

# Medical Schools Council 2009 Annual Report



Medical  
Schools  
Council

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# Chair's Introduction

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This is the first Annual Report produced by the Medical Schools Council and it provides an overview of a typically busy year. For example, the Council has contributed to many consultations, worked with several other organisations to produce a consensus statement on the role of the doctor, and initiated important new work on how newly qualified doctors should be selected into their first post in the Foundation Programme. We have also worked with the Association of University Hospitals UK to demonstrate how our partnership with them produces benefits for the economy as well as for patient care. I am extremely grateful to my predecessor as Medical Schools Council chair, Professor Sir John Tooke, who has worked tirelessly on behalf of the Council over the last 3 years and initiated many of the projects outlined in this report; similar thanks are also due to the members of the Secretariat who ensure that our aims are achieved.

This year has seen the publication of the new version of *Tomorrow's Doctors* by the General Medical Council, which lays down what medical students need to know and what standards are expected of Medical Schools. It states:

***'Medical students are tomorrow's doctors.....graduates will make the care of patients their first concern, applying their knowledge and skills in a practical and ethical manner and using their ability to provide leadership and to analyse complex and uncertain situations.'***

Making sure that our students can meet these high expectations is a critical task for Medical Schools, and such challenges will ensure that next year will be just as busy as the last one for the Council.

A handwritten signature in blue ink that reads "Tony Weetman". The signature is fluid and cursive, written on a white background.

Professor Tony Weetman MD DSc FRCP FMedSci  
Chair, Medical Schools Council  
Pro-Vice-Chancellor for Medicine, Dentistry and Health, University of Sheffield

# About Us

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The **Medical Schools Council** represents the interests and ambitions of UK Medical Schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine.

As an organisation it occupies a unique position embracing medical undergraduate education, health related research, and a critical interface with the health service and postgraduate education and training.

## **The aims of the Medical Schools Councils are to:**

1. Be the authoritative voice of all UK Medical Schools
2. Develop a close working relationship with NHS partner institutions and to facilitate the development of academic medical centres
3. Explore proactively the role of the doctor in the future and to pursue educational solutions for workforce requirements involving doctors
4. Work to improve and maintain quality in medical education and to facilitate the transition between undergraduate and postgraduate environments
5. Promote clinical academic careers
6. Enhance clinical leadership and develop leaders within Medical Schools
7. Promote the conduct of high quality, health related research in all Medical Schools, recognising that the nature and scale of such research will differ between institutions
8. Take due account of the views of the public on society's needs of a doctor



# The work of the Medical Schools Council

# The Work of the Medical Schools Council

## The Role of the Doctor Consensus Statement

Following on from the Role of the Doctor Conference in October 2008, the Medical Schools Council released the agreed consensus statement on the role of the doctor in January of this year. The statement, which is supported by the four Chief Medical Officers, reveals a set of abiding attributes that are required by doctors and also anticipates that the role of the doctor will develop to fit the changing needs of society. The statement is referenced in the revised version of 'Tomorrow's Doctors', the General Medical Council's (GMC) publication on the outcomes and standards for undergraduate medical education. The unique combination of skills and attributes identified as central to the role of the doctor are reflected in the themes of the required outcomes for graduates: the doctor as a scholar and a scientist; the doctor as a practitioner; and the doctor as a professional.

## The Medical Schools Council website – [www.medschools.ac.uk](http://www.medschools.ac.uk)



The Medical Schools Council launched its new website in July. The website was redesigned to give a more professional online presence and create an easier navigation structure. A number of additional features have been added to the website including a search facility, accessibility features for those with impaired vision and social bookmarking - which allow users to share the website with friends through a range of online media, including Facebook. Pictures of members and medical images have been added to make the website more vibrant. A student section is now being created which will give prospective students information about: applying to Medical School; the courses available; things to consider as an international and disabled student; admissions

tests; careers and measures aimed at widening participation in medicine; funding sources; useful definitions and relevant websites/resources. From July until December 2009 there were 17,967 visitors, looking at a total of 51,088 pages and spending an average of 1:57 minutes on the website. The most commonly viewed pages were the homepage and the student pages including the courses available and the list of UK Medical Schools. 57% of users were directed to the site through Google, whilst 24% came directly to the website and 19% were referred from other websites.

## New Chair and Executive Team

Following elections in June, several new Executive Committee members took up their posts on 1 August. Professor Tony Weetman, Pro-Vice-Chancellor for Medicine, Dentistry and Health, University of Sheffield, succeeds Professor Sir John Tooke as Chair. Professor Tooke was Chair of the Medical Schools Council for three years until 31 July 2009.

Current members of the Executive and their roles are as follows:

- Professor Tony Weetman, Chair (University of Sheffield)
- Professor Jon Cohen, Deputy Chair and Education Sub-Committee Chair (Brighton and Sussex Medical School)
- Professor Iain Cameron, Clinical Staffing Sub-Committee Chair (University of Southampton)
- Professor Chris Day (University of Newcastle)
- Professor Peter Kopelman (St Georges, University of London)
- Professor Robert Lechler, Research Sub-Committee Chair (King's College London)
- Professor Hugh MacDougall, representative for the Devolved Administrations (University of St Andrews)
- Professor Sir Nicholas Wright, Treasurer (Queen Mary, University of London)

As Chair, Professor Weetman will ensure that the Council remains the authoritative voice of the UK's Medical Schools. He will spearhead strategies which optimise the generation of national health, wealth and knowledge through biomedical research and the profession of medicine.

## Academic Health Science Centres

On 9 March, Rt Hon Alan Johnson MP announced the successful Academic Health Science Centres (AHSCs), following peer review by an international panel of experts. Successful bids were awarded to five different partnerships, involving the following UK Medical Schools: University of Cambridge, King's College London, University of Manchester, University College London and Imperial College London. The AHSCs are well placed to compete on the world stage for talent and funding, with economic benefits for the UK as a whole.

## Driving Recovery – Annual Meeting with the Association of UK University Hospitals (AUKUH)



(R-L) Professor Sir John Tooke & Ron Kerr address the conference

The annual joint meeting with AUKUH was held in Bath on 14 and 15 May. The theme of the meeting was ‘Driving Recovery; Maintaining the balance between education, research, innovation and service delivery in the economic downturn’. University Hospital Chief Executives and Medical School Deans met with colleagues from industry to consider the economic realities of the downturn, its likely policy implications, and to determine how health/academic collaborations might help drive recovery. The event was facilitated by Laurie McMahon, Professor in Health Policy at City University London and Director of Loop2. Discussions were lively and constructive, and delegates enjoyed presentations from 8 key speakers including Sir Bruce Keogh, Department of Health; Professor James Barlow, Imperial College London; Professor Robert Lechler, King’s College London; and Mark Britnell, Department of Health.

Following the meeting, a report was produced and an action plan developed. The action plan sets out four key aims that Medical Schools, University Hospitals and partner organisations should be working towards. The document also suggests activities or actions addressing these aims and gives examples of current good practice in member Trusts and Medical Schools. The document also suggests a number of actions to be taken forward on a national level which will require input from the Department of Health, Department of Business, Innovation and Skills and the National Institute for Health Research.

At a local level, all Medical Schools and AUKUH member Trusts have committed to working towards the aims set out in the action plan which are to:

1. Improve quality, increase efficiency and reduce costs through alignment of Medical School and Trust activities
2. Improve the efficiency and quality of patient care pathways by strengthening local health, education and research relationships that encompass both Primary and Secondary Care
3. Make the UK more attractive for Research and Development investment
4. Harness innovation in healthcare, education and research to drive wealth creation

Members have been asked to provide an update on progress made against these aims at the 2010 joint meeting.



Expert Panel (L-R); Mark Britnell, Sir Bruce Keogh, John Wilkinson and Dr Louise Wood

# Foundation Programme Option Appraisal



# Foundation Programme Option Appraisal

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The Medical Schools Council was commissioned by the Department of Health to lead a Steering Group to carry out an option appraisal for the best approach for selection of applicants into the UK Foundation Programme and allocation to Foundation Schools. The Option Appraisal was a collaborative venture between the Academy of Medical Royal Colleges, the British Medical Association's Medical Students Committee, the Conference of Postgraduate Medical Deans, the General Medical Council, the Medical Schools Council, the National Association of Clinical Tutors, the Northern Ireland Medical and Dental Training Agency, NHS Employers, the Scottish Board for Academic Medicine, the Scottish Foundation Board, the UK Foundation Programme Office and the four UK Health Departments.

*'The Next Stage Review: A High Quality Workforce'* stated that 'new work needs to be undertaken to develop more reliable and valid selection tools for recruitment' to Foundation Programme training. This was based, to some extent, on shared concerns about the reliability, validity, comparability, NHS consultant time required, possible plagiarism and the longevity of the current online application system - which ranks applicants using a combined score derived from answers to a set of white space questions mapped against the person specification and an academic quartile ranking provided by the applicant's medical school.

As part of the nine month Option Appraisal, the Steering Group commissioned three academic literature reviews on international good practice in high stakes selection in medicine, which were reviewed by an International Panel of Experts who advised the Steering Group on a short-list of preferred selection tools. There was extensive consultation with key stakeholders and members of the steering group met with medical students, employers, Medical School staff, Foundation School managers and directors, clinical teachers, HR Professionals and postgraduate deans. The BMA Medical Students Committee independently held 24 workshops with 343 medical students. An online survey generated 1810 further responses. Academic evidence, expert advice and stakeholder feedback informed an independent Cost Benefit Analysis of the short-list of six possible selection options.

The Option Appraisal demonstrated that the current mechanism for allocation/selection is not sustainable in the long term, and that work must begin immediately to pilot alternative selection mechanisms. Informed by the evidence collated during the Option Appraisal, the Steering Group collectively recommended that applicants should be awarded a composite score of Educational Performance at Medical School, and performance in a Situational Judgement Test, defined as follows;

**Educational Performance Measurement** - Each Medical School will provide a fine-grain educational performance ranking score for each applicant from their school. The ranking will be based on the applicant's performance in their educational progression at medical school up to that point. The ranking score will be derived by application of a standard framework, which will be agreed through the Medical Schools Council by working with its constituent Medical Schools and through consultation with medical student representatives and key stakeholder groups. The score will be derived from a number of curricular elements with an agreed weighting for each of these elements across all schools.

Professor Mike Greaves, Aberdeen, is leading work within the Medical Schools Council to develop a standard framework for the measure of Educational Performance at Medical School.

**Situational Judgement Test (SJT)** - Each applicant will undergo an invigilated test on one of two agreed dates, designed to assess the individual's judgement regarding situations encountered in the workplace. Candidates will be presented with a set of hypothetical work-based scenarios and asked to make judgements about possible responses. Candidates' responses will then be evaluated against a pre-determined scoring key. SJT scenarios will be based on extensive

analysis of the job role of the Foundation Programme and are concerned with testing attitudes and ethical values, rather than knowledge or clinical skills.

The Steering Group submitted its final recommendations to the Department of Health in mid-September. The recommendations were accepted in principle by NHS: Medical Education England. The Department of Health is awaiting the outcomes of an independently commissioned Feasibility Study before approaching the Treasury for funding to take forward pilots.



The Option Appraisal maintained a high online profile survey and discussion website



**Widening Participation**

# Widening Participation

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## Fair Access to the Professions



In January, Professor Sir John Tooke (*left*) was announced as the representative for Medicine on The Panel of Fair Access to the Professions, led by the Rt. Hon Alan Milburn MP. The role of the Panel was to ensure everyone has an equal chance of entering the main professions, whatever their background. The Panel examined the ways in which the professions and government can tackle the obstacles identified through their work. The final report was released in July with recommendations on what the professions, the government and others should be doing to increase social mobility.

The Medical Schools Council submitted written evidence to the Panel in March 2009 outlining initiatives being undertaken at UK Medical Schools and confirming its commitment to widening access. Professor Peter Kopelman, St George's London, was subsequently invited to give oral evidence to the Panel in July. The Medical Schools Council welcomes the final report and agrees that for the benefit of all, further efforts must be made to excite young people from all backgrounds about the rewarding challenges offered by a medical career. The Medical Schools Council's submission of evidence to the Panel and response to the final report is available via the website: <http://www.medschools.ac.uk/News/Pages/Unleashing-Aspiration-MSC-response.aspx>

The Panel's report made a number of recommendations requiring action by Medical Schools and universities within the next 18 months. From the report there are three key themes which will be the focus of the Medical Schools Council's work in this area: aspiration raising through outreach work; improving access to and the availability of quality information and advice on medical careers; and ensuring a best practice approach to admissions that is sensitive to the widening access agenda. Member Schools will be addressing these themes locally, whilst the Medical Schools Council will work to co-ordinate, support and recognise members' efforts. The process of gathering evidence for the Panel served to highlight examples of good practice in this area which could usefully be shared. The Medical Schools Council has begun work on a booklet which looks at widening participation initiatives across UK Medical Schools, and will include profiles on those students who have benefited from the current schemes and approaches.

A close-up photograph of a glass dropper containing a yellow liquid. The dropper is positioned diagonally, with a single drop of the liquid hanging from its tip. The background is a vibrant blue with a repeating pattern of textured, oval shapes that resemble the segments of a DNA double helix. The lighting is dramatic, highlighting the glass and the liquid.

# Clinical Academia

# Clinical Academia

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## Clinical Academic Staffing Survey



The Medical Schools Council published its seventh annual survey of 'Clinical Academic Staffing Levels in UK Medical and Dental Schools as at 31 July 2008' in May 2009. The 2008 update identifies both opportunities and challenges for clinical academic medicine. The data indicate an increase in the total staffing level of Professors, Senior Lecturers and Lecturers for the second consecutive year, to a total of 3,032 FTE (Full Time Equivalent) - the highest level since 2004. Encouragingly, the greatest increase is 6% at Lecturer grade. The 2008 data reveal that, for the first time, Professors make up the greatest proportion of the clinical academic team (43%). Clinical academics aged 46 or over make up 58% of the medical clinical academic team at Medical Schools, compared with 53% in 2004 and despite encouraging signs that the decline reported in previous publications may be halted, the data reveal concerning trends in some medical specialties. It is to be hoped that the ethnic diversity and higher proportion of women at Lecturer grade will permeate the staffing composition at higher grades in years to come. The survey was distributed to all Medical and Dental Schools and Medical Royal Colleges and is available via the Medical Schools Council website: [www.medschools.ac.uk/AboutUs/Projects/clinicalacademia](http://www.medschools.ac.uk/AboutUs/Projects/clinicalacademia).

Discussions with Professor Dame Sally Davies, Director General of Research and Development for the Department of Health, and Sir Mark Walport, Director of the Wellcome Trust, revealed shared concerns about identifying the pipeline of the clinical academic workforce. Colleagues at Brighton and Sussex, Barts and the London and Sheffield are leading pilots to extend the scope of data collection to include early career academics in training posts or other research active posts. This work is being undertaken in parallel with the NIHR projects to develop a tracking mechanism for Academic Clinical Fellows.

## Clinical Academic Jobs website

The Clinical Academic Jobs website has continued to do grow this year with an average of 1,461 visitors per month, compared with 1,351 in 2008. Of these, 308 were returning visitors, demonstrating that people are continuously using the website as a source for clinical academic jobs. On average there were a total of 3,808 page loads per month and despite the current economic crisis 271 jobs were posted this year - an average of 25 per month. All Medical Schools have now signed up to use the website. The majority of visitors come from the UK and the rest of Europe but a significant number also come from the United States, Australia, India, South Korea, China, Japan and South Africa.



Visitor map as at 6.11.09

## Women in Clinical Academia

Dr Katie Petty-Saphon and Professor Debbie Sharp were members of the National Working Group on Women in Medicine, Chaired by Baroness Deech, which presented its report *'Women doctors: making a difference'* to Sir Liam Donaldson in October. The recommendations of the working group include improving access to mentorship and careers advice, encouraging women in leadership and encouraging more women to apply for a Clinical Excellence Award. Medical Schools are working to improve access to mentorship and careers advice for all current and prospective students, particularly women. The publication of the Clinical Academic Staff Survey indicated that female clinical academics are more likely than their NHS counterparts to hold a Clinical Excellence Award, although the gender disparity is evident. The Medical Schools Council continues to support the work of the Royal College of Physicians, with Professor Debbie Sharp speaking at the launch of *'Women and Medicine: The Future'* in November.

## Promoting Clinical Academic Careers

Professor Iain Cameron, Chair of the Clinical Staffing and Employment Sub-Committee, wrote an article for the October NHS Bulletin entitled *'Promoting Clinical Academic Careers to Young Doctors'*. It outlines the benefits of a clinical academic career and why young doctors should choose this career path. This is part of the on-going work by the Medical Schools Council to raise awareness of clinical academic careers among junior doctors. The full article can be accessed at: <http://www.medschools.ac.uk/AboutUs/Projects/clinicalacademia/Pages/Clinical-Academic-Careers-to-Junior-Doctors.aspx>



# Consultation Responses

# Consultation Responses

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The Medical Schools Council has responded to a number of relevant consultations this year. Different consultations require different approaches; several key responses for 2009 are described below. The full responses can be found via the website: [www.medschools.ac.uk/News/Consultations](http://www.medschools.ac.uk/News/Consultations)

## **GMC's Tomorrow's Doctors Consultation**

The GMC began consulting on the *'Tomorrow's Doctors'* publication in 2008, involving Medical Schools Council members and other key stakeholders in developing the draft document. A meeting, co-chaired by Professor Sir John Tooke and Professor Michael Farthing, was held with Medical School Deans for Education and representatives from the GMC at Woburn House on 20 February. Professor Tooke commended the GMC for the direction taken with the revised draft and highlighted that the outcomes for graduates map well onto those skills and attributes identified in the Role of the Doctor Consensus Statement. Delegates discussed the revised draft and worked in groups to develop responses to each of the consultation questions. The Medical Schools Council supports the final version of *'Tomorrow's Doctors'*, published in September 2009, and Medical Schools will be working closely with the GMC to implement any necessary changes by 2011/ 2012.

## **The General and Specialist Medical Practice Order 2010 (DH Consultation on PMETB)**

The Medical Schools Council responded to the DH consultation on the PMETB/GMC merger in August. The Medical Schools Council agreed that responsibility for all medical education and training, together with the associated legal powers, should be vested in a single body. The Medical Schools Council is supportive of the merging of responsibility between the GMC and PMETB as it should create a more streamlined process for the regulation and quality assurance of

medical education. Based on the GMC's experience and innovations in regulation, the Medical Schools Council believes it would be difficult to think of another body that is as well placed to regulate medical education.

### **Revision of the Foundation Programme Curriculum**

The Medical Schools Council responded to the UK Foundation Programme Office consultation on proposed changes to the Foundation Programme Curriculum. The response was largely complementary; noting that the curriculum was well written and clearly presented, with explicit linkage to the pillars of Good Medical Practice and appropriate emphasis on the key skills required of doctors at this stage of their medical practice. It was also highlighted that any revisions to the Foundation Programme Curriculum should be aligned with the required outcomes for graduates as outlined in Tomorrow's Doctors 2009. The Medical Schools Council suggested a number of areas that need to be taken into account including; placing a greater emphasis on the skills required for non-acute care - including a specific outcome on working across cultures; strengthening the document in relation to working nights; and defining the terms 'multi-professional' and 'multi-disciplinary'.

### **Report to Ministers from the DH Steering Group on the Statutory Regulation of Practitioners of Acupuncture, Herbal Medicine, Traditional Chinese Medicine and Other Traditional Medicine Systems Practised in the UK**

The Medical Schools Council jointly responded to the Department of Health Steering Group consultation in conjunction with Sense About Science, the Physiological Society, Academy of Medical Royal Colleges, Medical Research Society and IBMS on whether, and if so how, to regulate acupuncturists, herbal practitioners and traditional Chinese medicine practitioners. The Medical Schools Council does not support the proposal to introduce tailored professional regulation for these groups. This is because these treatments have little scientific evidence base, yet the introduction of professional regulation may give the impression that they are equivalent to the treatments that are evidence based and that their practitioners have the knowledge, skills and attributes of fully qualified medical doctors. If patient safety is likely to be compromised by these practices to an extent that cannot be dealt with through existing products and trading standard regulation, then conventional medical training should be required of practitioners and only under those circumstances should professional registration be considered.

## The Bologna process and its Implications for Medical Education

The Medical Schools Council responded to the AMEE / Medine 2 Statement on the Bologna Process and its Implications for Medical Education. It confirmed it remains implacably opposed to the development of a pan European curriculum for medicine. Furthermore, the Medical Schools Council sees no need to formalise the division into Bachelor level and Masters level qualifications. It is feared that for widespread transfers to become a realistic option within the UK and across Europe would lead to a standardised curricula, which could lead to the restoration of a preclinical/clinical divide rather than the widely valued integrated approach that is now feasible in the UK. UK Medical Schools are in favour of medical students gaining overseas experience, both in Europe and beyond, and already offer students extensive opportunities through Student Selected Components and 'elective' periods spent outside the UK. However, the Medical Schools Council believes that any calculation of credits should be for the whole of a medicine course and relate the achievements to outcomes at graduation, rather than to individual components.

## Supporting our future NHS workforce: a consultation on the NHS Bursary Scheme

The Medical Schools Council, Council of Deans of Health, Dental Schools Council and Universities UK jointly responded to the Department of Health's review of NHS Student Support in England. The response is supportive of the aims of the review, in particular the need to; ensure that any policy changes are evidence based and takes account of cost effectiveness, the need to attract high quality students from a diverse range of backgrounds, and the need to retain graduates so that they contribute to the future healthcare workforce. It is agreed that the future financial support system for NHS funded students should take into account the wider student finance system as a whole and ensure there is equality of funding within, and between, healthcare student groups. The response also highlights that the future financial support system should acknowledge the widening participation agenda in higher education, support the strong historical record of intelligent and informed recruitment processes within universities to widen access to healthcare programmes, and be simple to understand and easy to access.

## Research Excellence Framework Consultation

The Medical Schools Council responded to the Higher Education Funding Council for England; the Higher Education Funding Council for Wales; the Scottish Funding Council; and the Department of Employment and Learning, Northern Ireland Government regarding the Research Excellence Framework (REF) Consultation. The response highlighted the Medical Schools Council's concerns about the REF and its implementation. Members felt that the proposed timeline for implementation did not allow institutions enough time to prepare for the REF so soon after the RAE, particularly given the additional pressure institutions are under from the current financial environment. Concerns were also raised in relation to how the impact of research would be assessed, members felt quite strongly that the assessment criteria for each discipline should be set by the academic community working in that discipline, which would address much of the concern around the inclusion of impact in the REF. In relation to clinical medicine specifically - whilst members agreed with the large reduction in the number of Units of Assessment as a way to improve the ability of panels to achieve consistency, there may also be a need for formal measures to deal with the large volumes of returns in clinical medicine. The response also highlighted that in addition to the four planned clinical medicine pilots, there should also be pilots for Public Health and Primary Care as high quality research in these areas is essential and so must be supported.



**Students**

# Students

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## Fitness to Practise Guidance



On March 9 2009, the Medical Schools Council and the General Medical Council launched the revised version of *'Medical Students: professional values and fitness to practise'* guidance. Like the previous version published in 2007, the aim of the current guidance is to balance a positive approach to professional behaviour of medical students with more specific advice for Medical Schools on how to develop consistent fitness to practise procedures. The revised guidance looks at the scope of student fitness to practise including how issues of health can impact on an individual's fitness to practise in greater detail, and emphasises the importance of the role of student support in providing medical students with opportunities to seek support before an issue becomes a fitness to practise concern. The guidance also has more detail on defining and applying thresholds for student fitness to practise and offers a decision making chart for Medical Schools. These changes to the guidance came as a result of the work by the GMC and Medical Schools Council Student Fitness to Practise (SFtP) Working Group and views voiced by Medical School representatives at the GMC and

Medical Schools Council SFtP Engagement Workshop held in 2008. All Medical Schools have received copies of the guidance and the PDF is available on the Medical Schools Council website: [http://www.medschools.ac.uk/Publications/Pages/GMC\\_MedicalStudents.aspx](http://www.medschools.ac.uk/Publications/Pages/GMC_MedicalStudents.aspx)

## Visas

The Medical Schools Council worked closely with Universities UK to persuade the UK Border Agency to reconsider the proposed 4 year maximum length of leave. The issue was raised in the House of Lords through Baroness Finlay, as well as through a joint letter with Universities UK. It has now been agreed that for all courses the UKBA will grant a visa for the entire duration of the course. This is particularly good news for medical education where the majority of courses exceed 4 years.

## Flu Pandemic Guidance / Statement

In response to fears of a staffing crisis in the NHS caused by the outbreak of Swine Flu, the Medical Schools Council released a statement regarding the use of medical students in Trusts to support the delivery of healthcare in the event of an Influenza epidemic. The statement can be accessed via the Medical Schools Council website: <http://www.medschools.ac.uk/Publications/Pages/Pandemic-Flu.aspx>. The Medical Schools Council also worked closely with the Department of Health on its guidance on the use of medical students - '*The Contribution of Medical Students to Services in Pandemic Flu*' - which can be accessed via the Department of Health website: <http://www.dh.gov.uk/en/Publichealth/Flu/Swineflu/WorkforceandHumanResourcesinformationandguidance/index.htm>



**Safe Prescribing**

# Safe Prescribing

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## Safe Prescribing Meeting

The Safe Prescribing Working Group, led by the Medical Schools Council with input from the General Medical Council, British Pharmacological Society (BPS) and students, first met in May 2007 in response to concerns raised in the media regarding prescribing errors by junior doctors. One of the group's key recommendations was to allow medical students to access e-learning materials in safe prescribing, which at the time were being developed for foundation doctors. In 2008 important funding was obtained for the development of an e-learning package for undergraduates to support their learning in basic and clinical pharmacology, which will include over 300 learning sessions once completed. The development of this tool – named '*Prescribe*' - is being led by the BPS and e-Learning for Health (e-LfH).

On 15 October 2009, the Medical Schools Council and the *Prescribe* team organised a meeting at the Department of Health with representatives from 26 of the 31 UK undergraduate Medical Schools. Presentations were given by Professor Tony Weetman, Chair Medical Schools Council; Professor Simon Maxwell, Edinburgh University and the academic lead for *Prescribe*; Martin Gower, Project Manager, e-LfH; and Joe Harper, Customer Support Manager, e-LfH. Delegates learned about the *Prescribe* curriculum, assessment options, and additional features including the online formulary and projected project timelines. The meeting helped to identify individuals within Medical Schools who are in a position to contribute to the *Prescribe* content and several Medical Schools volunteered to pilot the tool. A 'soft launch', whereby the proportion of the 300 sessions planned for development will be made accessible to the pilot schools, is planned for August/September 2010. A summary of this meeting can be accessed via the Medical Schools Council website: [www.medschools.ac.uk](http://www.medschools.ac.uk)

The Medical Schools Council continues to play a role in the development of *Prescribe* through the Executive group and is also keen to continue to explore and support the role for e-learning in undergraduate medical education.



**Admissions**

# Admissions

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## Admissions Deans meeting

On 1 April, the annual meeting of the Medical School and Dental School Admissions Deans was held. The meeting was chaired by Professor Tony Weetman and Professor David Yates, Director of Admissions, School of Medicine, University of Manchester. They led an informative agenda exploring issues in undergraduate admissions including assessment, work experience and regulation of the professions. Attendance was high with representatives from the 31 undergraduate Medical Schools. This was the first combined meeting hosted by the Medical Schools Council and Dental Schools Council, and it was unanimously agreed to be a useful forum to inform good practice.

Delegates enjoyed presentations and discussions from Dr Sandra Nicholson, Chair, UKCAT and former Associate Dean of Admissions at Barts and the London; Connie Cullen, Director of Admissions and UK/EU Student Recruitment, University of York; Dr Gordon Dent, Director of Admissions for Undergraduate Medicine, Keele University; Peter Swift, Deputy Director of the Safeguarding Group, Department for Children, Schools and Families; Janet Graham, Director, Supporting Professionalism in Admissions; Anthony Egerton, Assistant Director of Registration, General Medical Council and Peter Butler, Quality Assurance Officer, General Dental Council.



Gordon Dent addresses the conference



Feedback from the discussion groups on fitness to practise, CRB checks, careers advice and the admissions principles

Workstreams have been established to take forward topical issues including the implications of the ISA for medical students, verifying work experience claims and declarations of criminal convictions.

# Contact Us

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## Secretariat



Katie Petty-Saphon  
*Executive Director*



Barbara Anderson  
*Executive Assistant*



Jocelyne Aldridge  
*Policy Officer*



Siobhan Fitzpatrick  
*Policy Officer*



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If you would like any more information on any of the subjects highlighted in the annual report, please contact the Medical Schools Council on +44 (0)20 7419 5427 or email [admin@medschools.ac.uk](mailto:admin@medschools.ac.uk)

