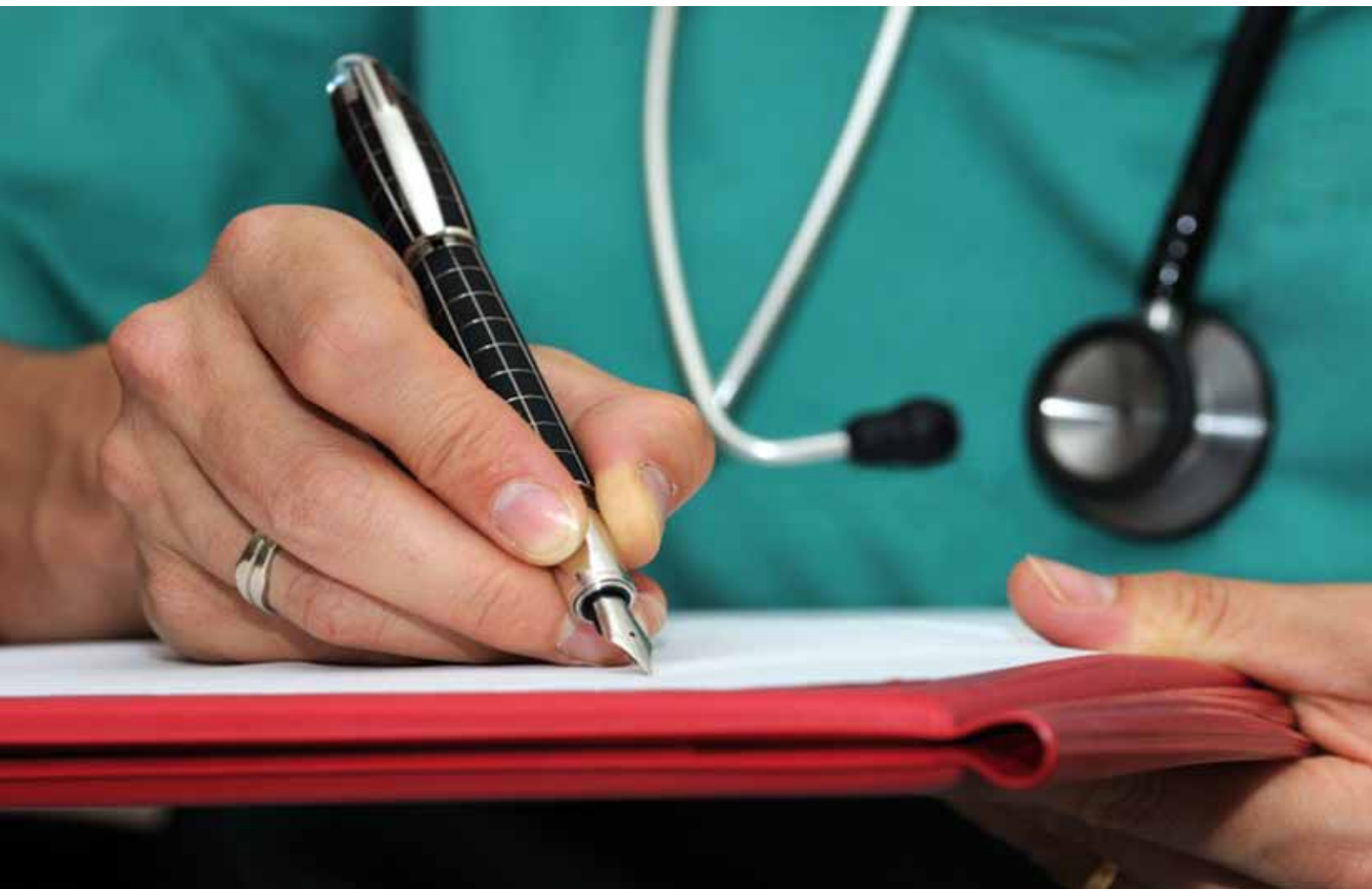


# Medical Schools Council

Annual Review  
2010



Medical  
Schools  
Council



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# Foreword from Chair

At the beginning of 2010 I set the MSC the significant challenge of tackling the issues that have for so long beleaguered the transition from medical school to service in the NHS.

The core problem involving the transition between medical school and practice is not new: the Merrison Report of 1975 put it as follows: “Universities have responsibility for the pre-registration year, but no power over it; the NHS has power over the pre-registration year but no responsibility for it”. Thirty five years later, we still have arguments over how well students are prepared to deal with prescribing, and annual concerns that medical students are unable to function satisfactorily on graduation (for instance, the recent study by Aylin and colleagues from Imperial). More positively, MSC and other organisations are piloting new ways of assessing how students perform, by agreeing to use common core questions in final assessments, and this may well throw up differences between schools that will need careful analysis. There is a parallel piece of work to develop new assessment tools that will provide better ways to determine entry into the Foundation year programmes; developing assessments such as a situational judgement test will require a clear understanding of the interface between undergraduate and postgraduate medicine, and introducing such complex national tests will certainly require careful handling by all parties to avoid a repeat of MTAS.

The GMC has long recognised the importance of the interface by treating the first year after graduation as a special period, with principles enshrined in ‘The New Doctor’ to help with this transition. Nonetheless, there is a need to map the outcomes of the new edition of ‘Tomorrow’s Doctors’ more clearly onto the outcomes in ‘The New Doctor’ and to ensure that there is a continuum of support as well as clarity of objectives for newly qualified doctors. One example is the use of portfolios which vary between medical schools and which are not carried forward in the Foundation year.

Another is the ambivalent arrangements for University involvement in the Foundation Year; while strictly it is the University which is responsible for assuring the completion of the first Foundation year by its graduates, this activity is usually devolved to Postgraduate Deans who have varying degrees of involvement in the undergraduate programme. A final example is the continuing confusion of responsibilities for shadowing and induction, and the related problem of who pays for what.

The year has seen significant progress on all these fronts as the report which follows demonstrates. However it has also thrown up new challenges – as we have, for the first time been faced with more applicants to the Foundation Programme than there are places available. Our challenge for 2011 is to find a means of securing full registration for all UK medical school graduates deemed fit to practise.



Professor Tony Weetman  
December 2010



# About Us

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 Council 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



Medical Schools Council, Woburn House, London



# Our Work

## Improving Selection to the Foundation Programme - [www.isfp.org.uk](http://www.isfp.org.uk)



Work has continued for the Improving Selection to the Foundation Programme (ISFP) project after recommendations were made last year to pilot and evaluate an Educational Performance Measure (EPM) to evolve from the current quartile rankings and a Situational Judgement Test (SJT) to replace the current white space questions.

### Educational Performance Measure

There were two in-depth consultations with all UK medical schools to identify and evaluate the current methods of calculating quartiles, and the range of assessments used by the different medical schools. A pilot looking at a proposed method of calculating the EPM was carried out in August 2010 and the

exercise demonstrated the complexity of the proposed framework. In order to address this, a Task and Finish Group was set up. The group will be consulting and carrying out research, with the aim of making recommendations on how to calculate an EPM. They will ensure the EPM is reliable, robust, representative of a student's performance up to the point of their application to the Foundation Programme, valid and fair, as well as being a legally compliant framework that is not too costly to administer and quality assured. The issue of extra curricula activities will also be addressed. The final report of the EPM Task and Finish Group will be submitted in spring 2011.

### Situational Judgement Test

Before piloting the SJT, a large amount of work had to be completed including a Job Analysis of a Foundation Year One doctor. A Professional Attributes Framework was identified and informed the domains assessed by the SJT. The Job Analysis involved semi-structured interviews with doctors, trainees and patients, shadowing and observation of Foundation Year One doctors in four locations, a literature review and a validation survey via the ISFP website.

SJT items were then written at workshops throughout the year, after which they went through a rigorous QA process. The first round of SJT pilots took place at four medical schools during October and November and over 450 final year students took part, answering 65 SJT items in 2 hours. In addition, a small number of students taking the Foundation Programme clinical assessments also took the pilot.

Following the SJT, students were invited to take part in a feedback session. Generally, feedback was extremely positive and areas for improvement were highlighted. The results from the pilots are now being analysed and the outcomes will be used to inform the larger scale pilot during spring 2011 at 9 medical schools.



A project website was set up to provide an overview of the project and includes a discussion forum and an E-bulletin sign up function. In addition, a video podcast about the project was produced and is available on YouTube. A Facebook group for medical students with over 1,000 members was set up and a Handbook was produced and sent to all medical schools for distribution to students.

The results of both the EPM and SJT pilots will determine whether it will be possible to implement the changes for those beginning the Foundation Programme in August 2013. No component will be implemented without an in-depth analysis of the results and agreement that this is the most efficient and effective way of recruiting medical students to the Foundation Programme. Recommendations will be made to the Department of Health in July 2011.

## Medical Schools Council Assessment Alliance (MSC-AA)



The MSC-AA is a partnership to improve undergraduate assessment practice through collaboration between all 31 undergraduate medical schools in the UK.

It is an expansion of the Universities Medical Assessments Partnership, which began in January 2003 and was supported by HEFCE's Fund for the Development of Teaching and Learning. The MSC-AA launched in August 2010 following a suggestion from the General Medical Council that medical

schools could share assessment items as an alternative to a national licensing exam.

The MSC-AA will enable more individuals to be involved in item-writing and quality assurance, resulting in improved individual and institutional skills and knowledge regarding the development of high quality assessments in medicine. Partner schools will be given access to a question bank of high-quality items with good validity and reliability in a variety of formats. The questions have been developed in collaboration and undergone quality assurance and standard setting. All UK medical schools have agreed to include a proportion of finals examination questions from the shared question bank, which will enable psychometrically valid comparisons.

More information on the MSC-AA can be found on the [Medical Schools Council website](#).

## Prescribing Skills Assessment

The Medical Schools Council and the British Pharmacological Society (BPS) are working together to develop a Prescribing Skills Assessment for final year medical students which addresses the basic outcome competencies in prescribing identified in Tomorrow's Doctors 2009. The aim is to provide a reliable and validated assessment that will serve to ensure that satisfactory standards of practice are achieved by all graduates.

Prescribing is an area that many new graduates find challenging and this should help them feel more prepared for their prescribing responsibilities as a Foundation Doctor.

The ultimate goal is to create an online assessment, lasting around one hour, to be undertaken by final year medical students at a time to be decided by their medical school. This flexible format will allow students who fail the assessment to undertake further training and retake the assessment prior to graduation.

The development of the Prescribing Skills Assessment is being led by a cross sector Steering Group, which includes representatives from the BPS, Medical Schools Council, Foundation Schools, GMC, COPMeD and the BMA Medical Students Committee. A paper-based pilot has already taken place in eleven medical schools involving over 1,300 medical students. An online pilot is planned in 2011. The Steering Group is keen to engage with medical students and other stakeholders, and a section on the BPS website is being developed to help facilitate this.



## Student Fitness to Practise

Student Fitness to Practise remains a key area of work for the Medical Schools Council and GMC Education Team. The Medical Schools Council SFtP Planning Group developed the programme for the 2010 Student Fitness to Practise (SFtP) training conference and is developing the programme for a similar event in 2011 as well as a number of related work-streams designed to share best practice in the area of student fitness to practise. To this end, a medical school student fitness to practise email network has been set up and web resources, including a template outcome letter and other useful documents, are to be hosted on the Medical Schools Council website.

## Careers

The General Medical Council's 'Tomorrow's Doctors' guidance called for medical schools to implement a careers guidance strategy to include generic resources on career paths in medicine and information on postgraduate specialities. In addition, [The Panel on Fair Access to the Professions](#) highlighted the need for comprehensive careers advice.

Healthcare is changing and many are unaware that over 50% of all UK medical graduates will become general practitioners providing comprehensive healthcare for the local community, with few actually going on to work in some specialities, for example surgery. This, combined with recommendations from the GMC and the Panel, highlighted the importance of the development of careers advice. Therefore, the Medical Schools Council have been working to raise awareness of this through:

### Web Resources

The Medical Schools Council is currently developing careers information for prospective medical students to help set realistic expectations about what a career in medicine will be like and raise awareness of the likely career pathways. The website content includes information on: studying medicine, being a doctor, career pathways, clinical academic careers and working overseas.



The careers information will be hosted on the Medical Schools Council website as part of the 'students' section. The information has been tailored specifically for 16-18 year olds, international students and those considering a career change. There will be a number of links to the Medical Careers website which hosts detailed information on the different specialties and what they involve. It is hoped that this information will be available in early 2011.

### Medical Careers Working Group

A Medical Careers Working Group has been set up by the UK Foundation Programme Office to support prospective and current medical students and foundation doctors with career planning and to streamline medical careers support. The purpose of the working group is to examine ways to facilitate an integrated approach across all involved organisations in order for them to promote effectively the importance of early career exploration and awareness of information sources.

## Student Numbers

The Medical Schools Council has been working closely with the UK Foundation Programme Office and Department of Health on aligning graduating medical student numbers with available F1 places. Securing full registration for their graduates is a top priority for the UK's medical schools.

## Transition Group

Lord Patel's Review for the General Medical Council (GMC) and PMETB identified that 'one of the main challenges is to support doctors' transitions from one stage to another so that risks are minimised and learning maximised. This will require effective systems for the transfer of information across these different stages'. The Report also notes 'Doctors in the first year of their foundation training may be working many miles from the medical school which is formally responsible for their training. This leads to an unsatisfactory lack of clarity over responsibilities'.

The GMC has long recognised the importance of the interface by treating the first year after graduation as a special period, with principles enshrined in 'The New Doctor' to help with this transition. However, there is a need to map the outcomes of the new edition of 'Tomorrow's Doctors' more clearly onto the outcomes in 'The New Doctor' and to ensure that there is a continuum of support as well as clarity of objectives for newly qualified doctors.

In response to this, the Medical Schools Council suggested that a Transition Group should be established to oversee the improvement of this critical period in a doctor's development. Key organisations were approached and a core membership comprised of the Medical Schools Council, COPMeD, UKFPO, Medical Education England, NHS Employers, NHS Confederation, General Medical Council, the British Medical Association and the four nations was agreed.

The Transition Group aims to improve collaborative working between individual medical educational entities across the four administrations with collective responsibility for undergraduate and postgraduate medical education and training, and in the workplace. The group will seek to share good practice to ensure cohesion in the transition period.

Four initial tasks of the group were agreed as:

- To harmonise undergraduate curricular developments that will occur following the publication of the new version of 'Tomorrow's Doctors' with the proposed revision of the Foundation years being undertaken by MEE and with 'The New Doctor'
- To provide definitive recommendations on how the Student Assistantship may be introduced and how shadowing and induction should be managed
- To determine how best to transfer appropriate information about graduates from medical schools to employers and FY1 educational supervisors
- To establish what evidence exists that newly qualified doctors are not prepared for practice and then act on it

## Women in Clinical Academia

Women in Clinical Academia remains an important work stream for the Medical Schools Council and work has continued over the last year regarding the implementation of the recommendations set out in Baroness Deech's report on [Women Doctors: Making a Difference](#).



- All medical schools in the UK are committed to ensuring that:
- all clinical academics – men and women – are supported and nurtured in their career paths
  - all clinical academics successfully balance their clinical and academic commitments
  - all clinical academics have the necessary information and support networks to successfully progress throughout their careers
  - all clinical academics maximise their career potential and maintain work-life balance, even if they choose to work Less Than Full Time



In addition to complying with the statutory responsibilities to ensure equality of opportunity, medical schools proactively seek to provide the appropriate support, guidance and structures to enable women to progress in their careers. Medical Schools Council members have a strong record of seeking to promote equality between men and women who study and work in UK medical schools. Progress has been made in the twelve months since the publication of the report.

For many medical schools, gender equality remains a key focus of university equality and diversity strategies, and generic support mechanisms across the universities provide support for the career progression for women academics. In addition, the Medical Schools Council is proud that many of its members have been assessed as silver standard in Opportunity Now's gender diversity benchmarking assessment.

## **GMC liaison**

Members of the Medical Schools Council and the GMC have met regularly over the past year to discuss areas of current focus and take pre-emptive action as necessary. In addition, two members of the Medical Schools Council attend the GMC Undergraduate Board.

# Websites

## Medical Schools Council Website - [www.medschools.ac.uk](http://www.medschools.ac.uk)



During 2010, there were 96,000 visits to the Medical Schools Council website. In total, there were 200,510 page views with the average visitor spending 1 minute 59 seconds on the website. Of these visitors, 74% were new to the site, which reflects accurately the audience for the website which is primarily prospective medical students.

Visitors came from 174 countries with 71,606 from the UK alone. The most commonly viewed pages were the student pages. 71% of users were directed to the site through Google, whilst 13% came directly to the website and 16% were referred from other websites.

A new section for the MSC-AA was added in September to accommodate the content of the previous website.

## Clinical Academic Jobs Website - [www.clinicalacademicjobs.org](http://www.clinicalacademicjobs.org)



The Clinical Academic Jobs website has continued to do grow this year with a total of 22,664 visitors over the course of the year. On average, there were 1,888 visitors per month, compared with 1,394 in 2009. Of these, 5,254 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 4,528 page loads per month and despite the current economic crisis 318 jobs were posted this year - an average of 27 per month. The majority of visitors come from the UK but a

significant number also come from Eastern Europe, Pakistan and America. The map above shows the location of the most recent visitors (as at 24.12.10).

# Meetings

## Student Fitness to Practise Training Conference



A training conference for all the Chairs and Secretaries of university Student Fitness to Practise committees was held on 21 May. Of the 31 institutions with undergraduate medical programmes, 28 were represented at the meeting. Also in attendance were members of the GMC Education, Registration and Fitness to Practise teams, and a representative from the OIA.

The conference was co-chaired by Dr Giles Davidson, Medical School Secretary for Hull York Medical School and Peter Pimblett-Denis, Medical School Secretary for Brighton and Sussex Medical School.

The agenda focused on handling procedural challenges in student fitness to practise. Toni Smerdon, Principle Legal Advisor for the GMC, presented on getting fitness to practise procedures right. It is hoped that this will become an annual meeting, with the next one scheduled for 20 May 2011.

## Admissions Deans Annual Meeting

The annual Medical Schools Council and Dental Schools Council Admissions Deans meeting was held on 20 April in London. Whilst representatives from the 31 undergraduate medical schools and 13 dental schools were registered to attend, an unprecedented closure of UK and overseas airports as a result of the volcanic eruption on Iceland meant that all delegates from schools in Scotland and Northern Ireland were unfortunately unable to attend.

This also meant a slight change in the scheduled programme, as Co-Chair Dr Keith Steele, Director of Admissions for Queens University Belfast and speaker Dr Jon Dowell, Dundee Medical School were both unable to attend. Professor Jon Cohen, Dean of Medicine Brighton and Sussex Medical School led an informative agenda exploring issues in undergraduate admissions including widening participation, verifying work experience and conducting interviews. Mr Don Spence of Birmingham Dental School stepped in to chair the panel session on conducting interviews.

A report from the meeting can be found on the [Medical Schools Council website](#).



## Joint meeting with the Association of UK University Hospitals

The theme of the annual joint meeting with the [Association of UK University Hospitals](#) was 'message for action: an opportunity for the medical school and university hospital community to work together to prepare their positions with the incoming Government'. Members of the two organisations worked together in groups focusing on four key areas: Funding and Policy; Service Configuration and Workforce; Research and Education; Education and Training. Their task was to identify the key issues that are of principle concern and what they suggest the Government and others do about it.

Some of the key issues can be seen below:

**Funding and Policy:** The key message for Trusts and Universities is that they are in this together and it is therefore essential that they work together.

Fortunately there is a wealth of experience; as many staff have experienced recession before and there is an opportunity to share collective expertise. Policies and processes that are needed include; addressing short term affordability and long term sustainability, increasing productivity and promoting safety and quality of services.

**Workforce and Service Reconfiguration:** There is a need to develop integrated care systems that incorporate community services and which have Teaching Hospitals at their centre making use of the extensive management expertise. This service reorganisation needs to come from the bottom up. In addition, the regulatory system needs to be simplified and it is important to build flexibility in the workforce and in training.

**Research and Education:** In terms of funding, teaching and research are two sides of the same coin. There is a need to move away from the bi-polar nature of bio-medical research and medical education and there needs to be more joined up thinking in the policy relating to, and the administration of, medical research and education. There is a significant risk that research and education are seen as costs and not as investments – this needs to be countered.

**Education and Training:** Members need to identify themselves as the leaders of medical education training and lobby the new government with clear messages for the future. In addition, members need to use other professionals to educate and train medics better than in the past and find ways to give patient experts a larger role in training.



These discussions and the key issues highlighted should enable the university hospitals and medical schools to present a powerful and consistent message to policy makers across the UK about 'who needs to do what' to ensure that excellence in the delivery of education, research and tertiary services is maintained.





# Consultation Responses

The Medical Schools Council responded to a number of consultations during 2010. A summary of these can be seen below and the full responses are available to download from the [Medical Schools Council website](#).

## Review of the Clinical Excellence Awards Scheme



The Medical Schools Council has responded to the Review of the Clinical Excellence Award Scheme. The Medical Schools Council believe that the removal of national clinical excellence awards would, at a stroke, destroy the future clinical leadership of the UK and inflict potentially terminal damage upon both the provision of cutting edge patient care and upon the UK's health economy.

There is clear evidence that basic and clinical research lead to improved patient care and that such research also links directly to wealth gain through the pharmaceutical and related industries. Clinical academics play a crucial role at the fulcrum of the triangular relationship between the NHS, the university sector and the Pharmaceutical/Medical Devices industry. If

clinical excellence awards were withdrawn a brain drain would result, with a disastrous impact on R&D, on innovation in the NHS and on the UK's economy. The submission focuses on the particular issues surrounding clinical academics.

## Review of the Regulation and Governance of Medical Research

The Medical Schools Council welcomed this consultation as an opportunity to contribute to the Academy of Medical Sciences' review of the regulation and governance of medical research, and fully supported attempts to improve research governance and reduce bureaucracy. Whilst the NHS provides a framework for clinical research, which should provide the UK with a strong competitive advantage, this is eroded by the burden of regulation from a multiplicity of regulatory organisations.

## Options for the Enhancement of QABME

The Medical Schools Council responded to the GMC's response form on the options for the enhancement of Quality Assurance of Basic Medical Education (QABME).



Generally, the Medical Schools Council felt that QABME has worked well and there has been a significant advance over the previous round of GMC inspections. However, the burden put upon each medical school during the process has been significant, and medical schools are concerned at the volume and complexity of information required for the enhanced annual return. Universities and their medical schools are facing significant financial pressures, compounded by the impending changes to the MPET levy.

The Medical Schools Council therefore urged the GMC to consider as carefully as possible the extra burden that may be placed on medical schools by changes which may only be a marginal improvement on what is already a good system.

## MEE EWTD Review

The Medical Schools Council responded to the NHS MEE's Review of the Impact of the European Working Time Directive (EWTD) on the Quality of Postgraduate Training. The Medical Schools Council recognised that there has been some negative impact since the implementation of EWTD but that it is too soon to see the extent of this. Medical schools and Trusts are finding ways to ensure the quality of medical education and training.



## Review of Future Regulation of Medical Education and Training

The Medical Schools Council responded to the GMC recommendations on the future regulation of medical education and training and was in broad agreement with the recommendations put forward by the GMC, which form a sensible approach to the future regulation of medical education.

The Medical Schools Council particularly welcomed recommendation 6, which stated that the GMC should not seek to extend its regulatory role into selection for undergraduate training, and that as set out in the report the GMC should continue to satisfy itself that the selection process used by Schools are appropriate, fair and transparent. In relation to recommendation 8 the Medical Schools Council agreed that it is important that the GMC evaluates the impact of the 2009 revision of Tomorrow's Doctors with a view to considering the need to enhance the consistency of outputs from undergraduate medical education.

## Evaluation of the Foundation Programme

The Medical Schools Council responded to the MEE's Evaluation of the Foundation Programme, led by Professor John Collins. The submission focused on the original objectives of the Foundation Programme and whether these have been met.

# Publications

## Widening Participation Booklet

The Medical Schools Council and the British Medical Association have jointly produced a guide to widening access schemes run by medical schools in the UK. The term 'outreach' refers to a range of activities including interactive open days, mentoring and summer schools all aimed at students from less advantaged backgrounds who have an interest in medicine and the potential to be a doctor.

This guide is intended as a resource for career advisors, teachers and students thinking of applying to medical school. It provides information on outreach schemes aimed at widening access to medicine that are offered by each medical school in the UK.

The full guide can be accessed from the [Medical Schools Council website](#).

## Clinical Academic Staff Survey



The Medical Schools Council published its eighth annual survey of 'Clinical Academic Staffing Levels in UK Medical and Dental Schools' in May 2010. The 2009 update identifies an increase in the total staffing level for the third consecutive year, however, staffing levels are still 12% fewer than in 2000. There has been a 20% increase in the number of FTE Clinical Lecturers – mostly at junior grade – over the past three years, although there are still 43% fewer than in 2000. Additionally there is encouraging evidence that younger clinical academics are being drawn from a more diverse population in terms of gender, age and ethnicity.

There are still a number of concerns which were highlighted from the survey data:

- Whilst there has been an increase of 4% in the proportion of women in post at Lecturer level (to 25% in 2009), women continue to be underrepresented at senior clinical academic grades, representing just 14% of all clinical professors
- 62% of clinical academics are aged over 46, compared with 53% in 2004
- Unless the level of recruitment of new clinical academics is sustained or increased, expertise and leadership in clinical academia will be lost through retirement

In addition, the very low staffing levels in some specialties – notably Anaesthetics, Paediatrics & Child Health, Pathology and Psychiatry - must be addressed urgently.

The survey was distributed to all Medical Schools and stakeholders including the Medical Royal Colleges and can be accessed from the [Medical Schools Council website](#).

## Admissions Principles

'The Guiding Principles for the Admission of Medical Students' was revised in March in collaboration with the Admissions Deans from the UK's undergraduate medical schools. The guiding principles relate to the selection and admission of students to medical schools. It was originally prepared at the Medical Schools Council Admissions to Medicine Conference in 2004.

The Admissions Principles can be accessed from the [Medical Schools Council website](#).



# Secretariat



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