

## National training survey briefing note 2B

### Data collection in 2023

This briefing note contains the timeline for the 2023 national training survey and sets out our requirements from deaneries/HEE local offices for the data collection process.

### Survey timeline

January 2023	GMC sends the trainee & trainer data validation tools and reference database to Deaneries/HEE local offices via GMC Connect.
From January 2023 (until 3 March 2023)	Deaneries/HEE local offices collate trainee and trainer survey data and copy it into the relevant data validation tools. Data queries can be sent to <a href="mailto:educationdata@gmc-uk.org">educationdata@gmc-uk.org</a> .
<b>3 March 2023</b>	Deadline for Deaneries/HEE local offices to submit valid trainee and trainer data to GMC.
From 6 March 2023 (until 20 March 2023)	GMC carries out pre-survey validation on trainee and trainer data and liaises with Deaneries/HEE local offices regarding queries. GMC loads data into survey.
<b>Tuesday 21 March 2023 to Tuesday 2 May 2023</b>	Survey live (six weeks). Deaneries/HEE local offices to validate trainee and trainer data change requests via survey management tool.
May-June 2023	GMC carries out a repeat of the pre-survey validation checks on the trainee and trainer data. We liaise with Deaneries/HEE local offices regarding queries. Preview version of survey reporting tool made available to the Deaneries/HEE local offices ahead of public release.
From July 2023	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](#) and you will [find a list of variables to be returned to us via the DVTs on the GMC website](#).

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## Summary of changes affecting both the trainee (NTS) and trainer (TRS) surveys data collection

### Running the Data Validation Tools (DVT)s

The trainee and trainer DVTs have been updated so they will run on either 32bit or 64bit setups and newer versions of Microsoft Office. However, due to macros being used to validate the data against reference data in an Access database, you may need to alter the Trust Centre settings in the Excel file to allow you to run the tools.

### Missing Trust and Site Codes

There is a new warning in both the Trainee and Trainer data validation tools that highlights when a Trust/Board name has been provided and the Trust/Board code is missing, or the Site name has been provided but the Site code is missing. This warning is to ensure that if you intended to submit a doctor to the survey against a Site but you have only supplied a Site name and not a Site code, that the doctor is not just submitted to the survey against the Trust/Board, which may be approved without a site for a programme to record doctors working across multiple sites.

## Trainee survey – summary of new changes to 2023 data collection

### Curricula changes affecting training levels and programme names

You may be aware that the 2022 curricula for General (internal) medicine and Psychiatry of Learning Disability specialties propose changes to the specialty names. In order for the name changes to be reflected in the GMC CCT and specialist registers, the name must firstly be changed by legislation. Until this point in time we are required to continue using the terms 'General (internal) medicine' and 'Psychiatry of learning disability' in relation to the training curricula and to the CCT awarded on successful completion of training.

### Oral and maxillo-facial surgery removal of training level

After a review of the Oral and maxillo-facial surgery curriculum it has come to light that there should be no trainees at the training level ST2. Doctors on run-through Oral and maxillo-facial surgery will complete ST1 and, following an outcome 1 in their Annual Review of Competence Progression (ARCP) review, will progress straight to ST3. Therefore, ST2 has been removed as a valid level for the specialty.

### Pause in surgical pilot run-through programmes

We have been made aware that the surgical pilot run-through programmes in England paused recruitment in 2022. We therefore do not expect any doctors in training to be submitted as ST1 on the following pilot run-through programmes in England:

- General surgery
- Paediatric surgery
- Otolaryngology
- Trauma and Orthopaedic surgery
- Urology
- Vascular surgery

## Post specialty name update

The post specialty, Substance misuse psychiatry has changed name to Addiction psychiatry. This has been updated in the List of Values sheet on the NTS data validation tool.

## Making the National Training Number (NTN)/Deanery Reference Number (DRN) mandatory

To fully validate the training information for doctors in training, and ensure they are asked the correct Programme Specific Questions based on their 1<sup>st</sup> programme specialty, we have made the NTN/DRN mandatory and changed the validation status from a warning to an error. This means that if the NTN/DRN is missing, the record will not be loaded to the survey. This validation error is not applicable to doctors on Foundation programmes, for these doctors the NTN/DRN must remain blank to validate.

## Triple National Training Numbers

The NTN/DRN field now allows three specialty codes to be included in the specialty component of an NTN. Only the exceptional triple specialty combinations are permitted; you can find these listed in the [NTN Appendix on the GMC website](#).

## Recording 1<sup>st</sup> 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 Data Validation Tool.

### Recording Dual programme specialties

Both programme specialties should be submitted to the survey in the NTS data validation tool. However, the first 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 data validation tool 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/HEE local office as to which programme specialties are recorded as the 1<sup>st</sup> programme and the 2<sup>nd</sup> programme and which programme is only recorded in the specialty component of the NTN. Please be reminded that the 1<sup>st</sup> 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 programme specialty if their post specialty training will contribute to the completion of competences in their 2<sup>nd</sup> or 3<sup>rd</sup> programme specialty.

## Recording the NTN for doctors on pilot run-through programmes

Trainees on run-through pilot programmes who are at ST1, ST2 (or ST3 for psychiatry) training levels should be submitted as being on core specialty programmes e.g. an ST1 General surgery run-through trainee should be recorded against Core surgical training. This is to allow them to be reported in the NTS reporting tool with their uncoupled peers on core programmes.

However, doctors following a run-through pilot programme must have an NTN, not a DRN, which includes only the specialty code for the run-through pilot programme in the specialty component e.g. NOR/021/1234567/C contains only 021 for General surgery. The NTS DVT will validate a core programme as the 1<sup>st</sup> programme specialty name against the run-through specialty code in the NTN e.g. 'Core Surgical Training' will validate against the specialty code 021 in the NTN.

Please see the below an example return, based on a doctor at ST1 on a General surgery run-through programme (please note not all fields from the NTS DVT are included in the example):

1 <sup>st</sup> Programme Code	1 <sup>st</sup> Programme Specialty	Training Level or Grade	NTN/DRN	Correct/Incorrect submission?
NOR006	Core surgical training	ST1	NOR/021/1234567/C	Correct
NOR4230	General surgery	ST1	NOR/021/1234567/C	Incorrect – 1 <sup>st</sup> Programme Code and 1 <sup>st</sup> Programme Specialty
NOR4230	General surgery	ST1	NOR/CST/1234567/D	Incorrect – 1 <sup>st</sup> Programme Code, 1 <sup>st</sup> Programme Specialty and NTN/DRN
NOR006	Core surgical training	ST1	NOR/CST/1234567/D	Incorrect – NTN/DRN

Psychiatry of learning disability introduced a pilot run-through programme in August 2022; doctors who started on the run-through programme at ST1 should be submitted to the survey with Core Psychiatry Training as the 1<sup>st</sup> programme code, and the NTN code should only include 051 in the specialty component. For a list of all of the pilot programmes and the deaneries/HEE local offices which are involved in them, [please see the GMC website](#).

This approach is for pilot run-through programmes only. For those doctors on established run-through programmes, we would expect ST training levels for doctors across all levels of training, including levels ST1 and ST2, except for Oral and Maxillo-Facial surgery which should not have any trainees at training level ST2.

## Clarification of the 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 1<sup>st</sup> 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 1<sup>st</sup> 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 programme.

Training level or grade	1 <sup>st</sup> 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 <sup>st</sup> programme specialty
ST3	Infectious diseases	NOR/CIT/1234567/D	Incorrect – NTN and 1 <sup>st</sup> programme specialty
ST3	Medical microbiology	NOR/003-075/1234567/C	Incorrect – 1 <sup>st</sup> programme specialty
ST3	Medical microbiology	NOR/CIT/1234567/D	Incorrect – NTN and 1 <sup>st</sup> programme specialty

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 have commenced their training at ST4 in either Infectious diseases or Tropical medicine as a dual specialty with General (internal) medicine. Therefore, completion of the Combined infection training competences will occur at ST5 for doctors on these Dual programmes. As this is the first survey of doctors on Group 1 specialties, there should not be any doctors at ST5 recorded with Combined infection training as their 1<sup>st</sup> programme specialty, ST5 will be added as an accepted training level to the Combined infection training programme for validation in NTS 2024.

## 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 trialling a new process to gather as much information as possible about where these doctors are training and have included an OOPT UK-based sheet in the NTS DVT. On the OOPT UK-based sheet please detail everything you know about doctors who OOPT on a programme managed by another Deanery/HEE local office.

What we require from you:

### In the return data

Add all doctors training on a programme managed by your Deanery/HEE local office, including trainees you are 'hosting' on behalf of another Deanery/HEE local office. For those doctors you are hosting on programmes in your Deanery/HEE 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/HEE local office and supply as much information as you can on where they are training, Board and Site names if possible, as well as training level and host Deanery/HEE 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 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

## Out of Programme Pause – Health Education England only

We have been made aware that the initiative, Out of Programme Pause (OOPP) has been extended in Health Education England. Doctors who are on an OOPP on the census date are not eligible to take the survey, however they should be recorded in the NTS DVT as not in training and we have added a new value to the list of Not In Training Reason 'Out of Programme Pause'.

## Trainer survey – summary of changes for the 2023 data collection

### Removed fields in the trainer data validation tool

There are three fewer fields in the trainer data validation tool: Programme Code, Period Start Date, and Period End Date. These data fields were introduced in 2022 as an opportunity for you to submit data for the Trainer Recognition Framework (TRF) at the same time as your survey data returns. They were not mandatory. After speaking with our colleagues who collect the TRF, it was discovered that this method was not taken up widely, so it has been removed.

The collection of data for the trainer survey has returned to being a separate data collection to the one you submit for the Trainer Recognition Framework.

For more details on the fields to be returned for the trainer survey, [please see data variable definitions on the GMC website](#).

If you have any questions about the collection of data for the Trainer Recognition Framework, please email [quality@gmc-uk.org](mailto:quality@gmc-uk.org).

### Other important information

#### 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 has any changed organisation codes that need linking to a previous code, please email [educationdata@gmc-uk.org](mailto:educationdata@gmc-uk.org) providing these details.

#### New Curriculum - Internal Medicine Training

In 2019 Internal Medicine Training (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 2023 NTS on a CMT programme at CT1 training level. The NTS DVT will validate grades from CT2 allowing for LTFT trainees that began core training before the introduction of IMT, and will validate higher grades for all other historical CMT trainees. We accept all Core training grades for IMT (CT1- CT3).

## **2022 data for reference**

To provide a reference point for data collection for the 2023 surveys, we can provide each Deanery/HEE local office with a finalised list of their data from 2022 on request. Please email [educationdata@gmc-uk.org](mailto:educationdata@gmc-uk.org) if you would like a copy of the data submitted from 2022.

## **Information Security and Data Protection**

As in previous years, we require Deaneries/HEE 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 10 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 a week, 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 a week 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 2023 survey is **Tuesday 21 March 2023.**

## 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 table on page 10.

**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/HEE 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/HEE local office, that you're hosting on behalf of another Deanery/HEE local office.

As for your own trainees that are being hosted by another Deanery/HEE 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 HEE local offices'/deanery's data submission. In February we will send each Deanery/HEE 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/HEE 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 21 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 21 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 table on the GMC website](#).

## Providing the data to the GMC for the 2023 national training survey

We will send HEE local offices'/deanery's updated trainee and trainer data validation tools with user instructions in January 2023. 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 2023**. 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](mailto:educationdata@gmc-uk.org).

## GMC pre-survey validation

We will use the period between 6 March and 20 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 speciality\***  
That a trainee's NTN/DRN speciality matches the programme speciality 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/HEE local offices for clarification.
- **Consistently recording to site level across Deaneries/HEE local offices**  
Where an LEP hosts trainees from more than one Deanery/HEE local office, we will check that data submissions record locations consistently. Where this is not the case (for example if one HEE local office/deanery only records trainees' location at trust level but another Deanery/HEE local office records trainees at site level), there is a risk that survey results are not reported effectively.
- **Duplicate records across Deaneries/HEE local offices**  
Where a record for a doctor has been submitted by more than one Deanery/HEE 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/HEE 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](mailto:educationdata@gmc-uk.org) or call:

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