

National training survey comments management in 2026

Briefing note 4 | annex B

Frequently asked questions for local education providers (LEPs)

These FAQs provide LEPs with further information on national training survey comments and how to respond to them

What is the purpose of NTS comments?

The survey is a unique opportunity for the whole doctor in training population to report back on their training. As part of the survey, doctors can also raise concerns they might have about patient safety or undermining. These aren't published, but we share them with Postgraduate Training Organisations (PTOs) who review and share them with LEPs to investigate the issues raised.

Shouldn't issues be raised locally instead?

Yes, ideally all issues would be reported locally and problems fixed. In 2025, 3674 doctors in training said they had been the victim of, or witnessed, bullying or harassment in their post, but didn't want to report it through the national training survey.

Of those, 788 said they didn't want to report this because the issue had already been resolved locally. 934 said they had raised it, or intend to raise the issue locally instead.

Unfortunately, raising issues locally is not always possible. The survey allows doctors to raise issues that they might not have felt able to raise before, or where they are still concerned that the problem they had reported had not been solved.

How should we investigate comments?

The issues raised in comments should be investigated and compared with other evidence to determine if there is a problem.

Where a problem has been verified, you should take steps to resolve the problem. You should report on your investigation and on your action plan to the relevant PTO.

Can we ask doctors in training about their comments?

Not individual doctors in training. Doctors in training are not expecting to be approached by the LEP about their comments. They are told that initially only their comment will be shared with PTOs and, in turn, their LEPs. They are also told that PTOs may request their identity from us if needed to investigate the issue and, if that happens, we will let them know their identity has been shared.

Should you need further information about a comment you should ask the PTO for help.

You should never approach the doctor in training without speaking to your PTO, even if you can identify the doctor from their comment.

Once PTOs receive doctors' details from us, they are instructed to liaise with doctors in training directly rather than sharing these details with LEPs.

LEPs talking directly to doctors in training about comments they have made without the support of the local PTO, even with the best of intentions, is liable to be misinterpreted and can harm the investigation into the concern.

If you are concerned that a comment has been made dishonestly, or in bad faith, please discuss it with the relevant PTO.

How should we report on comments?

We do not need separate reports on each comment. PTOs will batch comments relating to the same issue together and expect one response to the issue, not to each comment.

Can we share comments made by doctors in training with others?

The principle is that the issues raised by doctors in training can be shared as widely as needed to investigate and resolve the risks to patients.

You and your PTO may wish to share comments with relevant systems or other professional regulators or to share comments through a local risk summit or patient safety group.

We ask that in sharing the information you avoid identifying the doctor where possible. This may mean sharing the issue, rather than the verbatim comments.

How does the GMC monitor responses to comments?

PTOs will decide whether the issue relates to an area that requires monitoring locally, or whether it meets the threshold to be reported to us for monitoring.

We review these decisions, and any issues which need to be reported to us will be monitored through our Quality Reporting System (QRS) or through Enhanced Monitoring until they are resolved or no longer meet our reporting thresholds.

PTOs are accountable for ensuring that doctors in training are only placed in environments that meet our standards and they may continue to monitor issues that are no longer reported to us.

Please see [briefing note 4](#) for further details on different response options.

Who is responsible for patient safety and service issues?

We all have a stake in ensuring patients are safe.

The hospital, GP practice or other community setting is responsible for the delivery of its services and for investigating risks to patient safety. PTOs are responsible for the quality management of training and it may appear, therefore, that they have no remit for resolving service issues.

But in fact, some issues that may appear to relate only to service can have a serious impact on the training environment. We ask deans to ensure that doctors in training are only placed in environments that meet our standards for training and to work with LEPs when there are risks that our standards are not being met.

We have patient safety as our core purpose and have a responsibility to ensure that information on risks to patients are shared so they can be investigated. We also have a responsibility to set standards for medical education and training. In *Promoting Excellence* we state:

“Patient safety runs through our standards and requirements. Patient safety is inseparable from a good learning environment and culture that values and supports learners and educators. Where our standards previously focused on protecting patients from any risk posed by medical students and doctors in training, we will now make sure that education and training takes place where patients are safe, the care and experience of patients is good, and education and training are valued.”

Where a doctor in training has raised a specific, detailed, issue about a service matter, we would expect this to be investigated and reported on.

Contact

QA Monitoring and Improvement (QAMI) Team

qamints@gmc-uk.org