

The future of education in an evolving landscape

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Introduction

Learning environments, the structures, culture and support that shape day-to-day training, directly influence training quality, patient safety and workforce wellbeing.

Using Scotland-specific national training survey 2025 data, this analysis examines key components of the Scottish learning environment and compares them with UK-wide responses. These insights may help inform the review of our education framework as part of our *Future of education and career development* programme.

Aim

To compare Scotland's national training survey data with the rest of the UK and consider what differences may mean for patient safety and educational standards.

Policy context: Future of education and career development

The *Future of education and career development* programme is our long-term work to review and update the UK's education framework so doctors, physician associates and anaesthesia associates have the skills and support they need for modern healthcare. Insights from Scotland, including national training survey data, will help shape how future standards reflect evolving patient and public needs.

Findings

Escalation and supervisory relationships

Escalation hesitancy varies across training levels across the UK, with early-stage trainees reporting the highest uncertainty. In Scotland 46% of F1's compared to 10.5% of ST8 felt hesitant to contact their supervising clinicians (figure 2). This has implications for patient safety and for the support supervisors need.

Educator wellbeing

Burnout risk among Scottish educators is moderate to high (46%). Supervisory load, rota gaps and service pressures may contribute.

Scotland vs UK

Scottish learners and educators report similar pressures to the rest of the UK, but with notable differences in: **Structural and cultural components** (Figure 1)

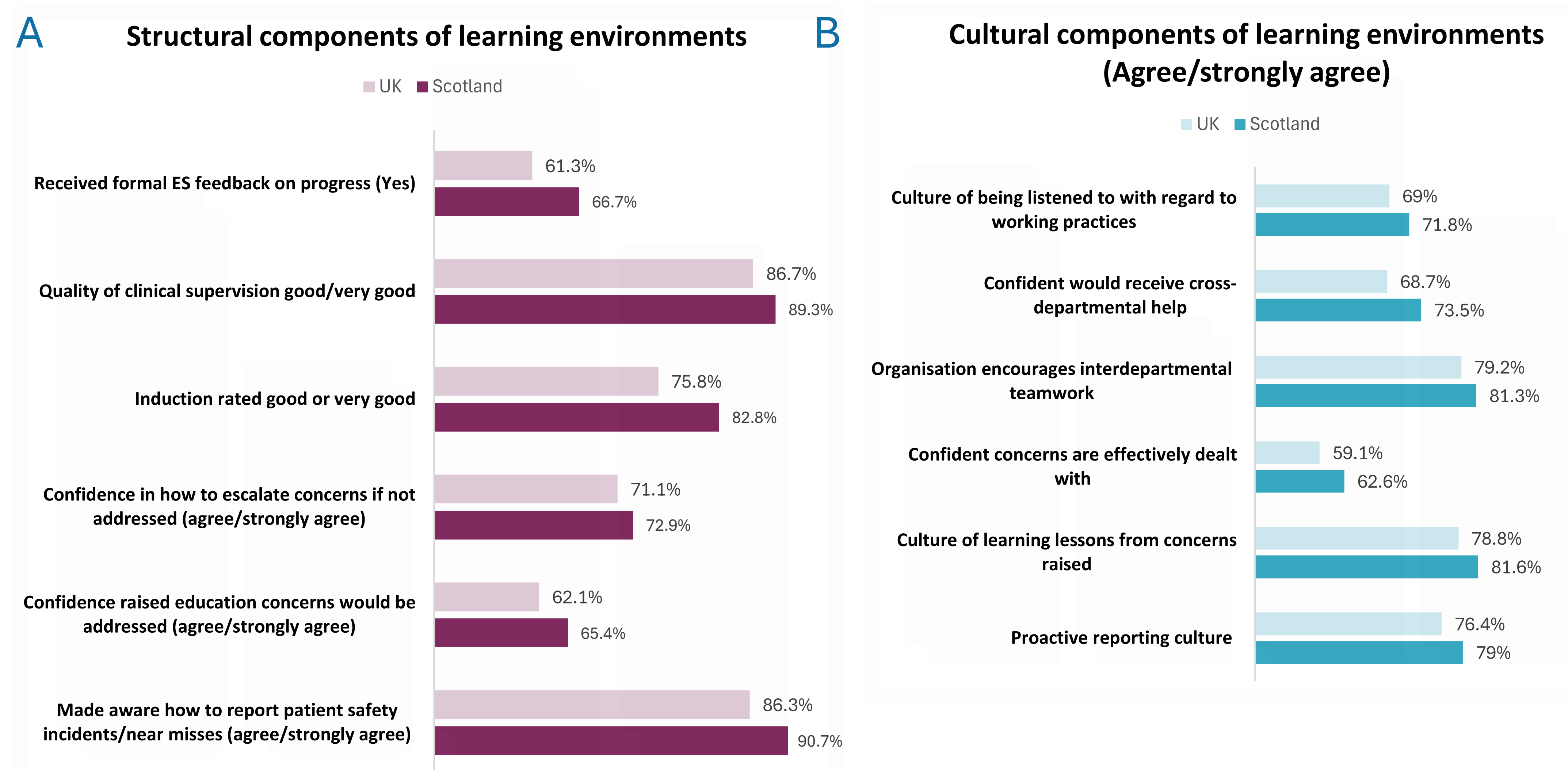


Figure 1: Learning environment components: Scotland vs UK (National training survey data)

Figure 1a and 1b present comparisons of structural and cultural learning environment indicators respectively between Scotland and the UK, drawn from GMC national training survey data and reported as the percentage of respondents in support of each item. Across all 13 indicators, Scottish trainees reported consistently marginally more positive experiences than the UK, with some differences observed in quality of induction (7 percentage points) and confidence in receiving cross-departmental help (4.8 percentage points). Data from datasets collected from the NTS survey

Pilot data: Escalation hesitancy by training grade (Scotland)

A newly introduced national training survey question asked: "How often, if ever, do you feel apprehensive or hesitant about escalating a patient to the supervising clinician - whether your named clinical supervisor or another doctor?". Early findings show variation by training grade (F1-ST8) with exclusion of two ST9 UK respondent. These results demonstrate trend rather than definitive conclusions.

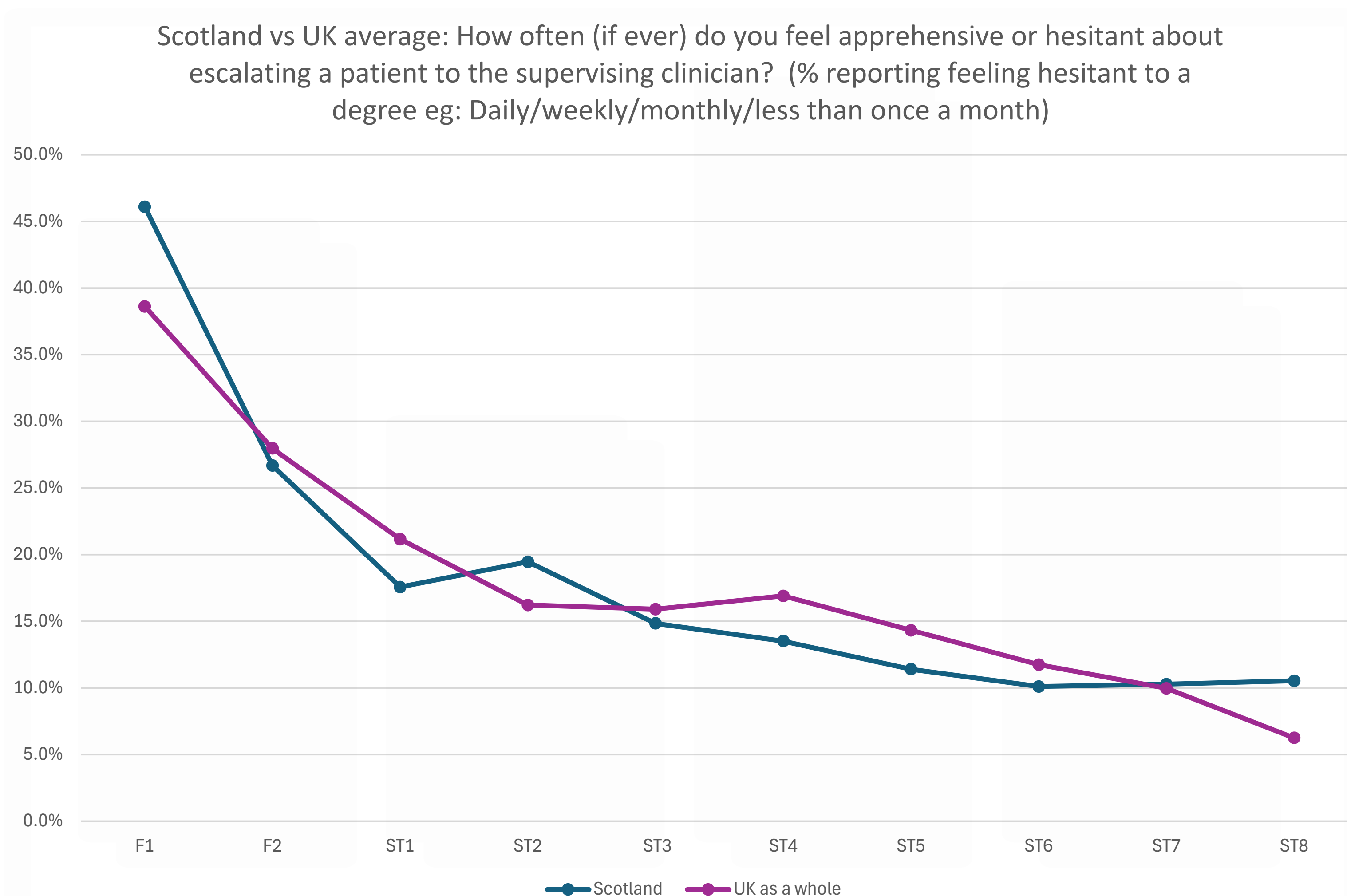


Figure 2: Pilot data Escalation hesitancy by training grade (Scotland vs UK)

Figure 2 presents national training survey data from 4,315 Scottish and 48,898 UK-wide respondents, excluding respondents answering N/A. The graph shows the proportion who reported feeling apprehensive about escalating a patient to a supervising clinician, stratified by training grade. An overall downward trend is observed across grades, with hesitancy highest among Scottish F1 doctors (46%) and progressively improving through to ST8 (10.5%) in Scotland compared to the UK F1 (38.6%) - ST8 (6.2%). These early findings follow a similar trend and highlight the importance of supporting early-career doctors in escalating patient concerns. Data from datasets collected from the NTS survey.

Method

Secondary analysis of the national training survey, an annual census of doctors in postgraduate training. Data was disaggregated by nation to compare Scotland with the UK.

Two domains were examined:

- **Educational governance:** structures, induction, feedback, escalation pathways
- **Organisational culture:** psychological safety, reporting culture, responsiveness to concerns

Findings are reported as proportions of respondents agreeing with each item. All respondents answering 'not applicable' were removed in the analysis of the data. Additionally, a newly piloted national training survey question on escalation hesitancy ("How often, if ever, do you feel apprehensive or hesitant about escalating a patient to the supervising clinician?") was also analysed for Scottish respondents by training grade (F1-ST8).

Conclusions and implications

In Scotland, as in the rest of the UK, escalation hesitancy and educator burnout are systemic signals rather than isolated issues. While there are encouraging signs in Scotland, there is still more to do. Scotland's data suggests that structural investment in supervision and governance may help foster stronger cultural outcomes.

The review of our education framework presents an opportunity to embed standards that are measurable and responsive to workforce pressures. Learning environments directly influence training quality, patient safety and workforce wellbeing.

Implications across levels

Individual
Strengthen supervisory relationships and psychological safety so learners feel able to escalate concerns.

Organisational
Adopt standards that protect learner and educator time and wellbeing.

Interpersonal
Support effective trainer-trainee relationships; address supervisory load imbalance.

Questions to consider

1. What role do employer bodies have in supporting improvement in these areas?
2. How can the GMC use its standards to facilitate this?
3. What lessons can be drawn from Scotland in light of these findings?

References

1. GMC education tool: [Home - Education Data Tool](#)
2. The state of medical education and practice in the UK" <https://www.gmc-uk.org/about/what-we-do-and-why/data-and-research/the-state-of-medical-education-an-...>
3. National training survey report 2025 [National Training Survey 2025 results](#)