the number of trainees that reported experiencing unwelcome sexual conduct on a daily or weekly basis remained the same as 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 (64% ↑2pp), compared with 2025.

Improvements for trainers in some areas, however challenges remain

Most trainers reported that they enjoy their role (90% ↑1pp), however there were some mixed results for the training environment.

- Just under half (48% – same as 2025) said that they were able to use their allocated training time as intended.
- Slightly fewer trainers were positive about the resources available in their workplace (77% (same as 2025) for secondary care trainers, 88% (↓1pp) for GP trainers). Positive ratings of support from employers improved (69% ↑3pp).
- More trainers reported being short of sleep on a daily or weekly basis (25% ↑1pp). However, fewer report being short of sleep on a monthly basis (20% ↓1pp), and the proportion never short of sleep slightly increased (27% ↑1pp).

We are aware that challenges remain. We found more negative responses to five out of the seven work-related questions drawn from the Copenhagen Burnout Inventory. Whilst this increase was especially marked among trainers in secondary care, this was not reflected in a higher proportion of secondary care trainers being calculated at high risk of burnout (11% – same as 2025).

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 Scotland, we use the data to engage with Public Services Delivery Scotland to support the quality management of training programmes. The data is also shared with the Scottish Government to support policy development relating to areas such as workforce pressures and doctor wellbeing. Our liaison advisers use the findings in discussions with stakeholders, to inform tailored workshop content for the sites they work with.

We also expect postgraduate deans, training providers, medical royal colleges, and employers, in Scotland 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.