

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

Thursday 25 February 2016 10.30 – 13.00  
GMC, Regent's Place, 350 Euston Road, London NW1 3JN

### Attendees

Professor Steve Thornton	Chair
Professor Jane Dacre (by tel – part of meeting)	AoMRC
Professor Jon Dowell	Research Subgroup Chair
Rachel Greatrix	UK Foundation Programme Office
Professor Chris McManus	UCL
Dr Katie Petty-Saphon	Medical Schools Council
Mark Shannon	BMAT
Veronica Vele	GAMSAT
Dr Kim Walker (rep)	UK Foundation Programme Office
Kirsty White	General Medical Council
Siobhan Fitzpatrick	Medical Schools Council
Daniel Smith	General Medical Council

### In attendance

Luke Bruce	General Medical Council
Edward Knight	Medical Schools Council
Andrew Ledgard	General Medical Council
Kirsty Sears	General Medical Council

### Apologies

Dave Anson	General Medical Council
Paul Buckley	General Medical Council
Harrison Carter	BMA Medical Students Committee
Professor Derek Gallen (rep)	HEW and UKFPO
Keith Gardiner	NIMDTA
Martin Hart	General Medical Council
Duncan Henderson	NHS Education Scotland
Jonathan Howes	Health Education England
Dr JP Lomas	AoMRC Trainees
Marita MacMahon Ball	GAMSAT
Professor Bill Reid	COPMeD
Alan Robson	Department of Health

### 1. Welcome and introductions

The Chair welcomed members to the meeting and introductions were made. A particular welcome was made to Veronica Vele, attending from ACER in Australia, and to Mark Shannon, attending his first meeting at the BMAT representative. Apologies were noted.

### 2. Approval of minutes from 15 October 2015

**Enc 1**

The minutes were agreed to be an accurate record. The previous actions were reviewed:

Action from Oct 2015	Status	Owner
Review at end of Phase 1 the value and potential to link data provided by individual researchers	Open – to be included in options paper for June	Kirsty White
Comments on the website invited by 26 Oct 2016	Closed – received with thanks	All
Explore the reporting (linking) of EPM scores to ARCP results with MSC	Closed – discussed with Medical Schools Selection Alliance and with Work Psychology Group	Daniel Smith

### 3. Status update, *Kirsty White*

#### a. Database development

- Foundation Programme SJT – the test equated scores have been obtained (rather than rescaled scores)
- GMC character declaration text data has been coded and + linked into UKMED01 research extract – thanks to Prof Jon Dowell for this help with this
- Reference data – there is continued work on including reference data eg mapping HESA university categories to medical schools. A fringe benefit of this process has been identifying coding improvements which HESA could make. Although there is a cost attached with obtaining HESA data, it may be possible to collect some data on student (student profile and progression) through HESA instead of the MSAR sections Section C1 - Student Profile and Section C2 -Student Progression.
- HESA Data Sharing Agreement allows for the data to be included in research extracts. A revised dataset has been received, including an additional year of data (2014/15), additional data on intercalated years (which was previously missing due to inconsistent coding by universities- whether they associated the intercalated year with REGBODY = GMC or not), and a change to the query parameters to include cases from Swansea and Lancaster

#### b. Progress on pilot research applications

The three research extracts from the pilot of Phase 1 tranche 1 have been produced and 01 and 02 released to the safe haven. The researchers all have access to the safe haven and are using the extracts. The draft analyses are on track for consideration by the Research Sub Group in May.

The group were supportive of progress and recognised timelines for Phase 1 need to be flexible and may not meet everyone's expectations.

The indicative timeline for the release of data for proposals within Phase 1 is as follows:

- Review of HESA updated file and data cleaning

- Prepare extract and provide safe haven accounts for approved research applications (march 2016 onwards)
- Complete research analysis (early April 2016 – mid August 2016)
- Prepare and present first draft (mid October 2016)

The timeline may have to be adjusted depending on the time taken to reload the HESA data, which is currently unknown and needs to be completed before any tranche 2 extracts are released.

#### **c. Report on website, queries and lessons, *Edward Knight***

The website was launched on time in November 2015. Ten research applications were received by the January deadline; in addition there were 12 enquiries and 13 requests for future information. There was a presentation at the UCL Medical Education Research Conference in November, with interest from Masters and PhD students. The website has had 420 individual website users, 3,000 page views and an average website visit of 2m 30secs.

A common query related to the possibility of linking in additional datasets held by researchers outside of UKMED– which was also raised through the research applications – and would be considered as part of the case for Phase 2. A concern was raised regarding the level of detail within the external datasets, and whether this could mean that cases within the linked UKMED and researcher dataset could be identified because the researcher would know what Dr X scored on a test. The safe haven would prevent the researcher identifying by linking to their own data but would not prevent on-screen recognition of a case.

#### **4. Research applications, *Prof Jon Dowell***

**Enc 2**

- Report on the scoring of the research applications and recommendations**
- Any recommendations relating to process refinement for considering applications**
- Steer requested: applications to support; feedback on applications not supported**

The Development Group accepted the recommendations of the Research Sub Group that:

- One application is approved, with suggested feedback (P26)
- Five applications are invited to resubmit with changes (P20, P22, P24, P29, P30)
- Four applications are not recommended as part of Phase 1 (P21, P23, P25, P28)

Members of the Development Group recognised that inviting applications to resubmit was outwith the planned process. In order to enable the researchers to progress their applications and to facilitate access to the safe haven in a timely fashion, members agreed that an executive decision to approve the revised submissions in line with feedback could be taken jointly by the Chair of the Research Sub Group and the Chair of the Development Group. Any new queries arising would be deferred electronically to the Research Sub Group or brought back to the May meeting.

**ACTION:** MSC to draft outcome letters to all ten researchers updating them on Development Group recommendation.

The Development Group acknowledged the effort involved in preparing six extracts and agreed that we need to manage researcher expectations. GMC were given approval to pace the extracts and schedule them flexibly.

Professor Jon Dowell summarised the research process, and recommended that in future a longer time is allocated to the review meeting where applications are considered. It was also felt that the size of the group was a contributing factor in difficulties in reaching agreement.

When considering the process for Phase 2, it would be helpful to be clear that the Research Sub Group membership includes individuals with expertise rather than stakeholder representation.

It was agreed that it would not be helpful to share scores and comments given by individual Research Sub Group members as they may be misleading, and should only be used as prompts for discussion by the sub-group. It was agreed that research applicants would be given summary feedback, and an invitation to discuss with Daniel Smith where the more detailed feedback e.g. on data fields could be explored.

The four applications not recommended within Phase One commonly sought to include data from outside of UKMED.

**ACTION:** Update data dictionary to confirm that it is not possible to include data external to UKMED, by indicating that certain fields contained in UKMED are for internal use only.

Members acknowledged the limitations of the 10 concurrent users of the safe haven. It was felt that the likelihood of 10 users being logged in concurrently is low, but that usage should be monitored and users should be asked to log out when not using the safe haven.

There was a short discussion around charging for access to data. It was noted that the UK biobank charges £250 per application, and a further £2500 for access to the data. Their data dictionary contains more detail than the current UKMED one, for example the coverage by data item.

**ACTION:** Update data dictionary to include frequency distribution of data coverage for each field

[Professor Jane Dacre joined the meeting by telephone]

## **5. Prior attainment and value-add reports, *Daniel Smith***

### **a. Update and initial approach for discussion**

The Work Psychology Group has been appointed by the GMC following an open tender, to lead a piece of work to propose a methodology for adjusting for prior attainment. An extract of data has been released using the safe haven and an initial meeting has taken place, but there are limitations relating to e.g. missing data and the range of measures of widening participation.

The MSC Selection Alliance is taking up issues with UCAS, e.g. sharing of contextual data only after admissions offers issued.

UKCAT has a distinctive and reliable dataset on applicants from low-income households who are in receipt of the bursary to access the UKCAT test. Caution was raised about HESA and UCAS data, which can be self-reported and do not always match.

### **b. Timeline**

A draft report will be submitted to the GMC in June.

**ACTION:** To include additional information from test providers in Phase 2, e.g. records of requesting bursary

## **6. Evaluations of Phase 1, *Kirsty White***

### **a. Approach to evaluation including costs and feedback from stakeholders**

### **b. Steer requested: Feedback on evaluation strategy & forms**

A business case for continuing UKMED into Phase 2 will be submitted to the GMC in October. To contribute to this, all members of the Development Group are asked to provide

feedback via a Post Implementation Review & Evaluation (PIRE) evaluation form, including reflections on resource, effort and governance, and what stakeholder groups need in order to be able to contribute. The proposed PIRE forms were tabled, and well received by the Development Group. The timeline for receiving the PIRE forms is staggered between now and June 2016:

Stakeholder	Phase 1
Data provider	Feb - Mar 2016
Safe Haven provider	Feb - Mar 2016
Development Group	May - Jun 2016
Research Sub-group	May - Jun 2016
MSC	May - Jun 2016
Researcher (Tranche 1)	May - Jun 2016 (Safe Haven feedback Mar 2016)
Researcher (Tranche 2)	TBC

**ACTION:** Circulate the request for feedback on the PIRE evaluations alongside a timeline and summary of progress (e.g. history of UKMED) as a reminder of progress and key milestones

## **7. Preparation for Phase 2, Kirsty White & Daniel Smith** **Enc 3**

### **a. Initial consideration of approach, new data sets and priorities to inform development of an options paper for June meeting**

Members reflected on the range of possible new data to be incorporated within UKMED (Enc 3) and the scope to extend to other cohort years. The approach to prioritising data for Phase 1 was to understand medical school selection; members' views are sought as to the approaches and priorities for Phase 2. There was also discussion around what new datasets might be useful to collect if the future of Phase 2 is secured, for example medical school progression data, and what should be prioritised. Members agreed that MMI and college exam data are important to the primary purpose of UKMED to study predictive validity of the selection process.

Preparations ahead of Phase 2 of UKMED are happening in parallel with the delivery of Phase 1:

- The data sharing agreement for the PSA has been signed, and the next steps following receipt of the data is data cleaning, quality checking and looking at linkages.
- BMAT – ongoing discussion relating to the sharing of historical data. Dr Rachel Greatrix cautioned that collecting opt-in data retrospectively is difficult, and that fewer than 10% of applicants subsequently replied affirmatively.

**ACTION:** Members of the Development Group to feedback Research priorities, to be considered at the next Research Sub Group meeting prior to the June Development Group meeting.

## **8. Future meetings**

### **a. Wednesday 15<sup>th</sup> June 2016, GMC Office, London**

### **b. Thursday 3<sup>rd</sup> November 2016, Woburn House, London**

The future meeting dates were noted.