General Medical Council

Obstetrics and gynaecology insight report 2026

Executive summary

Purpose of this report

In 2026, 3,812 doctors trained in an obstetrics and gynaecology (O&G) post in the UK. Drawing on four years of data from the NTS, a UK-wide survey capturing the experiences of doctors in training and trainers, this insight paper explores the experiences of those doctors in training* in O&G posts. Developed in the context of recent national maternity reviews, it considers what the experiences of doctors in training can contribute to wider discussions about maternity care.

Headline findings

- **Workforce pressures remain a particular challenge in O&G.** O&G trainees reported higher workload intensity, more frequent experiences of feeling short of sleep and a higher risk of burnout than trainees across all specialties. Improvements seen in the wider training population over time were not consistently reflected to the same extent in O&G, with some gaps widening rather than narrowing.
- **Differences persist within the training environment.** O&G trainees were less positive about supportive environments, fairness and respect, and report lower confidence in reporting or challenging discriminatory behaviours. These differences are evident in 2026 and have persisted over the past four years.
- **Heightened levels of hesitancy or apprehension to escalate a patient to a supervising clinician.** O&G trainees reported greater hesitancy than trainees across all specialties about escalating a patient to a supervising clinician. This difference has been present since the question was introduced in 2025 and widened in 2026.
- **Mixed experiences of raising concerns and organisational learning.** O&G trainees were more positive than the all-specialty average about aspects of patient safety reporting,

*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 who are not in a formal training post.

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including awareness of how to report patient safety incidents and near misses, and whether there was a culture of learning from concerns. However, fewer believed that concerns about education and training would be addressed, or that they knew how to escalate these concerns when they weren't addressed.

- **Positive experiences in several areas.** O&G trainees reported positive experiences in several areas, including clinical supervision and multidisciplinary working culture.
- **Variation in experiences within O&G.** Female O&G trainees reported fewer positive experiences than male trainees on some measures relating to reporting discrimination. Differences were also evident by ethnicity, between UK countries and at a local level. O&G has a predominantly female, older and relatively diverse workforce, making it particularly important to understand this variation and its potential implications for workforce wellbeing, retention and the future sustainability of the specialty.

What the findings tell us

Looking across the last four years of survey data, some of the differences between O&G trainees and the wider training population have persisted over time. This is particularly evident where improvements seen in the all-specialty average have not been reflected to the same extent in O&G.

Differences across multiple aspects of the working and learning environment also suggest that the challenges experienced by O&G trainees extend beyond workload alone. Persistent gaps were evident across measures relating to supportive environments, fairness and respect, speaking up, discrimination and escalation. Taken together, these findings suggest that some aspects of workplace culture experiences may be less positive than those reported across the wider trainee population.

The picture is not consistent across all measures or training environments. O&G trainees reported positive experiences in several areas, including some aspects of patient safety reporting and organisational learning, while lower confidence was seen in raising and escalating concerns around education and training. There was also variation at a local level, highlighting the importance of understanding where challenges are concentrated and where positive experiences may provide opportunities to learn from good practice.

Implications

The findings from this analysis are relevant to wider national discussions about maternity care. Recent maternity reviews have documented serious failures in maternity care with devastating consequences for women, babies and their families, and drawn attention to issues including workforce pressures, culture, speaking up and organisational learning. The NTS provides an additional perspective on how trainees in O&G experience their training and working environments.

The persistence of differences from the all-specialty average in areas including workload, hesitancy to escalate and supportive environments warrants continued attention. The overall pattern of findings suggests that some of the challenges experienced by O&G trainees extend

beyond workforce pressures alone and may reflect broader aspects of workplace culture and psychological safety within training environments, including trainees' confidence in speaking up and raising concerns.

Those responsible for O&G training should consider these findings alongside other available evidence, explore what may be driving the differences identified and consider where further action may be needed.

Training and care are delivered within the same environments. While the NTS does not measure the quality or safety of patient care, the experiences of doctors in training can provide an important additional perspective on the cultures and pressures within those environments. Factors such as supportive working environments, confidence to speak up, effective escalation and organisational learning are particularly relevant given their importance to safe patient care and patient safety. Understanding where challenges persist, alongside where more positive experiences are reported, can help inform improvements to training and working environments. These findings can, in turn, contribute to wider efforts to strengthen workplace cultures, support effective speaking up and organisational learning, and improve the conditions that underpin safe, high-quality maternity care for women and babies.

Background and purpose

Purpose of this insight report

The recent Ockenden and Amos reviews of maternity services in England have prompted renewed national discussions about the environments in which maternity care is delivered. By documenting serious failures in maternity care, alongside concerns relating to workforce pressures, culture, leadership, inequalities, speaking up and organisational learning, these reviews reinforce the importance of understanding the training and learning environments of doctors in training in O&G.

Doctors in training experience first-hand the workplace cultures and service pressures highlighted by the maternity reviews, and their perspectives offer valuable insight into these wider issues. This paper draws together four years of NTS data to examine patterns in O&G training over time, highlighting areas where differences from the all-specialty average have persisted. While these data are already published in our education data reports, the renewed national focus on maternity services provides an important opportunity to consider them specifically through an O&G lens, bringing the experiences of doctors in training into wider discussions about maternity services and supporting engagement with those responsible for O&G training. Response rates for O&G trainees in 2026 are provided in Appendix 1.

Looking across four years of data enables us to move beyond a snapshot of current experience and explore whether differences between O&G and other specialties have persisted, improved or emerged over time. Given the focus on trainees' experiences of workplace culture and service pressures, this paper draws only on trainee survey data. Trainers are asked a separate set of questions relating to their role as clinical or educational supervisors.

Using the NTS data

The NTS is an annual UK-wide survey of doctors in training and trainers. It 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, and allows us to assess how every location and specialty is implementing the standards outlined in *Promoting excellence*.

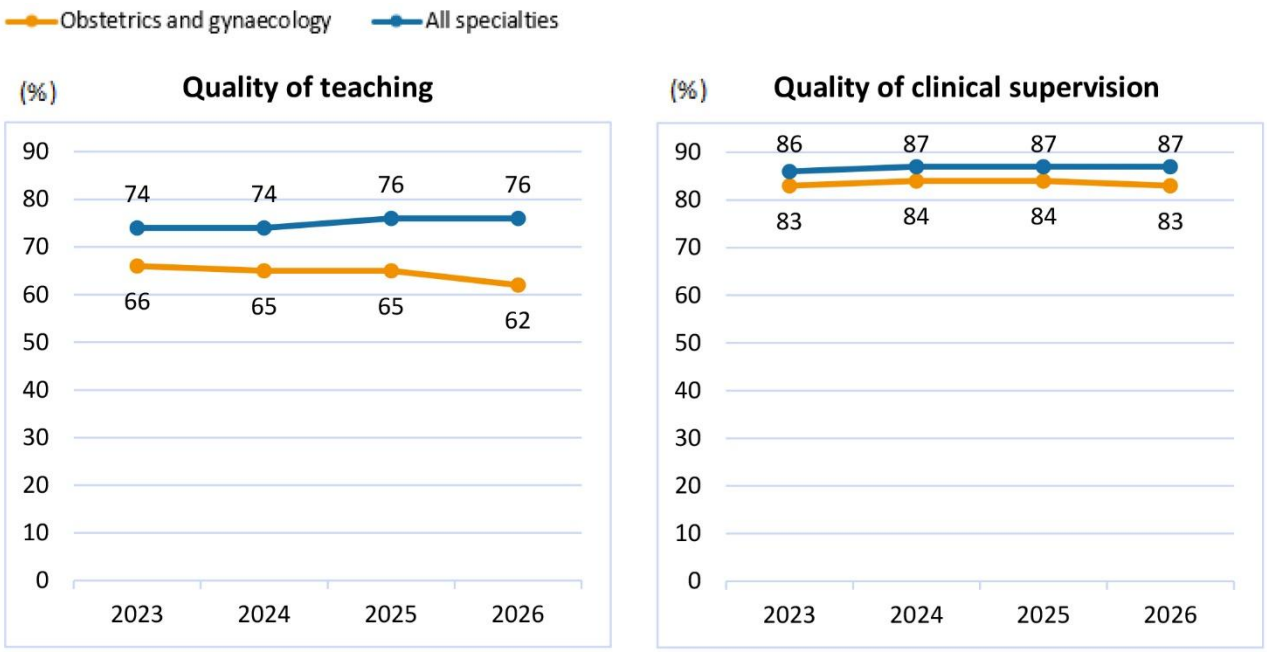
High-level findings

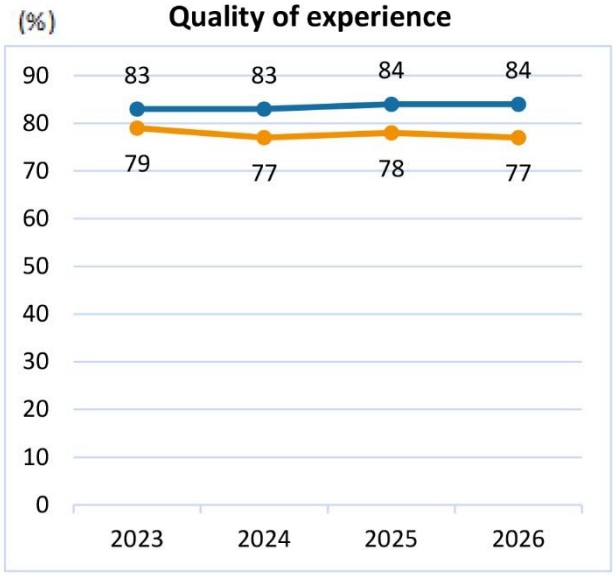
Lower ratings of education and training quality

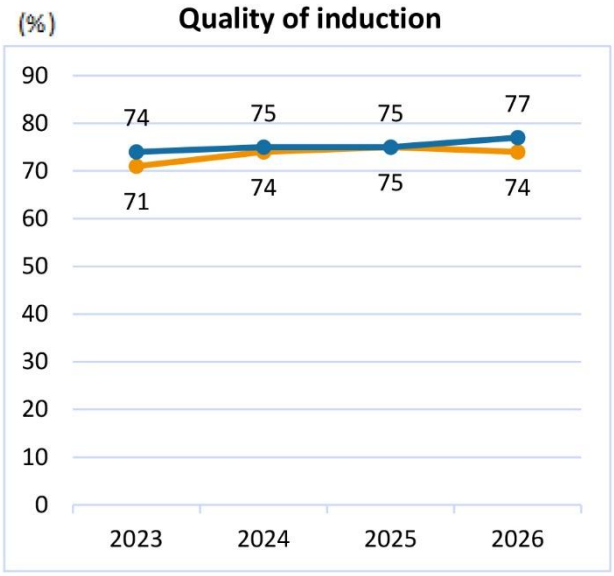
Despite challenging circumstances, O&G trainees still rated core components of their postgraduate training positively in 2026 (see Figures 1 to 4). However, their ratings were consistently lower than the all-specialty average, most notably in quality of teaching (14 percentage points (pp) lower) and quality of experience (7pp lower). Compared with 2025, positive ratings for quality of induction, clinical supervision and experience each fell by 1pp, and ratings on quality of teaching fell by 3pp.

The longitudinal data also highlight a growing divergence between the experiences of O&G trainees and those of trainees across all specialties. While ratings across all specialties have gradually improved since 2023, this trend has not been consistently reflected in O&G, where ratings for quality of teaching and quality of experience have declined over the same period.

Figures 1 to 4: Positive ratings on education and training quality measures between 2023 and 2026, by O&G and all specialties







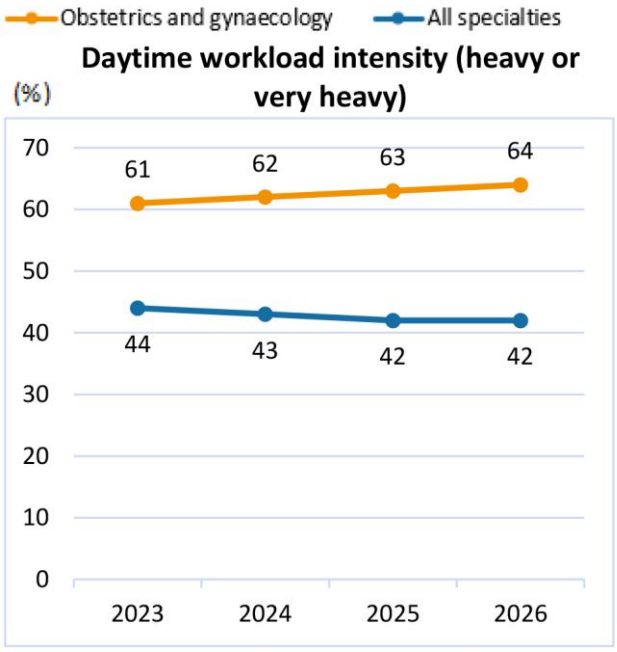
Heightened workforce pressures

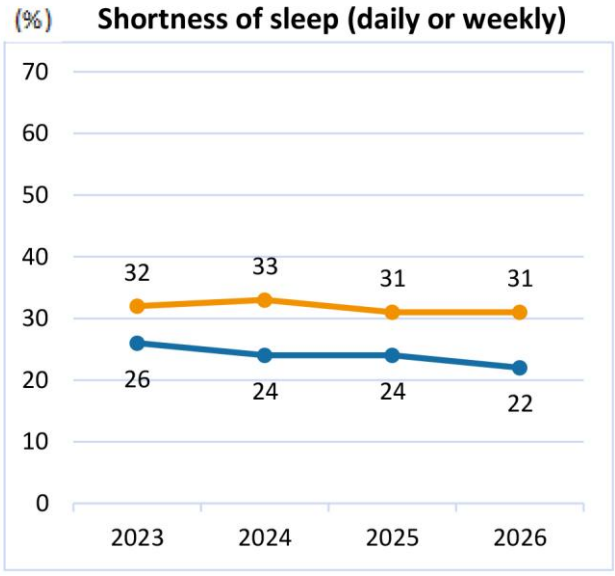
Increased workload

O&G trainees reported considerably greater workload pressures than the all-specialty average in 2026 (see Figures 5 & 6). A higher proportion of O&G trainees rated their daytime workload intensity as heavy or very heavy (22pp higher than the all-specialty average), and reported that their working pattern left them feeling short of sleep on a daily or weekly basis (9pp higher).

Between 2023 and 2026, both workload measures decreased across all specialties overall. Over the same period, however, the proportion of O&G trainees reporting their workload intensity as heavy or very heavy increased by 1pp each year.

Figures 5 & 6: Responses on workload measures between 2023 and 2026, by O&G and all specialties



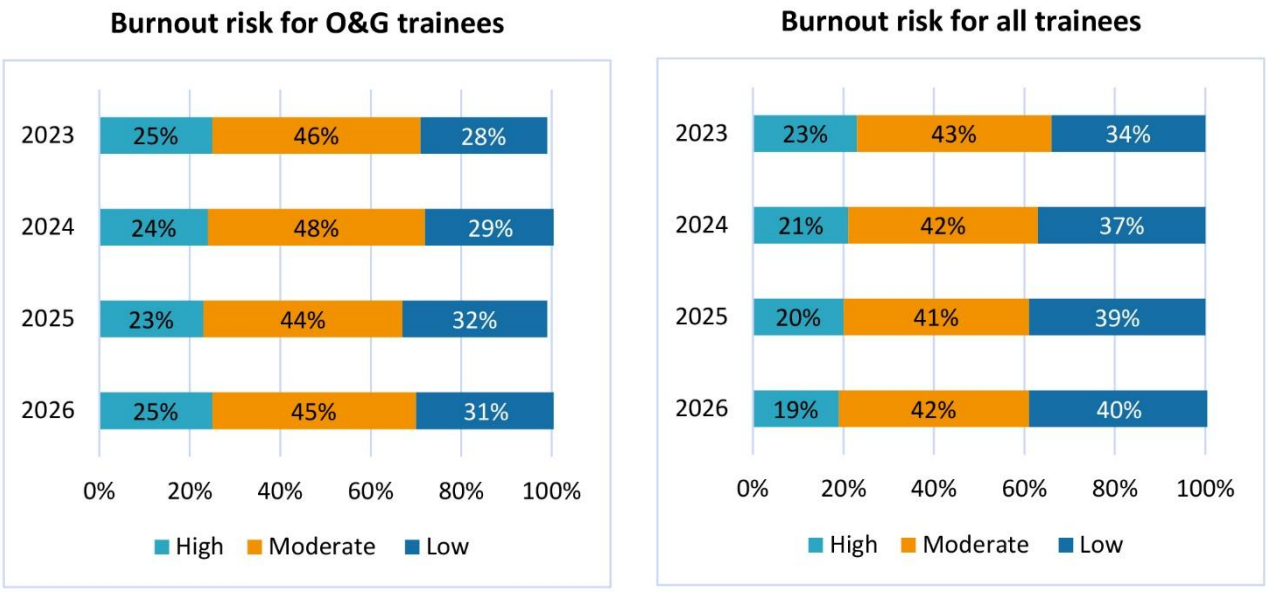


Higher burnout risk

A quarter of O&G trainees were calculated to be at high risk of burnout in 2026, which was 6pp higher than the all-specialty average. A further 45% were at moderate risk, 3pp higher than the all-specialty average. Overall, 70% of O&G trainees were at moderate or high risk of burnout, compared with 61% of trainees across all specialties.

Since 2023, the gap in burnout risk between O&G trainees and the all-specialty average has widened. Amongst those at high risk of burnout, the gap increased from 2pp in 2023 to 6pp in 2026. Over this period, the proportion at high risk fell by 4pp across all-specialties, while the O&G proportion returned to its 2023 level of 25%. A similar pattern is observed for combined moderate or high risk of burnout, with the difference increasing from 4pp in 2023 to 7pp in 2026.

Figures 7 & 8: Burnout risk between 2023 and 2026, by O&G and all specialties



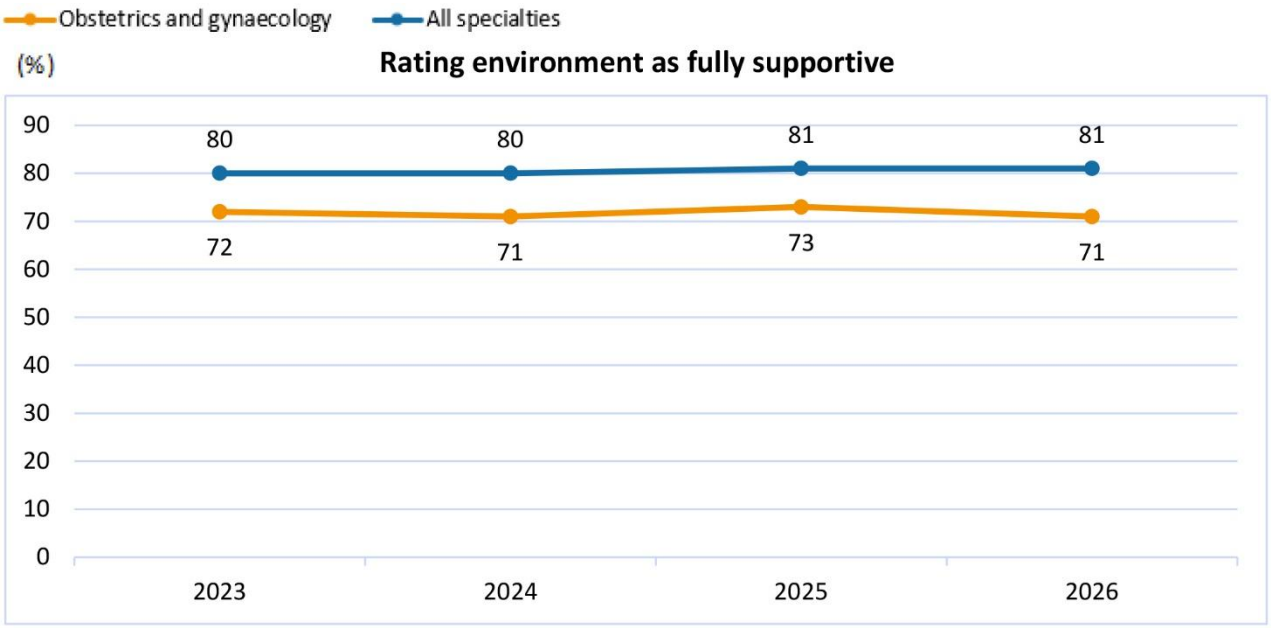
Lower perceptions on supportive training environments

Lower ratings of supportive environments

In this year's data, O&G trainees were consistently less positive about their environment compared with trainees across all specialties (see Figure 9). Notably, fewer O&G trainees than average reported that their environment was fully supportive (10pp lower), and that their department provided a supportive environment regardless of background, beliefs, or identity (8pp lower). O&G trainees were also 6pp more likely to report that instances of incivility or rudeness had negatively affected their experience.

Since 2023, the proportion of trainees across all specialties rating their environment as supportive has increased slightly, while the proportion among O&G trainees has decreased. Results were also 1pp lower for O&G trainees compared with 2025 on their department providing a supportive environment regardless for their background, beliefs, or identity (81%). 21% (1pp increase on 2025) said that incidents of incivility or rudeness negatively affected their experience.

Figure 9: Positive ratings of the supportive environment between 2023 and 2026, by O&G and all specialties

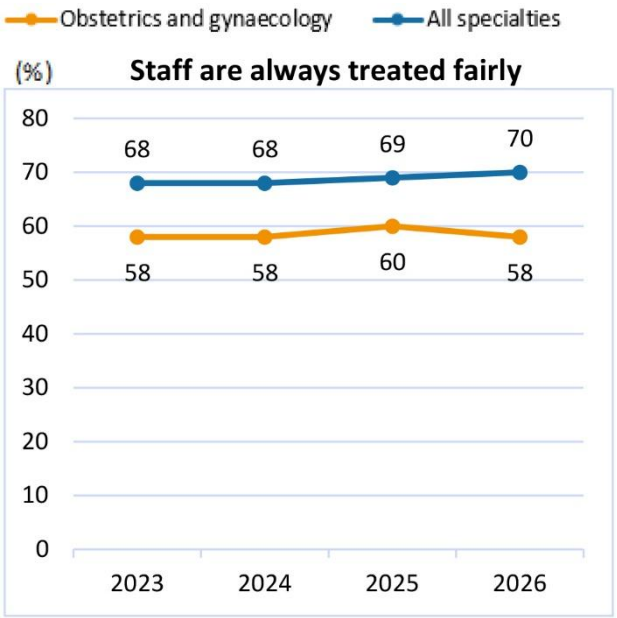


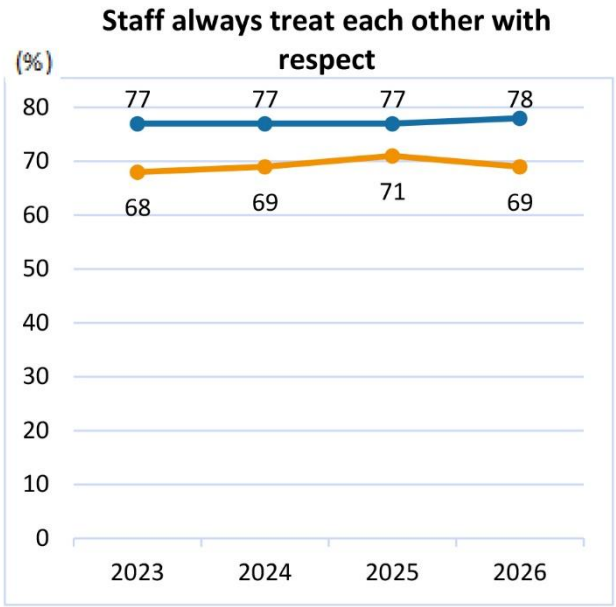
Lower perceptions on fairness and respect

Compared with the all-specialty average for 2026, O&G trainees reported considerably fewer positive experiences of fairness and respect in the workplace (see Figures 10 and 11). The proportion reporting that staff were always treated fairly was 12pp lower than the all-specialty average, while the proportion reporting that staff always treated each other with respect was 9pp lower.

Both measures declined by 2pp for O&G trainees compared with 2025, following the increase seen in 2024.

Figures 10 and 11: Positive ratings on supportive environment measures between 2023 and 2026, by O&G and all specialties





Mixed perceptions on culture and psychological safety

Positive multidisciplinary working culture

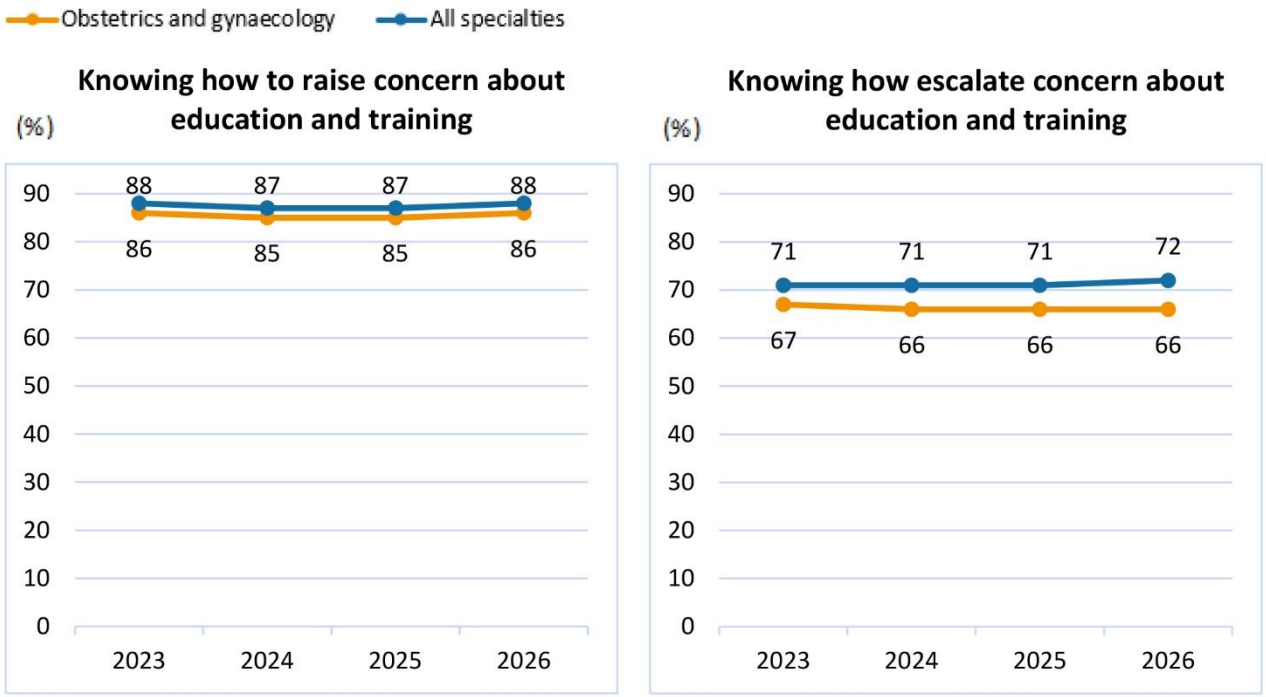
We added a new question to the survey in 2026, asking doctors in training whether their organisation encourages a culture of shared learning and knowledge sharing between multidisciplinary healthcare professionals. Most O&G trainees responded positively to this question (83%), in line with the all-specialty average. Additionally, nine out of ten (89%, 1pp increase on 2025) O&G trainees said that their organisation encourages a culture of teamwork between multidisciplinary healthcare professionals. This also matches the all-specialty average.

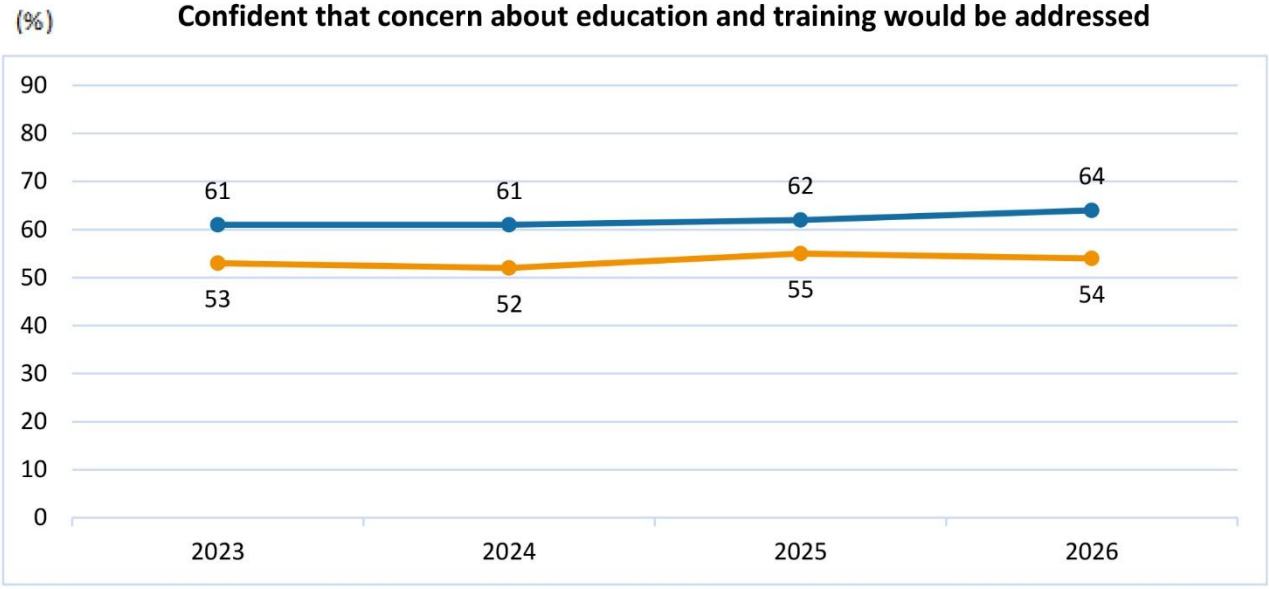
Mixed perceptions on educational governance

O&G trainees closely matched the all-specialty average on some aspects of educational governance (see Figures 12, 13 and 14). More than four in five said that they knew how, or could find out how, to raise a concern about their education and training, which aligned with trainees across all specialties.

However, O&G trainees were less positive about what happens after a concern is raised. Compared with the all-specialty average, 6pp fewer O&G trainees were confident to escalate concerns about education and training if they weren't addressed initially, and 10pp fewer O&G trainees were confident that these concerns would be addressed.

Figures 12, 13 & 14: Positive ratings on educational governance measures between 2023 and 2026, by O&G and all specialties





Reporting and experiencing discriminatory behaviours

Lower confidence in reporting discrimination

O&G trainees had lower confidence in reporting and challenging discrimination than trainees across all specialties. While 70% knew how, or could find out how, to report discrimination (5pp lower), they were less confident to report discrimination without fear of adverse consequences (53%, 10pp lower) or to challenge discrimination and unprofessional behaviours (50%, 10pp lower).

O&G trainees have become more positive on two of these three measures since 2023. However, these improvements have not closed the gap with the all-specialty average. The gap in knowing how, or being able to find out how, to report discrimination, and in confidence to report discrimination without fear of adverse consequences, both widened by 2pp since 2023. The difference in confidence to challenge discrimination and unprofessional behaviours was unchanged over this period.

Fewer trainees answering 'never' to discriminatory behaviour questions

In this year's survey data, a lower proportion of O&G trainees reported never experiencing discriminatory behaviours from colleagues across several measures, compared with the all-specialty figure (see Table 1). The largest difference was in having the same access to training opportunities, with the proportion reporting never being denied the same training opportunities as their peers 11pp lower than the all-specialty average.

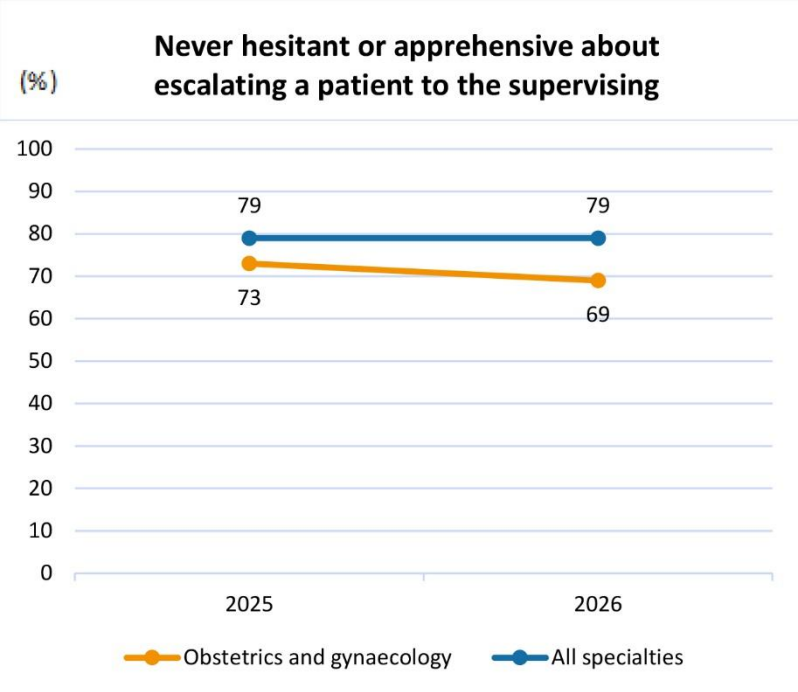
Compared with 2023, the proportion of O&G trainees responding 'never' was lower in 2026 on four of the six discriminatory behaviour measures. Differences between O&G and the all-specialty average also persisted over time, although the gap has narrowed slightly on one measure since 2023. In contrast, O&G trainees have reported a higher proportion of 'never' responses to the question on unwelcome sexual conduct than the all-specialty average in each of the last three years.

Table 1: Proportion of trainees answering "never" to discriminatory behaviour questions, by O&G and all specialties (change vs 2025)

Discriminatory behaviour measure	Obstetrics & Gynaecology	All specialties
Never experienced insults, stereotyping or jokes on the grounds of a person's protected characteristics	69% (as 2025)	75% (↑1pp)
Never intentionally humiliated in front of others	80% (↓1pp)	87% (as 2025)
Never ignored or excluded from conversations, groups or meetings	78% (↓1pp)	84% (as 2025)
Never experienced unwelcome sexual conduct	96% (as 2025)	94% (↑1pp)
Never denied the same training opportunities as their peers	70% (↓2pp)	81% (↓1pp)
Never experienced micro-aggressions, negative comments, or oppressive body language from colleagues	63% (↑1pp)	72% (as 2025)

Hesitancy or apprehension to escalate a patient to supervising clinician

Figure 15: Proportion answering "never" feeling hesitant or apprehensive about escalating a patient to the supervising clinician between 2025 and 2026, by O&G and all specialties



In 2025, we introduced a new question to explore how frequently doctors in training feel apprehensive or hesitant about escalating a patient to their supervising clinician.

Compared with the all-specialty figure, fewer O&G trainees reported never feeling apprehensive or hesitant about escalating a patient (see Figure 15) in both 2025 and 2026. A 6pp difference was observed in 2025, which increased to 10pp in 2026, due to O&G trainee's "never" proportion decreasing by 4pp in this year's survey data.

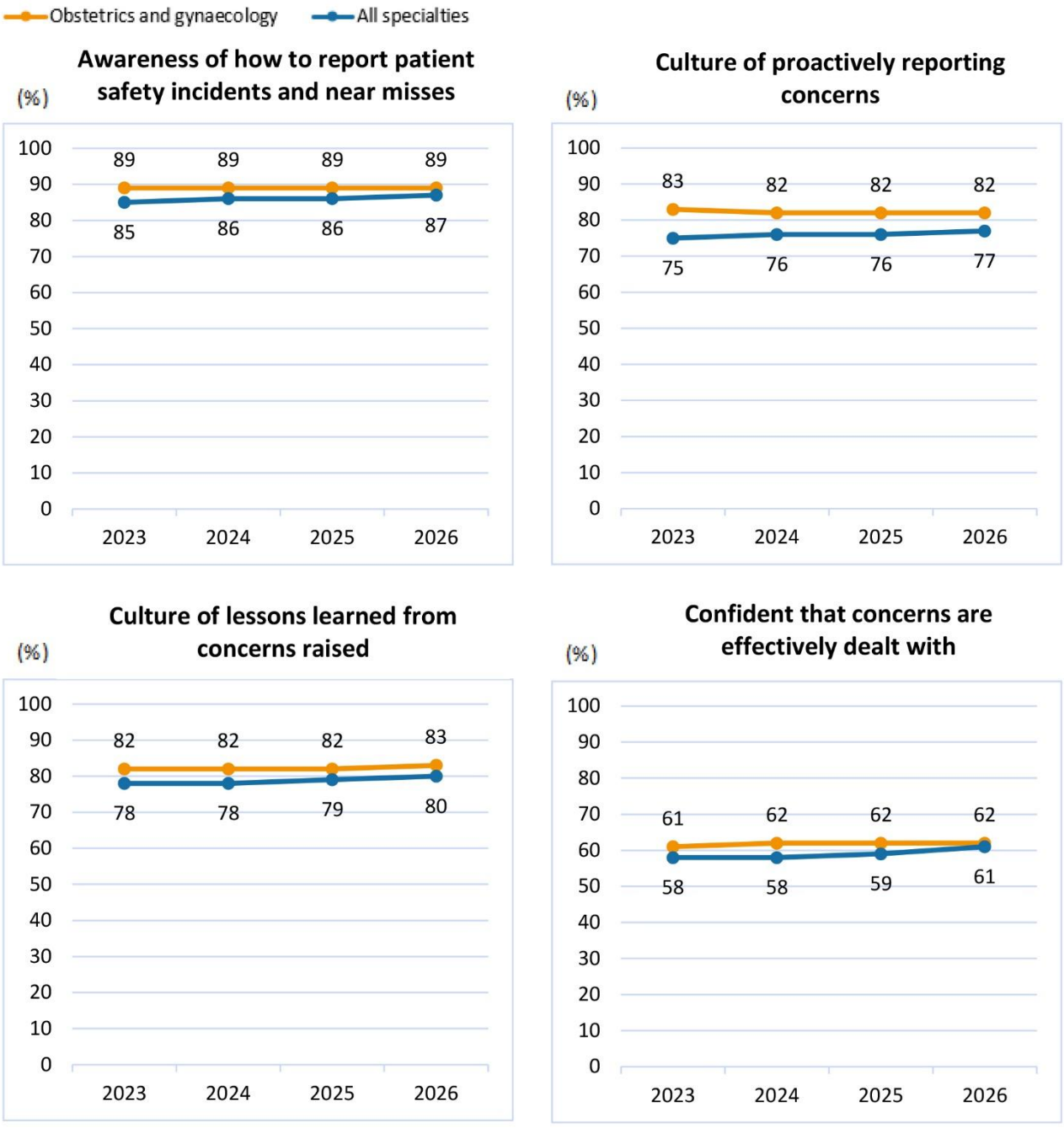
This finding is particularly notable given concerns outlined in recent maternity reviews about the importance of creating an environment where staff feel confident in escalating concerns and have clear routes to senior support. While the survey data does not outline causation, the widening gap indicates that O&G trainees are increasingly less likely than trainees overall to feel comfortable escalating a patient in their care.

Positive reporting systems and organisational learning

In 2026, O&G trainees were slightly more positive about patient safety reporting systems than the all-specialty average (see Figures 16 to 19). Nearly nine in ten O&G trainees reported knowing how to report patient safety incidents and near misses (2pp higher than the all-specialty average), while 82% reported a culture of proactively listening to concerns (5pp higher). Similarly, 83% reported a culture of learning lessons from concerns raised (3pp higher). However, just over six in ten were confident that concerns would be dealt with effectively, broadly in line with the all-specialty average (1pp higher).

This relatively positive picture has been sustained over time, with O&G trainees reporting more positive responses than trainees across all specialties on these measures in each of the last four years. However, while the all-specialty results have improved on each measure since 2023, O&G results have remained broadly stable, with only a slight increase in confidence that concerns would be dealt with effectively.

Figures 16 to 19: Positive ratings on reporting systems and organisational learning between 2023 and 2026, by O&G and all specialties



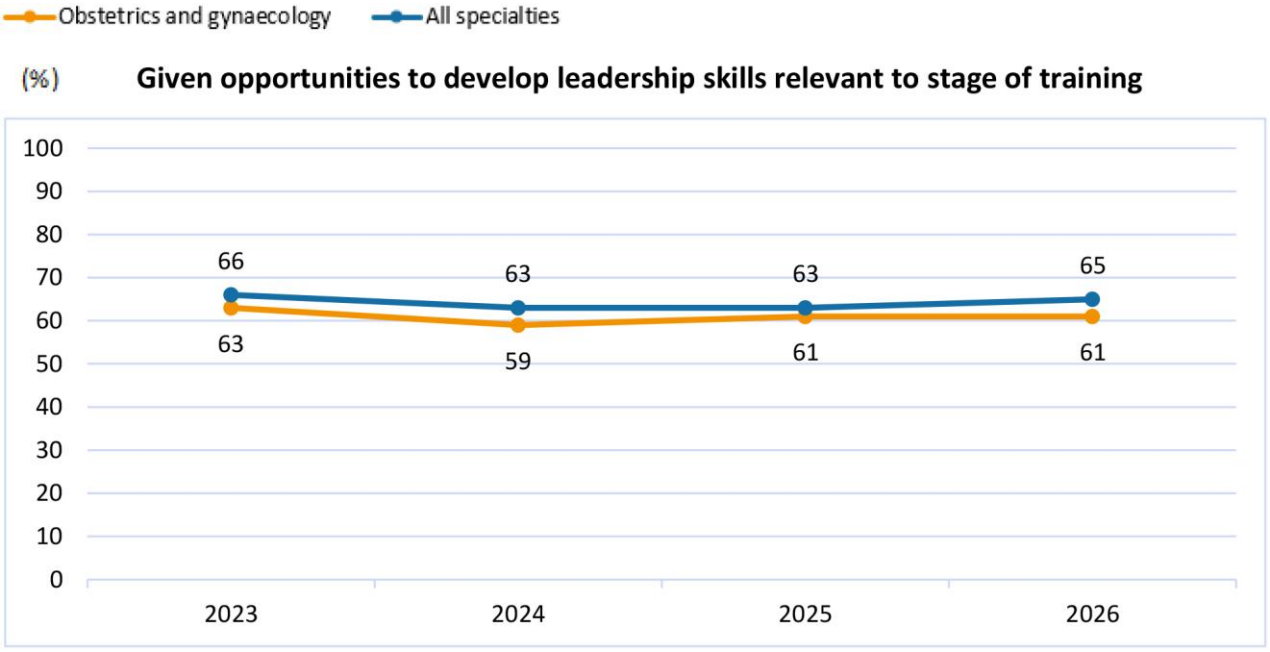
Fewer leadership opportunities and less formal support

Fewer leadership opportunities

In 2026, 4pp fewer O&G trainees reported having access to opportunities to develop their leadership skills, compared with the all-specialty figure (see Figure 20).

Access to these opportunities has remained lower among O&G trainees in each of the last four years. While the gap narrowed in 2025, it widened again in 2026, exceeding the difference observed in 2023.

Figure 20: Positive responses to leadership opportunities between 2023 and 2026, by O&G and all specialties



More informal mentoring support

In 2026, slightly fewer O&G trainees reported having no mentor support compared with the all-specialty average (see Table 2).

While overall levels of mentoring support were therefore similar, O&G trainees were more likely to receive informal support (3pp higher than the all-specialty average) and less likely to receive formal support (3pp lower than the all-specialty average).

Table 2: Responses to type of mentoring support being used between 2024 and 2026, by O&G and all specialties

Mentoring support	2024		2025		2026	
	O&G	**All trainees**	**O&G**	**All trainees**	**O&G**	**All trainees**
No support from a mentor	54%	56%	55%	56%	54%	55%
Yes – informal mentoring from another clinician	23%	20%	23%	20%	23%	21%
Yes – informal other	9%	9%	10%	9%	10%	9%
Yes – formal mentoring scheme through my employer (e.g. trust or site of work)	10%	13%	12%	14%	12%	15%
Yes – formal mentoring scheme through my deanery/NHSE regional team	11%	10%	10%	10%	10%	11%
Yes – formal scheme through my royal college or faculty	3%	2%	2%	2%	3%	2%
Yes – formal scheme through another organisation	1%	1%	1%	1%	1%	1%

Variation within O&G

Workforce context

These findings are particularly relevant in the context of the O&G workforce. Workforce data that informed our recent The state of medical education and practice in the UK publications shows that O&G is a predominantly female, older and relatively diverse specialty, with a higher proportion of internationally qualified doctors than the specialist workforce overall. This pattern extends to trainees, with 78% of O&G NTS respondents being female, compared with 57% of trainees overall. The demographic characteristics of O&G trainees who responded to the NTS and NTS respondents across all specialties is provided in Appendix 2.

Our wider workforce data also shows that, while the specialty has grown in recent years, the number of doctors leaving O&G has increased, and recent analysis suggests that female and ethnic minority O&G doctors experience higher levels of burnout on some measures than their counterparts. Against this backdrop, understanding variation in trainee experiences is important for identifying where particular groups may face greater challenges and considering the potential implications for workforce wellbeing, retention and sustainability.

Variation in O&G trainee experiences

Differences were evident between demographic groups in 2026. Female trainees reported fewer positive experiences than male trainees on two of the three measures relating to reporting discrimination. Trainees from an ethnic minority background also reported lower confidence than trainees from a white background in knowing how to report discrimination and being able to do so without fear of adverse consequences, alongside lower confidence on measures relating to raising concerns.

Experiences also varied by UK country. Compared with the all-UK average, O&G trainees in Wales reported more positive experiences across several measures, including reporting discrimination and ratings of education and training. Trainees in Northern Ireland also reported more positive experiences, including on confidence that concerns would be dealt with effectively, opportunities to develop leadership skills, and a higher proportion reporting that they had never felt hesitant to escalate patient care to a supervising clinician. A larger proportion of trainees in Scotland reported never experiencing discriminatory behaviours from colleagues across several measures than the UK O&G average.

However, sample sizes vary considerably by country in 2026, from 59 trainees in Northern Ireland, 236 in Scotland and 109 in Wales, to 2333 in England. Therefore, these comparisons should be interpreted with caution.

Taken together, these findings show that experiences across O&G are not uniform, with differences evident by gender, ethnicity and country. Understanding where and for whom positive experiences are reported is particularly important given the demographic profile of the workforce.

Full breakdowns by country, gender and ethnicity are provided in Appendices 3 and 4.

Insights and implications

Recent maternity reviews have documented serious failures in maternity care, and identified recurring concerns around workforce pressures, culture, speaking up, leadership and organisational learning. It is the responsibility of all those across the healthcare system to play their part in addressing these failures, including employers, system regulators and professional regulators such as the GMC.

The experiences reported by O&G trainees provide insight into some of these aspects of the environments in which they learn and deliver care. Training and care are delivered within the same environments, making it important that the experiences of doctors in training form part of wider efforts to understand and improve maternity services. This analysis highlights four key insights.

- **Workforce pressures persist for O&G trainees.** O&G trainees continue to experience greater workforce pressures than trainees across all specialties, including higher workload intensity, more frequent sleep deprivation and a higher risk of burnout. These differences have persisted over the last four years, with improvements across the wider training population not always reflected to the same extent in O&G. This is consistent with internal analysis of our 2025 Barometer survey data, which found that O&G doctors experienced greater difficulty in taking breaks due to workload intensity, and were more likely to refuse additional workload because of workload pressures than the all-doctor average. This internal analysis also identified sustained workload challenges among younger O&G doctors. Together, these findings highlight the importance of understanding and addressing the pressures experienced early in O&G careers, particularly where these challenges may persist beyond training.
- **Challenges extend beyond workforce pressures.** O&G trainees were less positive across several aspects of the training environment, including the supportive environment, fairness and respect, and reported greater hesitancy in escalating a patient to a supervising clinician. Experiences of professional support and development were more mixed, with more informal but less formal mentoring support. Taken together, these findings highlight that challenges in O&G are not confined to workforce pressures alone and are evident across broader aspects of workplace culture and psychological safety, including confidence in seeking senior support. This is particularly relevant given the emphasis placed on culture, leadership, speaking up and effective escalation in recent maternity reviews.
- **Mixed picture around raising concerns and organisational learning.** O&G trainees were more positive than the all-specialty average on several aspects of patient safety reporting and organisational learning, including awareness of how to report patient safety incidents. These more positive experiences were sustained across the last four years. However, O&G trainees were less positive about whether concerns about their education and training would be addressed or how to escalate them if they were not. They also reported lower confidence in reporting and challenging discriminatory behaviours. This suggests that awareness of reporting processes does not necessarily translate into confidence in what happens when particular concerns are raised or need to be escalated.
- **Experiences vary within O&G.** While these findings highlight important specialty-wide patterns, experiences are not uniform across O&G. Differences were evident at a local level,

between UK countries and across demographic groups. Female trainees reported lower confidence than male trainees in reporting discrimination without fear of adverse consequences. Differences by ethnicity were also evident in experiences of reporting discrimination and raising concerns. Given the distinctive profile of the O&G workforce, understanding variation in trainees' experiences may have important implications for workforce wellbeing, retention and sustainability.

How we use NTS data

We use NTS data to ensure that doctors are receiving the training they need to deliver good and safe patient care. This helps us to identify risks and good practice across locations and specialties, with results for individual posts and programmes compared with relevant benchmark groups. Where a post or programme is identified as a below outlier compared to the benchmark, we work with those responsible for training to understand the reasons for this and the action needed in response. Where necessary, we may also use our enhanced monitoring processes.

Survey data is reviewed each year by statutory education bodies, trusts, boards and our Quality Assurance and Monitoring Improvement teams. Our liaison advisers also use the findings in their engagement with responsible officers, medical directors, postgraduate deans and other stakeholders. We also used NTS data in our wider reporting to highlight differences between specialties and across the four UK countries.

Our use of NTS data sits alongside wider work already underway to strengthen our response to concerns about maternity services and consider how we can contribute to addressing them. For example, in Nottingham we have strengthened our engagement with families affected by maternity concerns, including through more structured and tailored contact, single-points of contact and trauma-informed training for GMC staff. We have also improved information for families and others about how to raise concerns about maternity or neonatal care.

Next steps and opportunities

Many of the issues highlighted by this analysis are deep-seated and systemic. Maternity care is delivered in a multiprofessional environment, so addressing these issues will require collaboration across organisations and regulators, with different parts of the system taking the lead where appropriate. This will include working with training providers, the Royal College of Obstetricians and Gynaecologists and other partners to consider what the findings mean for O&G training and where coordinated action may be needed.

We will use these findings to inform our engagement with those responsible for O&G training, focusing particularly on areas where differences from the all-specialty average have persisted over time. Through this engagement, we will seek to better understand the experiences reflected in the survey data, what action is already being taken and where further action or exploration may be needed.

Our role will vary depending on the issue, reflecting our regulatory remit and our responsibilities across all specialties. Our Outreach teams can help connect these findings with wider work through their engagement with medical leaders and regional regulatory partners, while issues

beyond our remit will need to be taken forward by the organisations best placed to respond.

Taking this work forwards across the UK

We will use our involvement in maternity improvement work across the UK to ensure that the experiences of doctors in training inform ongoing efforts to improve maternity services.

- In **England**, the UK Government's National Maternity Taskforce will develop and oversee the implementation of a national maternity action plan, with GMC representation on an expert reference group for regulators and investigatory bodies.
- In **Scotland**, the recently announced independent review of maternity care provides a further opportunity to contribute insights alongside wider work being led through the Scottish Government's Maternity and Neonatal Taskforce.
- In **Wales**, the GMC was represented on the recent assurance assessment of maternity and neonatal services and will contribute to the new Maternity and Neonatal Perinatal Stakeholder Group, which is being established in response to its findings.
- In **Northern Ireland**, the Department of Health has accepted recommendations aimed at improving the safety and quality of maternity care, including the establishment of a multidisciplinary regional Maternal and Newborn Partnership. We will share this report with the Department of Health to support the work of this group.

Our engagement with this wider work will focus on three key areas emerging from this analysis:

- **understanding** why some O&G trainees are less confident in seeking senior support or raising concerns, and what can be learned from training environments where trainees report more positive experiences
- **exploring** the factors contributing to persistent differences in workforce pressures and the supportive environments in O&G posts, including why improvements across the wider training population have not always been reflected to the same extent in O&G
- **learning** from variation within O&G, including more positive experiences in some countries and settings and differences between demographic groups, to better understand where challenges are concentrated and where good practice could be shared.

We will use the analysis here and future NTS results to build a shared understanding of the issues identified, learn from positive training environments and support collective action to improve O&G training and working environments. Strengthening the cultures in which doctors train and work, including their ability to speak up, learn and be supported, is an important part of creating the conditions for safe, high-quality care for women and babies.

Appendices

Appendix 1: Responses to the survey

This year, over 2,700 doctors in training in Obstetrics and Gynaecology (O&G) completed the survey (see Table 3). The response rate for O&G trainees was higher than in 2025 (72% ↑2 percentage points (pp)).

Table 3: 2026 O&G completion rates by country (change vs 2025)

	England	NI	Scotland	Wales	UK
Trainees	72% (↑3pp)	60% (↓11pp)	71% (↑2pp)	87% (↑2pp)	**72% (↑2pp)**
Number of doctors	2,333	59	236	109	**2,737**

Appendix 2: 2026 NTS demographic data by O&G and all specialties

Table 4: 2026 NTS demographic data, by O&G and all specialties

Demographics		O&G trainee proportion	All trainee proportion
Age	Under 25	2%	7%
	25 to 29	32%	34%
	30 to 39	54%	51%
	40 and over	12%	8%
Gender	Female	78%	57%
	Male	22%	43%
Ethnicity	Ethnic minority background	53%	51%
	White background	45%	46%

Appendix 3: 2026 O&G data by country

Table 5: 2026 NTS O&G data, by country and all O&G trainees

Question area	Question focus	England	NI	Scotland	Wales	All O&G
Satisfaction (good/very good)	Induction	74%	76%	74%	79%	**74%**
	Teaching	62%	66%	58%	71%	**62%**
	Clinical supervision	83%	82%	89%	87%	**83%**
	Experience	76%	75%	78%	86%	**77%**
Workload	Intensity (heavy/very heavy)	64%	58%	62%	63%	**64%**
	Shortness of sleep (daily/weekly)	31%	31%	29%	31%	**31%**
Supportive environment (agree/strongly agree)	Rating environment as supportive	71%	74%	78%	75%	**71%**
	Treated fairly	56%	63%	71%	64%	**58%**
	Treat each other with respect	68%	73%	77%	75%	**69%**
Psychological safety (agree/strongly agree)	How to raise concerns about education and training	86%	87%	87%	86%	**86%**
	Confident concerns about education and training would be addressed	53%	63%	58%	59%	**53%**
	How to escalate concerns about education and training	65%	70%	65%	74%	**65%**
Hesitancy to escalate (never proportion)	Never hesitant to escalate a patient to supervising clinician	68%	83%	74%	73%	**69%**
Discriminatory behaviours (never proportion)	Never experience insults	68%	82%	73%	66%	**69%**
	Never intentionally humiliated	79%	79%	88%	89%	**80%**
	Never Ignored	78%	79%	82%	80%	**78%**
	Never denied same opportunities	69%	76%	74%	69%	**70%**
	Never experience micro-aggressions	62%	64%	69%	62%	**63%**
Reporting discrimination (agree/strongly agree)	Confident know how to report discrimination	69%	76%	73%	87%	**70%**
	Confident reporting discrimination without adverse consequences	52%	52%	60%	64%	**53%**
	Confident to challenge discriminatory or unprofessional behaviours	50%	49%	53%	55%	**50%**
Leadership (agree/strongly agree)	Receive leadership opportunities	60%	78%	64%	69%	**61%**

Mentoring	No support from a mentor	55%	49%	56%	45%	**54%**
	Yes – informal mentoring from another clinician	23%	20%	23%	34%	**23%**
	Yes – informal other	10%	17%	8%	14%	**10%**
	Yes – formal mentoring scheme through my employer (e.g. trust or site of work)	11%	15%	14%	10%	**12%**
	Yes – formal mentoring scheme through my deanery/NHSE regional team	10%	14%	6%	9%	**10%**
	Yes – formal scheme through my royal college or faculty	3%	2%	2%	4%	**3%**
	Yes – formal scheme through another organisation	1%	0%	2%	4%	**1%**
Reporting systems (agree/strongly agree)	Know how to report patient safety incidents	89%	88%	90%	89%	**89%**
	Culture of proactively reporting concerns	82%	82%	82%	87%	**82%**
	Culture of lessons learned from concerns raised	81%	87%	85%	86%	**82%**
	Confident concerns dealt with effectively	62%	73%	62%	73%	**62%**
Multidisciplinary working (agree/strongly agree)	Culture of shared learning	83%	93%	83%	85%	**83%**
	Culture of teamwork	89%	90%	93%	95%	**89%**

Appendix 4: 2026 O&G data by ethnicity and gender

Table 6: 2026 NTS O&G data, by country and all O&G trainees

Question area	Question focus	Trainees from ethnic minority background	Trainees from white background	Male trainees	Female trainees	All O&G
Satisfaction (good/very good)	Induction	74%	74%	75%	74%	**74%**
	Teaching	61%	64%	62%	63%	**62%**
	Clinical supervision	82%	86%	84%	84%	**83%**
	Experience	74%	80%	77%	77%	**77%**
Workload	Intensity (heavy/very heavy)	69%	58%	62%	64%	**64%**

	Shortness of sleep (daily/weekly)	31%	30%	28%	32%	**31%**
Supportive environment (agree/strongly agree)	Rating environment as supportive	69%	74%	72%	71%	**71%**
	Treated fairly	56%	62%	63%	58%	**58%**
	Treat each other with respect	70%	68%	74%	69%	**69%**
Psychological safety (agree/strongly agree)	How to raise concerns about education and training	83%	90%	86%	85%	**86%**
	Confident concerns about education and training would be addressed	54%	53%	61%	51%	**53%**
	How to escalate concerns about education and training	64%	68%	72%	64%	**65%**
Hesitancy to escalate (never proportion)	Never hesitant to escalate a patient to supervising clinician	70%	68%	72%	69%	**69%**
Discriminatory behaviours (never proportion)	Never experience insults	69%	68%	77%	67%	**69%**
	Never intentionally humiliated	78%	83%	83%	79%	**80%**
	Never Ignored	76%	81%	81%	77%	**78%**
	Never denied same opportunities	65%	77%	70%	70%	**70%**
	Never experience micro-aggressions	59%	68%	65%	62%	**63%**
Reporting discrimination (agree/strongly agree)	Confident know how to report discrimination	64%	79%	71%	70%	**70%**

	Confident reporting discrimination without adverse consequences	49%	58%	62%	52%	**53%**
	Confident to challenge discriminatory or unprofessional behaviours	47%	55%	63%	47%	**50%**
Leadership (agree/strongly agree)	Receive leadership opportunities	46%	64%	59%	62%	**61%**
Mentoring	No support from a mentor	55%	49%	50%	55%	**54%**
	Yes – informal mentoring from another clinician	27%	20%	26%	22%	**23%**
	Yes – informal other	13%	6%	9%	10%	**10%**
	Yes – formal mentoring scheme through my employer (e.g. trust or site of work)	15%	8%	14%	11%	**12%**
	Yes – formal mentoring scheme through my deanery/NHSE regional team	13%	6%	13%	9%	**10%**
	Yes – formal scheme through my royal college or faculty	4%	2%	3%	3%	**3%**
	Yes – formal scheme through another organisation	1%	1%	1%	1%	**1%**
Reporting systems (agree/strongly agree)	Know how to report patient safety incidents	86%	93%	86%	90%	**89%**

	Culture of proactively reporting concerns	80%	85%	79%	83%	**82%**
	Culture of lessons learned from concerns raised	82%	82%	80%	83%	**82%**
	Confident concerns dealt with effectively	63%	62%	66%	61%	**62%**
Multidisciplinary working (agree/strongly agree)	Culture of shared learning	82%	84%	83%	83%	**83%**
	Culture of teamwork	89%	91%	89%	90%	**89%**