Notes of an initial meeting to discuss
the UK Medical Education Database
Monday 21 October 2013, 10.30 – 13.00
Meeting Room 1, Woburn House, London WC1H 9HD

Attendees

Dr Katie Petty-Saphon (Chair)	Medical Schools Council
Paul Buckley	General Medical Council
Harrison Carter	BMA Medical Students Committee
Dr Jon Dowell	Reader of Medical Education, University of Dundee
Siobhan Fitzpatrick	Medical Schools Council
Dr Alison Carr *(by tel)*	Health Education England
Prof Derek Gallen	UKFPO and COPMeD
Rachel Greatrix	UK Clinical Aptitude Test
Alastair Henderson	AoMRC
Dr Duncan Henderson	NHS Education for Scotland
Jonathan Howes	Health Education England
Dr Sonia Panchal	AoMRC
Alan Robson	Department of Health (England on behalf of UK)
Daniel Smith	General Medical Council
Kirsty White	General Medical Council

Apologies

Dr J-P van Besouw	Academy of Medical Royal Colleges (rep)
Martin Hart	General Medical Council (rep)
Andrew Matthewman	Health Education England (rep)
Prof Chris McManus	Professor of Psychology and Medical Education, UCL
Prof Wendy Reid	Health Education England (rep)

1. Welcome and introductions
The Chair welcomed attendees to the meeting and introductions were made.

2. Proposal for UK Medical Education Database
a. Introduction   **Enc 1**

Dr Jon Dowell gave an overview of the proposal to join up existing data sources from undergraduate and postgraduate progression points and attainment data from UCAS, UKCAT, medical schools, foundation schools, the Royal Colleges and the GMC, to form an ongoing database of medical education and selection data. Although there would be commercial sensitivities, GAMSAT and BMAT could also be approached to provide data including retrospectively although we would need to be assured that adequate fair processing/data sharing notices were in place. The database would have the potential to change what we do in terms of planning, assessments, careers advice, selection tools – and it would all be a 'game changer' as far as the research questions that could be answered.

An initial pilot to match UKCAT and FP 2013 selection data had an 83% match with UKCAT schools and a 79% match with non-UKCAT schools.

There was unanimous support from attendees for the proposed ongoing UKMED database, and that the detail regarding ownership, access and funding would need to be carefully defined. Attendees agreed that the organisations in attendance should form the UKMED Board, along with representatives from schools using non-UKCAT selection methods. Membership would need to be reviewed once the governance arrangements and role of the Board is agreed. To realise the benefits of evaluating the effectiveness of Situational Judgement Test, which are being widely picked up across all stages of training, there was a unanimous sense that now is the time to act with the first UKCAT cohort (referred to as the '2013 cohort') – on whom there is already a significant amount of data held by UKCAT – having taken the SJT and EPM for selection to the Foundation Programme. It would then be possible to track the cohort through the Foundation Programme and into specialty selection and Royal College examinations.

The purpose of the database is to enhance quality by providing medical schools with information on the outcomes of their graduates and improving the ability to evaluate policy changes and educational processes. From a GMC perspective it would facilitate quality assurance and its stewardship of the system.

b.   Research potential and benefits for data suppliers   Enc 2, 3

Attendees were enthusiastic about the potential benefits that could be explored through UKMED, for example sub-group analyses, linking schools and selection with future career choices or geography, unpinning the value-added of schools or Postgraduate Deaneries, exploring widening access, the ability to adjust for prior attainment, and incorporating non-academic markers eg personality traits or Fitness to Practise.

The GMC noted that for the benefits to be fully realised the proposal should cover all UK medical schools and GAMSAT and BMAT schools should be engaged as a priority.

Data suppliers could make use of UKMED to evaluate selection tools or assessment methods; students could compare attainment or career progression between schools or Deaneries; funders of medical education could understand the value-added and be confident that the most appropriate doctors are in the most appropriate roles to provide the best possible patient care.
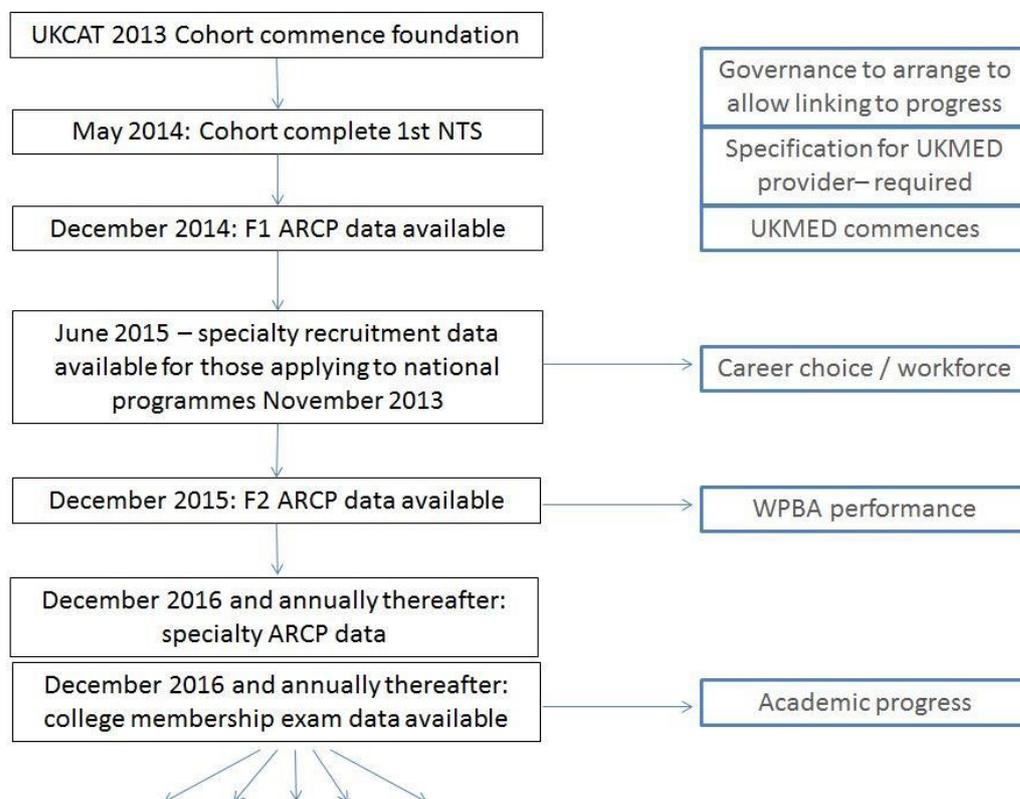
The GMC was keen to see how UKMED could enable it to fulfill its QA role more effectively, noting that although a large amount of data was associated with the GMC it was not GMC-owned.

Attendees considered the current, potential and possible data sources for UKMED (Figure 1), noting that these may change following the publication of the Shape of Training Review (end Oct 2013). It is imperative that progress is made soon, so as not to miss the opportunity to ensure that trainees are fully informed about plans for data sharing – the timeline is shown in Figure 2.

Figure 1: Current, future and possible sources of data for UKMED

	Now	Coming	Maybe
UKCAT (and non-UKCAT medical schools)	Demographic, UCAS, UKCAT, med school progress	non-academic scales (PQA / SJT)	Other schools
GMC	FPAS, NTS, ARCP/RITA	Recruitment	FtP. PG exams
Other	MMI, Conscientiousness	WA markers	GAMSAT/ BMAT

Figure 2: Timeline for obtaining data and establishing UKMED

Attendees felt that medical schools should be encouraged to sign-up for non-anonymised annual reporting and that the implications should be explored at the forthcoming MSC residential meeting.

Attendees also considered that it would be worth convening a separate meeting with non-UKCAT schools around linking in to the UKCAT database (giving permission for UCAS data to be provided including retrospectively, in-course attainment data, matching UKCAT scores for those students who had taken the UKCAT even if they did not then go to a UKCAT school).

Prof McManus had sent feedback in advance, outlining his recommendation that the data sit outside a single organisation and that there should be transparency with the publications of findings ie that it should not be possible for an organisation to prevent the publication of negative findings. Attendees fully supported the need for neutral, inclusive governance and transparent reporting. Attendees did note however that the data would need to be collected in a central repository at some point to enable mapping. A single database would also help to ensure that there are clear protocols for handling and describing the data set.

Attendees noted that data cleaning is an iterative process, and that missing data or corrections to data (eg relating to gender, age) could take place with each addition of data. There would be limitations in terms of relative (completeness) data and absolute (timing). It was noted that the acceptance of tolerance levels would affect cost – and that the tolerance level would vary depending on the intended use of the data.

Rachel Greatrix summarised the process that UKCAT had followed in tendering for a physical database managed and maintained by HIC, Dundee, but acknowledged that there is a great deal of project management to be done around chasing missing data outside of the software and security management. Entering into individual agreements with medical schools had been a long and iterative process. Attendees appreciated that governance arrangements would be complex, and legal advice would need to be sought.

Attendees considered whether UKMED should be a physical database or a 'virtual' database, whereby each of the provider organisations of data maintained their own data but there was a mechanism to link the data at the point of use. It was agreed that a specification should be drawn up, describing how UKMED should be delivered, but that it should set out the outcomes and reporting expectations, and expectations around project management. This specification should be written in a way that it could be used for a tender if that proved to be the preferred option.

Different models of funding were discussed, including set-up and running costs. The UKCAT database had cost in excess of £100,000 to set-up – and this was thought to be underpriced. One option may be to charge researchers for access to the data – noting that the expertise required to run reports would differ depending on the research question (controlling for prior attainment for example) – or if the data manipulation should be the responsibility of the researchers. Another possibility would be to provide access to the data for academics free of charge in return for their expertise.

HEE, NES and the GMC agreed to document the outcomes and reports they would expect, following which the cost and resource could be estimated to take account of the scale of the database.

UKCAT, MSC, GMC and AoMRC agreed to contribute the data and staff time locally to make UKMED operational.

The GMC noted that it would be submitting a paper on the project to its Strategy and Policy Board in January 2014.

3. Next steps and future meetings

Summary of decisions taken:

- MSC, GMC, HEE, AoMRC, UKCAT, BMA MSC, UKFPO and CoPMeD all endorsed the proposed ongoing joined-up medical education database, UKMED, for a minimum of 5-7 years (to allow progression of at least one cohort)

- UKMED should aim for universal coverage (all students and trainees). Additional bodies with medical education data should be invited to contribute performance data, ie BMAT and GAMSAT

- Access to data and publication of findings should be transparent.

- Governance of UKMED should be independent to any individual organisation

- The UKMED Board would not be dictatorial (ie mandating individual schools or bodies to contribute); however constituents would be encouraged to participate and contribute

- The UKMED Board would reconvene in January 2014, to take a view as to the scale, funding and governance of UKMED

ACTION: Dr Jon Dowell to draft a summary for UK medical schools outlining the benefits of UKMED, and why information should not be anonymised (November)

ACTION: MSC to seek consensus from undergraduate Deans (December) and Admissions Deans (November)

ACTION: MSC to convene a meeting of non-UKCAT schools to invite them to provide data to the UKCAT database which matches UKCAT, UCAS and in-school attainment (December)

ACTION: NES, HEE and GMC to document the questions they would want to be answered, regular reporting expectations, the tolerance levels (data cleaning), and an indication of the level of funding they could contribute

ACTION: GMC to seek consensus from its executive in January 2014

ACTION: AoMRC to seek consensus from its constituents at its next Specialty Training Committee in November 2013

ACTION: The next meeting to be convened in Jan/Feb 2014 to review progress and discuss options for implementation

Minutes approved at the UKMED Board meeting on 4 February 2014

Glossary

AoMRC	Academy of Medical Royal Colleges, www.aomrc.org.uk
ARCP	Annual Review of Competence Progression
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
F1/2	Foundation Year 1/ 2
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
MMI	Multiple Mini Interview

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)
PQA	Personal Qualities Assessment
RITA	Record of In-Training Assessment
QA	Quality Assurance
SJT	Situational Judgement Test
UCAS	Universities and Colleges Admissions Service, www.ucas.com
UKCAT	UK Clinical Aptitude Test, www.ukcat.ac.uk
WA	Widening Access
WPBA	Work Place Based Assessment
UKFPO	UK Foundation Programme Office, www.foundationprogramme.nhs.uk