

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

Monday 27 March, 10.30 – 12:30

Room 2.08 General Medical Council Regents Place, 350 Euston Road, London NW1 3JN

Attendees

Professor Steve Thornton	Chair
Professor Jon Dowell	Research Subgroup Chair
Professor Jane Dacre	AoMRC
Mark Shannon	BMAT
Kirsty White	GMC
Martin Hart	GMC
Daniel Smith	GMC
Pete McNair	GMC
Clare Kennedy	Health Education England
Denise Jones	HESA
Adam Van Coevorden	HESA
Dr Katie Petty-Saphon	MSC
Olga Sierocinska King	MSC (by phone)
Professor Jon Dowell	Research Subgroup Chair
Professor Chris McManus	UCL
Rachel Greatrix	UKCAT

Apologies

Peter Tang	MSC
Professor Bill Reid	COPMeD
Andrew Ledgard	GMC
David Darton	GMC
Thomas Oppe	GMC
Duncan Henderson	NES
Keith Gardiner	NIMDTA
Alan Robson	DH
Harrison Carter	BMA MSC
Charlie Bell	BMA MSC
Dr Kim Walker	UKFPO
Edward Knight	MSC
Jon Howes	Health Education England
John-Paul Lomas	AoMRC Trainees
Marita MacMahon Ball	GAMSAT
Veronica Vele	GAMSAT

1 Welcome and introductions **Chair**

1. The chair welcomed Denise and Adam to their first UKMED meeting

2 Approval of minutes from 3 November 2016 and matters arising **Chair**

2. The minutes were agreed to be an accurate record. Actions from the previous meeting were reviewed and an update is provided in the action tracker below.

Action from Nov 2016	Update
<p>Research sub-group to advise on developing a guideline on research publication. The Research sub-group should consider whether findings from research projects require action by education providers before publication.</p>	<p>The research sub-group will log the implications of research reports for relevant organisations.</p>
<p>MSC and GMC to explore with HEE, NES and others what training pathway analysis would be helpful.</p>	<p>Closed – discussions informed the proposal for Agenda item 3</p>
<p>Research sub-group to explore the options on sharing reports more widely with data contributors before publication.</p>	<p>Closed - the utility of sharing findings before publication would likely differ case by case. The sub-group will identify organisations that may benefit from an earlier discussion to influence policy and feedback to the researcher.</p>
<p>Research sub-group to advise on whether additional analyses that are not declared in the proposals should be carried out and whether it should be reported on.</p>	<p>Closed – The issue had not arisen in the most recent round. In the future researchers will be asked to state all the original research questions from the application in the reports.</p>
<p>All members to email comments to Daniel Smith to collate for WPG. This feedback will include restructure of the report to mirror the presentation to focus on the development of the methodology, rather than focusing on the findings.</p>	<p>Closed – comments received have been considered in the final version of the report which has been circulated for information under agenda item 10.</p>
<p>The Development group and Research sub-group Terms of Reference to be updated, circulated and finalised by December 2016 to enable reopening of the application process.</p>	<p>Closed – comments received and updated Terms of Reference are attached for information under agenda item 9 - Enclosure 9.</p>
<p>If interested in previewing the coverage tool, members of the Development Group to contact Daniel Smith.</p>	<p>Closed - the coverage tool has been shared with interested members and published.</p>
<p>To obtain MMI data from medical schools.</p>	<p>Open – discussion with medical schools continues. An update was provided under Agenda item 5.1</p>
<p>To collect module data from medical schools.</p>	<p>Open - GMC has held initial meeting with HESA to discuss.</p>
<p>Update Kath Woolf on the UKMED discussion.</p>	<p>Closed</p>

Write to UCAS about contribution to UKMED	<p>Open - GMC has had a telephone conference with Mark Corver, Director of Analysis & Research at HESA. The response was disappointing. UCAS only provides identifiable data to the Academic Data Research Network (ADRN) and does not plan to revisit this decision. UKCAT has no UCAS data beyond 2014.</p> <p>MSC will discuss with UCAS on 26 April. GMC to prepare a briefing for this meeting.</p>
Members of the Development Group to send comments on the UKMED Editorial directly to Professor Jon Dowell.	Closed - comments received and article submitted. The final article was provided for information under agenda item 10
Research sub-group to discuss the guidelines for authorship on UKMED materials.	Open - A standard statement acknowledging UKMED will be developed by MSC and GMC.

3 Training pathway analysis

3. There was recognition of the value of sharing data extracts to support training pathway analysis and workforce planning and the proposal was supported.
4. The Board requested that information about the extracts includes a clearer statement on the types of data that will not be included in the proposed standard extracts. As currently specified the following types of data are excluded from these standard extracts: measures of attainment on selection tests used by medical schools (UKCAT, GAMSAT, BMAT), measures of attainment at school (A-levels), medical royal college membership exam results, Survey responses and Fitness to Practise data.
5. The group was content for the GMC to triage the outputs and ensure compliance with statistical disclosure controls and adequate descriptions of the methodology employed. Any issues that emerge from this scrutiny would be passed back to the original data contributor for comment.
6. Members felt that it would be useful to note the permissions required for accessing each data item, the system used by the UK Biobank was suggested as a possible starting point for devising such a system.

ACTION: DS to confirm with Departments of Health and Education Managers that the proposal has been endorsed by the Advisory Board with the addition of text on data that will not be included.

4 Redefining UKMED postgraduate population to all those listed in NTS census to apply from 2017 onward

7. Daniel Smith outlined that to be of use for some postgraduate training research questions, it would be preferable expand the population base of UKMED beyond the medical school entry cohorts related to the tester provider data. Members supported the expansion of the data base to all individuals within the GMC Survey, which would include doctors who had completed basic medical training overseas and UK graduates who had entered medical school before the entry test provider data became available.

ACTION: Daniel Smith and Pete McNair to adjust the population parameters and reflect the changes in the coverage tool and data dictionary.

5 Summer 2017 load update on progress

5.1 MMI data

8. All medical schools surveyed were keen to share MMI data with UKMED but a small number have raised queries around compliance with the Data Protection Act. Different interpretations of the DPA have led to a range of responses, from requiring consent from data subjects, sharing anonymised data only, to sharing all data with UKMED.
9. Members noted that it would be important to clarify if the admissions tutor/team discussing the possibility of submitting data to UKMED had sought advice from their university's information governance team.
10. GMC and MSC are working together to answer the queries around the DPA and reviewing medical school fair processing notices.
11. The Medical Schools Council Selection Alliance has given its support for the project. A report of the telephone interviews will go to the MSCSA Board on 8 June.
12. The Medical Schools Council has agreed to support the medical schools with establishing common fair processing notices and data sharing agreements that are compliant with the DPA and forthcoming General Data Protection Regulation (GDPR) in May 2018.

ACTIONS: DS to provide notes for the MSCSA meeting on 8 June.

TO AND EK to update UKMED Website FAQs for data contributors, researchers, and medical student and trainees (i.e. the data subjects)

5.2. UKCAT progression data

13. While some schools have agreed to share these data into UKMED, some schools have stated that they had previously sought consent from their students prior to providing UKCAT with the theory and skills scores and would expect to need to gain consent again for UKMED as a new use. It may be that as the GMC is in a different position from UKCAT consent is not required however working through the position with medical schools is taking some time.

Chris McManus who has worked with these data on the UKCAT-12 study has noted that the scores are calculated in different ways by different schools and different schools will have classified assessments using different methods the data may not therefore be very valuable to compare across schools.

14. From the academic year 2019/20 module data outcomes with exam scores are potentially available via HESA and this would provide more complete coverage than the UKCAT consortium theory and skill scores. However, the data returned to HESA will have been derived from more detailed data held locally by the medical school. More detailed data may be useful for answering some research questions, for example: do scores on a communication module in undergraduate education predict performance on membership exams that require extensive communication skills such as PACES?
15. It was suggested that individual medical schools could be invited to submit their detailed assessment data to UKMED. Such an exercise would help specify/document the module data that would subsequently come in via HESA. It was noted that the rules of determining progression would change each year and that changing the specification of a module returned to HESA could be a time-consuming process.
16. Members noted the challenge of developing module data, the difficulties in describing the skills, knowledge and behaviours tested in each module and designing a structure for reporting to HESA that would not place undue burden on medical schools but would provide a useful comparison. The benefits and costs should be discussed with the MSC Education Committee to develop a shared understanding.
17. Rachel noted that if the HESA module data can be developed UKCAT could stop collecting the progression data to avoid duplication.

ADVICE: Given the limitations of the UKCAT progression data, members felt that it might not be worth the effort to gain buy in from all medical schools if we can develop a better approach with module data.

ACTIONS: PT to add an agenda item to discuss the potential for using module data at the next MSC Education Committee.

PT to work with medical schools to investigate how data from the school is used to provide a module outcome.

5.3 BMAT update

18. BMAT and the GMC have signed a data sharing agreement. Candidate data for 2003 to 2011 (2012 to follow) has been submitted to the GMC. The GMC will now match the data. Cases that match to HESA and GMC will be emailed information about the proposed transfer of data to the GMC and given the opportunity to opt out due to the variation from the original privacy notice displayed to BMAT candidates.
19. The GMC will be presenting at the BMAT conference on 3 April to encourage research applications.

5.4. HESA contract update

20. A new contract for 2015/16 (delivery in March 2017); 2016/17 and 2017/18 has been prepared and will be signed on 29 March. HESA and the GMC noted that they had completed an audit to ensure that all courses that lead to a medical degree are included in the extract. The starting point for this work was the MSC document Entry requirements for UK medical schools. This process identified three new courses, for example University of Lancaster Pre-medical Studies course.
21. To ensure new courses and schools are captured the specification will be reviewed annually. HESA must receive notification by 31 October for release the following March. Members were asked to notify the GMC/MSD if they become aware of new courses. The MSD confirmed that it is currently receiving lots of speculative enquiries about new medical schools.
22. The GMC and HESA confirmed that Buckingham the private medical school is included in the data set.
23. The GMC and HESA have commenced discussions around using the module data.

ADVICE: The group was clear that BMAT and HESA should be the priorities for data load (Daniel Smith/Peter McNair to note).

5.5 Web application development

24. The new website application for submitting research applications has been a success.

6 UKMED and data on academic trainees (NIHR work)

25. The group noted the foundation school directors are interested to know what happens to foundation trainees who follow the academic foundation training programme. The MSD indicated that the Wellcome Trust may be willing to fund some research in this area.

ACTION: DS to contact Clare van Hamel with regard to foundation directors and KPS to contact the Wellcome Trust.

7 Researcher own data

The group was content to introduce a charge for loading researchers' own data into safe haven, if the data were institution-specific. It was recognised that researchers could include the costs in their grant applications. The group felt that data should always be made available to other researchers, but that it was reasonable to ensure that initial access was only given to the researcher submitting the data.

ACTIONS: DS to provide a description when charges would apply.
EK to publish the process on the UKMED website.

8 Archiving process documentation – files required and procedure for reanalysing

26. The group agreed with the need for the archiving process and approved the process.

ACTION: EK to publish the process on the UKMED website.

9 Status update

9.1 Autumn data load

27. Daniel Smith updated the group on the autumn 2016 data load:
28. UKCAT data for 2007 to 2014 have been matched and loaded. Note that this includes the SJT which was first used in 2013, but not used to make selection decisions until 2015.
29. GAMSAT data from 2007 to 2014 have been matched and loaded.
30. Foundation data for 2016 have been loaded; 2015 foundation data have been reloaded with the EEA cases included.
31. The building and testing of VW_UKMED_PERSON needs completing before extract production.
32. ORIEL data for 2016 have been loaded; except for GP scores which are held separately. The filter that defines nationally recruited cases needs amending to ensure that NIHR cases are included.
33. All the royal colleges have signed their Data Sharing Agreements.
34. Some PSA cases are outstanding. ARCP 2016 has been loaded, including cases not originally submitted by LETBs, but identified as missing following an audit against e-portfolio data.

9.2. Information Governance update

35. The group endorsed the response to the Best et al letter in *Clinical Medicine* 2016 Vol 16, No 6: 605 to ensure that anyone searching the literature for UKMED would see the points of correction and clarification.

9.3. Terms of Reference

36. Continued BMA representation is required and the ToR will be amended to ensure both the main BMA committee and the students and doctors in training can be represented.

ACTION: MSC to contact BMA regarding its representation on the group.

10 Phase 1 Tranche 2 research reports

37. Two reports that the research subgroup recommended as being ready for publication were reviewed for information:
 - a. *The allocation of doctors to specialty and general practice training posts by demographic and socio-economic characteristics* (UKMEDP22)
 - b. *What demographic and educational factors predict doctors' decisions to apply for training programmes in particular medical specialties?* (UKMEDP30)

38. Members were pleased to see new analysis being generated that improved understanding of doctors' career pathways and the reports provided rich, new information.
39. Members noted that the findings could usefully be discussed at MSC Selecting for Excellence group. Both studies could usefully have further explored medical school variation.
40. *"Getting on" in medicine: a programme of study of careers trajectories and decisions of doctors* (UKMEDP26) is not yet complete. A report is expected for the September meeting. The researchers will continue to have access via the Safe Haven.

ACTION: MSC to send email to researchers to confirm the extension to UKMED26. The researchers working on UKMEDP22 and UKMEDP30 will be advised to publish in a journal within a year or kindly publish on the UKMED website.

11 Research applications from Research subgroup 21 February 2017

ADVICE:

41. *How do the professional outcomes of medical graduates from gateway courses compare to graduates from standard entry medicine courses?* (UKMEDP38) was supported. Daniel Smith reported that Sally Curtis had successfully recruited UEA to the study and that a telephone conference would be held to clarify the governance of the project and each researcher's contribution.
42. *What factors predict doctors' successful completion of core training in medicine and anaesthetics and their subsequent decisions to pursue higher specialty training?* (UKMEDP32) was supported.
43. *What factors lead to success in obtaining run-through surgical specialty training posts and postgraduate examinations?* (UKMEDP33) requires some amendments prior to approval: focusing only on Ophthalmology and a stronger analysis plan. The authors will be asked for a resubmission. Support can be reviewed via Subgroup chair's action to ensure the project can proceed was the research fellow applicant is still in post.
44. *Determining the predictors of career choice, early career progression and Membership of the Royal College of Paediatrics and Child Health (MRCPCH) examination performance in Medical Graduates.* (UKMEDP35) requires some amendments that can be dealt with by Subgroup chair's action. The authors will be asked for resubmission.
45. *Prediction of performance in the Kent, Surrey and Sussex Foundation Year 1 Regional Prescribing Assessment from the national undergraduate Prescribing Safety Assessment results* (UKMEDP31). Clarity is required on whether it will be possible within the constraints of the data protection act to import data on the regional assessment before this project can proceed. The authors will be contacted to clarify if the study could be completed locally and failing that, to establish if the data could be imported. It was recognised that the predictive validity of the PSA does require some research; however this will not be achieved by a regional study.
46. Conducting studies on the progression in individual specialties could lead to conflicting results: a variable may be significant in one and not another and interactions between a variable and specialties cannot be explored. Daniel Smith

will convene a discussion group for the three projects looking at progression in postgraduate training.

ACTIONS: The research sub-group will be refining its processes as follows:
GMC Lead Analyst (DS) will have a specific role in checking the relevance of the data to the research questions
The web-form will be amended to allow selection of whole table, so that users do not have to click on each individual field.

12 2017 meeting dates (at GMC, London):

Monday 25 September 2017, 10.30 – 13.00

Summary of actions from Thursday 27 March 2017 UKMED Advisory Board meeting and carried forward from earlier meetings

Action from March 2017	Owner
(i) To obtain MMI data from medical schools.	Open – discussion with medical schools continues. An update was provided under Agenda item 5.1
(ii) To collect module data from medical schools.	Open - GMC have held initial meeting with HESA to discuss.
(iii) Write to UCAS about contribution to UKMED	<p>Open - GMC have had a telephone conference with Mark Corver, Director of Analysis & Research at HESA. The response was disappointing. UCAS only provide identifiable data to the Academic Data Research Network (ADRN) and do not plan to revisit this decision. UKCAT have no UCAS data beyond 2014.</p> <p>MSC will discuss with UCAS on 26 April. GMC to prepare a briefing for this meeting.</p>
(iv) Research sub-group to discuss the guidelines for authorship on UKMED materials.	Open - A standard statement acknowledging UKMED will be developed by MSC and GMC.
(v) Daniel Smith and Pete McNair to adjust the population parameters and reflect the changes in the coverage tool and data dictionary.	
(vi) DS to provide notes for the MSCSA meeting on 8 June	
(vii) TO AND EK to update UKMED Website FAQs for data contributors, researchers, and medical student and trainees (i.e. the data subjects)	
(viii) PT to add an agenda item to discuss the potential for using module data at the next MSC Education Committee.	
(ix) PT to work with medical schools to investigate how data from the school is used to provide a module outcome.	

<p>(x) MSC to contact BMA regarding their representation on the group.</p>	
<p>(xi) MSC to send email to researchers to confirm the extension to UKMED26.</p>	
<p>(xii) The researchers working on UKMEDP22 and UKMEDP30 will be advised to publish in a journal within a year or kindly publish on the UKMED website.</p>	
<p>(xiii) Research subgroup to refine processes: GMC Lead Analyst (DS) will have a specific role in checking the relevance of the data to the research questions</p>	
<p>(xiv) Research subgroup to refine processes: the web-form will be amended to allow selection of whole table, so that users don't have to click on each individual field.</p>	

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
BMAT	BioMedical Admissions Test, www.admissionstesting.org/for-test-takers/bmat/about-bmat
COPMeD	Conference of Postgraduate Medical Deans (UK), www.copmed.org.uk
DH	Department of Health, www.gov.uk/government/organisations/department-of-health
DPA	Data Protection Act, www.gov.uk/data-protection/the-data-protection-act
EEA	European Economic Area
EPM	Educational Performance Measure
FPAS	Foundation Programme Application System
FtP	Fitness to Practise
GAMSAT	Graduate Medical School Admissions Test, www.gamsat.acer.edu.au
GDPR	General Data Protection Regulation
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
IS	Information Services (part of GMC)
LRMP	List of Registered Medical Practitioners
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.nimdtg.gov.uk
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, www.ucas.com
UCL	University College London
UKCAT	UK Clinical Aptitude Test, www.ukcat.ac.uk
UKFPO	UK Foundation Programme Office, www.foundationprogramme.nhs.uk
WPG	Work Psychology Group, www.workpsychologygroup.com