General Medical Council

National training survey 2024

Foreword

The results of this year's national training survey evidence concerning issues within the postgraduate training system and underline why it is a priority to increase the capacity of the trainer workforce.

When we recently published our priorities for the future of medical education and training we identified this as a key shared responsibility. A stronger, better supported, and appropriately valued trainer workforce is a critical enabler of ambitious workforce expansion plans. We depend on it for the development of the future senior medical workforce, and the clinical leadership capability rightly expected of UK public healthcare provision.

Half of trainers are at moderate or high risk of burnout, and twenty-nine percent told us they struggle to use time allocated for training for that purpose. It is the responsibility of employers to make sure that trainers are appropriately supported as they fulfil their responsibilities, and that training time is not eroded. Although challenges inevitably arise when the system is under extreme pressure, training must be seen as a priority - ringfencing time is essential if standards are to be maintained.

The new UK government is committed to supporting the Long Term Workforce Plan in England. The planned increase in numbers of UK medical students means there will soon be many more postgraduate trainees coming into a system that is already operating at maximum capacity.

For these plans - alongside those in Northern Ireland, Scotland, and Wales – to succeed, additional capacity needs to be created with the expansion of the educator workforce. This must be accompanied by better support for trainers to avoid compounding the issue with a retention challenge.

As in previous years, the majority of doctors in training rate the quality of their training highly, which stands testament to the skills and talents of their trainers. However, more than a fifth are at high risk of burnout, which raises serious questions about sustainability and retention.

It is troubling that doctors in training with particular protected characteristics experience more discriminatory behaviours than their peers and are less confident in reporting discrimination when it occurs. Every doctor in the UK has the right to work and train in an environment free from discrimination and all parties must understand that there is work we must do together to achieve that.

Additionally, the proportion of trainees who believe they have opportunities to develop leadership skills in their posts has fallen. Good leadership is inextricably linked to the delivery of good patient care and this aspect of training should not be jettisoned or neglected, even in the face of extreme service pressures. Indeed, there is a compelling case to be made that it is even more important in the context of current challenges and those that undoubtedly lie ahead.

Efforts to solve the problems of the health services through training more doctors in the UK will fail if training capacity and prioritisation are not addressed and if employers do not address their responsibilities to support wellbeing. The intensity of current pressures must not divert them from the need to provide fair and compassionate training environments, where experienced doctors are supported in their efforts to help doctors in training learn and flourish.

While workloads are one of the major contributors to wellbeing, we know that other factors may play a part, such as effective induction, rota design and, in the case of early career doctors, geographic relocation. Later this summer we'll publish our report *The state of medical education and practice in the UK: workplace experiences 2024* which will provide detailed insights into how doctors' experiences impact on their practice and the care they provide to patients.

The national training survey is the largest annual survey of doctors in the UK, and 74,000 doctors participated this year. Employers and policymakers must use these data to further their understanding of the intensity of workloads and wellbeing issues within training environments, and develop action plans to ensure system sustainability.

Listening to what doctors in training and trainers have to say about their experiences is not only important now, it is also critical to the development and retention of the future medical workforce. The nuances and complexity of the postgraduate training system may be largely invisible to the general public, but the way it functions or fails impacts the care of patients today and will do so for generations to come.

Charlie Massey

Chief Executive and Registrar

Key findings

Doctors in training

- **Quality of training –** Despite the many pressures on the health services, the quality of training across the UK remains high. As in 2023, 86% of trainees were positive about their clinical supervision and 83% said the quality of experience in their post was good or very good.
- **Wellbeing –** Although there was a slight improvement in the responses to our questions about wellbeing, the survey results remain very concerning. Over a fifth (21% ↓2pp compared to 2023) of trainees measured to be at high risk of burnout and over half (52% ↓3pp) described their work as emotionally exhausting to a very high or high degree.
- **Rota design –** Over a quarter (26% ↓3pp) of trainees in secondary care posts said their training is adversely affected because rota gaps aren't dealt with appropriately.
- **Developing leadership skills –** Since 2022, there's been a decline of six percentage points (69% to 63%) in the proportion of trainees agreeing that their posts gave them opportunities to develop their leadership skills. Given the many systemic pressures affecting the health services, it's likely this vital aspect of training isn't being given the necessary focus and attention.
- **Discriminatory behaviours –** The majority of trainees continue to say that they work in supportive workplaces. However, findings from the demographic breakdowns of our questions about discriminatory behaviours provide insight into the extent to which unprofessional behaviours are taking place in some healthcare environments. The analysis shows that factors, including gender, ethnicity, religion, sexual orientation, and disability status affect a trainee's experience.

Trainers

- **Time for training –** Although the majority (90% ↑1pp) of trainers enjoy their role, they continue to voice concerns about the level of time and support they receive for training. Over a quarter (27% ↓1pp) don't think their job plan contains enough designated time for their role as a trainer. And less than half (48% ↑2pp) said they were always able to use the time allocated for training, specifically for that purpose.
- **Wellbeing –** Half (50% ↓2pp) of all trainers are measured to be at high or moderate risk of burnout. As in 2022 and 2023, a third (32%) said their work frustrates them to a high or very high degree.
- **Rota design –** Nearly a third (31% ↓2pp) of secondary care trainers told us that their trainees' education and training are adversely affected because rota gaps aren't always dealt with appropriately.

Acting on the results

It's a testament to the hard work and commitment demonstrated by trainees, trainers, their postgraduate deans, and training providers, that the quality of postgraduate medical training across the UK remains high.

However, the data also highlight how sustained pressures on our health services are continuing to impact doctors' wellbeing and experiences at work and how service pressures can often conflict with education and training. The intensity of workloads and risk of burnout levels reported by both trainees and trainers remain very high. And while most trainees said they work in supportive environments, the demographic breakdowns to our questions about discriminatory behaviours show that this isn't the case for everyone.

This picture is compounded by the structural issues reported by doctors in training and their trainers, including concerns about rota design, time for training, and access to opportunities to develop key skills for career development, such as leadership.

The issues raised in the survey by both trainees and trainers will continue to deteriorate unless plans to expand medical student numbers are delivered alongside corresponding increases in trainer capacity. And while such plans are welcome and necessary, in the short term it's essential that we better support the trainers and trainees we already have.

Trusts and boards across the UK must play their part in this, providing vital support and development opportunities and make a clear commitment to protect and prioritise educators' time. They must also make sure all doctors are able to work in environments free from discrimination and have all the information they need to raise concerns.

It's crucial that doctors' wellbeing is prioritised as part of any plans to reform the NHS and reduce waiting times. Retaining the vital skills and experiences of both trainers and doctors in training is central to achieving the longer-term change that is needed to safeguard patient care. By working with those responsible for the planning and delivery of medical education we must tackle the challenges highlighted in this year's report and help create the supportive environments that all doctors deserve.

Introduction

The national training survey is the largest annual survey of doctors across the UK. It's designed to gather the views of trainees about the quality of their training and the environments where they work. And it asks trainers about their experience as a clinical and/or educational supervisor. The questions test compliance with our standards for medical education and training, and are organised around the following themes:

- learning environment and culture
- educational governance and leadership
- supporting learners
- supporting educators
- developing and implementing curricula and assessments.

This summary report presents high-level findings from the survey to support organisations in improving the quality of training and their training environments. It focuses on UK-wide trends in postgraduate medical education, although we have included country-specific data where there are notable differences. The report concentrates on:

- the supportive nature of working environments, including discrimination in the workplace
- the quality of training and support for trainers
- doctors' wellbeing at work and workload.

This year, for the first time we've included analysis of some of the national training survey data by personal characteristics. This will support our ongoing work, and that of education providers, to tackle inequalities that exist in medical education and help create supportive, inclusive, and fair environments for all doctors.

A note about the 2024 trainee survey

In 2023, we piloted fourteen optional questions that asked about discriminatory behaviours in the workplace. We also asked trainees how confident they felt about reporting and challenging discrimination from colleagues. After a comprehensive review involving doctors, senior leaders, and education providers, we retained nine of the optional questions in the 2024 survey. Three were removed, as the unprofessional behaviours are now covered through other questions. Two questions about feedback were incorporated into the main body of the survey, along with the question about access to a mentor.

A note about the 2024 trainer survey

The trainer survey was shortened in 2022 following feedback from trainers, and a greater emphasis was placed on questions about support and development. The survey hasn't been changed since then, to enable direct comparisons of the results over the last three years.

How we use the findings

The survey data support our quality assurance of postgraduate medical education. *Promoting excellence* sets out the standards that we expect organisations responsible for educating and training medical students and doctors in the UK to meet. We use the responses to check how these standards are being delivered, and to make sure that training across the UK is being provided in safe, effective, and appropriately supportive environments.

If we identify risks, we work with those responsible for delivering and providing training, to tackle them. In some cases we may activate our enhanced monitoring procedures, to protect training and ensure patient safety.

Doctors in training can also use the survey to report concerns relating to patient safety, bullying, or undermining that haven't been resolved locally. This information is shared with the relevant postgraduate dean, who must tell us what action has been taken to address the issue.

Analysis of the findings enables us to identify trends across postgraduate education environments and specialties and allows us to highlight examples of excellence, innovation, and notable practice.

By sharing these data, we call attention to the issues that currently affect doctors delivering and receiving training. And by working with others across the healthcare system on policies or initiatives, we'll help to drive the necessary improvements to retain the vital skills and experience of the workforce needed for the future.

The education data tool

Our education data tool (formerly called the reporting tool) has been updated to enable access to our survey data more quickly and efficiently. As well as looking at the responses to individual survey questions, you can scrutinise national, regional, local, and specialty breakdowns for all indicators. For the first time, you can also view response data for the questions in the 2024 survey by demographic characteristics.

We provide other reports based on national training survey data. These include trainee and trainer risk of burnout, and an aggregation report, which allows you to combine national training survey data across years or reporting groups. Our help video explains how to use the tool.

What we expect from others

With the UK health services under constant pressure, maintaining the necessary focus on the provision and development of high-quality medical training is essential.

Our approval of postgraduate training relies on organisations being able to deliver the opportunities for trainees to achieve their curricular requirements and fulfil our standards in *Promoting excellence*. Listening to what doctors in training and their trainers have told us through the survey plays an important part.

We ask postgraduate deans, training providers, medical royal colleges, and employers to make full use of the comprehensive data available in our education data tool. By scrutinising what trainees and trainers are telling them about training in their country, region, specialty, and site,

they can target areas of concern, promote and share examples of good practice and support career progression for trainees.

Identifying and sharing examples of good practice can help contribute to the development of environments that support doctors from all backgrounds, grades, and specialties, to deliver safe patient care. Our case studies from across the UK, demonstrate how previous national training survey results have been used to effect positive change.

We also ask that policy makers use the findings to inform their planning to develop the supportive, inclusive, and fair working environments that will not only help retain and sustain trainees and trainers but also support the medical workforce pipeline for the future.

Responses to the survey

This year over 74,000 doctors in training and trainers completed the survey. 76% of all trainees responded, slightly higher than in 2023 (74%). And 38% (as in 2023) of all trainers took part (see Table 1). Having such a large number of responses enables us to effectively monitor the quality of training environments in all four countries of the UK.

Table 1: 2024 completion rates by country (change vs 2023)

	England	NI	Scotland	Wales	UK
Trainees	75% (↑2pp)	76% (↓1pp)	78% (↓2pp)	86% (↓2pp)	**76% (↑2pp)**
(No. of doctors)	43,362	1,422	4,811	2,612	52,207
Trainers	37% (as 2023)	40% (↓9pp)	31% (↓2pp)	57% (↓5pp)	**38% (as 2023)**
(No. of doctors)	18,097	701	1,839	1,608	22,245

High level findings

Supportive environments

Inclusive and supportive working environments are promoted through the shared values and behaviours of those working together in the interests of patients. In January 2024 we updated our core guidance on the professional standards for doctors, *Good medical practice*, setting out the principles, values, and standards of care and professional behaviour expected of all those registered with us. It reiterates that everyone has the right to work and train in environments that are fair, free from discrimination, and where they're respected and valued as an individual. While responses from trainees and trainers to our questions about the supportive nature of the working environment have remained broadly similar (see Tables 2 and 3), we know unprofessional and discriminatory behaviours do exist in some healthcare settings.

Table 2: Trainees – Supportive environment questions

Question		2021	2022	2023	2024
The working environment is a fully supportive one.	Positive	81%	79%	80%	80%
	Negative	6%	7%	7%	7%
Staff, including doctors in training, are always treated fairly.	Positive	70%	67%	68%	68%
	Negative	12%	15%	15%	14%
Staff, including doctors in training, always treat each other with respect.	Positive	79%	76%	77%	77%
	Negative	8%	10%	10%	10%
My department/unit/practice provides a supportive environment for everyone regardless of background, beliefs, or identity.	Positive	89%	88%	88%	88%
	Negative	3%	3%	4%	3%

Table 3: Trainers – Supportive environment questions

SC = secondary care trainers, GP = general practice trainers

Question		2021	2022	2023	2024
Staff are always treated fairly by my employer/in my practice.	Positive	72% SC 68% GP 97%	67% SC 62% GP 97%	67% SC 61% GP 97%	67% SC 61% GP 97%
	Negative	10% SC 12% GP 1%	11% SC 13% GP 1%	11% SC 12% GP 1%	10% SC 12% GP 1%
My employer/practice provides a supportive environment for everyone regardless of background, beliefs, or identity.	Positive	80% SC 77% GP 99%	82% SC 79% GP 98%	81% SC 78% GP 98%	82% SC 79% GP 98%
	Negative	6% SC 7% GP 1%	5% SC 6% GP 0%	5% SC 6% GP 0%	5% SC 6% GP 0%

To help us understand the scale and extent of these discriminatory behaviours, we piloted a set of optional questions for trainees in our 2023 national training survey. We have since evaluated and revised them for 2024. Over 30,000 trainees, 58% of those who completed the survey, answered the questions - providing a valuable insight into whether training is being provided in the type of working environments exemplified in *Good medical practice*.

As Table 4 illustrates, the proportion of negative responses in 2024 were broadly similar to those in 2023.

Table 4: Trainees – Discriminatory behaviours questions

In your current post how often, if at all:	Daily / Weekly	Monthly	Less than once a month	Never
do you hear insults, stereotyping or jokes in your presence on the grounds of a person's protected characteristics?*	4% (as 2023)	6% (as 2023)	16% (↓1pp)	74% (↑2pp)
do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?	7% (↑1pp)	7% (↑1pp)	16% (↑1pp)	71% (↓2pp)
are you not given the same training opportunities as your peers at the same stage of training? (such as the opportunity to observe an unusual case)	7% (↑2pp)	4% (as 2023)	8% (as 2023)	81% (↓3pp)
are you ignored or excluded from conversations, groups, or meetings?	3% (as 2023)	3% (↑1pp)	10% (↑2pp)	84% (↓3pp)
are you intentionally humiliated in front of others?	1% (as 2023)	2% (as 2023)	9% (↑1pp)	88% (as 2023)
do you experience unwelcome sexual comments or advances causing you embarrassment, distress, or offence?	1% (↑1pp)	1% (as 2023)	5% (as 2023)	93% (↓1pp)

* The question in full: In your current post how often, if at all do you hear insults, stereotyping or jokes in your presence on the grounds of age, race (colour, nationality, ethnic or national origin), sex, gender reassignment, disability, sexual orientation, religion or belief, marital status, or pregnancy/maternity?
There are nine 'protected characteristics' under the Equality Act 2010. They are sex, age, disability, race, sexual orientation, religion or belief, pregnancy and maternity, gender reassignment, and marriage and civil partnership. Section 75 of the Northern Ireland Act 1998 does not refer to 'protected characteristics' but instead includes a statutory obligation on public authorities to promote equality of opportunity between: people of different religious belief, political opinion, racial group, age, marital status, or sexual orientation.

The following analysis of each question summarises the key findings when the data are explored by the specialty, gender, ethnicity, sexual orientation, disability status, religion, primary medical qualification (PMQ), and training level of the trainees who responded.

The analysis has been grouped under headings used in *Good medical practice* to call attention to six relevant new duties* in the updated standards.

All of the questions concern discriminatory behaviours from colleagues and/or healthcare professionals, not from patients or relatives. Percentages reflect the total proportion of all negative responses, when the negative behaviour had been experienced daily, weekly, monthly, or less than once a month, unless otherwise stated.

* *Good Medical Practice* includes the following new duties:

- **Paragraph 52:** You must help to create a culture that is respectful, fair, supportive, and compassionate by role modelling behaviours consistent with these values.
- **Paragraph 54:** You should be aware of the risk of bias, and consider how your own life experience, culture and beliefs influence your interactions with others, and may impact on your decisions and actions.
- **Paragraph 55:** You must show respect for, and sensitivity towards, others' life experience, cultures and beliefs.
- **Paragraph 57:** You must not act in a sexual way towards colleagues with the effect or purpose of causing offence, embarrassment, humiliation or distress. What we mean by acting 'in a sexual way' can include – but isn't limited to – verbal or written comments, displaying or sharing images, as well as unwelcome physical contact. You must follow our more detailed guidance on *Maintaining personal and professional boundaries*.
- **Paragraph 59:** If you have a formal leadership or management role and you witness – or are made aware of – any of the behaviours described in paragraphs 56 or 57, you must act. You must:
  - make sure such behaviours are adequately addressed
  - make sure people are supported where necessary, and
  - make sure concerns are dealt with promptly, being escalated where necessary.
- **Paragraph 64:** If part of your role is helping staff access training, development and employment opportunities, you should do this fairly.

The working and training environment

In your current post how often, if at all do you hear insults, stereotyping or jokes in your presence on the grounds of age, race (colour, nationality, ethnic or national origin), sex, gender reassignment, disability, sexual orientation, religion or belief, marital status, or pregnancy/maternity?

- A larger proportion of female trainees (29%) reported hearing such comments than male trainees (22%). There was also a variation between specialties. For example, 41% of female surgery trainees and 39% of female anaesthetics trainees said that they'd heard insults, stereotyping, or jokes in their presence on the grounds of someone's protected characteristics, compared to 25% and 31% of their male colleagues respectively. The proportion of negative responses was noticeably lower in some specialties. For example, 13% of female and 10% of male GP trainees told us that they'd experienced these unprofessional behaviours.
- More than a quarter (29%) of trainees with a UK PMQ reported hearing such comments compared to a fifth (20%) of those with a primary medical qualification from overseas. Table 5 shows how a larger proportion of negative responses were received from doctors from an ethnic minority background holding a UK PMQ, compared to their white peers.

Table 5: UK PMQ trainees – In your current post how often, if at all do you hear insults, stereotyping or jokes in your presence on the grounds of someone's protected characteristics?

By ethnicity and gender, % negative responses

PMQ	Asian		Black		Mixed		Other		White	
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male
UK	32%	26%	34%	26%	35%	24%	33%	26%	30%	23%

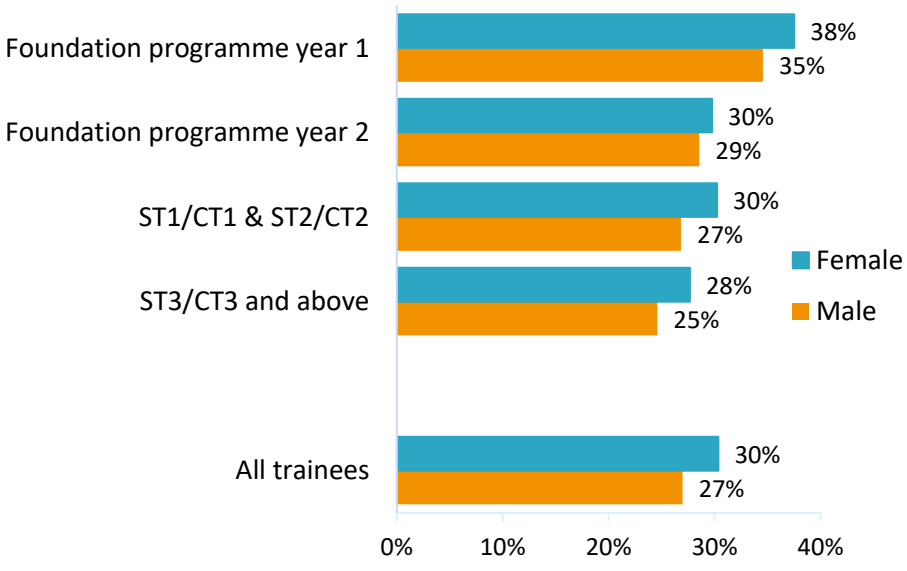
- A considerably larger proportion of gay (38%) and bisexual (47%) doctors in training reported hearing such discriminatory comments, than those who are heterosexual (24%). 44% of gay and 51% of bisexual female trainees said this had occurred, compared to 27% of heterosexual female trainees. Likewise, a larger proportion of gay (36%) and bisexual (35%) male doctors in training said that they'd heard such insults, stereotyping or jokes than those who are heterosexual (21%).
- There was a larger proportion of negative responses from doctors who have declared a disability. 29% of male trainees with a disability said they experienced this unprofessional behaviour, compared to 22% who are not disabled - as did 37% of female trainees who declared a disability, compared to 27% who didn't.

In your current post how often, if at all do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?

- A larger proportion of trainees from an ethnic minority background (32%) said they'd experienced micro-aggressions, negative comments, or oppressive body language from colleagues than white trainees (26%).
- 37% of black and 36% of Asian female doctors in training with a UK PMQ said they'd experienced these negative behaviours compared to 33% and 27% of their mixed heritage and white peers respectively. 9% of black or Asian female trainees with a UK PMQ said this happened daily or weekly, compared to 5% of white female doctors in training. Similarly, a third of black (35%) and Asian male (33%) trainees with a UK PMQ told us they'd experienced these behaviours from colleagues, compared to 25% of mixed heritage and 23% of white males.
- 37% of female and 34% of male trainees who have declared a disability, said they'd experienced micro-aggressions, negative comments, or oppressive body language from colleagues, compared to 29% of female trainees and 26% of male trainees who stated they didn't have a disability. 11% of trainees with a disability said this happened daily or weekly compared to 6% of those who aren't disabled.
- There was also some variation according to religion. For example, 33% of Sikh and 32% of Muslim and Hindu trainees told us they'd experienced these negative behaviours, compared to 27% of Christian trainees and those who do not follow a faith.
- As with the other questions about discrimination, a larger proportion of trainees in the earlier stages of their training said they'd experienced these behaviours (Figure 1).

Figure 1: Trainees – In your current post how often, if at all do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?

By training level and gender, % negative responses



Being fair and objective

In your current post how often, if at all are you not given the same training opportunities as your peers at the same stage of training? (eg opportunity to observe an unusual case)

- There was some variation between specialties in response to this question. For example, 31% of female and 27% of male obstetrics and gynaecology trainees told us that they are not given the same training opportunities as their peers at the same stage of training, compared to 22% of female and 17% of male anaesthetics trainees.
- A larger proportion of ethnic minority trainees said they were not given the same training opportunities as their peers. 21% of ethnic minority trainees with a UK PMQ said this was the case, compared to 16% of white trainees with a UK PMQ. Further analysis of this group of trainees shows that 21% of black and 22% of Asian female trainees said they'd experienced this, compared to 18% of white and 17% of mixed heritage females. And 18% of black, 19% of mixed heritage, and 21% of Asian male trainees felt they'd not been given the same training opportunities as their peers, compared to 14% of white male trainees.
- There was also a variation according to religion. For example, over a fifth of Muslim (22%), Hindu (23%), and Sikh trainees (25%) responded to say they'd experienced this, compared to 18% of Christian trainees, and 16% of those who do not follow a religion.

Treating colleagues with kindness, courtesy, and respect

In your current post how often, if at all are you ignored or excluded from conversations, groups, or meetings?

- There was variation according to specialty and gender, with a larger proportion of negative responses from female doctors in training. 26% of female surgery trainees said they had been ignored or excluded from conversations, groups, or meetings compared to 16% of male surgery trainees. Similarly, 12% of female ophthalmology trainees said they'd experienced such behaviour compared to 6% of male trainees in that specialty, as did 19% of female anaesthetics trainees and 16% of their male peers.
- A larger proportion of trainees from an ethnic minority background said they were ignored or excluded from conversations, groups, or meetings. 17% of trainees from an ethnic minority background with a UK PMQ said this was the case, compared to 14% of their white colleagues. Further analysis shows 21% of black, 17% of mixed heritage, and 18% of Asian female trainees said they'd experienced this, as did 14% of black, 13% of mixed heritage and 15% of Asian male trainees. This compared to 16% and 11% of their white female and male colleagues.
- Once again, a variation was observed between different religions. For example, 18% of Muslim and Sikh trainees said that they were ignored or excluded from conversations, groups, or meetings compared to 14% of Christian trainees and 15% of those who don't follow a religion.

- 22% of female and 18% of male trainees who declared a disability said that they had experienced these marginalizing behaviours, compared to 16% of female and 13% of male trainees who stated they had no disability.

In your current post how often, if at all are you intentionally humiliated in front of others?

- There was a marked variation according to specialty in response to this question. For example, 22% of female and 16% of male surgery trainees said they had been intentionally humiliated in front of others. And 20% of female and 18% of male obstetrics and gynaecology trainees said they'd experienced this unprofessional behaviour. This compared to 4% of female and 3% of male GP doctors in training.
- A larger proportion of trainees from an ethnic minority background said they'd been intentionally humiliated in front of others. 16% of trainees from an ethnic minority background with a UK PMQ said this had occurred, compared to 11% of their white peers. Analysis of these trainees shows that 19% of black and 16% of Asian female trainees said this had happened to them, compared to 12% of white female and mixed heritage trainees. 15% of Asian and 13% of black, and 14% of mixed heritage male trainees said that this had occurred, compared to 9% of white male doctors in training.
- There was also some variation according to religion. For example, 15% of Sikh and 14% of Hindu and Muslim trainees said they'd been intentionally humiliated, in comparison to 11% of Christian trainees and those that don't follow a faith.
- 19% of female and 16% of male trainees who have declared a disability said they had experienced this discriminatory behaviour, compared to 12% of female and 11% of male trainees who said they do not have a disability.

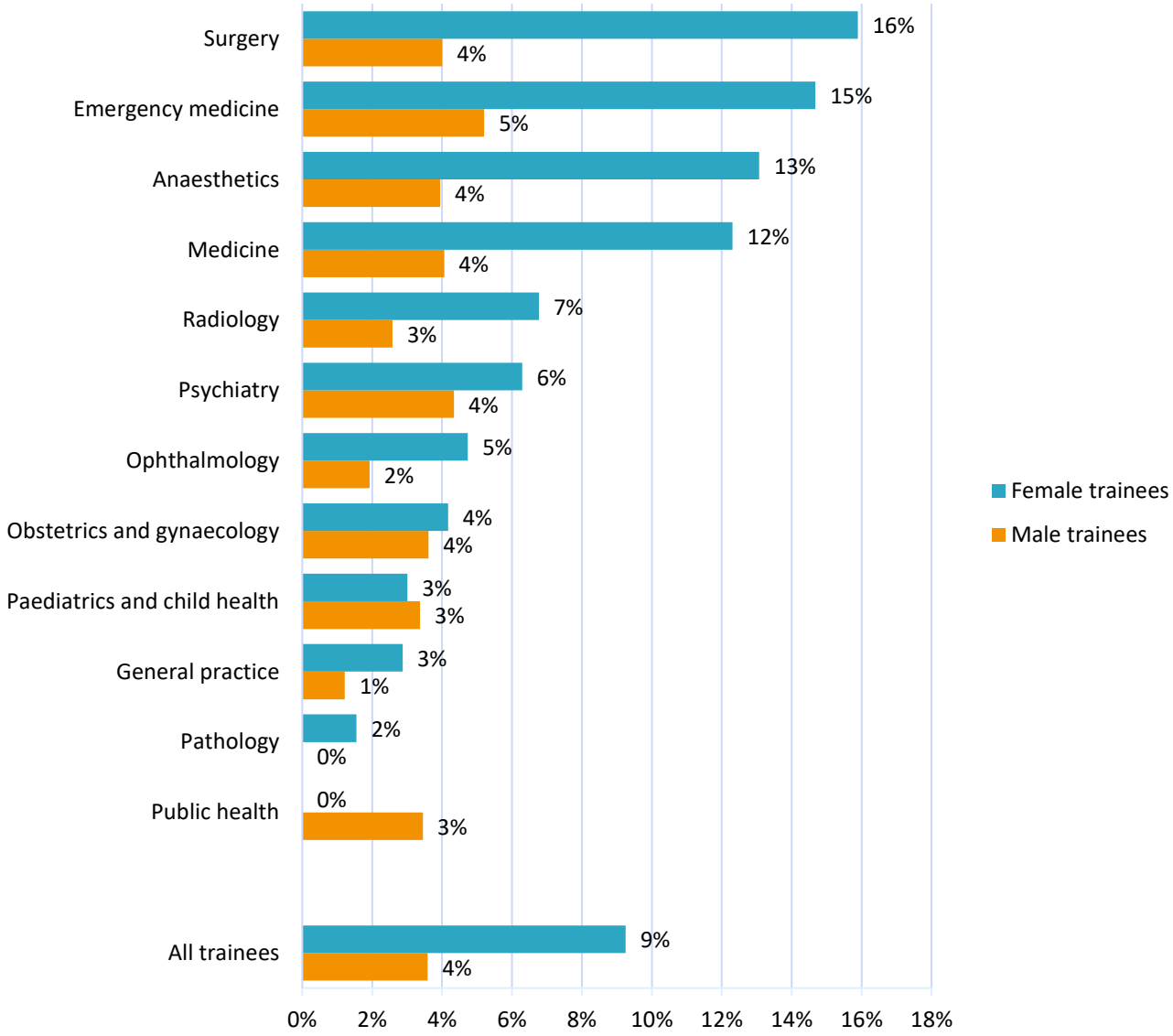
Maintaining personal and professional boundaries

In your current post how often, if at all do you experience unwelcome sexual comments or advances causing you embarrassment, distress, or offence?

- Nearly one out of ten (9%) of female doctors in training reported experiencing unwelcome sexual comments, or advances causing embarrassment, distress, or offence compared to 4% of males. There was also a notable variation according to specialty (see Figure 2). For example, 16% of female surgery trainees said they'd experienced this, compared to 3% of female GP trainees.
- A larger proportion of female doctors in their early stages of postgraduate training said they'd experienced unwelcome sexual comments, or advances causing embarrassment, distress, or offence. 18% of F1 doctors and 13% of F2 doctors said they had experienced these behaviours, compared to 6% of those at higher training levels.
- There was some variation according to religion. For example, a larger proportion of female trainees who do not follow a religion (12%) said that they had experienced these unwelcome sexual behaviours compared to 6% of Muslim female doctors in training.

Figure 2: Trainees – In your current post how often, if at all do you experience unwelcome sexual comments or advances causing you embarrassment, distress, or offence?

By post specialty and gender, % negative responses



Reporting discrimination and the responsibility to speak up

I am confident that I know how, or could find out how, to report discrimination where I work.

- A slightly smaller proportion of female trainees (71%) said they are confident that they know how, or could find out how, to report discrimination where they work than male doctors in training (75%). This variation could be seen within different specialties. For example, 68% of female surgery trainees agreed with the statement compared to 75% of their male peers. And 68% of female ophthalmology trainees agreed, compared to 74% of male ophthalmology trainees.

- A smaller proportion of trainees who graduated overseas (68%) agreed that they are confident that they know how, or could find out how, to report discrimination where they work, than those with a UK PMQ (74%).
- Trainees from an ethnic minority background were also less confident about reporting discrimination. 67% agreed with the statement compared to 79% of white trainees. Further analysis of doctors in training with a UK PMQ, shows that 58% of black, 72% of mixed heritage and 64% of Asian female trainees are confident they know how, or could find out how, to report discrimination where they work, compared to over three quarters (77%) of white female trainees. Notably, over a fifth (22%) of black female trainees disagreed. Similarly, 68% of black, 76% of mixed heritage and 70% of Asian male trainees said that they were confident about reporting discrimination where they work, compared to 82% of their white peers.
- 67% of Muslim trainees said they were confident that they know how, or could find out how, to report discrimination where they work, compared to 74% of Christian trainees and 77% of those who do not follow a faith.

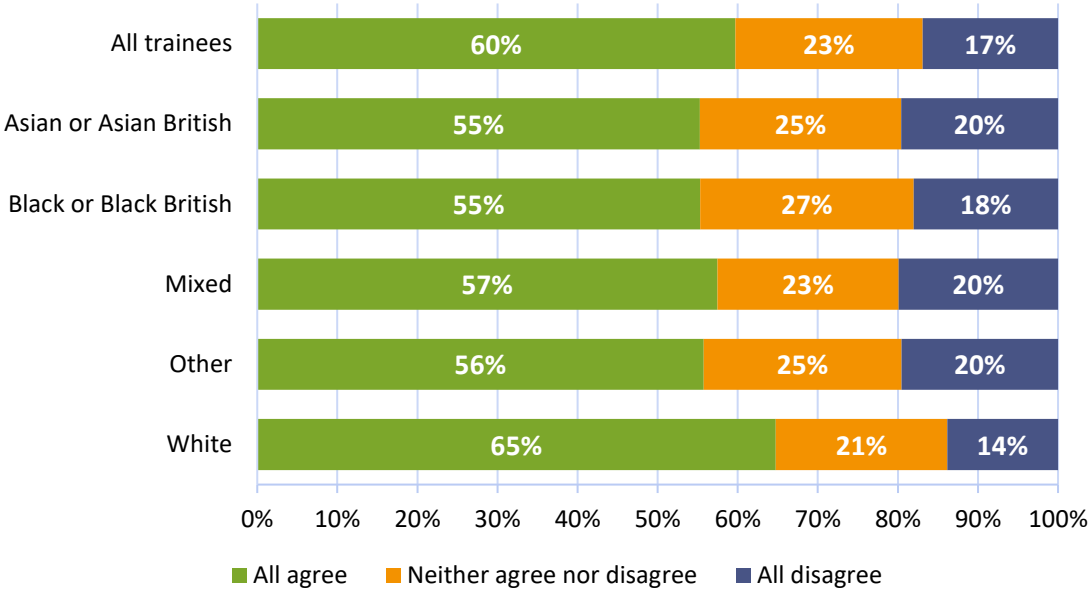
I feel confident about reporting discrimination where I work without fear of adverse consequences (reporting can be during your post or afterwards).

- While two thirds (65%) of male doctors in training said that they feel confident about reporting discrimination where they work without fear of adverse consequences, only 56% of their female peers agreed. Nearly one fifth (19%) of female trainees disagreed with the statement compared with 14% of males.
- There was some variation between specialties. For example, less than half (49%) of female surgery trainees said that they feel confident about reporting discrimination where they work without fear of adverse consequences, while 26% disagreed. This compares with 63% of male trainees in the same specialty who agreed, and 15% who disagreed. And while over three quarters (76%) of male GP trainees agreed with the statement, a smaller proportion (67%) of female GP trainees did.
- There was a variation according to ethnicity in response to this question (see Figure 3). Analysis of doctors in training with a UK PMQ, shows that 41% of black, 53% of mixed heritage, and 49% of Asian female trainees agreed with the statement, compared to 61% of white female trainees. One third (32%) of black females disagreed with the statement. 54% of black, 60% of Asian, and 66% of mixed heritage male trainees agreed with the statement compared to 72% of white males.
- There was some variation according to religion. For example, 57% of Muslim and Sikh trainees agreed with the statement and a fifth (19% and 18%) disagreed. In comparison 61% of Christian trainees and 63% of those who don't follow a religion agreed with the statement and 15% disagreed.
- 51% of female and 63% of male trainees who declared a disability agreed with the statement, while a quarter of females (25%) and 19% of males disagreed. In comparison,

57% of females and 66% of males who stated they did not have a disability agreed with the statement.

Figure 3: Trainees – I feel confident about reporting discrimination where I work without fear of adverse consequences.

By ethnicity



In this post, I feel confident to challenge discrimination and unprofessional behaviours amongst my colleagues and healthcare professionals.

- Just over half (53%) of female trainees said that they feel confident to challenge discrimination and unprofessional behaviours among colleagues and healthcare professionals, compared to two thirds (67%) of male trainees. One fifth (20%) of female trainees disagreed with the statement.
- Once again, there's a variation according to specialty. Less than half of female trainees in obstetrics and gynaecology (48%) and surgery (47%) said that they feel confident about challenging discrimination. In comparison 57% and 66% of male trainees in these posts agreed with the statement.
- A smaller proportion of trainees from an ethnic minority background (55%) said that they feel confident to challenge discrimination and unprofessional behaviours than those who are white (64%). Analysis of doctors in training with a UK PMQ shows that 44% of black, 54% of mixed heritage, and 47% of Asian female trainees agreed compared to 58% of their white peers. Notably, over a quarter of black (27%) and Asian (26%) female trainees disagreed. While three quarters (74%) of white male trainees with a UK PMQ said that they feel confident to challenge discrimination, a smaller proportion of black (63%), mixed heritage (69%) and Asian (62%) males agreed.

- Half (50%) of female and two thirds (66%) of male trainees who have stated they have a disability agreed that they feel confident to challenge discrimination and unprofessional behaviours amongst their colleagues, compared to 54% of female and 68% of male trainees who said they did not have a disability.
- There was also some variation between different religions. 54% of Buddhist and 55% of Muslim trainees agreed with the statement, compared to 59% of Christian trainees and 63% of those who do not follow a faith. Nearly a fifth (18%) of Muslim trainees and a quarter (23%) of Jewish trainees said they weren't confident to challenge discrimination and unprofessional behaviours.

Tackling discrimination and building inclusive environments

These data reveal the extent of unprofessional and discriminatory behaviours that some trainees experience during training, whether it be negative interactions with colleagues, hearing inappropriate language, or being treated unfairly by others.

Having previously shared analysis showing the differential attainment that can be found when comparing different groups, these data present new evidence of the inequalities that exist in medical education. The variation in the proportion of negative responses according to gender, ethnicity, religion, disability status, and sexual orientation, suggests these are all factors that can affect a trainee's personal experience of training.

However, discrimination doesn't just affect the individual, it impacts teamwork, communication, and collaboration. These are all fundamental to patient safety and to creating workplaces that both attract and retain staff.

Good medical practice makes clear the standards expected of all doctors to ensure that working environments in medicine are fair and compassionate for all. We're engaging with employers, educators, and doctors to support them in using the new standards in their practice.

From January to May 2024, we delivered 240 *Good medical practice* implementation sessions, reaching over 10,500 doctors across all countries of the UK.

We've also run professional behaviours and patient safety workshops with doctors across the country, which aim to equip them with the skills needed to challenge unprofessional behaviours and maintain effective working relationships. Of the doctors who attended our workshops, four fifths (79%) reported they intend to change their practice as a result.

Discrimination of any kind is unacceptable. We'll continue to use our insights to challenge discrimination, and we ask that all doctors and organisations do the same. It's only by working together and challenging discrimination in all its forms that we'll create long-lasting and meaningful change.

The quality of training

Table 6: Trainees – Proportion rating the quality of teaching/clinical supervision/induction as very good or good 2019–2024*

Question	2019	2021	2022	2023	2024
Please rate the quality of teaching in this post.	74%	76%	74%	74%	74%
Please rate the quality of clinical supervision in this post.	88%	88%	87%	86%	86%
Please rate the quality of the induction you received for this post.	73%	71%	72%	74%	75%

As in 2022 and 2023, three quarters (74%) of all trainees rated the quality of teaching as either good or very good (see Table 6), with one out of ten (10% as 2023) describing it as poor or very poor. 86% of trainees rated their clinical supervision positively. There was some variation in responses between specialties to both questions, consistent with previous years. For example, 94% (as 2023) of anaesthetics trainees said the quality of their clinical supervision was good or very good, compared to 79% (↑1pp) of trainees in surgery posts.

When asked to rate the quality of the induction they received for their post, three quarters (75%) of trainees said it was very good or good, maintaining the steady improvement in the proportion of positive responses since the Covid-19 pandemic.

After piloting an optional question in 2023 about access to a mentor, the question was refined for 2024 and put into the main body of the survey (Table 7). 56% of trainees said they had no support from a mentor. Of those who did, the largest proportion of trainees said it was an informal arrangement from another clinician (20%). There was some variation in response to this question between different specialties. A fifth (20%) of GP trainees said they received mentoring through a formal scheme run by their employer, while a similar proportion (21%) of trainees in secondary care posts said they had informal mentoring through another clinician.

Our research highlighted mentorship as a key intervention to help address differential attainment. As studies have shown that formal mentorship schemes may be more equitable than informal arrangements, we've worked with stakeholders to produce a toolkit for organisations to help them set up schemes that will benefit trainees.

* The 2020 national training survey was revised to focus on the impact of the Covid-19 pandemic on training.

Table 7: Trainees – Do you have support from a mentor (excluding the meetings you have with your education or clinical supervisor) who supports and guides you with your career and/or personal development? (tick all that apply).

Yes – formal mentoring scheme through my employer (eg your trust or site of work)	13%
Yes – formal mentoring scheme through my deanery/NHSE* regional team	10%
Yes – formal scheme through my royal college or faculty	2%
Yes – formal scheme through another organisation	1%
Yes – informal mentoring from another clinician	20%
Yes – informal other	8%
No support from a mentor	56%

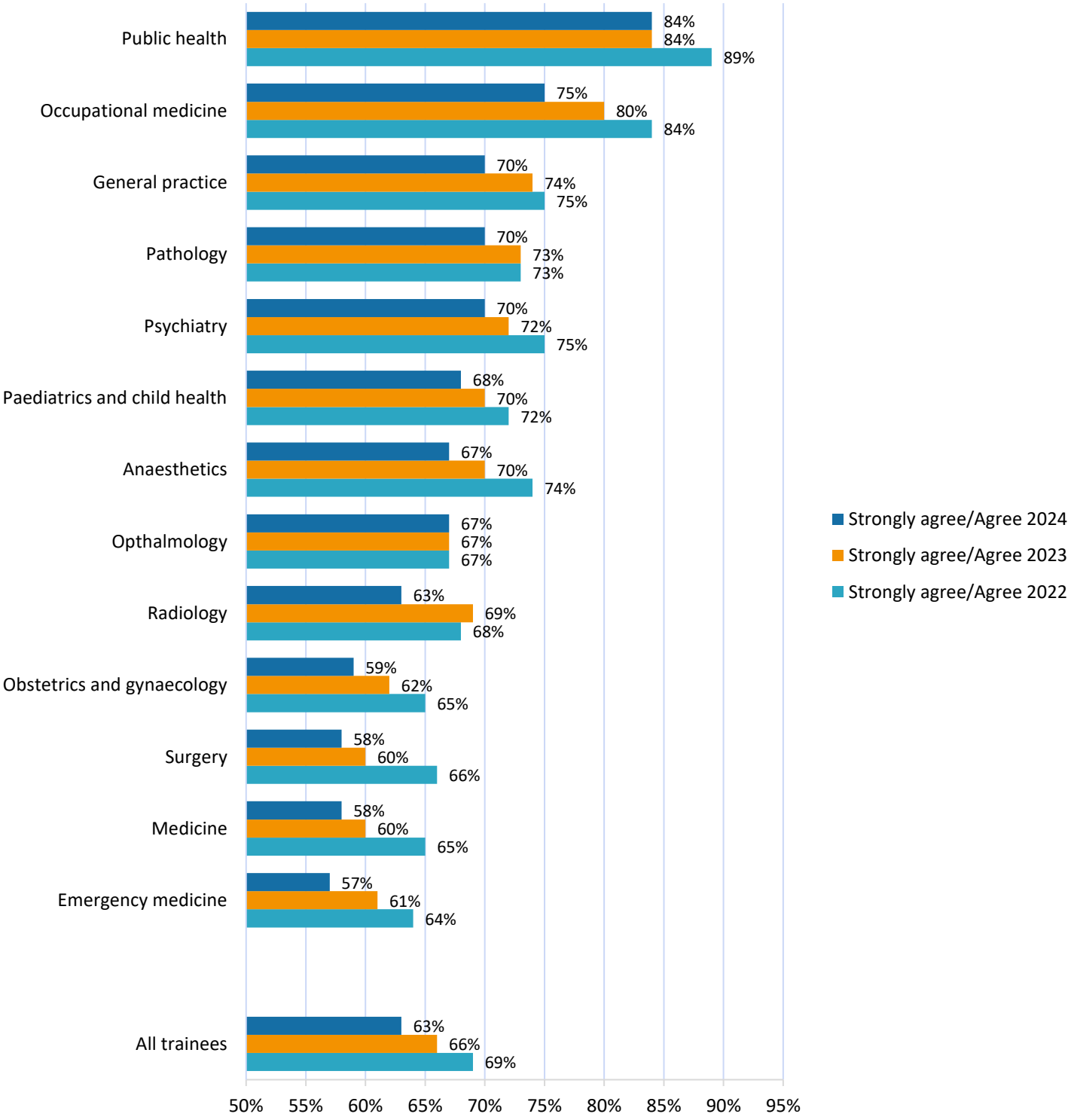
Supporting the development of leadership skills, be it through promoting shadowing opportunities or enabling doctors to step into leadership positions, is vital to the future sustainability of the health services and patient care. *Good medical practice* places greater emphasis on leadership, with the expectation that all doctors will demonstrate leadership skills relevant to their role.

It's therefore concerning that the decline in the proportion of trainees agreeing that their post gave them opportunities to develop such skills, relevant to their stage of training (63% ↓3pp), has continued. This was seen across all specialties except ophthalmology and public health (see Figure 4).

* National Health Service England

Figure 4: Trainees – In this post I am given opportunities to develop my leadership skills relevant for my stage of training.

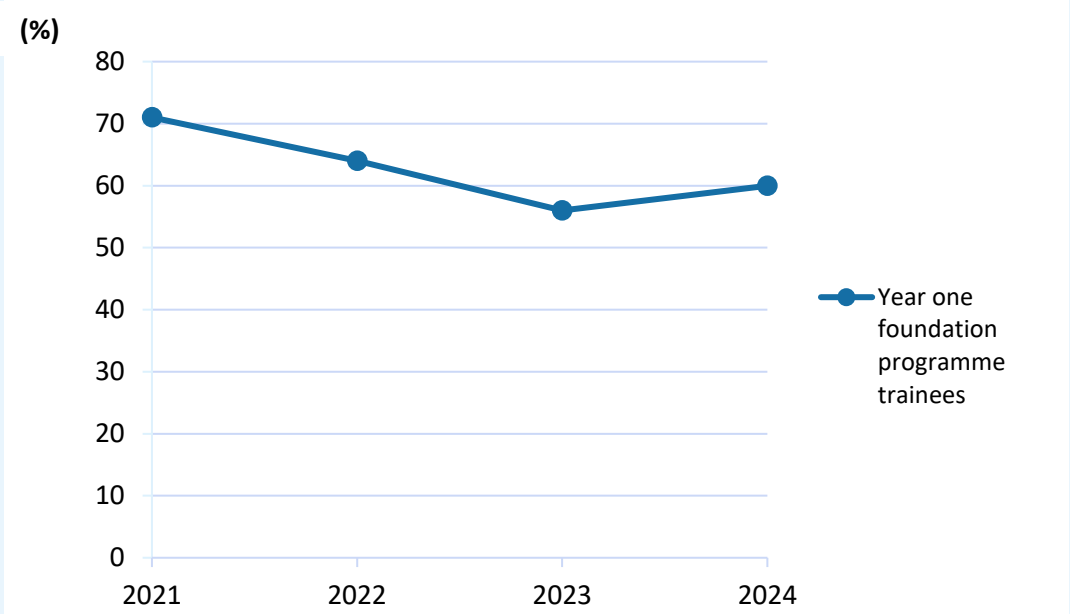
By post specialty 2022–2024



Foundation programme doctors in training

Each year we ask trainees completing year one of their foundation programme (F1) if they felt that they were adequately prepared for their first foundation post. In 2024 six out of ten (60% ↑4pp) F1 trainees said that they were, stemming the gradual decline in the proportion of positive responses to this question seen since 2021 (Figure 5).

Figure 5: Year one foundation programme trainees – I was adequately prepared for my first foundation post, % agreeing/strongly agreeing 2021–2024



When asked what contributed to them feeling less prepared, the majority of F1 trainees said it was due to a limited knowledge of the day-to-day reality of working as a foundation doctor (56%). After this, working in a different type of hospital or health system compared to previous experience (40%), geographic relocation (35%), lack of knowledge and guidance on the paperwork required (35%), and inadequate training in how to use the IT in the hospital (34%) were the most commonly selected factors contributing to feeling unprepared.

64% of F1 doctors rated the quality of their induction for their post positively, while 16% said it was poor or very poor.

When asked if their core teaching sessions covered all fifteen specific areas of core teaching listed in the curriculum just half (50%) of all doctors on the foundation programme agreed. And a quarter (25%) of trainees in the second year of their foundation programme (F2) agreed that doctors from certain backgrounds, such as those with protected characteristics, international medical graduates and those working less than full time, are disadvantaged in achieving the Foundation Programme curriculum requirements. 31% of F2 doctors from an ethnic minority background agreed with this statement compared to 19% of white F2 trainees.

Trainers – development and support

The proportions of positive and negative responses from trainers to the questions about support and development opportunities have remained broadly similar since their introduction in 2022 (see Table 8).

But while the majority of trainers do enjoy their role (90% ↑1pp), they continue to express their concerns about training time. Nearly a third (31% ↓2pp) of secondary care trainers and over a fifth (22% ↓2pp) of GP trainers said that they weren't always able to use the time allocated for training, specifically for that purpose.

Table 8: Trainers – Support and development questions

Question	Secondary care trainers		GP trainers	
	Positive	Negative	Positive	Negative
Please rate the support available to you from your employer/local education team when you have a trainee requiring extra support.	72% (as 2023)	6% (as 2023)	83% (↓2pp)	4% (as 2023)
Do you know what support is available to you from your SEB office (statutory education body) if you have a trainee requiring extra support?	66% (↑2pp)	34% (↓2pp)	72% (↓2pp)	28% (↑2pp)
The resources I need to perform my role as a trainer are available to me in my workplace.	72% (as 2023)	12% (as 2023)	85% (↑1pp)	8% (↑1pp)
I have access to the training and support I need to provide effective feedback on my trainees' performance.	84% (as 2023)	3% (as 2023)	91% (↓2pp)	2% (↑1pp)
I have access to the resources I need to confidently support trainees of all backgrounds, beliefs, and identities.	73% (↑1pp)	5% (as 2023)	83% (as 2023)	4% (↑1pp)

Seven out of ten trainers (68% as 2023) rated the support they receive from their employer or local education team as good or very good. GP (84%) and public health (82%) trainers were the most positive specialties, compared to 56% of surgery trainers. The variation between the four countries of the UK can be seen in Table 9.

Table 9: Trainers – Please rate the support you receive from your employer/local education team in your role as a trainer

Country	Very good/Good	Poor/Very poor
England	69% (↑1pp)	8% (as 2023)
NI	67% % (as 2023)	8% (↑3pp)
Scotland	64 %(↑1pp)	9% (↓3pp)
Wales	67% (↑2pp)	7% (↓2pp)
UK	68% (as 2023)	8% (as 2023)

Rota design

Responses to questions about rota design varied between the different specialties, consistent with previous years. 42% (↓1pp) of obstetrics and gynaecology trainees said their training is adversely affected because rota gaps aren't dealt with appropriately compared to 11% (as 2023) of anaesthetics and 13% (↓2pp) of psychiatry trainees. 26% (↓3pp) of all trainees in secondary care posts felt this way.

Secondary care trainers voiced similar concerns, with nearly a third (31% ↓2pp) saying that their trainees' education and training is adversely affected because rota gaps aren't always dealt with appropriately. As in 2023, trainers in obstetrics and gynaecology (46% ↓1pp) and surgery (41% as 2023) gave the highest proportion of negative responses.

Enabling high-quality training

Thanks to the hard work and dedication of trainers, trainees' satisfaction with their teaching remains high.

However, firm commitments are needed to enable the necessary growth of training opportunities and capacity across the system, including increasing the educator workforce.

Given their vital role in supporting the workforce pipeline, it's essential that trainers have the necessary support, time, resources, and development opportunities. It's a concern then, that less than half of those surveyed (48% ↑2pp) said that they were always able to use the time allocated to them in their role as a trainer, specifically for that purpose.

Demands on trainers across the UK will only grow as plans for the future expansion of medical school places are realised. We believe that now is the time to make a very specific commitment to protect time for training. Employers and education providers must use the education data tool to help make improvements for both doctors in training and their trainers.

Tackling burnout

To help us assess the extent of burnout and better understand trainee and trainer wellbeing in the workplace, we include seven voluntary work-related questions taken from the Copenhagen Burnout Inventory in the survey. This year over 47,500 doctors (61% of trainees and 71% of trainers) completed the questions.

Trainees – responses to questions about burnout

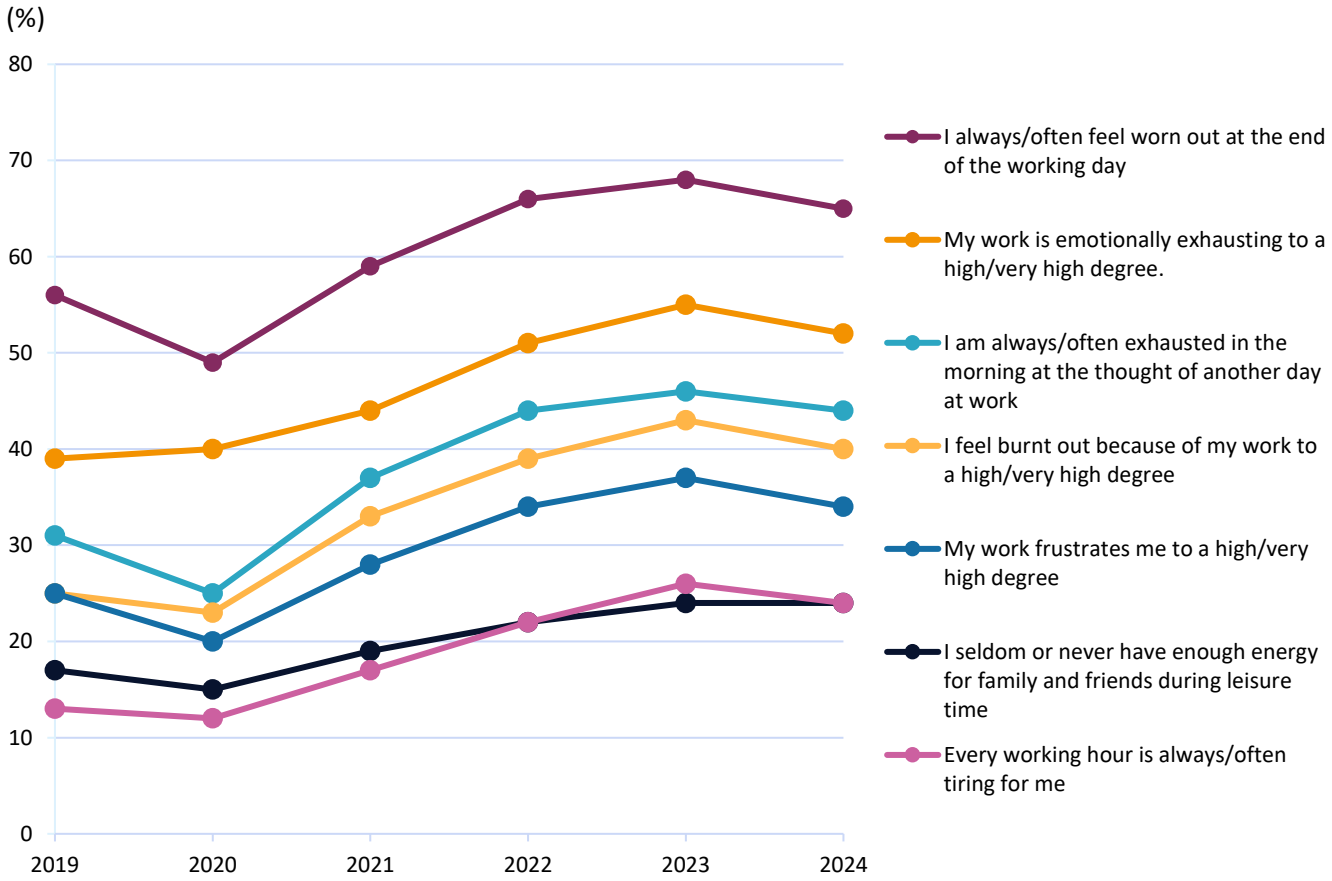
The proportion of negative responses from trainees to most of the burnout questions remains high, despite a slight decrease since 2023, with two fifths of trainees (40% ↓3pp) feeling burnt out because of their work.

Nearly a quarter of those who responded (24% ↓2pp) said they felt that every working hour is tiring for them and 65% (↓3pp) said they always or often feel worn out at the end of the working day.

34% (↓3pp) of trainees told us that their work frustrates them, and over a half (52% ↓3pp) felt that their work was emotionally exhausting to a high or very high degree (see Figure 6).

As in previous years there was a variation between the different specialties. Trainees in emergency medicine posts once again gave the highest proportion of negative responses to most of the seven questions. Over two thirds (69% ↓3pp) said their work is emotionally exhausting and 45% (↓4pp) told us their work frustrates them to a high or very high degree. While most specialties witnessed similar small decreases in the proportions of negative responses, there were some exceptions. For example, half of obstetrics and gynaecology trainees (49% ↑2pp) said they were exhausted in the morning at the thought of another day at work. And two thirds of GP trainees (66% ↑1pp) said they were always or often worn out at the end of the working day.

Figure 6: Trainees – Negative responses to individual burnout questions, 2019–2024



Trainers – responses to questions about burnout

The proportion of negative responses to the burnout questions from trainers has remained broadly similar since 2022 (see Figure 7). Responses from secondary care and GP trainers can be compared in Figure 8 and 9. 68% (↓5pp) of GP trainers said they always or often feel worn out at the end of the working day, while a half of those working in secondary care (49% ↓1pp) said this was the case.

As in 2023, trainers in emergency medicine gave the most negative set of responses. 28% (↑2pp) said that every working hour is tiring for them, and three fifths (59% ↑3pp) said their work frustrates them to a high or very high degree.

Figure 7: All trainers – Negative responses to individual burnout questions, 2019–2024

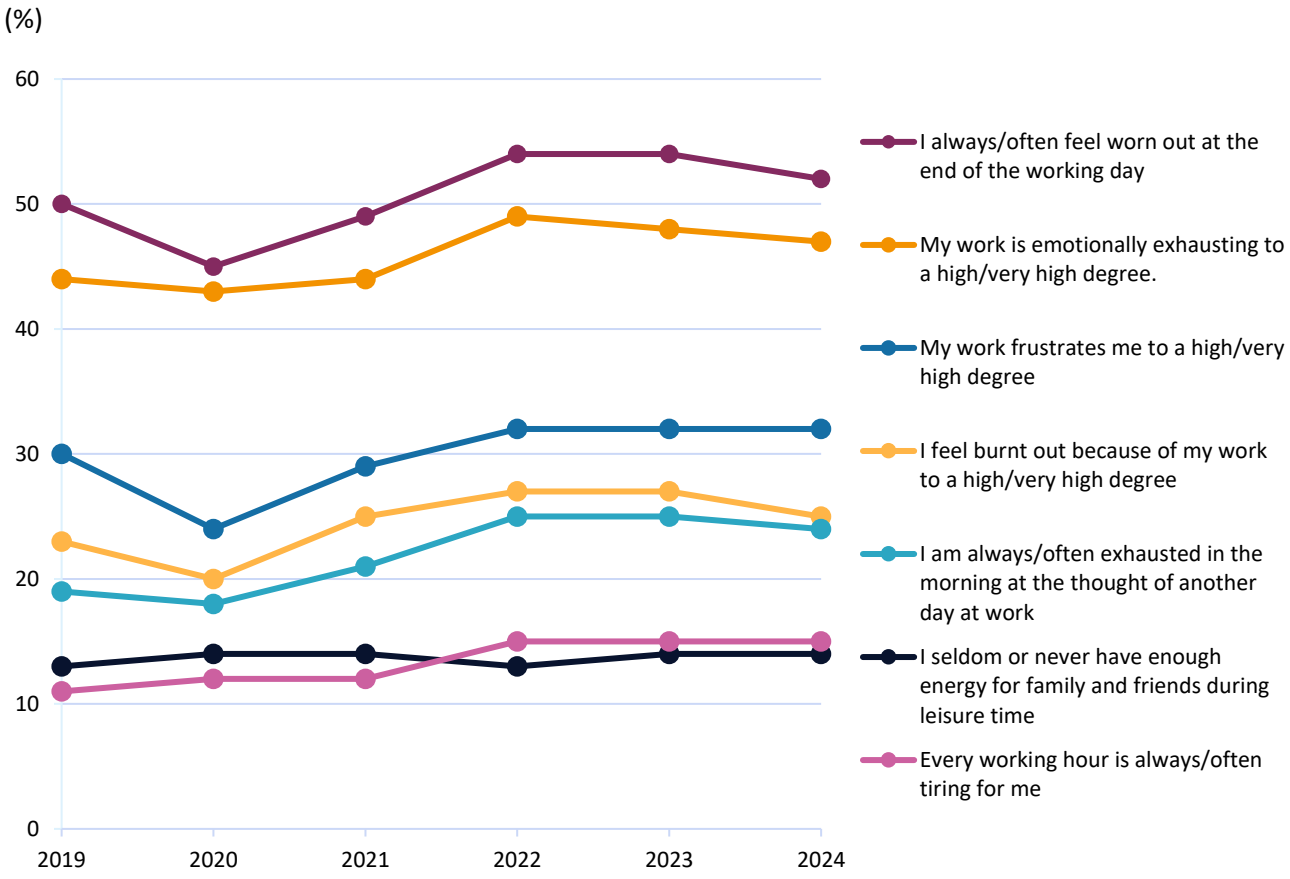
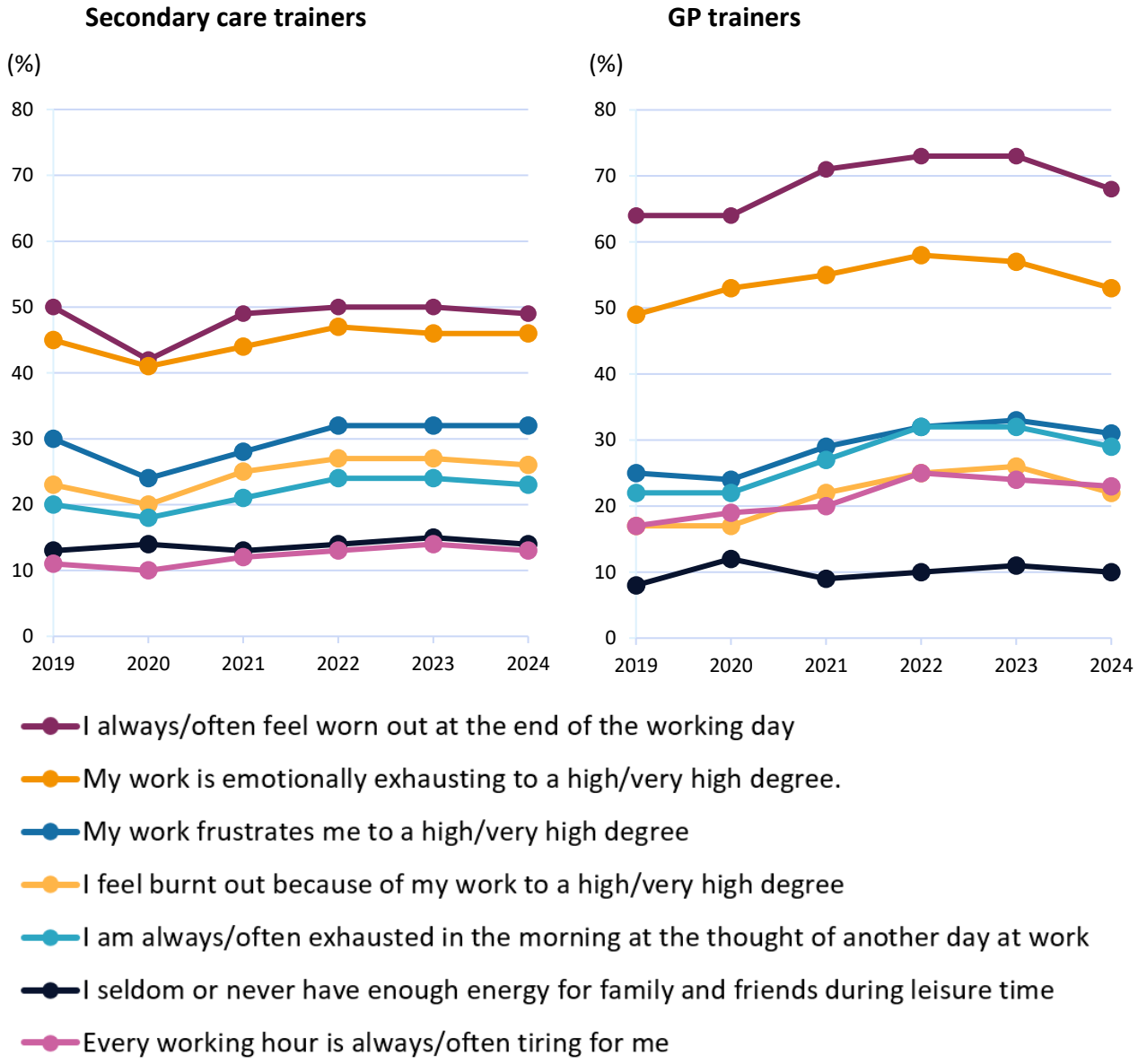


Figure 8 and 9: Negative responses to individual burnout questions, 2019–2024

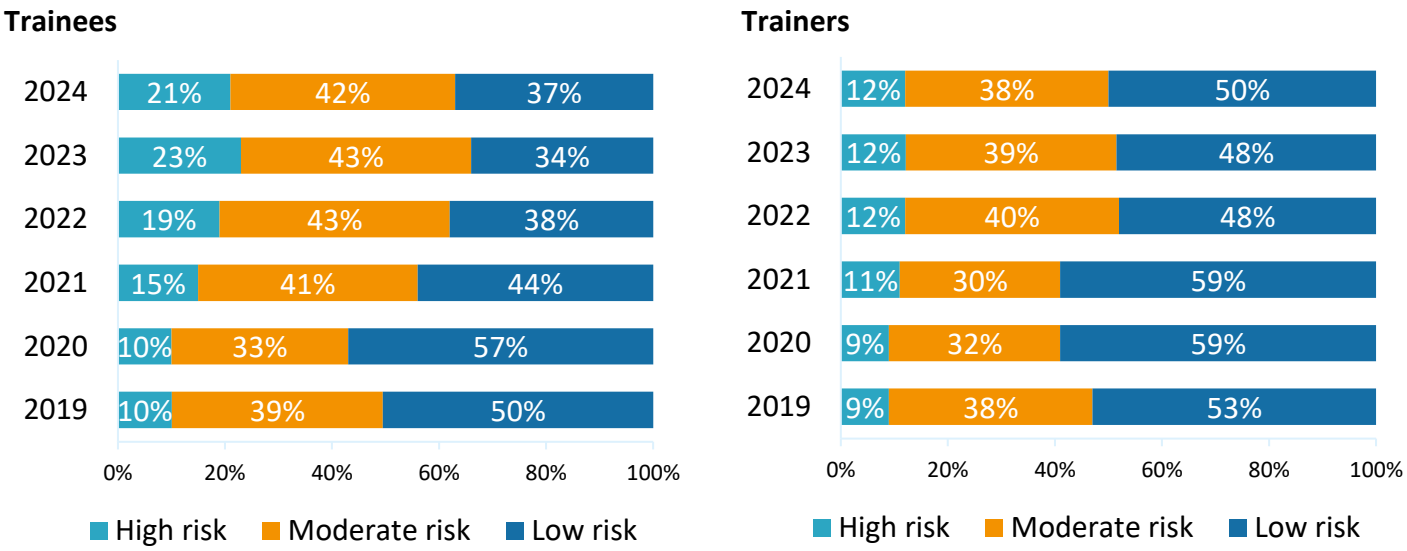


Risk of burnout

Responses to the seven questions, are used to measure overall risk of burnout.

The proportion of trainees measured to be at a high or moderate risk of burnout (63%) is a slight decline from 2023, similar to the levels seen in 2022. Half of all trainers (50% ↓2pp) are measured to be at high or moderate risk of burnout.

Figure 10: Trainees and trainers – Calculated risk of burnout 2019–2024



Trainees at high risk of burnout

While the proportion of trainees measured to be at a high risk of burnout has decreased slightly from the high levels reported in 2023, one fifth (21% ↓2pp) are in this category. The largest decreases were seen in ophthalmology (13% ↓9pp) and public health (5% ↓4pp), while emergency medicine (32% ↓2pp) continues to have the largest proportion of trainees at a high risk of burnout (see Figure 11).

Each year we ask trainees whether they know who to contact in their trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing. Two thirds (66% as 2023) said they did. However, when looking at trainees at high risk of burnout only half (52% ↑1pp) agreed, compared to three quarters (74% as 2023) of those measured to be at low risk of burnout.

Figure 11: Trainees – Post specialty variation at high risk of burnout, 2024 vs 2023

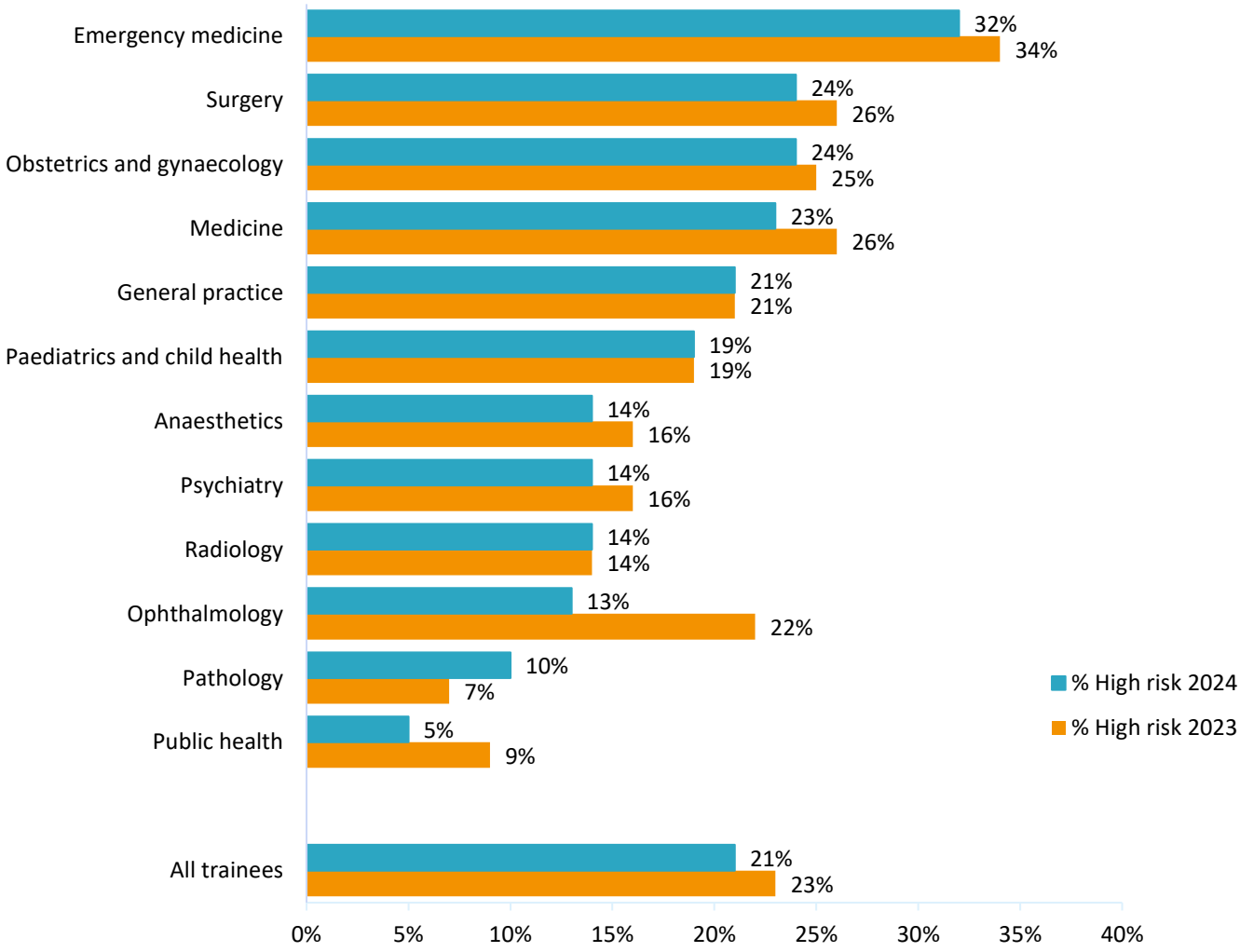


Table 10: Trainees – Calculated risk of burnout by country

Trainee country	High risk	Moderate risk	Low risk
England	21% (↓2pp)	42% (↓1pp)	37% (↑3pp)
NI	26% (↓1pp)	42% (↓2pp)	31% (↑2pp)
Scotland	18% (↓1pp)	43% (↓2pp)	40% (↑3pp)
Wales	20% (↓3pp)	42% (as 2022)	38% (↑4pp)
UK	21% (↓2pp)	42% (↓1pp)	37% (↑3pp)

Trainers at high risk of burnout

As in 2023 and 2022, 12% of all trainers were calculated to be at high risk of burnout, although some specialties did see a small increase (see Figure 12). These were emergency medicine (26% ↑2pp), ophthalmology (16% ↑5pp) and radiology (11% ↑1pp).

Figure 12: Trainers – Specialty variation at high risk of burnout, 2024 vs 2023

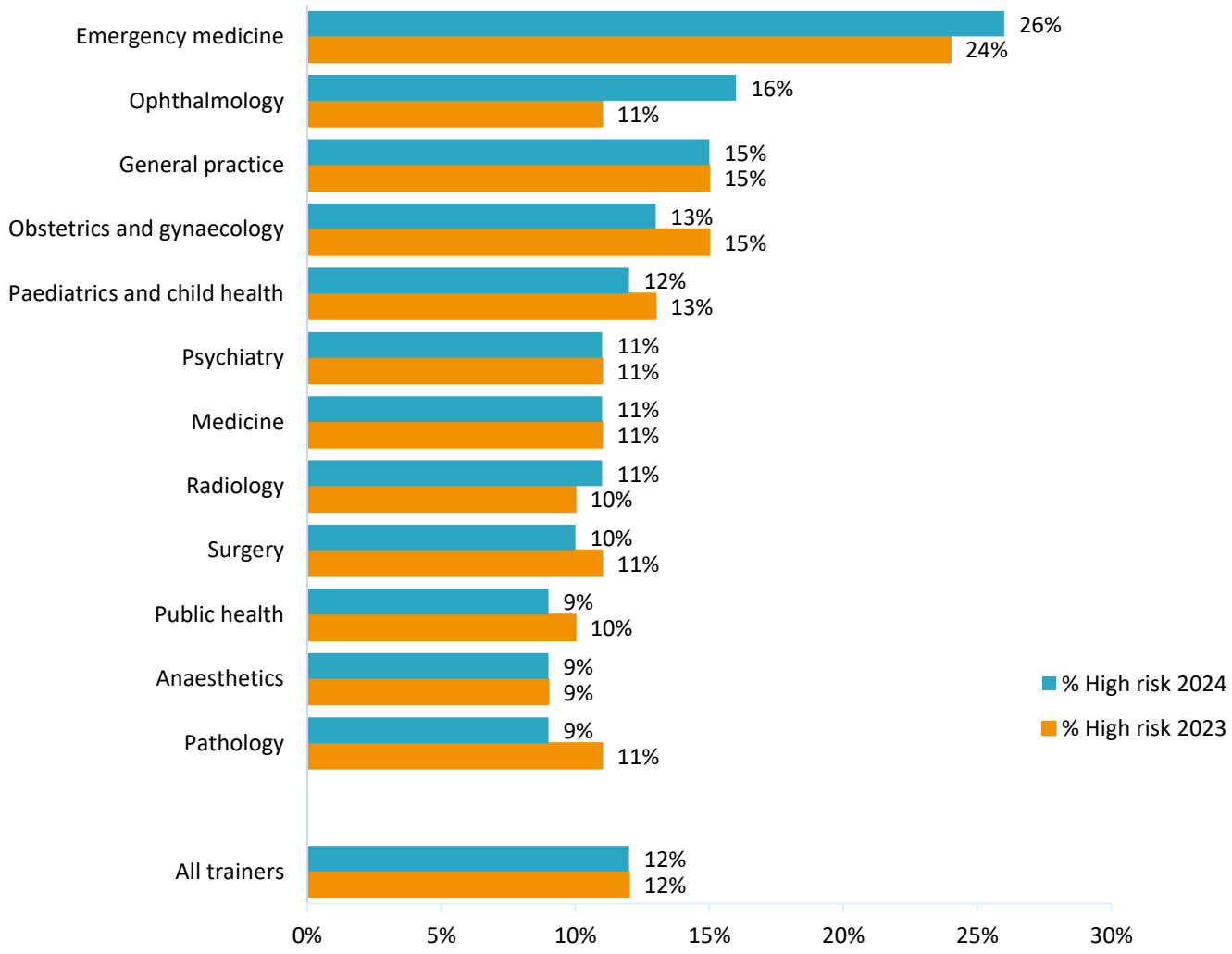


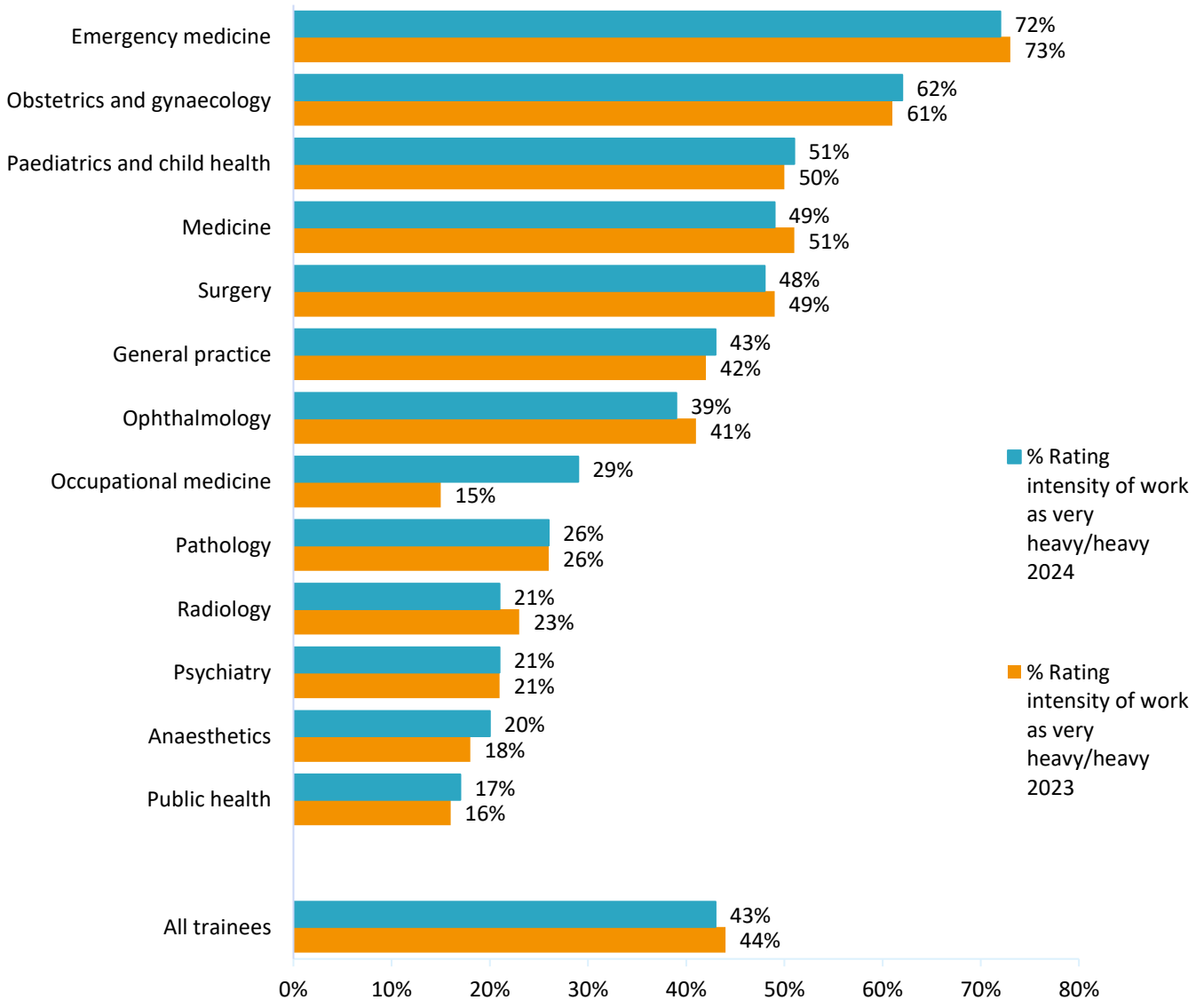
Table 11: Trainers – Calculated risk of burnout by country

Trainer country	High risk	Moderate risk	Low risk
England	12% (as 2023)	37% (↓2pp)	51% (↑3pp)
NI	18% (as 2023)	41% (↑1pp)	41% (↓1pp)
Scotland	12% (as 2023)	40% (↑1pp)	48% (as 2023)
Wales	13% (↑2pp)	37% (↓4pp)	50% (↑2pp)
UK	12% (as 2023)	38% (↓1pp)	50% (↑2pp)

Workload

Figure 13: Trainees – % rating intensity of workload as very heavy/heavy 2024 vs 2023

By post specialty



Over two fifths (43% ↓1pp) of doctors in training rated the intensity of their work by day as heavy or very heavy. However, as Figure 13 illustrates, as in previous years there was a wide variation between specialties. Seven out of ten (72% ↓1pp) of trainees in emergency medicine rated the intensity of work as heavy or very heavy, compared to a much smaller proportion of those in anaesthetics (20% ↑2pp) and public health (17% ↑1pp).

Addressing burnout and the impact on doctors' health

Despite there being a slight improvement in the responses to our questions about wellbeing, the survey results remain very concerning. For the third year running, a quarter of trainers and a third of trainees in emergency medicine posts measured to be at high risk of burnout, suggesting unsustainable workplace pressures have become the norm in this specialty.

Workplace stress in healthcare organisations affects quality of care for patients as well as doctors' own health, with studies demonstrating clear links between patient safety and doctors' wellbeing.

Good medical practice states that doctors should take care of their own health and wellbeing needs, recognising and taking appropriate action if they may not be fit to work. While it's possible that any small positive changes seen in the data may have been driven by doctors taking such steps to protect their own wellbeing, it's vital that employers prioritise the issue of easing workload stress.

Improving working conditions for all healthcare staff and supporting the development of fair and inclusive workplaces will help improve retention, reduce workplace pressure, and help to protect patients as well as staff.

Taking action

Listening to what trainees and trainers have to say about their experiences of training is important both now, and as part of building for the future. As the largest annual survey of doctors in training and their trainers, the national training survey provides a wealth of valuable data to support governments in both reviewing and informing plans for the UK health services.

Our evidence and data point to long-standing issues affecting training. The risk of burnout, poor rota design, and a lack of training time have been highlighted in previous summary reports. The 2024 survey results reaffirm why action must be taken to address these issues.

The new UK government is committed to supporting the Long Term Workforce Plan in England and similar expansions in the workforce in Scotland, Wales and Northern Ireland. We welcome ambitions to increase medical school student numbers, but it's essential this is mirrored by a significant expansion of multidisciplinary educators to account for this workforce expansion. Plans will need to set out how this will be achieved, and employers will need to rebalance the important need to support training, by protecting training time and providing resources and adequate support, alongside the continuing service pressures.

Developing leaders for the future is also crucial for the sustainability of the health services and patient care. Our findings show that the proportion of trainees saying they'd been given opportunities to develop leadership skills declined further in 2024. It's imperative this vital aspect of training is not overlooked, given its importance in succession planning.

With many challenges facing the health services, now is the perfect opportunity to reflect on what trainees and trainers are telling us through the survey. As part of our regulatory responsibility for overseeing all stages of education and training for doctors, we are undertaking a review of the standards, outcomes, and processes that underpin medical education. Critical to our review will be exploring ways to explicitly make sure that educators have the time and space

to undertake this vital function – and how we can better support career development and lifelong learning for all doctors.

We'll continue to work in collaboration with partners across the four UK nations and ask that governments and employers play their part in addressing the challenges described in this summary report.

Survey development

Each year we review the survey to make sure that the questions remain relevant and deliver the data we need to quality assure postgraduate medical training. Any changes are the result of our ongoing engagement with doctors, medical educators, representative organisations, and employers.

After completing the survey, we invite doctors to help us develop and test proposed changes for future years. If you'd like to get involved, we'd value your input. Please email nts@gmc-uk.org.

Our data

Percentages in all tables and charts are rounded and may not add up to 100.