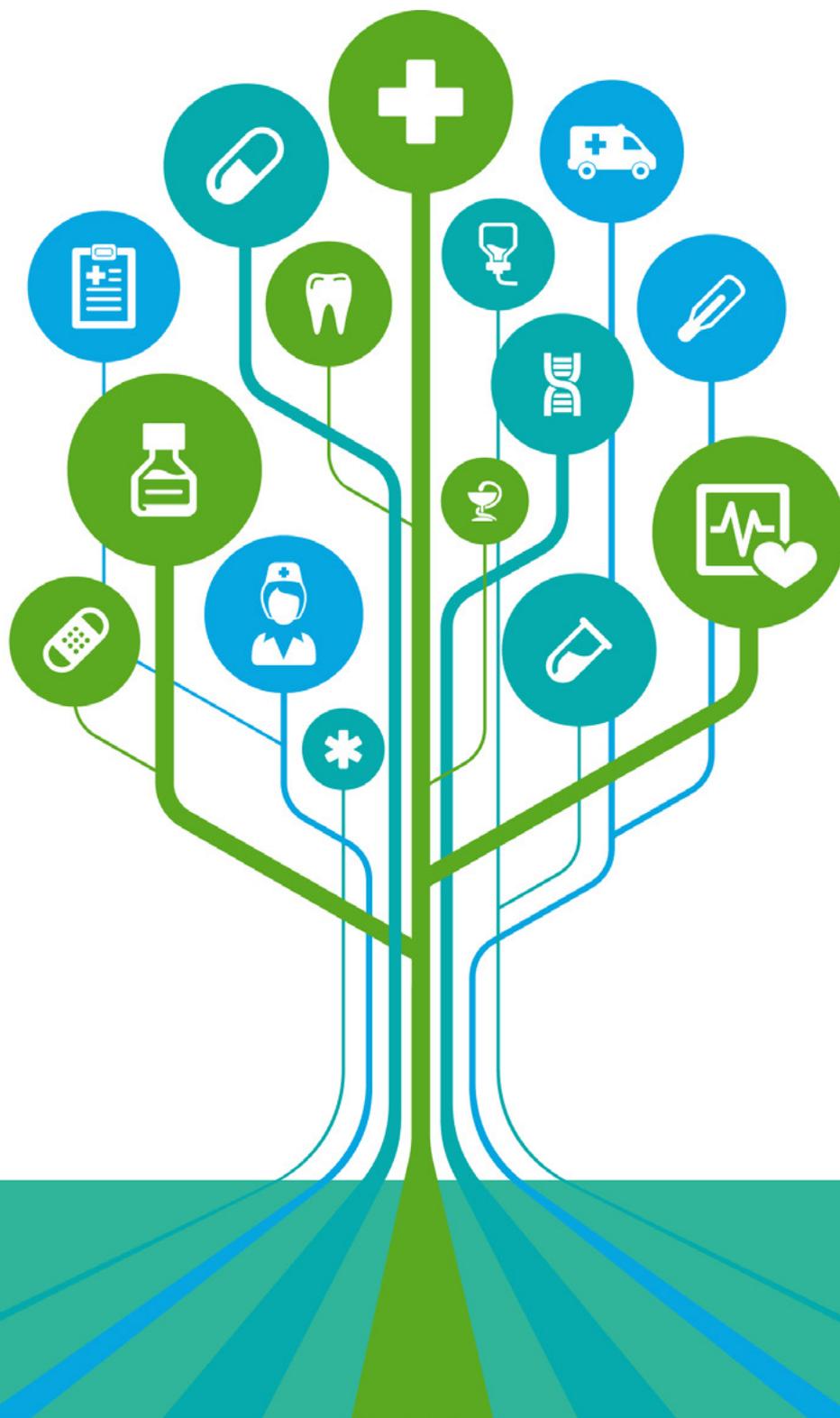


Annual Review 2014



Contents

Foreword from the Chair	2	Promoting Research	24
Mission	5	REF impact publication	24
Strategic aims	5	Research Deans Network	24
Influencing policy.....	6	Liaison with academic trainees	25
Securing full registration for graduates of UK medical schools.....	6	INSPIRE and NASMR.....	25
Shape of Training Review.....	7	Maintaining and Developing Close Working Relationships	26
Widening participation.....	9	Academy of Medical Sciences	26
Preparedness for Practice	12	Association of UK University Hospitals	26
Transfer of information	12	BMA Medical Students Committee	26
Values-based selection	12	Conference of Postgraduate Medical Deans of the United Kingdom.....	26
Prescribing Skills Assessment (PSA)	13	Dental Schools Council	27
Championing assessment.....	14	General Medical Council.....	27
Medical Schools Council Assessment Alliance (MSCAA)	14	Health Education England	27
Selection to the Foundation Programme 2014	16	Universities UK.....	27
UK Medical Education Database (UKMED) ...	17	Consultation responses	28
International Network for Researchers in Selection into Healthcare (INReSH).....	18	Sub-committee membership.....	29
Optimising processes	19	Websites	31
Admissions	19	Secretariat	32
Student fitness to practise	19		
Electives	20		
Supporting and promoting clinical academic careers	22		
Annual Survey of Clinical Academic Staffing Levels	22		
Athena SWAN	23		
Clinical Excellence Awards	23		

Foreword from the Chair



Professor Iain Cameron

The MSC Annual Review 2013 outlined key areas including the work of the MSC Assessment Alliance (MSCAA), development of the Prescribing Safety Assessment (in partnership with the British Pharmacological Society) and the introduction of the Situational Judgement to aid selection into Foundation Year 1. The Review drew attention to the need to be vigilant in relation to numbers of clinical academics at all levels, and described renewed activity on widening access to the medical profession and the need to enable all suitable UK graduates to secure full registration with the GMC.

The last 12 months have seen significant progress. Building upon work comparing standards of written final examinations across schools, MSCAA is exploring how this approach might be applied to clinical examinations. The Prescribing Safety Assessment, a robust evaluation of prescribing in readiness for clinical practice, was taken by 7,500 candidates in 2014. In light of a possible new national licensing examination, MSC will work with the GMC and Health Education England (HEE) to ensure that current and future assessments best evaluate the skills, experience and aptitude required to deliver high quality clinical care.

The Final Report of the Selecting for Excellence Group was launched at the House of Lords in December 2014. Despite a range of recent initiatives to widen access to the profession, 80% of applications to medicine come from 20% of schools and colleges. The Report sets a number of challenges, including targets to deliver a step change in widening access. A new Medical Schools Council Selection Alliance (MSCSA) has been established to lead implementation of the Report's recommendations.

The Shape of Training Review was published in October 2013. The Review assessed postgraduate medical education

and training in the UK to ensure that doctors now and in the future are equipped to meet the changing needs of patients, society and health services. Medical schools are already addressing a number of recommendations, including more involvement of patients in teaching and better careers advice so that students are well prepared for the workforce. There has been recent debate about the need for the country to train more GPs. MSC will work with HEE and others, including the Royal College of General Practitioners, to inspire students to consider a career in primary care.

Shape of Training stressed that medical graduates at the point of registration must be able to work safely in a clinical role, with experience of and insight into patient needs. The Review also recommended that full registration should move to the point of graduation. Medical Schools Council has continued to work with the Department of Health, HEE and the GMC, to determine how best to secure full registration for all suitable UK medical graduates, acknowledging the primacy of patient safety, drawing upon best practice in medical education, and recognising the intense competition for places on Foundation Year Programmes.

In relation to clinical academic careers, the most recent MSC Annual Survey of Staffing Levels contained good news, particularly about the number of clinical lecturers. However, we need to support careers across the whole academic pipeline. The Shape of Training workshop on the clinical academic pathway, led by MSC and the Academy of Medical Sciences, highlighted the need for more flexibility for those choosing to have a career break, for those working in disciplines such as public health and general practice, and to permit exposure to research for all doctors. The Athena SWAN programme demonstrates improved career opportunities for women in science and medicine. Whilst there has been an increase in the number of women embarking upon clinical academic careers, there are proportionately fewer women in senior positions. Working with the Dental Schools Council, our new Advisory Group will make recommendations in 2015 on ways in which we can further support academic careers for women in medicine and dentistry.

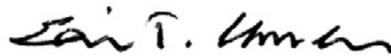
I hope that you enjoy reading the MSC 2015 Annual Review. I am grateful to all members of Council and their teams in

“to ensure that doctors now and in the future are equipped to meet the changing needs of patients”

“Research is
crucial for the
provision of the
best healthcare”

the medical schools for the huge amount of work that they do across the spectrum of medical education and research. I thank those on the MSC Executive and the MSC Assessment Alliance for their insightful contribution, and colleagues in the MSC Office, working under Katie Petty-Saphon’s enthusiastic leadership, for outstanding effort throughout the year.

Finally, I couldn’t close without mentioning the Research Excellence Framework, REF 2014. Research is crucial for the provision of the best healthcare. Take a look at our latest publication, “The Health of the Nation – the impact of UK medical schools’ research”, to see the breadth and depth of world-leading research with outstanding impact across all medical schools.



Professor Iain Cameron
January 2015

Mission

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 the Council occupies a unique position, embracing medical undergraduate education, health-related research, and a critical interface with the health service and postgraduate education and training. Its mission is to support its members as they seek to optimise the quality of the myriad activities undertaken within the UK's medical schools.

Strategic aims

The strategic aims of the Medical Schools Council are:

1. To be the authoritative voice of all UK medical schools
2. To identify issues and come up with solutions which optimise the public investment in medical education and research
3. To provide high-quality services which add value for members
4. To respond proactively to the development and change that characterises the interface between Higher Education and the NHS
5. To facilitate the transition between undergraduate and postgraduate environments
6. To optimise the quality of medical education and to be a global leader in the assessment arena
7. To promote clinical academic careers
8. To support the high-quality, health-related research in all medical schools, recognising that the nature and scale of such research will differ between institutions
9. To maintain close working relationships with partner institutions

“the authoritative
voice of all UK
medical schools ”

Influencing policy

Securing full registration for graduates of UK medical schools

For the last four years the Medical Schools Council has become increasingly concerned that the number of eligible applicants to the Foundation Programme, which is open to graduates from the EU as well as the UK, exceeds the number of posts available. Full registration with the GMC is currently contingent upon successful completion of the first year of the Foundation Programme (F1). Historically, all eligible applicants from UK medical schools were able to secure a place on the Foundation Programme as the number of posts exceeded the number of applicants, and therefore they have had the opportunity to achieve full registration with the GMC and go on to practise as a qualified doctor. Medical schools feel a sense of obligation to their students to ensure that all suitable graduates have the opportunity to achieve full registration.

“Medical schools feel a sense of obligation to their students to ensure that they have the opportunity to achieve full registration.”

GMC provisional registration was first introduced through the Medical Act of 1950, based on the recommendation of the 1944 Goodenough Report that no doctor should be able to become an independent practitioner without a year of supervised practice. Over 60 years later, the provisional registration mechanism is still in place, despite the following developments:

- Intense supervision with multiple formal assessments during the now two-year-long Foundation Programme, and beyond into core and specialty training
- Revalidation
- Requirement for a licence to practise and its link to revalidation
- The introduction of shadowing/student assistantships in

the final year of undergraduate medicine

- Far more rigorous inspection of medical schools
- GMC and medical school focus on student fitness to practise
- Over 40% of medical graduates undertake their F1 year at sites distant to their parent medical school, although the medical school has ultimate responsibility for signing these students off and for conducting any appeals against failure to achieve full registration.

The value of provisional registration as originally conceived is therefore questionable in terms of protecting patients, and 60 years after its introduction MSC believes that the time has come to re-examine its purpose.

The major challenge now faced is to ensure that the current generation of well prepared and safe medical graduates secures full registration. As outlined in the HEE Mandate, 'the existing system needs reform, so that there is a clear and sustainable path which enables all suitable graduates to secure full GMC registration'. Removing the provisional registration 'step' may help to achieve this reform.

The proposed move would enable all UK medical students to achieve full registration when they successfully pass their university medical degree at a standard set to ensure patient safety. However, such a move would also raise complex issues which will need to be addressed, including the impact on four-year graduate entry programmes and the pattern of future applications to the F1 year from EU graduates.

The Medical Schools Council looks forward to working with partner organisations including those in the devolved administrations to resolve these issues for the benefit of patients.

“The major challenge now faced is to ensure that the current generation of well prepared and safe medical graduates secures full registration”

Shape of Training Review

In September 2014, six workshops were held in order to develop advice for Ministers around the implementation of the Greenaway Review into the Shape of Training. MSC was invited to run the workshop around the Academic Pathway. The fifty four delegates from across the UK included the

public, students, trainees, employers, regulators, health officials and clinical academics. Debate was lively and constructive and the following conclusions emerged:

- A faculty of “academics”, comprising researchers, innovators, educationalists and leaders, is an essential component of capacity building for tomorrow’s NHS. Evidence shows that research and innovation have a direct, positive impact upon the quality of patient care and the potential to transform poorly performing organisations. Every trained doctor working in the NHS needs to be “research aware” to accelerate innovation in health and maximise wealth-creation opportunities.
- Outcome studies indicate that NIHR funding has established cohorts of active and productive clinical researchers across the NHS, often in partnership with universities and industry.
- We need to ensure that current integrated academic training programmes evolve to fit within a generalist/specialist approach and provide an attractive and productive career pathway.
- There must be greater personalised, flexible approaches to support careers in research and enterprise with multiple entry points. Such programmes need to attract, incentivise and retain the most talented doctors by permitting mobility nationally and internationally, as well as within areas of expertise.
- Broad-based training will provide opportunities for cross-disciplinary research and the practical realisation of “Team Science”. Greater emphasis on care in the community will foster an epidemiological approach to community/public health and disease prevention.
- The importance of joint working between deaneries, NHS trusts and universities must be re-emphasised; generic academic competences based on skills acquired rather than duration in post, need to be properly assessed at the ARCP in all curricula along with clinical competencies. Postgraduate deaneries need high-quality academic representation. **There is need for a national perspective: consideration should be given to convening a four-nation committee that would be given responsibility for pan-UK progress.** It would have power to overturn unsatisfactory local compromises

“greater personalised, flexible approaches to support careers in research and enterprise with multiple entry points”

that diminish the quality of academic training.

- Research awareness for all, including: GCP accreditation, research methodologies (trials, statistics, informatics), medical leadership and management, and Masters' programmes providing additional skill sets should be integrated throughout clinical training. Academic training will be a valuable use of the flexible add-on year proposed in the Greenaway review.
- Some workshop participants proposed consideration for a new simplified and streamlined structure for clinical academics in training, which would allow seamless progression from the Academic Foundation Programme, via Academic Clinical Fellowships to integrated (i.e. within programme) PhD research training fellowships. Funders will need to continue to work together to consider how best to configure and deliver optimal post-doctoral opportunities, with a particular need for adequate numbers and funding of clinician scientist fellowships to allow progression to substantive academic posts. Another suggestion was for a unified post-doctoral five-year Clinician Scientist scheme funded through a mixed economy of research funders, Higher Education and NHS agencies. Access to wider careers support such as mentorship will be important, particularly to facilitate clinical academics transitioning to research independence.

MSC believes that whatever the Ministerial decision around the introduction of broad based training, more needs to be done to enhance flexibility within academic training programmes. Medical schools are already taking steps to implement the Greenaway recommendations around outreach, careers advice and patient involvement in medical education.

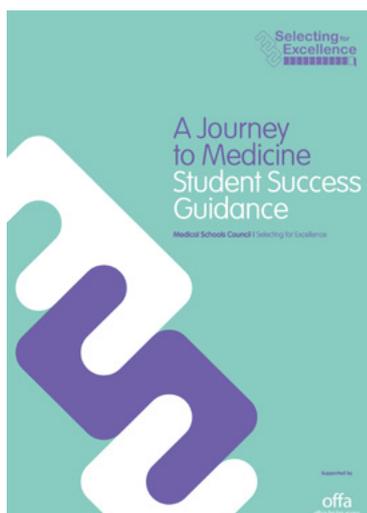
Widening participation

The Selecting for Excellence project arose from two simultaneous challenges for medical schools. Firstly, the 2012 report from the Social Mobility & Child Poverty Commission noted that, in terms of widening access and thus improving social mobility, 'medicine lags behind other professions both in the focus and in the priority it accords to these issues. It



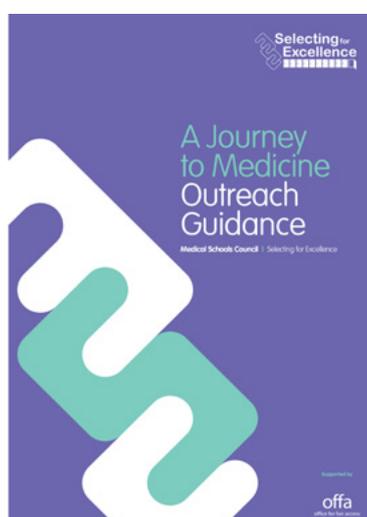


has a long way to go when it comes to making access fairer, diversifying its workforce and raising social mobility'. In addition to social mobility, a medical profession with access to the widest possible talent pool is essential for producing the best possible doctors. These criticisms led to a summit convened by Dr Dan Poulter, Under Secretary of State at the Department of Health, who asked what medical schools were going to do in response. Secondly, the General Medical Council had become aware through quality monitoring visits of considerable diversity in the methods used to assess suitability for admission across the UK medical schools and had commissioned a review, published in 2012, documenting best practice in admissions processes. Medical schools were asked to consider their individual procedures in the light of this report.



Of course these two areas have a close relationship – the best admissions processes are also those least likely to bias admission unfairly against any particular group, and making the processes that are used to determine admission crystal clear to applicants will challenge the myths which have accumulated about what medical schools are looking for.

In considering these two challenges, the heads of UK medical schools determined that an independent project group should be set up to advise on the best approaches to take and recommend specific courses of action.



The project group first met in July 2013 and has gathered information from as wide an array of sources as possible, seeking out best practice and analysing a considerable amount of data to establish what works from access programmes in medicine and elsewhere. It has taken an evidence-based view of policy development, and research has been commissioned to tackle technical issues around selection. It has deliberately focused on measures that can be used to address these issues immediately. These measures include four pieces of guidance and advice:

- Guidance for medical schools on running effective outreach programmes.
- Guidance for medical schools on supporting students from a widening participation background once they have entered medical school.
- Guidelines for applicants on work experience.

- A common statement on the core values, skills and attributes needed to study medicine.

Although it is hoped that the immediate measures recommended will have a catalytic effect, this is inevitably a long term piece of work. The reasons why students from a lower socio-economic background do not access medical school courses are complex and will require complex solutions, but this work sets in place a framework to address these issues.

The Stakeholder Group was chaired by Professor Tony Weetman. The report was launched at The House of Lords on 10 December 2014 and plans are well advanced to implement the recommendations.

“The reasons why students from a lower socio-economic background do not access medical school courses are complex and will require complex solutions”

Preparedness for Practice

Transfer of information

Medical schools should not allow a medical student to graduate if not fit to practise. A student can be fit to practise but have some low-level fitness to practise issues that the foundation school should be aware of, for example lateness and missing placements or lectures without a reasonable explanation. Where the instances have not met the threshold for fitness to practise, the student should be monitored to ensure that a worrying pattern does not emerge. Including this information in the transfer of information process allows foundation schools to continue the monitoring process. For the first time in 2014, this information was included in the Transfer of Information form.

Values-based selection

In response to the Francis Report, HEE has focused on values-based selection and recruitment. There are three strands to this work:

Project One – Recruiting for Values in HEIs

Project Two – Recruiting for Values in the NHS (in partnership with NHS Employers)

Project Three – Evaluating the Impact of Recruiting for Values

This is an area in which medical schools have been active for many years, recognising that an empathetic, patient-focused approach is one of the central, professional attributes medical schools seek to identify in potential students. Methods of selection now consider candidates more deeply than before and the culture is changing to recognise that it takes more than good A-level grades to make a great medical student. HEE's framework underpinning Values Based Recruitment, to which MSC contributed, was launched on 21 October 2014.

“the culture is changing to recognise that it takes more than good A-level grades to make a great medical student.”

Prescribing Safety Assessment (PSA)

The PSA is based on the recommendations of a joint working group established by the Medical Schools Council and the British Pharmacological Society in 2007, and has been designed to reassure patients, the public and the General Medical Council that doctors graduating from medical schools and starting work in the NHS are able to prescribe safely.

This national, structured assessment tests the core competency of basic prescribing. All UK medical schools took part in PSA pilots between February and June of 2014, together with medical schools in the Republic of Ireland and in Malta. The central online software performed well and schools felt adequately supported to manage any technical issues that arose.

The feedback from both students and medical schools was generally very positive and centred on the value of improving prescribing skills at the start of F1, the raised profile of prescribing education at their medical school, the benefits of being able to practise prescribing within the PSA system and the enhanced confidence engendered in the many students who were able to perform well.

The psychometric analysis of the 2014 PSA, conducted by Dr Celia Taylor, was reviewed by the MSCAA Board. It strongly supports the continued delivery of the assessment; however, it was felt that the overall reliability is not yet sufficient for an employment test. The MSCAA encourages all medical schools to also continue to test prescribing in workplace-based assessments. No changes to length or structure of the PSA are planned for 2015.



Championing assessment

Assessment drives learning and the MSC is leading the world as members collaborate to raise standards and ensure that their exams are fair, valid and reliable measures of student performance.



Medical Schools Council Assessment Alliance

The objectives of the MSCAA are to:

Lead the direction of travel

This strategic alliance sends the clear message that medical schools are the seats of assessment expertise and that they are all committed to raising the standard of this activity across the UK, without having solutions imposed externally. The MSCAA provides a forum on assessment for medical schools and allows it to present an expert position on matters relating to medical school assessment to the GMC and other relevant bodies.

Share and develop expertise in assessment development, testing, validation and delivery

The MSCAA facilitates involvement in item writing and quality assurance, resulting in improved individual and institutional skills and knowledge in the construction of high-quality assessments in medicine.

Improve medical school assessment practice through collaboration

A collaborative approach enables individual schools to learn from others' expertise in order to improve their own assessment practices. This approach also encourages partners to maintain and develop their own areas of excellence.

Co-develop high-quality assessment items

One output of the MSCAA is a question bank of high-quality items with face validity and reliability for use by MSCAA partners. All UK medical schools have agreed to include a minimum proportion of finals examination questions from a shared question bank.

Support and carry out research around assessments of undergraduate medical students

MSCAA has established a standard template for monitoring the performance of assessments, both individual items and test papers, based on questions drawn from the bank to evaluate validity and reliability. This in turn will enable members to undertake research to understand institutional variability.

Ensure secure storage and delivery of assessment items

The MSCAA hosts the secure storage and delivery of assessment items for all items developed by members within the Collaboration and Content workstream. It has also extended this service to offer a 'private pool' facility whereby members may author and store their own examination questions in a secure, private area. Development of this facility has continued apace with several members taking up this opportunity to store their local items, allowing these schools to combine their local items with items from the common bank in their examinations.

Optimise value for money

The formation of a common bank of questions will, in the long run, reduce the cost in time and resources for individual medical schools. Through collaboration, schools have now quality-reviewed close to 2,000 assessment items, all of which are available for members to use in examinations. This number continues to rise with new items being generated on a regular basis as the MSCAA works towards a target of 8,000 items. The last 12 months in particular have seen significant progress with the common bank with the introduction of a range of new features for the online facility. These have included an image library, cloning features, conversion tools, and additional performance data for items, all designed to support schools with the development process.

“a standard template for monitoring the performance of assessments”

“generating evidence regarding the comparability of passing standards”

The MSCAA Board, chaired by Professor Val Wass and supported by Veronica Davids, has now been in place for nearly three years and has made significant progress in generating support and enthusiasm for the Alliance. Meetings of the Reference Group have been well attended and have given all medical schools the opportunity to consider assessment issues of national importance and to contribute to the debate. The expertise of members has been recognised with several members invited to represent the Alliance on panels and boards for national projects.

The third year of a common content pilot has made progress in generating evidence regarding the comparability of passing standards for written finals exams across UK medical schools. All UK medical schools will participate in the 2015 exercise.

Selection to the Foundation Programme 2014

Selection to the two year integrated Foundation Programme is based upon:

- An invigilated Situational Judgement Test (SJT) to assess aptitude for the Foundation Programme
- An Educational Performance Measure (EPM), including a decile rank within the graduating cohort, to reflect educational performance at medical school up to the point of application to the Foundation Programme



MSC's assessment activity is undertaken through the new charity and company limited by guarantee, MSC Assessment. Through a Memorandum of Understanding (MoU) with HEE, it is responsible for the design, delivery and implementation of the SJT and EPM decile measures, and to advise on information to applicants, working closely with the UKFPO which manages the overall recruitment and eligibility processes. In order to do so, MSC Assessment has separate MoUs with each of the UK medical schools to deliver the SJT in test conditions to applicants from its school. MSC Assessment is responsible for contracts with Konetic to manage an interface for managing applicant registration for the SJT; with the Work Psychology Group, for the design of the SJT, scoring and evaluation; with Stephen Austin & Sons for the printing, and with UCL Medical School for the scanning services.

The delivery of the SJT for selection into the Foundation Programme 2014 was a success, with more than 8,000 applicants taking the SJT in the UK, under invigilated conditions according to the defined national standards, on the two national dates – 6 December 2013 and 6 January 2014. The analysis of the SJT confirmed that the test is suitable for use as a selection tool, and as a way of differentiating applicants when measured against the person specification.

UK Medical Education Database (UKMED)

In 2013, the Medical Schools Council brought stakeholders together to discuss a proposal to create a database linking undergraduate and postgraduate data, following recent changes in both undergraduate medical selection and postgraduate training and assessment which have created the opportunity for such a database to be made. The General Medical Council's Education and Training Advisory Board considered it beneficial to collaborate with the Medical Schools Council on the project and the GMC commissioned further detailed work on the proposal.

After consideration of this proposal October 2013, stakeholders met and confirmed their support for the project and agreed to investigate possible models to implement the database. In January 2014, it was agreed that the database should be developed in phases with the first phase taking a 'proof of concept' approach by linking a subset of undergraduate data with a set of foundation application system and postgraduate data. This phase will also construct the governance and legal processes for a larger co-ordinated database. Professor Steve Thornton, the Medical School Dean at the University of Exeter, Chairs the Development Group.

The UK Medical Education Database, or UKMED, is a long-term project to collate and store information on the attainment of individuals passing through their medical career, from their application to medical school to life after graduation, into a single database. This will allow researchers to access longitudinal data and better understand how particular groups of doctors progress through their careers and how performance at each stage of the careers relates to subsequent progression.

“a long-term project to collate and store information on the attainment of individuals passing through their medical career”

Researchers will be given access to agreed extracts from this database once their research proposals are approved by the GMC Data Strategy Programme Board and by the UKMED Research Subgroup, chaired by Professor Jon Dowell from the University of Dundee. The GMC is the designated 'Data Controller'. It will be publishing details of the data available to researchers in early 2015.

At undergraduate level, UKMED involves medical schools and selection test suppliers such as UKCAT, BMAT and GAMSAT, as well as the UK Foundation Programme Office and the BMA Medical Students Committee. At postgraduate level it involves the Medical Royal Colleges, Health Education England, NHS Education Scotland, the Wales Deanery, the Northern Ireland Medical & Dental Training Agency, the Conference of Postgraduate Deans and trainees themselves.

INReSH

International Network for Researchers in Selection into Healthcare (INReSH)

INReSH was conceived to encourage and support academics engaged in selection research by providing a platform for multi-disciplinary engagement and dissemination of their work. The inaugural two-day meeting in London on 10 and 11 November 2014 provided an opportunity to work collaboratively with fellow researchers and offered a space for exchanging ideas, generating new thinking and establishing constructive working relationships.

The aim was to bring together both experienced and younger researchers within the field to advance scientific insights. It is intended that this will be the first of many meetings, and that use will be made of this opportunity to scope the future research agenda within this exciting area of academe, with practical applications that may shape the future of selection in healthcare internationally.

The London conference, chaired by Professors Fiona Patterson and Jen Cleland centred around four themed symposia, each with internationally known speakers to start discussions.

Topics covered included:

Values-based recruitment

Predictive validity of selection methods

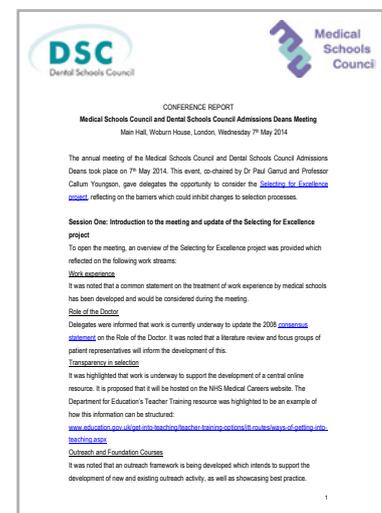
Widening participation

Theoretical developments in selection

Optimising processes

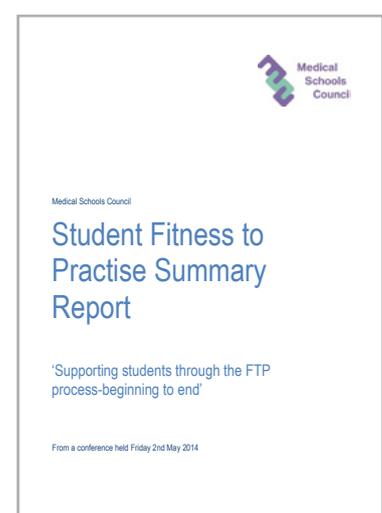
Admissions

The annual meeting of the Medical Schools Council and Dental Schools Council Admissions Deans took place on 7th May 2014. This event, co-chaired by Dr Paul Garrud and Professor Callum Youngson, gave delegates the opportunity to consider the Selecting for Excellence project, reflecting on the barriers which could inhibit changes to selection processes. The meeting also heard from Margaret Farragher, Head of Qualifications and Policy, UCAS, who provided an update on the work of the UCAS tariff advisory group. Richard Amison, Head of Registration and Applications and Rebecca Morris, UK Applications Manager, at the GMC gave an overview of the GMC registration process and some figures on the numbers of students who make positive Fitness to Practise declaration at the point of provisional registration. Professor Nicki Latham, Chief Operating Officer, Health Education England, provided delegates with an update as to the work of Health Education England to embed value based recruitment.



Student fitness to practise

All chairs and secretaries of university Student Fitness to Practise (SFtP) Committees that deal with medical students were invited to attend a conference on Student Fitness to Practise on Friday 2 May 2014. Twenty-eight institutions with undergraduate medical programmes were represented at the meeting. Also in attendance were members of the General Medical Council (GMC) Education and Registration Directorates, a Nottingham Veterinary school representative and representatives from the Office of the Independent Adjudicator. The meeting was co-chaired by Professor Mike Roberts and Mrs Kathleen Fotheringham.



The potentially legalistic nature of the Fitness to Practise procedures was discussed. On the one hand it was stated that this allowed the student to gain support from a qualified professional in the meeting whilst on the other hand the student and panel's view of the process could be considerably altered by their presence.

Toni Smerdon, Principal Legal Adviser for the GMC presented to the conference in relation to the support available to medical students going through Fitness to Practise hearings. It was clarified that it was essential to distinguish between support and representation. An individual who provides support is someone who advises and/or accompanies a student whilst a representative is someone who speaks on behalf of a student but also provides support. It was noted that there was potential overlap regarding the identity of these individuals but that a legal individual would only provide representation. In GMC proceedings it was highlighted that representatives or supporters of an individual cannot also be a witness in the case

Christine Child and Hilary Jones clarified the OIA's role as the final independent adjudication body for university decisions, along with the potential outcomes of any case referred to it (justified, partly justified, or not justified). It was emphasised that the need to provide accurate documentation of decisions is vital; especially details of how these decisions are reached.



Medical Electives Conference 2014
 'Boost or Burden?' – Cultural awareness and the medical elective
 Main Hall, Woburn House, 20 Tavistock Square, London WC1H 9HQ
 Friday 31 October 2014, 10.00-16.00

1. Background
 The second annual Medical Electives Conference was held at Woburn House Conference Centre on Friday 31st October 2014. This brought together medical school elective leads, representatives from student bodies and charities, and students who had undertaken a medical elective placement in the past year.

The theme of this year's conference was 'Boost or Burden? – Cultural awareness and the medical elective'. The conference was a mixture of invited speaker presentations, a student poster presentation session, and break-out discussion groups.

The meeting was chaired by Dr Connie Wisikin. At the outset condolences were expressed to Newcastle University following the recent deaths of two students undertaking elective placements.

2. Symposium 'Innovative way forwards', Chaired by Dr Connie Wisikin
 Paul Jackson, The Hospital Saturday Fund, "Medical electives from the Grant-Moiler's perspective"



Paul Jackson introduced the Hospital Saturday Fund, which was originally founded as a charitable hospital in 1873. Since 2003 the organisation has been incorporated as a charity with increasing amounts and number of grants awarded, these were delivered to a variety of organisations across the UK.

In relation to funding of medical electives, the fund releases £10,000 to three different medical schools each year. The Fund has donated to all the medical schools in Scotland, Ireland (Northern Ireland) and Wales as well as a smaller number in England.

The differences between medical electives offered in schools was outlined to delegates, indeed the MSC Medical Electives Council will attempt to obtain the breadth of differences in a future piece of work.

Electives

The Medical School Electives Council was created three years ago in recognition of the need for improved coordination and focus for medical electives. Meetings are held twice yearly under the auspices of the MSC which allows discussion of related issues, sharing of resources/materials and related lobbying (for example with the UK Border Agency).

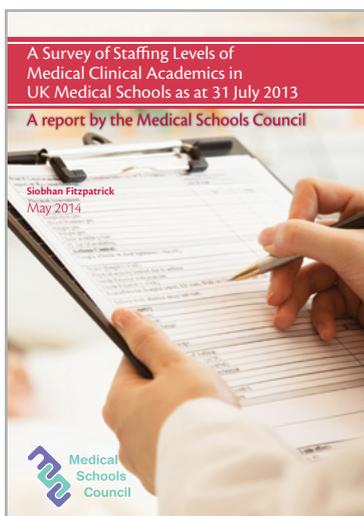
The group is focusing on:

- Health and safety governance / risk management
- Electives and GMC global health objectives
- Indemnity policy and advice
- Objective setting and assessment

- Issues related to incoming elective visitors
- Preparatory materials covering ethical issues

MSC continues to administer a medical elective bursary funded by the Beit Trust. In 2014 year 29 UK medical students were awarded bursaries to support electives in Malawi, Zambia and Zimbabwe.

Supporting and promoting clinical academic careers



Annual Survey of Clinical Academic Staffing Levels

The MSC published its twelfth annual survey, Clinical Academic Staffing Levels in UK Medical Schools, in May 2014, documenting trends in the numbers of Professors, Readers, Senior Lecturers and Lecturers since 2000. Clinical academics make up around 5% of the medical consultant workforce, and they lead the education and research agenda in the UK, liaising with industry and policy-makers, as well as delivering patient care. The 2014 update (data as at 31 July 2013) records 3,133 FTE clinical academics (3,453 individuals) with GMC registration employed on substantive university contracts and holding honorary NHS contracts. Women now make up 28% of clinical academics, a 40% increase since 2004.

Athena SWAN

The Athena SWAN Charter recognises and celebrates good employment practice for women working in science, technology, engineering, mathematics and medicine (STEMM) in higher education and research. In April 2014 three medical schools were awarded a Silver department award (Lancaster, University College London and Birmingham), with a further four awarded the Bronze department award (Durham, Swansea, Norwich and Hull York). This brings the total of medical schools currently holding a Silver award to 10, and those with a Bronze award to 10. Across all medical school departments 19 hold a Silver department award and 27 a Bronze department award. All schools are actively working to improve their working practices with targeted support for women, and a number of schools have been recognised for

their commitment to combating this underrepresentation and advancing the careers of women in research and academia.

Dr Jan Bogg is seconded part-time by the University of Liverpool as an MSC and DSC adviser on Athena SWAN in order to advise on the application process and to facilitate the sharing of best practice between schools. Dr Bogg Chairs the ECU Athena SWAN Medical and Dental Advisory Group and sends bi-monthly newsletters to medical and dental school leads. A website has been developed to include links to sources of data, 'hints and tips' for applications, and information about targeted regional workshops.

MSC is mindful of the small number of women among its Council members and at the top of clinical academic medicine. It has instigated a working group in order to proactively promote and facilitate gender equality across the sector.

Clinical Excellence Awards

The MSC was pleased that the 2014 round of Clinical Excellence Awards was permitted to take place in England, but remains concerned about the situation in the devolved administrations, comparability between the four UK countries, and the UK's competitiveness in the international arena to recruit and retain truly excellent researchers. Professor Ian Greer, the Pro Vice-Chancellor at the University of Liverpool, now chairs the group assessing platinum applications on behalf of Universities UK and the Medical Research Council.

“advancing the careers of women in research and academia”

Promoting research



REF Impact publication

Many MSC members participated in the Research Excellence Framework (REF) panels and sub-panels. MSC has particularly benefited from the advice of Professors Day, Iredale and Stewart in the construction of the MSC publication *Health of the Nation: The impact of UK medical schools' research*.

It will be published in January 2015 and will provide examples from all medical schools demonstrating graphically the high impact of their work not only in clinical developments but also on the economy, on society and globally.

Research Deans Network

The inaugural meeting of the MSC Research Deans Network took place at Woburn House on 21 November 2014. The meeting reflected on the role of the medical school research dean: experiences, development needs and opportunities. There were helpful presentations from the funders, including John Williams from the Wellcome Trust, Rob Buckle from Medical Research Council, Liz Philpotts from the Association of Medical Research Charities and Louise Wood from the National Institute of Health Research. In the afternoon, Graeme Rosenberg of HEFCE led a discussion on experiences of the recent Research Excellence Framework (REF 2014) exercise.

Liaison with academic trainees

Professor Jim Neilson, the NIHR Dean for trainees, continues to provide helpful updates on the NIHR-integrated academic training pathway. Our Research Sub-Committee recommended that NIHR provides feedback to medical schools in the event that their staff are unsuccessful in gaining fellowships. It was felt that this would enable medical schools to address areas of relative weakness for individuals and to improve the quality of future applications. Members are keen to share learning between medics and non-medics as the NIHR Clinical Academic Trainee programme develops.

“keen to share learning between medics and non-medics”

INSPIRE and the National Association for Student Medical Research (NASMR)

MSC Deans have provided strong support to the development of student research initiatives through the Academy of Medical Sciences’s INSPIRE programme. There has been an encouraging growth in projects linking multiple medical schools and hospitals. The MSC secretariat has also been asked by the Wellcome Trust to support the National Association for Student Medical Research and this is in hand. The new Chair will be talking to Council in February 2015.

Developing close working relationships



Academy of Medical Sciences

The Academy of Medical Sciences promotes advances in medical science and campaigns to ensure these are translated into healthcare benefits for society. As such its mission is closely related to that of MSC and the two organisations continue to work closely together. In 2014 there was particularly close collaboration in the construction of the Shape of Training workshop on the Academic pathway.



Association of UK University Hospitals

MSC continues to hold an annual joint meeting with the Association of UK University Hospitals. On 15 - 16 May, MSC members and university hospital chief executives met in St Andrews to review progress on agreed objectives since the previous meeting, to discuss how to optimise outputs in the new NHS through partnership and integration and to thank Professor Hugh MacDougall, the retiring Dean of St Andrews for his enormous contribution over the last 12 years.



BMA Medical Students Committee

The BMA Medical Students Committee Chair is invited to attend Education Sub-Committee meetings as an observer, and is invited to contribute to working groups for example the Transfer of Information and SJT Evaluation.



Conference of Postgraduate Medical Deans of the United Kingdom

Professor Cameron as Chair of MSC has attended COPMeD

meetings and facilitated much closer working between the two groups. COPMeD has been particularly helpful in arranging pilot Prescribing Safety Assessments for overseas doctors joining the Foundation Programme.

Dental Schools Council

MSC and DSC continue to work closely, particularly around issues to do with the EU Directive on the Mutual Recognition of Professional Qualifications, issues affecting clinical academia, and issues of common concern to health and higher education including admissions and fitness to practise. Clarifications received by the dentists concerning the accreditation of prior qualifications have proven equally useful for graduate entry medical programmes.



General Medical Council

MSC continues to work closely with the GMC in co-developing guidance over issues including fitness to practise; mental health, health and disability; selection and assessment. MSC has supported the work of medical school quality leads to optimise the value of the questions posed in the GMC's Medical School Annual Return.

General
Medical
Council

Health Education England

The Medical Schools Council has been pleased to work closely with colleagues in Health Education England (HEE) as it works to articulate its priorities. MSC has responded to the HEE Mandate by suggesting ways in which MSC can assist HEE to meet its objectives. MSC has worked extensively with HEE on the mandate requirements around widening participation and around awarding full registration at the point of graduation.

The logo for NHS Health Education England features the NHS logo (a white cross on a blue background) to the left of the text 'Health Education England'. The text is in a bold, black, sans-serif font.

Universities UK

The Secretariat works closely with UUK staff, particularly around widening participation, volunteering, regulation, admissions, student finance, student visas and the Athena SWAN initiative. Staff attend joint policy briefings and work closely in the area of external communications.

The logo for Universities UK features a stylized blue square containing a white geometric design that resembles a book or a set of steps. Below the square, the words 'Universities UK' are written in a bold, blue, sans-serif font.

Consultation responses

The consultation responses for 2014 are listed below and can be found on the MSC website:

www.medschools.ac.uk/News/Consultations/2014

- AoMRC Foundation Programme Curriculum
- GMC Time limiting provisional registration
- HEDIIP JACS reform
- HEE Beyond Transition
- HEE Research and Innovation Strategy
- HEE Workforce planning
- HRA Students and research
- NHS England Research and Development Strategy
- OfQual GCSE and A level reform
- WHO Public disclosure of clinical trials

Publications have included

- Medical and dental students: Health clearance for Hepatitis B, Hepatitis C, HIV and Tuberculosis
- Selecting for Excellence 2013 End of Year Report
- Statement on the use of animals in medical research
- Transfer of Information Guidance 2014
- Staffing Levels of Medical Clinical Academics in UK Medical Schools, 2013 data

Sub-committee membership

Research sub-committee

- Chair – Professor Paul Stewart (University of Leeds)
- Professor Nick Black (London School of Hygiene and Tropical Medicine)
- Professor Alastair Buchan (University of Oxford)
- Professor Chris Day (Newcastle University)
- Professor Ian Jacobs (The University of Manchester)
- Professor Sir Robert Lechler (King’s College London)
- Professor David Lomas (University College London)
- Professor Patrick Maxwell (University of Cambridge)
- Professor Trevor Sheldon (Hull York Medical School)
- Professor Steve Thornton (University of Exeter)
- Professor Richard Trembath (Barts and The London)

Education sub-committee

- Chair – Professor Val Wass (Keele University)
- Professor John Bligh (Cardiff University)
- Professor John Connell (University of Dundee)
- Professor Gordon Ferns (Brighton and Sussex)
- Professor Anne Garden (University of Lancaster)
- Professor Ian Hall (University of Nottingham)
- Professor Ian Harvey (Norwich Medical School)
- Professor Dermot Kelleher (Imperial College London)
- Professor John Iredale (The University of Edinburgh)

- Professor Keith Lloyd (Swansea University)
- Professor David Reid (The University of Aberdeen)
- Professor Tony Weetman (University of Sheffield)

Clinical staffing sub-committee

- Chair – Professor Peter Kopelman (St George’s, University of London)
- Professor David Adams (University of Birmingham)
- Professor David Crossman (University of St Andrews)
- Professor Anna Dominiczak (University of Glasgow)
- Professor Stuart Elborn (Queen’s University Belfast)
- Professor Ian Greer (The University of Liverpool)
- Professor Robert Sneyd (Plymouth University)
- Professor Peter Winstanley (University of Warwick)
- Professor David Wynford-Thomas (University of Leicester)

Websites

Medical Schools Council website

www.medschools.ac.uk

During the 2014 calendar year, there were 438,906 visits from 320,662 users to the Medical Schools Council website, making an increase of 3% more users than in 2013. In total there were 888,447 page-views, a 1% increase on 2013. 71% of visitors were new to the site.



Visitors came from 216 countries. After the UK, the US, Canada, India and Singapore prominent, as they have been for several years. There were 287,447 visits from the UK alone. The most commonly viewed pages were again the student pages.

Clinical Academic Jobs website

www.clinicalacademicjobs.org

Monitoring on the Clinical Academic Jobs website was switched to a new system on 10 February 2014, so there is no viewable data from before that time for the sake of comparisons. The new monitoring system provides more realistic data than was previously available.



The medical and dental sides of the website saw 23,526 visits from 15,531 users between 10 February and 31 December 2014. The medical side had 14,138 visits, or 60% of total visits.

Secretariat



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Clare Owen
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If you would like any more information on any of the subjects highlighted in the annual review, please contact the Medical Schools Council on +44 (0)20 7419 5494 or email: admin@medschools.ac.uk



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