

The national training survey 2026

Wales 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 4,000 doctors in training* and trainers in Wales completed the survey. The response rate for doctors in training was higher than in 2025 (84% ↑2 percentage points (pp)), with this being 14 pp higher than the UK-wide figure. Responses from trainers were lower than in 2025 (44% ↓4pp), although again, this was higher than the UK-wide figure by 10 pp.

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

	Wales	UK
Trainees	84% (↑2pp)	68% (↓2pp)
Number of doctors	2,697	51,727
Trainers	44% (↓4pp)	34% (↑1pp)
Number of doctors	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 Wales

2,697

doctors in Wales completed the survey in 2026.

Escalating concerns



80% never felt apprehensive or hesitant escalating a patient to the supervising clinician.

Supervision



88%

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

Leadership skills



63%

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

Burnout



63%

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

Discriminatory behaviours



28% experience micro-aggressions, negative comments, or oppressive body language from colleagues.

Satisfaction



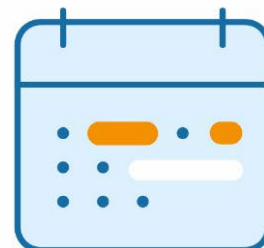
84%

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

Rota gaps

31%

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



Key findings: trainers in Wales

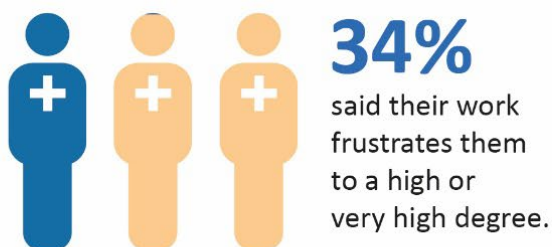
1,395

trainers in Wales completed the survey in 2026.

Burnout



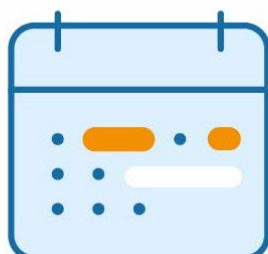
Satisfaction



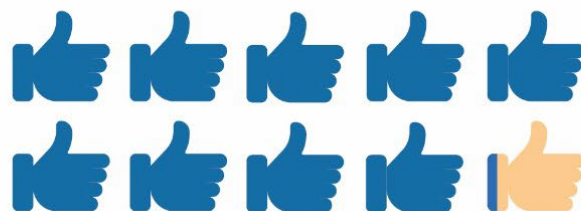
Rota gaps

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



91% of trainers enjoy their role.



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

Time to train



33%

of secondary care trainers and



19%

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 Wales 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 satisfaction, supportive environments, and foundation post preparedness. However, mixed results were found on workload pressures and burnout risk.

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. This highlights the need for continued focus on supporting trainers and addressing pressures in key areas.

High-level findings in Wales

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, 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 or very good rating proportion:	77% (↑1pp)	88% (↑1pp)	77% (↑5pp)	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 (81%).

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. Trainees were positive about leadership opportunities (63% same as 2025). And fewer trainees reported having no support from a mentor (54% ↓2pp). 71% (↑2pp) felt that their colleagues are always treated fairly and 78% (↑1pp) felt that they always treat each other with respect.

Reduced workload pressures, but higher burnout

Measures relating to workload slightly improved compared with previous years. 59% (↑1pp) rated daytime workload intensity as about right, light, or very light. And 23% (↓1pp) reported that their working pattern leaves them feeling short of sleep on a daily or weekly basis.

However, we found more negative responses to six out of the seven work-related questions drawn from the [Copenhagen Burnout Inventory](#)*. We calculated that 20% (↑2pp) of doctors in training were at high-risk of burnout, 43% (↑2pp) were at moderate risk, and 37% (↓3pp) were at low risk.

Strengthened educational governance

Doctors in training were more confident that their concerns about training would be addressed (62% ↑1pp), and that lessons would be learned from the concerns they raised about training (77% ↑1pp). 80% (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 48% (↑1pp) answering that the rota design helped optimise their education and development. 73% (↑2pp) expressed that they were given enough notice about their rota in advance of starting their current post, although this was 7 percentage points lower than the UK-wide figure. Meanwhile, 31% (↓1pp) of trainees, and 34% (↑4pp) 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 the same level, or fewer experiences of discriminatory behaviours from colleagues across several areas. 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.

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- 73% (↑1pp) reported never hearing insults, stereotyping, or jokes in their presence on the grounds of a person's protected characteristics
 - 72% (same as 2025) reported never experiencing micro-aggressions, negative comments, or oppressive body language from colleagues.

Increased confidence in reporting discrimination

- 72% (↑2pp) were confident about knowing how to, or being able to find out how to report discrimination.
- 62% (↑4pp) felt confident about reporting discrimination without fear of adverse consequences.
- However, 60% (↓1pp) 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 notable increase in doctors in training who felt adequately prepared for their first foundation post (65% ↑7pp), compared with 2025.

Challenges remain for trainers across several areas

Most trainers reported that they enjoy their role (91% – same as 2025), however there were some mixed results for the training environment.

- Slightly less than half (49% ↓2pp) said that they were able to use their allocated training time as intended.
- Trainers were consistent with 2025 about the resources available in their workplace (72% (same as 2025) for secondary care trainers, 94% (same as 2025) for GP trainers). Positive ratings of support from employers decreased (67% ↓2pp).
- Slightly more 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 decreased slightly (27% ↓1pp).

However, challenges remain. We found more negative responses for both secondary care and GP trainers to five out of the seven work-related questions drawn from the Copenhagen Burnout Inventory. This was reflected in a higher proportion of both secondary care trainers (12% ↑3pp) and GP trainers (17% ↑1pp) being calculated at high risk of burnout.

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.

In Wales, we use the data to engage with the Welsh Government, including briefings with the Chief Medical Officer, to support workforce policy and wider discussions on medical education and training. They also support conversations with stakeholders relating to workforce pressures, bullying, harassment, and other cultural issues affecting postgraduate medical training.

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