

Notes of a meeting of the UK Medical Education Database Board

Thursday 27 March 2014, 14.00 – 15.30

MSC Office, Woburn House, 20 Tavistock Square, London WC1H 9HD

Attendees

Prof Derek Gallen (Chair)	UK Foundation Programme Office and COPMeD
Dave Anson	General Medical Council
Dr J-P van Besouw	Academy of Medical Royal Colleges
Paul Buckley	General Medical Council
Dr Jon Dowell	Reader of Medical Education, University of Dundee
Siobhan Fitzpatrick	Medical Schools Council
Rachel Greatrix (<i>by tel</i>)	UK Clinical Aptitude Test
Duncan Henderson	NHS Education for Scotland
Prof Chris McManus	Professor of Psychology and Medical Education, UCL
Dr Katie Petty-Saphon	Medical Schools Council
Olga Sierocinska	Medical Schools Council
Daniel Smith	General Medical Council
Rebecca Turner	General Medical Council
Andrew Wilson (<i>rep, by tel</i>)	BMA Medical Students Committee
Kirsty White	General Medical Council

1. Welcome and introductions

The Chair welcomed members to the meeting and introductions were made. Apologies were received from Simon Beeston (BMAT), Harrison Carter (BMA Medical Students Committee, rep.), Jonathan Howes/Wendy Reid (HEE), Dr Sonia Panchal (AoMRC), and Alan Robson (DH England).

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

The minutes were agreed to be an accurate record and progress on each of the recorded actions was discussed.

3. Update on Phase One

a. Scope of Phase One

Members agreed that in Phase One data for all those entering medical school in 2007 and 2008 would be included. Phase One data will include UKFPO FPAS, UKCAT, UCAS admissions data (as held by UKCAT), ARCP outcomes, GMC Student FtP declarations made on request to provisionally register, GMC Fitness to Practise information, HEE Recruitment outcomes, ethnicity and socioeconomic data, NTS census and survey data.

It was agreed that after linking the datasets core to Phase One, the scope of the dataset would be reviewed. Other data to be considered for the Phase Two of UKMED include medical school progression, BMAT, GAMSAT, Career Intention Data, Prescribing Safety Assessment, information about intercalation and graduate entry. Phase One also offers the opportunity to test the value of

GMC-held datasets, for example FtP and NTS survey data, which require the GMC to host the dataset.

The GMC indicated that after the initial work on progression reports was underway, the review leading to potential inclusion of other datasets could take place in autumn 2014.

Members noted that Phase Two would be set up for the birth cohort study, but that this would not be possible within the timescale for Phase One.

b. Phase One Outputs – research proposal and reports

The main outputs of Phase One were defined as standard progression reports and research datasets. The research datasets would permit identifying which variables from selection predict later performance e.g. the GMC mentioned feedback from medical schools encouraging the GMC to contribute to the evaluation of the predictive validity of the SJT to FP as well as measuring equivalence of medical schools' degrees. However, equally importantly, Phase One would also provide findings relating to the process of importing and validating data; the process, technology and infrastructure for sharing research datasets; and a business case for Phase Two.

c. Governance for Phase 1

The GMC proposed that the project in Phase One would be governed by a legal data-sharing agreement with restricted scope, defined usage limits and a walk-away clause that would serve as a safeguard to contributors. The GMC assured the Board that if any contributor were to leave the agreement, the GMC would cease to use the data. When used, the data would only serve research and reporting as per defined purposes and not to identify individuals.

The meeting was informed that the dataset would be stored and managed by the GMC, which would also act as a data controller in order to allow linkage with the sensitive Fitness to Practise data. Rachel Greatrix requested some additional time to seek legal advice in order to clarify whether UKCAT would stop being a data controller for the data contributed to the UKMED and then to request approval of the UKCAT Board.

The Board expressed concern that while the agreement has to be reached through a diligent and thorough process, waiting for legal advice may have an impact on timeline as the GMC has a commitment to other work in the summer. It was agreed that the GMC should start the preparatory work in the meantime.

The Board agreed that the ethics approval paragraph (30) of the Project Initiation Document should be re-worded and expanded under a general ethics section to clarify that academic researchers submitting data requests to UKMED would be expected to obtain ethics approval according to the rules of their institutions. It was decided that a single permission per group of researchers would be sufficient, while the most appropriate commission to grant the approval would depend on the nature of each proposal. The main type of research expected at this point was defined as academic and unrelated to patient data, although the possibility of research questions linked to impact on patients was raised.

The GMC agreed to take the lead on developing a set of criteria for judging research proposals.

ACTION: Rebecca Turner to provide Rachel Greatrix and the UKFPO with more information regarding the data controller status of the GMC and the role of other contributors.

ACTION: GMC to share the draft data-sharing agreement with UKFPO and UKCAT.

d. Data access

Members accepted the GMC recommendation that the current Board should become known as the Development Group henceforward, to encompass not only the present contributors, but also those of postgraduate data who may join in Phase Two.

It was agreed that BMAT, GAMSAT and NIMDTA should be added to the membership as listed in paragraph (33) of the Project Initiation Document. It was clarified that the BMA Medical Students Committee is represented and the AoMRC Academy Trainee Doctors is represented (not BMA JDC).

The Board agreed that the definition of the relationship between the GMC and the Development Group should include a statement that the GMC is committed to seeking the advice of the Development Group when approving research proposals.

The meeting agreed that any unfavourable or controversial findings of research must not be blocked, but should be discussed in the secure environment of the Development Group prior to publication.

The Board decided that the Development Group should be chaired by a person with an understanding of academic research and a degree of independence from the immediate interests of Phase One.

The Board agreed that the Development Group should meet three times a year.

The GMC suggested that two separate subgroups should be created to focus on distinct deliverables:

1. Research Group composed of academic representatives of data contributors who would develop rules on data usage; advise on technical development criteria for accessing the database; champion the research based on the data and make recommendations on research proposals to the Development Group;
2. Reporting Group tasked with producing progress reports and testing statistical methodology with the medical schools and Foundation schools, which would start to work in first quarter of 2015.

It was agreed that Development Group members would be invited to nominate members for both sub-groups.

The challenges of adjusting progress reports for prior attainment were discussed. Professor McManus cautioned against providing datasets labelled as 'adjusted for prior attainment' and suggested that the raw data should be provided to researchers for them to explore. It was noted

that there has been some work recently by colleges which may be a helpful starting point. The GMC took the view that it has an obligation to explore whether adjustments can be made.

Participants requested clarification from the GMC regarding best practice for anonymising data. It was recognised that one of the key questions to be explored within Phase 1 is what requirements; beyond legal requirements would the various contributors wish to see in place for data to be released to researchers.

Participants agreed that GMC should add a paragraph to the Project Initiation Document establishing whether UKMED database would be subject to requests under the Freedom of Information Act.

ACTION: Rebecca Turner to circulate the GMC research approval policy as a template for developing one for UKMED for the next meeting.

ACTION: Katie Petty-Saphon to draft a job description of the UKMED Development Group Phase One Chair to share with the Board and then circulate for expressions of interest to be directed to Derek Gallen.

ACTION: Rebecca Turner to circulate to members the Information Commissioners Office Code of Practice on Anonymisation to be used for anonymising data.

ACTION: The GMC clarify the approach to any FOI requests for data from the UKMED database in the Project Initiation Document.

e. Resourcing

The GMC highlighted that while it will cover the linkage of datasets, there are other parts of the project with resource requirements, such as the cost of subgroups and cost of using the database by non-contributor organisations.

Participants were invited to consider academic representatives to support the research sub-group and academic/other support to facilitate user testing and development of the reports.

It was agreed that the cost of UKMED subgroups will be defined at the next meeting. Katie Petty-Saphon confirmed that the MSC would host the meetings of the subgroups.

It was decided that a risk log for the project should be created.

ACTION: John Dowell and Rachel Greatrix to provide indicative cost of the UKCAT subgroups in order to define the resource necessary for the UKMED subgroups.

Action: Participants to confirm representatives for sub-groups with Kirsty White.

ACTION: GMC to develop a risk log for review at the subsequent meetings.

f. Timeline

It was agreed that the timeline will be subject to further discussions in light of the data quality.

The GMC confirmed that it has Education, IT and Information Governance groups available to work on this project for the next few months.

Members recognised that contingency timeline may need to be implemented if UKCAT is not ready to join while the legal advice is pending.

For Phase One, the Board agreed to aim for inclusion of three graduate cohorts (2013, 2014 and 2015 - together these are likely to include most of those beginning medical school in 2007 or 2008) and to explore following birth cohorts afterwards.

The GMC confirmed that it will use the work on linking the datasets in the summer of 2014 in order to understand, what adjustments to make for the 2015 dataset.

Members discussed the requirements of research into identifying future clinical academics suggested by the Wellcome Trust. It was agreed that the Wellcome Trust should be approached to explore if it would cover the cost of collecting additional data via FPAS relating to intercalation or prior degrees, and the subject area. It was noted that neither FPAS nor specialty recruitment includes full information on academic background. The recruitment dataset currently does not include national recruitment to ACF/ACL programmes. The UKFPO is checking whether it will be going forward with HEE. The UKFPO confirmed it was happy to make the change to the FPAS form, but could not fund the change request.

ACTION: Members to submit proposals for two remaining Phase One research projects to Kirsty White.

ACTION: Katie Petty-Saphon to ask the Wellcome Trust whether it would fund a change request to FPAS in order to include data to inform the research into clinical academics.

ACTION: Subject to the outcome of the previous action, UKFPO to add questions on intercalation, other degrees and subjects to data that is collected through FPAS.

4. Next steps and future meetings

The Board agreed to meet again in late July 2014, with a focus on data linking and research proposals.

Minutes approved at the Development Group meeting 2 October 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
BMA JDC	BMA Junior Doctors Committee
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
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
NIMDTA	Northern Ireland Medical and Dental Training Agency, www.nimdta.gov.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
UKFPO	UK Foundation Programme Office, www.foundationprogramme.nhs.uk