



Medical
Schools
Council

Annual Review 2015



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Foreword from the Chair



Professor Iain Cameron

The MSC Annual Review 2014 outlined the work of the MSC Assessment Alliance, the Prescribing Safety Assessment and evaluation of the clinical academic career pathway following the Shape of Training report. The Review drew attention to the continuing need to be vigilant in relation to numbers of clinical academics at all levels. It described renewed activity on widening access to medicine and the need to enable all suitable UK graduates to secure full registration with the GMC. The Review reported on the establishment of the UK Medical Education Database (UKMED), an ambitious project to track careers, and highlighted actions to enhance diversity in medical schools.

The last 12 months have seen significant progress. Building upon work comparing standards of written final examinations across schools, the Assessment Alliance has expanded its question bank and is exploring how a similar approach might be applied to clinical examinations. All UK medical schools took part in the Prescribing Safety Assessment in 2015, with positive feedback about improvements in prescribing skills and enhancing confidence in this crucial activity for new doctors. MSC has also continued to work closely with the GMC in the development of the proposed Medical Licensing Assessment, to ensure that the assessment is fair and proportionate, and that it enhances patient safety by evaluating the skills, experience and aptitude required to deliver high-quality clinical care.

Widening access to the medical profession remains a priority, with the Medical Schools Council Selection Alliance driving the implementation of the recommendations of the Selecting for Excellence Group's 2014 report. One of the main achievements in 2015 was the launch of 'Who's in Health?' – a campaign to enable staff and students from the healthcare sector to visit primary schools across the country to talk to

children and raise aspirations about careers in medicine and health.

The Shape of Training report assessed postgraduate medical education and training in the UK to ensure that doctors now and in the future are equipped to meet the changing needs of patients, society and health services. Medical schools have already addressed many of the report's recommendations, including more involvement of patients in teaching and better careers advice so that students are well prepared for the workforce. The NHS is currently significantly stretched, in part due to the demands of an ageing population in the face of a challenging economic environment. General practice has come under particular pressure and there is an urgent need to train more GPs. MSC is working with Health Education England and others, including the Royal College of General Practitioners, to inspire students to consider a career in general practice, and to prepare them for work in a future integrated health system that is likely to be very different to the traditional model of primary and secondary care.

Shape of Training stressed that medical graduates at the point of registration must be able to work safely in a clinical role, with experience of and insight into patient needs. The report also recommended that full registration should move to the point of graduation. MSC has continued to work with the four Departments of Health, their education arms, BIS and the GMC, to determine how to secure full registration for all suitable UK medical graduates, acknowledging the priority of patient safety, drawing upon best practice in medical education, and recognising the intense competition for places on Foundation Year Programmes with the loss of a direct link between the number of new UK graduates each year and the availability of Foundation Year 1 posts.

In relation to clinical academic careers, the most recent MSC Annual Survey of Staffing Levels again contained good news about the number of clinical lecturers. However, the overall number of clinical academic staff has remained relatively constant despite a substantial increase in NHS consultants. Women now make up 28% of clinical academics, a 41% increase since 2004, though they continue to be under-represented in senior positions. The Shape of Training workshop on the clinical academic pathway, led by MSC and the Academy of Medical Sciences, highlighted the need for

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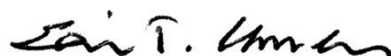
more flexibility for those choosing to have a career break, for those working in disciplines such as public health and general practice, and to permit exposure to research for all doctors.

The Athena SWAN charter was created to enhance career opportunities for women in science and medicine, and the majority of medical schools now hold Athena SWAN Silver Awards. However, there is more to do. Along with the Dental Schools Council and Veterinary Schools Council, the MSC Equality and Diversity Advisory Group is liaising with the Equality Challenge Unit to develop a formal process for the Councils themselves to apply for Athena SWAN recognition.

“research that improves clinical practice, boosts the economy and delivers benefits to wider society in the UK and internationally”

This year’s Review also highlights the major contribution that medical schools make to research; research that improves clinical practice, boosts the economy and delivers benefits to wider society in the UK and internationally. The importance of medical and health research was reflected in the recent Comprehensive Spending Review, in turn providing further opportunities to improve health and create wealth. Critical to this is the investment that the Medical Research Council, the National Institute for Health Research (NIHR), the Wellcome Trust, Cancer Research UK and other medical research charities make in universities and medical schools – and the collaboration between medical schools and their NHS partners.

I hope that you enjoy reading the MSC Annual Review 2015. I am grateful to all members of Council and their teams in the medical schools for the huge amount of work that they do across the spectrum of medical education and research. I thank those on the MSC Executive, the MSC Assessment Alliance and the MSC Selection Alliance for their insightful contributions, and colleagues in the MSC office, working under Katie Petty-Saphon’s expert leadership, for another outstanding year.



Professor Iain Cameron
January 2016

Mission

The Medical Schools Council represents the interests and ambitions of UK medical schools as they relate to the generation of national health, wealth and knowledge through biomedical research and the profession of medicine. As an organisation the Council occupies a unique position, embracing medical undergraduate education, health-related research, and a critical interface with the health service and postgraduate education and training. Its mission is to support its members as they seek to optimise the quality of the myriad activities undertaken within the UK's medical schools.

Strategic aims

The strategic aims of the Medical Schools Council are:

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

“a global leader
in the assessment
arena”

Influencing policy

Medical Licensing Assessment

The GMC has been asked by its Council to investigate the development of a Medical Licensing Assessment (MLA). Its current model suggests that the knowledge component of the MLA (Part 1) would consist of 'single best answer' questions taken electronically, possibly in the penultimate year. Part 2 would be a test of clinical competence assessed through OSCEs, possibly at a central location in the final year. Part 3 is likely to occur during the Foundation Programme and will use workplace-based assessments to consider performance in the UK NHS setting. MSC members are very keen to engage fully with the GMC in order to develop an appropriate and effective assessment.

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Securing full registration for graduates of UK medical schools

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

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 the last year MSC has continued to argue that, with the subsequent developments in postgraduate medical education, graduates now undergo five or more years of comprehensive training before entering independent practice. Therefore the need for provisional registration as originally conceived is currently questionable in terms of protecting patients. Medical Schools are confident that their graduates are ready for supervised practice and further training.

MSC accepts that such a move would also raise complex issues which will need to be addressed, including the impact on four-year Graduate Entry Programmes and the pattern of future applications to the F1 year from EU graduates. Over the past 12 months MSC has worked with partner organisations including those in the devolved administrations to resolve these issues for the benefit of patients. This has included an engagement exercise in March with meetings with stakeholders in the four home countries to discuss the pros and cons of moving the point of registration.

MSC also posed five questions to the GMC's QC to try to resolve the central issue of the accreditation of prior learning. It became clear that were the point of registration to move to graduation, four-year programmes would be non-compliant with EU requirements. All courses would have to be badged five years and only those graduates whose first degree had demonstrably included topics covered in medical degrees would be eligible to enter year 2 of the course. An alternative route would be for graduates from four year courses to receive only provisional registration which could convert into full registration at the end of F1.

Effectively this would mean that there would be two ways of gaining full registration with the GMC: five-year courses where full registration is granted at graduation and four-year courses where there is an additional year of provisional registration unless the student has accredited prior learning. Legal advice has been obtained which suggests that having two routes to full registration for UK graduates would be lawful. Both routes would require primary legislation and so the timescale is unlikely to be short.

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Consultation responses

Responses to consultations in 2015 can be found on the [MSC website](#), including to the Nurse Review of Research Councils.

Increasing the GP workforce

HEE and MSC agreed to co-sponsor a working group to see what medical schools could do to encourage more students to choose a career in primary care. The group is chaired by Professor Val Wass and has been asked to consider:

- The profile of general practice and general practitioners within English medical schools.
- Role modelling of GPs.
- The status and reputation of general practice as a career choice within medical school curricula.
- The teaching of general practice and generalism.
- The role of academic departments of general practice.
- The profile of general practice in medical school recruitment materials and activities.
- Current selection criteria.
- The effect of funding distribution on general practice placements and teaching.
- The promotion of general practice careers and careers advice in schools.
- The promotion of general practice careers and careers advice in medical schools.

MSC will also push for this work to consider the following issues in relation to GP recruitment:

- The need to reflect the vision set out in the NHS Five Year Forward View that more care should be delivered in the community, and the recommendations of the Shape of Training report which suggest a move towards generalism. In this context it may be counterproductive to focus solely on a traditional model of general practice.
- That the messages given by the profession itself about the difficulties of working as a GP may have a negative impact on trainee choice.
- How workforce planning could be used to encourage graduates to choose GP training.
- Issues around selection into GP training; one of the findings of Simon Plint's report on Securing the Future GP workforce was that 25% of UK trained applicants for GP

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training are rejected at the selection stage as not having the right competencies for general practice, despite completing the Foundation Programme successfully. This suggests that it is not just medical school selection that should be examined in more depth.

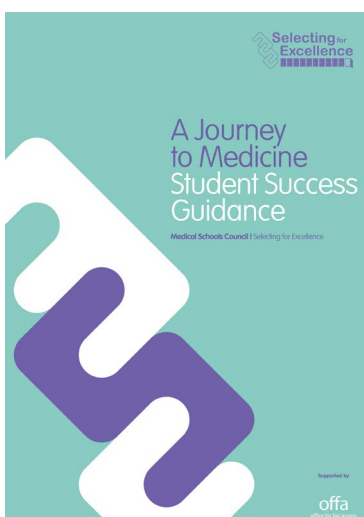
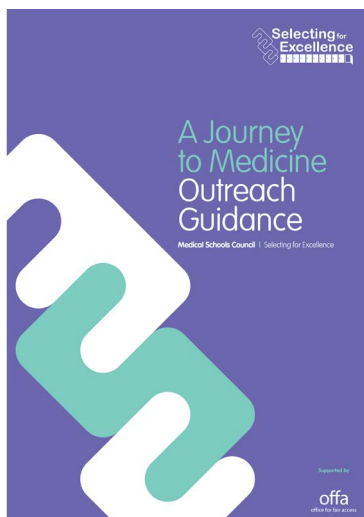
Shape of Training Review

At the start of 2015, the UK Shape of Training Steering Group set out the activities to explore implementation of the Shape of Training recommendations. Although progress in this area appears to have slowed over the last 12 months, the MSC is still actively engaged with the clinical academic workstream and is striving to ensure that clinical academia remains an attractive career option for trainees. MSC is of the view that a faculty of academics, comprising researchers, innovators, educationalists and leaders is an essential component of capacity building for tomorrow's NHS. Evidence shows that research and innovation have a direct, positive impact upon the quality of patient care and the potential to transform poorly performing organisations. Every trained doctor working in the NHS needs to be 'research aware' to accelerate innovation in health and maximise wealth-creation opportunities.

MSC has been working with the Academy of Medical Sciences and with the research funders to try to create more personalised, flexible approaches to support careers in research and enterprise with multiple entry points. Such programmes need to attract, incentivise and retain the most talented doctors by permitting mobility nationally and internationally, as well as within areas of expertise.

Broad-based training will provide opportunities for cross-disciplinary research and the practical realisation of 'Team Science'. Greater emphasis on care in the community will foster an epidemiological approach to community/public health and disease prevention.





Widening participation

The Selecting for Excellence project group, chaired by Professor Tony Weetman, first met in July 2013 to determine the barriers holding certain groups back from applying to study medicine. The group gathered information from as wide an array of sources as possible, seeking out best practice in selection to medical school and analysing data to establish what works well. It took an evidence-based view of policy development, and commissioned research to tackle technical issues around selection. It deliberately focused on measures that can be used to address shortcomings immediately.

Its [Final Report](#) was published in December 2014 and the last 12 months have been spent commencing work on the implementation of the 68 recommendations.

MSC has developed and disseminated the following guidance and advice:

- [A journey to medicine: Outreach guidance](#) – Guidance for medical schools on running effective outreach programmes.
- [A journey to medicine: Student success guidance](#) – Guidance for medical schools on supporting students from a widening participation background once they have entered medical school.
- [Work experience guidelines for applicants to medicine](#)
- [A statement on the core values, skills and attributes needed to study medicine](#)

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

MSC Selection Alliance

One of the recommendations was that MSC should set up a Selection Alliance to take forward the recommendations in the report which were targeted at medical schools. This

was agreed by Council and following elections there is now a Board, Chaired by Dr Paul Garrud, and a Reference Group with two members from each medical school.

Who’s in Health?

One of the most innovative developments in 2015 was the creation of Who’s in Health?, a campaign to encourage thousands of people from the healthcare sector to volunteer to go into primary schools across the country and chat informally to children about their jobs.

Many children see certain areas of health, such as medicine, as not an option for them, either because they do not know anything about it or because they believe that such futures are for other people. The aim of Who’s in Health? is to inspire children and help them see the relevance of what they are learning – especially in science, maths and English – to careers in healthcare.

In order to deliver a consistent message across primary schools, MSC ran a student competition to design a 20–30 minute interactive session which would be engaging for 8–10 year old children. There were over 75 entries and the eight winners’ ideas have been combined into the [Example teaching sessions](#) booklet, which is available to all volunteers.

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



Belfast event with Dr Michael McBride, CMO for Northern Ireland



Cardiff event with Dr Ruth Hussey, CMO for Wales, and Professor John Bligh, Dean of Medicine, Cardiff University



Edinburgh event with Dr Catherine Calderwood, CMO for Scotland, and Professor John Iredale, Dean of Clinical Medicine, University of Edinburgh



London event with Ben Gummer, Parliamentary Under Secretary of State for Care Quality, and Professor Jenny Higham, Principal, St George’s, University of London



“national outreach scheme that would target pupils who currently do not have access to outreach opportunities”

The campaign was welcomed warmly by the four Chief Medical Officers and by Health Minister Ben Gummer, who himself visited a primary school – accompanied by local medical students – as part of the campaign.

Data collection

To complement this focus on primary outreach, MSC has also undertaken work to map the current provision of outreach across the UK. This work will allow medical schools to evaluate the outreach they currently provide and to identify if they might be able to collaborate with other medical schools in their local area. The data include a large amount of information on secondary schools in the UK including factors such as the percentage of students eligible for free school meals and the attainment levels of students within the school. This will allow medical schools to target their outreach activities.

This project will also allow the MSC to identify geographical areas where outreach opportunities are not available. This information will allow MSC to put together a proposal for a national outreach scheme that would target pupils who currently do not have access to outreach opportunities.

Further work

Identified by the Selection Alliance, work taking place in 2016 will include:

- Finalising the commissioning process for research to identify what sources of data can be used in contextual admissions. This research is funded by Health Education England.
- Commissioning research on the impact of different models of selection processes on widening participation.
- Further work on the validity of Multiple Mini Interviews as a selection method.

Preparedness for Practice

Transfer of information

The form used to transfer student information from the university setting to the NHS, agreed by the student and medical school, has been revised in 2015. This has been to ensure that the form fits with best practice in occupational health and provides encouragement for those with health concerns to benefit from the transfer process by enabling the appropriate support structures to be put in place. This will enhance student and graduate well-being and in turn benefit patients.

Prescribing Safety Assessment

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

This national, structured assessment tests the core competency of basic prescribing. All UK medical schools took part in the PSA between February and June of 2015, together with medical schools in the Republic of Ireland and Malta. The assessment was also successfully piloted for the first time by an institution outside of the EEA, at the University of Auckland in New Zealand. Small-scale pilots have been organised for final-year pharmacy students and for pharmacy prescribers.

The formative impact of the PSA has been expanded by offering all UK medical schools the opportunity to organise mock assessments for their penultimate year students.



“enhanced
prescribing
confidence”

This met with a very positive response and students who took part reported feeling more prepared for taking the assessment in their final year.

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 prescribing confidence engendered in the many students who were able to perform well.

Significant progress was achieved in clarifying the status of the assessment when the UK Foundation Programme Board, with representation from health officials from the four nations, decided that from 2016 all medical students will be required to pass the PSA at medical school. Provision was made for those who do not pass the PSA at medical school (and all overseas F1s who have not taken the PSA) to be required by Foundation Schools to take the assessment during their induction week.

MSC and the British Pharmacological Society are grateful to Health Education England for continued financial support. Arrangements are in hand for delivery to all final-year UK medical students between February and June 2016.

Championing assessment

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

Medical Schools Council Assessment Alliance

Medical schools are committed to raising the standard of assessment activity across the UK. The Assessment Alliance is a strategic alliance of assessment experts from 33 medical schools who together work to achieve this aim. Through an elected Board, chaired by Professor Neil Johnson, the Assessment Alliance leads the direction of travel by providing a forum on assessment for medical schools, presenting expert guidance on matters relating to medical school assessment.

Through collaboration, medical schools have now authored and quality-reviewed over 2,000 high-stakes assessment items, providing a central resource for members to use in examinations. This number continues to rise with new items being generated on a regular basis as the Assessment Alliance works towards a target of 8,000 items. The formation of a common bank of questions will, in the long run, reduce the cost in time and resources for individual medical schools.

To ensure that only high-quality items which meet the required standard are approved for the shared question bank, a Final Clinical Review Group, chaired by Dr Mark Gurnell and Dr David Kluth, has put in place a robust quality assurance process that all medical schools have subscribed to for authoring, reviewing and approving 'single best answer' questions in the shared bank.



In order to help medical schools find external examiners with the appropriate skills and expertise to provide critical feedback on their assessments, the Assessment Alliance has established an external examiner database. With over 130 examiners listed, there has been considerable interest in the facility from medical schools, with numerous appointments made as a result.

In response to requests from medical schools and to address the recent recommendations made by the Higher Education Agency, the Assessment Alliance will deliver limited training to external examiners with the aim of calibrating their standards and enabling a more consistent perspective of the role. An online training guide has already been developed and made available to schools.

Further work

The next 12 months will provide an opportunity to build on the excellent work undertaken last year. The Assessment Alliance will continue to engage with the GMC as it progresses with the creation of a MLA in order that the expertise of the Assessment Alliance can contribute to its development, in particular through the existing shared question bank and recent research into structured clinical assessments.

Work will begin on the 'national' standard setting process, building on the work done in previous years with schools sharing common questions.

In addition, the Assessment Alliance will work with external examiners to ensure that they understand the requirements of their role and have the confidence to engage with schools accordingly, and that schools listen to and act on the recommendations made by them.

Selection to the Foundation Programme 2015

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

- An invigilated Situational Judgement Test (SJT) to assess aptitude for the Foundation Programme.

“The next 12 months will provide an opportunity to build on the excellent work undertaken last year.”

- 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.

Assessment activity is undertaken through MSC Assessment, a registered charity and company limited by guarantee. Through a Memorandum of Understanding with HEE, MSC Assessment is responsible for the design, delivery and implementation of the SJT and EPM decile measures. Medical schools themselves are required to define their calculations of EPM decile scores and provide these to HEE. MSC Assessment holds contracts with the Work Psychology Group, for the design and development of the SJT, scoring and evaluation; with Konetic to manage an interface for managing applicant registration for the SJT; with Stephen Austin & Sons for the secure printing and distribution of SJT paperwork; and with UCL Medical School for the scanning services.

The delivery of the SJT for selection into the Foundation Programme 2015 (FP 2015) was a success, with more than 8,000 applicants taking the SJT in the UK under invigilated conditions according to defined national standards.

In 2015, [an independent study was published by the Work Psychology Group](#) which compared performance in FP 2013 with actual workplace-based performance as a doctor. The study sampled high and low SJT scorers at application to the Foundation Programme (their scores were not made known to their supervisors who were asked to give ratings). The results found significant differences in the F1 doctors' later performance, with those who scored poorly at application receiving statistically lower performance ratings than those who scored well. The results suggested that the SJT and EPM selection tools 'are complementary in providing predicting F1 of performance'.

Further exploration of the data revealed that the SJT is best able to predict future performance within low-scoring applicants whereas conversely the EPM is best able to predict performance within high-scoring applicants. This suggests that the two measures (SJT and EPM) are complementary in providing prediction of F1 performance and supports the use of both measures in the application process.



“the SJT is best able to predict future performance within low-scoring applicants whereas conversely the EPM is best able to predict performance within high-scoring applicants”



“The scope of the research that can be undertaken through UKMED is potentially broad”

UK Medical Education Database

In line with its strategic aims to optimise public investment in, and quality of, medical education, the Medical Schools Council has been working with the General Medical Council and other stakeholders to create the UK Medical Education Database (UKMED), which brings together undergraduate and postgraduate medical education data.

By linking data such as assessment results, UKMED aims to highlight the paths of doctors through school, university and their career. This creates a unique environment in which new research can be undertaken in a broad range of areas to inform the development of medical education, assessment, and the future medical workforce with the ultimate aim of improving patient care. The scope of the research that can be undertaken through UKMED is potentially broad, ranging from analyses of selection tests in predicting future performance to studying how socioeconomic background might affect an applicant’s chance of acceptance into medicine and progression through their career.

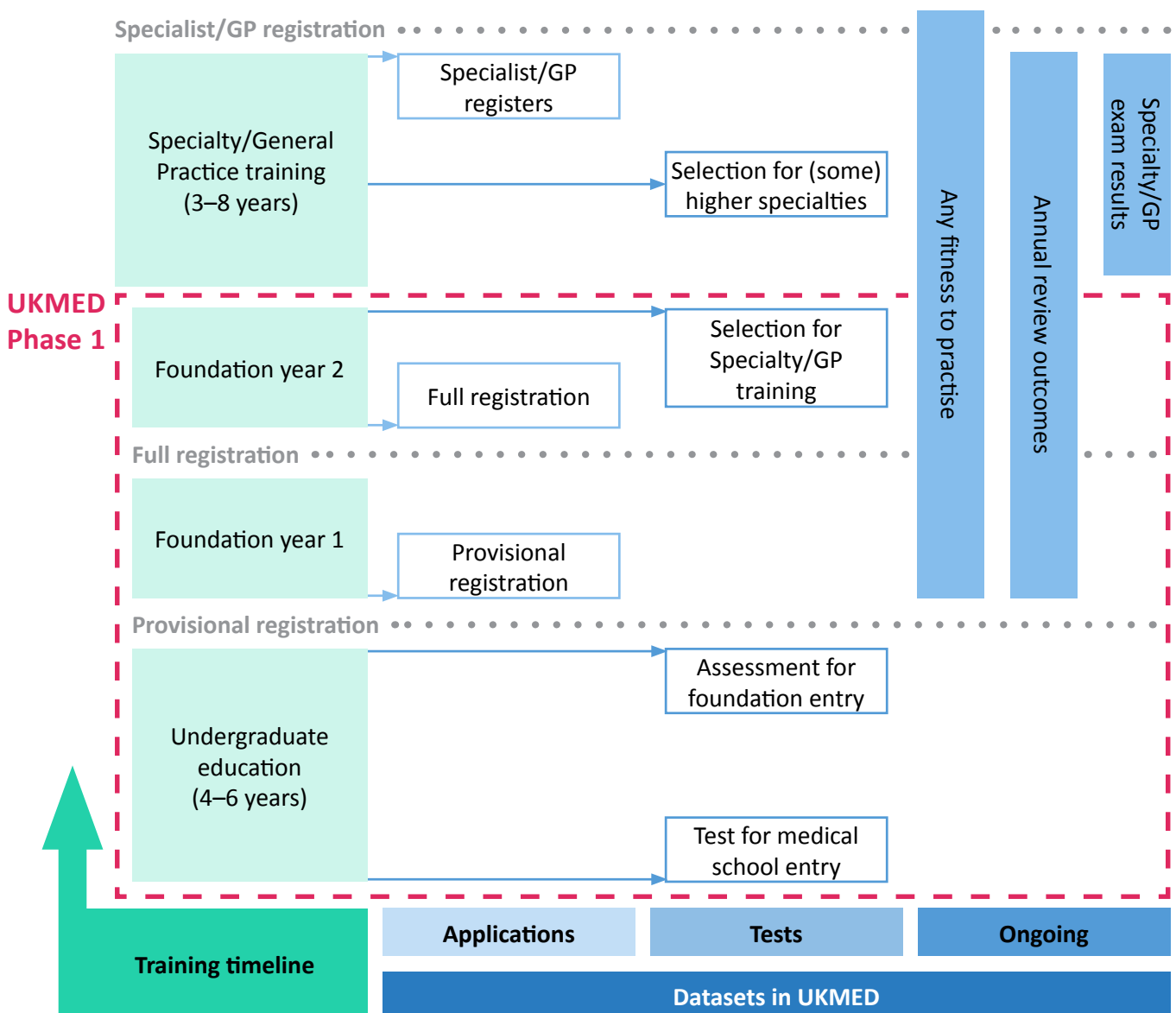
The Medical Schools Council first brought stakeholders together two years ago to discuss a proposal to create a database linking undergraduate and postgraduate data. Since then considerable progress has been made and the database was launched as a pilot in November 2015. In this pilot phase the database focuses on those who entered medical school in 2007 and 2008, and tracks their progress from entry to medical school into the two years of training and practice within the UK Foundation Programme. The pilot will be evaluated in mid-2016, and if successful will be expanded to include wider data coverage and track progression.

The UKMED Development Group is Chaired by Professor Steve Thornton. At undergraduate level, UKMED involves medical schools and selection test suppliers including UKCAT, BMAT and GAMSAT, as well as the BMA Medical Students Committee. At postgraduate level it involves the Medical Royal Colleges, Health Education England, NHS Education Scotland, the Wales Deanery, the Northern Ireland Medical & Dental Training Agency, the Conference of Postgraduate Deans, and trainees themselves.

There are strict disclosure controls on accessing the data and rigorous procedures in place to ensure that the data available for research do not identify individuals. The data will only be available within the 'Safe Haven', and provided to approved researchers for specific proposals only. Researchers are given access to agreed data extracts once their research proposals are approved by the GMC Data Strategy Programme Board and by the UKMED Research Subgroup, chaired by Professor Jon Dowell from the University of Dundee. The GMC is the designated 'Data Controller'. MSC is extremely grateful to the GMC for the resources that it has provided to this project.

“There are strict disclosure controls on accessing the data”

Figure 1: Areas of data collection encompassed by UKMED Phase 1.





International Network for Researchers in Selection into Healthcare

A recommendation of the 2014 Selecting for Excellence [Final Report](#) was that:

MSC must ensure that medical schools are aware of the latest thinking internationally on medical selection. To facilitate this, MSC should continue, along with the Association for the Study of Medical Education, to support the International Network for Researchers in Selection into Healthcare (INReSH) conference.

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

The second meeting took place at the University of Glasgow Medical School in September 2015. More than forty people gathered on a Sunday morning, before the Association for Medical Education in Europe conference, and enjoyed far-ranging and insightful discussions around:

1. Values

Cultural fit between healthcare educators and potential students. Ensuring cultural perspectives are included in selection and the health service. Should we select for values and non-academic attributes first? Are values the same as professionalism?

2. Attraction and meeting workforce needs

How can we respond to workforce need (e.g. increasing need for GPs and geriatricians)? How can/should selection aim to meet workforce need? Status of different roles within healthcare.

“Should we select for values and non-academic attributes first?”

3. Criteria for a successful healthcare professional

Which traits should we select for and which are trainable? How do/should we select for potential? How can you assess for self-motivated learners. Balance of desirable and strategic traits.

4. Diversity and representativeness

How can we promote a heterogeneous workforce? What will the workforce look like in 25 years' time? How can we select at undergraduate when postgraduate is so diverse?

5. Predictive Validity

Find the right outcome measures for a successful healthcare professional. Comparing combinations of selection tools. How to predict those who will not be successful?

“What will the workforce look like in 25 years' time?”

Optimising processes

“enhanced guidance to students on professional values”

Student fitness to practise

All chairs and secretaries of university Student Fitness to Practise Committees which deal with medical students were invited to attend a conference on Student Fitness to Practise on Friday 1st May 2015. Twenty-eight institutions with undergraduate medical programmes were represented at the meeting.

MSC has also worked with the GMC to update the guidance that medical schools are provided with on how to run fair and legally sound fitness to practise processes. As part of this piece of work, enhanced guidance to students on professional values has also been created. Both new pieces of guidance will be published in early 2016.

Electives

The MSC Electives Council was created four years ago in recognition of the need for improved coordination and focus for medical electives. Electives Leads from medical schools meet twice yearly under the auspices of the MSC, with the second meeting being a conference which involves medical students, who come to share their experiences of electives. This allows discussion of related issues and sharing of resources, materials and related lobbying (for example with the UK Border Agency).

Through presentations and a risk assessment workshop, the 2015 conference focused on safety in electives both in the UK and abroad. The hugely varying conditions under which a medical student may undertake an elective, particularly overseas, make safety a key issue for students and patients. The conference addressed best practice around safety in unfamiliar environments and worked as a forum for electives

leads in medical schools, along with medical students, to discuss this.

MSC continues to administer a medical elective bursary funded by the Beit Trust. In 2015, 29 UK medical students were awarded bursaries to support electives in Malawi, Zambia and Zimbabwe.

Supporting and promoting clinical academic careers

Annual Survey of Clinical Academic Staffing Levels



The MSC published its thirteenth annual survey of Clinical Academic Staffing Levels in UK Medical Schools in May 2015, documenting trends in the numbers of Professors, Readers, Senior Lecturers and Lecturers since 2000. For the first time, data were also published on the number of ‘researchers’, although with caveats around the coverage of the data.

Clinical academics make up around 5% of the medical consultant workforce, and they lead the education and research agenda in the UK, liaising with industry and policy-makers as well as delivering patient care. The 2015 update (data as at 31 July 2014) records 3,131 FTE clinical academics (3,426 individuals) with GMC registration employed at or above Lecturer grade on substantive university contracts and holding honorary NHS contracts. There were in addition 2,052 FTE researchers (2,220 individuals). Women now make up 28% of clinical academics, a 41% increase since 2004. 42% of Lecturers, 33% of Readers/ Senior Lecturers and 18% of professors are female.

Athena SWAN

The Athena SWAN Charter recognises and celebrates good employment practice for women working in science, technology, engineering, mathematics and medicine (STEM) in higher education and research. The Charter confers Bronze, Silver and exceptionally a Gold level award recognising progress against plans to address gender inequalities, to change culture and attitude, and to tackle structural barriers to women making career transitions into senior academic posts.

Since the 2011 announcement that the National Institute of Health Research would be linking future Biomedical Research Unit and Biomedical Research Centre funding with achieving Silver Athena SWAN awards, the MSC has worked with the Equality Challenge Unit (ECU) to offer medical schools targeted support in developing their own action plans and Athena SWAN submissions, including workshops and a newsletter sharing good practice. By the end of 2015, there were 98 departments within medical faculties or medical schools with a Bronze or Silver award.

Equality and Diversity Advisory Group

At the start of 2015, MSC had just two women Deans from a membership of 34 medical schools, and wanted to take steps to understand the effect this had on the work of the organisation, as well as any specific actions which MSC could champion to eliminate gender bias and develop an inclusive culture across its membership.

MSC undertook a scoping exercise to hear from women who had attended meetings as Deans or Deputies in the past three years, and an advisory group, intended for this task only, was set up. The Council accepted the recommendation of this group to undertake an Athena SWAN style self-assessment of MSC. The same recommendation was accepted by the Dental Schools Council and the Veterinary Schools Council.

Following this, the Equality and Diversity Advisory Group was established formally, with Professor Anna Dominiczak as Chair, as an ongoing means of overseeing the work. The Group comprises both men and women, and includes members of the MSC, Dental Schools Council and Veterinary Schools Council, a Vice-Chancellor, students and trainees, and clinicians from across the academic career pathway. The group is advising on the process through which the MSC can undertake a self-assessment, and its areas of focus, and to advise on an action plan which the MSC will work towards over 2016. The Group plans to collect broader 'protected characteristics' data than gender, such as ethnicity.

“an Athena
SWAN style self-
assessment of
MSC”

The ECU has confirmed that it will work with MSC to develop an appropriate format for a membership organisation, and we are working to gather information, understand the starting point and agree an action plan in order to submit an application for an Athena SWAN Award.

Clinical Excellence Awards

MSC was pleased that the 2015 round of Clinical Excellence Awards was permitted to take place in England, but remains concerned about the situation in the devolved administrations, comparability between the four UK countries, and UK competitiveness in the international arena. Professor Ian Greer, Vice-President and Dean of the University of Manchester's Faculty of Medical and Human Sciences, Chairs the group assessing platinum applications on behalf of Universities UK and the Medical Research Council.

USS pension scheme

From April 2016 the final salary element of the USS pension scheme will be capped at £55,000. Once this salary threshold is implemented, members will have access to a new defined contribution (DC) section of the scheme, which will be made up of individual DC accounts. MSC is concerned that this change will make the scheme less attractive to clinical academics than the NHS scheme which remains for the moment a final salary scheme. The Department of Health in England has indicated that doctors employed by universities but with honorary NHS contracts may remain in the NHS scheme. In Scotland this is not the case and clinical academics must leave the NHS scheme after 8 years of university employment.

Promoting research

REF impact publication

Within a month of publication of the REF results in December 2014, MSC had published [Health of the Nation](#).

It presents examples of high-quality research submitted to the REF from every UK medical school in an accessible and powerful manner. Divided into four sections it covers: 'Improving clinical practice'; 'Boosting the economy'; 'Delivering benefits to society'; and 'Beyond borders'. The document was sent to every member of the House of Commons and to all the medical Lords.

At the March meeting of the Board for Academic Medicine in Scotland it was suggested that a similar document covering the outputs from the Scottish medical schools alone would be helpful. MSC produced [Health of Scotland](#) within two months, in time for the next meeting of the Board.

Liaison with academic trainees

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



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 have continued to work closely together throughout 2015.

Association of UK University Hospitals



MSC continues to hold an annual joint meeting with the Association of UK University Hospitals. On 14–15 May, MSC members and university hospital chief executives met at Crewe Hall to review progress on agreed objectives since the previous meeting, to discuss how to optimise outputs in the new NHS through partnership and integration and to consider the impact of the digital future.

BMA Medical Students Committee



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

Conference of Postgraduate Medical Deans of the United Kingdom



Professor Cameron as Chair of MSC has attended COPMeD meetings and facilitated much closer working between the two groups. COPMeD has been particularly helpful in

arranging pilot Prescribing Safety Assessments for overseas doctors joining the Foundation Programme.

Dental Schools Council

MSC and DSC continue to work closely, particularly around issues to do with the EU Directive on the Mutual Recognition of Professional Qualifications, issues affecting clinical academia, diversity and inclusion, and issues of common concern to health and higher education including admissions and fitness to practise.



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; and the development of the UKMED. 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. Ever closer working is being forged as the Medical Licensing Assessment is developed.

**General
Medical
Council**

Health Education England

The Medical Schools Council has been pleased to work closely with colleagues in Health Education England (HEE). MSC has responded to the HEE Mandate by suggesting ways in which MSC can assist HEE to meet its objectives. MSC has worked extensively with HEE on the mandate requirements around widening participation and around awarding full registration at the point of graduation. In addition, MSC Assessment holds a Memorandum of Understanding with HEE to deliver the SJT and EPM components of selection to the Foundation Programme.

NHS
Health Education England

Universities UK

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



Sub-committee membership

Research sub-committee

- Chair – Professor Paul Stewart (University of Leeds)
- Professor John Atherton (University of Nottingham)
- Professor Phil Baker (University of Leicester)
- Professor Nick Black (London School of Hygiene and Tropical Medicine)
- Professor Alastair Buchan (University of Oxford)
- Professor Chris Day (Newcastle University)
- Professor John Iredale (University of Edinburgh)
- Professor Patrick Maxwell (University of Cambridge)
- Professor Sarah Purdy (University of Bristol)
- Professor Steve Thornton (University of Exeter)
- Professor Richard Trembath (King's College London)

Education sub-committee

- Chair – Professor Jenny Higham (St George's University of London)
- Professor John Bligh (Cardiff University)
- Professor Deborah Gill (University College London)
- Professor Andy Hassell (Keele University)
- Professor Vikram Jha (University of Liverpool)
- Professor Gary Mires (University of Dundee)
- Professor Malcolm Reed (Brighton and Sussex)
- Professor Neil Johnson (University of Lancaster)
- Professor Sudhesh Kumar (University of Warwick)
- Professor Tony Weetman (University of Sheffield)

Clinical staffing sub-committee

- Chair until July 2015 – Professor Peter Kopelman (St George's, University of London)
- Chair from August 2015 – Professor David Crossman (University of St Andrews)
- Professor David Adams (University of Birmingham)
- Professor Mike Curtis (Barts and the London, QMUL)
- Professor Anna Dominiczak (University of Glasgow)
- Professor Stuart Elborn (Queen's University Belfast)
- Professor Michael Frenneaux (Norwich Medical School)
- Professor Ian Greer (University of Liverpool)
- Professor Steven Heys (University of Aberdeen)
- Professor Trevor Sheldon (Hull York Medical School)
- Professor Robert Sneyd (Plymouth University)

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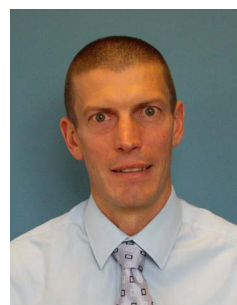
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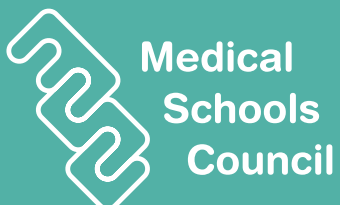
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If you would like any more information on any of the subjects highlighted in the annual review, please contact the Medical Schools Council on +44 (0)20 7419 5494 or email:

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