

## Notes of a meeting of the UK Medical Education Database Advisory Board

Tuesday 22 May, 14.00 – 16:30

Room 2.05/06 General Medical Council Regents Place, 350 Euston Road, London NW1 3JN

### Attendees

Professor Steve Thornton	Chair
Professor Jon Dowell	Research Subgroup Chair
Professor Helen Stokes-Lampard ( <i>Deputy for Prof Jane Dacre</i> )	AoMRC
Alastair Henderson	AoMRC
Dr Anthea Mowat	BMA
Graeme Larkin	BMA
Mark Shannon	BMAT
Professor Bill Reid	COPMeD
Dr Colin Melville	GMC
Nico Kirkpatrick ( <i>Replacing Kirsty White</i> )	GMC
Dan Cook ( <i>Deputy for Denise Jones</i> )	HESA
Dr Katie Petty-Saphon	MSC
Dr Duncan Henderson	NES
Dr David Best	UCAS ( <i>New member</i> )
Richard O'Kelly	UCAS ( <i>New member</i> )
Professor Chris McManus	UCL
Rachel Greatrix	UKCAT
Russell Smith ( <i>Replacing Kim Walker</i> )	UKFPO
Tom Oppé	GMC
Daniel Smith	GMC
Peter Tang	MSC

### By telephone

Professor Keith Gardiner	NIMDTA
Ali Enayati ( <i>Deputy for Alan Robson</i> )	DH
Dr Tom Yapp	HEW

### Researchers presenting in session 2

Professor Jennifer Cleland	University of Aberdeen
Dr Thomas Gale	University of Plymouth
Dr Paul Lambe	University of Plymouth

### Apologies

Claire Coomber ( <i>Interim replacement for Dr John-Paul Lomas</i> )	AoMRC Trainees
Mita Dhullipala	BMA MSC
Harrison Carter	BMA MSC
Marita MacMahon Ball	GAMSAT
Veronica Vele	GAMSAT
Martin Hart	GMC
David Darton	GMC
Jonathan Howes	HEE
Adam Van Coevorden	HESA

**1 Welcome and introductions Chair**

1. The chair welcomed new members Dr David Best and Richard O’Kelly, representing UCAS, to the UKMED Advisory Board meeting. Nico Kirkpatrick from the GMC has replaced Kirsty White on the UKMED Advisory Board. Russell Smith, replacing Kim Walker as the UKFPO member, was also welcomed to the meeting.

**2 Approval of minutes from 25 September 2017 and matters arising Chair**

2. The minutes of the meeting on 25 September 2017 were approved. Actions from the previous meeting were reported to have either been completed or were in progress.
3. Daniel Smith reported that the Coverage Tool will be updated to include the new data load. It will be republished once the data load had been completed and checked.
4. Some actions were to be discussed later in the agenda. An update on the actions is provided in the action tracker below.

Action from September 2017	Owner
<i>(i)</i> To obtain MMI data from medical schools.	In progress - 5 schools have signed a data sharing agreement (DSA). We are waiting for SGUL to submit their data.
<i>(ii)</i> To collect module data from medical schools.	UCAS has provided documentation on module marks.
<i>(iii)</i> Write to UCAS about contribution to UKMED	Completed - UCAS is completing the DSA. Test data have been provided and GMC has confirmed it can generate the same hashes from the test data. UCAS has been set-up as a supplier on the GMC payments system.
<i>(iv)</i> Daniel Smith and Pete McNair to adjust the population parameters and reflect the changes in the coverage tool and data dictionary.	Completed - The 2018 version of the Data Dictionary defines the population in terms of the NTS and HESA data.
<i>(v)</i> Daniel Smith to prepare a letter to be sent to UCAS.	Completed
<i>(vi)</i> Chris McManus and Peter Tang to develop the medical school course descriptors and explore how the work can be supported by the MSC.	Completed
<i>(vii)</i> Researchers to identify the research questions that could be answered by the post history data and E-	Completed

	portfolio for foundation trainee data.	
(viii)	Daniel to report back to the Advisory Board on how much the Coverage Tool is being used. This will help the Advisory Board decide whether there are any benefits to enhancing the Coverage Tool.	Completed
(ix)	Peter McNair to update the calendar to remove UG and PG distinction.	Completed
(x)	Ed Knight to add the 2018 calendar to the UKMED website.	In progress
(xi)	Ed Knight to add an option to allow the printing of research applications to PDF from the UKMED website.	Completed
(xii)	Peter Tang to ensure all members of the Advisory Board have access to the UKMED website.	Completed
(xiii)	MSC to send email to researchers to confirm the extension to UKMED26 and the approval of UKMEDP20 for publication.	Completed
(xiv)	Research Sub-Group to develop template emails that will be used for informing researchers when their report is approved for publication, making it clear the timings for journal submission.	Completed
(xv)	Research Sub-Group to develop a check list and a dashboard for researchers to monitor and check their progress towards publication.	In progress
(xvi)	Research Sub-Group to draft a statement for the sanctions that will be applied to researchers who	Completed

	do not follow UKMED protocol.	
(xvii)	Daniel and Olga to circulate revised process documentation with improved clarity on this aspect of the process. ALL to comment via email on circulation.	Completed
(xviii)	Research Sub-Group to ask researchers submitting reports to the Advisory Board to include an executive summary.	Completed
(xix)	Peter Tang and Research Sub-Group to arrange for researchers who have completed their projects to attend the November 2018 Advisory Board meeting to present their research findings.	Completed

### 3 UCAS update

5. The GMC and MSC met with UCAS in Spring 2018 that resulted in the development of a solution to include applicant data in UKMED.
6. The UKMED database will be extended to include all applicants to medicine for the year with available data (2007 to 2017). The process for including UCAS data differed slightly to the standard procedure for other data providers. A hashed identifier from UCAS will be supplied to the GMC for matching using hashes. A table of hash matches will be loaded into the UKMED HIC Safe Haven, the UCAS data will only be available in the safe haven, it will not be on GMC internal servers. A data sharing agreement is currently being reviewed by UCAS and the Advisory Board was informed that this would be signed shortly.
7. The data providers for the admission tests have been informed that UKMED will now link on applicant data, as defined by the matched cases from the UCAS extract.
8. Rachel Greatrix notified the members that UKCAT has received the request to link with applicants to medicine. UKCAT is seeking legal advice to ensure that the processes in place are compliant with the new data protection laws. Mark Shannon echoed Rachel's comments with regards to BMAT's position. Daniel Smith explained that the processing would be fair and proportionate to enable research and monitoring of fairness into medical school selection.
9. The Advisory Board wanted to thank UCAS for its contribution to UKMED and hoped that it continues to collaborate with UKMED to enhance the database.

**ACTION:** Rachel Greatrix and Daniel Smith to discuss options for providing a smaller dataset for applicants who do not get into medicine.

#### **4 Extending the database to funders update**

10. The GMC and MSC are working with the NIHR to explore how data from funders can be used to correctly categorise clinical academics in UKMED data. The Department of Health is the data controller and the NIHR the data processor, which means an agreement needs to be sought with the Department of Health.
11. The GMC is working on a draft paper outlining the benefits of data sharing for the NIHR. It is the GMC's and MSC's belief that it is within the Department of Health's statutory powers to share data.
12. The MSC reported that this activity was supported by Chris Whitty and Louise Wood. A reconvening of the Dean's Trainees group, under the Clinical Academic Trainees Forum will be presented with a proposal for funders to develop a core common dataset for workforce planning purposes that could contribute to UKMED. The Advisory Board recommended that a trainee representative should be invited to sit on this group.

#### **5 Foundation e-Portfolio data**

13. Daniel Smith reported the progress with obtaining the Foundation e-Portfolio data for UKMED. The Foundation Programme e-Portfolio managers have confirmed that their privacy notices do enable data to be shared. The Foundation School Directors will be invited to consider the inclusion of e-portfolio data in UKMED.
14. The Advisory Board was supportive of the procurement of the dataset and agreed with the next steps.

**ACTION:** Daniel Smith to contact Russel Smith and work on the proposal to the Foundation School Directors for their July meeting.

#### **6 Clinical outcome data**

15. Daniel Smith presented case studies of how clinical outcome data could be used to enhance UKMED. Dr Paul Tiffin and colleagues at the University of York made an application to The Centre for Future Health to fund a pilot project to link UKMED and Hospital Episode Statistics (HES) data. The linked dataset would offer a longitudinal perspective on how doctors change their practices in response to new evidence, clinical guidelines and education interventions.
16. Unfortunately, Dr Paul Tiffin and colleagues were unsuccessful in their application for funding. The GMC proposed to submit a bid to GMC senior management in September 2018 to cover some funding for an NIHR fellowship, consultancy from University of York Centre for Health Economics, which is experienced with HES datasets, and the costs of obtaining HES data from NHS Digital.
17. The Advisory Board queried the quality and granularity of the HES data, and whether it would be appropriate to ascribe the recorded information to individuals when it could be referring to clinical teams or the team leaders.
18. Graeme Larkin advised members that clear and transparent communications would be required to notify doctors that the clinical outcome data could be for research. Doctors would need to be informed about why processing clinical outcome data in

this way is fair and proportionate to the aims of UKMED.

19. Rachel Greatrix asked whether the GMC would support other research projects and what the criteria for prioritising projects would be. Daniel Smith replied that prioritisation would be linked to whether the projects could be used for the MLA.
20. The Chair explained that live data were currently being used to enhance patient care in the NHS and this could be a possible area to explore. Professor Chris McManus added that including clinical outcomes data is a logical evolution of UKMED and part of the reason why the project was created.
21. The Advisory Board members were positive about including clinical outcomes data in UKMED, but advised that wider discussion will be required due to the sensitivities of the data. Members asked the GMC to submit a proposal with clear action plans that include appropriate and transparent communications with the relevant doctors' representatives.

**ACTION:** Daniel Smith to draft a project proposal which would include seeking assistance from the York team. The proposal will be reported back to the Advisory Board in Spring 2019.

## **7 Medical school descriptors**

22. Peter Tang informed members about the work done to enhance the UKMED data and support research projects. Increasingly, projects were investigating the different medicine course types that enable entry onto the GMC register. He explained that the medical school course data varied between different sources, and the course information collected by HESA was not very easy to decipher by researchers or the UKMED team.
23. The MSC will record all medical school courses and create a definitive database that can be used to validate the course data collected by HESA. This was important as it enables the UKMED team to correctly identify courses that match to the course data held by UCAS. Currently, the course names and identifiers in HESA and UCAS do not adhere to a common standard. Daniel Smith suggested an amendment to the way universities return course information to HESA.

## **8 Communications protocol for publishing**

24. Edward Knight reported that there will be a process to promote published UKMED research projects. This will help promote consistent messages across organisations and highlight the key findings. He also explained how the GMC blog was a useful tool for promoting UKMED.

## 9 Review of UKMED Chairperson

25. The Chair left the meeting room while the Advisory Board members discussed the review of the UKMED Chairperson. Under the current Terms of Reference, the UKMED Chair would hold the position for three years with the option to renew once.
26. Members thought that it would be useful to retain the current Chair for three more years to build upon the experience and support he has provided since the project's inception. The Chair's position will then be open for elections in three years' time. The Chair returned when the discussion was closed.

**ACTION:** Terms of Reference to be updated with new terms.

## 10. Information governance update

27. Tom Oppé provided an update on the information governance activities and the (General Data Protection Regulation) GDPR.
28. The contract for the HIC Safe Haven with Dundee expires in November 2018. The GMC will retender over the summer and no major changes to the process are expected. Daniel Smith highlighted that the successful bidder would also need to be an approved ADRN (Administrative Data Research Network) site that UCAS supports.
29. The GMC have been working on bringing UKMED governance and processes to comply with new GDPR requirements. The new legislation will make no significant impact. Data sharing agreements were updated to refer to the new legislation.
30. One minor change was introduced in the new legislation which will affect subject access requests. Tom explained that subject access requests were automatically refused due to the exemptions applied to data used for research under the DPA. The GDPR removes absolute exemptions for subject access requests meaning subject access requests must be considered on a case by case basis. Tom stressed that requests that would severely impact research or the operation of UKMED, such as the right to be forgotten, would not require compliance with the request.
31. Tom also noted that subject access requests would not be used as a back door for data subjects to access data that the data providers would not already provide.

**ACTION:** Daniel Smith and UCAS to contribute to the tendering process for the preferred Safe Haven site to ensure that the new provider can be used by UCAS to share data with UKMED.

## 11 Status of active projects

32. The Research Sub-Group Chair provided an update from the meeting on 3 May 2018 and noted that the Research Sub-Group was pleased to hear that UCAS was contributing to UKMED. The Research Sub-Group thanked UCAS members for their valuable support for the project.
33. UKMEDP38 was discussed at the Research Sub-Group meeting and required a number of recommended changes before it was approved for publication. To prevent further delays to the publication of the paper, the revised report will be signed off and approved by the Research Sub-Group and Advisory Board Chairs.



## 12 Research applications from Research subgroup 3 May 2018

34. In total, seven applications were received in the 2018 Spring window. Three were accepted, and three were asked to resubmit with further details. One application was rejected.
35. This was the first time that UKMED had received an application from a student. The Research Sub-Group were positive about this, but stressed that appropriate safeguards should be in place for applications from students, in particular students must be supervised by a faculty member.
36. The Advisory Board accepted the recommendations from the Research Sub-Group.

## 13 Update on approved projects and research group policy

37. The Research Sub-Group Chair provided some lessons learned from the current round of applications. Some applications were overly optimistic about the time it took to turn around data or contained inadequate information to assess application.
38. The Research Sub-Group recommends providing the applicants with an outline of the research time lines to give them an idea of how long each stage of a typical research project would take. The application form will receive minor updates to make it clear that the UKMED data are complex and a certain level of expertise or a multidisciplinary team may be required, ask the applicant to define the population size to assess whether the project is feasible, and clearly define the start and end dates for projects.
39. Applications to UKMED from students must have a supervisor for the research project and appropriate university staff who can oversee the governance. Applications from students are welcomed, and while UKMED does not wish to put up barriers for students who wish to use the database, adequate levels of supervision and accountability must take priority.
40. Dr David Best asked whether the Five Safes principle used by the ADRN was adopted by UKMED. The Chair explained that the approach to UKMED does follow this principle with safe locations, safe researchers/organisations, safe projects, safe outputs and safe data. There are sanctions for researchers who attempt to identify individuals from the dataset and this is clearly communicated in their contracts.
41. The Advisory Board queried whether it would be good practice to perform a motivated intruder test. Andrew Ledgard replied that a wide range of tests were available and that the GMC would explore the available options.

**ACTION:** Daniel Smith and Andrew Ledgard to scope out the available options for running a motivated intruder test.

## 14 Any other business

- 42. No other business was raised.
- 43. The next meeting date is (at GMC, London):
  - a. Friday 7 December 2018, 10.30 – 13.30

## Session 2

### 15 UKMEDP26

- 44. Professor Jennifer Cleland (JC) presented to the Advisory Board the findings from UKMEDP26 followed by a Q&A session.
- 45. **Q:** HESA asked what new variables would JC like to see in the dataset. **A:** JC replied that she would like to see better data quality and completeness in the dataset rather than new variables. She admitted that this was dependant on how the data was collected by the data providers and that it is a major challenge for data providers to overcome.
- 46. **Q:** How does the HIC Safe Haven compare with other similar platforms? **A:** JC replied that while she did not use the systems herself, she explained that the platform had a steep learning curve, but was easy to use once this was overcome. She recommended that research teams include data managers with experience in manipulating complex data. Performing analyses were the easy part, coding and reshaping the data was the complicated part.
- 47. **Q:** How should UKMED recognise the impact of research projects after their publication? **A:** JC recommended that UKMED should follow up a year or two after the publication to measure its impact. It takes time before a publication receives media attention or is circulated and cited more widely. JC explained that UKMED research papers could also be used in the upcoming REF impact assessments.
- 48. **Q:** Have you worked or communicated with other UKMED teams? **A:** JC had not worked with other UKMED teams, and showed interest in sharing expertise and techniques with other UKMED users.
- 49. JC recommended the expansion of the UKMED team to support researchers. She described how even small delays to getting the data can severely impact projects. For example, projects using PhD students or paid staff would end up wasting productive time waiting for the delayed data extracts.

**ACTION:** UKMED team to explore setting up a user group or webinars for UKMED researchers to exchange ideas and good practice.

### 16 UKMEDP30

- 50. Dr Tom Gale (TG) and Dr Paul Lambe (PL) presented to the Advisory Board the findings from UKMEDP30 followed by a Q&A session.
- 51. The Advisory Board found the results of the project were interesting, it was noted that retention in the workplace was a bigger issue than recruiting trainees. TG explained that there were unique difficulties for each specialty to adjust to, and by exploring what trainees expect when they enter a specialty may help the long-term retention of

doctors.

52. The research project investigated one cohort (doctors who entered UK medical schools in the 2007/2008 academic year and who made first-time specialty training applications in 2015). It was noted that it would be interesting to refresh extracts with further data when they are available to check whether the model still holds. It would be expected that the model would stay the same, albeit with smaller confidence intervals.

**Summary of actions from Tuesday 22 May 2018 UKMED Advisory Board meeting and carried forward from earlier meetings**

Action from May 2018	Status
(i) To obtain MMI data from medical schools.	In progress
(ii) To collect module data from medical schools.	In progress
(iii) Ed Knight to add the 2018 calendar to the UKMED website.	In progress
(iv) Research Sub-Group to develop a check list and a dashboard for researchers to monitor and check their progress towards publication.	In progress
(v) Rachel Greatrix and Daniel Smith to discuss options for providing less data for applicants that do not get into medicine.	
(vi) Daniel Smith to contact Russel Smith and work on the proposal to the Foundation School Directors for their July meeting.	
(vii) Daniel Smith to draft a project proposal which would include seeking assistance from the York team. The proposal will be reported back to the Advisory Board in Spring 2019.	
(viii) Terms of Reference to be updated with new terms.	

<p>(ix) Daniel Smith and UCAS to contribute to the tendering process for the preferred Safe Haven site to ensure that the new provider can be used by UCAS to share data with UKMED.</p>	
<p>(x) Daniel Smith and Andrew Ledgard to scope out the available options for running a motivated intruder test.</p>	
<p>(xi) UKMED team to explore setting up a user group or webinars for UKMED researchers to exchange ideas and good practice.</p>	

## Glossary

ADRN	Administrative Data Research Network, <a href="http://www.ADRN.ac.uk">www.ADRN.ac.uk</a>
AoMRC	Academy of Medical Royal Colleges, <a href="http://www.aomrc.org.uk">www.aomrc.org.uk</a>
ARCP	Annual Review of Competence Progression
BMA	British Medical Association, <a href="http://www.bma.org.uk">www.bma.org.uk</a>
BMAT	BioMedical Admissions Test, <a href="http://www.admissionstesting.service.org/for-test-takers/bmat/about-bmat">www.admissionstesting.service.org/for-test-takers/bmat/about-bmat</a>
COPMeD	Conference of Postgraduate Medical Deans (UK), <a href="http://www.copmed.org.uk">www.copmed.org.uk</a>
DH	Department of Health, <a href="http://www.gov.uk/government/organisations/department-of-health">www.gov.uk/government/organisations/department-of-health</a>
DPA	Data Protection Act, <a href="http://www.gov.uk/data-protection/the-data-protection-act">www.gov.uk/data-protection/the-data-protection-act</a>
EEA	European Economic Area
EPM	Educational Performance Measure
FPAS	Foundation Programme Application System
FtP	Fitness to Practise
GAMSAT	Graduate Medical School Admissions Test, <a href="http://www.gamsat.acer.edu.au">www.gamsat.acer.edu.au</a>
GDPR	General Data Protection Regulation, <a href="https://www.gov.uk/government/collections/data-protection-act-2018">https://www.gov.uk/government/collections/data-protection-act-2018</a>
GMC	General Medical Council, <a href="http://www.gmc-uk.org">www.gmc-uk.org</a>
HEE	Health Education England, <a href="http://www.hee.nhs.uk">www.hee.nhs.uk</a>
HES	Hospital Episode Statistics, <a href="https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics">https://digital.nhs.uk/data-and-information/data-tools-and-services/data-services/hospital-episode-statistics</a>
HESA	Higher Education Statistics Agency, <a href="http://www.hesa.ac.uk">www.hesa.ac.uk</a>
HIC	Health Informatics Centre, <a href="http://www.medicine.dundee.ac.uk/hic">www.medicine.dundee.ac.uk/hic</a>
IS	Information Services (part of GMC)
LRMP	List of Registered Medical Practitioners
MSC	Medical Schools Council, <a href="http://www.medschools.ac.uk">www.medschools.ac.uk</a>
NES	NHS Education for Scotland, <a href="http://www.nes.scot.nhs.uk">www.nes.scot.nhs.uk</a>
NIHR	National Institute for Health Research, <a href="http://www.nihr.ac.uk">www.nihr.ac.uk</a>
NIMDTA	Northern Ireland Medical and Dental Training Agency, <a href="http://www.nimdtta.gov.uk">www.nimdtta.gov.uk</a>
PID	Project Initiation Documentation
PIRE	Project Implementation Review and Evaluation
PSA	Prescribing Safety Assessment
SEC	Socio-Economic Classification
SJT	Situational Judgement Test
UCAS	Universities and Colleges Admissions Service, <a href="http://www.ucas.com">www.ucas.com</a>
UCL	University College London
UKCAT	UK Clinical Aptitude Test, <a href="http://www.ukcat.ac.uk">www.ukcat.ac.uk</a>
UKFPO	UK Foundation Programme Office, <a href="http://www.foundationprogramme.nhs.uk">www.foundationprogramme.nhs.uk</a>
WPG	Work Psychology Group, <a href="http://www.workpsychologygroup.com">www.workpsychologygroup.com</a>