

Notes of a meeting of the UK Medical Education Database Board

4 February 2014, 13.30 – 16.00

GMC, Regent's Place, 350 Euston Road, London NW1 3JN

Attendees

Duncan Henderson (Chair)	NHS Education for Scotland
Dr J-P van Besouw	Academy of Medical Royal Colleges
Janet Brown	UKFPO
Luke Bruce	General Medical Council
Paul Buckley	General Medical Council
Harrison Carter (<i>by tel</i>)	BMA Medical Students Committee
Dr Jon Dowell	Reader of Medical Education, University of Dundee
Siobhan Fitzpatrick	Medical Schools Council
Rachel Greatrix	UK Clinical Aptitude Test
Martin Hart	General Medical Council
Jonathan Howes	Health Education England
Judith Hulf	General Medical Council
Prof Chris McManus	Professor of Psychology and Medical Education, UCL
Dr Katie Petty-Saphon	Medical Schools Council
Daniel Smith	General Medical Council
Kirsty White	General Medical Council

By invitation

Emily Jefferson	Health Informatics Centre, Dundee
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1. Welcome and introductions

The Chair welcomed members to the meeting and introductions were made.

Apologies were received from Professor Derek Gallen (UKFPO – rep., and COPMeD), Dr Sonia Panchal (AoMRC), Professor Wendy Reid (HEE, rep.) and Alan Robson (DH England).

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

The minutes were agreed to be an accurate record.

3. Funding

a. Update from NES

Duncan Henderson confirmed that NES is pleased to be involved, and in principle is happy to contribute towards the funding.

b. Update from HEE

Jonathan Howes confirmed that HEE is supportive in principle, but would wish to see the business case before committing to funding support. This is urgently required if funds are to be made available in HEE's current financial year.

c. Update from GMC

Paul Buckley confirmed that the GMC is hugely supportive, but again would need to know how the money would be spent.

d. Wellcome Trust and Wolfson Foundation

Dr Katie Petty-Saphon confirmed that the Wellcome Trust may be interested in contributing funding if there is an opportunity to include data which could be used to track clinical academics. In a separate conversation, the Wolfson Foundation might also be interested in the opportunity to track clinical academics through UKMED. {Post meeting note – the Wolfson Foundation has now advised that this would be premature at this stage}

4. Progress report from MSC

a. Engagement with UK Medical Schools

Dr Petty-Saphon confirmed that UKMED had been discussed with Deans at the annual Ditchley meeting in November, and whilst the Council was supportive in principle, there were some concerns from the non-UKCAT member schools about the resource required within medical schools to provide performance and progression data in a consistent format to UKCAT. She confirmed that the Deans had accepted that one of the benefits of UKMED is the academic freedom to publish uncomfortable findings, and provided appropriate governance arrangements were in place, schools were happy with the way forward.

b. Engagement with BMAT

MSC had met with BMAT staff, who had been supportive in principle. They would be taking the proposal to their Board meeting in two weeks' time. BMAT currently holds progression data for five schools, with Leeds joining from 2015. If providing data, they would wish to have a seat on the governance board.

DECISION: BMAT would be invited to join the UKMED Governance Board as a data supplier

ACTION: MSC to engage with GAMSAT with the hope of again securing support in principle

5. Examples of reports that can be produced by UKMED

Enc 2

Using an illustrative example of F2 applications to specialty training by medical school (unadjusted data), Daniel Smith gave an overview of the reporting features that could be provided to audiences such as individual medical schools and medical students/prospective medical students. The GMC uses Tableau as a visualisation tool, and as it is dynamic, it allows the user to explore the data rather than presenting static tables or charts. Tableau offers the option to limit access to the underlying data. The GMC will seek additional statistical expertise to adjust progression indicators for prior attainment.

Members agreed that there would be two main uses of the data:

- Regular reporting, which could include an overlay analytical tool (such as Tableau or Clickview)
- Detailed datasets for research (trusted individuals). NB the sharing of these datasets will need exploring as there may be different levels of access and different tools for data sharing depending on the content of the data set.

Emily Jefferson gave a presentation from the perspective of the Dundee Health Informatics Centre (HIC) which is a safe haven for data, giving an overview of the data cleaning, linking, use of identifiers and the varying costs involved. She highlighted that it would be important to store the data history. Decisions to be taken in the setup of UKMED would include:

- Would the analytics platform mine the data, or would the researcher mine the data? Validation tools could be developed to clean the data and may be a good investment over time, but may have a high up front cost NB Important to maintain oversight of the data before it is released.
- How would you ensure that the data are being well used? Need dynamic reporting, not static reports.
- Timing and extent of data cleaning
- Could retrospective data about non-UK graduates be included? (some data held by GMC through PLAB and FPAS through the EPM)

6. Summary of GMC position based on advice received from Counsel

Enc 3

Kirsty White updated the meeting after seeking legal advice on its statutory framework and the extent to which it could legitimately engage with the UKMED project. She confirmed that the GMC could participate in the development of the database whether it sat inside the GMC or with a third party supplier, however the data the GMC could share would be more limited for the latter option. Owing to the confidentiality disclaimer used, the GMC would not be able to share data relating to Fitness to Practise complaints, National Training Survey responses or monitoring, for example, with a third party-hosted database (with the GMC as a data supplier), whereas a GMC-held database would allow it to link these data to undergraduate and postgraduate data (with the GMC as a data controller).

The group discussed the two options, and felt that further exploration of the benefit of FtP data would be needed to confirm the value of this data to the UKMED dataset. Monitoring data are present in other datasets and were less of a concern if they could be obtained from another contributor.

The GMC Council has confirmed that it is committed to collaborative governance and open to all working models. Members were clear that the level of governance should be proportionate. There was a discussion around whether the database could be set up so that the organisations on the Board could be 'data controllers in common' or 'joint data controllers', giving the Board members the power of veto over processing and sharing of the data. Concern was raised at the concept of 'veto' as the aim of the database is to be transparent, and there will be findings which are uncomfortable for some members of the Board. However it was agreed that this is one route to explore in order to overcome restrictions with sharing of data.

Emily Jefferson advised that it would be important to clarify, and perhaps separate, the roles of the data indexer and the data linker, although separating these functions would still not make data anonymous to those who supply data to UKMED. She also advised that combinations of data could mean that data are identifiable, so each extract of data should be allocated its own unique identifiers, to avoid matching multiple datasets. Working solely with aggregate data can be difficult for the researchers and may prevent the multivariable analyses typically done – but oversight should be maintained of the level at which findings are published.

7. A pilot – objectives, timescale and evaluation

Enc 4

Daniel Smith proposed to the group that a pilot linking 3-4 datasets be set up in the first instance, which can be used to define the kinds of decisions that would need to be taken, the resource needed to clean and link different datasets, and to scope the costing to run a full UKMED combining all datasets. It would be important to understand the value, importance and quality of each of the different datasets. Attendees were keen to ensure that the long term vision of UKMED is maintained and that the intention is to use the data to inform selection research into medical education selection and assessment and to support regulation.

Professor McManus proposed that a birth cohort study of 2006 + 2007 UKCAT takers be followed, rather than beginning with those who took FP 2013 and working backwards.

Participants agreed that a phased approach would allow UKMED to commence given the lack of clarity about the quality of the data and the resources and systems required to deliver UKMED. For this first phase, UKMED will be developed within the GMC. One of the outputs of the first phase would be a business case with costings, systems and skills requirements that could be used as a basis for tendering a second phase if a third party supplier model proves preferable for scaling up UKMED. The database would be developed in a way that could be transferred or contracted out after Phase 1 had completed.

The GMC will take the Phase 1 outline proposal to its Senior Management Team for support to commit resources to UKMED in 2014. {post meeting note – the GMC accepted the Phase 1 project outline proposal and for the UKMED database to be developed within the GMC under collaborative governance arrangements for this phase. They agreed Phase 1 outputs should include a business case with costs and options for developing UKMED in the future.}

8. Resourcing, *Dr Jon Dowell*

Enc 5

Dr Jon Dowell referred to the unknowns that would affect the level of resourcing, in terms of staff time and ongoing funding. In terms of immediate costs, at present the assumptions are on the basis that UKCAT will provide data free of charge, and that members of the Board will give their time and cover own travel expenses.

An Independent Chair would be appointed, and members considered whether this would need to be for an honorarium.

9. Next steps and future meetings

DECISION: It was agreed that there should be a phased approach;

- Phase One (two years) focus on linking GMC, UKCAT, medical school progression, FPAS, ARCP and recruitment data. It was agreed that for Phase One, the database should be GMC-held, with collaborative governance. Phase One would be used to define the technicalities of developing a full UKMED, the costs of running the database and data cleaning (at what level of complexity of research question, frequency of data requests), and explore in practical terms the options of different organisations as data controllers, providers and processors. The outputs of Phase One would be:
 - Linkage of UKCAT, FPAS 2013 and ARCP 2014 and 2015 data, NTS, FtP and recruitment data
 - Some standardised reports

- Research datasets
- A research programme maximising the application of the data sets
- Documentation to ensure work could be replicated by others
- A business case with detailed costs, resource and systems requirements to enable the governance board to decide on the approach to Phase 2
- Phase Two (minimum of five years, ideally 10-20 years) would be an operational database joining together the additional datasets including Royal College data and would look at the FP 2013 cohort's performance in the 3 years after August 2015.

ACTION: GMC, UKCAT and UKFPO to develop a detailed project plan for Phase 1, including governance and resources, prior to any data sharing

ACTION: GMC and MSC to document the costs for Phase One, for HEE, NES and GMC Board approval for funding in 2014

ACTION: Review fair processing notices from each organisation to be providing data

ACTION: All organisations to send proposed data questions (in order to inform scope of technical development) by email to Siobhan Fitzpatrick

ACTION: MSC to confirm to BMAT that as a data supplier BMAT would have a seat on the Governance Board. BMAT to take to Board for confirmed approval

ACTION: MSC to invite GAMSAT to be involved in UKMED as a data provider

Minutes approved at the UKMED Board on meeting 27 March 2014

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.admissionstestingsservice.org/for-test-takers/bmat/about-bmat/
COPMeD	Conference Of Postgraduate Medical Deans (UK), www.copmed.org.uk
EPM	Educational Performance Measure
F1/2	Foundation Year 1/ 2
FPAS	Foundation Programme Application System
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
HIC	Health Informatics Centre, www.medicine.dundee.ac.uk/hic
ISFP	Improving Selection to the Foundation Programme, www.isfp.org.uk
MSC	Medical Schools Council, www.medschools.ac.uk
NES	NHS Education for Scotland, www.nes.scot.nhs.uk
NTS	National Training Survey
PLAB	Professional and Linguistic Assessments Board (GMC)
SJT	Situational Judgement Test
UCAS	Universities and Colleges Admissions Service, www.ucas.com
UKCAT	UK Clinical Aptitude Test, www.ukcat.ac.uk
UKFPO	UK Foundation Programme Office, www.foundationprogramme.nhs.uk