

stroke in the clinically relevant area on interval MRI, but the remaining third had normal follow-up imaging. These patients were considered likely to have a variety of stroke mimics, as described by Dawson *et al*, or episodes of transient ischaemia lasting >24 hours and sometimes days.

In 2011, an Edinburgh group published a prospective study in which the diagnosis of stroke was made from case records by a panel of experts (neuroradiologist, vascular neurologist and stroke physician) who then reviewed the clinical and brain imaging data 21–52 months later.⁵ 246 out of 253 patients were diagnosed with ‘definite stroke’ on presentation. While 81/246 (33%) had negative DWI at presentation, a quarter also had no MRI abnormality on follow-up. The authors concluded that ‘there is a high rate of negative MRI and DWI among patients with minor stroke (a third)’ and that ‘a negative MRI or DWI does not exclude the diagnosis of stroke’.

Therefore, there is now a narrative that stroke can be diagnosed on the basis of symptoms alone. We question this. Dawson *et al* rightly draw attention to the significant consequences of a stroke diagnosis on medical management and social and work activities. While it is recognised that DWI may not detect acute stroke, in our view persistent neurological symptoms and dysfunction are unlikely to be due to ischaemic stroke in the absence of neurological signs or relevant MRI abnormality on follow-up.

Conflicts of interest

The authors have no conflicts of interest to declare.

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UK Medical Education Database: an issue of assumed consent

Editor – There are some significant misconceptions in the letter on UKMED by Best *et al*.¹ UKMED is a partnership between data providers from across the health and education sectors to evaluate medical career progression. This will help to raise

education standards by enabling us to assess the predictive validity of assessments.

Data protection and privacy considerations have been at the heart of UKMED’s development and the bodies involved take their safeguarding of information extremely seriously. The legislation states that the General Medical Council, which is the data controller for UKMED, must carry out its activities proportionately and use personal data fairly. For this reason, when a doctor or student provides their information to one of the organisations that contribute to UKMED, they are told what that data will be used for, including research of this kind. Each contributing organisation has a privacy notice that indicates data sharing may take place.

UKMED does not provide any identifiable data to potential employers and data are not used to monitor or make decisions about individual doctors. Only anonymised data are shared with approved academic researchers under the terms of a strict contract in a safe haven² to prevent attempts at re-identification.

Data are held in UKMED for research purposes only. Doctors’ information can’t be used to make decisions that could impact on their career, either positively or negatively.

We are committed to transparency in the operation of UKMED. Doctors can find out more about the way UKMED is run on the website, including details of the process for accessing research datasets.³ The British Medical Association represents the interests of medical students and doctors on the UKMED development group.

We hope that medical students and trainees recognise the need for an evidence-based approach to medical education. UKMED facilitates this without infringing on privacy.

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Response

Editor – We thank Steve Thornton for his letter.

We appreciate the aim of the UKMED project, and the need for an evidence-based approach to medical education. However, this should not be at the expense of informed consent.

If the UKMED Advisory Board are committed to transparency, we suggest the organisations that contribute to the UKMED database ask explicit permission from students and doctors before sharing their data with UKMED. This should include checking candidates agree with the linking of

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data between different organisations. For instance, organisation A must ask students if they agree for their data to be shared outside of organisation A and incorporated into the UKMED database.

As the UKMED database currently contains data from students and doctors who are unaware of its existence, we suggest all students and doctors whose data are in the database are contacted with information about the project and given the option to have their data removed. Indeed, the *qui tacet consentire videtur* approach of UKMED towards the subjects' data that they currently hold needs to be revisited.

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