



# NATIONAL TRAINING SURVEY

## 2023 results

General  
Medical  
Council

# National training survey 2023

## Foreword

The UK health system is undergoing a period of unparalleled pressure, and the effects are being felt both by the patients in need of care and the doctors who treat them.

Our national training survey, completed by more than 70,000 doctors, paints a comprehensive picture of how those workplace experiences are impacting those in training and their trainers.

That the quality of UK postgraduate training remains high, even in the face of acute stress, is testament to the hard work of trainers, trainees and education organisations. 86% of trainees were positive about their clinical supervision and 83% told us they had a good experience in their post.

Despite these positives, our data also point to troubling trends in doctors' training experiences.

For trainees, burnout levels are once again on the rise. Across the UK, two thirds are now at high or moderate risk of burnout, the highest level since we started tracking this in 2018.

There is also evidence that doctors in the early stages of their careers are experiencing negative behaviours more than their senior colleagues. One in five foundation trainees said they'd been blamed for something they didn't do in their current post, compared to one in ten on specialty or core programmes. These issues are especially acute in certain specialties, with more negative responses from trainees in surgery, obstetrics and gynaecology and emergency medicine.

The strain on the UK health system is undoubtedly impacting doctors' wellbeing. But at a local level, cultural issues are also taking their toll. Our survey shows that more than one in ten trainees have felt 'intentionally humiliated' in front of others. 27% said they've experienced micro-aggressions, negative comments or oppressive body language from colleagues.

That is plainly unacceptable from a moral standpoint, but also a productivity one. The environment in which a doctor works plays a material role both in patient outcomes and staff satisfaction. There's a very real risk that the negative trends we're seeing could not only impact on patient care, but also undermine retention, pushing doctors to leave the training pathway, if not the profession entirely.

Meanwhile, trainers are also confronting significant challenges. While most tell us they enjoy their role as educators, they also point to barriers around the time and support they receive.

These findings are especially concerning given the ambition for further expansion of training capacity. As the recent publication of the NHS Long Term Workforce Plan in England (and earlier workforce plans in Northern Ireland, Scotland and Wales) make plain, longer-term thinking is urgently needed to put the health service on a more sustainable footing. But our recent *The state of medical education and practice: workplace experiences report 2023* tells us that trainers already face added pressures compared to non-trainers, being more likely to work beyond their

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rostered hours and to describe their days as high intensity. These issues need to be tackled urgently if we are to meet the need for increased training capacity.

While the survey points to positives, it is clear there are significant challenges in training to be addressed. Environments which empower doctors are at the root of good care, but too many doctors continue to suffer from a lack of support, if not downright discrimination. The priority now must be cultivating compassionate culture in every workplace, both in the interests of patients and the wellbeing and retention of the doctors who care for them.

Charlie Massey

Chief Executive and Registrar

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## Key findings

### Doctors in training

- **Wellbeing** – Nearly a quarter (23%) of trainees are now measured to be at high risk of burnout, an increase of four percentage points since 2022, with all seven of our burnout questions receiving a higher proportion of negative responses.
- **Discriminatory behaviours** – There was a higher proportion of negative responses from doctors in their early stages of training to our new questions. There's also a wide variation between specialties, with surgery, obstetrics and gynaecology and emergency medicine responding more negatively.
- **Developing leadership skills** – There's a decrease since 2022 in the proportion of positive responses across all training levels and most specialties when asked about opportunities to develop leadership skills.
- **Rota design** – A quarter (26%) of all trainees think that their training is adversely affected because rota gaps aren't dealt with appropriately. The same proportion (25%) do not think that rota design optimises their education and development.
- **Impact of changes due to the Covid-19 pandemic** – Innovations introduced during the pandemic are viewed increasingly positively, with an increase of twenty-one percentage points in the proportion of trainees agreeing that simulation facilities and/or simulation exercises are being used effectively to support their training.
- **Quality of training** – Despite the continued pressures on the health services, the quality of training remains high: 86% of trainees were positive about their clinical supervision and 83% said the quality of their experience was good or very good.

### Trainers

- **Wellbeing** – 52% of trainers are measured to be at high or moderate risk of burnout, the same level as 2022. A third (32%) said their work frustrates them to a high/very high degree.
- **Rota design** – A third (33%) of secondary care trainers said that their trainee(s) education and training is adversely affected because rota gaps aren't always dealt with appropriately. This increased to two fifths of trainers in surgery (41%), medicine (40%) and obstetrics and gynaecology (47%).
- **Time for training** – Less than a half of all trainers (46%) told us that they were always able to use the time allocated to them in their role as trainer, specifically for that purpose.
- **Development** – Over a fifth (23%) of all trainers said they didn't have an appraisal to review their responsibilities as a trainer within the last twelve months.

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## Acting on the results

- Commitments around the future expansion of medical school places, while welcome, cannot be delivered effectively unless two actions are taken by Trusts and Boards. Firstly, trainers should have the time, support, and resources they need for their role. Secondly, they should be working to address local barriers, such as poor rota design, that adversely affect training.
- There's evidence that doctors in the early stages of their careers are experiencing negative behaviours more than their senior colleagues. Healthcare organisations across the UK must have a zero-tolerance approach to any form of discrimination. It's essential that trainees who experience such unprofessional behaviours are signposted to appropriate support, without fear of adverse consequences, and leaders must be satisfied that any discriminatory or bullying behaviour or harassment have been adequately addressed.
- There's clear evidence that workplace stress in healthcare organisations has a negative impact on the quality of patient care, as well as consequences for doctors' own health. The negative trends we're seeing in the responses to our questions on burnout could not only impact patient safety but also undermine workforce retention. Long-term efforts to increase workforce numbers, must be accompanied by a focus on wellbeing and fostering compassionate workplace cultures that empower and support all doctors.

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## Introduction

The national training survey is the largest annual survey of doctors across the UK. Every year, we ask trainees about the quality of their training and the environments where they work, and trainers about their experience as a clinical and/or educational supervisor. The questions are focused on our standards for medical education and training – [Promoting excellence](#) – which are organised around five 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 follows the recent publication of [The state of medical education and practice in the UK: workplace experiences 2023](#), which used data from our 2022 Barometer survey and interviews with doctors, to explore doctors' experiences and perceptions of UK practice.

This report focuses on UK-wide trends in postgraduate medical education, but we have included country-specific data where there are notable differences. It summarises our initial findings in three key areas:

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

We'll be completing further analysis of the national training survey data by personal characteristics. This will inform our work with organisations across the system, [as we focus on our targets to eliminate discrimination, disadvantage and unfairness](#) in undergraduate and postgraduate medical education and training by 2031.

## A note about the 2023 trainee survey

This year, we introduced new, optional questions about discriminatory behaviours in the workplace. The questions explore the types of behaviours that trainees experience and how often they occur. They also look at how confident doctors feel about reporting and challenging discrimination from colleagues.

This report presents the initial findings from these questions by specialty and training level. In the coming months we'll start work on a more detailed analysis to understand if doctors from different demographic groups have differing experiences. This will support our ongoing work, and

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those of education providers, to tackle inequalities that exist in medical education and help create the supportive, inclusive, and fair environments that all doctors deserve.

We've also introduced a question to find out how many trainees have access to a mentor. We're working with Melanin Medics to evaluate the impact of [its enrichment programme](#), and [the interim report published in March 2023](#) found mentoring to be repeatedly highlighted by trainees as the most helpful aspect of the programme.

This year, we've retired five of the ten questions we introduced in 2021, to explore the impact of the coronavirus (COVID-19) pandemic on training, as they're no longer relevant - such as those about accessing slots for exams or workplace-based assessments. The remaining five have been incorporated into the main body of the survey, so we can continue to monitor any ongoing impact on doctors' training, work, and wellbeing.

## A note about the 2023 trainer survey

There were no changes to the trainer survey in 2023. This allows a direct comparison to 2022's survey, which was shortened and refocused to place greater emphasis on the support and development that trainers receive.

## How we use the findings

The survey provides data that we use to quality assure postgraduate medical education across all four countries of the UK. The responses we receive allow us to check how our standards are being delivered, and whether training is being provided in safe, effective, and appropriately supportive environments.

Where we identify risks, we work with those responsible for delivering and providing training, to tackle them. If data for a particular training location are significantly more negative than the UK average, we support the relevant postgraduate dean – and may put procedures in place, [such as enhanced monitoring](#) – to protect training, and ensure patient safety.

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

We also use the findings to identify trends across postgraduate education environments and specialties, so we can speak up about the issues that affect doctors delivering and receiving training, and highlight examples of excellence, innovation, and notable practice in medical education. By sharing data and contributing to the work of others across the healthcare system on policies or initiatives, we're seeking to drive improvements that will help retain the skills and experience needed for the future.

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## What we expect from others

The UK health services are under intense pressure. Prioritising training is challenging, but vital to the quality and future sustainability of medicine, and critical to support the medical workforce pipeline for the future.

We ask postgraduate deans, medical royal colleges, training providers and employers to make full use of the comprehensive data available in [our online reporting tool](#) where you can view national, regional, local, and specialty breakdowns for all indicators. They should scrutinise what trainees and trainers are telling them about training in their country, region, specialty, and site, so they can target areas of concern, promote and share examples of high-quality training, and support career progression for trainees. Identifying examples of good practice will help contribute to the development of environments that support doctors from all backgrounds, grades, and types, to deliver safe patient care.

We call on policy makers to use the findings to inform their plans for the future. Improving the wellbeing of the workforce and developing supportive, inclusive, and fair working environments are crucial if the health services are to retain, and sustain, trainees and trainers in all four countries of the UK.

## Responses to the survey

This year over 70,000 doctors in training and trainers completed the survey. 74% (↓2pp compared to 2022) of all trainees and 38% (↑4pp) of all trainers responded (see Table 1). This large number of responses enables us to effectively monitor the quality of training environments in all four countries of the UK.

**Table 1: 2023 completion rates by country (change vs 2022)**

	England	NI	Scotland	Wales	UK
Trainees	73% (↓2pp)	77% (↓1pp)	80% (↓1pp)	88% (↑1pp)	<b>74% (↓2pp)</b>
(No. of doctors)	40,370	1,378	4,746	2,528	49,022
Trainers	37% (↑3pp)	49% (↑7pp)	33% (↑4pp)	63% (↑5pp)	<b>38% (↑4pp)</b>
(No. of doctors)	17,334	816	1,886	1,653	21,689

## High-level findings

### The quality of training

Despite the pressures on the health services across the UK, 74% of all trainees rated the quality of teaching as either good or very good. While there's some variation between specialties, this is consistent with results in 2022, and previous years.

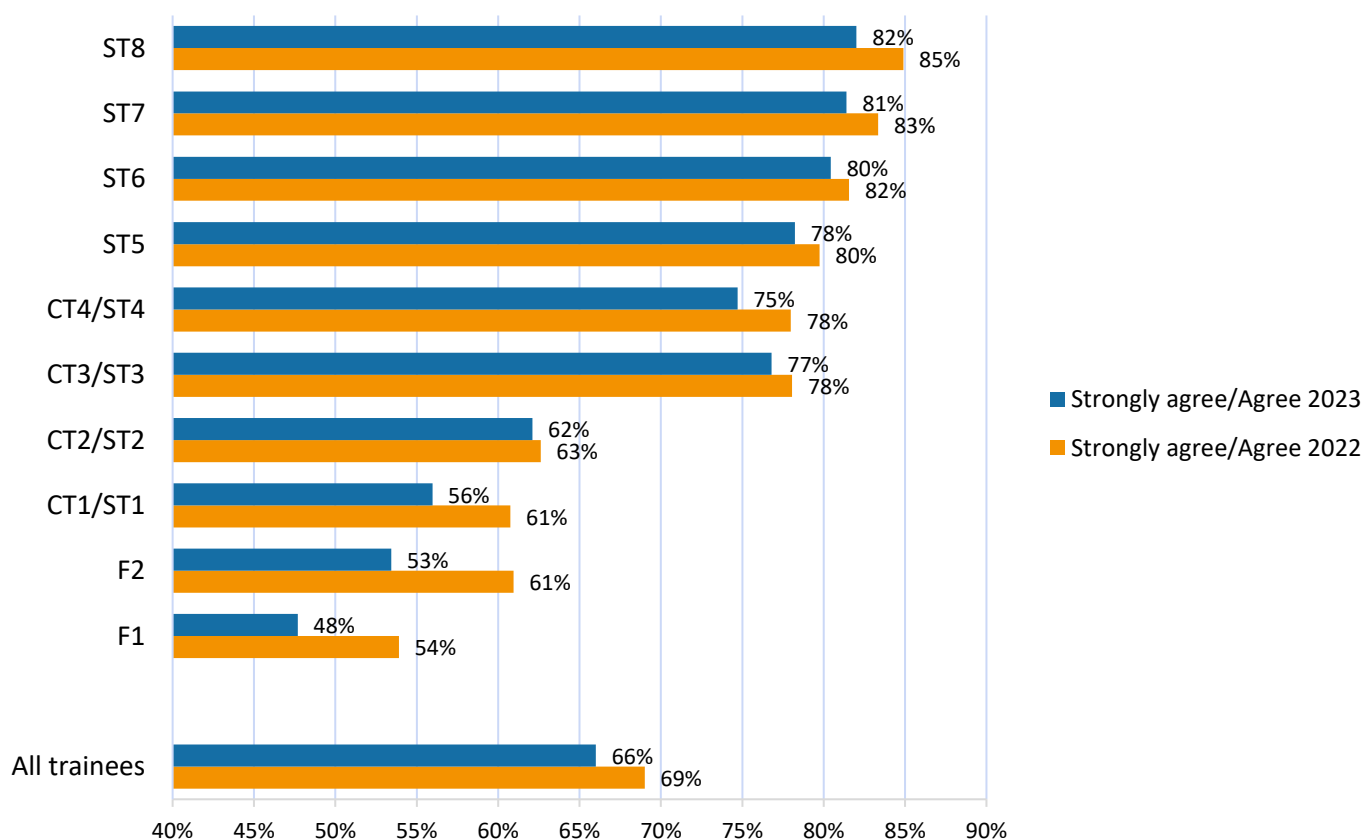


86% (↓1pp) of trainees were positive about the quality of their clinical supervision, rating it as either good or very good. Once again, there is variation according to specialty, with 94% (↓1pp) of anaesthetics trainees providing this response compared to 78% (↓3pp) of surgery trainees.

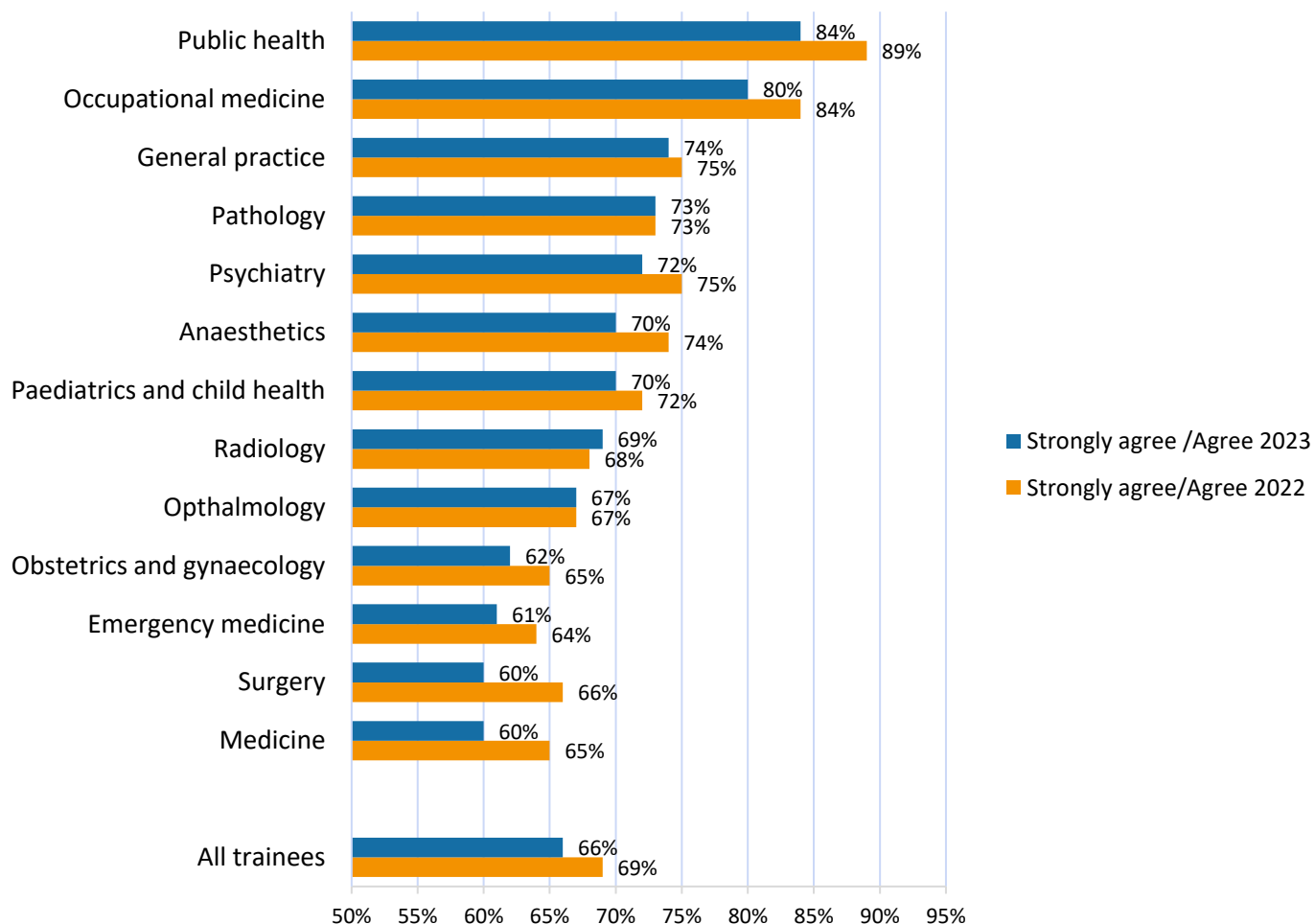
Over eight out of ten (83% as 2022) trainees told us they had a good or very good experience in their post, with a similar proportion (80% as 2022) rating the practical experience they received positively.

66% (↓3pp) of all trainees agreed or strongly agreed that their post gave them opportunities to develop their leadership skills, relevant to their stage of training. The variation in responses according to specialty is consistent with last year, however ophthalmology (67% as in 2022), pathology (73% as in 2022) and radiology (69% ↑1pp) were the only specialties that didn't see a small decrease in the proportion of positive responses (see Figure 2). A decrease was also seen across all training levels (see Figure 1). Developing future leaders is vital to the sustainability of the health services and patient care, so this decline, however small, is a concern.

**Figure 1: Trainees – In this post I am given opportunities to develop my leadership skills relevant for my stage of training, split by training level 2023 vs 2022**



**Figure 2: Trainees – In this post I am given opportunities to develop my leadership skills relevant for my stage of training, split by post specialty 2023 vs 2022**



Employers have an essential role in cultivating supportive, inclusive cultures that allow doctors to thrive. They need to actively support the development of leadership skills – offering shadowing opportunities, promoting strong teamwork, and encouraging and enabling doctors to step into leadership positions.

Mentorship also plays an important role, providing an accessible network that gives hands-on support to build trainees’ confidence and skills, particularly if they are new to their specialty or training region. This year we asked a new optional question in the survey for trainees, to explore whether they had access to a mentor who provides such guidance (Table 2).

Of those trainees who chose to answer, 10% said that they received this through a formal scheme provided by their employer. There was slight variation in response to this question according to specialty. For example, 17% of general practice (GP) trainees said they received mentoring through a formal scheme provided by their deanery/HEE office, compared to 8% of anaesthetics trainees. A larger proportion of all trainees (26%) told us that they benefited from informal mentoring from a colleague, rising to 35% of trainees in their eighth year of a specialist

training programme. However, over half of trainees (55%) said they had no support from a mentor.

**Table 2: 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	10%
Yes – formal scheme through my deanery/HEE office	10%
Yes – formal mentoring scheme with an external organisation	1%
Yes – informal mentoring from a colleague	26%
Yes – informal mentoring from another clinician who is not a colleague	8%
Yes – other route	3%
No support from a mentor	55%

## COVID-19 and training recovery

The responses to questions exploring the ongoing impact of the pandemic on training suggest trainees are increasingly positive about developments and innovations introduced to support training recovery. For example, a larger proportion of trainees (55% ↑21pp) agreed or strongly agreed that simulation facilities and/or simulation exercises are being used effectively to support their training. An increase was seen across all specialties except occupational medicine (50% ↓2pp). While a larger proportion of trainees on surgery programmes (35% ↑17pp) were positive about the use of simulation exercises than in 2022, 42% (↓17pp) disagreed that they were being used effectively.

64% (↑3pp) of trainees agreed that they have had enough training opportunities to adequately prepare them for their next relevant professional exam, though as in 2022, one fifth (20%) of trainees on obstetrics and gynaecology programmes said this was not the case. And three quarters of trainees (74% ↑4pp) said that they were on course to gain enough operative/practical procedures needed for their stage of training. In 2022, 39% of obstetrics and gynaecology trainees and 31% of surgery trainees disagreed with this statement, but these proportions have now decreased to 23% and 18% respectively for these specialty programmes.

A third (33%↑12pp) of trainees said they didn't need any opportunities to backfill what had been lost because of the pandemic. Of those who did, 62% (↑22pp) agreed they'd been provided enough replacement training opportunities, with 14% (↓16pp) disagreeing.

## Trainers – support and development

As in 2022, nine out of ten trainers (89% ↓1pp) told us that they enjoy their role. However, the survey results suggest that training across all four countries of the UK continues to be affected by systemic pressures. A third (33% as 2022) of secondary care trainers and a quarter (24% ↓1pp) of GP trainers disagreed that they were always able to use the time allocated to them in their role as trainer specifically for that purpose.

**Table 3: Trainers – I am always able to use the time allocated to me in my role as a trainer, specifically for that purpose, by country**

Country	Positive	Negative
England	47% (↑1pp)	30% (↓1pp)
NI	44% (as 2022)	34% (↑2pp)
Scotland	41% (↑1pp)	38% (as 2022)
Wales	45% (↓1pp)	33% (↑1pp)
UK	46% (↑1pp)	31% (as 2022)

When asked to rate the support they receive from their employer or local education team in their role as trainer, 68% (as 2022) rated it as good or very good. There was some variation according to country (see Table 4), and specialty. 84% (↓1pp) of GP trainers were positive, compared to 55% (↓1pp) of surgery trainers.

**Table 4: Trainers – Please rate the support you receive from your employer/local education team in your role as trainer**

Country	Very good / Good	Poor / Very poor
England	68% (as 2022)	8% (as 2022)
NI	67% (↓2pp)	5% (↓4pp)
Scotland	63%(↑1pp)	12% (↑2pp)
Wales	65% (↓5pp)	9% (↑2pp)
UK	68% (as 2022)	8% (as 2022)

Last year, we refocused the trainer survey to include new questions to help us better understand the support and development opportunities that secondary care and GP trainers receive (see Table 5).

Trainers should have an annual appraisal of both their clinical and educational duties. As in 2022, 23% of trainers told us they hadn't had an appraisal to review their responsibilities as a trainer within the previous twelve months. Of those who had, 65% (↑1pp) said it was effective or highly effective.

**Table 5: 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 2022)	6% (as 2022)	85% (as 2022)	4% (as 2022)
Do you know what support is available to you from your SEB office (statutory education body) if you have a trainee requiring extra support?	64% (↑1pp)	36% (↓1pp)	74% (↑2pp)	26% (↓2pp)
The resources I need to perform my role as a trainer are available to me in my workplace.	72% (as 2022)	12% (as 2022)	84% (↓3pp)	7% (↑1pp)
I have access to the training and support I need to provide effective feedback on my trainees' performance.	84% (as 2022)	3% (as 2022)	93% (↑1pp)	1% (as 2022)
I have access to the resources I need to confidently support trainees of all backgrounds, beliefs, and identities.	72% (↑2pp)	5% (as 2022)	83% (↑2pp)	3% (as 2022)

## Rota design

A quarter (26% ↓4pp) of all trainees think that their training is adversely affected because rota gaps aren't dealt with appropriately. There was a wide variation between different specialties, with 43% (↓3pp) of obstetrics and gynaecology trainees providing this response, compared to 11% (↓2pp) of anaesthetics trainees.

Trainers expressed similar concerns about rota design. A third (33% ↓2pp) of secondary care trainers said that their trainee(s) education and training is adversely affected because rota gaps aren't always dealt with appropriately. Trainers in paediatrics and child health (39% ↑1pp), surgery (41% ↓2pp), medicine (40% ↓4pp) and obstetrics and gynaecology (47% ↑2pp) gave the highest proportions of negative responses to this question.

## Enabling high-quality training

While trainees' satisfaction with their teaching remains high, they continue to tell us that issues

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like poor rota design impact the quality of their education. Three out of ten (30%) trainees said that that educational/training opportunities were lost due to gaps in the rota, and a quarter (25%) did not think that the rota design optimised their education and development.

Similarly, while the vast majority of trainers enjoy their role, they continue to voice concerns about the many challenges they face. For example, less than a half of all trainers (46%) told us that they were always able to use the time allocated to them in their role as trainer, specifically for that purpose.

It's also a concern that over a fifth (23%) of trainers told us they didn't have an appraisal in the last twelve months. Appraisals play a crucial role in a trainer's ongoing development, and are an opportunity by their employer to acknowledge the valuable role they have in educating and supporting doctors.

[Our recent report focusing on doctors' workplace experiences](#) highlighted the pressures faced by trainers. Out of all doctors surveyed in our Barometer survey in 2022, a larger proportion of trainers felt they weren't supported by their senior medical staff (18%) than non-trainers (10%). The Barometer survey also found doctors who are trainers were also more likely to work beyond their rostered hours once a week (78% compared with 67% of non-trainers).

The role of trainers in the medical workforce is more vital than ever. If the number of medical students and UK postgraduate training posts are to increase, it's imperative that trainers are supported to take on any additional training responsibility. Organisations responsible for training environments should use [the data in our online reporting tool](#) to make improvements for trainers as well as their trainees.

## Supportive environments

GP trainees and trainers are more positive about the supportive nature of their working environment than those working in secondary care. 94% (↑1pp) of GP trainees and 98% (as 2022) of GP trainers said their practice provides a supportive environment for everyone, regardless of background, beliefs, or identity. This compares to 87% (as 2022) of trainees and 78% (↓1pp) of trainers in secondary care.

Eight out of ten (80% ↑1pp) trainees said that their working environment is a fully supportive one, although 9% (as 2022) of medicine, 12% (↑1pp) of surgery and 11% (as 2022) of obstetrics and gynaecology trainees disagreed with this statement. And while 68% (↑1pp) of all trainees said that staff, including doctors in training, are always treated fairly, a fifth of trainees working in obstetrics and gynaecology 20% (↑1pp), surgery 22% (↑1pp), and medicine 20% (as 2022), disagreed.

Over three quarters (77% ↑1pp) of trainees said that staff, including doctors in training, always treat each other with respect, with the variation according to specialty consistent with the other supportive environment questions (Table 6).

As in 2022, over one out of ten (14%) trainees and two out of ten trainers (20%) said that

incident(s) of rudeness and incivility amongst doctors/healthcare staff are negatively affecting their experience in their role. However, there was a wide variation in the responses to this question according to specialty. 42% (as 2022) of trainers and 21% (↑1pp) of trainees in emergency medicine said this was the case. This compares to 11% (↓2pp) of trainers and 6% (as 2022) of trainees working in general practice.

**Table 6: Trainees – Supportive environment questions**

Question	Positive	Neutral	Negative
The working environment is a fully supportive one.	80% (↑1pp)	13% (↓1pp)	7% (as 2022)
Staff, including doctors in training, are always treated fairly.	68% (↑1pp)	18% (as 2022)	15% (as 2022)
Staff, including doctors in training, always treat each other with respect.	77% (↑1pp)	13% (↓1pp)	10% (as 2022)
My department/unit/practice provides a supportive environment for everyone regardless of background, beliefs, or identity.	88% (as 2022)	8% (as 2022)	4% (↑1pp)

**Table 7: Trainers – Supportive environment questions**

Question	Positive			Negative		
	Sec care	GP	All	Sec care	GP	All
Staff are always treated fairly by my employer / in my practice.	61% (↓1pp)	97% (as 2022)	67% (as 2022)	12% (↓1pp)	1% (as 2022)	11% (as 2022)
My employer/practice provides a supportive environment for everyone regardless of background, beliefs, or identity.	78% (↓1pp)	98% (as 2022)	81% (↓1pp)	6% (as 2022)	0% (as 2022)	5% (as 2022)

## Trainees – new questions on discriminatory behaviours

While the majority of doctors in training say they work in supportive workplaces, findings from our new questions begin to provide insight into the extent to which unprofessional behaviours occur in some training environments. Over 28,000 trainees, 59% of those who completed the survey, answered these optional questions covering aspects of discrimination from colleagues or

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other healthcare professionals, such as unfair treatment and stereotyping. Our initial analysis of the data, split by specialty and training level is presented here. We will complete a further detailed exploration of the data, to see if doctors from different demographic groups are having differing experiences.

Over a quarter (27%) of trainees said they've experienced micro-aggressions, negative comments, or oppressive body language from colleagues,\* with 12% stating this occurred either monthly or more frequently. There was a noticeable variation according to specialty. For example, over 90% of trainees in occupational health (91%) and public health (93%) said that they had never experienced these behaviours, compared to two thirds of doctors training in obstetrics and gynaecology (65%), emergency medicine (65%) and surgery (66%).

28% of trainees said that they had heard insults, stereotyping or jokes relating to the nine protected characteristics.† 4% of trainees said this happened daily or weekly. Again, there was a variation according to specialty. For example, 87% of GP trainees said they never hear such comments, compared to a lower proportion of those working in anaesthetics (64%) emergency medicine (63%) or surgery (63%).

Out of the new questions exploring discriminatory behaviours, these two questions received the largest proportion of negative responses from trainees. The variation in responses according to specialty can be explored further in Tables 8 and 9.

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\*The following examples of micro-aggressions were provided in the survey question: derogatory comments or actions such as tutting or eye-rolling, silences, using a patronising tone, inconsiderate scheduling, reasonable adjustments not being met, making negative remarks relating to difference (about colleagues and/or patients), weight, socio-economic background, working less than full-time, being less committed to medicine due to family commitments etc).

†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.



**Table 8: Trainees – How often, if at all do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?**

Specialty	Daily / Weekly	Monthly	Less than once a month	Never
Emergency Medicine	8%	9%	18%	65%
Obstetrics and Gynaecology	8%	7%	20%	65%
Surgery	9%	8%	17%	66%
Anaesthetics	4%	7%	18%	71%
Medicine	6%	6%	16%	72%
Ophthalmology	7%	5%	15%	73%
Paediatrics and Child Health	4%	6%	15%	74%
Radiology	4%	5%	13%	77%
Psychiatry	4%	4%	11%	80%
Pathology	3%	3%	14%	80%
General Practice	3%	2%	8%	87%
Occupational Medicine	6%	0%	3%	91%
Public Health	1%	2%	4%	93%
<b>All trainees</b>	<b>6%</b>	<b>6%</b>	<b>15%</b>	<b>73%</b>

**Table 9: Trainees – How often, if at all do you hear insults, stereotyping or jokes in your presence on the grounds of a person’s protected characteristics?**

Specialty	Daily / Weekly	Monthly	Less than once a month	Never
Surgery	7%	9%	21%	63%
Emergency Medicine	7%	8%	22%	63%
Anaesthetics	5%	8%	23%	64%
Obstetrics and Gynaecology	6%	7%	21%	66%
Medicine	4%	6%	19%	71%
Paediatrics and Child Health	3%	4%	17%	76%
Psychiatry	3%	4%	14%	79%
Radiology	3%	3%	13%	80%
Ophthalmology	5%	4%	10%	82%
General Practice	2%	2%	9%	87%
Pathology	1%	2%	9%	87%
Occupational Medicine	3%	0%	9%	88%
Public Health	1%	1%	8%	90%
<b>All trainees</b>	<b>4%</b>	<b>6%</b>	<b>17%</b>	<b>72%</b>

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A fifth (21%) of all trainees said they have had their work overly or unfairly scrutinised, while a similar proportion (20%) felt they had been disproportionately asked to carry out specific tasks. 9% of surgery trainees said that this happened daily or weekly. More than one out of ten trainees (13%) said that they were blamed for something they didn't do. Once again, the highest proportion of negative responses came from trainees in surgery posts (23%).

One in five trainees (20%) said they'd received unfair or overly critical feedback, and 16% said that they'd been given sensitive feedback in an inappropriate way.

16% of trainees said they were not given the same training opportunities as their peers at the same stage of training. Nearly one out of ten (9%) obstetrics and gynaecology trainees said this occurred daily or weekly, compared to 5% of all trainees.

When asked if they had been ignored or excluded from conversations, groups, or meetings in their post, 13% of trainees said they had.

Worryingly, over one out of ten trainees (12%) said that they'd been intentionally humiliated in front of others, and 6% said they'd experienced unwelcome sexual comments or advances causing embarrassment, distress or offence. The largest proportions of negative responses to these two questions came from trainees in surgery posts (19% and 10% respectively).

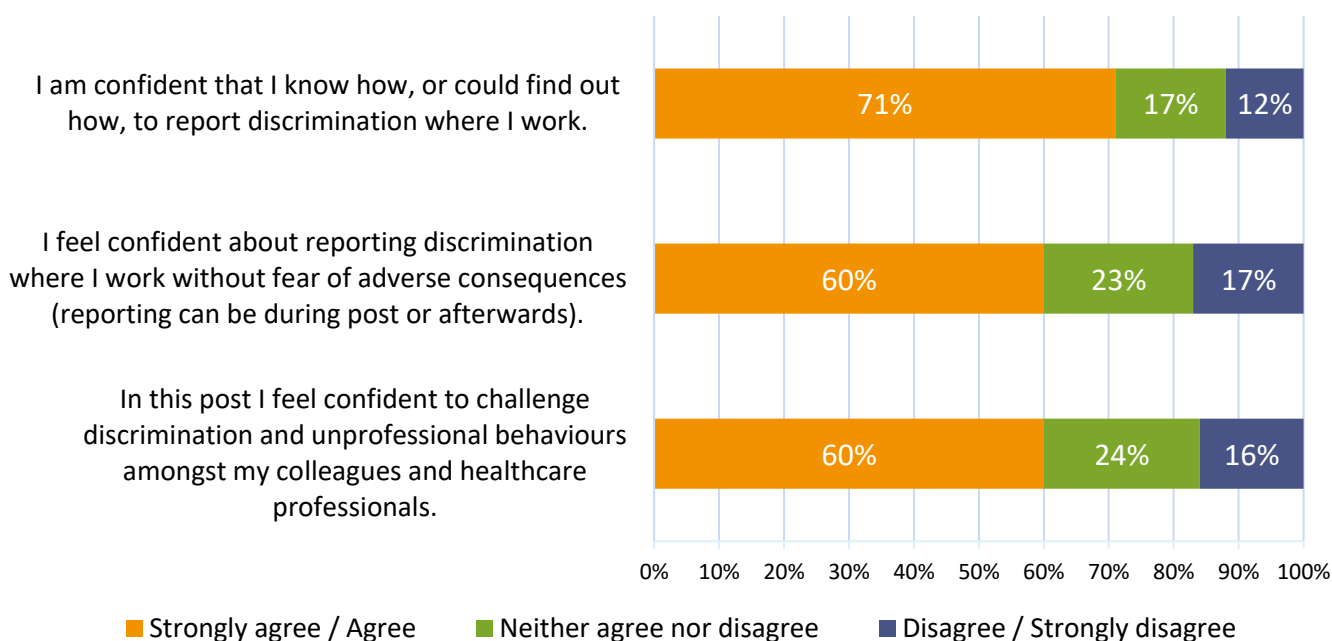
Responses to all these new questions, grouped according to the frequency of the discriminatory behaviour, can be explored in Table 10.

**Table 10: Trainees – Discriminatory behaviour 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%	6%	17%	72%
do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?	6%	6%	15%	73%
have you had your work overly or unfairly scrutinised?	3%	4%	14%	79%
do you feel you are disproportionately asked to carry out specific tasks?	6%	4%	10%	80%
do you receive unfair or overly critical feedback?	2%	3%	15%	80%
are you not given the same training opportunities as your peers at the same stage of training? (e.g., opportunity to observe an unusual case)	5%	4%	8%	84%
are you given sensitive feedback in an inappropriate way? (e.g., in a public place or via electronic tools without discussion)	2%	3%	11%	84%
are you ignored or excluded from conversations, groups or meetings?	3%	2%	8%	87%
are you blamed for something you didn't do?	1%	2%	9%	87%
are you intentionally humiliated in front of others?	1%	2%	8%	88%
do you experience unwelcome sexual comments or advances causing you embarrassment, distress or offence?	0%	1%	5%	94%

Three new questions included in this year's survey focused on trainees' confidence in reporting discrimination (see Figure 3).

**Figure 3: Trainees – Confidence in reporting discrimination questions**



Seven out of ten trainees (71%) said they were confident that they knew how, or could find out how, to report discrimination where they work. However, a smaller proportion (60%) said that they feel confident to challenge discrimination and unprofessional behaviours amongst their colleagues and healthcare professionals.

Trainees were also asked whether they feel confident about reporting discrimination where they work, without fear of adverse consequences. Six out of ten trainees (60%) agreed, although there was some variation according to specialty. Nearly a quarter of obstetrics and gynaecology (24%) and ophthalmology trainees (23%) disagreed or strongly disagreed with this statement.

Notably, there was a larger proportion of negative responses to these new questions from doctors completing their Foundation Programme, compared to those in specialty or core trainee posts (see Table 11). For example, 13% of Foundation Programme doctors said they'd experienced unwelcome sexual comments or advances causing embarrassment, distress, or offence, as opposed to 4% of trainees at higher training levels. One out of five (22%) Foundation trainees said they'd been blamed for something they didn't do in their current post, compared to one out of ten trainees (10%) on specialty or core programmes. And while one fifth (21%) of trainees at the early stages of their training said they didn't feel confident challenging discrimination and unprofessional behaviours amongst their colleagues and healthcare professionals, a smaller proportion (15%) of those at higher training levels felt this way.

**Table 11: Trainees – Discriminatory behaviour questions % negative responses by training level**

In your current post how often, if at all:	Foundation Programme	ST1/CT1 & ST2/CT2	ST3/CT3 and above
do you hear insults, stereotyping or jokes in your presence on the grounds of a person's protected characteristics?	38%	25%	24%
do you experience micro-aggressions, negative comments, or oppressive body language from colleagues?	32%	26%	24%
have you had your work overly or unfairly scrutinised?	27%	20%	19%
do you feel you are disproportionately asked to carry out specific tasks?	29%	18%	16%
do you receive unfair or overly critical feedback?	25%	18%	19%
are you not given the same training opportunities as your peers at the same stage of training? (e.g., opportunity to observe an unusual case)	18%	15%	15%
are you given sensitive feedback in an inappropriate way? (e.g., in a public place or via electronic tools without discussion)	19%	14%	14%
are you ignored or excluded from conversations, groups or meetings?	17%	13%	11%
are you blamed for something you didn't do?	22%	10%	9%
are you intentionally humiliated in front of others?	18%	11%	9%
do you experience unwelcome sexual comments or advances causing you embarrassment, distress, or offence?	13%	5%	4%

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## Tackling inequalities and building inclusive environments

Everyone has the right to work and train in an environment which is fair, free from discrimination and where they're respected and valued. While a large proportion of trainees told us that they haven't experienced discriminatory behaviours, over a quarter (28%) reported hearing insults, stereotyping and jokes on the grounds of someone's protected characteristics. A similar proportion, (27%), said that they experience micro-aggressions, negative comments, or oppressive body language from colleagues. This increased to over a third for trainees in emergency medicine (35%), obstetrics and gynaecology (35%) and surgery posts (34%).

It's noticeable that the specialties with higher proportions of negative responses to most of these questions (surgery, emergency medicine, obstetrics and gynaecology) have higher proportions of trainees stating they have been a victim of, or have witnessed bullying or harassment in their post (12%, 10% and 16% respectively, compared to 8% of all trainees).

The data also show that doctors at the early stages of their training report more negative work cultures than their colleagues at higher training levels, with 38% of Foundation Programme trainees saying they hear insults, stereotyping or jokes on the grounds of a person's protected characteristics, compared to 24% of trainees in specialty or core posts.

Discrimination doesn't just affect individuals, it impacts teamwork, collaboration, and communication. It also affects how doctors develop and improve their practice. It's essential that healthcare professionals are aware of how such behaviours impact others inside and outside the team. Healthcare organisations across the UK must have a zero-tolerance approach to abuse, discrimination, bullying or harassment. Trainees who experience discrimination should be signposted to appropriate support and advice, without fear of adverse consequences. And leaders must be satisfied that any discriminatory or bullying behaviour or harassment have been adequately addressed.

We've developed training sessions to help doctors understand the impact of unprofessional behaviours on patient safety, and [to provide practical support in tackling them](#).

In Wales, we are working closely with the Nursing and Midwifery Council (NMC) to tailor these Professional Behaviours and Patient Safety (PBPS) sessions for maternity services. And in Northern Ireland we are developing a joint PBPS offering with the NMC. Scotland's offer to health boards also includes this PBPS training.

[We know from our research and that of others](#) how particular groups can have different experiences in the workplace, so in the coming months we will carry out further analysis of this year's results to identify whether they reveal any further trends. By better understanding doctors' experiences we'll be able to work more effectively with others, to foster supportive, inclusive, and fair environments for all doctors. The data will also inform our work with organisations across the system, [as we focus on our targets to eliminate discrimination, disadvantage and unfairness](#) in undergraduate and postgraduate medical education and training by 2031.

Tackling discrimination and promoting fairness and inclusion was one of the key themes of our

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consultation on *Good medical practice*. This included a proposed new duty to not abuse, discriminate against, bully, exploit, or harass anyone, or condone such behaviour by others. The feedback we received was very supportive of this. We'll publish the updated version later this year.

It's imperative that equality, diversity and inclusion (ED&I) remains a top priority in organisations across the health system, and we call on leaders to prioritise ED&I activity through organisational change, ensuring it is at the forefront of their workforce plans.

## Wellbeing at work

This year, over 45,000 doctors chose to answer the seven voluntary work-related questions taken from [the Copenhagen Burnout Inventory](#), an increase of over a thousand doctors from 2022. Analysis of these responses helps us to understand the extent of burnout and trainee and trainer wellbeing in the workplace.

### Trainees – responses to questions about burnout

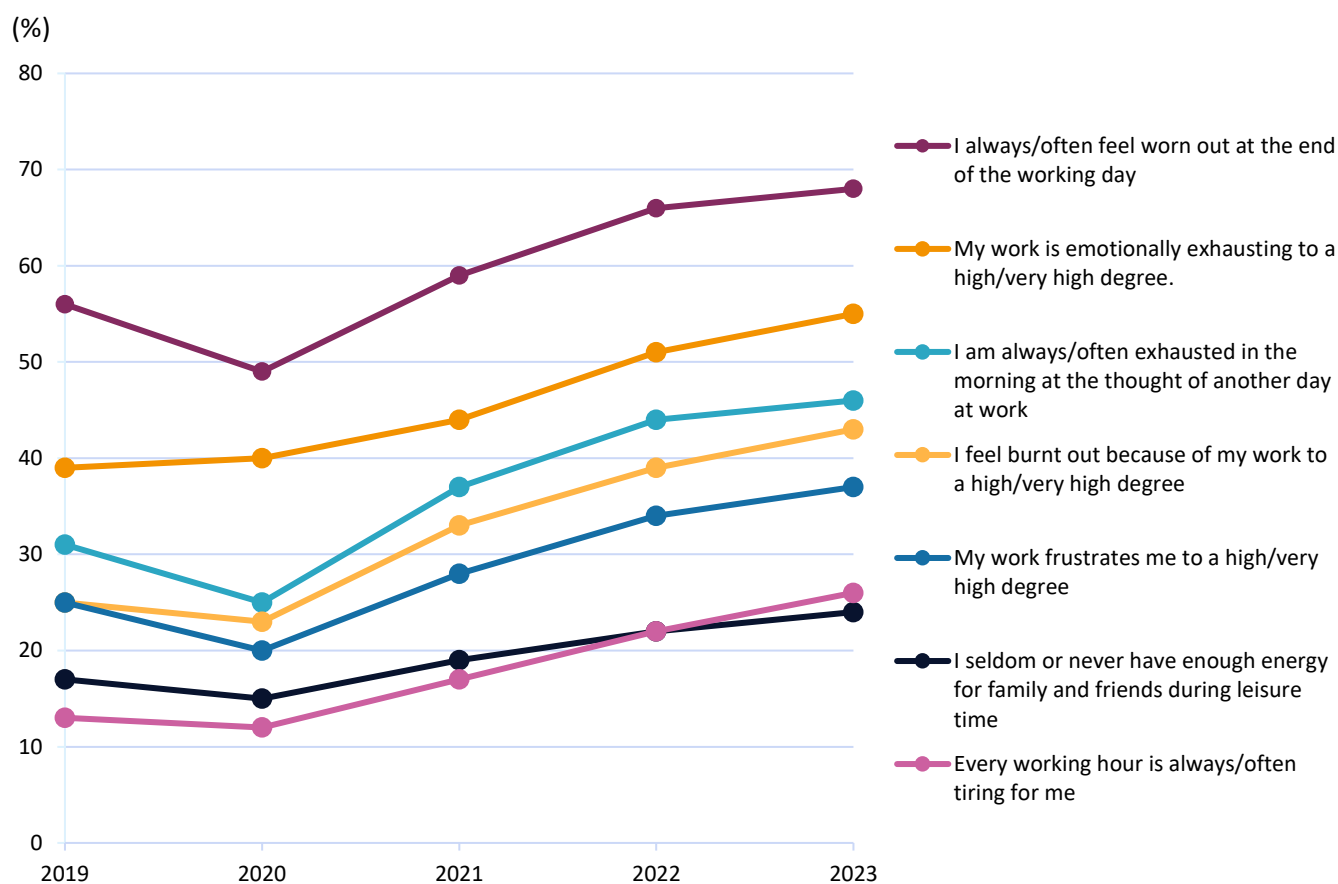
Worryingly, this year there was a further increase in the proportion of negative responses to each question from trainees, continuing the trend observed since 2021 (see Figure 4). This echoes the findings of our 2022 Barometer survey, [highlighted in our Workplace experiences report](#).

Over two thirds (68% ↑2pp) said they always or often feel worn out at the end of the working day, and over half (55% ↑4pp) said they felt that their work was emotionally exhausting to a high or very high degree. Two fifths of trainees who responded (43% ↑4pp) said that they feel burnt out because of their work.

37% (↑3pp) of trainees told us that their work frustrates them, and more than a quarter (26% ↑4pp) said they felt that every working hour is tiring for them.

As in 2022, trainees in emergency medicine posts gave the highest proportion of negative responses to most of the seven burnout questions, with 72% (↑3pp) saying their work is emotionally exhausting and half (49% ↑2pp) telling us their work frustrates them to a high or very high degree. Medicine and surgery also had a high proportion of negative responses. For example, over half (51%, ↑2pp and ↑4pp respectively) of trainees in these post specialties said they were always or often exhausted in the morning at the thought of another day at work.

**Figure 4: Trainees – Negative responses to individual burnout questions, 2019 – 2023**



## Trainers – responses to questions about burnout

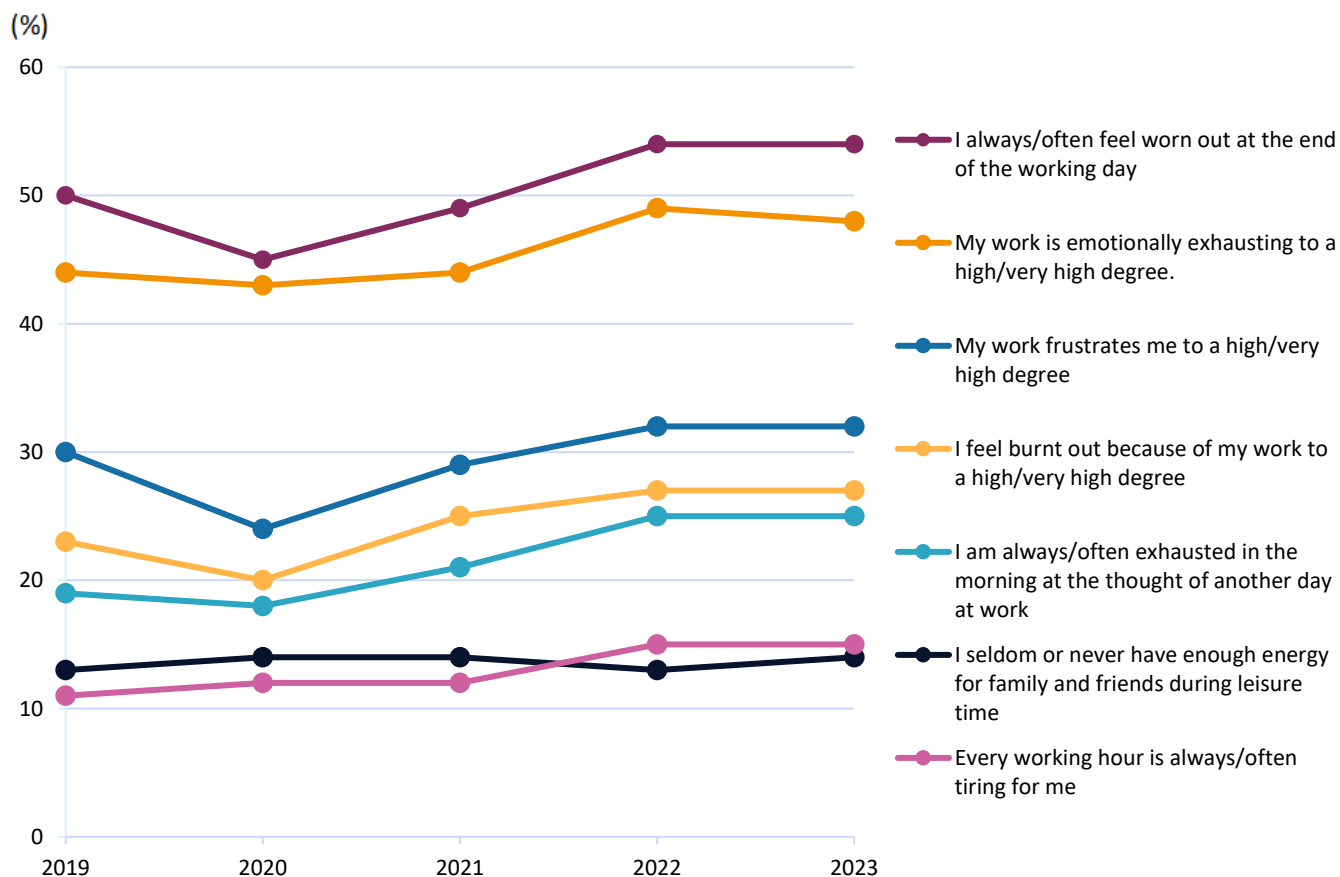
The proportion of negative responses to the seven burnout questions from trainers is broadly similar to 2022 (see Figure 5).

Over a half of all trainers (54% as 2022) said they always or often feel worn out at the end of the working day, and a quarter (25% as 2022) said they always or often feel exhausted in the morning at the thought of another day at work.

Once again, trainers in emergency medicine gave the most negative set of responses, although the proportion of these for most of the questions was slightly less than in 2022. A quarter of emergency medicine (26% ↓3pp) and GP trainers (24% ↓1pp) said that every working hour is tiring for them, compared to 11% (↓1pp) of public health trainers.

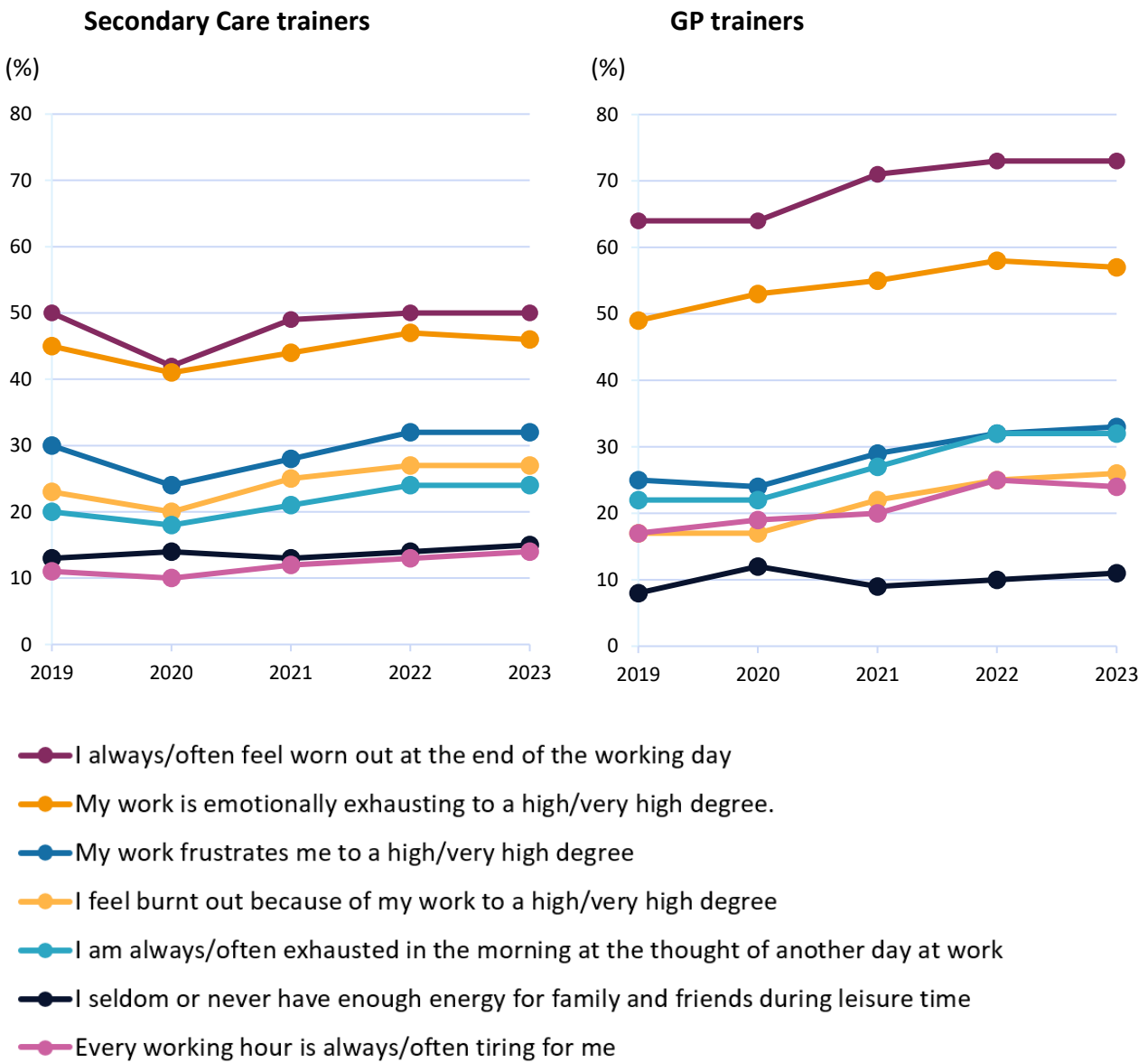


**Figure 5: All trainers – Negative responses to individual burnout questions, 2019 – 2023**



The change in responses to the seven questions since 2019, from trainers working in primary and secondary care can be explored in Figure 6 and 7.

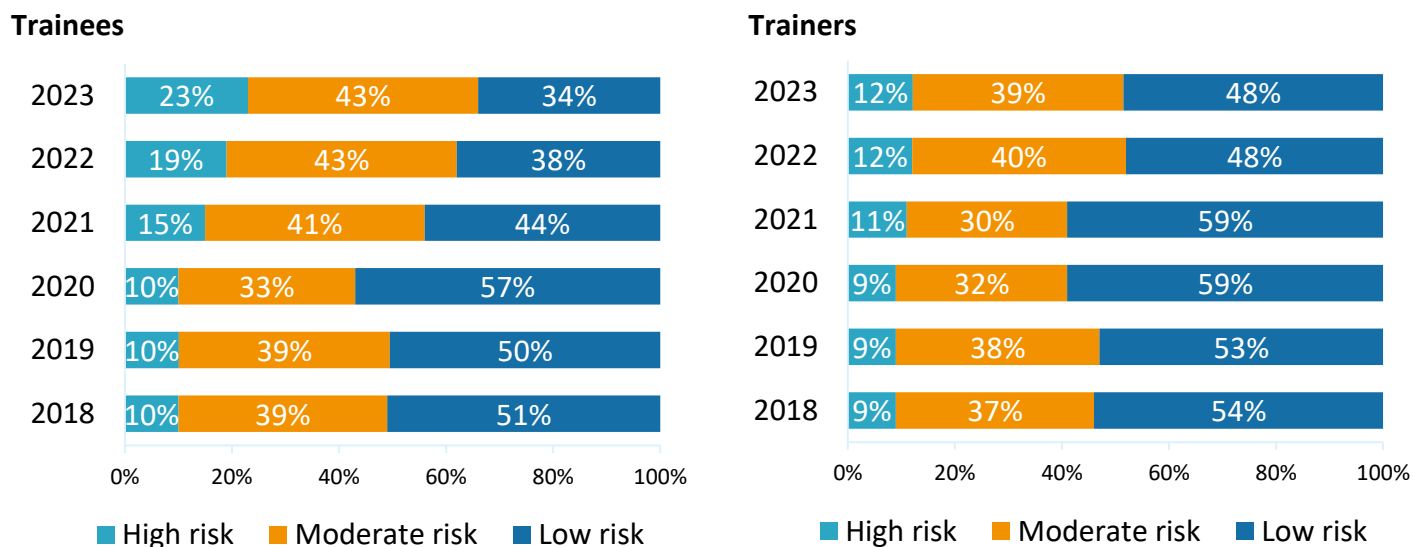
Figure 6 and 7: Negative responses to individual burnout questions, 2019 – 2023



## Risk of burnout

[Our indicator, based on the responses to the seven questions](#), measures overall risk of burnout. The proportion of trainees (23% ↑4pp) measured to be at high risk of burnout is at the highest level since we started tracking this in 2018. 12% of trainers are measured to be at high risk of burnout – the same proportion as in 2022.

**Figure 8: Trainees and trainers – Calculated risk of burnout 2018 – 2023**

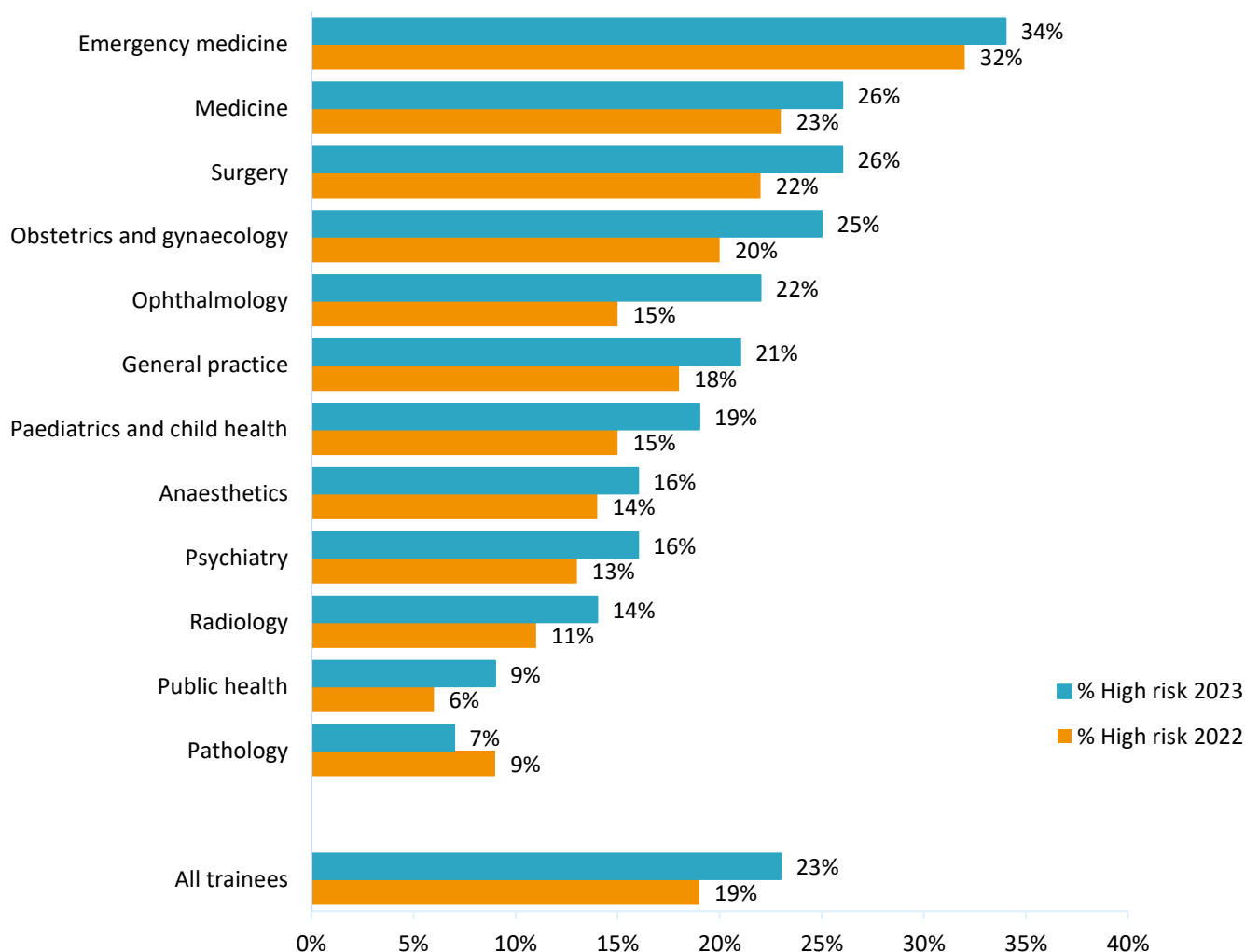


## Trainees at high risk of burnout

This year, there was an increase in the proportion of trainees at high risk of burnout in all specialties apart from pathology. The largest increases since 2022 were in ophthalmology (22% ↑7pp) and obstetrics and gynaecology (25% ↑5pp). Emergency medicine continues to be the specialty with the highest proportion of trainees at high risk of burnout, with a third (34% ↑2pp) of doctors in training in this category (see Figure 9).

66% (↓1pp) of trainees said that they knew who to contact in their trust/board (or equivalent) to discuss matters relating to occupational health and wellbeing. However, as in previous years the responses varied according to measured level of burnout. 74% (↑1pp) of trainees measured to be at low risk of burnout said they knew who to contact, compared to 51% (↓1pp) of those at high risk.

**Figure 9: Trainees – Post specialty variation at high risk of burnout, 2023 vs 2022**



**Table 12: Trainees – Calculated risk of burnout by country**

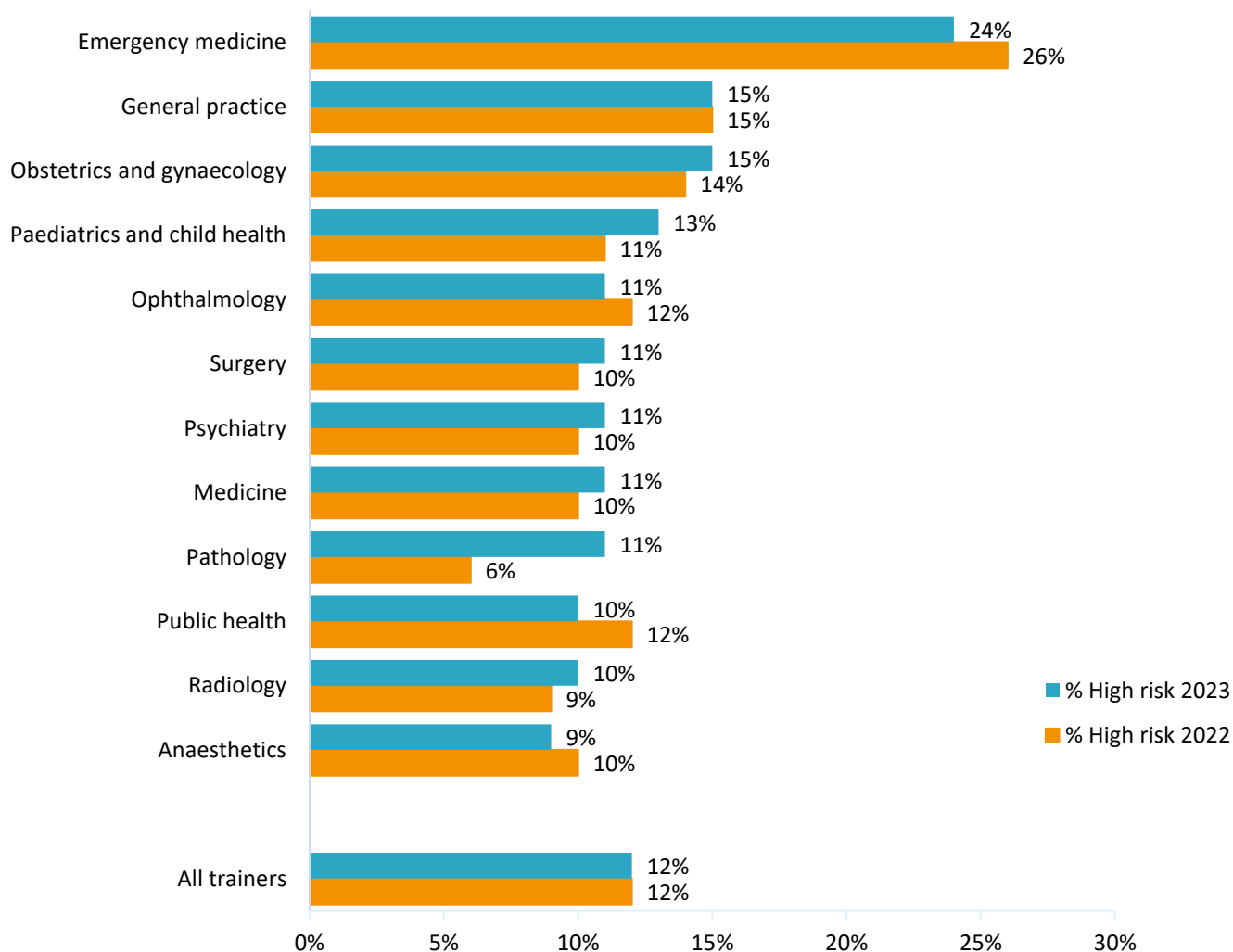
Trainee country	High risk	Moderate risk	Low risk
England	23% (↑3pp)	43% (as 2022)	34% (↓3pp)
NI	27% (↑8pp)	44% (↑2pp)	29% (↓9pp)
Scotland	19% (↑2pp)	45% (↑1pp)	37% (↓1pp)
Wales	23% (↑2pp)	42% (as 2022)	34% (↓3pp)
UK	23% (↑4pp)	43% (as 2022)	34% (↓3pp)

### Trainers at high risk of burnout

As in 2022, over half (52%) of trainers were calculated to be at high or moderate risk of burnout. There's a variation according to specialty, with emergency medicine (24% ↓2pp), ophthalmology (11% ↓1pp), anaesthetics (9% ↓1pp) and public health (10% ↓2pp) being the only specialties to

see a slight decrease in the proportion of trainers measured to be at high risk of burnout (see Figure 10).

**Figure 10: Trainers – Specialty variation at high risk of burnout, 2023 vs 2022**



**Table 13: Trainers – Calculated risk of burnout by country**

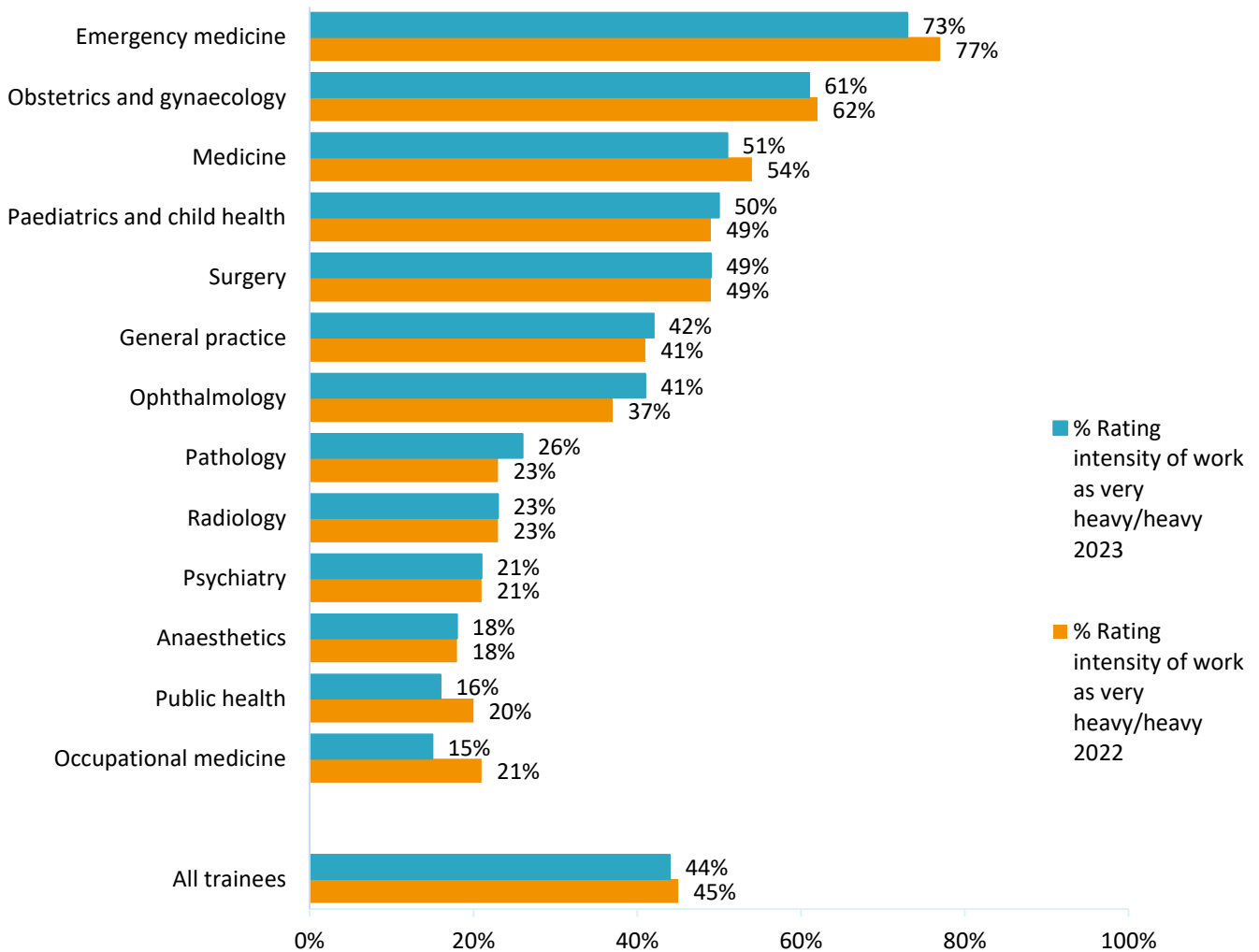
Trainer country	High risk	Moderate risk	Low risk
England	12% (as 2022)	39% (as 2022)	48% (↓1pp)
NI	18% (↑1pp)	40% (↓1pp)	42% (as 2022)
Scotland	12% (↑1pp)	39% (↓3pp)	48% (↑1pp)
Wales	11% (↓2pp)	41% (as 2022)	48% (↑1pp)
UK	12% (as 2022)	39% (↓1pp)	48% (as 2022)

## Workload

The proportion of negative responses to our question about workload was broadly similar to 2022. When we asked trainees to rate the intensity of their work by day, 44% (↓1pp) said it was heavy or very heavy. There was a wide variation between specialties, consistent with previous years (see Figure 11). Nearly three quarters (73% ↓4pp) of trainees in emergency medicine rated the intensity of work as heavy or very heavy, compared to a much smaller proportion of those in occupational medicine (15% ↓6pp), public health (16% ↓4pp), and anaesthetics (18% as 2022).

15% (as 2022) of all trainees said that they never worked beyond their rostered hours. There was variation according to specialty, consistent with previous years. For example, while 16% (as 2022) of trainees in GP posts, said they worked beyond their rostered hours on a daily basis, only 1% (as 2022) of anaesthetics trainees said this was the case.

**Figure 11: Trainees – Rating intensity of workload as heavy/very heavy 2023 vs 2022, split by post specialty**



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## Addressing burnout and the impact on doctors' health

There's clear evidence that workplace stress in healthcare organisations has a negative impact on the quality of patient care, as well as profound consequences for doctors' own health. [Research carried out for us](#) by Professor Michael West and Dame Denise Coia highlighted that doctors with high levels of burnout had between 45% and 63% higher odds of making a major medical error, compared with those who had low levels.

It's therefore alarming to see yet another rise in the proportion of negative responses to our questions on burnout from trainees.

[Our Completing the picture report](#) also highlights burnout and dissatisfaction as two of the main reasons for doctors leaving UK practice. And our new research underlines how poor wellbeing is creating a vicious cycle of doctors leaving the profession, compounding the workload pressures for those left behind. [The state of medical education and practice in the UK – Workplace experiences](#), draws insights from our Barometer survey 2022, alongside interviews with doctors, trainers and senior stakeholders from UK healthcare organisations. It shows that more doctors are dissatisfied and are at higher risk of burnout. And more doctors than ever said they were likely to leave the UK profession and had taken hard steps towards doing so.

Although addressing this issue is undoubtedly a challenge, without action, retention and recruitment into the medical workforce will be at risk. Doctors who took part in the Barometer survey 2022 research had some practical suggestions for how to improve support from senior members of staff. These included calls for mentoring programs or shadowing opportunities, ringfenced training and development time, and building team cohesion. Embedding cultures which make healthcare professionals feel valued is vital, not only to doctors' wellbeing and patient care, but also to the future of the health service.

We'll continue to use the survey to drive improvements. And we expect our partners to do the same by scrutinising the detailed findings to inform future workforce plans and target areas of concern.

## Conclusion

Despite the continued pressures on the health services, the survey results show that, thanks to the hard work and dedication of trainers, trainees and education organisations, the quality of training across the UK remains high. 86% of trainees were positive about their clinical supervision, and 83% said the quality of their experience in their post was good or very good.

However, the findings also lay bare the challenges ahead. Two thirds (66%) of trainees and over half (52%) of trainers are at high or moderate risk of burnout, the highest level since we introduced the questions from the Copenhagen inventory in 2018. Around one out of three trainees (37%) and trainers (32%) told us that their work frustrates them to a high or very high degree.

Clearly, there is an urgent need to address the extreme pressures the health system is facing.

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The recent publication of the [NHS Long Term Workforce Plan in England](#) (and earlier workforce plans in [Northern Ireland](#), [Scotland](#) and [Wales](#)) make plain, longer-term thinking is needed to put the health service on a more sustainable footing. But while commitments around the future expansion of medical school places are very welcome, it's equally important that the needs and contribution of our existing doctors are not overlooked.

We must not ignore the fundamental role that trainers play in supporting the workforce pipeline. The expansion of training capacity cannot be delivered unless trainers have the time, support, and resources they need to train others, and trusts and boards must play a part in this by working to remove the local barriers that obstruct trainers on a daily basis.

The results of our new questions for trainees that explore the impact of discrimination and unprofessional behaviours are also concerning, with a larger proportion of doctors in the early stages of their postgraduate education telling us they've had such negative experiences. Four out of ten (38%) Foundation Programme doctors said that they hear insults, stereotyping or jokes in their presence on the grounds of a person's protected characteristics. And when asked if they felt confident about reporting discrimination without fear of adverse consequences a fifth (20%) of Foundation doctors disagreed.

There is no place for discrimination within our health services. Long-term efforts to increase workforce numbers, must be accompanied by a focus on wellbeing and the creation of compassionate workplace environments that empower and support all doctors.

We know there's already significant activity underway across all four countries of the UK to tackle many of the challenges set out in this report. But we urge system leaders, employers, and education providers to use the comprehensive data in [our online reporting tool](#) to drive positive change, and develop fair and inclusive training environments that all doctors deserve.

## Survey development

We review the survey each year to make sure that the questions continue to be relevant and deliver the data we need to quality assure postgraduate medical training. Any changes we make, such as the introduction of the questions focused on discrimination, are the result of 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](mailto:nts@gmc-uk.org).

## Our data

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



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## The national training survey – improving training and training environments

[Case studies from across the UK](#), demonstrating how previous national training survey results have been used to effect positive change, can be found on our website. These include:

### Improving wellbeing at Great Western Hospitals NHS Foundation Trust

- How 2021's national training survey results supported the "Welldoctor project" and improved wellbeing [at Great Western Hospitals NHS Foundation Trust, Swindon](#).

### Improving clinical oncology trainees' satisfaction at Belfast City Hospital

- How 2019's national training survey results prompted [the clinical oncology department at Belfast City Hospital](#) to work with trainees and trainers to develop a set of initiatives to improve their experiences. These included making local teaching more flexible and improving reporting systems.

### Improving support and training at Aberdeen Maternity Hospital

- How the 2016 national training survey results initiated several innovative changes to address issues in a number of areas, including reporting systems, supervision and workload [at Aberdeen Maternity Hospital](#).

### Improving cultures at Glangwili Hospital

- How 2022's national training survey results led to the development of a comprehensive action plan to address training and cultural issues [at the obstetrics and gynaecology department in Glangwili Hospital](#).

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