

Agenda item:	8
Report title:	UKMED Update
Report by:	Kirsty White , Assistant Director, Education and Standards, kirsty.white@gmc-uk.org , 020 7189 5308
Action:	To note

Executive summary

At its meeting on 27 September 2016, the Performance and Resources Board considered the progress on the data strategy programme and work streams including the UK Medical Education Database (UKMED). The Board recommended continuing to deliver UKMED as business as usual (BAU) using an organic incremental growth approach following the pilot. This paper provides an update on our progress to date.

Recommendations

The Performance and Resources Board is asked to note:

- a** The update on the delivery of 2017 UKMED programme to date
- b** The updated terms of reference to reflect the new operating model
- c** Data contributors and broader stakeholders agreed to the BAU model and core data sharing agreements (DSAs) have been re-signed to reflect this.

Progress to date

- 1 The Board is asked to note the progress of UKMED since September 2016 as follows.

Business as usual process

- 2 The advisory UKMED Development Group met on 3 November 2016 and considered the evaluation of the Phase 1 pilot and options for moving to business as usual that were presented to the Performance and Resources Board. We recommended the incremental growth model for UKMED to allow flexibility in the cycle of delivery, to ensure time for information governance and to allow time to address any data quality issues in adding and linking new datasets. The Group endorsed this approach and will provide advice on the datasets and research applications to prioritise.

Governance

- 3 The terms of reference for the governance groups have been revised to reflect that we are no longer in a pilot project and have moved to a BAU model. They also incorporate feedback from the evaluation of the pilot to include additional responsibilities. The UKMED Development Group has been renamed as the UKMED Advisory Board (Annex A) and the UKMED Research Subgroup's Terms of Reference have been updated (Annex B).
- 4 The Data Strategy Programme Board which currently oversees UKMED will be revising its governance internally as it moves to BAU in 2017 also. UKMED will report to the revised Board covering Data, Research and Insight, which will be presented to the Strategy and Policy Board for consideration at its next meeting in February. This will allow central coordination, oversight and responses to requests for research.

2017 cycle

- 5 An annual cycle for development was agreed with the aim of two tranches of applications and data extracts each year proposed (Annex C). There is resource to process up to ten applications for each tranche; we acknowledge that the cycle will need to be flexible and that overlaps between the two tranches will occur as they have in the pilot. We will monitor this situation.
- 6 From 6 December 2016 a new window for applications to undertake research using the UK Medical Education Database was opened. The deadline for submissions is 31 January 2017. So far, there are two groups of researchers who are preparing applications and a third tentative enquiry.

New data

- 7 We have signed agreements for Prescribing Safety Assessment data, including overseas applications for the Foundation Programme and college exam data. There is one outstanding DSA for exam data; the Joint Committee of Intercollegiate Exams for

the Royal Colleges of Surgeons is meeting later this month and we expect this DSA to be signed shortly after. We also received more detailed interview score data from the ORIEL recruitment database; the DSA for this is currently with HEE for review.

- 8** At the last PRB meeting there were some concerns about cost recovery to deliver UKMED for those not contributing. There is a clear expectation from all involved in UKMED that any costs recovered should be shared across all contributors.

Additional training pathway analysis

- 9** The original project initiation document included use of UKMED data to describe training pathways to benefit regulatory bodies (for example value-add outcomes reports) and to track cohorts for workforce planners.
- 10** We received a draft report commissioned by the GMC on the potential to develop value-add analysis of undergraduate degree programmes. The report demonstrated that it would be possible to identify some variation in the performance of medical school graduates after accounting for prior attainment. However, the data available were measuring different aspects of performance eg Situational Judgement Tests (SJTs) compared to academic A Levels/Highers. From 2017 we will have more compatible measures eg SJTs on entry to medical school as well as on application to the Foundation Programme as well as academic outcome measures sat by large numbers of graduates (the Prescribing Safety Assessment and college membership exams).
- 11** The introduction of the Medical Licensing Assessment could provide a consistent and more comprehensive set of outcome measures to use in value-add analysis.
- 12** In 2017 we will undertake further work to identify the data required for work force planners to understand training pathways. We have initial meetings in place with some of our key stakeholders from January to discuss their detailed requirements.

Communications

- 13** There have been some concerns raised about consent and the use of data in UKMED. The Data Protection Act does not require the GMC to obtain consent when it is processing personal data needed to perform its statutory functions. We have engaged with British Medical Association students and junior doctors as well as the Academy of Medical Royal Colleges Trainee Group throughout the project to provide reassurance that we are processing data legally. We are now responding to these queries along the same lines, to reassure doctors that their data is processed securely in the safe haven in accordance with data sharing agreements and fair processing notices and is not identifiable. The UKMED website has also been updated to reiterate this further.

8 – UKMED update

8 – Annex A

UKMED Advisory Board

Terms of reference

Background

- 1** The UK Medical Education Database (UKMED) reflects a shared vision of data contributors, students and doctors to raise standards in medical education through a high quality database which can improve our understanding training pathways and support robust research into students' and doctors' progress and the assessment hurdles at each point on the pathway.
- 2** Each organisation involved in UKMED has a separate set of responsibilities and priorities but each also has a large stake in ensuring medical education is fair and supported by high quality evaluation.
- 3** In the pathfinder pilot phase the development of UKMED was guided closely by the UKMED Development Group, comprised of data contributors across the four countries, data subjects and independent academic input supported by the Medical Schools Council (MSC) and the General Medical Council (GMC). This ensured that the development of the database has been guided by those responsible for regulating, funding and delivering medical education as well and the students and doctors engaged in it.
- 4** As UKMED moves to a business as usual model, it is proposed that the UKMED Development Group is formalised and renamed the UKMED Advisory Board to reflect the continuing importance of this forum in providing advice on the development and use of the database.

Legal Arrangements

- 5 Those contributing data will remain data controllers according to their existing arrangements for using the data they hold. This means that they can receive and deal with research requests for their own information independently of UKMED.
- 6 The processes for data contributors and others to access UKMED data sets are published to ensure transparent and consistent approaches are applied for research and training pathway analysis.
- 7 The UKMED database is held at the GMC and data are shared by contributors with the GMC under data sharing agreements. The GMC is then sole data controller in respect of the use of the data shared into the UKMED database by UKMED participants.
- 8 As such the GMC has the legal responsibility to ensure that all agreements with data providers are adhered to absolutely. None of the boards, sub-groups or organisations participating in this project may require the GMC to take any action which would compromise its role as the Data Controller.

Purpose

- 9 The overarching purposes are:
 - a To provide advice to the GMC as data controller on the development and use of the database.
 - b Support the MSC in the development of the website and communications.
 - c To work within members' own organisations and together across organisations and networks to promote UKMED and optimise the use of the database within financial constraints to secure fair, high quality medical education.
- 10 Specifically, the UKMED Advisory Board will:
 - a Support the strategic development of the database, and provide advice on data use, including:
 - i The prioritisation of issues or research questions for exploration
 - ii The development of routine or ad hoc reports on education and training or training pathways, and consequently,
 - iii The prioritisation of new data sets.

- iv** Identification of any requirements their organisations or stakeholder networks may have that could affect the collecting, storing, sharing and reporting on the data.
- b** Receive reports and recommendations from the Research sub-group as to outputs and future research avenues and provide advice on any risks, concerns and opportunities presented by the findings
- c** Work closely within members' own organisations and networks to enhance the quality of medical education data.

Frequency

- 11** The Advisory Board will meet approximately two times per year, in line with the database development and research application cycles.

Approach

- 12** Advisory Board members are responsible for consultation within their respective organisations. The UKMED Advisory Board assumes that they are representing their organisation as whole and have the required mandates so to do.
- 13** To ensure that each organisation's and stakeholder networks' views are taken into account, in the event that members are not able to attend, they will endeavour to provide feedback on papers and/or nominate a representative to attend in their place.
- 14** The GMC and MSC are committed to seeking the advice of the Advisory Board at each stage, and particularly with regard to the reports that are published and the research proposals that are approved.
- 15** The Research sub-group's review of emerging research findings will be discussed in the Advisory Board prior to publication. Advisory Board members agree to not disclose discussions in order not to prejudice the publication of research reports.
- 16** The Advisory Board will be informed of research findings and may make recommendations but it will NOT block any unfavourable or controversial findings.

Membership

- 17** The Advisory Board will be chaired by Professor Steve Thornton Vice Principal (Health) Queen Mary's University London.
- 18** The Board will include data contributors and organisations who may, in time contribute data which will help future-proof the UKMED database. Table 1 indicates the current and future proposed membership of the Board.

Table 1 UKMED Advisory Board membership

Organisation	Data Contributor
Academy of Medical Royal Colleges	Yes – on behalf of individual medical colleges and faculties.
AoMRC Academy Trainee Doctors Conference of Postgraduate Deans	No - representing the data subjects
BMA Medical Students Committee.	No - representing the data subjects
BioMedical Admissions Test (BMAT)	Potential future data contributor
Conference of Postgraduate Medical Deans of the United Kingdom (COPMeD)	Yes
Graduate Australian Medical School Admissions Test (GAMSAT)	Yes
General Medical Council	Yes
Health Education England	Yes
Medical Schools Council	Yes
NHS Education Scotland	Yes
NIMDTA	Yes
UK Clinical Aptitude Test (UKCAT)	Yes
UKFPO	Yes
Wales Deanery	Yes
Independent academic	No
Research subgroup chair	No

19 The representatives named in Table 1 may nominate deputies to attend a given meeting by contacting Info@ukmed.ac.uk in advance.

Review

20 The chairmanship and membership of the group will be reviewed in 2018, following one full cycle of business as usual activity. The current Chair would be permitted to stand for election for one further term of three years.

8 – UKMED update

8 – Annex B

UK Medical Education Database Research Subgroup

Terms of Reference

- 1 The UKMED Research sub-group will support the UKMED Advisory Board by providing expert academic support.
- 2 This group will be expected to undertake the following tasks:
 - a Keep under review the process and the form to be used by researchers applying for access to data and capture lessons learnt after each application round.
 - b Recommend and advertise the submission dates for research proposals to be considered for approval by the Advisory Board.
 - c Assess submissions using the published criteria only and make an overall recommendation on the quality of each research proposal. The assessment will be submitted to the UKMED Advisory Board.
 - d Encourage collaboration and engagement between researchers with similar proposals.
 - e Review draft research findings and provide advice to the UKMED Advisory Board on the extent to which the research has met the aims outlined in the proposal and the analysis has used the data appropriately.
 - f Alert the UKMED Advisory Board if opportunities for funding UKMED research arise.
 - g Promote the research opportunities that UKMED offers.
- 3 On the basis of research applications, to identify any gaps in the UKMED datasets that impede our understanding of medical education pathways and assessment hurdles.

Membership

- 4 The UKMED Advisory Board will nominate a chair for the research sub-group. This person will be a member of the UKMED Advisory Board and convey the sub-group's assessments and advice to the Board.
- 5 The chair of the research sub-group will update the chair of the UKMED Advisory Board following sub-group's meetings.
- 6 The group will seek out appropriate expertise to discharge its duties, this is likely to include:
 - a Statistical / psychometric expertise
 - b Qualitative research expertise
 - c Undergraduate educationalist
 - d Postgraduate educationalist
 - e Other relevant expertise as required (e.g. data protection, NHS workforce)
- 7 Data contributors will be invited to provide data expertise and the specific context to the Research sub-group's meetings on a per-project basis. The nominated member does not need to be the same person as representing the data contributor on the UKMED Advisory Board
- 8 Membership of the research sub-group will be reviewed at regular intervals (and at least once every three years) by the UKMED Advisory Board.

8 – UKMED update

8 – Annex C

Indicative UKMED annual cycle

The indicative UKMED annual cycle

