

National training survey briefing note 2B

Data collection in 2024

This briefing note contains the timeline for the 2024 national training survey and sets out our requirements from deaneries/NHSE local offices for the data collection process.

Survey timeline

January 2024	GMC sends the trainee & trainer data validation tools and reference database to Deaneries/NHSE local offices via GMC Connect.
From January 2024 (until 4 March 2024)	Deaneries/NHSE local offices collate trainee and trainer survey data and copy it into the relevant data validation tools. Data queries can be sent to educationdata@gmc-uk.org .
4 March 2024	Deadline for Deaneries/NHSE local offices to submit valid trainee and trainer data to GMC.
From 4 March 2024 (until 18 March 2024)	GMC carries out pre-survey validation on trainee and trainer data and liaises with Deaneries/NHSE local offices regarding queries. GMC loads data into survey.
Tuesday 19 March 2024 to Thursday 2 May 2024	Survey live (provisional). Deaneries/NHSE local offices to validate trainee and trainer data change requests via survey management tool.
May-June 2024	GMC carries out a repeat of the pre-survey validation checks on the trainee and trainer data. We liaise with Deaneries/NHSE local offices regarding queries. Preview version of survey reporting tool made available to the Deaneries/NHSE local offices ahead of public release.
From July 2024	Survey reports made available to the public. Final date to be confirmed.

Introduction to briefing note 2B

Briefing note 2B contains information regarding the changes made to the demographic data collected via the trainee (NTS) Data Validation Tool and the trainer (TRS) Data Validation Tool.

You will find information about updating the approved locations in [Briefing note 2A on the GMC website](#).

You will find the list of variables to be returned in the Data Validation Tools in the documents called, '[Trainee – data variable definitions](#)' and '[Trainer – data variable definitions](#)' on the [GMC website](#).

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Trainee survey – summary of new changes to 2024 data collection

Correctly recording the NTN for doctors on run-through programmes

The Royal Colleges ask for reports which show the NTS results for doctors on run-through programmes compared to those on uncoupled programmes. For the GMC to identify doctors on a run-through programme in the early stages of their training, when they are completing competences in a core training programme, the NTN must be correct and include the higher specialty occupational code.

For doctors on run-through programmes which include training in a Core programme, please ensure that the doctors have the higher specialty code in their NTN specialty component and are reported in the NTS with the 1st Programme Specialty as the Core programme they are currently following. Examples of the correct NTN for all run-through programmes which include a Core programme are in the table below:

Run-through specialty and occupational code	Training levels affected	Core or ACCS programme recorded as 1st programme specialty	Example NTN with CORRECT higher specialty code
Child and adolescent psychiatry	ST1, ST2, ST3	Core psychiatry training	LDN/053/1234567/C
Psychiatry of learning disability	ST1, ST2, ST3	Core psychiatry training	LDN/051/1234567/C
Paediatric surgery	ST1, ST2	Core surgical training	LDN/022/1234567/C
Trauma and orthopaedic surgery*	ST1, ST2	Core surgical training	LDN/024/1234567/C
General surgery	ST1, ST2	Core surgical training	LDN/021/1234567/C
Urology	ST1, ST2	Core surgical training	LDN/027/1234567/C
Vascular surgery	ST1, ST2	Core surgical training	LDN/036/1234567/C
Otolaryngology	ST1, ST2	Core surgical training	LDN/023/1234567/C

*Scotland to continue recording Trauma and orthopaedic surgery as previous agreed

N.B. This does not apply to academic run-through doctors on other programme specialties.

Demographic data requirements for doctors completing combined infection training at ST5

Doctors who are recruited on to Medical microbiology, Medical virology, Infectious diseases or Tropical medicine (and any combination of dual-CCT with one of these programmes) complete the combined infection training (CIT) part of the curriculum in the first two training levels.

From August 2022, doctors commenced training in [group 1 specialties](#) following completion of CT3 in Internal medicine training stage one or CT4 in Acute care common stem – Internal medicine. This change means that some doctors commence their training at ST4 in either Infectious diseases or Tropical medicine as a dual specialty with General (internal) medicine. Therefore, training towards the combined infection training competences will occur at ST4 and ST5 for doctors on these dual programmes.

From 2024 onwards, the GMC will use the NTN and reported training levels in previous NTS surveys to identify doctors at ST5 on either 'Infectious diseases and General (internal) medicine' or 'Tropical medicine and General (internal) medicine' who should be included in the NTS with the 1st Programme Specialty 'Combined infection training'. This will only affect doctors who were recruited on to the specialties from August 2022. Doctors recruited prior to August 2022 who are at training level ST5 should be recorded against the higher specialties in the specialty component of their NTN.

Once the data is returned the GMC will do the following:

- If a doctor is at ST5 and the NTN specialty code combination include General (internal) medicine i.e., /003-001/ or /032-001/ (specialty codes can be in any order) we will first check the training level in NTS 2023:
 - if a doctor was ST4 in 2023 we will update their 1st Programme Specialty to 'Combined infection training'.
 - if a doctor was ST5 in 2023 and we cannot confirm that they began their training at ST4 in August 2022, we will query the progression of training with you to confirm if they have completed the combined infection training competences.

Updates to validating training information

Updated validation errors for those in training

Three validation errors have been amended to ensure that an error is flagged on the NTS Data Validation Tool Front Sheet when the Post Start Date, Post End Date or Location details are missing for a doctor who is recorded as 'Yes' for 'In training' (column P) on the Trainee Data sheet.

The screenshot below is taken from the NTS Data Validation Tool Front Sheet with the updated text for the validation errors:

Post Start Date is invalid (must be before this year's survey census) or is missing where 'In training' (column P) is 'Yes'
Post End Date is invalid (must be before this year's survey census) or is missing where 'In training' (column P) is 'Yes'
Location details are missing or do not match the approved location details for this Programme

Checking Group 1 specialties have 1st and 2nd programme specialties recorded

Doctors training in one of the [group 1 specialties](#) from August 2022 should have two programmes recorded in the NTS Data Validation Tool (DVT) including 'General (internal) medicine'. We will check and query with you if there are any doctors at ST4 or ST5, recruited to the programme in August 2022 which don't match these criteria.

Checking 1st and 2nd programme specialties for doctors on dual and triple programmes

For doctors training in dual or triple specialties, if the post specialty matches one of the specialties they aim to CCT in, please make sure that the matching programme specialty is listed as the 1st programme specialty.

Please see the table below for an example:

1 st Programme Specialty	2 nd Programme Specialty	Post Specialty	NTN	Description
Intensive care medicine	Acute internal medicine	Acute internal medicine	NOR/034-035-001/1234567/C	1 st programme specialty does not match post specialty but is one of the programme specialties listed in the NTN
Acute internal medicine	Intensive care medicine	Acute internal medicine	NOR/034-035-001/1234567/C	1 st programme specialty matches the Post specialty

See page 6 for further guidance on recording the order of programme specialties.

Returning Out of Programme Training (OOPT) UK-based trainees to the GMC

When a doctor is in training outside of their programme and is training in another GMC approved programme based in the UK on the census date, the doctor is eligible to take the survey. It is important that we can identify who these doctors are so that we can ensure they are surveyed and reported against the correct location in the NTS reports.

To do this we are going to continue with the process introduced in 2023 to gather as much information as possible about where these doctors are training on the OOPT UK-based sheet in the NTS DVT. On the OOPT UK-based sheet please detail everything you know about doctors who are OOPT on a programme managed by another Deanery/NHSE local office.

In addition, we need you to include the doctors training level and their post start date and post end date. This is so that we can add those doctors to the census as Not in Training if we haven't been able to include them in the survey itself.

What we require from you:

In the return data

Add all doctors training on a programme managed by your Deanery/NHSE local office, including trainees you are 'hosting' on behalf of another Deanery/NHSE local office. For those doctors you are hosting on programmes in your Deanery/NHSE local office please record them as OOPT UK-based in the trainee type field in the NTS DVT.

In the OOPT UK-based sheet:

Please add any of your trainees on a programme not managed by your Deanery/NHSE local office and supply as much information as you can on where they are training, Board and Site names, training level, post start date, post end date and host Deanery/NHSE local office.

All doctors who are on OOPT in a programme approved by the GMC in the UK are eligible to take the survey as they are still experiencing training.

To be clear, doctors on the following types of OOPT **are not eligible** to take the survey and should be listed in your return as not in training with one of the following not in training reasons:

- Out Of Programme Training (not in a GMC approved programme in the UK)
- Out Of Programme Research
- Out Of Programme Pause
- Out Of Programme Experience
- Out Of Programme Career

Other important information**Recording 1st programme specialty for doctors on Dual and Triple training programmes**

When a doctor is following a Dual or Triple training programme, they train in two or three programme specialties. The NTS can only record two programme specialties in the NTS DVT.

Recording Dual programme specialties

Both programme specialties should be submitted to the survey in the NTS DVT. However, the 1st Programme Specialty will be the one the doctor is reported against in the NTS reports. The Programme Specific Questions a doctor receives are also determined by this.

Recording Triple programme specialties

The NTS DVT can only record two of the three programme specialties the doctor is training towards. However, as the NTN is mandatory, the GMC will have a record of the third programme specialty the doctor is training towards. It is the decision of the Deanery/NHSE local office as to which programme specialties are recorded as the 1st Programme and the 2nd Programme, and which programme is only recorded in the specialty component of the NTN. Please be reminded that the 1st Programme Specialty is the one the doctor will be recorded against in the NTS reports and this also determines which of the Programme Specific Questions the doctor answers.

It is therefore important that you provide the programme specialty the doctor is training in on the census date as the 1st Programme Specialty. This may be indicated by the Post Specialty. However, this is not always the case, and the doctor may request a change to their 1st Programme Specialty if their Post Specialty training will contribute to the completion of competences in their 2nd or 3rd Programme Specialty.

Clarification of demographic data requirements for Combined Infection Training programmes

Combined infection training has approved programmes which are used for the National Training Survey to route the doctors to the Programme Specific Questions about this part of the curricula. Therefore, doctors who are completing the combined infection training competences in the first two training levels should be recorded against Combined infection training, as the 1st Programme Specialty in the NTS DVT.

Combined infection training is a shared component of training, so it doesn't have its own curriculum, doctors should therefore receive an NTN on commencing combined infection training which includes the specialty code(s) for the programme(s) they are following. The specialty code 'CIT' has been removed from the ['NHS Occupation Code Manual Sub-specialty Annex'](#) and should therefore not be included in the NTN for any doctors. The NTS DVT will validate 'Combined infection training' as the 1st Programme Specialty name against any of the four specialty codes in the NTN e.g. 'Combined infection training' will validate against the specialty code 075 for Medical microbiology in the NTN. See the table below for an example of a doctor completing the combined infection part of the curricula in Infectious diseases and Medical microbiology dual training programme.

Training level or grade	1 st Programme Specialty	NTN/DRN	Correct/Incorrect submission?
ST3	Combined infection training	NOR/003-075/1234567/C	Correct
ST3	Infectious diseases	NOR/003-075/1234567/C	Incorrect – 1 st programme specialty
ST3	Infectious diseases	NOR/CIT/1234567/D	Incorrect – NTN and 1 st programme specialty
ST3	Medical microbiology	NOR/003-075/1234567/C	Incorrect – 1 st programme specialty
ST3	Medical microbiology	NOR/CIT/1234567/D	Incorrect – NTN and 1 st programme specialty

Multiyear reporting where Local Education Providers (LEP) have changed organisation code

There are occasionally instances where Trust/Board/Site Codes change. This affects multiyear NTS reporting for an LEP, because these reports are generated by tracking these codes. In most cases,

the new codes are the result of a merger of organisations – in which case, we would always treat that location as a new report.

However, where codes have changed for another reason, deaneries sometimes ask us to create a year-on-year report linking the old and new codes. This has previously been done after the reporting tool launch, by ad-hoc request. But, where possible, it would be preferable for deaneries in this position to notify us ahead of the survey, so we can develop the relevant reports ahead of the reporting tool launch.

If your deanery/NHSE local office has any changed organisation codes that need linking to a previous code, please email educationdata@gmc-uk.org providing these details.

Internal Medicine Training

In 2019 Internal medicine training stage one (IMT) was phased in as a replacement for Core medical training (CMT). We would therefore not expect any new trainees to be submitted in the 2024 NTS on a CMT programme at CT1 training level. The NTS DVT will validate grades from CT2 allowing for Less than full time trainees that began core training before the introduction of IMT.

2023 data for reference

To provide a reference point for data collection for the 2024 surveys, we can provide each Deanery/NHSE local office with a finalised list of their data from 2023 on request. Please email educationdata@gmc-uk.org if you would like a copy of the data submitted in 2023.

Information Security and Data Protection

As in previous years, we require Deaneries/NHSE local offices to submit all data relating to doctors' details securely through GMC Connect. Whereas location and programme data can be shared as email attachments, DVT files should only be submitted through GMC Connect. Please see page 12 for further details.

As advised previously, respondents' survey status can be shared with trusts to enable them to send targeted local reminders. We ask you however to only share lists of non-completers with colleagues responsible for managing local email reminders and not with colleagues directly involved in the delivery of training and to make sure to use blind copy (BCC) when sending email reminders.

Possible extension to survey closing date

There may be a need to extend the survey by up to two weeks, to ensure we collect enough survey responses for the reporting tool to show as granular a picture of the training environment as possible. However, we recognise an extension places a resource cost on us all. We would like to work together with you to secure good response rates within the published timeframes. If we decide to extend the survey, we will let you know as soon as possible.

Census date

The census date for the 2024 survey is **Tuesday 19 March 2024.**

Trainee population

The trainee population we will be surveying and will require complete training information on is:

- Foundation trainees (F1 and F2 trainees on a foundation programme)
- Core trainees
- Higher specialty training, including specialty registrar (SpR) and GP trainees
- Fixed term specialty training appointment (FTSTA) trainees (we will need to know the level associated with the trainee's current role)
- Locum appointment for training (LAT) trainees (we will need to know the level associated with the trainee's current role)
- Military trainees – all military trainees working within the service on all approved programmes
- Trainees in clinical lecturer and academic clinical fellowship posts approved by the GMC (we will need to know the level associated with the trainee's current role)
- Trainees working for non-NHS organisations. For example, occupational medicine, pharmaceutical medicine and public health medicine
- Anyone on a programme managed by your Deanery, this includes trainees you're hosting on behalf of another Deanery.
- Post-CCT trainees on sub-specialty training
- F2 trainees completing additional General Practice training

The trainee populations we will not be surveying, but will collect information about are:

- Trainees on maternity or paternity leave on the census date
- Out of programme trainees: out of programme training (OOPT) outside of the UK, out of programme research (OOPR), out of programme pause (OOPP) Health Education trainees only, out of programme clinical experience (OOPE), or out of programme career break (OOPC) on the census date

The data fields required for these trainees are indicated by an asterisk '*' in the '[Trainee - data variable definitions](#)' on the [GMC website](#).

The trainee population we will not be surveying and will not require information on is:

- Dentists
- Doctors who have been awarded their CCT, and are in their grace period (and not continuing with sub-specialty training)
- Non-medical public health trainees (we will survey these trainees separately and collect their information from the Faculty of Public Health)
- Doctors who are NOT in training posts e.g. locum appointment for service (LAS) and trust grade doctors
- Medical training initiative (MTI) trainees

Trainee population: additional information

Multi-site working

In data submissions from previous years, there were inconsistencies in how Deaneries/NHSE local offices provided location data for trainees at multi-site and single-site trusts. In order to avoid this and to improve the usefulness of the reporting tool for these providers and sites, the following guidelines apply:

- For multi-site trusts, if the trainee is based predominantly at one site, please enter this as their site.
- If the trainee's time is split equally between sites, please submit trust level details and leave the 'Site Code' and 'Site Name' column blank.
- For all single site trusts, please provide the site as well as the trust.

Academic trainees

Academic trainees who have completed or are completing the academic component of their training should be presented with the academic questionnaire in the survey. Which trainees are routed to the academic questionnaire depends on a) your data submission and b) the trainee's answer to the routing questions in the survey.

Trainees who are only currently completing their academic component should have the Post Specialty "Academic". These trainees will not answer the main survey questions or be included in any indicator calculations. For trainees who are doing a purely clinical post on the survey census date, their Post Specialty should not be "Academic" but instead it should be the relevant clinical post specialty.

If a trainee's post on the survey census date is split between clinical and academic time, the trainee's post specialty should reflect the clinical element of their post (which will mean that they are presented with the main survey). These trainees will have the opportunity to complete the academic questionnaire too, by self-identifying themselves as completing academic research time through a dedicated routing in the survey.

OOPT UK-based trainees

Trainees that are on a programme managed by your Deanery/NHSE local office, that you're hosting on behalf of another Deanery/NHSE local office.

As for your own trainees that are being hosted by another Deanery/NHSE local office, please make note of these on the OOPT UK-Based tab in the NTS Data Validation Tool.

Military trainees

Indirectly managed military trainees should be included within their host NHSE local offices'/deanery's data submission. In February we will send each Deanery/NHSE local office a list of the military trainees that we anticipate they will be submitting information for. Any trainees within that list that are not known to the Deanery/NHSE local office should be highlighted to us at the time of data submission.

Training level exceptions

Training levels should be based on the level of competency a trainee has achieved within the curriculum and not simply the number of years they have been in training. We will only accept the maximum training level associated with the curriculum except for in cases where a trainee is following a dual programme curriculum, in which case we will accept one training level higher than the maximum.

Trainer population

Any doctor holding a recognised trainer role on 19 March should be included within the trainer data validation tool. Trainer roles will be identified as either 'clinical supervisor', 'educational supervisor' or 'both'.

This also includes any doctor who has had recognised trainer responsibilities as a 'clinical supervisor', 'education supervisor' or 'both' in the 12 months preceding the census date.

Those who have acted as a supervisor in the last 12 months but are not a named supervisor for trainees on the census date should still complete the survey. There is a question in the survey that asks trainers how many trainees they are currently supervising - they can select 0 for this question and continue with rest of the survey.

Our definitions of clinical and educational supervisors are the same as those given in the GMC's recognition and approval of trainer framework.

A named **clinical supervisor** is a trainer who is responsible for overseeing a specified trainee's clinical work throughout a placement in a clinical or medical environment and is appropriately trained to do so. He or she will provide constructive feedback during that placement. He or she will lead on providing a review of the trainee's clinical or medical practice throughout the placement that will contribute to the educational supervisor's report on whether the trainee should progress to the next stage of their training.

A named **educational supervisor** is a trainer who is selected and appropriately trained to be responsible for the overall supervision

and management of a trainee's trajectory of learning and educational progress during a placement or series of placements. Every trainee must have a named educational supervisor. The educational supervisor helps the trainee to plan their training and achieve agreed learning outcomes. He or she is responsible for the educational agreement and for bringing together all relevant evidence to form a summative judgement at the end of the placement or series of placements.

Senior doctors who do **not** hold a recognised role on 19 March or in the 12 months preceding the census date are not eligible to take the survey and their data should not be submitted.

The data fields required for the trainer population are outlined in the ['Trainer – data variable definitions' table on the GMC website](#).

Providing the data to the GMC for the 2024 national training survey

We will send NHSE local offices'/deanery's updated trainee and trainer data validation tools with user instructions in January 2024. You will be able to use the tools to validate the trainee and trainer data locally and ensure your deanery systems have accurate information. The deadline for data submissions is **4 March 2024**. Please work to address any validation errors so you can send us only validated data by this deadline.

If you have any queries about data validation, please contact us at any time at educationdata@gmc-uk.org.

GMC pre-survey validation

We will use the period between 5 March and 19 March to carry out further data checks. Data checks that apply to the trainee data sets only are indicated by an asterisk '*' in the list below.

We will check:

- **Training level or grade***
That a trainee's training level or grade follows a logical progression when compared with data from previous years.
- **NTN and DRN specialty***
That a trainee's NTN/DRN specialty matches the programme specialty submitted.
- **Site locations are matched to only one LEP**
This is required for reporting purposes. Where this is not the case, we will contact Deaneries/NHSE local offices for clarification.
- **Consistently recording to site level across Deaneries/NHSE local offices**
Where an LEP hosts trainees from more than one Deanery/NHSE local office, we will check that data submissions record locations consistently. Where this is not the case (for example if one NHSE local office/deanery only records trainees' location at trust level but another Deanery/NHSE local office records trainees at site level), there is a risk that survey results are not reported effectively.
- **Duplicate records across Deaneries/NHSE local offices**
Where a record for a doctor has been submitted by more than one Deanery/NHSE local office we will feedback to both organisations for resolution.

- **All OOPT UK-based doctors have been added to the survey***

We will liaise with Deanery/NHSE local office data teams to resolve queries about your data submission during this period.

Data security

When you have populated the data, validation tools with validated trainee and trainer data you must send them to us using the GMC Connect system. You **must not** send them by email as they must be transferred using a secure channel. We will send you instructions on how to use the GMC Connect system.

Once your data has been submitted to the GMC you will be able to amend it using the survey management tool in GMC Connect.

Contact

If you have any queries, please email educationdata@gmc-uk.org or call:

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