General Medical Council

The national training survey 2026

UK-wide 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 74,000 doctors in training* and trainers completed the survey. The response rate for doctors in training was lower than in 2025 (68% ↓2 percentage points (pp)). Compared with 2025, responses from trainers increased (34% ↑1pp).

Table 1: 2026 completion rates by country (change vs 2025)

	England	NI	Scotland	Wales	UK
Trainees	67% (↓2pp)	69% (↑1pp)	73% (↑2pp)	84% (↑2pp)	**68% (↓2pp)**
Number of doctors	42,757	1,457	4,816	2,697	**51,727**
Trainers	34% (↑1pp)	36% (as 2025)	27% (↑2pp)	44% (↓4pp)	**34% (↑1pp)**
Number of doctors	19,117	703	1,743	1,395	**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 the UK

51,727

doctors in training completed the survey in 2026.

Supervision

87%

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

Burnout

61%

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

79%

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

Leadership skills

64%

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

Discriminatory behaviours

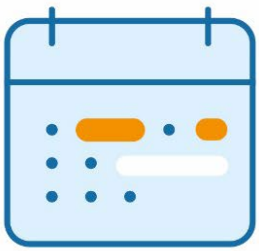
28%

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

Rota gaps

26%

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



Key findings: trainers in the UK

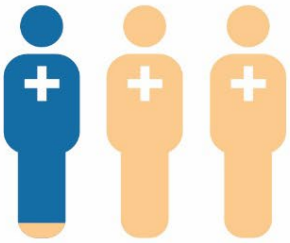
22,923

trainers completed the survey in 2026.

Burnout

47%
were considered to be at moderate or high risk of burnout.

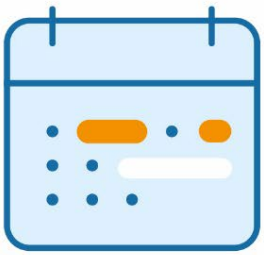
Satisfaction



31%
said their work frustrates them to a high or very high degree.

Rota gaps

29%
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.

71%

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

Time to train

28%
of secondary care trainers and

18%
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 the UK 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 burnout risk, confidence in raising concerns, and experiences of discriminatory behaviour.

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, and access to training time improved in some areas. However, pressures persist, and burnout risk increased in parts of the trainer workforce. The picture varied across the UK, and those differences are highlighted in our individual country reports.

High-level findings in the UK

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). For the second year running, over 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 (88% ↑1pp). Additionally, 78% (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 or very good rating proportion:	76% (as 2025)	87% (as 2025)	76% (as 2025)	84% (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

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 (64% ↑1pp). And fewer trainees reported having no support from a mentor (55% ↓1pp). 70% (↑1pp) felt that their colleagues are always treated fairly and 78% (↑1pp) felt that they always treat each other with respect.

Reduced workload pressures and burnout

Measures relating to workload slightly improved compared with previous years. 58% (↑1pp) rated daytime workload intensity as about right, light, or very light. And 22% (↓2pp) reported that their working pattern leaves them feeling short of sleep on a daily or weekly basis.

We found fewer negative responses to five out of the seven work-related questions drawn from the Copenhagen Burnout Inventory*. We calculated that 19% (↓1pp) of doctors in training were at high-risk of burnout, 42% (↑1pp) were at moderate risk, and 40% (↑1pp) were at low risk.

Strengthened educational governance

Doctors in training were more confident that their concerns about training would be addressed (64% ↑1pp), and that lessons would be learned from the concerns they raised about training (80% ↑1pp). 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% (↑2pp) answering that the rota design helped optimise their education and development. 80% (↑2pp) expressed that they were given enough notice about their rota in advance of starting their current post. However, 26% (same as 2025) of trainees and 29% (same as 2025) 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:

- 75% (↑1pp) 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.

- 72% (↑1pp) reported never experiencing micro-aggressions, negative comments, or oppressive body language from colleagues.

Increased confidence in reporting discrimination

- 75% (↑1pp) were confident about knowing how to, or being able to find out how to report discrimination.
- 63% (↑2pp) felt confident about reporting discrimination without fear of adverse consequences.
- 60% (↑1pp) felt confident to challenge discrimination and unprofessional behaviours among colleagues and healthcare professionals.

Additionally, 141 (1% ↑1pp) trainees reported experiencing unwelcome sexual conduct on a daily or weekly basis, an increase of 23 trainees 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. However, internationally qualified doctors who are in training saw the same proportion (45%) as 2025 for this question.

Improvements for trainers across several areas, however challenges remain

Most trainers reported that they enjoy their role (90% – same as 2025), and there were also some signs of improvement in the training environment.

- For the second consecutive year, over half (53% ↑1pp) said that they were able to use their allocated training time as intended.
- More trainers were positive about the resources available in their workplace (74% ↑1pp for secondary care trainers, 90% ↑1pp for GP trainers). Positive ratings of support from employers also improved (71% ↑1pp).
- Fewer trainers reported being short of sleep on a daily or weekly basis (26% ↓1pp). The proportion of trainers who said they were never short of sleep increased (26% ↑1pp).

However, challenges remain. We found more negative responses to three out of the seven work-related questions drawn from the Copenhagen Burnout Inventory. This increase was especially marked among trainers in general practice, reflected in a higher proportion of GP trainers being calculated at moderate risk of burnout (38% ↑1pp).

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 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.

The data is also shared with a range of stakeholders to support policy development on issues such as workforce pressures and doctor wellbeing. Our liaison advisers discuss the findings with key stakeholders, including responsible officers, medical directors, and postgraduate deans, and develop tailored workshop content for the sites they work with across the UK.

We also expect postgraduate deans, training providers, medical royal colleges, and employers to make use of the data and 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.