Medical Schools Council

Annual Review 2012/13

Contents

Foreword from Chair

Professor Tony Weetman

This has been another very busy and productive year for the Medical Schools Council, and this report highlights some of the important work which has been undertaken, especially in championing assessment, facilitating the transition between undergraduate and postgraduate medicine, and promoting clinical academic careers and research.

The MSC Assessment Alliance (MSCAA), ably chaired by Professor Val Wass and comprising representatives from each UK medical school, has made substantial progress in developing a common written question bank and assuring the comparability of passing standards for written finals exams across all schools. The ability to prescribe is the key skill which distinguishes a newly qualified doctor from an undergraduate, and we have continued to work with the British Pharmacological Society to develop a valid and reliable Prescribing Skills Assessment which will ensure that all UK graduates meet agreed standards of prescribing before they qualify. A national pilot has been run during 2013 and we are well placed to go live with the assessment. This year also saw the first use of the new procedures we have developed for applications to the Foundation Programme. Although there was a serious technical issue with the scanning of one of the assessments, which caused an unacceptable delay for applicants, overall the process has been judged to be fair and appropriate and measures have already been put in place to make certain that next year's process runs smoothly.

Our annual Survey of Clinical Academic Staffing Levels continues to provide invaluable information and shows that the substantial investment made by NIHR in junior academic posts has now resulted in clinical lecturer posts reaching their highest number for a decade. Continued vigilance will be necessary however to ensure that this welcome news translates into a sustainable future generation of established staff as medical schools are increasingly exposed to the present financial climate.

Two other crucial areas of ongoing activity for Council are (i) reviewing our selection processes for medical school entry to ensure the fairest and widest possible access, and (ii) securing full rather than provisional registration with the General Medical Council for all UK graduates so that they are able to practise. The publication of the Francis Report in February 2013 has precipitated renewed effort in ensuring the strength of our selection processes to capture not only the bright, but also the compassionate and reflective doctors of the future. In parallel, we are working through a national group to address the concerns that medicine is lagging behind other professions in widening participation in the profession.

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 huge developments in quality assurance, medical education and training pathways, and we believe the time has come to re-examine the utility and purpose of this pre-registration year.

This is my last year as Chair of MSC, which has been an extremely rewarding and enjoyable experience due to all of those who work for or with the MSC. I would like to thank the members of Council and the Executive Committee for their support during the last four years; all of the staff at medical schools across the UK who have contributed time and resource to our assessment work, and especially their extraordinary efforts to rectify rapidly the scanning errors that occurred with the SJT; the many colleagues in partner organisations with whom we have ever closer ties; and finally the MSC secretariat, as ever incomparably led by Dr Katie Petty-Saphon, who have coordinated all of Council's activities with superb efficiency and dedication.

Professor Tony Weetman
July 2013

"another very busy and productive year"

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.

"the authoritative voice of all UK 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 Academic Health Science Networks (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

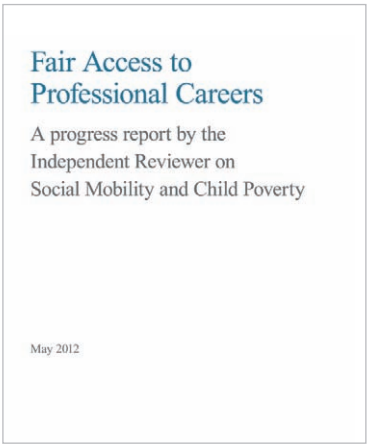
Meeting the strategic aims, 2012–2013

In 2012–2013 it was recognised that MSC's governance arrangements were not optimal and that there would be significant benefit in restructuring MSC and MSC Assessment as charitable companies limited by guarantee. This would provide MSC with a degree of independence from UUK but also ensure that it has the benefit of limited liability and of continued close working relationships. It is hoped that a detailed proposal for the necessary changes can be put to Council in October 2013.

The Medical Schools Council has continued to engage in numerous 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 leading 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 xxx for comprehensive list. In addition, following the May 2012 report from Alan Milburn Fair Access to Professional Careers the MSC has worked with the General Medical Council (GMC) and other key players to establish a national group to create a more co-ordinated approach to the evaluation of widening participation in 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. 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. In support of this aim it produces an annual survey of the number of medical clinical academics employed by universities and has represented the interests of clinical academics in the development of national policy, including revalidation. AHSNs promise to be a supportive environment for clinical academics and the MSC has engaged in discussions about their development and provided feedback on the proposed licence arrangements.
- The MSC has worked with other key organisations such as the Academy of Medical Sciences, the Wellcome Trust, Cancer Research UK and National Institute of Health Research (NIHR) on ensuring that regulation does not inhibit clinical research and securing an effective research workforce. We continue to liaise with Universities UK on the issue of the concordat on openness on animal research and monitor experiences of members in obtaining animal research licences, recognising that while this type of research should be replaced and reduced where possible, it remains essential to biomedical progress.

"optimising medical school processes"



Influencing policy

"Increased 'hands-on' clinical experience during training"

Securing full registration for 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 currently contingent upon successful completion of the first year of the Foundation Programme (F1). In the past, all eligible applicants from UK medical schools have been 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 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
- Increased 'hands-on' clinical experience during training
- 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: in effect the role of medical schools in the F1 year is redundant and potentially a threat to patient safety

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. Indeed the Collins Report recommended this should happen in any case in 2015 stating that 'it is unclear if this (the present arrangement) yields the best outcomes for trainees or the NHS'. MSC believes that waiting another 18 months is unnecessary.

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.

There does not, however, appear to be a sufficiently clear understanding throughout the NHS, that F1 doctors on day one are simply entering the next stage of their continuing education and training. They have the potential to be shaped through postgraduate education and training into the practitioners required by the NHS. They have the broad base and the flexibility to develop in a variety of ways. However they will continue to require the supervision and training that is in place as they work through core and specialist training. There is no suggestion that fully registered doctors would receive less supervision than those who are provisionally registered. There is no reason to expect that they would view differently the limits of their competence. The reality is that medical education and training are now much better for being regarded as a continuum, and the graduation/registration divide is a necessary but ultimately minor point on a long journey.

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

Student numbers

Concern over the number of F1 posts has led to heightened focus on student numbers entering year 1 of the medical degree programme. The Medical Schools Council has worked with HEFCE to clarify the guidance on recording new intakes. Members in England are not convinced that the data, on which the decision to impose a 2% cut for 2012 student intake numbers was taken, were robust. More work needs to be done to model the required future medical workforce and thus the required output from UK medical schools.

"A specific need to protect and enhance the academic training pathway"

Shape of Training Review

In addition to its individual consultation response in February 2013, the Medical Schools Council signed up to a joint submission as one of 31 organisations representing the views of medical research and research funders to Professor Greenaway's review of the Shape of Training. The Chair and Professor Kopelman were also invited to provide oral evidence to the Review in April 2013, during which the arguments for full registration on graduation were presented.

The Medical Schools Council has argued that the review should include a separate section on the academic workforce, and that there should be:

i. A general research base for all postgraduate training programmes
ii. A specific need to protect and enhance the academic training pathway
iii. Flexibility to accommodate the onerous requirements of clinical academic training alongside clinical training, and to support those who require periods of less than full time training

National coordinated approach to widening participation

The 2012 Milburn Report was critical of medical schools 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.'

MSC has therefore initiated an intensive project to produce a step change in numbers entering medicine from disadvantaged backgrounds. This project will be led by the Selecting for Excellence Executive Group (SEEG).

It will work to support aspiration amongst the lower socio-economic groups and increase the number of successful applicants from such groups on to medical degree programmes. Initial meetings have taken place with representatives from bodies with an interest in widening participation such as the Brightside Trust and the Commission for Social Mobility and Child Poverty and those with an interest in education and the health service, and a launch event at the Department of Health was received positively, with speakers including the MSC Chair, Professor Tony Weetman, Professor Les Ebdon of OFFA and Dr Dan Poulter MP, Under Secretary of State for Health. The project seeks to ensure that medical schools choose those people from the widest possible spectrum of society with the potential to become the very best doctors of the future.

"a national programme of outreach activities"

The first priority will be to develop a national programme of outreach activities to encourage pupils from lower socio-economic backgrounds to apply to medical school. This will be facilitated by work with hospitals, GP practices and care homes to look at the issue of access to work experience within the NHS and other caring environments and to find ways to standardise and facilitate it.

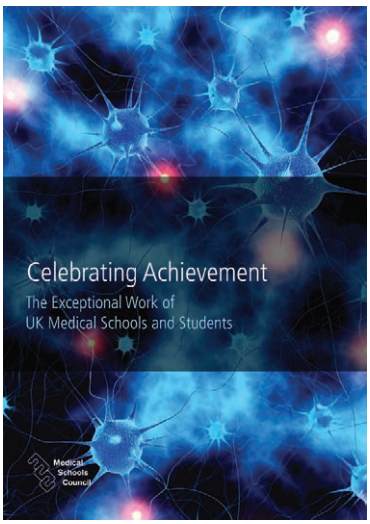
Providers will be asked to prioritise work experience applications from students who:

- Are eligible for free school meals and/or
- Are the first generation to be applying to university having been at a school where at least 30% of pupils were eligible for free school meals

Concurrently the group will evaluate outreach activities currently being undertaken by all medical schools and develop guidelines for best practice. The group will also look at what the public wants from the doctors who treat them and how these attributes can be assessed in selection to medical school. In the light of the recent Francis Inquiry there is an increased interest in values-based selection and this national group will look at how this can be more firmly rooted in selection into medicine.

Work will also be initiated to consider how contextual data can best be harnessed to improve the socio-economic mix of medical students. Contextual data put attainment in the context of the circumstances in which it has been obtained, for example if applicants have been in care or have a disability or have taken part in widening participation activities such as summer schools. A working group of admissions deans will develop guidance on the optimal use of contextual data.

"a useful tool in demonstrating the benefit and contribution of UK medical schools"



The group's work will be evidence-driven, looking to spread the best practice already taking place and seek data where more is needed. Part of this evidence gathering will be an assessment of the impact different selection methods have on widening participation. The long-term aim of the group is to develop a nationally agreed data set so that progress in widening participation in medicine can be evaluated along with the impact of values-based selection.

Celebrating Achievement

Following from the success of MSC's last celebratory publication, Improving Lives: 150 Years of UK Medical School Achievements, a new 50-page publication, Celebrating Achievement: The Exceptional Work of UK Medical Schools and Students, has been produced to showcase the more recent activities of MSC member schools and their students.

Every school submitted material in the form of short pieces which exemplify their most notable achievements, with these pieces linked to one of five themes: medical education; delivering benefits to the local community; values-based selection and widening participation in medicine; global and population health; inspiring the clinical academic medical researchers of the future.

The booklet features two pieces from each school and we are happy to celebrate the broad and compelling range of material provided. The booklet makes an excellent case for the value of UK medical schools both on the broader level of their innovative programmes and curricula, and also on the individual, human level of their students' amazing endeavours. The booklet will be a useful tool in demonstrating the benefit and contribution of UK medical schools.

The publication can be accessed here: www.medschools.ac.uk/Publications/Documents/Celebrating-Achievement.pdf

Preparedness for Practice

"close links between universities and the NHS can work to improve standards of care"

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. It is hoped that agreement will be reached on this issue in time for use in the 2014 Transfer of Information forms.

The Francis Report

The final findings of the Francis Inquiry were released in February and MSC worked closely with the Council of Deans of Health (CoDH) to analyse the report and produce a timely, coordinated response. Clear recognition of the failures of care at Mid Staffordshire Hospital was given, along with a strong emphasis on how the close links between universities and the NHS can work to improve standards of care across the system. The importance of health budgets being protected and spent on education was stressed as key to preventing such circumstances from happening again.

At the MSC-AUKUH joint meeting in May the Francis Report was discussed and ideas were exchanged on the ways in which its findings can be addressed.

The MSC-CoDH response to the Francis Report can be accessed here:

http://www.medschools.ac.uk/News/Pages/CouncilofDeansofHealthandMedicalSchoolsCouncilissuejointresponsetoFrancisReport.aspx

"an empathetic, patient-focused approach"

Values-based selection

In response to the Francis Report, HEE has focused on values-based selection. This is an area in which MSC has 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. The UKCAT Consortium, of which 26 Medical Schools are members, has already trialled situational judgement tests as part of the UK Clinical Aptitude Test – and in this year's application round, the assessment has gone live. In the complex social environments of today's healthcare, the central pillars of medical knowledge count for little if not set on a foundation of good communication and moral reasoning. 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. Ensuring that the selection process is sensitive to the hindrances which many young people's backgrounds will create is essential to UK medicine's capacity to innovate and its capacity to care.

Prescribing Skills 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. Once initial piloting is complete, the final format of the test will be determined and it will be delivered and marked online in order to ensure long-term sustainability.

Twenty-nine medical schools took part in PSA pilots between February and June this year. The central online software performed well and schools felt adequately supported to manage any technical issues that arose. The only area of significant dissatisfaction was the external access to the electronic British National Formulary (BNF) and work is in hand to turn the BNF into a resource that is internal to the PSA interface.

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 raised profile of prescribing education"

The psychometric analysis of the 2013 PSA pilot results has already commenced. This will be completed by September, and then will be carefully considered by the PSA Executive Board with advice from the Medical Schools Council Assessment Alliance Board. Any resulting recommendations concerning the assessment will be discussed with stakeholders and communicated to the medical schools by November 2013 so that a national PSA can be run in 2014.

The PSA project is funded by the MSC and BPS and has also received funding from the Department of Health in England and NHS Education Scotland.

Championing assessment

Assessment drives learning and the MSC is leading the world as members collaborate to raise standards and ensure that their exams are valid, reliable and fair 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 for all partners of the MSCAA

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.

The MSCAA Board, chaired by Professor Val Wass and supported by Veronica Davids, has now been in place for nearly two 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 second 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.

"Improve medical school assessment practice through collaboration"

Selection to the Foundation Programme 2013

The MSC was commissioned by the DH in 2009 to lead the development work for fair, valid, robust and reliable tools for selection to the Foundation Programme.

As a result of the successful piloting and development work since 2009, the four UK Departments of Health accepted the evidence and recommendation that from FP 2013 onwards, selection to the Foundation Programme should be 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

"to assess aptitude for the Foundation Programme"

The MSC works closely with the UKFPO, which manages the application process and eligibility criteria, to manage the design, delivery and implementation of the SJT and EPM, and to advise on information to applicants and the evaluation of the SJT and EPM. The delivery of the test was a success, with more than 8,000 applicants taking the SJT in the UK, in invigilated conditions according to the defined national standards, on the two national dates – 7 December 2012 and 7 January 2013. 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.

MSC was 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 who in turn sub-contracted for the scanning services. MSC has an MoU with the UKFPO, and in turn has an MoU with each of the UK medical schools.

Whilst so much of the administration of FP 2013 can be heralded a success, an unacceptable and unauthorised decision taken by the scanners, in order to speed up the process, resulted in four types of error affecting the results of the scanned answer sheets, the most common of which was rubbings out being recorded as answers without verification by the operator. All answer sheets, and all scores, had therefore to be re-verified in full and the allocation algorithm re-run. A total of 0.03% of cells recorded by the scanner were subsequently found to contain errors, and following revisions to the test-equating, around 1,000

applicants had their scores corrected. This was extremely upsetting for all involved – but through incredibly hard work and cooperation, the re-allocation process was completed within 10 days. The MSC and UKFPO requested an independent review of the entire process by HEE. This was carried out by Professor John McLachlan of Durham University, and in it he commended the MSC for its management of the processes to rectify the situation and the UKFPO for maintaining honest and regular communications. The recommendations of his review have been accepted by MSC and are being incorporated into the processes for application to FP 2014.

Ongoing evaluation of selection to the Foundation Programme

The UKFPO Rules Group has determined that there is a need to put in place both ongoing evaluation of the new selection system and processes to facilitate research around selection with strong governance arrangements and in compliance with the necessary research frameworks. The MSC has brought together the ISFP Consultation, Evaluation & Research Group, consisting of senior stakeholders from the different organisations with an interest in selection into the Foundation Programme and most of whom had previously been involved in the Improving Selection to the Foundation Programme project. Chaired by Professor Paul O'Neill, the group considers 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 extends to the consideration of in depth research and evaluation projects around selection into Foundation training. Funding is being sought from HEE.

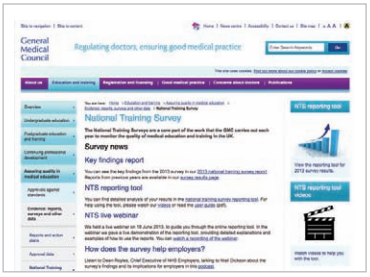
"co-ordinated sharing of progression data across different stages of medical education"

Medical Selection Outcomes Research Database

The need for co-ordinated sharing of progression data across different stages of medical education is just one strand of a more strategic approach to data. However, it is an important one that will improve understanding of training pathways and ultimately help improve medical education and training.

The proposed scope of the Medical Selection Outcomes Research Database (MSORD) is to process existing data to agreed values, organise and store it so that it can be linked by GMC number and reported upon. There may be a range of options for where and how these data are stored. There will be a number of challenges; each organisation must make its own decision about whether to participate, and if so must maintain ownership and responsibility for its data and must implement internal governance systems that maintain the integrity of the data while supporting collaboration and data sharing.

The project will also need an overarching approach to governance that involves both those sharing data and those with expertise in using and analysing the data.



In due course it would also be possible to derive new information by linking across data sets using GMC number, for example by comparing the National Training Survey census data to the recruitment data it is possible to calculate the proportion of F2 doctors who did not apply to nationally recruited programmes (and who could potentially, therefore, be lost to medicine after seven years of training at considerable public expense). This is just one example of the way the data could be used to improve the system and reduce wastage.

There may be opportunities to minimise the administrative burden and cost whilst optimising the analytical opportunities by sharing technical resources and systems.

Trainees and some organisations have understandably expressed concerns around sharing identifiable data and it will be necessary to provide assurance that processing of their data will not impact upon the data subjects in any way. No decisions about individual trainees would be taken as a result of this work.

Linking the GMC-held postgraduate data to the undergraduate data would significantly enhance progression reporting and allow a number of new analyses to be conducted which would inform research into selection into medical school, progression reporting and workforce planning.

Clinical communication

Whilst the medical degree is recognised across 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'. To date, doctors from outside of the EU are required to demonstrate their communications skills through the GMC's Professional & Linguistics Assessments Board (PLAB) test. There has however been no requirement for EU graduates to demonstrate their language or communication skills beyond IELTs, which tests language skills in general but not specifically communication skills in a clinical setting.

"communication proficiency in a clinical context"

Legal opinion confirms then that it is possible to require doctors to demonstrate such language proficiency in a clinical context, provided that 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 to not go beyond what is necessary in obtaining 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.

The assessment was piloted in December 2012 and January 2013 with more than 60 volunteer participants – who were applying through the Eligibility Office to the Foundation Programme 2013, and for whom English was not their first language. The report on the pilot, which shows that the test is reliable and robust, has been submitted to the four UK Health Departments which funded the study.

Optimising processes

"transparency, equity, lawfulness and objectivity"

Admissions

The annual meeting of the Medical Schools Council and Dental Schools Council Admissions Deans took place on 29 April 2013. Representatives from 27 medical schools and 12 dental schools attended the meeting. Professor Paul Speight, Chair of the Dental Schools Council, and Co-Chair Dr Paul Garrud, led the event which offered the chance for delegates to consider the diversity of selection methods and how they achieve the defined aims of admissions policies: transparency, equity, lawfulness and objectivity.

Professor Jennifer Cleland provided delegates with a summary of the GMC-commissioned study, Identifying best practice in the selection of medical students which considered the evidence on the strengths and limitations of different selection processes, along with the effectiveness of widening participation initiatives used by medical schools. The lack of evaluation and evidence in this area was noted, and it was suggested there is the opportunity to develop additional research to consider new or novel approaches to widening participation, particularly considering the opportunity for a longitudinal study which collects data on the career progression of widening participation candidates. This is something that will be considered by the Selecting for Excellence Executive Group.

Following the overview of selection methods, the meeting considered the variety of methods currently used. The subject of values-based selection in practice was introduced by Joanne Durkin, Values-Based Interview Project Manager at Oxford University Hospitals NHS Trust, detailing her experience of working in partnership with the NSPCC to implement values-based interviewing at Oxford University Hospitals NHS Trust. It was noted that introducing values-based interviewing is time and resource-intensive as it requires a wider change of culture and that the model has to be as intuitive as possible in order to be accepted by those expected to use it.

The evidence supporting the use of situational judgement tests (SJTs) was provided by Professor Fiona Patterson. While there is the need to invest in the development of items, SJTs were highlighted to be cost-effective and also have high levels of validity and reliability.

The meeting also considered the use of multiple mini interviews (MMIs). Dr Robert McAndrew provided an introduction to this selection method, in particular noting the ability of this approach to respond to complaints and challenges, while Adrian Husbands from Dundee Medical School highlighted the evidence for the validity and reliability of MMIs.

Delegates were also provided with the opportunity to design an MMI station, it was noted that delegates experienced difficulty in developing the length and breadth of the station and that it was often challenging to maintain a balance between a station being overly complex or too simple. The importance of testing the station and ensuring face validity by using students was also highlighted.

"supporting medical students with mental health concerns"

Student fitness to practise

The fourth annual Student Fitness to Practise (SFtP) training conference was held on 10 May 2013. Members of the Medical School Student Fitness to Practise Network was invited and all 32 institutions with undergraduate medical programmes were represented. The focus of the event was 'dispelling the myths about student fitness to practise and mental health'. The event was co-chaired by Professor Mike Roberts from Barts and The London and Kathleen Fotheringham from Dundee Medical School.

The day began with a presentation from Clare Owen, who is the policy lead for student fitness to practise at the GMC. This presentation focused on policy development in the last 12 months, including the development of guidance on supporting medical students with mental health concerns, and future work that the GMC will undertake in partnership with MSC.

The meeting then heard three presentations about supporting students with mental health conditions from three very different speakers. The first speaker was Mr Andrew Rix from Prepare to Share Ltd who was part of the team that conducted research into how medical schools currently support their students who have mental health conditions on behalf of the GMC. The second speaker was Dr Peter Raven, who is the lead for student support within UCL Medical School. Dr Raven explained how support is managed within UCL, how they ensure students are able to access reasonable adjustments, how they monitor students and how

support services link with fitness to practise processes. The third speaker was Dr Susan Robson who is an occupational health specialist based at Manchester University. Her presentation explained how occupational health services can support fitness to practise processes and what support her service in Manchester provides to the medical school.

The afternoon session focused on some of the difficult issues medical schools face when dealing with students with a mental health condition with delegates discussing these issues in groups.

"the interests of public safety"

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. Delegates suggested that it would be helpful if medical schools shared anonymised case studies of SFtP cases. This is something that MSC will facilitate on behalf of all medical schools.

Medical student registration

As part of selection to the Foundation Programme, 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. However 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

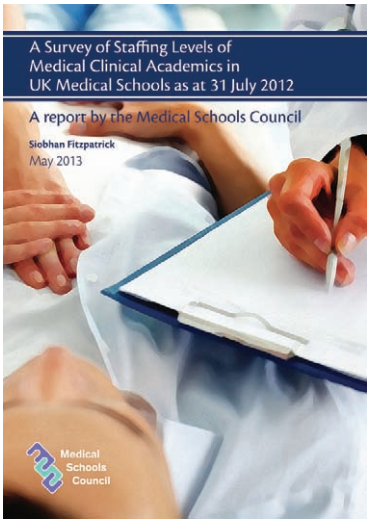
The Medical School Electives Council was created two years ago in recognition of the need for improved coordination and focus for medical electives. Meetings are held twice yearly under the auspices of the MSC which allows discussion of related issues, sharing of resources/materials and related lobbying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

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

MSC continues to administer a medical elective bursary funded by the Beit Trust. This year 22 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 eleventh annual survey, Clinical Academic Staffing Levels in UK Medical Schools, in May 2013, documenting trends in the numbers of Professors, Readers, Senior Lecturers and Lecturers since 2000. Clinical academics make up around 6% of the medical 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 2013 update (data as at 31 July 2012) records 3,167 FTE clinical academics (3,467 individuals) with GMC registration employed on substantive university contracts and holding honorary NHS contracts. The number of FTE Lecturers in post in 2012 was at its highest level for a decade at 552 FTE. The report includes analysis of clinical academic staffing level by specialty, region, age, gender, ethnicity and Clinical Excellence Award.

Athena SWAN

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

In July 2011, the Chief Medical Officer announcement that funding for NIHR Biomedical Research Units, Biomedical Research Centres, and Patient Safety Translational Research Centres would be linked to the university unit holding a Silver Athena SWAN award. The Equality Challenge Unit (ECU) has set up a Medical and Dental Advisory Group, chaired by Dr Jan Bogg, 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, from the Athena SWAN Steering Committee and the ECU.

Revalidation

In 2012, the MSC paid to have an additional section on teaching, research, leadership and innovation incorporated into the national Revalidation Form. Whilst the Revalidation Support Team initially appeared to be sympathetic to the role of clinical academics, the MSC remains disappointed that the RST chose not to include the section on teaching, research, leadership and innovation in its form. The MSC version of the form can be accessed from the MSC, DSC and AUKUH websites, as well as that of the Universities and Colleges Employers Association (UCEA). 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.

Clinical Excellence Awards

The 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, comparability between the four UK countries, the UK competitiveness in the international arena to recruit and retain truly excellent researchers, and the lack of information as we write on 2013 national awards. In particular, MSC remains concerned about the future provision of awards to academic GPs and public health clinicians.

The MSC is an observer to the negotiations between the unions and NHS Employers, ahead of consultation in the summer-autumn 2014 following recommendations of the Doctors and Dentists Remuneration Body (DDRB) published in December 2012. Those who are discussing the new consultant contract appear to have appreciated the contribution of academics and the importance of valuing their contributions fully. However, the DDRB recommendations do raise concerns about potential unintended consequences for clinical academics.

"Clinical academics make up around 6% of the medical workforce, and they lead the education and research agenda in the UK"

Promoting research

"proportionate and risk-adapted approach"

EU Clinical Trials Regulation

The previous European Clinical Trials Directive has been widely criticised for creating increased complexity and delays in the adoption of clinical trials in the EU. The creation of a proposed Clinical Trials Regulation has been welcomed by MSC for its more proportionate and risk-adapted approach. MSC has a seat on the Medicine Healthcare products Regulatory Authority Expert Advisory Group on the regulation and has worked with the NHS European Office to ensure that the perspectives of medical schools are included in discussions with the Commission.

In addition, we have signed up to statements on proposed changes to the EU Data Protection Regulation which pose a threat to the conduct of clinical research. We will continue to monitor and seek to influence these regulatory developments.

More information can be found here:
www.medschools.ac.uk/News/Pages/Medical-Schools-Council-signs-up-to-joint-statement-on-EU-Data-Protection-Regulation.aspx.

Guidance on collaboration with the pharmaceutical industry

MSC is a signatory to Guidance on collaboration between healthcare professionals and the pharmaceutical industry. This document came under criticism from Medsin and the 'Bad Guidelines' Campaign, which felt that the document was misleading. MSC welcomed this scrutiny and continues to contribute to an improved iteration of the document, which is currently under review. Working constructively with the pharmaceutical industry for research remains an important priority.

More information can be found here:
http://www.medschools.ac.uk/News/Pages/MedicalSchoolsCouncilrespondstoMedsinandBadGuidelinescampaigns.aspx

Research Excellence Framework

Members continue to share experiences of preparation for the Research Excellence Framework (REF) 2014 in advance of the closing date for submissions this November. Discussion of issues such as multi-authorship of papers and research impact has been helpful to ensure common understanding. The impact statements generated by the REF will form an important evidence base for the value of continued investment in medical research.

"the value of continued investment in medical research"

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 CAT programme develops. Two members of MSC sit on an NIHR advisory group to continue to feed in comments.

"flexibility for clinical academics to move between industry and academia"

Academic psychiatry

MSC has contributed to Sir David Carter's report for the Academy of Medical Sciences. It has been agreed that Medical Schools could usefully address the following issues:

- Improved applicant information in medical school prospectuses and on websites about careers in psychiatry
- A focus on psychiatry through the INSPIRE programme
- Greater exposure of inspirational role models to students - highlighting clinical academic medicine in general, along with the broader neurosciences and academic psychiatry in particular
- MBPhD programmes in brain science to attract those who wish to pursue dual medical and scientific training from an early stage
- Promotion of special study modules and intercalation possibilities in neurosciences for students from all medical schools – with the potentialto undertake studies in those medical schools with a significant focus on academic psychiatry and neuroscience
- Greater mentoring support for post-docs
- Closer links with industry with flexibility for clinical academics to move between industry and academia

Our Clinical Staffing and Employment committee will consider the job descriptions of clinical academic psychiatrists and the extent and nature of clinical work they undertake. MSC plans to meet with Mental Health Trust CEOs as well as with those in the acute sector to identify shared priorities.

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. This year has seen the launch of the INSPIRE programme and MSC contributions to Sir David Carter's report on Academic Psychiatry.

Association of UK University Hospitals

MSC continues to hold an annual joint meeting with the Association of UK University Hospitals. On 16–17 May, MSC members and university hospital chief executives met in Liverpool to review progress on agreed objectives since the previous meeting and then to discuss how to optimise outputs in the new NHS through partnership and integration

BMA Medical Students Committee

The BMA Medical Students Committee Chair is invited to attend Council 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 Weetman 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 Skills 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.

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, and Professor Ian Cumming, Chief Executive of HEE, addressed the summer joint meeting between AUKUH and MSC.

Universities UK

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 Secretariat works closely with UUK staff, particularly around 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.

Consultation responses 2012–2013

The consultation responses for the academic year (1 September 2012 – 31 August 2013) are listed below and can be found on the MSC website: www.medschools.ac.uk/news/consultations.

2012

- MSC-AUKUH response to MHRA EU clinical trials regulation

2013

- MSC-AUKUH Response to NHS Constitution Consultation
- MSC Response to call for evidence for Shape of Training Review
- MSC response to HEE Strategic Intent
- MSC response to HEFCE Open Access and Submissions to the Research Excellence Framework post-2014
- MSC-AUKUH response to Science and Technology Committee into Clinical Trials
- MSC response to HEE Mandate

Sub-committee membership 2012–2013

Research sub-committee

- Chair – Professor Chris Day (Newcastle University)
- Professor Nick Black (London School of Hygiene and Tropical Medicine)
- Professor Alastair Buchan (University of Oxford)
- Professor Ian Jacobs (The University of Manchester)
- Professor Patrick Johnston (Queen's University Belfast)
- Professor Sir Robert Lechler (King's College London)
- Professor Peter Mathieson (Bristol University)
- Professor Patrick Maxwell (University of Cambridge)
- Professor Paul Stewart (University of Birmingham)
- Professor Steve Thornton (University of Exeter)
- Professor Richard Trembath (Barts and The London)

Education sub-committee

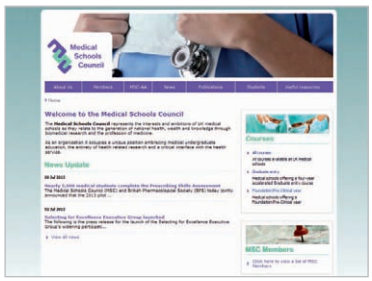
- Chair – Professor Val Wass (Keele University)
- Professor Jon Cohen (Brighton and Sussex Medical School)
- Professor David Cottrell (University of Leeds)
- Professor Jane Dacre (University College London)
- Professor Ian Hall (University of Nottingham)
- Professor Jenny Higham (Imperial College London)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

Clinical staffing sub-committee

- Chair – Professor Peter Kopelman (St George's, University of London)
- 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 Paul Morgan (Cardiff University)
- Professor Robert Sneyd (Plymouth University)
- Professor Peter Winstanley (University of Warwick)
- Professor David Wynford-Thomas (University of Leicester)

Websites

"higher awareness of the MSC name"



Medical Schools Council website – www.medschools.ac.uk

During the academic year 2012–2013, there were 259,185 visits to the Medical Schools Council website, making an increase of 30% on the 2011–2012 period. In total, there were 525,119 page-views, making an increase of 24% on the previous year, with the typical visitor spending 1 minute 34 seconds on the website. Of these visitors, 70% were new to the site. Visitors came from 203 countries – the US, Canada, India and Singapore again prominent – and there were 171,555 visits from the UK alone. This is an increase of 27% of visits from the UK compared to 2011–2012, suggesting a good increase in awareness of MSC's activities. The most commonly viewed pages were again the student pages, with particular concentrations on the courses pages and the lists of UK medical schools. 7% of users were directed from other websites while 17% of users typed the address in directly, suggesting an unusually high proportion of people specifically seeking the MSC website, again suggesting a higher awareness of the MSC name.

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 50,750 visits over the course of the year, a 30% increase on the 2011–2012 period, which could partially be credited to updating the list of contacts for the website at each medical school in early spring, as the hits-per-day rate has been higher on average since that time. Of the total visits, 30,507 were unique visitors, 60% of the total visits, suggesting that the website reaches a large number of individual users among of its overall hit-rate. On average there were a total of 5,330 page-loads and 3,221 visitors per month. 163 medical and dental jobs were posted on the site in the 2012–2013 academic year.

Secretariat

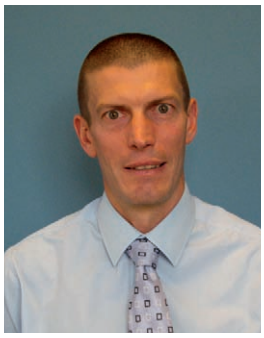
Dr Katie Petty-Saphon
Executive Director

Barbara Anderson
Executive Assistant

Veronica Davids
Senior Projects Officer

Clare Owen
Senior Policy Officer
(on secondment from GMC)

Siobhan Fitzpatrick
Senior Policy Officer



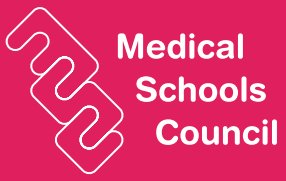
Gareth Booth
Project Support Officer

Oliver Watson
Policy Officer

Olga Sierocinska
Project Support Officer

Edward Knight
Communications and Website Officer

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



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