GMC National Training Survey 2026

Summary of Results in Psychiatry

Overview

The GMC publishes the National Training Survey (NTS) on an annual basis.

Key indicators outlined for the 2026 survey are outlined as follows:

- Adequate Experience
- Clinical Supervision (Out of Hours)
- Clinical Supervision
- Educational Supervision
- Feedback
- Handover
- Induction
- Local Teaching
- Study Leave
- Supportive Environment
- Workload
- Reporting Systems
- Teamwork
- Educational Governance
- Rota Design
- Facilities
- Overall Satisfaction
- Regional Teaching

Additional special reports were produced focusing on:

- Burnout
- Less than full-time training (LTFT)

How we process the data

The NTS Survey data tool does not present the data in a format that fully meets our reporting requirements, so some additional processing is carried out by the Training and Workforce team. We collate the responses and calculate average scores, which may result in slight differences between the scores shown here and those presented in reports received directly by your Trust.

Extracted Data is collected by Deanery and separated by Specialty and Indicator. Deaneries which have a score outside of Inter-Quartile Range (IQR) and an outcome where N is less than 3 are excluded from the calculations in the report to ensure sample size is sufficient and truly reflective of the results within the Deanery. Due to this, some data contains an average from a wider group depending on the response rates per indicator within the Specialty. The GMC determine which results fall into IQR and include the information in their data tool, which allows the College to select reliable results for further data processing.

The data is only representative of those who have chosen to participate in the survey.

Reflective Commentary

The 2026 GMC National Training Survey results for Psychiatry present an encouraging picture of the specialty, with resident doctors continuing to report high levels of satisfaction across most training indicators. Overall satisfaction remained strong across all psychiatry specialties, with Medical Psychotherapy achieving the highest score (89.86/100), closely followed by Forensic Psychiatry (88.89/100). Clinical supervision, both in and out of hours, continues to be a significant strength of psychiatry training, with scores exceeding 90 across all specialties and demonstrating the sustained commitment of trainers and services to supporting resident doctors in clinical practice.

Compared with 2025, there have been notable improvements across several indicators. Feedback scores increased in Child and Adolescent Psychiatry, Medical Psychotherapy and Old Age Psychiatry, whilst educational governance and supportive environment scores have generally remained stable or improved. Deanery-level results also demonstrate consistently positive experiences, with many specialties recording overall scores above 85%. Yorkshire and Humber, Thames Valley, Kent, Surrey and Sussex and Scotland all demonstrated particularly strong performance across several psychiatry specialties.

A particularly positive finding is the continued reduction in burnout risk. Psychiatry remains among the lower-ranking specialties for high burnout rates, with only 9.7% of resident doctors reporting high levels of burnout. This represents a small improvement on the previous year and remains below the overall cross-specialty average of 10.7%. While some specialties such as General Adult, Forensic Psychiatry and Psychiatry of Intellectual Disability continue to show higher levels of burnout risk than others, the overall findings suggest that psychiatry continues to provide a supportive training environment despite ongoing service pressures.

The survey also highlights the increasing importance of flexible training pathways. The proportion of resident doctors training less than full time has increased markedly in 2026, with over 70% of respondents in the LTFT dataset reporting LTFT working patterns. Childcare remains the most cited reason, followed by achieving a better work-life balance. These findings reinforce a longstanding trend within psychiatry and emphasise the need for continued investment in flexible and inclusive training arrangements that support retention and wellbeing across the workforce.

Despite these strengths, several challenges remain. Workload continues to be the lowest-scoring indicator across all psychiatry specialties, with scores clustering around the low 60s. While this represents relative stability compared with 2025, it demonstrates that resident doctors continue to experience pressures associated with increasing service demand and workforce constraints. Facilities also remain a recurring area of concern, with scores below 70 across all specialties. Regional teaching continues to score less favourably than other educational indicators, particularly in General Adult Psychiatry, Forensic Psychiatry and Old Age Psychiatry, suggesting opportunities to review the accessibility, quality and consistency of regional educational provision.

Handover arrangements also warrant further attention. Although scores have improved in several specialties since 2025, handover remains one of the lowest-rated educational indicators in several training programmes, particularly Medical Psychotherapy. Given the importance of effective handover in ensuring patient safety and trainee confidence, further work should be undertaken locally to identify and share examples of good practice.

Trainer survey findings continue to provide a complementary perspective. Psychiatry remains one of the highest-scoring Royal Colleges for a number of trainer indicators, including educational governance, professional development and support for training. However, appraisal, time to train and rota-related issues remain relatively weak areas across all specialties and are consistent with patterns observed nationally across other medical Royal Colleges. These findings reflect the ongoing challenge of balancing service delivery with educational responsibilities and highlight the importance of protecting trainer time within job planning arrangements.

Overall, the 2026 survey demonstrates that Psychiatry continues to provide a positive and supportive training experience. Strong supervision, high overall satisfaction and relatively low rates of burnout remain notable strengths. However, the persistence of workload pressures, concerns relating to facilities, regional teaching and trainer capacity indicate areas where further improvement efforts should be focused. The findings provide reassurance that psychiatry training remains resilient and trainee-centred whilst highlighting opportunities to strengthen the educational environment further in future years.

Resident Doctor Results

The below table summarises results per deanery and specialty for Psychiatry, under key specific indicators as outlined above. No data was reported for deaneries where there were less than three responses.

Scores are marked out of 100 as a percentage.

Results per Psychiatry Specialty and Deanery

Please note that where there were less than three responses from resident doctors, scores were not recorded. Scores are out of 100 and presented as a percentage.

Deanery	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Old Age Psychiatry	Psychiatry of Intellectual Disability	Medical Psychotherapy	Core Training
East Midlands	81.50	86.00	85.00	84.00	90.00	N/A	80.91
East of England	83.89	95.71	81.04	80.38	75.00	N less than 3	81.74
Kent, Surrey & Sussex	90.00	82.50	85.67	89.58	92.50	98.33	83.90
North Central & East London	80.86	87.69	81.74	83.64	N/A	90.00	81.48
North East	86.11	N less than 3	87.50	93.61	93.00	N less than 3	85.00
North West	83.08	89.69	85.37	87.90	74.55	88.33	80.95
North West London	N/A	N/A	81.97	91.67	88.13	N/A	78.92
South London	86.25	81.25	85.00	76.00	70.83	N less than 3	83.52
South West	87.08	88.33	95.65	86.58	90.56	89.00	83.63
Thames Valley	90.45	100.00	86.75	97.50	66.67	83.33	83.56
Wessex	85.63	76.67	81.67	92.86	83.33	N/A	83.44

West Midlands	87.31	87.50	85.94	78.21	90.00	85.00	82.27
Yorkshire & Humber	92.92	95.00	87.22	89.33	86.25	N/A	85.48
Wales	89.67	93.75	79.60	83.33	90.00	N/A	77.12
Scotland	83.54	91.54	91.95	89.47	85.50	95.00	81.95
Northern Ireland	N/A	N/A	88.13	82.50	88.75	N less than 3	84.83
Defence Postgraduate Medical Deanery	N/A	N/A	76.67	N/A	N/A	N/A	93.33

This data was taken directly from the GMC's NTS data tool.

Results per Psychiatry Specialty and GMC Indicator

Indicator	Specialty							
	Child & Adolescent Psychiatry	**Forensic Psychiatry**	**General Adult Psychiatry**	**Medical Psychotherapy**	**Old Age Psychiatry**	**Psychiatry of Intellectual Disability**	**F1**	**F2**
Adequate Experience	86.32	89.72	87.72	88.13	88.45	86.15	75.39	78.72
Clinical Supervision	94.81	97.11	93.56	96.7	95.36	94.79	81.95	86.27
Clinical Supervision (OOHs)	93.26	92.59	91.51	90.42	92.48	94.00	80.41	83.75
Educational Supervision	86.16	88.94	87.22	84.78	86.95	86.84	84.94	87.2
Feedback	82.05	88..3	84.29	89.35	86.75	84.33	74.04	79.1
Handover	73.31	77.52	73.43	57.87	76.17	74.74	N/A	70.87

Induction	85.0	86.94	83.97	86.31	84.03	83.66	77.87	82.73
Local Teaching	79.92	81.3	78.75	78.52	81.33	81.99	N/A	N/A
Regional Teaching	81.05	67.63	65.01	73.4	66.75	79.48	N/A	N/A
Study Leave	84.07	83.12	81.16	80.95	86.34	85.6	N/A	N/A
Supportive Environment	82.86	82.14	79.72	79.32	82.61	80.53	68.53	74.73
Workload	61.88	62.09	61.58	61.85	62.26	63.94	45.12	47.83
Reporting Systems	76.03	79.3	75.24	69.17	76.37	77.89	67.91	74.29
Teamwork	81.45	85.7	77.56	72.15	80.51	75.21	70.33	76.71
Educational Governance	79.23	81.75	77.41	76.73	77.69	77.5	67.4	71.16
Rota Design	77.67	79.77	72.74	72.75	76.33	78.81	52.47	55.28
Facilities	61.99	64.28	65.29	60.52	67.92	63.94	67.39	68.06
Overall Satisfaction	86.31	88.89	85.11	89.86	86.66	84.34	73.13	77.16

This table was prepared by RCPsych staff.

Trainer Results

Results per Psychiatry Specialty and GMC Indicator

Indicator	Specialty					
	Child & Adolescent Psychiatry	Forensic Psychiatry	General Adult Psychiatry	Medical Psychotherapy	Old Age Psychiatry	Psychiatry of Intellectual Disability
Supportive Environment	71.53	71.67	71.87	57.05	71.76	75.7
Educational Governance	71.31	0.78	9.11	61.79	69.83	73.16
Professional Development	74.56	74.88	75.72	69.23	75.1	79.46
Appraisal	60.89	55.31	53.46	58.97	56.16	60.86
Support for Training	75.97	74.55	74.94	71.05	75.45	78.27
Time to Train	67.57	58.72	62.51	61.97	62.43	67.37
Rota Issues	67.96	63.29	64.16	52.21	63.11	65.25
Handover	71.22	61.54	69.45	57.14	67.42	71.53
Resources to Train	72.28	75.83	73.93	69.23	74.46	77.1

This data was taken directly from the GMC's NTS data tool.

Trainer comparison with other Royal Colleges and Faculties

Indicator	Specialty												
	RCEM	RCOG	RCGP	JRCPTB	RCoA	RCOphth	JCST	RCPCH	RCR	RCPsych	RCPath	FPH	FOM
Response Rate	**36.53%**	**30.49%**	**32.52%**	**32.48%**	**5.67%**	**30.57%**	**28.73%**	**37.82%**	**30.43%**	**37.23%**	**34.74%**	**51.40%**	**46.75%**
Supportive Environment	66.66	67.23	90.72	70.15	66.16	66.23	67.1	69.93	68.34	71.7	69.33	73.98	65.97
Educational Governance	61.15	63.18	2.71	63.13	64.5	60.94	60.67	64.09	62.36	69.69	64.73	68.99	62.02

Professional Development	70.96	71.5	77.39	71.73	71.49	69.36	69.39	72.33	70.61	75.5	71.8	78.79	73.96
Appraisal	53.98	55.2	62.2	53.58	52.86	51.94	49.12	56.56	0	55.49	50.52	59.17	53.47
Support for training	70.25	71.18	79.48	70.66	72.09	66.22	67	71.17	69.04	75.24	69.93	76.18	73.5
Time to train	57.34	61.41	67.77	55.77	67.6	54.18	57.07	56.2	56.93	63.07	53.83	61.78	61.11
Rota Issues	52.78	45.49	0	49.55	57.72	52.84	47.55	52.26	57.35	64.12	65.87	76	48.21
Handover	68.62	66.62	0	64	63.99	60.16	66.2	73.95	56.18	68.63	69.82	66.98	62.5
Resources to train	65.89	70.02	78.66	68.46	67.61	65.64	66.5	68.36	68.16	74.06	68.99	78.26	72.22

This data was taken directly from the GMC's NTS data tool.

Special Reports

Burnout

The following table outlines burnout rates among resident doctors across the Medical Royal Colleges, Training Boards and Faculties. Burnout scores are categorised as High, Moderate or Low risk and are ranked according to the proportion of respondents reporting high levels of burnout.

In 2026, the Royal College of Psychiatrists (RCPsych) reported that 9.7% of resident doctors were at high risk of burnout, with 35.7% at moderate risk and 54.7% at low risk. This places Psychiatry joint 6th out of the 13 Medical Royal Colleges, Training Boards and Faculties included in the survey for the proportion of resident doctors reporting high levels of burnout. The proportion of Psychiatry resident doctors reporting high burnout remains lower than the overall survey average of 10.7%, indicating that, compared with many other specialties, Psychiatry continues to report comparatively lower levels of burnout risk.

Specialties reporting the highest levels of burnout were Emergency Medicine (22.8%), Obstetrics and Gynaecology (12.3%), Paediatrics (11.7%) and Ophthalmology (11.6%). In contrast, Occupational Medicine reported the lowest proportion of resident doctors at high risk of burnout (4.5%). Over half of Psychiatry respondents (54.7%) were categorised as being at low risk of burnout, which is slightly higher than the overall average across all specialties (53.2%).

Analysis by psychiatric subspecialty demonstrates variation in burnout risk across the specialty. Psychiatry of Learning Disability reported the highest proportion of resident doctors at high risk of burnout (14.6%), closely followed by General Psychiatry (14.4%), Rehabilitation Psychiatry (14.3%), Forensic Psychiatry (13.3%) and Old Age Psychiatry (13.2%). Child and Adolescent Psychiatry also recorded a comparatively high rate of burnout risk at 12.3%.

Conversely, Liaison Psychiatry reported a lower proportion of resident doctors at high risk of burnout (5.9%), while no respondents in Addiction Psychiatry or Medical Psychotherapy were categorised as being at high risk of burnout. However, these findings should be interpreted with caution due to the relatively small number of respondents in these subspecialties.

Moderate levels of burnout were particularly evident in Addiction Psychiatry, where 71.4% of respondents fell within the moderate-risk category, followed by Liaison Psychiatry (44.1%). This suggests that while high-risk burnout levels may be low in some subspecialties, there remains a substantial proportion of resident doctors experiencing signs of burnout that warrant monitoring and support.

Overall, the findings suggest that burnout among Psychiatry resident doctors remains lower than the average reported across all specialties. Nevertheless, nearly one in ten resident doctors continue to be at high risk of burnout and over a third are experiencing moderate levels of burnout. The variation observed across psychiatric subspecialties highlights the importance of continued wellbeing initiatives, targeted support mechanisms and proactive monitoring of trainee welfare, particularly within those specialties reporting comparatively higher levels of burnout risk.

Royal College/Training Board/Faculty	No. of Resident doctors responded	High rates of burnout (%)	Moderate rates of burnout (%)	Low rates of burnout (%)
Royal College of Emergency Medicine	801 to 805	22.80%	42.00%	35.20%
Royal College of General Practitioners	2251 to 2255	10.50%	37.10%	52.40%
Royal College of Obstetricians and Gynaecologists	656 to 660	12.30%	35.00%	52.70%
Joint Committee on Surgical Training	1726 to 1730	9.70%	31.70%	58.60%
Joint Royal Colleges of Physicians Training Board	3441 to 3445	9.50%	37.60%	52.90%
Royal College of Paediatrics and Child Health	1181 to 1185	11.70%	37.30%	51.00%
Royal College of Anaesthetists	1771 to 1775	8.50%	35.00%	56.50%
Royal College of Ophthalmologists	231 to 235	11.60%	32.80%	55.60%
Royal College of Radiologists	666 to 670	9.90%	36.00%	54.10%
Royal College of Psychiatrists	1221 to 1225	9.70%	35.70%	54.70%
Royal College of Pathologists	311 to 315	10.90%	30.90%	58.20%
Faculty of Public Health	131 to 135	9.60%	34.80%	55.60%
Faculty of Occupational Medicine	21 to 25	4.5	45.50%	50.00%
Total	**14431 to 14435**	**10.70%**	**36.10%**	**53.20%**

This data was taken directly from the GMC's NTS data tool.

Actual Post Specialty	# Resident doctors N	High risk	Moderate risk	Low risk
Rehabilitation Psychiatry	6 to 10	14.30%	14.30%	71.40%
General psychiatry	1441 to 1445	14.40%	33.40%	52.20%
Child and adolescent psychiatry	211 to 215	12.30%	34.60%	53.10%
Forensic psychiatry	96 to 100	13.30%	28.60%	58.20%
Old age psychiatry	301 to 305	13.20%	35.10%	51.70%
Psychiatry of learning disability	81 to 85	14.60%	25.60%	59.80%
Liaison Psychiatry	31 to 35	5.90%	44.10%	50.00%
Addiction Psychiatry	6 to 10	0.00%	71.40%	28.60%
Medical Psychotherapy	36 to 40	0.00%	36.10%	63.90%
All post specialties	**28726 to 28730**	**19.90%**	**41.00%**	**39.10%**

This data was taken directly from the GMC's NTS data tool.

Less Than Full Time (LTFT) Training

The following table outlines the comparison data for Resident Doctors in Less Than Full Time (LTFT) training in Psychiatry who completed the survey. Following a slight decrease in 2025, the proportion of LTFT resident doctors has increased substantially in 2026, with 71.4% of respondents reporting that they are training LTFT compared with 28.0% in 2024 and 26.7% in 2025. The total number of respondents also increased from 1,223 in 2025 to 1,284 in 2026. As in previous reports, 2020 data have been omitted as the survey format differed due to the COVID-19 pandemic.

Of those who responded, participants were asked to identify their reasons for working less than full time. Childcare remains the most commonly cited reason, reported by 68.5% of LTFT resident doctors. This is followed by achieving a better work-life balance, selected by 52.0% of respondents, representing an increase of approximately 10 percentage points compared to 2024. Other notable reasons included disability, illness or health-related factors (14.1%), other work commitments such as

professional development opportunities (10.1%), and external commitments (8.0%). The findings continue to demonstrate the importance of flexible training arrangements in supporting resident doctors with caring responsibilities and in promoting a sustainable work-life balance.

The demographic profile of LTFT resident doctors continues to be predominantly female. In 2026, female resident doctors accounted for 85.4% of the LTFT workforce, whilst male resident doctors represented 14.6%. This reflects a small increase in the proportion of female LTFT resident doctors compared to 2024 and continues a pattern seen across previous years.

For the first time, a detailed breakdown of LTFT participation by Deanery and Local Office has been included. Health Education North Central and East London reported the highest number of LTFT resident doctors, with 49 resident doctors working LTFT. However, when considered as a proportion of all resident doctors within the region, the Northern Ireland Medical and Dental Training Agency recorded the highest percentage of LTFT resident doctors at 64.0%. Other regions with comparatively high proportions of LTFT resident doctors included the South West (36.6%), NHS Education Scotland (35.1%), and both the North West and North West London (34.7%). These findings demonstrate considerable regional variation in the uptake of LTFT training arrangements.

Analysis by training grade showed that LTFT training is most prevalent amongst more senior resident doctors. ST6 resident doctors accounted for the largest number of LTFT resident doctors (128 resident doctors), representing 32.7% of all ST6 respondents. ST7 resident doctors had the highest proportion training LTFT at 37.0%, although numbers were small. ST4/CT4 and ST5 resident doctors reported similar rates of LTFT working at 26.7% and 26.9% respectively. This distribution suggests that demand for flexible training arrangements remains strong throughout higher specialty training, particularly amongst those approaching completion of training.

Overall, the 2026 data highlight the continued importance of LTFT training within Psychiatry. The substantial increase in LTFT participation, together with the ongoing influence of childcare responsibilities and work-life balance considerations, reinforces the need for training programmes to maintain and further develop flexible working opportunities to support trainee wellbeing, retention and workforce sustainability.

Survey Year	Number of Resident doctors	Full Time (%)	LTFT (%)
2015	1086	81.1	18.9
2016	1121	81.9	18.1
2017	1099	80.3	19.7
2018	1051	81.2	18.8
2019	1097	77.1	22.9
2020			
2021	1047	73.9	26.1
2022	1040	74	26
2023	1117	73.9	26.1
2024	1319	72	28
2025	1223	73.3	26.7
2026	1284	28.6	71.4

This data was taken directly from the GMC's NTS data tool.

	LTFT		FT	
	#RDs	**%**	**#RDs**	**%**
Caring for a child with a disability, long term illness or additional needs	17	5.20%	0	0.00%
Caring for an adult (e.g. a parent, family member or friend)	19	5.8%	0	0.00%
Childcare	224	68.50%	15	22.40%
Disability, illness or health condition related reason	46	14.10%	13	19.40%
Other	6	1.80%	0	0.00%
Other external commitments (e.g. leisure, religious or community commitments	26	8.00%	13	19.40%
Other work commitments (e.g. professional development opportunities)	33	10.10%	9	13.40%
To have a better work life balance	170	52.00%	60	89.60%
To support my return to work following time out of clinical practice	8	2.40%	0	0.00%

This data was taken directly from the GMC's NTS data tool.

Female		Male	
#LTFT RDs	%	#LTFT RDs	%
264	35.0%	63	14.90%

This data was taken directly from the GMC's NTS data tool.

Deanery/NHSE local office	#LTFT RDs	%
Health Education and Improvement Wales	16	28.1
Health Education East Midlands	11	19.3%
Health Education East of England	14	17.3%
Health Education Kent, Surrey and Sussex	20	24.4%
Health Education North Central and East London	49	32.9%
Health Education North East	17	29.8%
Health Education North West	39	34.7%
Health Education North West London	17	34.7%
Health Education South London	31	24.2%
Health Education South West	30	36.6%
Health Education Thames Valley	12	26.7%
Health Education Wessex	12	33.3%
Health Education West Midlands	21	21.6%
Health Education Yorkshire and Humber	22	31.0%
NHS Education Scotland	39	35.1%
Northern Ireland Medical and Dental Training Agency	16	64.0%
Defence Postgraduate Medical Deanery	1	33.3%

This data was taken directly from the GMC's NTS data tool.

Training Level	#RDs LTFT	%

ST4/CT4	125	26.7%
ST5	104	26.9%
ST6	128	32.7%
ST7	10	37.0%
ST8	N/A	N/A

This data was taken directly from the GMC's NTS data tool.

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