



MEDICAL
SCHOOLS
COUNCIL

ANNUAL REVIEW
2012

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FORWARD FROM CHAIR



The past year has been one of profound change for the Medical Schools Council as it has taken on the development and delivery of the national Situational Judgement Test (SJT) for selection into the Foundation Programme as well as delivering a series of pilots of the Prescribing Skills Assessment (PSA). In addition the important work of the MSC-Assessment Alliance (MSC-AA) to enhance standard setting in exams is developing apace, following a meeting of medical school assessment leads in February and a productive item peer-review workshop held in Warwick in May. We are extremely grateful to the Chair of the MSC-AA, Professor Val Wass, for her inspirational approach and commitment to excellence.

It has been both hugely challenging and extremely rewarding to chair the Medical Schools Council during this period. With student fees having risen to unprecedented levels and the implementation of Government's NHS reforms still in a state of flux, the importance of a strong, clear voice to expound the value of medical schools has never been clearer. Given the increased financial burden faced by our students, it is also imperative that we continue to demonstrate the ways in which the Medical Schools Council works to improve the quality of medical education.

Through our consultation responses and meetings, we have engaged with a variety of stakeholders including the General Medical Council and the NHS, putting forward the case for our medical schools on a wide range of issues. It is vital that we continue this policy of positive engagement in the coming year.

I should also like to take this opportunity to thank a number of people for their work throughout the year: members of the Executive Committee and particularly the two members who reached the end of their terms in July, the Deputy Chair, Professor Jon Cohen and the former Chair of the Research Sub-Committee, Professor Sir Robert Lechler; the staff at medical schools across the UK who have contributed time and resource to the delivery of pilot PSAs and SJTs and to the development of the online database to assist in uploading applicant data for SJTs - their diligence and dedication is key to the ongoing success of these projects; members of MSC-AA who have contributed their invaluable expertise because of their abiding belief in the need for consistent standards of assessment in medical education; the team, including staff and members of the British Pharmacological Society, leading the development of the PSA; and, finally, the Medical Schools Council secretariat, ably led by Dr Katie Petty-Saphon, who have coordinated this wide range of activities with the utmost professional dedication.

Professor Tony Weetman
September 2012

A handwritten signature in blue ink that reads "Tony Weetman". The signature is fluid and cursive.

MSC 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 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. 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 provide high-quality services which add value for members
3. To respond proactively to the development and change that characterises the interface between Higher Education and the NHS
4. To facilitate the transition between undergraduate and postgraduate environments
5. To optimise the quality of medical education and to be a global leader in the assessment arena
6. To promote clinical academic careers and the development of AHSNs
7. 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
8. To maintain close working relationships with partner institutions

OBJECTIVES

To meet its strategic aims the Medical Schools Council, supported by its secretariat, has engaged in a number activities and projects over the past academic year.

- As the authoritative voice of all UK medical schools, and in an effort to respond proactively to the development and change at the interface between Higher Education and the NHS, the MSC has taken a lead role in informing the debate on a number of issues, including securing full registration for UK graduates, as well as responding to relevant consultations (see page 25 for comprehensive list). In addition, in response to the latest report from Alan Milburn the MSC is working with the General Medical Council (GMC) to establish a national group to help establish a more co-ordinated approach to

the evaluation of widening access to medicine initiatives.

- Central to the MSC's aim to provide high-quality services and add value for members is the management of a number of high profile assessment projects and the delivery of conferences, guidance and training materials aimed at optimising medical school processes in areas where medical schools have identified a need. This work in turn supports the aim to optimise the quality of medical education and to be a global leader in assessment.
- Facilitating the transition between the undergraduate and postgraduate environments has required MSC to work closely with organisations in the postgraduate arena, particularly COPMeD and the UKFPO on processes relating to the move from undergraduate to postgraduate education and training. The MSC led work in assessment can also be seen to support this key aim.
- Since its inception the MSC has always sought to promote clinical academic careers, and in support of this aim it produces an annual survey of the number of medical clinical academics employed by medical schools and has represented the interests of clinical academics in the development of national policy including Revalidation. Academic Health Science Networks promise to be a supportive environment for clinical academics and so the MSC has engaged in discussions about their development.
- The MSC has worked with other key organisations such as the Academy of Medical Sciences and NIHR on issues relating to requirements in contracts for research funding, securing an effective research workforce and in the development of a clear vision for academic public health in order to support the high-quality, health-related research in all medical schools. Work to inform the development of AHSNs has helped to ensure this high-quality research will be translated into practice.

INFLUENCING POLICY

SECURING FULL REGISTRATION OF GRADUATES OF UK MEDICAL SCHOOLS

For the last three years the Medical Schools Council has become increasingly concerned that the number of 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 contingent on successful completion of the first year of the Foundation Programme (F1), and in the past all eligible applicants from UK medical schools have been able to secure a place on the Foundation Programme and therefore 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 they have the opportunity to achieve full registration. For this reason MSC is working with other key stakeholder organisations to find the best solution for graduates of UK medical schools. One suggestion is that application to medical school should be the point of free and open EU competition for places onto a programme which includes F1 in the five years and 5500 hours of study under the auspices of a university as required by the proposed revision to the EU Directive on the Mutual Recognition of Professional Qualifications.

In the meantime, it is important to alert medical school applicants to the reality of the current situation and so members have agreed to post the following statement on their websites:

'Outcome of the course

At the end of the undergraduate course you will receive your MB ChB (or equivalent) degree, which is a primary medical qualification (PMQ). Holding a PMQ entitles you to provisional registration with the General Medical Council, subject only to its acceptance that there are no Fitness to Practise concerns that need consideration. Provisionally registered doctors can only practise in approved Foundation Year 1 posts: the law does not allow provisionally registered doctors to undertake any other type of work. To obtain a Foundation Year 1 post you will need to apply during the final year of your undergraduate course through the UK Foundation Programme Office selection scheme, which allocates these posts to graduates on a competitive basis. So far, all suitably qualified UK graduates have found a place on the Foundation Year 1 programme, but this cannot be guaranteed, for instance if there were to be an increased number of competitive applications from non-UK graduates.

Successful completion of the Foundation Year 1 programme is normally achieved within 12 months and is marked by the award of a Certificate of Experience. You will then be eligible to apply for full registration with the General Medical Council. You need full registration with a licence to practise for unsupervised medical practice in the NHS or private practice in the UK.

Although this information is currently correct, students need to be aware that regulations in this area may change from time to time.'

STUDENT NUMBERS

Concern over the number of F1 posts has led to heightened focus on Year 1 student numbers. The Medical Schools Council has worked with HEFCE to clarify the guidance on recording new intakes. We have provided information for HENSE's review of student numbers and have worked with the Centre for Workforce Intelligence as it seeks to model future demand for the healthcare workforce. We have worked closely with the GMC and the Departments of Health to provide as accurate a picture as possible of the number of penultimate year students who will require F1 posts in 2013. We are also actively engaged in discussions around overseas student numbers: whether the 7.5% cap might perhaps be removed and what the implications would be in terms of the provision of SIFT/ACT, workforce planning and the availability of F1 posts.

SHAPE OF TRAINING REVIEW

The Medical Schools Council has worked with the Academy of Medical Sciences to provide a joint submission to Professor Greenaway's review of the Shape of Training. We have argued that the review should include a separate section on the academic workforce, and that there is:

1. a general need for a research base for all postgraduate training programmes, and
2. a specific need to protect and enhance the academic training pathway.

We have pointed out the need for flexibility to accommodate the onerous requirements of clinical academic training and to support those who require periods of less than full-time training.

LETBs – EDUCATIONAL OUTCOMES FRAMEWORK

The Medical Schools Council has worked with Universities UK and the Council of Deans of Health to draft a joint proposal for a development programme to explore the higher education contribution to the Education Outcomes Framework. The proposal focuses on the delivery of three domains: excellent education; flexible workforce receptive to research and innovation; and widening participation. It highlights existing quality measures including a set of metrics currently being developed by the GMC and MSC to assess the quality of clinical placements from a medical student perspective. The ideas are based on the system developed by NHS Education Scotland which uses a traffic light system to alert staff to placements deemed poor by students and trainees.

FACILITATING TRANSITION

SHADOWING

For some years there has been concern that patients are put at risk when trainee doctors move posts on 1 August. Pilot schemes in Wales and the East of England had demonstrated the benefit of requiring new graduates to shadow the F1 post they were about to take up. In England, the decision was taken to make this a requirement: the last four days of July were spent shadowing the post the new F1 doctor would occupy from 1 August. Evaluation of the success of the initiative is underway.

TRANSFER OF INFORMATION

The Medical Schools Council has worked closely with the UK Foundation Programme Office to revise and improve the form used to transfer information about new graduates from their medical school to the receiving foundation school. The form needed to be revised in order to provide a mechanism for medical schools to fulfil their obligation to the GMC to convey relevant information to educational supervisors in Foundation schools in order that suitable educational programmes can be devised. The revised form supports the routine sharing of information about students with a limited number of individuals in the appropriate foundation school, in relation to their health and welfare and educational progression. Extensive guidance has been developed and is available on the UKFPO website.

The routine transfer of information about fitness to practise issues is an on-going issue. However, the GMC has received legal advice that in exceptional circumstances it would be permitted to disclose information acquired from the student declaration form. MSC continues to work with the GMC and students to ensure that patterns of inappropriate behaviour are recognised and dealt with.

DOCTORS IN DIFFICULTY

The Medical Schools Council and COPMeD have collaborated to produce guidance for a situation in which a trainee wishes to appeal against a decision not to issue a Certificate of Experience at the end of F1. Such cases are rare and the MSC has agreed to hold a list of suitably experienced clinical academics who would be prepared to sit on such a panel at other medical schools.

NATIONAL COORDINATED APPROACH TO WIDENING ACCESS

This year's Milburn Report was critical of medical schools in stating that 'Medicine has a long way to go when it comes to making access fairer, diversifying its workforce and raising social mobility. It lags behind some other professions both in the focus and the priority it accords to these issues.'

The report highlighted that access to medicine remains dominated by those from better-off and often privately educated backgrounds. Whilst this is still largely true, it also stated that 'we did not detect any great intentional focus on the part of the medical profession to make progress on fair access a priority'. MSC knows from its members that this *is* a priority locally: medical schools have established outreach schemes to raise aspirations and provide support to potential medical school applicants from low-participation groups and introduced admissions processes and alternative routes aimed at widening access. However, it is recognised that better data, as well as a more coordinated approach to the evaluation of medical school widening access schemes and the monitoring impact of national policies such as the increase in tuition fees in England and Wales are required.

In the light of this the Medical Schools Council has suggested that a national steering group on widening access needs to be set up, involving all the bodies identified as having a responsibility: the MSC, the GMC, the NHS Confederation, the BMA and the AoMRC. The group should focus on establishing a UK-wide approach to monitoring and evaluating the impact of schemes, policies and processes aimed at widening access to medicine and should address the five areas suggested in the report:

1. Outreach activities should be evaluated and the profession should collectively state its objectives to co-ordinate efforts
2. Access to work experience in a clinical setting needs to be formalised
3. A broader range of work experience, other than that acquired in a hospital or surgery, could be taken into account by medical schools in assessing applicants
4. Greater transparency and flexibility in medical school application procedures
5. Data collection needs to be improved

Discussions are on-going to establish the proposed national group.

CHAMPIONING ASSESSMENT

MEDICAL SCHOOLS COUNCIL ASSESSMENT ALLIANCE



The objectives of the MSC-AA 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 MSC-AA 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 MSC-AA 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 MSC-AA is a question bank of high-quality items with face validity and reliability for use by MSC-AA 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

MSC-AA 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 MSC-AA hosts the secure storage and delivery of assessment items for all items developed by members within the Collaboration and Content workstream. This year 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. This facility may in time be extended to include the Situational Judgement Test and Prescribing Skills Assessment. The requirements of all three workstreams need to be taken into account to ensure economies of scale in the longer term.

Optimise value for money for all partners of the MSC-AA

The formation of a common bank of questions will, in the long run, reduce the cost in time and resources for individual medical schools.

There have been important developments over the last 12 months. Elections were held and the MSC-AA Board now consists of Professor Val Wass, Chair, Dr Diana Wood, Deputy Chair, Dr Kathy Boursicot, Dr Emyr Benbow, Dr Inam Haq and Professor Neil Johnson. Professor Tony Weetman and Dr Katie Petty-Saphon are *ex officio* members of the Board. Veronica Davids joined MSC-AA as Senior Project Officer at the end of April. The Board commissioned an independent review of its operation at the beginning of the year. The Board and MSC-AA Reference Group accepted all the recommendations which are now being implemented.

The first year of a common content pilot has begun with the aim of generating evidence regarding the comparability of passing standards for written finals exams across UK medical schools. A decision has been taken to concentrate on the Single Best Answer item format rather than the Extended Matching Questions and agreement has been reached on what makes a high-quality item and on the tags to link items to Tomorrow's Doctors. An MSC-AA style guide and guide to writing questions for undergraduate exams has been developed and is now being used by members. Alongside this, the software for the MSC-AA item bank has been upgraded to improve user experience. An Expert Item Review event was held focusing on the quality of assessment items in the bank with involvement from staff at almost every medical school. Another event is scheduled for November.

SELECTION TO THE FOUNDATION PROGRAMME

From 2009–2012, the Medical Schools Council – commissioned by the Department of Health – led a cross-stakeholder Project Group to review the methods for selection to the Foundation Programme. The Department of Health accepted the recommendations of the Project Group to develop and pilot an invigilated Situational Judgement Test (SJT) to assess the attributes in the person specification to replace 'white space' questions, and a more granular and standardised Educational Performance Measure (EPM) to replace the 'academic quartile' scores. In 2011–2012, all medical schools and more than 70% of final year students took part in a full-scale Parallel Recruitment Exercise. Following successful piloting and evaluation, the Department of Health accepted the Project Group's recommendation that from FP2013 onwards selection to the Foundation

Programme should be based upon:

- an invigilated SJT to assess aptitude for the Foundation Programme (to replace 'white space' questions); and
- an EPM to reflect educational performance at medical school up to the point of application to the Foundation Programme (to replace quartiles).

The MSC has devoted considerable time and resource to developing the administrative and support arrangements for the live tests which will take place on 7 December 2012 and 7 January 2013. It has commissioned bespoke software to provide an interface between medical schools and the secretariat in order that applicant data, together with any reasonable adjustments required by particular applicants, might be securely managed. Schools provide delivery addresses for the exam papers, and named contact details through this interface. They have committed to overseeing the tests to agreed uniform standards as laid out in a Memorandum of Understanding.

The MSC is working closely with the UKFPO to support communications to applicants, and has commissioned a monograph explaining the rationale for and background to Situational Judgement Tests. The monograph gives an overview of the information relating to SJTs and how they are currently used in selection for many occupational groups with information on the evidence to support the use of SJTs and an overview of how they are developed. It reviews the issues surrounding the structure and format of SJTs in general, and describes the specific professional attributes and behaviours that the UK Foundation Year 1 SJT is designed to measure. There are practical hints and tips to assist applicants in how best to approach sitting an SJT. MSC has also provided students with a practice paper (available from www.foundationprogramme.nhs.uk) with marked answer rationales. Students are able to take the test online and receive their score, broken down by item. The items in the practice paper are an accurate representation of those that will be used in the live test.

EVALUATION OF SITUATIONAL JUDGEMENT TESTS

The UKFPO Rules Group has determined that there is a need to put in place both ongoing evaluation of the new selection system and also processes to facilitate research around selection with strong governance arrangements and in compliance with the necessary research frameworks. The MSC has agreed to bring together a consultation, evaluation and research group consisting of senior stakeholders from the different organisations with an interest in selection into the Foundation Programme, continuing the work of the Project Group. The ISFP Consultation Group will consider any important concern or matter on which the UKFPO, MSC, DH or other group might wish to have a multi-stakeholder view. It will also consider ongoing progress in implementing the new selection system and issues that might arise from this. Its remit will extend to the consideration of in-depth research and evaluation projects around selection into Foundation training, offering advice to the UKFPO Rules Group.

PRESCRIBING SKILLS ASSESSMENT



The Medical Schools Council and the British Pharmacological Society (BPS) are working together to develop a valid and reliable Prescribing Skills Assessment (PSA) which addresses the basic prescribing competencies identified in *Tomorrow's Doctors (2009)*. The PSA is being developed to be delivered using secure online authoring and delivery systems, developed by the University of Edinburgh. Strategic oversight for the project is provided by a small Executive Board with representation from the MSC and BPS. The development of the PSA is being supported by a cross-sector steering group, which includes representatives from MSC, BPS, Foundation Schools, GMC, COPMed and the BMA Medical Students Committee. Medical Education England (MEE) has also supported the PSA team to engage with a wider group of stakeholders on how the PSA could and should be implemented in the future.

The PSA project is funded by the MSC and BPS and has also received funding from the Department of Health in England to develop a bank of high-quality items, to build the online authoring and delivery systems and to help establish appropriate mechanisms to develop and implement the PSA.

A bank of over 800 assessment items has been developed by a team of over 60 volunteer item writers. Items were subject to review at a peer review event held in Warwick in February, where pharmacists, clinical pharmacologists and other clinicians worked in small groups to review and update the items using the online author interface. A pilot PSA paper was developed and piloted online with final year student in eight medical school schools between February and May 2012. The main aim of these pilots was to test the technical and logistical capacity to deliver an assessment of this kind in a range of medical schools. The experience of these pilots and the feedback received from participating staff and student participants was largely positive, with the main issues identified relating to technical teething problems, which are being addressed through the ongoing development of the delivery systems.

The psychometric analysis of the 2012 pilots has concluded that the current PSA yields moderate reliability. The MSC and BPS are committed to further work to ensure that future iterations of the PSA are valid, reliable and acceptable, and that standard setting processes help ensure that individual questions are set at the right level and discriminate fairly between students. As a result of the psychometric analysis, a decision has been taken to extend the length of the assessment from one to two hours, and to change the format of some of the questions from two out of five to one out of five. It is hoped that all final year medical students will participate in the 2013 pilots.

CLINICAL COMMUNICATION

The MSC has taken the initiative to develop an assessment of clinical communication skills. Whilst the medical degree is recognised across EU member states, Article 53 of Directive 2001/36/EC states that 'Persons benefiting from the recognition of professional qualifications shall have a knowledge of languages necessary for practising the profession in the host Member State'.

It is therefore possible to require doctors to demonstrate such language proficiency in a clinical context providing the assessment is proportionate. What this means is that any assessment should be applied in a non-discriminatory manner; justified by overriding reasons based on the general interest; suitable for securing the attainment of the objective which it pursues and not go beyond what is necessary to obtain the objective.

The Medical Schools Council has worked with international experts led by colleagues at Barts and The London School of Medicine and Dentistry, Queen Mary University of London, to develop a valid 14-station OSCE which will enable employers to check that doctors they employ are safe in all aspects of their communication with patients, carers and colleagues. Evaluations of pilots with UK final-year students have demonstrated the reliability and validity of the assessment. Plans are in place for additional pilots with non-native English-speaking applicants to the Foundation Programme.

UK graduates are all now expected to demonstrate effective and safe communication in treating and caring for patients. Moreover, non-EU trained doctors must pass exams of language and communication skills set by the General Medical Council in order to obtain registration to work in the UK. The MSC believes that it should now be a requirement of employment that doctors from the EU who have trained on courses in which English is not the main language for communicating with patients can prove their competency in this area and so safeguard patients.

OPTIMISING PROCESSES

ADMISSIONS

The annual meeting of the Medical Schools Council and Dental Schools Council (DSC) Admissions Deans took place on 30 April 2012. Representatives from 30 medical schools and nine dental schools attended the meeting. Co-Chairs Professor Jon Cohen and Dr Paul Garrud led an instructive agenda exploring the use of admissions tests, NHS value-based selection, the use of contextual admissions data and diversity in approaches to medical and dental school admissions. Professor Sir Bruce Keogh gave an inspirational talk on the requirement for compassion in the delivery of care asking how selection can support the principles and values of the NHS.

Dr Paul Garrud facilitated an interactive discussion on diversity in approaches to admissions by asking delegates to consider current practice (similarities and differences between institutions) and to ascertain where there are opportunities and advantages in convergence of admissions processes and principles. Delegates were also asked to vote on the feasibility and desirability of greater consistency in a number of areas, the results of which can be found on the MSC website. The outputs from this discussion will be used to inform the development of a joint MSC and GMC work programme on selection.

Delegates also discussed the use of contextual data to enhance the prospects of applicants from under-represented groups. Using local outreach schemes was seen as a way to supporting and improving access for those under-represented applicants from a medical school's local area, and contextual data were identified as a useful tool for identifying and improving access for under-represented applicants from other areas.

In 2011, the Admissions Deans meeting had identified a need for common and agreed principles for considering the acceptability of applicants to medical and dental schools from Access to medicine and dentistry courses. It was felt that guidance was needed to support medical and dental schools in considering applications from Access course students, to improve consistency in how Access courses are considered, and to inform potential applicants looking for a career in medicine and dentistry *via* an Access route. *MSC DSC Guidance on Access to Medicine and Dentistry* courses was agreed by medical and dental schools in May 2012 and is now available on the MSC website.

STUDENT FITNESS TO PRACTISE

The third annual Student Fitness to Practise (SfTP) training conference was held on 11 May 2012. Members of the Medical School Student Fitness to Practise Network were invited and all 31 institutions with undergraduate medical programmes were represented. Also in attendance were members of the General Medical Council (GMC) Education and Registration Directorates, GMC medical student visitors, an independent

medical student SFtP committee member and representatives from the Office of the Independent Adjudicator and from the legal firm Field Fisher Waterhouse.

The day began with an analysis of the SFtP information in the GMC's 2011 Medical School Annual Return and was followed by a session on relevant developments at the GMC and one on lessons from provisional registration. Sarah Ellson of Field Fisher Waterhouse introduced the group work on dealing with dishonesty in fitness to practise cases, and explained the legal framework underpinning these issues. Delegates were also introduced to a practical toolkit on compiling and presenting evidence which has since been made available on the section of the MSC website dedicated to SFtP resources.

As with events in previous years, the feedback was extremely positive with delegates commenting on the quality and usefulness of the presentations, worked case studies and GMC input into the event.

MEDICAL STUDENT REGISTRATION

As part of selection to FP 2013, applicants have to confirm that they agree to participate in the Transfer of Information from their medical school to their foundation school. The BMA Medical Students Committee has accepted this through the UKFPO Rules Group. In addition, it was also agreed that medical schools had a responsibility to explain to their medical students the need for certain information about themselves to be transferred to other bodies. At their meeting in June the medical school secretaries agreed that it would be helpful to have the following statement in the registration document that all students sign annually.

'In the interests of public safety, in accordance with Tomorrow's Doctors, and in your own best interests, information pertinent to your educational achievements and to your fitness to practise may be shared by (insert name) Medical School with training providers, employers, regulatory organisations and other medical schools.'

This has now been put in place insofar as is possible in the context of local university processes and procedures.

ELECTIVES

A Medical School Electives Council was established in 2011 to provide a forum and means for medical schools to share experience of, and best practice in, undergraduate medical electives. The group is focusing on:

1. Health and safety governance/ risk management
2. Electives and GMC global health objectives
3. Indemnity policy and advice
4. Objective setting and assessment

5. Issues related to incoming elective visitors
6. Preparatory materials covering ethical issues

The Council met twice in 2012, on 15 March and 14 September. As a result, the briefing lectures given to students prior to their electives and other helpful resources have been shared between members, and steps have been taken to include students in the meetings in order to hear directly from them about their elective experiences. Members, with support from the secretariat, have engaged in discussions with the UK Border Agency regarding the appropriate visa route for incoming elective students to the UK.

MSC continues to administer a medical elective bursary funded by the Beit Trust. This year 14 UK medical students were awarded bursaries to support electives in Malawi, Zambia and Zimbabwe.

SUPPORTING AND PROMOTING CLINICAL ACADEMIC CAREERS

CLINICAL ACADEMIC STAFF SURVEY

MSC published its ninth annual survey of 'Clinical Academic Staffing Levels in UK Medical Schools' in autumn 2012, documenting a decade of trends in the numbers of Professors, Readers, Senior Lecturers and Lecturers. The 2012 update – data as at 31 July 2011 – records 3,162 FTE clinical academics (3,446 individuals) with GMC registration employed on substantive university contracts and holding honorary NHS contracts. Encouragingly, there has been a 34% increase in the number of clinical lecturers since 2006. The report of staffing levels and analysis is available from www.medschools.ac.uk.

An interactive Excel tool was launched alongside the analytical report, which enables users to create graphs and charts according to medical school, region, funding source and specialty for 2004–2010. This is also available from the MSC website.

ATHENA SWAN

MSC has worked with the Equality Challenge Unit (ECU) to ensure that appropriate processes are put in place as medical schools work to achieve Athena SWAN Silver awards. We have reviewed the application form from the perspective of a medical school, and ECU has revised the form to reflect members' feedback around word-count and around the need to differentiate between clinical and non-clinical academics. An academic medicine advisory group has also been set up with representation from medical school departments which already hold Athena SWAN awards, those that will be putting in submissions, the Medical Schools Council, those previously involved in the Women in Academic Medicine report, the Athena SWAN Steering Committee and ECU.

REVALIDATION

The Revalidation Support Team initially appeared sensitive to a need for the supporting documents for revalidation to reflect the roles of clinical academics – most particularly teaching and research – and accepted that this would also be relevant to many NHS consultants. A pilot of the proposed appraisal form involving clinical academics was undertaken in Leeds. Unfortunately the feedback from Leeds confirmed that the form had proven unsuitable due to the omission of an explicit section for teaching and research. Indeed, a concern was raised about the suitability of the form for NHS consultants in general given that the majority teaches on a regular basis and/or undertakes research. The Medical Appraisal Guide (www.revalidationsupport.nhs.uk) notably omits a section for teaching and research. The RST did however permit MSC to contact the software developers and to pay for the inclusion of an additional

section on teaching, research, leadership and innovation. There are links to the form from the MSC, DSC, UCEA and AUKUH websites. It is hoped that all clinical academics will use this version of the form and that it will become more widely used throughout the entire NHS, highlighting as it does the importance of teaching, research, leadership and innovation.

CEAs

MSC was pleased that the 2012 round of Clinical Excellence Awards was permitted to take place in England, but remains concerned about the situation in the devolved administrations. It is also concerned about the position of public health doctors and has written to DH, copied to Public Health England, asking for formal confirmation that the NHS will continue to be responsible for funding these awards (local and national) on the same basis as other NHS-employed clinical academics.

PROMOTING RESEARCH

NIHR CONTRACTS

The MSC has worked closely with NIHR to try to resolve misunderstandings over intellectual property. A survey of medical schools revealed particular concerns around:

- a requirement to make and keep available and protect (where applicable) any Background IP (including that licensed in) which may be necessary for the exploitation of Foreground IP, with an option to the NIHR of a free assignment should the university decide not to maintain protection;
- a royalty-free licence to the NIHR of Background IP (which may have been licensed in by the university for the research) for non-commercial research, teaching, training, etc where it is needed to use Foreground IP for these purposes;
- a requirement for the Contractor to own the IP created by sub-contractors (which may well be university collaborators who would expect to own the results of their own research activities);
- a requirement to seek consent before exploiting any Foreground IP, such consent to be subject to the acceptance of undefined commercialisation terms;
- a warranty to all the above.

It has been extremely helpful to share these issues and to be able to discuss them with NIHR in a positive and collaborative manner which has prompted a clarification from NIHR on the intention of the IP requirements in the contract and seems likely to lead to early resolution of the issues.

LIAISON WITH ACADEMIC TRAINEES

The MSC has remained in close contact with Professor Jim Neilson, the NIHR Dean for trainees. He has provided regular updates on the NIHR-integrated academic training pathway, noting the responsibility of NIHR for approximately 250 Academic Clinical Fellows (ACF) and 100 Academic Clinical Lecturer (ACL) posts per year, which are matched by locally funded posts. It has been helpful to highlight the value of tracking academic trainees, which has been recognised by NIHR as important as there are data for some specialties but they are not comprehensive. Two members of MSC sit on an NIHR advisory group to continue to feed in comments.

ACADEMIC WORKFORCE GROUP

The MSC contributes actively to the Academic Workforce Stakeholder Group which was convened by the Medical Programme Board and is chaired by Medical Education England's Director of Medical Education. At its most recent meeting the group sought to agree The Principles of Clinical Academic Training as drafted by Professor Edwin Chilvers on behalf of the Academy of Medical Sciences. The group has also considered the extent to which the requirement for research in all specialty curricula is actually monitored prior to the achievement of the Certificate of Completion of Specialist Training.

ACADEMIC PUBLIC HEALTH

The MSC conducted a survey on medical student engagement with public health and medical schools' plans for public health clinical academics' contracts in light of national changes to the public health system in England. This was in response to concerns from members about the academic public health base and uncertainty regarding the future for this workforce. Findings from this survey were discussed with Professor Lindsey Davies (President, Faculty for Public Health) and consensus was built that MSC should continue to monitor and engage with this area. MSC is working closely with the Academy of Medical Sciences to pursue joint work on capacity-building in public health, particularly focusing on the academic public health workforce.

MAINTAINING AND DEVELOPING CLOSE WORKING RELATIONSHIPS

ACADEMY OF MEDICAL SCIENCES (AMS)

The MSC continues to strengthen its relationship with the Academy of Medical Sciences and to collaborate on issues affecting academic medicine. Professor Sir John Tooke (President, AMS) attends meetings of the MSC Executive Committee to update members on issues of mutual concern and to highlight AMS activity. As many MSC members are involved in the AMS, opportunities to collaborate regularly arise. A joint submission to the Shape of Training Review between the MSC and AMS provided clear, shared messages around the requirement for a research base in all postgraduate training programmes and a specific need to protect and enhance the academic training pathway. The MSC has also worked with the AMS on revalidation as it relates to clinical academics. In addition, members have been engaged with the AMS's INSPIRE programme which was established to encourage medical student research.

ASSOCIATION OF UK UNIVERSITY HOSPITALS (AUKUH)

The MSC continues to take part in a joint meeting with the Association of UK University Hospitals, and work jointly on issues of shared interest such as revalidation and research. To facilitate closer working between the MSC and AUKUH in the area of research a member of the MSC Research Sub-Committee attends meetings of the newly established AUKUH R&D Directors group.

On 24–25 May, MSC members and university hospital chief executives met in Cardiff to discuss how to accelerate innovation in the NHS. The joint meeting focused on three areas, with engaging background talks on:

- Academic Health Science Networks
- Local Education and Training Boards
- Innovation

Working together, groups focused on these three key areas to identify issues and solutions. A report of the meeting can be found here: www.medschools.ac.uk.

BMA MEDICAL STUDENTS COMMITTEE

During 2011–12, Marion Matheson represented the BMA Medical Students Committee on Council and the Education Sub-Committee. Members of the BMA Medical Students Committee have also provided constructive input over the last year to a range of projects led by the Medical Schools Council, for example in the development of

the revised form for Transfer of Information. They were also particularly helpful in promoting the pilot situational judgement tests to their colleagues and provided a valuable perspective throughout the entire project to Improve Selection into the Foundation Programme.

BRITISH PHARMACOLOGICAL SOCIETY (BPS)

The MSC is working with the BPS to develop a valid and reliable online assessment of prescribing skills. For more information about the MSC/BPS Prescribing Skills Assessment (PSA), see the section in this review and also www.prescribe.ac.uk.

CONFERENCE OF POSTGRADUATE MEDICAL DEANS OF THE UNITED KINGDOM (COPMeD)

Towards the end of 2011, MSC and COPMeD agreed a statement outlining the principles of joint working between undergraduate and postgraduate medical deans. During 2011–12, Professor David Sowden and Professor Derek Gallen attended MSC meetings of Council and the Education Sub-Committee on behalf of COPMeD. Professor Tony Weetman now attends COPMeD meetings as Chair of MSC. Several important workstreams, for example around F1 doctors in difficulty, have arisen as a result of this closer collaboration.

COUNCIL OF DEANS OF HEALTH (CODH)

The MSC Secretariat continues to liaise with staff at CODH on issues of common interest particularly on the regulation of healthcare education and evolving structures in health education including AHSNs, HEE and LETBs.

DENTAL SCHOOLS COUNCIL (DSC)

The MSC and DSC have continued to work closely, particularly around issues to do with the EU Directive on the Mutual Recognition of Professional Qualifications, and the Chair of DSC is invited to attend MSC Council meetings. Clarifications received by the dentists concerning the accreditation of prior qualifications will prove equally useful for graduate entry medical programmes. DSC continues to work with MSC to deliver a joint annual meeting on medical and dental school admissions and related guidance. For more information about this work see the previous section on Admissions

GENERAL MEDICAL COUNCIL (GMC)

MSC works closely with the GMC and where appropriate co-develops guidance on issues including: student fitness to practise; mental health, health and disability; selection; widening participation and assessment. The MSC has also supported the work of medical school quality leads to optimise the value of the questions posed in the GMC's Medical School Annual Return. This close relationship is facilitated by MSC/GMC liaison meetings to address issues of mutual concern, as well as MSC representation on the GMC Undergraduate Board, on GMC working groups and

through Professor Jim McKillop and Professor Sir Peter Rubin's attendance at MSC member meetings.

HIGHER EDUCATION BETTER REGULATION GROUP (HEBRG)

The MSC secretariat meets regularly with HEBRG staff to discuss issues relating to the regulation of healthcare education, and will be working together to explore ways of reducing the regulatory burden on medical schools.

UNIVERSITIES UK (UUK)

The MSC has worked closely with UUK in developing support for Academic Health Science Networks and in supporting the development of the Educational Outcomes Framework. The MSC secretariat works closely with UUK staff, particularly around admissions, widening access, student finance, student visas and the Athena SWAN initiative. This year MSC and UUK staff have also been considering the university input into and position on the evolving structures in health education including AHSNs, HEE and LETBS, and MSC members attended a UUK event on AHSNs. Staff attend UUK policy briefings and work closely with UUK colleagues in the area of external communications.

The MSC secretariat is also the secretariat for DSC and AUKUH, and moving into 2012–2013 will also be supporting the Pharmacy Schools Council (PhSC) and the Council of Healthcare Science in Higher Education (CHCSHE). This will help support close and constructive working relationships between MSC and both PhSC and CHCSHE.

CONSULTATION RESPONSES 2011–2012

The consultation responses for the academic year (1 September 2011 to 31 August 2012) can be found below with direct hyperlinks. All Medical Schools Council consultation responses can be found on the website: www.medschools.ac.uk.

2011

- [Health Select Committee Inquiry into Education Training and Workforce Planning](#)
- [House of Lords Science and Technology Sub-Committee 1 inquiry into higher education in STEM subjects](#)
- [HEFCE Teaching Funding and Student Number Controls](#)

2012

- [DH Responsible Officers consultation](#)
- [DH Public Health Workforce consultation](#)
- [Law Commission Consultation on the Regulation of the Health Professions](#)
- [HEFCE Consultation on Student Number Controls and Teaching Funding: Arrangements for 2013–14 and beyond](#)
- [UCAS Qualifications Information Review](#)
- [GMC and GDC \(Constitution\) \(Amendment\) orders consultation](#)
- [GMC Induction call for evidence](#)
- [GMC Recognising and approving trainers consultation](#)
- [GMC Good Medical Practice 2012 Consultation](#)
- [GMC \(Licence to Practise and Revalidation\) Regulations](#)
- [UCAS Admissions Process Review](#)

SUB-COMMITTEE MEMBERSHIP 2011–2012

RESEARCH SUB-COMMITTEE

- Chair: Professor Chris Day (Newcastle University)
- Professor Nick Black (London School of Hygiene and Tropical Medicine)
- Professor Alistair Buchan (University of Oxford)
- Professor Ian Jacobs (The University of Manchester)
- Professor Patrick Johnson (Queen's University Belfast)
- Professor Sir Robert Lechler (King's College London)
- Professor Peter Mathieson (Bristol University)
- Professor Sir Patrick Sissons (University of Cambridge)
- Professor Paul Stewart (University of Birmingham)
- Professor Steve Thornton (Peninsula College of Medicine and Dentistry)
- Professor Richard Trembath (Barts and The London, Queen Mary University of London)

EDUCATION SUB-COMMITTEE

- Chair: Professor Jon Cohen (Brighton and Sussex Medical School)
- Professor David Cottrell (University of Leeds)
- Professor Jane Dacre (University College London)
- Professor Ian Hall (University of Nottingham)
- Professor Jenny Higham (Imperial College London)
- Professor John Iredale (The University of Edinburgh)
- Professor Hugh MacDougall (University of St Andrews)
- Professor Gareth Morgan (Swansea University)
- Professor David Reid (The University of Aberdeen)
- Professor Val Wass (Keele University)

CLINICAL STAFFING SUB-COMMITTEE

- Chair: Professor Iain Cameron (University of Southampton)
- Professor John Connell (University of Dundee)
- Professor David Crossman (University of East Anglia)
- Professor Anna Dominiczak (University of Glasgow)
- Professor Ian Greer (The University of Liverpool)
- Professor Tony Kendrick (Hull York Medical School)
- Professor Peter Kopelman (St George's, University of London)
- Professor Paul Morgan (Cardiff 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 academic year 2011–2012, there were 200,045 visits to the Medical Schools Council website, making an average yearly increase of 70% since the 2009–2010 period. In total, there were 423,335 page-views, making an average yearly increase of 63%, with the typical visitor spending 1 minute 39 seconds on the website. Of these visitors, 72% were new to the site, accurately reflecting the

audience for the website which is primarily prospective medical students. Visitors came from 192 countries, the US, Canada, India and Singapore again prominent, and with 135,237 visits from the UK alone. The most commonly viewed pages were again the student pages. 10% of users came directly to the website and 8% were referred from other websites; 82% of users were directed to the site through web searches, an increase from the previous year which suggests a greater presence on search engines.

CLINICAL ACADEMIC JOBS WEBSITE

www.clinicalacademicjobs.org



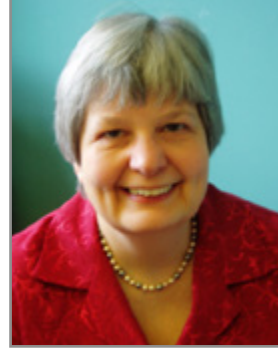
The medical and dental sides of the Clinical Academic Jobs website have each continued to grow, with a combined total of 39,075 visits over the course of the year, an 8% percent increase on the 2010–2011 period. On average, there were 3,275 visitors per month, a 9% increase on the previous year. Of these total visits, 8,021 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 4,156 page-loads per month. 300 medical and dental jobs were posted on the site in the 2011–2012 academic year.

SECRETARIAT



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Executive Director



Barbara Anderson
Executive Assistant



Jocelyne Aldridge
Senior Policy Officer



Siobhan Fitzpatrick
Senior Policy Officer



Veronica Davids
Senior Project Officer



Oliver Watson
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Edward Knight
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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 5494** or email: admin@medschools.ac.uk.