



UKCAT

2007 Annual Report

UKCAT Annual Report 2007

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Overview

The United Kingdom Clinical Aptitude Test (UKCAT) is an entrance test for applicants to medical and dental schools, derived from existing selection tests that are already used in job applications and other arenas. The test is an appraisal of aptitude and not knowledge. The UKCAT was developed and delivered by Pearson Vue and its associates in collaboration with representatives of the participating medical and dental schools. The test was first delivered in 2006 (and used in admissions cycles for entry in 2007 to medical and dental schools).

UKCAT is a private limited company managed by a Board elected from representatives of the participating medical and dental schools. The Board is answerable to the whole consortium which meets twice a year.

UKCAT remains committed to achieving greater fairness in selection to medicine and dentistry and to the widening participation in medical and dental training of under-represented social groups. Through an ongoing programme of research UKCAT is seeking to identify the characteristics in applicants which will make them good dentists and doctors and thus to improve the quality of those that enter the profession with the ultimate aim of improving patient care.

Professor Ian Johnson stood down as Chair of the Consortium in December 2008. On behalf of the Board and Consortium members I should like to record our thanks for the considerable energy and vision which Ian put into the development of UKCAT. UKCAT has clearly become part of the landscape of admissions and this is in no small part due to Ian's contribution and drive during its early years of development. We wish Ian the very best in his retirement.

Sandra Nicholson
Chairman, UKCAT December 2008

We are grateful to Janet Yates, Research Fellow, Medical Education Unit, University of Nottingham for her contribution to the statistical analysis in this report.

Chairman's Introduction

This annual report covers the 2007 test cycle, the results of which were used in the 2007/8 admissions process to admit students to medical and dental schools in 2008. There is by necessity a time lag in producing this summary document since the full data regarding admitted applicants were not available to the Consortium for analysis until the autumn 2008.

During 2007 the UKCAT was once again required by the majority of medical and dental schools in the United Kingdom as part of the admissions process. The success of the delivery of the test in 2006 had persuaded three further Universities, Belfast, Warwick and Imperial College London (graduate entry) to join the Consortium. In consequence more than 20 000 candidates sat the test in 2007. Despite the fact that many candidates did not book test slots until late in the test cycle, September or October, all candidates who registered before the closing date were accommodated with a minimum of excess travelling. The addition of the telephone support line considerably improved the delivery process. A fifth, non-cognitive, test was added to the UKCAT in 2007, although the results from this were not used in the application process. The background to this important development is related in the full report.

It was particularly unfortunate that, after a very successful test delivery process, the marking of one section of the test for a small cohort of candidates was incorrect. As soon as UKCAT was informed of this (and before the results were released to the Universities), remedial action was taken. UKCAT management sought to minimise the effect and encouraged Universities to take this into account in their selection processes to ensure that as far as was possible individual applicants were not disadvantaged. The details of the problem and the solution are recounted at more length in this report.

During the first part of 2007 the results for those who had sat the test and applied to University were being used in the application process. This was the first time that UKCAT results were available to use in selection. Although individual Universities were free to use the results as they wished, in the majority of cases natural caution caused admissions teams to have a light touch and to use the pre-existing systems as the main selection processes. A survey of Universities suggested that the experience and confidence gained was such that much greater use of the results occurred in the 2008 selection round.

Finally, 2007 saw the first cohort of successful applicants who had sat UKCAT start medical and dental courses. Universities have agreed to release reports of the progress of these students during their courses which will eventually enable UKCAT to explore predictive validity. The first data became available for collection at the end of these students' first year, in October 2008. This is necessarily a long term project and it does have to be remembered that the object is to select people who will be tomorrow's successful doctors and dentists, not just successful students.

Test delivery has been a qualified success in the first two years and will continue to improve. The onward collection of data planned in this programme presents a wonderful opportunity to improve the selection processes.

Professor Ian Johnson
Chairman, UKCAT

Part II:

Overview of the UKCAT 2007 Test Cycle

Overview of the UKCAT 2007 Test Cycle

Introduction

The UK Clinical Aptitude Test (UKCAT) is an entrance test used as part of the admissions process by a consortium of UK Medical and Dental schools and was introduced in 2006. The success of test delivery 2006 led to three more universities joining the consortium: Queen's University, Belfast, University of Warwick and Imperial College (graduate entry). The consortium membership comprises 9 (of 14) dental schools in the UK and 25 (of 31) medical schools.

The Test

In 2007 the test consisted of 5 sections: verbal reasoning, quantitative reasoning, abstract reasoning, decision analysis and a newly introduced section, non-cognitive analysis. The test was delivered online, at a range of test centres throughout the UK and worldwide in 65 countries.

Section 5

The new non-cognitive section (Section 5) of the test was designed to identify additional attributes and characteristics that contribute to success in either medicine or dentistry careers; robustness, empathy and integrity. The results from section 5 were not given to candidates in a numerical format, but rather as a brief summary of the results in the form of a descriptive paragraph.

The consortium believes that it is not appropriate to use the results of section 5 in the actual selection process until there is further evidence to support a relationship between the test results and success or failure as a medical/dental student. The results of section 5 are not made available to consortium members until after the selection cycle. Further details regarding the development of this section are included in the Test Development and Research Section of this document.

Reliability

The reliability of the scores in the first four sections of the test has been found to be good.

Accessibility

The UKCAT does not contain any curriculum or science content but rather is a test of aptitude. We believe that candidates from any educational background are competing on equal terms.

UKCAT charges candidates a fee to sit the test. There was no increase in the cost of the test from 2006 to 2007. Bursaries to cover the test fee were again available in 2007 to those candidates who applied for them and who met specified criteria. 930 bursaries were awarded, of which 850 were actually redeemed by candidates taking the test: this figure represents 4.2% of all candidates taking the test.

Extended Test

An extended test was again available in 2007 for candidates with dyslexia or other special educational needs. 384 candidates (1.94%) took up this option.

Section 5 results

Following a review of section 5 results Pearson VUE modified the results of this section for some candidates to provide a more accurate score summary report. These candidates (approximately 2500) were sent their modified results via email on 9 October 2007. They were reassured that this did not affect their numerical scores for sections 1 – 4 and were informed that the results of section 5 would not be made

available to universities for use in selection for any UKCAT candidates. Consortium members were kept informed of the developments.

Section 3 results

Following extensive quality assurance checks Pearson VUE found that some candidates (approximately 7.5%) had had their section 3 results (Abstract Reasoning) marked more favourably than should have been the case. UKCAT became aware of this problem at the end of October 2007. In the timescale available and to avoid delays in the admissions process UKCAT decided that the best course of action was to withhold the results of the Abstract Reasoning section from all consortium members such that they could not therefore be used in the admissions process.

Quality assurance processes were applied to the other sections which were found to be reliable, valid and robust.

Further analysis to address the psychometric impact of withholding the results of the 2007 UKCAT Abstract Reasoning section was carried out by Pearson VUE. Each section of UKCAT is separately scaled and reported to candidates and schools. In addition, a Total scaled score, based on the sum of the four section scaled scores is provided to schools. These analyses considered the correlations of each section with each other and the Total score, the regression of Total on Verbal Reasoning, Quantitative Reasoning and Decision Analysis, and the correlation of the Total scaled score with a reduced Total scaled score, computed as the sum of sections scores.

Correlations between the sections and the Total are given below.

	VR	QR	AR	DA	Total
Verbal Reasoning (VR)	1.0				
Quantitative Reasoning (QR)	0.453	1.0			
Abstract Reasoning (AR)	0.338	0.389	1.0		
Decision Analysis (DA)	0.425	0.442	0.414	1.0	
Total	0.746	0.730	0.707	0.791	1.0

Results of the analysis indicated that the absence of Abstract Reasoning scores in the reduced Total score provided to schools resulted in virtually no differences in judgments based on rank ordering of candidates, compared to that which would have been observed using the full Total.

Steps have been taken by Pearson VUE to ensure that this type of anomaly does not happen again. Further checks have been implemented in the already robust quality assurance process and additional support has been dedicated to UKCAT.

Development

New items are constantly being developed by Pearson VUE and its associates with non-scoring items being included in the test to aid this strategy.

Administration

2007 saw the introduction of a dedicated UKCAT customer service section which is staffed by Pearson VUE. Customer services provide email and telephone support to candidates between the hours of 09.00 – 18.00 Monday to Friday and can assist candidates with registration and test bookings and answer general queries.

Part III:

Detailed Analysis

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Test Delivery

Despite the issues discussed in the previous section, the test was successfully delivered to 20167 candidates at a range of Pearson VUE test centres throughout the UK and worldwide in a further 65 countries (including all countries of the EU). The physical delivery of the test to candidates was managed by Pearson VUE and supervised by the Test Delivery Group, a subcommittee of the UKCAT Board. Pearson VUE was able to accommodate candidates despite the significant majority opting to take the test late in the cycle.

Practical Arrangements

Delivery was through an existing network of testing centres owned and managed by Pearson VUE: there were about 150 centres in the UK, and at least one centre in each of 65 other countries (including all countries of the EU). Candidates were required by consortium members to take the test if there was a test centre within their country of residence or in the country where they were receiving their education.

In practice, 104 candidates were exempted from the test; of these, 12 were exempted for medical reasons or reasons related to disability, 3 were exempted on the grounds that they were on a tour of duty with the armed forces in combat zones and the remainder were exempted for geographical reasons where testing was not available in their country of residence or where they were being educated.

The size of the network of test centres meant that almost all candidates within the UK were within forty miles of a centre. For the area that was less well served by the network – the north of Scotland – a mobile test centre was provided, visiting advertised points on specific dates. 17 candidates used this option to take UKCAT in 2007.

Timing and Item Count

The test included five sections, each timed separately (so that a candidate could not use time saved on one section to make more time available on another section). The item count (i.e., the number of questions) for each section, and the time allowed (in minutes) for each section, are shown below.

Three of the four sections of the test included questions that were not intended for inclusion in the final score. These questions were new items, being tested for possible inclusion in the database of questions (and which might therefore appear, perhaps in modified form, in tests in future years). The decision analysis section contained no non-scoring items.

Section	Total items	Pretest items	Time (mins.)
Verbal reasoning	44	4	21†
Quantitative reasoning	40	4	21†
Abstract reasoning	65	5	15†
Decision analysis	26	0	29†

† – For each section of the test, candidates were allowed an additional 1 minute to read the instructions for the section, in addition to the times shown here

Extended Test

Candidates with dyslexia or other disabilities were offered longer times to complete the test. In 2007, 384 candidates (1.94%) took up this option.

Distribution of Candidates

In 2007, 17692 candidates took the test in the UK. Outside the UK, the countries with the largest number of tests were Ireland (384), Malaysia (253), Canada (218) Singapore (154), USA (133), Hong Kong (121), Sweden (88), Cyprus (83) and Germany (80).

Bursaries

Bursaries to cover the test fee were again available in 2007 to those candidates who applied for them and who were in receipt of Educational Maintenance Allowance at the top rate, or who were personally in receipt of income support. 930 bursaries were awarded, of which 850 were actually redeemed by candidates taking the test: this figure represents 4.2% of all candidates taking the test. The cost of the bursaries was borne from the candidate registration fee.

Of the bursaries awarded, only 3 went to candidates resident overseas: the remainder went to candidates within the UK.

Test Development and Research

Non-cognitive testing

In 2007 a new non-cognitive (section 5) was introduced, as a trial, to UKCAT. Section 5 was designed to identify additional attributes and characteristics that contribute to success in either medicine or dentistry careers; robustness, empathy and integrity. The trialling period was to evaluate the psychometric characteristics of each test and to collect data for future validity studies before one or all tests were used to select for entry into medical or dental school.

The four instruments trialled were:

- Interpersonal traits
 - Narcissism, Aloofness, Confidence and Empathy
- Interpersonal values
 - Measure of ethical orientation
- Combined and abridged
- MEARS (Managing Emotions and Resilience Scales)

We intend to introduce a further non-cognitive test named the “Self-appraisal Inventory” in 2009 testing. This test further assesses the characteristic of robustness.

Validity Study

A validity study is being planned by the Test Development Group. This study aims to examine any correlation between the non-cognitive sections and the decision analysis section and the assessment of FY1 and 2 doctors and dentists in their first year following graduation. It is hoped that this study will shorten the length of time for establishing predictive validity of Section 5 and will assist in the decision making process about which test to use in Section 5.

Telephone survey

We have been charting the use of the UKCAT data via two annual telephone surveys of admissions conveners within both medical and dental schools. A senior member of the admissions staff at each school was asked to describe in detail their admission processes the year before the introduction of the UKCAT, how they had intended and had actually used UKCAT in the first year, and again in the second. A content analysis was performed that categorised the range and frequency of ways that the UKCAT results were used, in the context of the different criteria and processes by which the Schools selected their students. An overview of the results is being prepared for publication.

Statistics

Registrations

22411 candidates registered to take the test; 20167 candidates actually took and completed it. There were 1577 candidates who cancelled their test, 708 who failed to attend the test centre, 4 who started the test but did not complete it.

Three forms each of the Verbal Reasoning, Quantitative Reasoning, and Abstract Reasoning subtests were used; two forms of the Decision Analysis subtest were used. The forms were developed from the items used in the 2006 administration (from items obtained from Team Focus) and also from new items that had been previously trialled. These individual subtest forms were combined to form 18 versions or forms of the UKCAT examination (18 forms were needed to accommodate pretesting needs). The versions were assigned randomly to candidates. Each exam consisted of a total of 175 items (162 operational and 13 pretest) for the cognitive tests and 49 to 125 items for the Behavioural Test, and was administered via computer in a 120 minute time period.

Age

Most candidates who took the test were school-leavers, with almost three-quarters of all applicants being aged 16 – 19 at the time of taking the test. The commonest age for taking the test was 17 (49% of all candidates). The age group distribution differed from that in 2006 because four additional graduate-entry courses utilized the UKCAT test. The age distribution for 2007 was:

Age Group	Number of Candidates	%
16 – 19	14429	71.5
20 – 24	3373	16.7
25 – 34	1062	5.3
>34	178	0.9
Other	1125	5.6
Total	20167	100

Nearly 6% of candidates registered a date of birth that would have made them over 100 or less than 16 years old at the time of taking the test. Steps have been taken to improve the registration screen in 2008.

Gender

As is often observed in applications to medical courses, there was a preponderance of female candidates:

Gender	Number of Candidates	%
Female	11357	56.3
Male	8810	43.7

Ethnicity

Candidates were asked to report their own ethnicity, which we have simplified in this report into broad ethnic groupings. (The self-report categories of nationality and ethnicity were those tested and approved for use in the 2001 Census data). Distribution of candidates was:

Ethnic Group	Number of Candidates	%
White	11678	57.9
Asian	4638	23.0
Chinese	872	4.3
Black	948	4.7
Mixed race	695	3.4
Other	966	4.8
Not declared	370	1.8

Parental Occupation

Candidates were asked during their registration for the test to report their parents' occupations, which we recorded in categories corresponding to those used as part of the basis for the National Statistical Socio-economic Classification.

According to these self-reported results, the representation of each occupational group among each of the broad ethnic groupings was as follows (n= 20167); figures represent percentage of each ethnic group in each parental occupational category.

	White n= 11678	Asian 4638	Black 948	Chinese 872	Mixed 695	Other 966	Not declared 370
Traditional professional	31.6	24.9	23.4	32.3	33.2	29.5	14.6
Modern professional	27.1	17.5	30.9	15.8	24.7	24.9	8.1
Senior manager	17.1	10.7	8.3	22.0	14.4	15.1	7.0
Junior manager	4.1	5.4	2.0	5.2	3.9	3.2	1.1
Technical & craft	5.0	4.4	2.1	1.8	2.7	2.0	1.1
Clerical & intermediate	3.5	4.7	3.7	2.4	3.5	1.7	1.1
Semi-routine & service	1.6	5.7	4.2	2.6	1.6	2.5	0.5
Routine manual & service	1.1	5.9	2.8	3.9	1.6	2.7	0.5
Unknown, withheld, not applicable	9.0	21.0	22.5	13.9	14.4	18.4	65.9

Overall scores: Medicine and Dentistry

The range of scores of the test overall is shown below. The scores filled most of the anticipated range (300 – 900 after scaling). Mean scores for candidates for medicine were generally slightly higher than those for dentistry, but there was obviously considerable overlap between the two groups.

Overall scores for all candidates (n = 20167)

Section	Mean	SD
Verbal reasoning	585	90
Quantitative reasoning	633	75
Abstract reasoning	592	83
Decision analysis	591	103
Total scaled score	2401	263

Scores for medicine candidates (n = 15730)

Section	Mean	SD
Verbal reasoning	593	88
Quantitative reasoning	639	73
Abstract reasoning	598	83
Decision analysis	600	101
Total scaled score	2430	255

Scores for dentistry candidates (n = 2263)

Section	Mean	SD
Verbal reasoning	560	84
Quantitative reasoning	622	72
Abstract reasoning	581	77
Decision analysis	571	99
Total scaled score	2334	235

Candidates who applied to more than one type of course (i.e. to both medicine and dentistry), or for whom the course information was incomplete at the time they took the test, are excluded from the subject-specific totals. In addition, information about applicants' chosen courses (which came from UCAS) was not available for all candidates at the time the analyses were performed. For 2007, the table above excluded 11% of candidates for these two reasons.

Effects of Gender

The scores for each section of the test, and the total scores, are shown below.

Overall scores for all candidates (n = 11357 female; 8810 male)

Section	Female		Male	
	Mean	SD	Mean	SD
Verbal reasoning	581	90	591	90
Quantitative reasoning	623	74	646	74
Abstract reasoning	594	83	589	84
Decision analysis	589	103	593	103
Total scaled score	2387	263	2420	261

Differences between male and female were significant: $p < 0.001$ for all scores except for Decision Analysis, for which $p < 0.01$ (t-tests; Levene's test non-significant apart from Quantitative Reasoning, $p 0.02$). All differences were within a limit of 2% except for the effect in Quantitative Reasoning reported in other similar tests, where the average score for males was almost 4% higher than for females.

Effects of Age

The overwhelming majority of candidates for the test were aged 19 or below, and the numbers in higher age groups are relatively small, making formal comparisons difficult. However, the scores for each section of the test, and the total scores, are shown below. Because the numbers in the higher age groups are so small, we have not tried to separate out graduate entrants from mature students who are not graduates, nor to investigate any difference in the performance of those with higher academic degrees or professional qualifications.

Overall scores for all candidates (n = 20167)

n =	Age ≤ 19		Age 20 – 34		Age 25 – 34		Age ≥ 35	
	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Section								
Verbal reasoning	587	87	588	95	578	107	552	111
Quantitative reasoning	637	71	627	80	616	92	583	100
Abstract reasoning	595	81	592	85	570	96	536	94
Decision analysis	596	100	589	104	561	118	516	122
Total scaled score	2414	248	2395	277	2325	335	2186	345

The fall in mean score (and in median score, not shown in the table) with age is highly significant ($p < 0.001$, Kruskal-Wallis test: the data are not normally distributed).

Ethnic Background

We investigated the possibility that the test might be more difficult for candidates of particular ethnic or cultural background. The total scores on each section were compared with the candidates' ethnic origin (self-reported, on the UKCAT registration form). There are small differences in the total test score between ethnic groups. In addition, as a separate exercise, success rates for each question in the test were correlated with candidates' ethnic origin. This initial data supports the intention of not disadvantaging individual ethnic groups through using the UKCAT for selection. Further analysis of the data, and comparisons with the socio-demographic effects on A level results, is currently being undertaken.

The total scores varied between broad ethnic groups, as follows:

Ethnic Group	Number	Mean Total Score	SD
White	11678	2454	239
Asian	4638	2330	257
Black	872	2184	292
Chinese	948	2467	253
Mixed	695	2395	285
Other	966	2273	282
Unknown	370	2382	287

Socio-Economic Correlations

Candidates were asked to report their parents' occupations as part of the registration process for the test. The total mean scores for each broad grouping of parental occupations are shown below: the occupations are those of the highest-scoring (on the National Statistics socio-economic Classification) or only parent.

Parental Occupation	Number	%	Total mean	SD
Traditional professional	5913	29.3	2444	248
Modern professional	4840	24.0	2406	260
Senior manager	3033	15.0	2433	249
Junior manager	853	4.2	2390	251
Technical & craft	862	4.3	2380	252
Clerical & intermediate	729	3.6	2394	250
Semi-routine & service	545	2.7	2302	265
Routine manual & service	505	2.5	2272	255
Unknown, withheld, not applicable	2879	14.3	2324	290
Total	20167			

Differential Item Function (DIF) Analysis

Pearson VUE undertook a differential item function (DIF) analysis for us, to ensure that there were no questions that showed evidence of particularly disadvantaging candidates of a particular age, sex or ethnicity. Eight (5%) of the 162 scored questions (i.e., of those that contributed to the test score, and were not unscored ‘pretest’ questions) were found to produce a score that correlated with particular ethnic groups or age groups. As has already been noted, there were differences between ethnic, social and gender groups in the performance of whole sections of the test, but allowing for this background no other questions (apart from the eight that were identified) showed differences that stood out from the performance of the section as a whole. The bias among the eight questions pointed in different directions, and it is unlikely that any candidate was disadvantaged by the very small degree of bias represented by these questions.

Comparison	Verbal	Quant’ive	Abstract	Decision
Male/Female	0	0	0	0
Age <20/>35	0	0	0	0
White/black	2	3	0	1
White/asian	0	0	0	1
White/mixed	0	0	0	0
White/other	0	0	0	1
White/withheld information	0	0	0	0

Reliability data

The table below contains the scale score reliabilities from each of the cognitive tests using Cronbach’s alpha as a measure. Scale score reliabilities are a moderate .65 - .69 for the Verbal Reasoning forms. Reliabilities for the Quantitative Reasoning and Abstract Reasoning subtests are higher (.75 - .76 and .79 - .84, respectively) and better reflect the range of reliabilities desired for large-scale testing. The lower reliabilities for the Decision Analysis scale scores (.53 - .59) reflect the shorter test length (26 items) for that subtest.

Cognitive Test	Form	Reliability 07	Reliability 06
Verbal reasoning	Form 1	0.69	.74
	Form 2	0.66	
	Form 3	0.65	
Quantitative reasoning	Form 1	0.76	.71
	Form 2	0.75	
	Form 3	0.76	
Abstract reasoning	Form 1	0.82	.86
	Form 2	0.83	
	Form 3	0.79	
Decision analysis	Form 1	0.59	.58
	Form 2	0.53	

Please note: only one set of reliability data was available for 2006.

The table below contains the scale score reliability and standard error of measurement of the total scale score. The standard errors were about 50 for VT, 35 for QR and AR, and ranged from 60 – 70 for DA. As the scale scores range from 300 – 900 for each test, these standard errors provide some guidance with respect to the importance placed on score differences, e.g. differences less than 1 ½ to 2 standard errors should not be regarded as meaningfully different.

Reliability		SEM	
Range*	Mean	Range	Mean
.83 - .88	.87	90.63 – 97.91	94.76

Correlation of scores between sections of the test

We looked at candidates' scores across the four sections of the test to see how well they correlated with one another – that is, to see whether a candidate who performed well in one section of the test was likely to perform well in another section. The results suggest that there is some correlation, as might be expected, but that a high performance in one section of the test is not automatically associated with a high performance in the other sections, i.e., that some candidates have particular strengths in particular areas, which are not mirrored in the other areas examined by the test.

We originally recommended that the test results should be interpreted as four individual scores; but in practice relatively few schools seem to have used the scores separately except in cases where a wide disparity between scores in different sections was used to call attention to a particular candidate. As experience with the test builds up, it might be sensible for schools to begin to look more closely at the scores for individual sections.

Pearson VUE correlation coefficients for marks in the four sections (whole cohort, n = 20167)

	Verbal	Quantitative	Abstract
Quantitative	.454***		
Abstract	.338***	.389***	
Decision Analysis	.425***	.423***	.414***

*** denotes that the correlation is significant ($p < 0.001$)

Part IV:

Management of UKCAT

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Management of UKCAT

The Consortium is formally constituted as a limited company, with the participating medical and dental schools as its shareholders. It is managed by a Board of Directors.

Consortium

The Consortium meets twice a year. At March 2007 the membership was:

University of Aberdeen	University of Leeds
Barts & The London School of Medicine and Dentistry	University of Leicester
Brighton and Sussex Medical School	University of Manchester
Cardiff University	University of Newcastle
University of Dundee	University of Nottingham
University of Durham	University of Oxford*
University of East Anglia	Peninsula Medical School
University of Edinburgh	Queen's University Belfast
University of Glasgow	University of Sheffield
Hull York Medical School	University of Southampton
Imperial College London*	University of St Andrews
Keele University	St George's, University of London
King's College London	University of Warwick

* these schools require the UKCAT for their graduate-entry courses only

The Board

In 2007, the Board consisted of eight members elected by the Consortium, plus four members appointed by the Council of Heads and Deans of Dental Schools and by the Medical Schools Council. The membership of the Board as at March 2007 was:

Professor Ian Johnson, University of Nottingham (Chairman)
Dr Jane Adam, Hull York Medical School
Mr Martyn Annis, King's College London
Dr Paul Dennis, University of Oxford
Professor Malcolm Jones, University of Cardiff*
Mary Ann Lumsden, University of Glasgow
Dr Sandra Nicholson, Barts and The London
Dr Katie Petty-Saphon, Medical Schools Council**
Mr Nigel Siesage, University of Leicester
Dr Christopher Stephens, University of Southampton
Professor Sir John Tooke, Peninsula Medical School**
Professor Tony Weetman, University of Sheffield**

The membership of the Board as at March 2009 was:

Dr Sandra Nicholson, Barts and The London (Chair)

Dr Jane Adam, Hull York Medical School

Mr Martyn Annis, King's College London

Professor Barbara Chadwick, University of Wales*

Dr Paul Dennis, University of Oxford

Dr Jon Dowell, University of Dundee

Professor John McLachlan, University of Durham

Dr Katie Petty-Saphon, Medical Schools Council**

Mr Nigel Siesage, University of Leicester

Professor Sir John Tooke, Peninsula Medical School**

Professor Anthony Warrens, Imperial College London

Professor David Yates, University of Manchester

* Nominated by the Dental Schools Council (formerly the Council of Heads and Deans of Dental Schools)

** Nominated by the Medical Schools Council (formerly the Council of Heads of Medical Schools)

Sub Committees of the Board

The Board has overall charge of the UKCAT, but chooses to delegate some work in specific areas to its subcommittees.

Test Delivery

The Test Delivery Group (Chair 2007: Mr Martyn Annis) is responsible for the logistics of delivering the test: ensuring that the test is ready by the due date, that the process of administering the test (including the process of registration) is satisfactory, and that there are sufficient places available for candidates who wish to take the test. This group has an overview of the UKCAT web site and management of the bursary scheme. Distribution of test results to medical and dental schools also falls within the remit of this committee.

Test Development

The Test Development Group (Chair 2007: Dr Sandra Nicholson) is responsible for the strategic direction of the test: the form and direction of the questions, the development of the bank of questions used in the test, and the mark schemes for the test.

Research Working Group

The Research Working Group (Chair 2007: Professor Mary Ann Lumsden) was responsible for the co-ordination of follow-up studies on the new test: design of studies to monitor students as they pass through their medical courses, and to establish the predictive value of the UKCAT.

Financial Statement

The statement below represents a summary of the income and expenditure of the UKCAT Company to the close of business on 31 March 2008. Figures are rounded to the nearest £1000.

	Year ended 31 Mar 08 £'000	Period ended 31 Mar 07 £'000
The Test		
Testing fees		
UK and rest of EU	1,311	1,026
Rest of world	<u>135</u>	<u>105</u>
Turnover	1,446	1,132
Testing Provider's charges:		
Testing	(1,033)	(1,006)
Other	<u>(149)</u>	<u>(44)</u>
Cost of Sales	(1,182)	(1,050)
Gross surplus from testing	264	82
Contributions from members	15	130
Administration:		
Office and administration charges	(39)	(22)
Hotels, travel and subsistence	(13)	(6)
Printing and stationery	(5)	(2)
Legal fees	(5)	(43)
Accountancy and taxation fees	(4)	(3)
Insurance	(2)	(2)
Admin expenses	(68)	(79)
Interest receivable:		
Bank interest	4	3
Other interest	31	13
Total interest receivable	35	15
SURPLUS BEFORE TAX	246	148
Tax	(46)	(4)
SURPLUS AFTER TAX	200	144

The surplus will be used to pay for the research activities of the UKCAT, and to support the operation of the bursary scheme.

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