



UKMED

UK Medical Education Database

Lessons Learned from UKMED Pilot Phase

Below is a list of lessons identified by researchers using UKMED data during the pilot phase of the project (2015-16), as noted by UKMED Research Subgroup (5th November 2016).

Category	Lesson Learned
Guidance about a common reporting standard	The standard Person view containing all the demographic data on each data subject and the agreed recoding facilitates a common UKMED reporting standard. There is recognition that guidance should not be a prescription, and evolve when there are better ways to analyse complex information.
Consideration of educational significance	Authors of studies should be asked to consider within their recommendations what the educational significance for undergraduate and postgraduate education and training is e.g. what medical schools could do differently. If the strength of evidence would not allow making such recommendations, the study should recognise these limitations.
Sharing of syntax	A common area has been developed allowing researchers to share the syntax they used for analysing the UKMED data (only available to researchers whose applications have been approved).
Approach to missing data	Value of central imputation was recognised in providing better results as it would use more variables and more cases than those that are typically available in one research extract. It was recommended that researchers would be notified which values would have been imputed and which original. Researchers would be expected to explain in their research reports how missing values have been addressed.
Normalising EPM scores	A common approach to using EPM decile and quartile scores in analysis to be recommended along with the way to report on those variables. A standard recoded variable and labels can be included in the FP table within the database. It was noted that information about how EPM is calculated at each school should become available to researchers as it is currently not in the public domain. It was also thought that standardised SJT scores may be helpful to future researchers, along with Standard deviation measures.

<p>Situational Judgment Test data –test versions</p>	<p>The particular form of the Situational Judgment test (SJT) an applicant took should be included as a variable in UKMED, as this would allow exploratory analysis to evaluate the extent to which the tests could be considered equivalent (i.e. pooled analysis would be possible) or distinct (separate analyses would be needed).</p>
<p>Types of Fitness to Practise declarations</p>	<p>Separate analysis of health- and non-health related Fitness to Practise declarations.</p>
<p>Cross-validation of Fitness to Practise data</p>	<p>FtP declarations should be cross-validated with medical school records to avoid any bias due to self-reported nature of current outcome variables. In addition using medical school reported FtP provides more information than the character declaration form completed by registration applicants. In particular it gives details on the outcome of the FtP for example any sanctions.</p>