

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

Friday 19 June 2015, 10.30 – 13.00

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

Attendees

Prof Steve Thornton	Chair
Charlie Bell	BMA MSC
Luke Bruce	GMC
Prof Jon Dowell	Chair, UKMED Research Group
Siobhan Fitzpatrick	MSC
Prof Derek Gallen	HEE/ Wales Deanery
Rachel Greatrix	UKCAT
Martin Hart	GMC
Andrew Ledgard	GMC
Dr JP Lomas	AoMRC Trainees
Edward Knight	MSC
Marita MacMahon-Ball	GAMSAT
Sarah McElwee (<i>rep, by tel</i>)	BMAT
Prof Chris McManus	Professor of Psychology and Medical Education, UCL
Dr Katie Petty-Saphon	MSC
My Phan	GMC
Prof Bill Reid	COPMeD & NES
Olga Sierocińska King	MSC
Daniel Smith	GMC UKMED Lead Analyst
Veronica Vele	GAMSAT

Apologies

Simon Beeston (<i>rep</i>)	BMAT
Dr J-P Besouw	AoMRC
Janet Brown	UKFPO
Paul Buckley	GMC
Keith Gardiner	NIMDTA
Duncan Henderson	NES
Jonathan Howes	HEE
Alan Robson	DH
Kirsty White	GMC

1. Welcome and introductions

The Chair welcomed members to the meeting, and introductions were made for the benefit of new attendees – Dr JP Lomas (AoMRC trainees), My Phan (GMC) and Sarah McElwee (BMAT).

2. Approval of minutes of the last meeting

Enc 1

The minutes were agreed to be an accurate record, and the updates to the action tracker (as listed on the agenda) were reviewed.

3. Status update, *presentation* (GMC)

Luke Bruce and Andrew Ledgard updated members on UKMED progress. The following points were highlighted:

- Initial contracts have been agreed with HESA and the data have been secured (Phase 1 goal) to build the database, with work underway to now agree a long-term contract to allow full use of the data in phase 1
- Upon investigation, the Safe Haven approach may not fully meet the needs of UKMED, however the approach is to pilot a system then review any issues. A tender has been issued, which was defined following discussion with providers and researchers including members of the Research sub-group. The risk register indicator is a worst case scenario – it is likely that the Safe Haven will deliver most of the intended benefits, however the GMC is reluctant to commit to a long term contract until issues have been resolved, and a decision taken regarding the relative importance of data and the requirements of software applications. The GMC confirmed that researchers would be involved in testing the Safe Haven.

The GMC has contacted data providers to gauge the appetite for releasing data outside of a Safe Haven. Rachel Greatrix, UKCAT, advised members that although there is one exception to UKCAT data released outside of a safe haven, but to a known, named researcher. There is no appetite to release raw data from UKMED outside the safe haven, as the data providers would not release data in this format themselves. There was some discussion around risk aversion versus enabling research, with Professor McManus noting that for a current data release, the process of obtaining the data analysis through a safe haven would have slowed down his research by 18 months. The general consensus is that the Safe Haven is strongly preferred, however there may need to be consideration of the limits of data release outside of this on an exceptional basis. The group recognised that the range of data disclosable outside of the safe haven may be limited in scope.

Members also discussed the costs of some software licenses, and the GMC confirmed that it would not cover individual researcher license fees. There was a recommendation for ArcSoft, as a free and widely used software.

ACTION: Andrew Ledgard (GMC) to explore whether researchers could use their own licenses provided by their employer within a UKMED safe haven, or if new licenses would be required

The Chair extended sincere thanks to colleagues at the GMC for proactively resolving issues as far as possible relating to HESA and the proposed Safe Haven.

4. Progress on database development

Tabled

Daniel Smith introduced the paper (*4a HESADataMatching_DraftReport.docx*) which was tabled at the meeting. The UKMED cohort is defined as the 2007 and 2008 entrants, and the

advantage offered by HESA data is the coverage of all test providers. Members were very pleased by the matching of 99.6% of all HESA data to the register.

Initial feedback on data quality from the meeting including some queries relating to HEIs not using the UKCAT or GAMSAT, although it was thought that the applicant could be identified if they had taken the test and gone to a non-UKCAT/GAMSAT school. Members queried the absence of St Andrews, and whether Newcastle/ Durham should be separated from Newcastle.

ACTION: All Development Group and Research Group members to provide feedback on queries for HESA data

ACTION: Daniel Smith (GMC) to develop a paper summarising the issues raised by the HESA data and the response

ACTION: MSC to define a comprehensive list of historical contextual information for medical schools – dates of name changes, awarding body name changes, separate programmes, foundation courses offered, links with other universities, how the PSA is used (summative, formative – see item 6 below), timing of finals etc. Daniel Smith to define requirements of information to be included in the public-facing data dictionary

a. Data dictionary, Daniel Smith

Enc 2

- **Feedback on draft, All**
- **UKMED contributors to note the HESA data fields collected**

Members thanked Daniel for pulling together the data dictionary. It was noted that this would be accompanied by a table outlining coverage (ie years of data for each field, number of schools, number of data entries).

ACTION: Members are invited to comment on the data dictionary. Email feedback from the UKFPO has been received to date

- **GAMSAT update on their new demographic data**

Marita McMahon-Ball updated members that ACER is collecting more extensive demographic data from its Australian applicants, and would later be rolling out these additional data fields to UK applicants to GAMSAT. The data fields are reliant on applicant willingness and accuracy.

5. Research sub-group update (Professor Jon Dowell, Research Sub-Group)

a. Receipt of Research Subgroup minutes

Enc 3

b. Process for reviewing research applications, sharing data, outputs

Enc 4

The Development Group received the minutes of the Research Subgroup. Professor Jon Dowell highlighted in particular the discussion around the process of reviewing applications, and the importance that UKMED is independent of any single organisation including the GMC.

There was debate around ethics approvals for studies comparing different medical schools for example, and whether a global exemption could be obtained, as suggested by NHS

ethics permissions. Dr Petty-Saphon cautioned that it would take time to secure universal buy-in across all medical schools, however that agreement by all UK medical schools would be critical in the first instance. It was suggested that there may be a named lead university to approve ethics on behalf of all other schools.

ACTION: Daniel Smith (GMC) to draft outline of permissions needed for universal ethics exemption; MSC to work through with MSC to seek agreement across all schools

Dr Kim Walker would be joining the Research Subgroup, representing the UKFPO.

c. Summary of research proposals under preparation Enc 5

The group received the outline of three research proposals under preparation, noting that the third proposal would be discussed with the UKFPO Rules Group in September, and all three hoped to be ready to submit to the Research Subgroup and then the Development Group in October as part of the UKMED launch in November.

One of the research proposals (by Dr Paul Garrud) did not yet have funding identified, and there was a brief discussion around potential funders including NIHR. It was agreed that if funding is made available, it should be managed centrally.

6. Proposal for PSA to join UKMED Enc 6

Olga Sierocinska-King advised members that the PSA Executive Board has asked for the PSA data to be included within Phase 1 of UKMED, which would enable studies for predictive validity, and also for the information to be linked to relevant parts of eg the UKCAT test. The data dictionary would need to specify which schools used these data summatively (most schools) and/ or formatively. The meeting agreed to explore the feasibility of including PSA data within Phase 1 of UKMED, this will entail completing a Data Sharing Agreement between the GMC and the Chief Executives of the BPS and MSC Assessment.

ACTION: Olga Sierocinska-King (MSC) and Rebecca Turner (GMC) to complete the Data Sharing Agreement between PSA Executive Board and GMC to be completed by the next Development Group meeting.

ACTION: Daniel Smith (GMC) to explore feasibility of matching in GMC numbers on receipt of the PSA data, to be completed by the next Development Group meeting. This could be done with a sample to ascertain how easy it will be.

ACTION: Daniel Smith (GMC) to add PSA items for inclusion into the Data Dictionary, once PSA data is included

7. Communications, *Edward Knight* Enc 7

Edward Knight presented the updated UKMED website sitemap and proposal for logo. It was agreed to share Development Group minutes on the website, but not the Research Subgroup as these may contain sensitive information about research proposals. The website would need to be in place ahead of a launch.

Members approved the proposal for a soft launch to academics in the autumn, ideally ahead of the ASME meeting on big datasets on 18 November

(http://www.asme.org.uk/images/RME_2015_Flier_at_8th_June_2015.pdf) and the DEMEC Manchester Conference (<http://www.demec.org.uk/>, 25-27 November).

Members agreed that the launch of UKMED would have a greater impact, if a competitive central fund for research is available.

ACTION: Website to be ready for the development group to view on 15 October to sign it off for launch in early November.

8. AOB

Dr Petty-Saphon advised members that the Wellcome Trust is interested in contributing funding towards UKMED to track clinical academics.

ACTION: Katie Petty-Saphon (MSC) and Daniel Smith (GMC) to draft business case proposal for Wellcome Trust funding for consideration at the next Development Group Meeting.

9. Next steps and future meetings

Thursday 15th October 2015, 10.00-13.00, London

Minutes approved at the Development Group meeting 15 October 2015

Glossary

ACER	Australian Council for Educational Research, www.acer.edu.au/
AoMRC	Academy of Medical Royal Colleges, www.aomrc.org.uk
ASME	The Association for the Study of Medical Education, www.asme.org.uk
ARCP	Annual Review of Competence Progression
BMA	British Medical Association, www.bma.org.uk
BMA JDC	BMA Junior Doctors Committee
BMAT	BioMedical Admissions Test www.admissionstesting.service.org/for-test-takers/bmat/about-bmat/
BPS	British Pharmacological Society, www.bps.ac.uk
COPMeD	Conference Of Postgraduate Medical Deans (UK), www.copmed.org.uk
DEMEC	Developing Excellence in Medical Education Conference, www.demec.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
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.nimtda.gov.uk
NTS	National Training Survey
PSA	Prescribing Safety Assessment
SJT	Situational Judgement Test
UKFPO	UK Foundation Programme Office, www.foundationprogramme.nhs.uk