

UK Medical Education Database

Notes on an initial scoping meeting

3 September 2012 10.00-12.00

MSC Office, Woburn House, London WC1H 9HD

Attendees

Prof Jon Cohen (Chair)	Medical Schools Council
Jocelyne Aldridge	Medical Schools Council
Dr Jon Dowell	UK Clinical Aptitude Test
Siobhan Fitzpatrick	Medical Schools Council
Nathan Lambert	General Medical Council
Prof Paul O'Neill	Chair of the ISFP Consultation, Evaluation & Research Group
Prof Fiona Patterson	Work Psychology Group & University of Cambridge
Dr Katie Petty-Saphon	Medical Schools Council

Proposal and scope

The meeting was to consider a proposal was to set up a database that would draw on existing data sets in medical education, selection and recruitment in order to link and match individual performance at different stages in medical education and training. Existing data sets relate to:

- Applicants (successful and unsuccessful) to medical school - UKCAT database includes demographic and performance in UKCAT on cognitive and non cognitive measures.
- Medical students – two thirds of UKCAT medical schools are now also providing data on student performance in skills and knowledge assessments, non-UKCAT schools could be encouraged to do the same eg Birmingham has already opted in to this.
- Medical school graduates/ applicants to the Foundation Programme – performance in the SJT and EPM deciles will be available for this and future years of medical school graduates. The evaluation of the SJT and EPM is being led by the Rules Group's Consultation, Evaluation and Research Group.
- (Postgraduate) Foundation Doctors – UKFPO collects summary data on trainee performance and difficulties from the foundation schools. Foundation schools hold more detailed and identifiable data on performance, progression and problems locally. The GMC administers and publishes findings from the National Trainee Survey.
- Postgraduate (beyond the foundation programme) - GMC administers the ACRP/ RITA survey of trainee outcomes as well as the National Trainee Survey. The GMC is also working to get PLAB data, FtP outcomes and other existing data sets to link to the GMC number. Royal College recruitment data could potentially be accessed and linked via the GMC number.

It was noted that linking of undergraduate and postgraduate data sets for graduates of UK medical schools could soon be facilitated by the GMC number being allocated to final year medical students near the start of the academic year.

Dr Petty-Saphon explained that a new Medical and Dental Recruitment and Selection group had been established by the Medical Programme Board. This group has suggested that a National Recruitment Office concerned with all postgraduate medical selection and recruitment should be established and funded through HEE. She suggested that the current proposal would help provide the facility for the evaluation of postgraduate selection and recruitment tools and could therefore be developed into one of the functions of this potential new body.

Benefits

It was noted that predictive reliability and validity was a significant gap in the literature on selection methods. A key benefit of being able to link undergraduate selection and performance data to postgraduate recruitment and performance data would be the potential for evidence to validate selection tools and approaches to selection including those aimed at widening participation, and to explore big research questions around the predictors of performance as a doctor. Such benefits associated with being able to access longitudinal data sets for medical education and training have already been demonstrated internationally. For example, in Belgium long term tracking data have shown that whilst performance in non-cognitive assessments might not be a reliable a predictor of performance at medical school, it is a good predictor performance as a doctor later on.

It was also noted that research using longitudinal medical education, selection and recruitment data could help support improvements in medical careers guidance, by improving our understanding of what makes a good doctor in specific settings and therefore ability to give more personalised guidance on career choices.

Risks and issues

The meeting highlighted a number of risks associated with the proposal. It was suggested that gaps in available data could lead to important behaviours without reliable measures being overlooked by research.

The importance of recognising the heterogeneity of medicine was also noted; it was felt that there was a risk that research using the database could wrongly applied homogeneous and restricted idea of what makes a good doctor which would lead to unhelpful conclusions about the tools required to identify/ predict good performance. In turn this could lead researchers to the conclusions and recommendations that might cause selecting out of individuals that would actually have made very good doctors. Professor Patterson noted that whilst job analysis studies at postgraduate level have indicated that there is more commonality than difference between the specialties, it will still be important to make sure that any differences in specialty are fed into the development of SJT and UKCAT etc – to help ensure that future excellent surgeons or other specialists are not selected out because they do not fit an overly generalised profile of a good doctor.

It was also recognised that data protection and consent could be a significant issue and that all stakeholders particularly students and trainees would need reassurance that their data were being handled appropriately. It was suggested that doctors could be afforded the

opportunity opt out at any time after having given their consent to for their data to be used, which would drive good practice in terms of data protection and security.

It was felt that there was a risk that the medical and academic community would not be accepting of the proposal if it was seen to be poorly or inappropriately governed. It was agreed that it would be important that the administration of the database be supported by good governance structures, including an academically led consortium with representation from the appropriate stakeholders.

Next steps: Developing a formal proposal

The meeting agreed that whilst there was potential for creating a huge database of linked data for the purposes of research it would be sensible to start small by linking:

- UKCAT performance and demographic data at application to medical school
- SJT, EPM and performance at application to the Foundation Programme
- GP recruitment data

This could start by piloting the tracking methodology with a single cohort; linking this year's SJT and EPM data to UKCAT performance with the view to linking it to GP recruitment data later.

It was agreed that the key partners would therefore be those with current access/responsibility for the relevant data sets. In addition to those already present it was agreed that the group should contact Professor Bill Irish from RCGP.

It was agreed that MSC should lead in developing a paper for discussion by the key stakeholder organisations. The paper would need to cover:

- Key aims
- Which key partners (eg MSC, UKFPO, RCGP, GMC) and wider interest groups (eg student and trainees) should be involved
- Proposals for how assurances around consent and data protection might be met – drawing on existing processes applied by UKCAT and GMC
- Principles of governance and ownership – include suggestions for involving trainees and students and board members as named authors on research papers
- Suggested commissioning and funding model – drawing on existing UKCAT processes as a basis
- Resource requirements – including one full time data analyst and a part-time academic lead
- Direct request for endorsement and support of the proposal.

In addition to the paper it will be important to update and engage key organisations and individuals, such as Professor Terence Stephenson (President of AoMRC), Professor Chris McManus and Professor Michael Goldacre, in the concept.

The following key dates were noted:

- MSC Council meeting 5th October
- UKFPO Rules Group 20th September
- GP steering group 26th September
- GMC internal staff endorsement and perhaps late October Undergraduate Board
- COPMeD overarching data group in November

These minutes were not formally approved at a UKMED Development Group meeting however they formed the background to the initiation of the project.

Glossary

AoMRC	Academy of Medical Royal Colleges, www.aomrc.org.uk
ARCP	Annual Review of Competence Progression
COPMeD	Conference Of Postgraduate Medical Deans (UK), www.copmed.org.uk
EPM	Educational Performance Measure
FtP	Fitness to Practise
GMC	General Medical Council, www.gmc-uk.org
HEE	Health Education England, www.hee.nhs.uk
ISFP	Improving Selection to the Foundation Programme, www.isfp.org.uk
MSC	Medical Schools Council, www.medschools.ac.uk
PLAB	Professional and Linguistic Assessments Board (GMC)
RITA	Record of In-Training Assessment
SJT	Situational Judgement Test
UKCAT	UK Clinical Aptitude Test, www.ukcat.ac.uk
UKFPO	UK Foundation Programme Office, www.foundationprogramme.nhs.uk