UK Clinical Aptitude Test

UKCAT

2008 Annual Report

UKCAT Annual Report 2008

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Part I: Chairman's Introduction

This annual report covers the 2008 test cycle, the results of which have been used in the 2008/9 admissions cycle to admit students to medical and dental schools in 2009.

2008/9 saw a number of significant changes to UKCAT. Professor Ian Johnson stepped down as Chair of the Consortium in December 2008. At the December Consortium meeting, members expressed their thanks for the significant commitment and hard work Ian had put into the initial and ongoing development of the test.

In February 2009 Rachel Greatrix joined us as the first UKCAT Chief Operating Officer and has since then been active in supporting and guiding members in a number of key aspects of the Consortium's work.

We have during the year welcomed three new Board members: Dr Jon Dowell (Dundee), Professor John McLachlan (Durham) and Professor Anthony Warrens (Imperial). Since my taking over as Chairman of UKCAT, Dr Lyndon Cabot (King's College London) has taken over the chair of the Test Development Group.

As you will see below, there were a number of issues associated with the delivery of the 2008 test which resulted in a less than ideal service to schools and candidates. In response to this UKCAT has been working with Pearson Vue to improve the quality assurance procedures which underpin the delivery of the test.

Another key focus for the Board over the year has been to progress the research agenda. Dr Jon Dowell has now been appointed as Research Lead and will be developing and delivering on the Board's research strategy. Jon will be working closely with Dr Paul Dennis (Oxford) who has taken on the responsibility in the short term for the management of the research database.

Sandra Nicholson
Chairman, UKCAT

Part II: Overview of UKCAT 2008

Aims

UKCAT is 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 professions with the ultimate aim of improving patient care.

Introduction

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. At March 2008 the following institutions were members of the Consortium:

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

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

Despite the issues discussed later in this report, the 2008 test was successfully delivered to 20512 candidates at 167 of Pearson VUE test centres throughout the UK and worldwide in a further 64 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 again able to accommodate candidate test dates despite the significant majority opting to take the test late in the cycle. 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, 98 candidates were exempted from the test; of these, 3 were exempted for medical reasons or reasons related to disability and 88 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; 89 candidates used this option to take UKCAT in 2008.

In 2008, 17836 candidates took the test in the UK. Outside the UK, the countries with the largest number of tests were Ireland (483), Canada (254), Malaysia (250), Singapore (200), USA (139), Hong Kong (102), Cyprus (81), Germany (59) and Kuwait (57).

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 is 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	Pre-test items	Time (mins.)
Verbal reasoning	44	4	21†
Quantitative reasoning	40	4	21†
Abstract reasoning	65	5	15†
Decision analysis	26	0	29†
Non-cognitive	††		29†

† For each section of the test, candidates were allowed an additional 1 minute to read the instructions for the section
†† Subject to change depending on which version is used for each candidate

Section 5 – The Non-cognitive Test

The 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 are 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.

Extended Test

Candidates with dyslexia or other disabilities were offered longer time to complete the test. In 2008, 400 candidates (2%) took up this option.

Bursaries

Bursaries to cover the test fee were again available in 2008 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. 1009 bursaries were awarded, of which 898 were actually redeemed by candidates taking the test: this figure represents 4.4% of all candidates taking the test. The cost of the bursaries was borne from the candidate registration fee.

Test Delivery

Within the 2008 test cycle there were a number of technical problems which affected the service to candidates and schools.

- Practice Test: There were a number of issues reported by candidates regarding the practice test which went live later than intended and contained some incorrect information. In 2009 to avoid any similar problems Pearson Vue have engaged in early and additional testing of the programme.

- UKCATSEN Rankings: Technical issues within the rankings for candidates taking the extended test required a re-import of percentile data. This issue was corrected and resolved within 4 days. Quality Assurance processes have since been improved to ensure Pearson include a sample of UKCATSEN candidates to avoid any similar issues in the future.

- Upload delays: The final upload to schools was delayed by 2 days due to a technical bug in the new results importer. In future new applications will undergo additional testing within Pearson Vue with further input from a number of schools who will review their data in advance to ensure that any problems with the import are identified early.

- UCAS ID: The wrong UCAS ID was applied to records returned to UKCAT affecting the candidate results search. This was caused by some of the corrective actions following early problems in the cycle. The issue was corrected and additional quality assurance mechanisms put in place will prevent similar problems in the future.

- UKCAT Courses: A further delay to the export of data was caused by incorrect flags at UCAS for UKCAT programmes. Course names and codes for 2009 have been checked on a number of occasions to prevent any similar problems.

Following these incidents and in preparation for the 2009 testing round there has been an increased focus on the quality assurance arrangements Pearson Vue have in place around the processing of UCAS data and the results interface with medical and dental schools. Additional checks have been put in place at this crucial time including an opportunity for a number of identified consortium members to review test data at an early stage in the process to ensure that there is no problem regarding the final delivery of results.

A Test Delivery Workshop took place in October 2008 in Edinburgh. The event was attended by 13 medical and dental schools together with representatives from Pearson Vue. Pearson Vue gave a presentation via phone and PowerPoint to guide administrators through the changes and additions to the results interface. An update was provided on the UKCAT website and how candidates with special educational needs are accommodated by Pearson. Participants were informed as to how incidents are handled and whether they lead to a re-test, annotation or exemption. A further discussion took place regarding the use of UKCAT results by members.

UKCAT has circulated advice to members concerning the content of their websites. UKCAT is keen that wherever possible consortium members give explicit advice to candidates regarding the use of the test in their selection processes. This is especially important in the case of institutions that may be using a cut off score in selection. The advice also included a statement regarding the fact that UKCAT does not endorse any commercially available preparation for the test.

UKCAT is working with Pearson Vue to make a further timed practice test available on the website for the 2010 testing round.

Following extensive discussions Pearson Vue have been able to make 3 test centres available within the 2009 test round in China. Chinese candidates are therefore no longer exempt from taking the test. UKCAT will be reviewing candidate numbers from China over the year to see whether further provision is needed.

The Committee has developed a Complaints and Appeals paper which is now available to candidates on the website. This makes it clear to candidates how incidents ought to be dealt with and the options they have if they are not happy with how their complaint has been handled.

Test Development and Research

At its meeting in May 2008, the Test Development Committee considered recommendations from Pearson Vue regarding guidelines for using UKCAT scores. Following this discussion, advice was given to consortium members regarding the use of cut off scores in selection.

In November 2008 a workshop was held on appreciating the results from subtest 5 (non-cognitive). All consortium members were invited to attend and around 20 schools were represented. Pearson Vue led a discussion concerning the formats in which results are delivered to universities. Initial results from the 4 tests currently piloted within sub-test 5 were outlined. Discussion centred on how these tests could be used in future, and the means by which any problems in differentiating candidates could be resolved, before any decisions about using these results in selection could be made.

UKCAT is working with Pearson Vue on a validity study to help determine which of the non-cognitive tests are the most appropriate to continue trialling for future selection as a score component of UKCAT. The study will involve administering the tests to a sample of doctors and dentists who are in their first and second year of practice (FY1 and FY2) and correlating the test results against a number of criterion measures devised from 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 and will assist in the decision making process about which test to use in Section 5. The research protocol has been agreed and funding identified for the first part of the study. Initial concerns over the validity of the foundation year assessments have resulted in some delay. However it is hoped to be able to further report on this project in 2010.

Following up on studies in the previous year Jane Adam and Lyndon Cabot have conducted a phone survey of medical and dental schools to establish how the test has been used within selection processes for 2008 entry. A senior member of the admissions staff at each school was asked to describe how they had intended and had actually used UKCAT in the second year. It was clear from this survey that the use of the test by medical and dental schools is developing as they become more confident in using the test scores. Schools are using the scores in ways that have sought to improve the fairness of selection and support widening participation, and have generally taken care not to exclude any applicant on the basis of low UKCAT scores alone.

The research database has been housed within the University of Oxford under the management of Dr Paul Dennis. This has allowed further work to take place around the development of the database and the incorporation of additional data. Alongside this, work is being undertaken to match previously unmatched candidates from the 2006 test cycle with their UCAS data.

Jon Dowell has been appointed as the UKCAT research lead and is currently working on a research strategy focussing on the predictive validity of the test with regard to performance in medical and dental schools and postgraduate performance.

Part III: Statistical Analysis

Registrations

In 2008, 22334 candidates registered with Pearson whilst 20512 candidates actually took and completed the test. There were 1100 candidates who cancelled their test and 719 who failed to attend the test centre.

Test Structure

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

Overall scores: Medicine and Dentistry

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

Overall scores for all candidates (n = 20512)

Sub-test	Mean	SD
Verbal reasoning	585	89
Quantitative reasoning	630	97
Abstract reasoning	596	84
Decision analysis	619	103
Total scaled score	2430	275

Scores for medicine candidates (n = 16334)

Sub-test	Mean	SD
Verbal reasoning	592	87
Quantitative reasoning	636	95
Abstract reasoning	601	83
Decision analysis	627	101
Total scaled score	2457	268

Scores for dentistry candidates (n = 2490)

Sub-test	Mean	SD
Verbal reasoning	563	83
Quantitative reasoning	617	92
Abstract reasoning	589	80
Decision analysis	597	99
Total scaled score	2365	251

Candidates who applied to medicine and dentistry are excluded from subject-specific totals. In addition, information about applicants' chosen courses (from UCAS) was not available for all candidates at the time the analyses were performed. For 2008, the table above excluded 8% of candidates for these two reasons.

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 (9863, 48% of all candidates).

Age Group	Number of Candidates	%
16 – 19	14779	72.5
20 – 24	4043	19.7
25 – 34	1189	5.8
>34	217	1.1
Other	284	1.4
Total	20512	100

284 candidates (1.4%) gave a date of birth which would suggest they were under 16 or over 100 years old. The oldest candidate (with a verifiable age) was 56 at the time of taking the test. The overwhelming majority of candidates were 19 or below. The numbers in the higher age groups are relatively small, making formal comparisons difficult. Test scores broken down by age are shown below (n= 20228).

	Age ≤ 19		Age 20 – 34		Age 25 – 34		Age ≥ 35	
Section	Mean	SD	Mean	SD	Mean	SD	Mean	SD
Verbal reasoning	587	86	584	90	573	106	552	110
Quantitative reasoning	635	93	619	101	606	110	580	109
Abstract reasoning	599	82	595	85	574	94	549	97
Decision analysis	624	100	609	105	589	113	544	124
Total scaled score	2447	261	2406	285	2341	341	2225	361

As in previous years, there was a consistent trend towards a decreasing performance with increasing age across all sections of the test, with the highest age groups averaging scores of between 6% and 12% below those in the youngest group.

Gender

The table below shows the gender split of candidates.

Gender	Number of Candidates	%
Female	11504	56.1
Male	9008	43.9

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

	Female		Male	
Section	Mean	SD	Mean	SD
Verbal reasoning	579	89	594	88
Quantitative reasoning	615	97	648	93
Abstract reasoning	598	82	594	85
Decision analysis	616	102	622	103
Total scaled score	2408	275	2458	271

The mean total scores differed by only slightly over 2% between males and females. Differences between the mean individual section scores were within 3% except for the effect in Quantitative Reasoning (and reported in other similar tests), where the average score for males was 5.4% higher than for females.

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 and total scores are shown below:

Ethnic Group	Number of Candidates	%	Mean Total Score	SD
White	11678	56.9	2483	251
Asian	4788	23.3	2360	269
Black	1040	5.1	2213	298
Chinese	883	4.3	2530	239
Mixed race	769	3.4	2425	295
Other	976	4.8	2293	287
Not declared	378	1.8	2367	336

The data suggest that differences in total mean results exist between ethnic groupings. However, this is a simple report of raw data which does not pick up on other variables. For example the analysis includes both home and overseas students. In addition, the numbers in some ethnic groupings are relatively small making formal comparisons difficult. A DIF analysis (referred to later on) suggests that no ethnic group has been particularly disadvantaged in testing.

This analysis and other data included in this section supports the need for UKCAT to perform a more detailed analysis of test performance against a range of socio-economic factors. This analysis can be conducted at a later date to include other indicators such as academic performance.

Qualifications on Entry

In 2008, we asked candidates to tell us the highest qualifications they had (or would have) achieved before applying to medical or dental school. Candidates were asked to say whether their highest qualification was a school-leaver qualification (such as A-levels), or a one-year access or foundation course, or a higher educational qualification such as a degree. The distribution of highest qualifications by age was:

Age group	School-leaver qualification	Access or foundation course	Higher education	Information withheld
16 – 19	14452	111	109	107
20 – 24	427	95	3456	65
25 – 34	86	66	1010	27
$\geq$ 35	15	16	175	11
Total	14980 (74%)	288 (1.5%)	4750 (23.5%)	210 (1%)

The table below shows the total scores (and standard deviations) associated with each of these qualifications:

Highest Qualification	Verbal Reasoning	Quantitative Reasoning	Abstract Reasoning	Decision Analysis	Total Score
School-leaver qualifications	586 (87)	634 (94)	599 (82)	624 (101)	2443 (263)
Access course	529 (100)	569 (106)	549 (86)	549 (117)	2196 (321)
Higher Education	585 (93)	619 (102)	592 (88)	608 (106)	2403 (296)
Information withheld	574 (96)	623 (108)	584 (82)	587 (101)	2368 (263)

It has been reported elsewhere in this section that there is a fall in the test scores with increasing age. Graduates tend to be older than school leavers and the data in the table makes no attempt to control for these effects.

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. The response rate was 63%. On the basis of this sample, the registrants were grouped as follows. The table also shows the mean and standard deviation of the total scaled UKCAT score for each group.

Class	Parental Occupation	Number	%	Mean Total Score	SD
1	Managerial and professional occupations	10464	80.9	2466	262
2	Intermediate occupations	641	5	2447	241
3	Small employers and own account workers	1022	7.9	2384	261
4	Lower supervisory and technical occupations	350	2.7	2348	277
5	Semi-routine and routine occupations	450	3.5	2312	260
	Incomplete information	7585			

A significant number of candidates (7585, 37%) withheld their full data (or answered 'don't know') in response to this set of questions. For all subtests, class1 (managerial and professional occupations) had the highest mean and class 5 (semi-routine and routine occupations) the lowest. The mean differences between class 1 and class 5 ranged from 21 points (abstract reasoning) to 54 points (decision analysis). For all four cognitive sub-tests, as well as the total score, the means trended down in order of the occupational classes. However given the relatively small number of candidates in classes 2 – 5 these results ought to be treated with caution.

Candidates Resitting the Test

2699 candidates who had taken the test in 2007 resat it in 2008. Of these candidates, 189 were taking it for the third time, having first sat it in 2006. The mean total scaled scores of the whole group (2699) rose by an average of 5.46%, or about half a standard deviation, between the two years. By comparison, the mean total score for the 2008 cohort as a whole was 1.18% higher than for the 2007 cohort as a whole. The range of differences among the scores for resitting candidates was very large, and the greatest increases in scores came from candidates who had performed particularly poorly at the first sitting.

	Resitting 2007 to 2008		Whole cohort	
	2007 total score	2008 total score	2007 total score	2008 total score
Mean	2343	2470	2401	2430
SD	240	258	263	275
n	2699	2699	20167	20512

A further 232 candidates who sat the test in 2006 but not in 2007 sat it again in 2008. Data from these candidates are not included in the table.

Differential Item Function (DIF) Analysis

Pearson VUE undertook a differential item function (DIF) analysis, to identify any questions that showed evidence of particularly disadvantaging candidates of a particular age, sex or ethnicity. Sixteen (10%) 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. The bias among the sixteen questions pointed in different directions and candidates are presented randomly with a version of the test which would only contain a subset of these questions. It is therefore unlikely that any candidate was disadvantaged by the very small degree of bias represented by these questions.

Comparison	Verbal	Quantitative	Abstract	Decision
Male/Female	0	0	0	0
Age <20/>35	4	1	3	0
White/black	1	1	0	1
White/asian	0	0	0	0
White/mixed	1	0	0	0
White/other	1	2	0	0
White/withheld information	1	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 .64 - .66 for the Verbal Reasoning and .60 - .63 for Quantitative Reasoning. Scale scores are higher for the Abstract Reasoning subtest (.75 - .81) and are closer to the range of reliabilities desired for large-scale testing. The lower reliabilities for the Decision Analysis scale scores (.55 - .61) reflect the shorter test length (26 items) for that subtest. UKCAT is working with PV to improve the reliability scores of the different sub-tests.

Cognitive Test	Version	Reliability 08	Reliability 07	Reliability 06 †
Verbal reasoning	Version 1	0.65	0.69	.74
	Version 2	0.66	0.66	
	Version 3	0.64	0.65	
Quantitative reasoning	Version 1	0.60	0.76	.71
	Version 2	0.61	0.75	
	Version 3	0.63	0.76	
Abstract reasoning	Version 1	0.81	0.82	.86
	Version 2	0.75	0.83	
	Version 3	0.79	0.79	
Decision analysis	Version 1	0.61	0.59	.58
	Version 2	0.55	0.53	

†Only one set of reliability data was available for 2006.

The table below contains the scale score reliability of the total scale score. The average reliability for the total scale score was .86, reflecting good overall reliability.

Reliability	
Range†	Mean
.84 - .87	.86

†Based on six versions of cognitive test

The table below shows the standard error of measurement of the total scale score. The standard errors were about 53 for VR, 49 for QR, 38 for AR, and ranged from 60 – 68 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 standard error should not be regarded as meaningfully different. Similarly, the standard error of the total score is about 103 points, so differences between total scores of less than this value (for example, when comparing the total test scores of two candidates) would not usually be regarded as meaningful.

SEM	
Range	Mean
100.57 – 106.60	103.47

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.

UKCAT 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 = 20512) are shown below. All of the correlations shown are statistically significant ($p<0.001$).

	Verbal	Quantitative	Abstract
Quantitative	.452		
Abstract	.323	.361	
Decision Analysis	.418	.394	.391

Part IV: Management of UKCAT

The Board

In 2008, the Board consisted of eight members elected by the Consortium, plus four members appointed by the Dental Schools Council and by the Medical Schools Council. The membership of the Board in March 2008 was:

Professor Ian Johnson, University of Nottingham (Chairman)
Dr Jane Adam, Hull York Medical School
Mr Martyn Annis, King's College London
Professor Barbara Chadwick, Cardiff University†
Dr Paul Dennis, University of Oxford
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 David Yates, University of Manchester

The membership of the Board as at March 2009 was:

Dr Sandra Nicholson, Barts and The London (Chairman)
Dr Jane Adam, Hull York Medical School
Mr Martyn Annis, King's College London
Professor Barbara Chadwick, Cardiff University†
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
†† Nominated by the Medical Schools Council

Sub Committees of the Board

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

Test Delivery

The Test Delivery Group (Chair 2008: 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 2008: 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.

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 2009. Figures are rounded to the nearest £1000.

	Year ended 31 Mar 09 £'000		Year ended 31 Mar 08 £'000	
The Test				
Testing fees				
UK and rest of EU	1,326		1,311	
Rest of world	152		135	
Turnover	**1,478**		**1,446**	
Testing Provider's charges:				
Testing	(1,097)		(1,003)	
Other			(149)	
	(158)			
Cost of Sales	(1,256)		(1,182)	
Gross surplus from testing		223		264
Contributions from members		0		15
Administration:				
Office and administration charges	(58)		(39)	
Recruitment fees	(20)		-	
Premises and overheads	(17)		-	
Data management	(10)		-	
Hotels, travel and subsistence	(12)		(13)	
Printing and stationery	(2)		(5)	
Legal fees	(1)		(5)	
Accountancy and taxation fees	(1)		(4)	
Sundry expenses	(3)		-	
Insurance	(3)		(2)	
Admin expenses		(128)		(68)
Interest receivable:				
Bank interest	5		4	
Other interest	27		31	
Total interest receivable		31		35
SURPLUS BEFORE TAX		**127**		**246**
Tax		(27)		(46)
SURPLUS AFTER TAX		**100**		**200**

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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UK Clinical Aptitude Test

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