Notes on a meeting of the
UK Medical Education Database Development Group

Thursday 2 October 2014, 14.30 – 16.30
GMC, Regent's Place, 350 Euston Road, London NW1 3JN

Attendees

Professor Steve Thornton	Chair
Dave Anson *(by video)*	General Medical Council
Simon Beeston	BMAT
Charlie Bell *(by tel)*	BMA Medical Students Committee
Janet Brown	UK Foundation Programme Office
Paul Buckley	General Medical Council
Giles Denham	Department of Health
Professor Jon Dowell	Professor of Medical Education, University of Dundee
Professor Derek Gallen	HEE and Wales Deanery
Professor Keith Gardiner *(by tel)*	NIMDTA
Rachel Greatrix	UKCAT
Alastair Henderson	AoMRC
Duncan Henderson	NHS Education Scotland
Jonathan Howes	HEE
Gad Lim	BMAT
Marita MacMahon-Ball	GAMSAT
Professor Chris McManus	Professor of Psychology and Medical Education, UCL
Dr Katie Petty-Saphon	Medical Schools Council
Professor Bill Reid	COPMeD
Kirsty White	General Medical Council
Siobhan Fitzpatrick	Medical Schools Council
Olga Sierocinska King	Medical Schools Council
Daniel Smith	General Medical Council

In attendance

Helen Johnson	General Medical Council
Edward Knight	Medical Schools Council
Andrew Ledgard	General Medical Council
Julian Walker	General Medical Council

Apologies

Dr J-P van Besouw *(rep)*	AoMRC
TBC	AoMRC trainees
Alan Robson *(rep)*	Department of Health

1. Welcome and introductions

The Chair welcomed members to the first meeting of the UKMED Development Group with its full membership, and indeed the first meeting with an elected Chair. Introductions were made.

Members noted that a new AoMRC trainees' representative would be put forward. The Chair expressed the importance for all stakeholders to collaborate and remain involved in building of a transparent evidence base. The length of the papers included for the meeting was felt to be important for ensuring transparency.

2. Minutes of previous meeting and matters arising not elsewhere on the agenda   Enc 1

The minutes were agreed to be an accurate record and progress on each of the actions was discussed. Dr Katie Petty-Saphon informed the Development Group that the Wellcome Trust is supportive of the UKMED development in principle, and funding in the region of £20,000 pa would be available specifically to track academic trainees.

3. GMC data development update

Paul Buckley presented the context of the GMC 2014-17 Corporate Strategy and its data strategy programme indicating the impact of the UKMED work on areas such as information governance, risk management and sharing of best practice.

UKMED was identified as a very significant investment for the GMC, carried out as part of the first phase of the GMC's data strategy. The Development Group was informed how UKMED fits within GMC objectives of more effective regulation through gathering and sharing intelligence about doctors and healthcare, risk and best practice. Due to resonance of the UKMED with the GMC data strategy, the Development Group was alerted that issues arising may need to be consulted with the GMC Data Strategy Programme Board where a decision regarding UKMED could have implications for other aspects of the programme.

Members expressed a general support for the GMC priorities.

4. Progress update on database development
a) Update on linking undergraduate data
i. UKCAT and the medical register   Enc 2

Daniel Smith thanked the Health Informatics Centre (HIC) in Dundee, which provided the data on behalf of UKCAT. Cases were identified via three methods. For cases reliably identified as having entered medical school a 91% match had been achieved after some manual matching. It was noted that there was no way of matching data for a small number of cases who changed their name between entry into medical school and GMC registration. The Group agreed with the proposal to leave the test-takers who went to non-UK medical school and then registered with the GMC as little is known about this group of trainees.

ACTION: Rachel Greatrix, Jon Dowell and Daniel Smith to work together reviewing the report on linking methods and the quality of the linkages related to UKCAT data and in particular to address reasons for differences in the linkage success across the medical schools.

ii. Foundation Programme applicants and the medical register   Enc 3

The Group was informed that the link between the datasets was very good, with all FP 2014 records matched, and all except six FP 2013 records matched.

b. Discussion of next stage database development: GMC data
i. Update on investigation of GMC data for inclusion in UKMED   Enc 4

The GMC described its current focus on understanding the population in order to assess the quality of data sources next. It noted a limited number of records in certain categories envisaged in Phase 1 of the project, such as Fitness to Practise.

UKFPO suggested that FP Annual Reports could have useful detailed information that could complement the Annual Review of Competence and Progression, which has a more high-level snapshot. However, it was noted that until the UKFPO data on doctors in difficulty (ie doctors below FtP threshold but struggling) becomes identifiable, it could not be included in UKMED.

There was a discussion about which data should be pursued and included, noting that adding new data fields involved a time lag. It was agreed that even if there was no current research requirement to include a particular dataset, if it was feasible, low-cost and had the potential to add value, it should be incorporated. If the matching was either difficult or expensive, the Development Group would be asked to take that decision. It was agreed that UKMED should incorporate data that reflect priorities of the project and where there is a legitimate reason for collection, but keep a sufficiently flexible structure to allow future additions.

ACTION: The GMC and UKFPO to determine if the FP annual report data could be incorporated into existing GMC data collection exercises which would include an identifier to allow data linkage between doctors in difficulty, ARCP and fitness to practice and would optimise postgraduate data submissions for LETBs/deaneries/foundation schools.

ACTION: Daniel Smith to introduce Rachel Greatrix to the person responsible at the GMC for Medical School Annual Return to see if it will provide suitable contextual information on which school use which selection methods.

ii. Overview of work with GAMSAT   Enc 5

GAMSAT updated members about its level of involvement and confirmed that it has provided initial information necessary to join.

Members agreed that comprehensive data are important and decided that GAMSAT data should be included in Phase One of the project, providing information about graduate entry programmes to achieve greater data completeness, even if that was to result in a slight delay.

ACTION: GAMSAT to work with the GMC and the MSC in order to provide data to UKMED in Phase One.

c. Database gap analysis
i. HESA   Enc 6

Kirsty White advised members that the sharing agreement for UKCAT did not allow for the sharing of UCAS data (including qualifications on application such as GCSEs and A Levels) with UKMED. Members agreed that this would be invaluable to include in UKMED for research looking at the

incremental validity of selection tests over measures of educational attainment and to reliably identify the Phase One cohort. Two possible sources were suggested, both of which would have a cost – directly from UCAS (although it was noted that the accuracy of the data, and of the destinations/acceptances, is provided by applicants) or HESA. Both sources offered a greater completeness than accessing data through UKCAT, as it would also cover students at schools using GAMSAT, BMAT and those with no selection test. Several members expressed concern about the quality of HESA data, which warranted further investigation. It was also suggested that both UCAS and HESA data are obtained. Members mentioned that it would be appropriate to have not only data on successful applicants, held by HESA, but all applicants, as held by UCAS, which would facilitate research on selection.

ACTION: GMC to establish the quality of HESA data of school attainment (GCSE and A Level).

ii. Possible GMC Trainee Survey questions on career intentions
Enc 7

The UKFPO suggested that the F2 Career Destination Survey, which has a response rate of close to 100%, could be incorporated into the GMC's Annual Trainee Survey which would then include an identifier for matching to other UKMED data.

One suggestion was to collect full post history in order to check whether lower performing doctors complete their training in locations less well suited to teaching.

It was agreed that the Research Subgroup should become operational and identify potential research priorities before making recommendations for inclusion of additional questions.

ACTION: The GMC and UKFPO to determine if postgraduate data collection could be streamlined by incorporating the career destination survey questions in the annual trainee survey.

5. Progress update on project outputs – Research data sets
a. Discussion of approaches to data sharing and information governance questions
Dave Anson described three possible approaches to data sharing; contractual i.e. sharing data with Terms and Conditions (although this is difficult to police); physical ie limiting access to a given computer in a given room (although this is resource intensive and inflexible for researchers) or technological i.e. a safe haven (noting that a support resource would still need to be available).

The Group was informed that UKMED data storage at the GMC is in line with best practice, however, there is a need to develop a secure protocol for sharing pseudonymised data extracts.

It was noted that managing the risk of security breaches would be the responsibility of all data controllers and that concerns regarding risk of re-identification by data contributors should be managed.

The Group agreed that groups and individuals requesting access to UKMED data would need to meet data security conditions.

The Group was informed that a safe haven would require significant resources to build research tools, to arrange access and support researchers and that it would be less flexible than contractual controls. It was agreed that a safe haven option should be scoped as it would not be appropriate for UKMED to have lower data sharing standards than those currently maintained by individual data contributors in particular the standards UKCAT achieve using the HiC in Dundee.

It was noted that the GMC has never built a safe haven before although it is familiar with using Citrix technology.

ACTION: GMC to scope and compare a safe haven built by the GMC with third-party suppliers (e.g. HIC, Dundee).

6. Preparing to set up the research sub-group   Enc 8
Members were informed that Professor Jon Dowell had agreed to chair the Research Subgroup and that he has developed draft Terms of Reference together with the Group Chair. The Research Subgroup would make recommendations to the Development Group.

It was noted that as the Development Group is convened infrequently, a process would need to be identified for the Research Subgroup to gain approval for actions in-between meetings.

The Group agreed that Daniel Smith should be co-opted into the subgroup in his capacity of data manager.

It was suggested that the Research Subgroup should submit a proposal to the Development Group relating to how research might be funded, whether UKMED should commission research; what approvals are necessary or accepted; the criteria for approvals and so on.

Members accepted the draft Terms of Reference, and recommended that these and the membership be reviewed after the first receipts of research proposals.

ACTION: Members to submit nominations for membership of Research Subgroup by email to the MSC.

7. Progress update on project outputs – Adjusted Reports   Ref to Enc 11 and 8
Kirsty White presented the Terms of Reference for the proposed Progress SubGroup, which would operate more as a user group to test data reports. The Terms of Reference were accepted.

The Group was informed that high school attainment data would be needed for comprehensive progress reports and that once the data are available, the methodology would be identified prior to testing with medical schools.

8. Project Documentation
   a. Updated PID   Enc 9
No comments were submitted.

   b. Communications Plan   Enc 10

Members agreed with a phased approach to communications, starting with the academic community.

A UKMED website would be developed and launched in early 2015, explaining the principles and aims of UKMED to provide information to researchers and to data subjects.

c. Roadmap   Enc 11
The GMC suggested it will revise the roadmap in light of discussions with BMAT and GAMSAT as well as establishing the quality of HESA data.

d. Risk Log   Enc 12
The Risk log has been introduced as a monitoring tool to be updated at each Development Group meeting.

9. AOB
None were raised.

10. Dates for next meeting.
The next meeting is scheduled for the afternoon of Friday 23rd January 2015 at 13.30 at the MSC.

Minutes approved at the Development Group meeting 23 January 2015

Glossary

AoMRC	Academy of Medical Royal Colleges, www.aomrc.org.uk
ARCP	Annual Review of Competence Progression
BMA	British Medical Association, www.bma.org.uk
BMAT	BioMedical Admissions Test http://www.admissionstestingservice.org/for-test-takers/bmat/about-bmat/
COPMeD	Conference Of Postgraduate Medical Deans (UK), www.copmed.org.uk
EPM	Educational Performance Measure
GAMSAT	Graduate Medical School Admissions Test, www.gamsat.acer.edu.au
GMC	General Medical Council, www.gmc-uk.org
HEE	Health Education England, www.hee.nhs.uk
HESA	Higher Education Statistics Agency, www.hesa.ac.uk
HIC	Health Informatics Centre, www.medicine.dundee.ac.uk/hic
ISFP	Improving Selection to the Foundation Programme, www.isfp.org.uk
LETB	Local Education and Training Board
MSC	Medical Schools Council, www.medschools.ac.uk
NES	NHS Education for Scotland, www.nes.scot.nhs.uk
NIMDTA	Northern Ireland Medical and Dental Training Agency, www.nimdta.gov.uk
PID	Project Initiation Documentation
SJT	Situational Judgement Test
UCAS	Universities and Colleges Admissions Service, www.ucas.com
UKFPO	UK Foundation Programme Office, www.foundationprogramme.nhs.uk