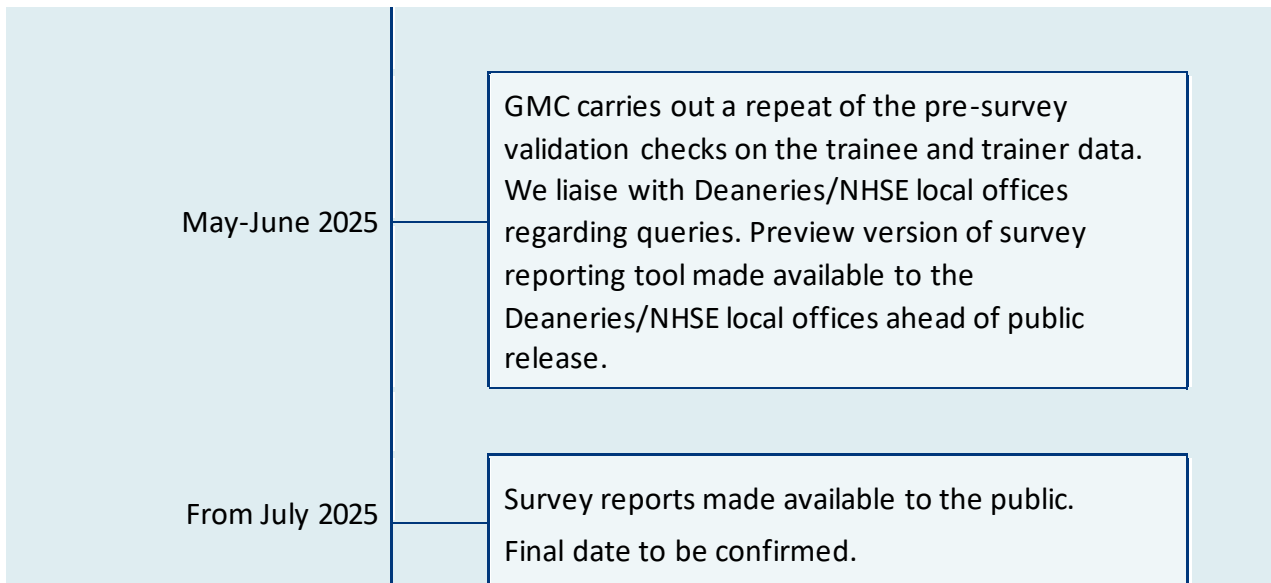


National training survey briefing note 2B: Data collection and submission process

This briefing note contains the timeline for the 2025 national training survey and sets out our requirements from deaneries/NHSE local offices for the data collection process.

Survey timeline

January 2025	GMC sends the trainee and trainer data validation tools and reference database to Deaneries/NHSE local offices via GMC Connect.
From January 2025 (until 3 March 2025)	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 .
3 March 2025	Deadline for Deaneries/NHSE local offices to submit valid trainee and trainer data to GMC via GMC Connect.
From 3 March 2025 (until 17 March 2025)	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 18 March 2025 to Tuesday 29 April 2025	Survey live. Deaneries/NHSE local offices to validate trainee and trainer data change requests via survey management tool.



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: Updating programme and location data](#) on the GMC website. As we mention in Briefing note 2A, **it is imperative that programmes are approved prior to survey live** so that we can get trainees into the survey.

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.

Briefing note 2B covers the following:

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Trainee survey – summary of new changes to 2025 data collection

Additional values for ‘Not in Training reason’

Following feedback from Deanery/NHSE local office colleagues, we have changed the list of reasons that a doctor was not in training on the census date.

A value has been added to capture the number of doctors who were out of programme and acting up as a consultant.*

Please note, if a doctor is acting up in a post where this experience will still count towards their CCT (usually within the same programme specialty) they should be submitted to the survey as ‘in training’ with their post details.

Two new values to describe the type of Out of Programme Training (OOPT) the doctor was undertaking on the census date:

- Out of Prog Training not in UK

* [Please refer to paragraph 3.160 on page 46 of the Gold Guide 10th Edition for a full definition.](#)

- Out of GMC-approved Prog Training

Where you have information to assign these two new values to doctors who are OOPT and either not in the UK or not on a GMC approved programme, please do so. This will provide a more accurate description of OOPT in the census data.

It will also help to identify doctors on OOPT who are eligible to take the survey. Specifically, those who are on OOPT on a GMC-approved programme in the UK should be included in the survey return with details of the post that they were in on the census date, or added to the OOPT UK-based sheet on the NTS Data Validation Tool.

The new values are described in the table below:

Not in Training reason value	Description of the value
Out of Programme Acting Up	This value is to be used for doctors who were in an acting up position on the census date where this position was not contributing towards their CCT
Out of Prog Training not in the UK	Use this value for doctors who were on OOPT in another country, outside of the UK
Out of GMC-approved Prog Training	Use this value for doctors who were OOPT, undertaking clinical training which is not part of a GMC approved programme in the UK

If you do not have enough information to describe the OOPT, the value, '**Out of Programme Training**' should be used.

Recording doctors on a run-through Emergency Medicine programme

Emergency medicine has a run-through pathway where doctors are recruited at ST1 and complete core training in Acute Care Common Stem (ACCS) before progressing to higher training in Emergency medicine at ST4.

NTNs for doctors at ST1 to ST3 should include the specialty code for Emergency Medicine (030) in the specialty component e.g. LDN/030/1234567/C.

As a run-through doctor will be training in posts in ACCS up to and including ST3, we expect these doctors to have their 1st Programme Specialty reported as Acute Care Common Stem (ACCS) in the NTS DVT.

The NTS Data Validation Tool will not validate training levels ST1 and ST2 if Emergency medicine is the 1st Programme Specialty. You will need to use the GMC programme approval code for the ACCS – Emergency medicine themed programme to validate doctors at ST1 and ST2 on Emergency medicine run-through programmes. You can find the GMC Programme Approval Codes for deanery/NHSE local office in [GMC Connect](#) or in [the list of approved programmes and training sites on the GMC website](#).

You are welcome to record the higher specialty, Emergency medicine, as their 2nd Programme Specialty. However, please ensure that their NTN denotes the higher specialty code 030 for Emergency medicine so that we can identify doctors on different pathways to CCT for adhoc reporting of the NTS.

The table below includes an example of the programme code, and programme specialty in the NTS DVT using fictional data for a doctor on an Emergency medicine run-through programme at ST1.

1st Programme Code	1st Programme Specialty	2nd Programme Code	2nd Programme Specialty	Training Level	NTN/DRN
LON2434	Acute Care Common Stem	LON927	Emergency medicine	ST1	LDN/030/1234567/C

Doctors on DRE-EM at ST3

Doctors entering Emergency Medicine at ST3 on the Defined Route of Entry into Emergency Medicine (DRE-EM) are recruited to DRE-EM at ST3.

During ST3, doctors on DRE-EM will train to gain the competences they require prior to moving to ST4 Emergency Medicine and can take between 12 and 24 months to progress to ST4.

Competences to gain may include either those in ACCS or Emergency Medicine. We would therefore expect that doctors at ST3 may have their 1st Programme Specialty recorded as either Acute Care Common Stem or Emergency Medicine.

The NTN specialty component for these doctors should include 030.

Other important information

Correct NTN for doctors on run-through programmes which include training in a core programme

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 training, when they are completing competences in a core training programme, the NTN must 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	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
Emergency medicine	ST1, ST2, ST3	Acute Care Common Stem	LDN/030/1234567/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.

Reminder of demographic data requirements for Combined Infection Training programmes

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.

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 NTN 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 NTN 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 for the training levels ST3 and ST4. Below is a table with all the dual and single programme combinations, the correct NTN specialty codes, and the training levels at which they should be reported with Combined infection training as the 1st Programme Specialty:

Programme name(s)	NTN specialty code(s)	Training levels	1 st Programme Specialty should be:
Medical microbiology	075	ST3 and ST4	Combined infection training
Medical virology	078	ST3 and ST4	Combined infection training
Infectious diseases and Medical microbiology	003-075	ST3 and ST4	Combined infection training
Infectious diseases and Medical virology	003-078	ST3 and ST4	Combined infection training
Infectious diseases and General (internal) medicine	003-001	ST4 and ST5	Combined infection training
Tropical medicine and Medical microbiology	032-075	ST3 and ST4	Combined infection training
Tropical medicine and Medical virology	032-078	ST3 and ST4	Combined infection training
Tropical medicine and General (internal) medicine	032-001	ST4 and ST5	Combined infection training

In 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.

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 2024:
- if a doctor was ST4 in 2024 we will update their 1st Programme Specialty to ‘Combined infection training’.
- if a doctor was ST5 in 2024 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.

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 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

1st Programme Specialty
matches the Post
specialty

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 Deane ry/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.

Internal Medicine Training Stage One

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 2025 NTS on a CMT programme at CT1 training level. The NTS DVT will validate training levels from CT2 allowing for Less than full time trainees that began core training before the introduction of IMT.

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
- Post Start Date
- Post End Date
- NTN/DRN

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, NTN/DRN 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 Acting Up
- Out of Prog Training not in UK
- Out of GMC-appvd Prod Training
- Out of Programme Research
- Out of Programme Pause (NHSE only)
- Out of Programme Experience
- Out of Programme Career Break

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/NHSE local offices 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/NHSE local offices 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.

2024 data for reference

To provide a reference point for data collection for the 2025 surveys, we can provide each Deanery/NHSE local office with a finalised list of their data from 2024 on request. Please email educationdata@gmc-uk.org if you would like a copy of the data submitted in 2024.

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 [Data security on page 15 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 2025 survey is **Tuesday 18 March 2025.**

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 or not in a GMC approved programme, out of programme research (OOPR), out of programme pause (OOPP) NHSE trainees only, out of programme 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

To avoid inconsistencies in how Deaneries/NHSE local offices provide location data for trainees at multi-site and single-site trusts and 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 recorded as '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 (they will be 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 and you're hosting on behalf of another Deanery/NHSE local office should be included in your data return.

Your trainees that are being hosted by another Deanery/NHSE local office should be included 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 18 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', 'educational 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 the 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 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 18 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 2025 national training survey

We will send NHSE local offices'/deanery's updated trainee and trainer data validation tools with user instructions in January 2025. 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 **3 March 2025**. 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

Between 3 March and 18 March we 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***

That a trainee's training level 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 you 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.

GMC Contact information

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

Haydn Dalton
Education Data Officer
0161 240 8171

Jennifer Redman-Tootell
Education Data Officer
0161 240 7161

Kimberley Ashworth
Education Data Analyst
0161 240 8204