

msc Medical
Schools
Council
For the future of medicine

An Introduction to the
MEDICAL SCHOOLS COUNCIL

August 2017

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EXECUTIVE SUMMARY

The Medical Schools Council (MSC) represents the interests and ambitions of UK medical schools. Its members are the thirty-four publicly funded medical schools (comprising thirty-three undergraduate and one postgraduate medical school). This document will provide an introduction to MSC, including its structure, current members and key areas of work.

As of August 2016, the elected members of the Council are:

- Chair: Professor Jenny Higham, Principal of St George's, University of London
- Deputy Chair: Professor John Iredale, Pro-Vice Chancellor Health at the University of Bristol
- Treasurer: Professor John Atherton, Pro-Vice Chancellor at the University of Nottingham
- Executive Committee members: Professor David Crossman (St Andrews), Professor Dame Anna Dominiczak (Glasgow), Professor Malcolm Reed (Brighton and Sussex), Professor Paul Stewart (Leeds), Professor Steve Thornton (Queen Mary, University of London).

The thirty-four medical schools that make up MSC are represented by the deans or faculty heads of the medical schools. Council meetings take place four times a year, and an elected Executive Committee meets five times a year. Council members also serve on one of three sub-committees: clinical staffing and employment; education; and research.

Priorities

The past year has seen many developments that have shaped MSC's priorities heading into 2017. Challenges ahead include:

- The implications of leaving the European Union, particularly the impact on medical research and on EU staff and students
- Issues around the proposed increase in medical student numbers
- Working with the General Medical Council (GMC) in developing a UK Medical Licensing Assessment (UKMLA)
- Supporting the transition from medical school to practice, in particular to careers in clinical academia and areas of current significance to the NHS

Ongoing work

As well as collaborating on new developments, MSC is continuing work on other areas that impact undergraduate medical education, including promoting careers in general practice. MSC is also committed to promoting clinical academic careers and publishes (jointly with the Dental Schools Council) an annual survey of [Medical Clinical Academic Staffing Levels in UK Medical and Dental Schools](#).

Other key policy areas include working with the GMC to develop guidance for medical schools on fitness to practise, leading work to ensure that MSC has an inclusive culture within the Council and is leading the sector externally towards the goals of gender equality, and

supporting, together with the GMC, the [UK Medical Education Database \(UKMED\)](#), a platform for collating data on the performance of UK medical students and trainee doctors across their undergraduate and postgraduate education and future careers.

MSC Assessment

Through its assessment arm, MSC Assessment, the Council is involved in delivering the Prescribing Safety Assessment (PSA) and the Situational Judgement Test (SJT). The SJT is a paper-based assessment of the attributes of an effective Foundation Year 1 doctor, and forms part of selection to the Foundation Programme. The PSA is an online assessment of competency in the safe and effective use of medicines, developed by the British Pharmacological Society and MSC Assessment. It is taken by final year medical students and Foundation Year 1 doctors.

Specialist groups

A key attribute of the Medical Schools Council is collaboration and the sharing of evidence-based best practice. It has formed two groups, each drawn from the leaders in the medical schools in the relevant areas. The MSC Assessment Alliance is a partnership to improve undergraduate assessment practice through collaboration between all 33 undergraduate members. A key output of the Assessment Alliance is a bank of high-quality assessment questions, or 'items', with face validity and reliability, developed by Assessment Alliance partners for use individually and in common as part of final examinations. The MSC Selection Alliance is made up of medical school selection leads and was launched with a view to looking at the issue of selection to medicine with particular focus on best practice and widening participation. The work undertaken by the Selection Alliance includes providing outreach to secondary schools, developing selection methods and work on contextual admissions.

The office

The Medical Schools Council is supported by fourteen full-time members of staff, of whom twelve are based in the MSC office in London. Its Chief Executive is Dr Katie Petty-Saphon, who has been in post since 2003.

ABOUT US

Mission

The Medical Schools Council (MSC) 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.

History

During the early years of the Second World War, the heads of a number of medical schools would meet to discuss solutions to wartime problems. In 1947, this group was formally established as the Conference of Deans of Provincial Medical Schools. This allowed for greater communication between medical schools across the UK to discuss issues surrounding the role of doctors and how they could be trained to meet the health needs of the United Kingdom, particularly in relation to the creation of the National Health Service.

The Conference of Deans of Provincial Medical Schools consisted of medical schools from Cambridge, Bristol, Liverpool, Durham, Birmingham, Cardiff, Manchester, Leeds, and Oxford. All members of the group agreed that the Conference should serve a purely advisory function and remain autonomous from the medical schools it represented. A separate conference was formed at the same time by the London medical schools called the Conference of Deans of London Medical Schools.

Though separate, the Conference of Deans of Provincial Medical Schools and the Conference of Deans of London Medical Schools would frequently hold joint meetings. In 1989, they merged to become the Conference of Deans of UK Medical Schools.

In 1991, the Conference became the Council of Heads of Medical Schools. It was during this time that the Council became affiliated with the Committee of Vice Chancellors and Principals, now Universities UK and for the first time employing professional policy staff. Finally, in 2006 the organisation changed to its current title of the Medical Schools Council.

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

Who are our members?

The Medical Schools Council has 34 members, of whom 33 represent undergraduate medical schools and one represents a postgraduate-only medical school. Our members are the deans or faculty heads of medical schools.

COUNCIL

Officers of the Medical Schools Council

The Officers of the MSC include the Chair, Deputy Chair and Treasurer. These elected roles are held by members of the Council. As of 1 August 2016, the Officers of the Medical Schools Council are:

Chair: Professor Jenny Higham, Principal, St George's, University of London
Deputy Chair: Professor John Iredale, Pro-Vice-Chancellor Health, University of Bristol
Treasurer: Professor John Atherton, Pro Vice Chancellor; Dean of the Faculty of Medicine and Health Sciences, University of Nottingham

Elections

The Officers of the Medical Schools Council are nominated and elected by its members. All members, including currently serving Officers, are eligible for election as Officers of the MSC. Members of MSC elect the Chair two months in advance of the commencement of his/her three-year term of office. It is not normally expected that the Chair be eligible for election for a further term of office.

The Deputy Chair is elected by members to serve for three years, from 1 August in the year after his or her election. The Treasurer is elected by members to serve for three years, from 1 August in the first full year following his or her election and may be re-elected for a maximum period of three years or for so long as he or she remains a member of MSC whichever is the shorter.

The Officers will no longer hold their role if they cease to be serving heads or deans of medical schools. Vacant offices (of more than three months before the completion of the term) will be filled by postal ballot of all the members of MSC.

Membership

Membership on the Council includes representation from one post-graduate medical school and 33 undergraduate medical schools. The representatives for these organisations are:

Professor David Adams

Pro-Vice-Chancellor, Dean of Medicine and Head of College of Medical and Dental Sciences, University of Birmingham

After initial training in hepatology in Birmingham, Professor David Adams continued his immunology training at the Experimental Immunology Branch of the National Cancer Institute, Bethesda, USA before being appointed to the Chair of hepatology in Birmingham in 1997. David is a Consultant Physician at the Liver Unit in Queen Elizabeth Hospital and as Professor of Hepatology he is also director of the National Institute for Health Research (NIHR) Birmingham Liver Biomedical Research Unit. David's clinical interests are transplant hepatology and autoimmune liver disease.



Professor John Atherton – Treasurer

Pro Vice Chancellor; Dean of the Faculty of Medicine and Health Sciences, University of Nottingham

Professor John Atherton was elected Treasurer in August 2016. John is the Pro-Vice-Chancellor for the Faculty of Medicine and Health Sciences and was previously Dean of the School of Medicine. John is a practising Clinical Gastroenterologist and is also Secretary-General of United European Gastroenterology, the organisation responsible for gastroenterology in Europe. John has a background in clinical and laboratory research in the upper gastro-intestinal area with a particular interest in the stomach bacterium, Helicobacter pylori.



Professor Phillip Baker

Head of the College of Medicine, Biological Sciences and Psychology, Pro-Vice Chancellor and Dean of Medicine, University of Leicester

Professor Philip Baker was appointed in his role at the University of Leicester in July 2015. Phillip previously led Manchester Medical School, the Medical School in Edmonton, Canada and was the Director of the National Centre of Growth and Development in New Zealand. Phillip is an obstetrician scientist with a particular interest in the pregnancy complications preeclampsia and intrauterine growth restriction.



Professor Clive Ballard

Pro-Vice-Chancellor and Executive Dean of the University of Exeter Medical School

Professor Clive Ballard was appointed Pro-Vice Chancellor and Executive Dean of Exeter Medical School in 2016. He joined from King's College London where he was Professor of Age Related Diseases, Co-Director of the Biomedical Research Unit for Dementia at the Institute of Psychiatry, co-Director of the Wolfson Centre for Age Related Diseases at King's College London and served as Director of Research for the Alzheimer's Society between 2003 and 2013. Clive's research interests focus on improving the treatment and care for people with dementia.



Professor Sir Nick Black

Professor of Health Services Research, The London School of Hygiene and Tropical Medicine

Professor Nick Black qualified in medicine from Birmingham University in 1974. He underwent post-graduate training in public health at Oxford including a doctorate on reasons for the epidemic in surgery for glue ear in the UK. In 1985 Nick moved to a Senior Lectureship at the LSHTM and was promoted to a Chair in Health Services Research in 1995. Nick's main research interests are the use of clinical databases for evaluation and audit of health services (particularly in the field of surgery and critical care), patient-reported outcomes, non-randomised methods of evaluation and, recently, dementia care.



Professor David Burn

Pro-Vice-Chancellor, Faculty of Medical Sciences, Newcastle University

Professor David Burn is Pro-Vice-Chancellor of Newcastle University's Faculty of Medical Sciences. He took up this position on the 1st February 2017. He is also Professor of Movement Disorder Neurology and Honorary Consultant Neurologist for Newcastle upon Tyne Hospitals NHS Foundation Trust. He is currently National Clinical Director for Parkinson's UK. Prior to his appointment as PVC David was Director of Newcastle University's Institute of Neuroscience. David's research aims to improve the diagnosis and management of Parkinson's disease, the Lewy body dementias and Progressive Supranuclear Palsy (PSP).



Professor Iain Cameron

Dean of the Faculty of Medicine, University of Southampton

Iain Cameron is Professor of Obstetrics and Gynaecology and Dean of the Faculty of Medicine at the University of Southampton. Iain held the Regius Chair of Obstetrics and Gynaecology at the University of Glasgow from 1993 and moved to Southampton in 1999. Iain became Head of the School of Medicine in January 2004 and was appointed Dean of the Faculty of Medicine in August 2010. His main clinical and research interests are reproductive endocrinology and investigation of the impact of the maternal environment on early pregnancy.



Professor David Crossman

Dean of Medicine, University of St Andrews

Professor David Crossman became the Dean of medicine at the University of St Andrews in 2014. Prior to this, David was Dean of Norwich Medical School at the University of East Anglia. In 1985, he became registrar (Clinical Pharmacology and Cardiology) at Hammersmith Hospital, before becoming a senior registrar (Cardiology) in 1990. He became honorary consultant cardiologist at the Norfolk and Norwich University Hospitals in 2011. As a cardiologist, he has interests in interventional cardiology and heart disease in pregnancy.



Professor Dame Anna Dominiczak

Vice Principal and Head of College of Medical, Veterinary and Life Sciences, University of Glasgow

Professor Dame Anna Dominiczak is Regius Professor of Medicine, Vice Principal and Head of College of Medical, Veterinary and Life Sciences at the University of Glasgow as well as honorary consultant physician with the Greater Glasgow and Clyde Health Board. Anna has held a British Heart Foundation Chair of Cardiovascular Medicine at the University of Glasgow, as well as the directorship of the Cardiovascular Research Centre between 2000 and 2010. Her major



research interests are in hypertension, cardiovascular genomics and systems medicine.

Professor Pascal McKeown

Acting Dean - School of Medicine, Dentistry & Biomedical Sciences, Queen's University Belfast

Professor McKeown is currently the Acting Dean of the School of Medicine, Dentistry & Biomedical Sciences. Following postgraduate training in Cardiology in Northern Ireland, London, and Germany he was appointed to a clinical academic post at Queen's University in 1998. Since 2011, he has held the post as Director of Medical Education. He is a practising cardiologist with a clinical and research interest in Inherited Cardiac Conditions.



Professor Michael Frenneaux

Dean of Norwich Medical School, University of East Anglia

Professor Michael Frenneaux was appointed head of Norwich medical school in 2015. Michael held BHF Chairs in Cardiff and Birmingham and more recently, he was Regius Professor of Medicine at the University of Aberdeen. His clinical interests are in heart failure/heart muscle diseases. Michael is an integrated cardiovascular physiologist. One of his research themes has been in the role of cardiac energetic impairment in heart muscle diseases and the impact of metabolic modulators.



Professor David Lomas

Vice-Provost Health, University College London

Professor David Lomas was appointed to the role of Vice-Provost (Health), in August 2015. He is also Head of the UCL School of Life and Medical Sciences. Previously, he was Professor of Respiratory Biology in the University of Cambridge and Honorary Consultant Physician at Addenbrookes and Papworth Hospitals, and Deputy Director of the Cambridge Institute for Medical Research. David's research has focused on understanding the pathogenesis of α 1-antitrypsin deficiency.



Professor Ian Greer

Vice-President and Dean of the Faculty of Biology, Medicine and Health, University of Manchester

Professor Ian Greer became Dean of Manchester Medical School in 2015. Previously, he was Pro-Vice-Chancellor of the Faculty of Health & Life Sciences at the University of Liverpool, Dean and Professor of Obstetric Medicine at Hull York Medical School and Regius Professor of Obstetrics and Gynaecology and Deputy Dean of the Medical Faculty at the University of Glasgow. Ian's clinical practice and research focuses on medical disorders in pregnancy, and women's vascular health, particularly in relation to haemostasis and thrombosis.



Professor Andy Hassell

Head of the School of Medicine, Keele University

Professor Andy Hassell was appointed Head of the School of Medicine in 2015. Andy is a consultant rheumatologist at the Haywood Hospital. Previously, he was an Associate Dean (Education) in the West Midlands Deanery. With the advent of a new medical school at Keele, Andy became involved in undergraduate medical education, initially as a module lead in the Manchester MBChB and then became Director of Undergraduate Programmes in 2007. He has research interests in health professional education and clinical rheumatology research, specifically in studies on outcomes and interventions in patients with rheumatoid arthritis.



Professor Steve Heys

Head of the School Medicine, Medical Sciences & Nutrition, University of Aberdeen

Professor Steve Heys is Head of the School of Medicine, Medical Sciences and Nutrition and an honorary consultant surgeon in the University of Aberdeen and NHS Grampian. Previously, he has led on assessment and then the delivery of undergraduate medical education for a part of the medical curriculum at Aberdeen. Steve's own interests include the role of nutrition in carcinogenesis, and mechanisms of chemotherapy resistance in breast cancer and delivery of healthcare to patients with malignant disease.



Professor Jenny Higham – Chair

Principal, St George's, University of London

Professor Jenny Higham was elected Chair of the Medical Schools Council in August 2016. Before joining St George's, Jenny was Head of Undergraduate Medicine at Imperial College London for 5 years, most recently holding the title Vice Dean for Institutional Affairs and Director of Education for the Faculty of Medicine. She has been awarded 'Mentor of the Year' award at the national Women of the Future Awards in 2011. From 2009 – 2015 she led the Imperial team in set up of the Lee Kong Chian Medical School in Singapore and LKC's Senior Vice Dean. Jenny continues to practise as a consultant gynaecologist at St George's University Foundation Trust.



Professor John Iredale – Deputy Chair

Pro-Vice-Chancellor Health, University of Bristol

Professor John Iredale was elected Deputy Chair in August 2016. In his role as Pro-Vice Chancellor Health at the University of Bristol, John is responsible for the research, teaching and management strategies for the Schools of Medicine, Dentistry and Biomedical Sciences. Previously, John was the Regius Chair of Medical Science at the University of Edinburgh where he led the Medical School. He also holds Honorary Consultant contracts with the North Bristol NHS Trust and the University Hospitals Bristol Foundation Trust. John's research interests are focused on tissue scarring and regeneration.



Professor Neil Johnson

Dean of the Faculty of Health and Medicine, Lancaster University

Professor Neil Johnson trained as a GP and became a Research Fellow in Oxford in 1990. Over time his research focused increasingly on medical education and in 1997 Neil moved into the management of postgraduate medical education - initially as Director of GP Education in Oxford and then as Postgraduate Medical Dean in Leicester. He was Professor of Medical Education and Pro Dean in Warwick. Neil moved to Lancaster as Dean of the Faculty of Health and Medicine in 2014. His research focuses on aspects of medical education.



Professor Christopher Kennard

Interim Head, Medical Sciences Division, University of Oxford

Professor Christopher Kennard is currently the interim Head of the Medical Sciences Division of the University of Oxford, having previously been Head of the Nuffield Department of Clinical Neurosciences. Before moving to Oxford in 2008 he was Professor of Clinical Neurology at Imperial College London, Head of the Division of Neurosciences and Mental Health and subsequently Deputy Principal of the Faculty of Medicine. He has held a variety of senior national roles including chair of the Medical Research Council's Neuroscience and Mental Health Board. His research has covered many aspects of vision, oculomotor control and cognition in health and disease.



Professor Sudhesh Kumar

Dean of the Medical School, University of Warwick

Professor Sudhesh Kumar is Dean of the Warwick Medical School and Director of the Institute of Digital Healthcare at University of Warwick. Sudhesh is a clinical endocrinologist with 22 years of experience as a Consultant Physician in the NHS. His research interest is obesity and its complications, particularly Type 2 diabetes. His interests include developing novel approaches to managing obesity and diabetes that has helped to transform and improve patient care and treatment.



Professor Keith Lloyd

Dean and Head of the medical school, Swansea University

Professor Keith Lloyd is Dean and Head of Swansea University Medical School, and a clinical academic specialising in psychiatry. He chairs the Welsh Psychiatric Society, serves as a member of the professional reference panel of HAFAL, and is on the board of Samaritans Cymru. In 2013 he became chair of the UK Database of Uncertainties about the Effects of Treatments (DUETS) steering group (part of NHS Evidence). His research interests are psychiatric epidemiology and the management of mental disorders in primary care and community settings, especially suicide and self-harm.



Professor Una Macleod

Dean, Hull York Medical School

Professor Una Macleod was appointed Dean in January 2017. Una Macleod joined the Hull York Medical School in 2010 as Professor of Primary Care Medicine. She joined the School from Glasgow, where she trained in Medicine and had been Senior Lecturer in General Practice and Primary Care and a half-time GP principal in the east end of the city. Her research interests revolve around primary care and cancer, and health inequalities. She is a national leader in the area of cancer and early diagnosis research, has contributed significantly to policy development and holds grants from Cancer Research UK, Yorkshire Cancer Research and the Department of Health Policy Research Unit programme in this area.



Professor Patrick Maxwell

Regius Professor of Physic, University of Cambridge

Professor Patrick Maxwell undertook postgraduate clinical and research training in nephrology and general medicine at Guy's Hospital and in Oxford. He was appointed as University Lecturer and then Reader at the University of Oxford. In 2002 Patrick moved to the Professorship of Nephrology at Imperial College, followed by the Chair of Medicine at University College London in 2008. He was appointed Regius Professor of Physic and Head of the School of Clinical Medicine of the University of Cambridge in 2012. He has research interests in transcriptional control of genes by oxygen.



Professor Gary Mires

Dean of Medicine, University of Dundee

Professor Gary Mires is Dean of Medicine and Professor of Obstetrics at the University of Dundee. He is an Honorary Consultant Obstetrician at Ninewells Hospital and Medical School, Dundee. His clinical interest is high risk pregnancy particularly the management of multiple pregnancy and pregnancy complicated by diabetes. His research interest is 'the small baby' particularly pre-term delivery, antecedent factors for intrauterine growth restriction, assessment of fetal growth and wellbeing and the consequences for long- term health of being born 'small'.



Professor Malcolm Reed

Dean, Brighton and Sussex Medical School

Professor Malcolm Reed was appointed Dean of Brighton and Sussex Medical School in 2014. Following postgraduate surgical training in the UK and a period of research at the University of Louisville in Kentucky, he returned to Sheffield for Higher Surgical Training. He became Senior Lecturer and Honorary Consultant in 1992 and was appointed to the Foundation Chair in Surgical Oncology and then Head of the Department of Oncology at the University of Sheffield. Malcolm's current areas of clinical research relate to the surgical management of breast cancer, with particular emphasis on breast cancer in older women.



Professor Hazel Scott

Head of the School of Medicine, University of Liverpool

Professor Hazel Scott trained in the West of Scotland and Liverpool before being appointed in 1996, as a Consultant in General and Respiratory Medicine and receiving her MD in 2003. In addition to clinical and research interests in lung cancer, Hazel is also particularly known for her work in medical education. A Principal Fellow of the Higher Education Academy, she was previously Director of Medical Education in NHS Lanarkshire and currently holds roles as Associate Postgraduate Dean in the Scotland Deanery and Deputy Head of the University of Glasgow Undergraduate Medical School. She was elected Vice President (Medical), of the Royal College of Physicians and Surgeons of Glasgow in 2016.



Professor Gavin Screaton

Dean of the Faculty of Medicine, Imperial College London

Professor Gavin Screaton was appointed as Dean of the Faculty of Medicine in 2015. Gavin was formerly Vice Dean (Academic Development) in the Faculty of Medicine. Since joining Imperial in 2004 as the Chair of Medicine, he has served as Campus Dean for Hammersmith, and Head of the Department of Medicine, before becoming Vice Dean in 2013. His research focuses on the immunology of infectious disease with particular respect to dengue virus infection. He also continues to lead the medical grand round at the Hammersmith Hospital, part of Imperial College Healthcare NHS Trust, where he is honorary consultant physician.



Professor Dame Pamela Shaw

Pro-Vice-Chancellor, Faculty of Medicine, Dentistry and Health, University of Sheffield

Professor Dame Pamela Shaw was appointed Pro-Vice Chancellor of the Faculty of Medicine, Dentistry and Health in 2015. Pamela has been Professor of Neurology at the University of Sheffield since 2000. In 1988 she was awarded an MD with commendation for her work on the neurological complications of coronary bypass surgery. After an intermediate fellowship award from the Wellcome Trust, she was awarded a Wellcome Senior Fellowship in Clinical Science which she held from 1991 - 2000. She has also held a wide range of senior clinical and leadership roles in regional and national centres in her areas of research.



Professor Robert Sneyd

Dean, Plymouth University Peninsula Schools of Medicine and Dentistry

Professor Robert Sneyd took over the running of the Plymouth Postgraduate Medical School in 1998, first as Acting Dean and then as Dean. He led the Plymouth team in the successful bid for a new Peninsula Medical School and served as Vice-Dean of the Peninsula College of Medicine and Dentistry. Robert does his clinical work as a Consultant Anaesthetist at Derriford Hospital, mostly in neuro-anaesthesia. His research interests focus on drugs, pharmacology and pharmacokinetics with related



projects based on signal processing. Having worked in the pharmaceutical industry he has a special interest in drug development, especially in Intravenous Anaesthesia.

Professor Paul Stewart

Faculty Dean of Medicine & Health Professor of Medicine, University of Leeds

Professor Paul Stewart joined the University of Leeds in August 2013 as Dean of Medicine & Health having previously been Dean of Medicine at University of Birmingham. He is Honorary Consultant Endocrinologist at the Leeds Teaching Hospitals NHS Trust. Paul is currently a primary investigator within the NIHR Musculoskeletal Biomedical Research Unit in Leeds. His clinical expertise includes the management of pituitary and adrenal disorders, endocrine hypertension and reproductive medicine.



Professor Steve Thornton

Vice Principal (Health) and Executive Dean of the Barts and the London School of Medicine and Dentistry, Queen Mary, University of London

Professor Steve Thornton is the Vice Principal (Health) at Queen Mary University of London, and is a consultant obstetrician at Barts and the London School of Medicine and Dentistry. Previously, he was Pro Vice Chancellor and Executive Dean of Medicine at the University of Exeter. He obtained his first Professorial position at the University of Warwick in 1998 where he continued to undertake research related to preterm labour. Steve undertook a number of additional roles during his position at Warwick, holding positions with the Strategic Health Authority and leading Research and Development for the University Hospital Coventry and Warwickshire NHS Trust.



Professor Richard Trembath

Executive Dean for Life Sciences & Medicine, King's College London

Professor Richard Trembath was appointed as Executive Dean for Life Sciences & Medicine at King's College London in 2015. He was previously Vice-Principal for Health and Executive Dean of the Barts and The London School of Medicine and Dentistry. Richard was formerly the Head of Division of Genetics & Molecular Medicine at KCL and founding Director of the NIHR Comprehensive Biomedical Research Centre in association with Guy's & St Thomas' NHS Foundation Trust. His research interests include the identification and characterisation of genes and the molecular pathways underlying a range of human common and rare disorders.



Professor Ian Weeks

Interim Dean of Medicine & Head of the School of Medicine, Cardiff University

Professor Ian Weeks is currently the interim Dean and Head of Cardiff Medical School. Ian had undertaken both his BSc and PhD degrees in Chemistry at Cardiff University. He has undertaken research and development of novel biochemical diagnostic tests for human disease for over thirty years. This has been done in both academic and commercial environments. His research earned a Queen's Anniversary Prize for the



Medical School in 1998 and was also cited by Universities UK in 2006 as one of the top 100 life-changing discoveries of the past 50 years.

Professor Moira Whyte

Head of Edinburgh Medical School, University of Edinburgh

Professor Moira Whyte was appointed Head of the Medical School in 2016. She is Professor of Respiratory Medicine at the University of Edinburgh and became Director of the MRC University of Edinburgh Centre for Inflammation Research in 2015. Moira is a respiratory physician who trained mainly in London. Her research interests have focussed on molecular mechanisms of innate immune cell apoptosis in the context both of chronic inflammatory lung disease and of host defence against bacterial infection.



Observers

Invitations to attend MSC meetings are sent to representatives of affiliate organisations in the health, education and research sector that work closely with the Medical Schools Council.

This includes (but may not be limited to):

- Academy of Medical Royal Colleges
- Academy of Medical Sciences
- BMA Medical Students Committee
- Conference of Postgraduate Medical Deans (COPMeD)
- General Medical Council (GMC)
- Higher Education Funding Council (HEFCE)
- House of Lords

Membership costs

Medical schools are invoiced for the cost of subscription to the Medical Schools Council once every academic year. The cost of subscription is reviewed and agreed by members of the Council.

The Treasurer is in charge of overseeing MSC costs. All budgets and expenditures are approved by the Executive Committee.

EXECUTIVE COMMITTEE

What is the Executive Committee?

The Executive Committee of the Council meet five times a year to steer the work of the Council. The committee consists of the three Officers of the Council and five elected members, including one person to represent the devolved administrations. Additional members may also be co-opted to the Executive Committee. Meetings are held at the MSC office in Woburn House, London. Summaries of the meetings are circulated to all members.

Elections

Members are elected for three years (renewable once) by and from the whole membership of MSC. Members would not normally serve for more than two consecutive terms.

Representation

The elected members of the Executive Committee are:

| | |
|-------------------------------|---|
| Professor Jenny Higham | Chair |
| Professor John Iredale | Deputy Chair |
| Professor John Atherton | Treasurer |
| | |
| Professor David Crossman | Chair, Clinical Staffing and Employment Sub Committee; Scottish Board for Academic Medicine |
| Professor Dame Anna Dominczak | Chair, Equality and Inclusion Group |
| Professor Malcolm Reed | Chair, Education Sub Committee |
| Professor Paul Stewart | Chair, Research Sub Committee |
| Professor Steve Thornton | Chair, UKMED |

The non-officers lead on the roles shown above.

Members of affiliate organisations are invited to attend Executive Committee meetings. Representatives include (though are not limited to):

| | |
|------------------------------|---|
| Professor Jane Dacre | Vice President for Education, Academy of Medical Royal Colleges |
| Professor Chris Day | Vice President, Academy of Medical Sciences |
| Professor Sir Robert Lechler | President, Academy of Medical Sciences |
| Professor Terence Stephenson | Chair, General Medical Council |

Executive Committee meeting dates

The Executive Committee holds meetings five times a year. Meetings are held on a Friday usually from 10:00-12:30 with lunch served after. Executive meetings are held in the MSC office, at Woburn House, London.

Meeting dates for the MSC Executive are:

2017: Friday 13 January 2017 10.00 – 12.30
 Friday 7 April 2017 10.00 – 12.30

Friday 30 June 2017 10.00 – 12.30

Friday 8 September 2017 10.00 – 12.30

Friday 3 November 2017 10.00 – 12.30

Please note that the dates of the year's meetings are announced on the Agenda page for the first meeting of the academic year.

SUB-COMMITTEES

Overview

Within the Medical Schools Council are three sub-committees which are made up of MSC members who focus their work on Education, Research and Clinical Staffing and Employment issues. All MSC members are involved in one of the three sub-committees. Meetings of the sub-committees are chaired and take place as part of the main Council meeting. A member of the MSC secretariat will support sub-committee members in their work.

Clinical-Staffing and Employment

The Clinical Staffing and Employment Sub Committee (CSE) has been Chaired by Professor David Crossman since May 2015. The members of the committee have particular interest or expertise in areas concerning employment and workforce for clinical academics (joint NHS and university appointments) and is the group best placed to engage with other organisations on behalf of MSC collectively, to take informed recommendations to Council and to advise on information sharing.

Key priorities for 2017 include:

- Promoting clinical academia
- Advocating to protect CEA and equivalent awards; advocating for eligibility for local and national CEA payments for all specialties including General Practice and Public Health
- Implementation and take up of the Junior Doctors' contract
- Amendments to the Consultant Contract
- Future of the MSC *Clinical Academic Staff Survey*
- Equality and inclusion

MSC staff supporting CSE: Nicole Watson, Policy Officer
nicole.watson@medschools.ac.uk - 020 7419 5566

Education

The Education Sub Committee (ESC) is chaired by Professor Malcolm Reed, Dean of Brighton and Sussex Medical School. The committee acts as a forum for discussing all matters relating to the education of medical students. It focuses on issues such as the undergraduate medical curriculum, student fitness to practise and the relationship between medical schools and the GMC. It is linked to the MSC's Education Leads Group which is made up of staff within medical schools responsible for designing and delivering the undergraduate medical curriculum. ESC helps to set the agenda for Education Leads meetings and the two groups share a chair.

Key areas of work in 2016/17 included:

- The introduction of a national licensing assessment
- Influencing the GMC in relation to any revision of the outcomes for undergraduate medical education
- Selection and widening participation

MSC staff supporting ESC:

Clare Owen, Policy Adviser

clare.owen@medschools.ac.uk - 020 7419 5522

Research

The Research Sub Committee (RSC) is chaired by Professor Paul Stewart, Dean of Medicine and Health at the University of Leeds. The purpose of the committee is to advise on all matters concerning research in medical schools, to promote medical research through collaboration with other medical research organisations and serve as a sharing platform for members to discuss relevant matters.

Key priorities for 2017 include:

- Preferred outcomes for medical research in the Brexit negotiations
- Implementation of the second Research Excellence Framework
- Advising on the Government's modern industrial strategy

MSC staff supporting RSC:

Elnaz Naseri, Policy Officer

elnaz.naseri@medschools.ac.uk – 020 7419 5499

MEETINGS

Purpose

The main purpose of MSC meetings is to resolve issues medical schools have in common, particularly problems at a national level. Meetings also facilitate information sharing between schools, allowing for better collaboration. Members will decide strategies, have opportunities to engage and build a rapport with key stakeholders and work as an expert advisory group for medical education.

Frequency, format and dates

Council meetings take place four times a year, in the spring, summer, autumn and winter. Meetings are usually held from 10am – 2.30pm (though this may vary slightly and does not apply to the joint or residential meetings) and includes lunch. Sub-committee meetings are held in the morning in separate rooms followed by a short break. All members then re-convene in a larger room for the main Council meeting.

Please note that the dates of the year's meetings are announced on the Agenda page for the first meeting of the academic year.

Joint meeting with AUKUH

The May meeting is held as part of a joint meeting with members from the Association of UK University Hospitals (AUKUH) whose members are the Chief Executives of UK university hospitals. The joint meeting takes place over two days, usually from Thursday morning until lunch on Friday. The MSC meetings (including sub-committees) are held on Thursday morning until mid-afternoon. This is followed by a late afternoon meeting with AUKUH which includes invited speakers, then a drinks reception and dinner in the evening. Accommodation is provided (paid for by MSC and AUKUH), which is at the same venue as the meeting. A second joint meeting is held on Friday morning, followed by lunch.

Residential meeting

The winter meeting, referred to as the residential meeting, is held annually at Ditchley Park, Oxford, OX7 4ER. Meetings are held over three days, usually from Wednesday afternoon until first thing Friday morning (meetings usually finish on Thursday but accommodation is provided for both nights). Accommodation is provided at Ditchley House and paid for by the MSC. The closest train station to Ditchley is Charlbury (a complimentary collection service from this station is arranged in advance).

MSC Executive Committee meetings

The Executive Committee hold meetings five times a year to steer the work of the Council. Meetings are held on a Friday usually from 10:00-12:30 with lunch served after. Executive meetings are held in the MSC office, at Woburn House, London and is based on the 4th floor.

Dates for Council meetings in 2017:

- Friday 3 March 2017 10.00 – 14.30, *Friend's House, 173-177 Euston Rd, Kings Cross, London NW1 2BJ*

- Thursday 11 and Friday 12 May 2017 (From 11am Thursday until noon Friday) *Down Hall, Country House Hotel, Matching Road, Hatfield Heath, Essex CM22 7AS*
- Friday 29 September 2017 10.00 – 14.30, *Woburn House, London WC1H 9HD*
- *Wednesday 29 November – Friday 1 Dec 2017 Ditchley Park, Enstone, Chipping Norton OX7 4ER*

Who should attend

It is expected that all members attend meetings. Telephone dial in is not possible. In the event that a Dean cannot attend, please inform Lynn Mather-Bulbul (Lynn.Mather-Bulbul@medschools.ac.uk) at the earliest convenience.

Alternates/Deputies

Members who cannot attend Council meetings may send an alternate/deputy in their place (this does not apply to Executive Committee meetings). It is the Dean's responsibility to brief their alternate and inform the secretariat of this change, to ensure they receive meeting details and papers on time.

Observer members from affiliate organisations are invited to attend both [Executive](#) and [Council](#) meetings.

Before a meeting

Meeting papers

Papers for meetings are emailed to members a week in advance by the secretariat. All documents are emailed in pdf format.

Agenda items

The agenda is set by the Chair with the support of the MSC secretariat. To raise items for agendas or to alert MSC to any issues, members should contact either the Chair or the Chief Executive.

Travel and dietary requirements

Members are asked to inform the secretariat of any dietary requirements in advance of meetings to ensure appropriate catering arrangements can be made. Lunch is provided at both Council and Executive Committee meetings (dinner is served at the longer joint and residential meetings).

The majority of MSC meetings are held at Woburn House, London (aside from the residential and joint meetings) however members will be notified well in advance of meeting locations to allow travel arrangements to be made. Please note that travel costs are not reimbursed for meetings.

Meeting day

Structure of meetings

Council, Executive and sub-committee meetings are all chaired. Council meetings (except the residential meeting) usually involve the three sub-committee meetings in the morning, which after a short break is followed by the main Council meeting. The chairs of each sub-committee will feedback from their committees in the main meeting.

Meeting culture – what to expect

The meeting room is set up Boardroom-style or hollow square. The Chair, Chief Executive and usually the minute taker will sit together in the centre so that they can see and be seen by all attendees. The agenda is followed closely; any changes to the order in which items are discussed should be declared at the start of the meeting. Some agenda items are for information, others enable informed discussion with invited speakers, others are for open discussion to inform strategic priorities or a collective response to a policy issue.

Meetings take place face to face; they are never conducted by telephone or video-conferencing. If you are unable to attend in person, members are invited to send a senior colleague to represent the medical school (Council only). It is the Dean's responsibility to ensure that the secretariat is aware, and that the Deputy is suitably briefed to contribute. There is no seating plan. Name plates are provided. Mobile devices should be turned off and removed from the table.

Background papers are provided a week in advance to enable members to come briefed and able to contribute to discussions. It is unusual for a speaker to be interrupted. Please indicate to the Chair that you wish to contribute and wait to be introduced. It is the responsibility of the Chair to ensure that all views are heard during the meeting.

Minutes will usually be circulated within two weeks of the meeting. Minutes are not published, they are circulated internally only. Chatham House rules apply, and individual members' views will not be recorded within the minutes. The minutes serve as a formal record of the areas of discussion and the key action points. Decision points will be communicated by the Chair in summarising the agenda item.

On arrival at Woburn House, please go to the room for your sub-committee meeting. Tea and coffee is provided there; and in the main meeting room during the 15-minute break between sub-committee meetings and the main Council meeting. Lunch is provided, usually with around 45 minutes allocated to allow for networking.

Meetings begin promptly, and usually take the full time allowed (10am-11am sub-committee meetings; 11.15am-14.30pm for Council meetings; 10am – 12.30pm for Executive Committee meetings). Meetings are always scheduled for a Friday. The May meeting is Thursday and Friday. Ditchley is Wednesday until Friday.

Location

The majority of MSC meetings take place in [Woburn House, London WC1H 9HD](#). There is wheelchair access and a hearing loop.

- Main Hall (ground floor meeting room; toilets on basement)
- UUK Boardroom (second floor meeting room and toilets same floor)
- The Medical Schools Council office is based on the 4th floor in Woburn House. It is the first office on the 4th floor if accessed from the main lift (next to reception). Toilets are located opposite the MSC office.

Dress code

Council and Executive Committee meetings are usual office attire. The residential meeting at Ditchley Park (November/December) and the joint meeting with AUKUH (May) are followed by a drinks reception and dinner. While there are no strict guidelines on what to wear, members are encouraged to follow a smart dress code but not black tie.

After a meeting

After a meeting, the secretariat will circulate minutes within two weeks. Members should notify the secretariat of any queries regarding the minutes.

Handling of data

The MSC does not share contact details of its members with third parties, however members will be put in touch with each other on a one to one basis.

Members are usually contacted by email. Email addresses are not used for mass mailings. Appropriate requests (such as funding opportunities for medical students and staff, useful conferences, promotion of medical school run events) are sent to medical secretaries via a newsletter every term.

Surveys are not routinely sent. Surveys for members must be proposed and agreed at Council meetings or approved by the Chair.

POLICY AREAS

Priorities for the year

- Implications of exiting the EU
- UK Medical Licensing Assessment (MLA) development
- Increased student numbers in England and Scotland

Education

MSC runs bi-annual meetings for Education Leads. The meetings are chaired by the chair of Council's Education Sub-Committee, currently Professor Malcolm Reed from Brighton and Sussex Medical School. At these meetings education leads discuss issues relating to curricula development and policy initiatives from organisations like HEE, NES or the GMC that are likely to impact on undergraduate medical education. The issues that have been discussed at previous meetings include; the introduction of the Medical Licensing Exam, reasonable adjustments and encouraging students to choose careers in GP.

Education Leads also have a group email that allows them to share problems and ask advice from staff who might have dealt with a similar issue at another medical school.

Research

MSC is a principal source of advice for all matters concerning research in medical schools. It promotes and influences medical research through collaboration with other medical research organisations, such as the National Institute for Health Research, the Academy of Medical Royal Colleges, the Academy of Medical Sciences, the Research Councils, and medical research charities. Representatives from a number of these organisations sit on MSC Council and MSC Executive as observers.

Current priorities include influencing outcomes for medical research in Brexit negotiations, advising on the implementation of the second Research Excellence Framework, and advising on the science, research and innovation in the Government's modern industrial strategy.

Clinical Academia

As part of its organisational aims the Medical Schools Council is committed to promoting clinical academic careers. Three members of the CSE Sub-Committee are members of the UCEA Clinical Academic Staffing Advisory Group, which is the employer's representation in contract negotiations. The MSV works closely with partner organisations including the Academy of Medical Sciences to promote shared agendas, for example aligning responses to consultations and calls for evidence, and taking every opportunity to promote the value of Clinical Excellence Awards in recruiting and retaining the best doctors with the greatest impact.

The MSC and DSC publish an annual survey of [Medical Clinical Academic Staffing Levels in UK Medical and Dental Schools](#). The first report was published with 2000 data; it has repeated annually since 2003. Anonymous data are collected directly from UK medical school HR departments about employees who hold full registration with the GMC, and have a

substantive university contract and honorary NHS/Public Health England contract for their clinical work. The annual report analyses trends since 2000 by medical specialty, source of funding, region, academic grade, as well as gender, age, ethnicity and CEAs. The survey data provide an overview of the clinical academic workforce available to prosecute the UK's important research agenda, and it is highly valued by the CMO, NIHR, MRC, ACCEA, CfWI and ECU amongst other organisations.

Launched in 2008, the MSC and DSC host a free website specifically for advertising clinical academic and research posts in UK medical schools, www.clinicalacademicjobs.org. This is free for medical schools to use to advertise, and receives around 400 visitors a month.

Electives

The MSC Electives Committee is made up of elective leads from medical schools. Its current chair is Dr Matthias Schmid, elective lead for Newcastle Medical School. The scope of the group is to consider the wide range of undergraduate medical elective contexts both inside and outside the UK. The committee works to provide a forum and means for medical schools to share experience of and best practice in undergraduate medical electives.

The committee meets three times a year, this includes holding an annual conference funded by the MSC. The conference invites elective leads and coordinators from across the country, students who have completed an elective and charitable and national bodies, to discuss experiences and share best practice. The MSC funds the travel expenses of one medical student per school.

Equality, Diversity and Inclusion

Professor Dame Anna Dominiczak, Regius Professor of Medicine, and Vice Principal and Head of College (MVLS), University of Glasgow is leading work to ensure that MSC has an inclusive culture within the Council, and that the MSC is leading the sector externally towards the goals of gender equality. She chairs a joint DSC, MSC and VSC Equality & Diversity Advisory Group, which is working with Athena SWAN, Equality Challenge Unit to advise on the process through which a membership organisation can apply for recognition.

Following the 2011 announcement by the then-CMO linking future NIHR funding with Silver Athena SWAN awards, the MSC worked with the ECU to run joint workshops for medical and dental schools looking to apply for Bronze and Silver awards, and circulated bi-monthly newsletters and FAQs. More than 50% of medical school Units of Application were in receipt of a Silver award by the 2016 NIHR funding application deadline. The MSC website is a central reference point for successful bronze and silver medical school and medical department applications, as well as providing hints and tips in developing applications.

The MSC submitted written evidence to the House of Commons Inquiry outlining the issues of retention and progression of women in academic STEM careers, for example limited senior women role models, women often taking on a greater proportion of teaching/pastoral roles, limited opportunities for part-time or flexible working and women taking on the majority of caring responsibilities. The cycle is self-perpetuating. The evidence offers examples of good practice from medical and dental schools, and makes wider suggestions for the roles that universities and the Government can play to address these issues.

In 2007, recognising the gender disparity higher up the clinical academic pathway, the MSC convened a working group to make recommendations around Women in Clinical Academia: Attracting and Developing the Medical and Dental Workforce of the Future.

MSC Chief Executive, Dr Katie Petty-Saphon, was an invited member of the national working group Chaired by Baroness Deech on Women Doctors: Making a Difference (2009). The MSC provides annual updates to the working group on organisational commitment to gender equality and advancing progress.

Student fitness to practise

MSC works closely with the GMC to develop guidance for medical schools on fitness to practise. The latest versions of these guidance documents were published in July 2016. They are [Achieving good medical practice](#) which is a new document for medical students on professional values and [Professional behaviour and fitness to practise](#) which provides guidance to medical schools on running fitness to practise processes. MSC is working with the GMC to implement these documents through the development of resources for both medical schools and medical students.

MSC and GMC run an annual fitness to practise training conference for medical school staff.

Student engagement

The Medical Schools Council is keen to engage with medical students on how they believe medical education and their learning can be best nurtured. Students are represented on the Education Sub-Committee by a member of the BMA Medical Students Committee.

In 2016, MSC held its first student conference, inviting three medical students from each school across the country to discuss themes and issues relating to medical education. The day consisted of presentations from the MSC, GMC and NHS employers as well as opportunities for discussion on current issues. After its success, it was decided that the MSC student conference would become an annual event.

The MSC is also working to improve its communication with students online, through increasing its presence on social media, and creating sections on the MSC website that includes tailored information for prospective and current students. Along with this, the new website will allow a stronger platform to advertise the work of MSC to medical students.

UKMED

The UK Medical Education Database (UKMED) is a platform for collating data on the performance of UK medical students and trainee doctors across their undergraduate and postgraduate education and future careers.

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 to medicine and progression through their career. Understanding individuals' performance at different points

during their study and medical career is helpful to understand the factors that make doctors more or less likely to progress and succeed within the training pathways.

In 2013, the Medical Schools Council brought stakeholders together to discuss a proposal to create a data warehouse linking undergraduate and postgraduate data. The driving factor in creating it is that no single stakeholder can currently link all data on their own. The GMC decided to collaborate with the Medical Schools Council on the project.

The GMC provides staff, information governance expertise, technology resources and acts as a Data Controller holding the data in a secure safe haven. The MSC leads the communications strategy and provides secretariat for meetings.

The project is overseen by the UKMED Advisory Board where the MSC CEO is a member representing interests of medical schools as data contributors. The Research Subgroup composed of academic experts reviews all applications for research data and reports to the Advisory Board on whether the applications have met the criteria.

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. Data shared with researchers are de-identified. Cases are assigned their own unique Study Id in place of a GMC number. Care is taken to ensure that combinations of quasi-identifiers do not uniquely identify one case in an extract provided for research. The extract is shared via a safe haven which allows researchers to run analysis on the data provided whilst preventing export/import of data, thereby preventing the raw data being taken away or re-identified through linkage. Researchers are under contract to use the data only for the purposes of the approved research proposal. Outputs are reviewed by the Advisory Board prior to publication.

It is possible that research will identify particular medical schools and be part of the published research outputs. The Medical Schools Council considered this in signing up to support UKMED, and, like all data contributors, agrees that transparency will enable UKMED to best inform the development of medical education and assessment.

Following the successful pilot phase in 2015–2016, evaluated by all stakeholders, UKMED is planning to open for new research applications. Please visit <http://www.ukmed.ac.uk/> for details.

MSC ASSESSMENT

History and legal responsibilities

MSC Assessment is a registered charity (charity registration no. 1153045), which is a company limited by guarantee (company no. 8578576) which began trading on 1 February 2014. MSC Assessment delivers the assessment activities of the Medical Schools Council, which has transferred to MSC Assessment its work in relation to the Prescribing Safety Assessment (PSA) and the Situational Judgement Test (SJT).

MSC Assessment Board

The members of the MSC Assessment Board are Directors and Trustees of the company.

| | |
|----------------------|-------------------------------------|
| Chair | Professor Tony Weetman |
| Treasurer | Professor Ian Hall |
| Trustees (appointed) | Professor John Connell |
| | Professor Val Wass |
| Trustee | Professor Jenny Higham (ex-officio) |
| Company Secretary | Dr Katie Petty-Saphon |

Selection into the Foundation Programme

Since FP 2013, selection to the Foundation Programme has been based on a combined application score based on an Educational Performance Measure (EPM – 50%) and a Situational Judgement Test (SJT – 50%). The UK Foundation Programme Office (as part of Health Education England), which manages the recruitment rules, eligibility and application portal, has a Memorandum of Understanding with MSC Assessment to deliver SJT and EPM decile scores. The current MoU covers 2016-2018. Payment is made to each medical school for SJT test delivery and providing EPM decile scores.

MSC Assessment receives an annual block grant from Health Education England (HEE) which it uses to cover the costs of:

- Test delivery for UK applicants; providing EPM decile scores; nominating staff for EPM and SJT verification events (MoUs with individual medical schools)
- SJT item development and review; SJT test construction, test equating, scoring and scaling; annual technical reports (contract with the Work Psychology Group)
- Secure storage of the bank of SJT items; software for creation of test papers (contract with the MSCAA)
- Printing test papers, unique bar coding, secure handling, packing and processing of all paperwork (contract with Stephen Austin & Sons); courier delivery and pick up (sub-contract with DHL)
- Scanning OMR answer sheets (contract with UCL medical school); printing of personalised OMR answer sheets (sub-contract with Speedwell)
- Test delivery for Eligibility Office applicants
- Advising on national rules for reasonable adjustments and extenuating circumstances; reviewing applicant guidance and communications; developing administrative guidance and communications

- Quality management and project management of all the above

The SJT is a paper-based assessment of the attributes of an effective FY1 doctor (eg team working, leadership, patient-centred care), comprising 70 multiple choice questions taken in 2h20mins. The national test dates are in December and January. For information relating to the current application round please see www.foundationprogramme.nhs.uk

In 2011, the Medical Schools Council was commissioned by the Department of Health to lead a project group to review the most appropriate selection methods for selection to the Foundation Programme. It subsequently led the work to pilot and develop both the SJT and EPM (FP 2012) ahead of introduction in FP 2013. Please see the website of the Improving Selection to the Foundation Programme (ISFP) work: www.isfp.org.uk

In 2015, the Work Psychology Group published a study into the predictive validity of the selection methods, which found that poor performance on the SJT predicted future poor performance on the Foundation Programme; and that good performance on the EPM predicted future good performance on the Foundation Programme.

Prescribing Safety Assessment

The Prescribing Safety Assessment (PSA) is an online assessment of competency in the safe and effective use of medicines, developed by the British Pharmacological Society and MSC Assessment. The PSA is delivered online from a 'cloud-based' server and comprises 60 question items in 8 sections containing item styles that cover different aspects of the clinical activity undertaken by prescribers. The assessment lasts for 2 hours with extra time allowed for candidates with reasonable adjustment allowances.

It was originally piloted in 2012 and 2013, before being fully implemented in 2014 with over 7,000 students sitting the assessment. For the first time in 2016, Health officials from the four UK countries stipulated that all new Foundation Year 1 doctors would be required to pass the PSA. Any UK medical students who did not pass the PSA at medical school and overseas entrants into the Foundation Programme had an opportunity to sit the PSA during their induction week in July. Those not passing this sitting were expected to undergo a programme of remediation prior to retaking the PSA in November 2016.

The performance of the assessment is reviewed annually by an independent expert and the results presented in a psychometric report that is shared with medical schools.

The organisation and delivery of the assessment has been made possible through financial contributions and staff time from the BPS and MSC Assessment, and funding from HEE and NES. Experts in schools have also played a significant role by authoring questions and participating in meetings. The focus for 2017 onwards will be making the assessment financially sustainable.

MSC ASSESSMENT ALLIANCE

History

The MSC Assessment Alliance (MSCAA) is a partnership to improve undergraduate assessment practice through collaboration between all 33 undergraduate medical schools in the UK. It is an expansion of the Universities Medical Assessment Partnership, which began in January 2003 and was supported by HEFCE's Fund for the Development of Teaching and Learning.

The MSCAA launched in August 2010 with the aim of enhancing the quality of assessments in medical schools by sharing best practice and developing a bank of high quality examination materials that can be shared across schools.

It provides a forum for members and presents an expert position on matters relating to medical school assessment to the GMC and other relevant bodies. Overseen by an elected Board that is Chaired by Professor Neil Johnson and supported by Veronica Davids, MSCAA has made significant progress in generating support and trust amongst assessment experts across schools.

Funding

Medical schools pay an annual fee in order to maintain their membership of MSCAA.

Item Bank

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

A key output of the MSCAA is a question bank of high-quality items with face validity and reliability, developed by members, for use by all MSCAA partners. To help ensure the quality of items contained within the bank, and thereby increase confidence in and usage of the questions by all schools, items undergo a two-stage process of quality review. Individual questions are subjected to scrutiny and revision by a panel before final revision and approval by the Final Clinical Review Group which comprises a number of clinicians from different specialties representing different medical schools/geographical areas. Items are tagged by Presentation, Skill, and Specialty, copy edited to ensure they meet an agreed common style guide, and flagged as suitable for use in graduation-level examinations.

The process is facilitated by bespoke innovative software that supports assessment experts and exam managers through the assessment cycle all completed within the security of the bank. The ability to respond to feedback from members is one of the item bank's strengths with features continuously added and adapted to reflect the changing assessment environment. This includes a 'private pool' facility where members may author and store their own examination questions in a secure, private area allowing schools to combine their local items with items from the common bank in their examinations.

The largest proportion of items in the bank is in the Single Best Answer format, although the bank also contains a number of OSCE stations, and in 2017 a space for storing and sharing

MMIs will be added. An exam delivery component that will allow schools to deliver their SBA assessments online using the MSCAA bank is also planned for 2017.

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 over 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.

Reference Group

The Reference Group is comprised of two senior assessment experts from each medical school. Meetings are held twice a year and provide members with a forum for discussion and an opportunity to engage directly with the MSCAA Board in order to help set the direction of travel for the Alliance.

Common content project

The GMC previously requested evidence that the standard required to pass written examinations at graduation level is comparable across all UK medical schools. In 2011 MSCAA commissioned a project to explore this issue. Two successful pilot projects were undertaken which established the acceptability, feasibility and methodology for a comparison using “Common Content” Single Best Answer items inserted into schools’ finals-level papers. The project was fully established in the 2013/14 academic year and has been run each year since.

Schools are provided with 60 items that have been through the selection process outlined in the section above and asked to include as many as possible in their first-sit, finals-level examinations. Medical schools’ standard-set these items using their own methods and return data on standards and student performance. A detailed psychometric analysis is then undertaken and a report produced and shared with participating schools.

The project has provided MSCAA with a wealth of data on knowledge based assessments and led MSCAA to change its approach to quality assuring items. The result has been a clear improvement in the performance of questions from the item bank. It has also generated interest in standard setting processes as evidence has shown that schools use different methods and approaches. MSCAA has commissioned two projects, a qualitative study to explore standard setting processes in detail and a Rasch analysis of the Common Content scores data, to explore this in more detail. Alongside this, MSCAA will be piloting a national standard setting process by convening two panels to standard set commonly used items using the Angoff method. Together these projects will provide valuable insights into standard setting and be a useful test case for how this process might work for the MLA.

MSC SELECTION ALLIANCE

History

The MSC Selection Alliance (MSCSA) was set up off the back of the [Selecting for Excellence](#) project. The project was initiated by the Medical Schools Council in March 2013 and launched fully the following July with a view to looking at the issue of selection to medicine with particular focus on widening participation. The impetus for the project was twofold; firstly, medicine was heavily criticised for a lack of progress in widening participation for students from a lower socio-economic background by the [Social Mobility and Child Poverty Commission](#). Secondly the GMC commissioned a [research report](#) on selection processes which found that these vary across medical schools and there is little evidence to show why this might be.

The Selecting for Excellence project was chaired by Professor Tony Weetman, a former Chair of MSC and a Pro-Vice Chancellor at Sheffield University. After 18 months the project concluded with a [final report](#) that was launched at the House of Lords in December 2014. Some of the key recommendations in the report include:

- Applicants need clearer advice on medical school admissions criteria and processes to ensure that they can make informed decisions.
- There is a need to establish a data monitoring system so that progress in widening participation can be tracked.
- More work is needed to establish how schools can utilise contextual admissions.
- Whilst there currently is not enough data to establish a framework for medical school selection processes more research should be undertaken to build the evidence base as to what methods work best.

The final report also set some targets for medical schools to reach by 2023 which challenged them to double the number of medical students coming from areas with the lowest participation rates in higher education. The report also recommended that admissions deans should be responsible for implementing the recommendations in the report and that this was best done through the setting up a formal governance structure.

Board

The MSCSA board is an elected board comprising the following ten Admissions Deans from a variety of medical schools within the UK:

Dr Paul Garrud (Chair) (University of Nottingham)
Mr Murat Akyol (University of Edinburgh)
Darren Beaney (Brighton and Sussex Medical School)
Dr Sally Curtis (University of Southampton)
Dr Gordon Dent (Keele University)
Professor Jonathan Dowell (University of Dundee)
Dr Paul Lambe (Plymouth University)
Dr Gail Nicholls (University of Leeds)
Dr Paul Paes (Newcastle University)
Dr Heidi Phillips (Swansea University)

The board is responsible for implementing the recommendations of the *Selecting for Excellence Final Report* (published in 2014) and for setting the strategic decision of the MSCSA's work.

In addition to this, the MSCSA Reference group consists of two admissions deans from each Medical School within the UK and meets biannually. The group acts as a platform to:

- Discuss questions which require discussion and buy in from all medical schools
- Discuss the work being undertaken and obtain feedback
- Share information between medical schools and discuss issues relating to widening participation and selection to medicine

The work undertaken by the MSCSA covers the following areas:

- **Contextual Admissions:** Research was commissioned into contextual admissions in 2015 which considers the contextual admissions markers which are the most important to take into account during selection. The report indicates that an individual's performance relative to the average performance of other pupils attending the same school might be the best way of carry out contextual admissions
- **Selection methods:** An MMI Expert group has been established to discuss the use of MMIs and the utility of sharing resources between medical schools. In addition to this, a piece of research has been commissioned by MSC in regards to sequencing and weighting of individual selection methods within an overall process. MSCSA is particularly interested in the impact different weighting and sequencing have on candidates from a widening participation background. The research is due to be finalised by Q1 2017.
- **Providing better information for applicants:** MSC has worked with all of the medical schools in order to collate admissions criteria and produce the booklet '[Entry Requirements for UK medical schools](#)' which aims to provide prospective students with clear information regarding all of the courses available in one place.
- **National outreach:** Following the recommendations from the [National Outreach Report](#), MSC is working closely with Nursaw Associates to organise regional teacher conferences and meetings with Medical Schools in areas considered 'cold spots' in regards to outreach. In addition to this, a website is being developed with the aim of sharing information to support outreach, access and admissions to medical schools.
- **Outreach with primary schools:** MSC has partnered with Primary Futures (as part of Education and Employers) and the National Association of Head Teachers (NAHT) to run the '[Who's in health?](#)' campaign.

HOW WE SUPPORT YOU

Deans' peer mentoring

MSC facilitates peer mentoring within Council, specifically targeting new Deans. MSC maintains a profile of all MSC members willing to act as a mentor, and makes the updated profiles available at the start of the calendar year, and available to new Deans on appointment. Members select their own mentor (s). The mentor-mentee relationship may be ad-hoc or regular, by agreement between both Deans. Uptake is not monitored by the MSC.

Bullying/harassment information

The Medical Schools Council aims to encourage an environment in which every member and employee of MSC is entitled to join in activities and work without harassment, victimisation or bullying, due to their disability, race, gender, health, social class, sexual orientation, marital status, nationality, religion, employment status, age or membership or non-membership of a trade union or staff association.

Bullying and harassment is not tolerated. The Medical Schools Council's bullying and harassment policy can be found at the end of this document ([Appendix 1: Bullying and Harassment policy – members and employees](#)). A code of conduct for Medical Schools Council members and staff can be found in appendix 2.

Unconscious Bias

Adapted by the Medical Schools Council from guidance issued by the Royal Society

We all hold unconscious biases based on our experience, deep-seated thought patterns and assumptions or interpretations, which can affect our judgments and decisions without us being aware of it. The Medical Schools Council aims to support its members in minimising unconscious bias to help ensure that decisions are made fairly and to help foster an equal and inclusive environment.

To combat unconscious bias, we endorse the following action points:

- When preparing for a committee meeting or interview, try to slow down the speed of your decision making.
- Reconsider the reasons for your decision, recognising that they may be post-hoc justifications
- Question cultural stereotypes that seem truthful. Be open to seeing what is new and unfamiliar and increase your knowledge of other groups.
- Remember you are unlikely to be more fair and less prejudiced than the average person.
- You can detect unconscious bias more easily in others than in yourself so be prepared to call out bias when you see it.

The Royal Society has developed a short video about understanding unconscious bias that we encourage members to watch. The video can be accessed here:

<https://royalsociety.org/topics-policy/publications/2015/unconscious-bias/>.

Further guidance issued by the Royal Society on unconscious bias can be found here:

Relationship with the CEO, Dr Katie Petty-Saphon

Katie has been in post since 2003 and sees her role as 'problem-solver in chief'. Deans are encouraged to phone or e mail Katie whenever an issue arises which might have occurred previously elsewhere, which might have national impact, or where it might simply be helpful to have an external view. Her door is wide open to both secretariat and medical school staff.



MSC Secretariat

Including the CEO, there are thirteen full time members of staff who support the work of the Medical Schools Council and MSC Assessment. Twelve staff are based in the MSC office in London and a further two staff members are based in Dundee and Manchester. In addition to work for medical schools the secretariat supports the:

- Dental Schools Council
- Pharmacy Schools Council
- Veterinary Schools Council
- Association of Dental Hospitals
- Association of UK University Hospitals – with separate groups for the CEOs, Chairs, Directors of Finance, HR Directors, Medical Directors, Nursing Directors and R&D Directors

GARETH BOOTH

Project Support Officer

Gareth.booth@medschools.ac.uk

Tel: 0161 275 5579

Areas of expertise:

- Assessment
- Online item banking and exam delivery

Gareth is Project Support Officer for the MSCAA and is based in Manchester. He plays a key role in developing the MSCAA Item Bank and provides support to users of the bank with training, donating questions to the bank, constructing exams and uploading performance data. Gareth is also first point of contact for schools taking part in the Common Content project and prepares data for the annual project's psychometric report.

VERONICA DAVIDS

Policy Adviser

Veronica.davids@medschools.ac.uk

Tel: 020 7419 5497

Areas of expertise:

- Assessment
- Prescribing Safety Assessment
- Online item banking and exam delivery

Veronica is a Policy Adviser at the Medical Schools Council and is based at the office in Woburn House. Her focus is on assessment and she is the lead for the Medical Schools Council Assessment Alliance and Prescribing Safety Assessment, managing the teams and providing support to the MSCAA Board and PSA Executive. Veronica holds a BSc in Sociology.

EMMA HORAN

Policy Officer

emma.horan@medschools.ac.uk

Tel: 020 7419 5532

Areas of expertise:

- Recruitment into Foundation Programme
- Online item banking and exam delivery
- Assessment cycle

Emma works across MSC Assessment and the MSC Assessment Alliance. She provides support to schools in delivering the Prescribing Safety Assessment (PSA) and Situational Judgement Test (SJT). Emma also provides administrative support in running the MSCAA Item Bank, the Excluded Students Database, and the applications to the Beit Trust medical elective bursary programme. She is based in Woburn House. Emma holds a BA in Journalism.

OLGA SIEROCINSKA KING

Senior Policy & Project Officer

Olga.sierocinskaking@medschools.ac.uk

Tel: 01382 383 266

Areas of expertise:

- Recruitment into Foundation Programme
- Online item banking and exam delivery
- Assessment cycle
- UKMED research

Olga is based at the medical school in Dundee and supports MSC Assessment projects including FP recruitment and the PSA. She also works within a team operating the MSC Assessment Alliance. Olga is involved in overseeing the work of the MSC Electives Committee and provides secretariat for the UKMED Research Subgroup. Olga holds a BA in French and International Politics and an MA in Comparative International Studies.

EDWARD KNIGHT

Senior Communications Officer

edward.knight@medschools.ac.uk

Tel: 020 7419 5427

Areas of expertise:

- Promoting projects and campaigns through external communications
- Working with press to represent MSC in public matters
- Writing, editing and designing print publications and digital materials

Ed is based at Woburn House, London. He works across all of MSC's projects and is responsible for its public-facing materials. This includes publications, websites and press matters, which involves organising public statements and press releases, and working with journalists to build the reputation of MSC. Part of his role is to correspond with communications and media staff at partner organisations for both the promotion of relevant initiatives and for coordinating on matters of mutual interest. Ed holds a BA in Philosophy and an MA in History.

LYNN MATHER-BULBUL

Team Administrator

Lynn.mather@medschools.ac.uk

Tel: 020 7419 5494

Areas of expertise:

- Administration
- MSC finances

Lynn is based in Woburn House and works in the MSC office four days a week. She provides administrative support for the Medical Schools Council and the other affiliated organisations (AUKUH, ADH, DSC, PhSC, VSC). She is in charge of organising the financial requirements for the office including processing internal and external expenses. Lynn also provides support for the SJT. Lynn works one day a week in the Universities UK Finance department (also located in Woburn House).

ELNAZ NASERI

Policy Officer

Elnaz.naseri@medschools.ac.uk

Tel: 020 7419 5499

Areas of expertise:

- The impact of Brexit on medical research and healthcare regulation
- R&D, medical, dental and nursing healthcare policy
- Equality and diversity and inclusion

Elnaz is based in the office at Woburn House. Her role is split across the Medical Schools Council (MSC), the Association of UK University Hospitals (AUKUH) and the Association of Dental Hospitals (ADH). Within MSC, Elnaz provides secretariat support to the MSC Research Sub-Committee. She also leads on the MSC Equality and Diversity work. Within AUKUH, Elnaz works with the R&D Directors, Medical Directors and Nurse Directors on a range of policy issues, and acts as a link between MSC and AUKUH on mutual matters. Elnaz has completed a BA in Biochemistry and Molecular Biology, MBA in International Business and an MSc in Global Health and Development.

CLARE OWEN

Policy Adviser

Clare.owen@medschools.ac.uk

Tel: 020 7419 5522

Areas of expertise:

- Fitness to practise

- Selection and widening participation
- Regulatory issues
- Health and disability

Clare is a Policy Adviser at the Medical Schools Council, and is based in Woburn House. Her particular focus is on selection and widening participation and she led the Selecting for Excellence project which concluded with a final report which was launched in December 2015. Clare also does extensive work on student fitness to practice and student support and has recently been involved in the review of the joint GMC and MSC guidance on professional behaviour and good medical practise for medical students.

Prior to starting at the MSC in 2013 Clare worked as an Education Policy Manager at the General Medical Council where she led on the development of the joint GMC and MSC guidance on supporting students with mental health conditions. During her time at the GMC Clare worked on numerous policy projects including the review of Tomorrow's Doctors 2009 and the review of the routes to GP and specialist registration.

Clare also provides policy support to the Veterinary Schools Council. Clare holds an LLB in Law.

ANNE MARIE SAHAKIAN

Policy Officer

AnneMarie.Sahakian@medschools.ac.uk

Tel: 020 7419 5496

Areas of expertise:

- NHS Finance
- Human resources and workforce issues
- Regulation of the Pharmacy profession

Anne Marie is a Policy Officer based in Woburn House. She provides policy support to the Association of UK University Hospital (AUKUH) and the Pharmacy Schools Council (PhSC). Anne Marie also supports work relating to student fitness to practice. Ann Marie holds an LLB in Law with French.

PETER TANG

Data Analyst

Peter.tang@medschools.ac.uk

Tel: 020 5419 5485

Areas of expertise:

- UKMED
- Staff survey
- Data analysis and visualisation
- Data governance
- Business improvement

Peter is a Data Analyst based in Woburn House, London. His role is to maintain the data functions by ensuring that analysis and evidence is effectively integrated within the work of the MSC. He provides analyses and data reporting functions for the MSC and other affiliated organisations including the MSC Selection Alliance and the Association of UK University Hospitals (AUKUH).

He also supports multiple projects at the Medical Schools Council (MSC) including the UK Medical Education Database (UKMED) and he is responsible for dealing with ad hoc data queries from internal and external organisations. Peter has completed an MSc in Research Methods in Psychology.

NICOLE WATSON

Policy Officer

Tel: 020 7419 5566

Nicole.watson@medschools.ac.uk

Areas of expertise:

- Medical, Dental and Veterinary education and regulation
- Stakeholder engagement
- Public policy economics and analysis

FAHMIDA YASMIN

Communications Officer

Tel: 020 7419 5494

Fahmida.yasmin@medschools.ac.uk

Areas of expertise:

- Promotion of projects and coordinating press enquiries
- Updating websites for MSC and affiliate organisations
- Delivery of the PSA and SJT
- Organising MSC residential and joint meetings
- Supporting the MSC Electives Committee

Fahmida is part of the team based in Woburn House, London. She supports the Senior Communications Officer in updating websites, maintaining social media and conveying information to external organisations and the public. Fahmida is responsible for responding to enquiries, including admissions queries from students. She provides secretariat to the Electives Committee and also works with colleagues to help administer the PSA and SJT. As communications officer, Fahmida works across all the organisations based in the MSC office. Fahmida has completed a BA in English Literature.

RELATIONSHIPS WITH OTHER ORGANISATIONS

Affiliated organisations

Within the MSC office in Woburn House, are four other organisations which members of the MSC secretariat work part time on. The structure of these organisations, though sometimes smaller, are very similar to that of the Medical Schools Council. All organisations have the same Chief Executive as the Medical Schools Council, Dr Katie Petty-Saphon.

Association of Dental Hospitals

The Association of Dental Hospitals (ADH) has been supported by Woburn House staff since 2016. Its members are the clinical directors of dental hospitals. ADH works to improve service, research and training in dentistry.

Association of UK University Hospitals

The Association of UK University Hospitals (AUKUH) represents university hospitals across the UK. Its members are the Chief Executives of the hospitals. The Association also incorporates five affiliate groups: Directors of Finance, Directors of Nursing, R&D Directors and Medical Directors. Its role is to represent university hospital Trusts' unique interests in partnership with other national bodies. The Medical Schools Council holds an annual joint meeting with AUKUH members in May.

<http://aukuh.org.uk/>

Dental Schools Council

The Dental Schools Council (DSC) represents UK and Irish dental schools. Its members are the deans of these organisations. The Council engages in representative and policy work on matters relating to dental education as a whole. It is the authoritative voice of UK dental education.

<http://www.dentalschoolscouncil.ac.uk/>

Pharmacy Schools Council

The Pharmacy Schools Council (PhSC) represents the collective interests of 27 UK schools of pharmacy by providing a source of expert opinion and advice on matters concerning pharmacy education from the perspective of UK schools.

Until October 2011, the Pharmacy Schools Council was known as the Council of University Heads of Pharmacy Schools (CUHOP).

<http://www.pharmacyschoolscouncil.ac.uk/>

Veterinary Schools Council

The Veterinary Schools Council (VSC) was created in 2014, continuing the work of the Heads of Veterinary Schools. The membership is made of the heads of seven UK veterinary schools offering degrees accredited by the Royal College of Veterinary Surgeons. VSC also represents two non-UK associate members: The School of Veterinary Medicine, University of Dublin; and the Faculty of Veterinary Medicine, Utrecht University. VSC works to promote international recognition of the UK veterinary schools for their excellence in education, research and clinical service.

<http://www.vetschoolscouncil.ac.uk/>

Relationship with Universities UK

Universities UK (UUK) works as the national voice of universities, helping to maintain the world-leading strength of the UK university sector. Its members are the vice-chancellors or principals of universities in England, Wales, Scotland and Northern Ireland.

The Medical Schools Council is an associated organisation of UUK, which is also based in Woburn House. Policy staff between both organisations will often hold meetings together to update and share the work they have been doing. The Chief Executive of MSC sits on the Universities UK Health Board, along with other members of the Council.

UUK manages the financial records of MSC and reports on the financial performance of the Medical Schools Council in its Statutory Report and Accounts. The Report and Accounts are presented to the UUK Board and the Members of Universities UK at the Annual General Meeting. This is reported back to the Executive Committee of the Medical Schools Council.

MSC staff are employed by UUK who recharge salary and facilities costs back to the Medical Schools Council. UUK operates a restricted fund for the Medical Schools Council.

Relationship with external organisations

MSC works closely with other external organisations in the health, education and research sector. Often, representatives of these organisations are invited to attend meetings.

Examples include:

- Health Education England and the devolved administrations in relation to the transition from undergraduate education to postgraduate training and career choice.
- The General Medical Council on fitness to practice and professional behaviour guidance.
- Collaboration with NIHR, the Medical Research Council, the Wellcome Trust and other major funders to drive research in the medical, biomedical and life sciences.
- The Academy of Medical Sciences and the Academy of Medical Royal Colleges to ensure issues relating to undergraduate education are integrated with wider medical and health policy.

The Medical Schools Council Secretariat has representation on the following organisations:

- CASAG – *Dr Katie Petty-Saphon, CEO, Medical Schools Council*
- Health and Education National Strategic Exchange (HENSE) – *Dr Katie Petty-Saphon, CEO, Medical Schools Council*
- Health Careers Website Steering Group – *Edward Knight, Senior Communications Officer, Medical Schools Council*
- HEE Widening Participation Strategic Oversight Board - *Clare Owen, Policy Adviser Medical Schools Council, Lisa Hevey, Policy Officer*
- NIHR Dean's Advisory Panel Sub-Group - *Dr Katie Petty-Saphon, CEO, Medical Schools Council*
- Scottish Board for Academic Medicine – *Dr Katie Petty-Saphon, CEO, Medical Schools Council*

- The Deech Group on Gender Issues in Medicine - *Dr Katie Petty-Saphon, CEO, Medical Schools Council*
- UCEA, Clinical Academic and Staffing Advisory Group, *Dr Katie Petty-Saphon, CEO, Medical Schools Council*
- UKCRC Regulatory and Governance Forum – *Kruti Shrotri, Policy Officer, Medical Schools Council*
- UKFPO Foundation Schools Directors Group – *Clare Owen, Policy Adviser Medical Schools Council*
- UKFPO Rules Group - *Dr Katie Petty-Saphon, CEO, and Olga Sierocinska King, Senior Policy Officer, MSC Assessment*
- UKMED Advisory Board – *Peter Tang, Data Analyst, Edward Knight, Senior Communications Officer, Medical Schools Council*
- UKMED Research Sub Group – *Peter Tang, Data Analyst, Medical Schools Council*
- UUK Health Policy Research Network – *Medical Schools Council*

CONTACT US

Medical Schools Council
20 Tavistock Square
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Telephone: +44(0)20 7419 5494

Email: admin@medschools.ac.uk

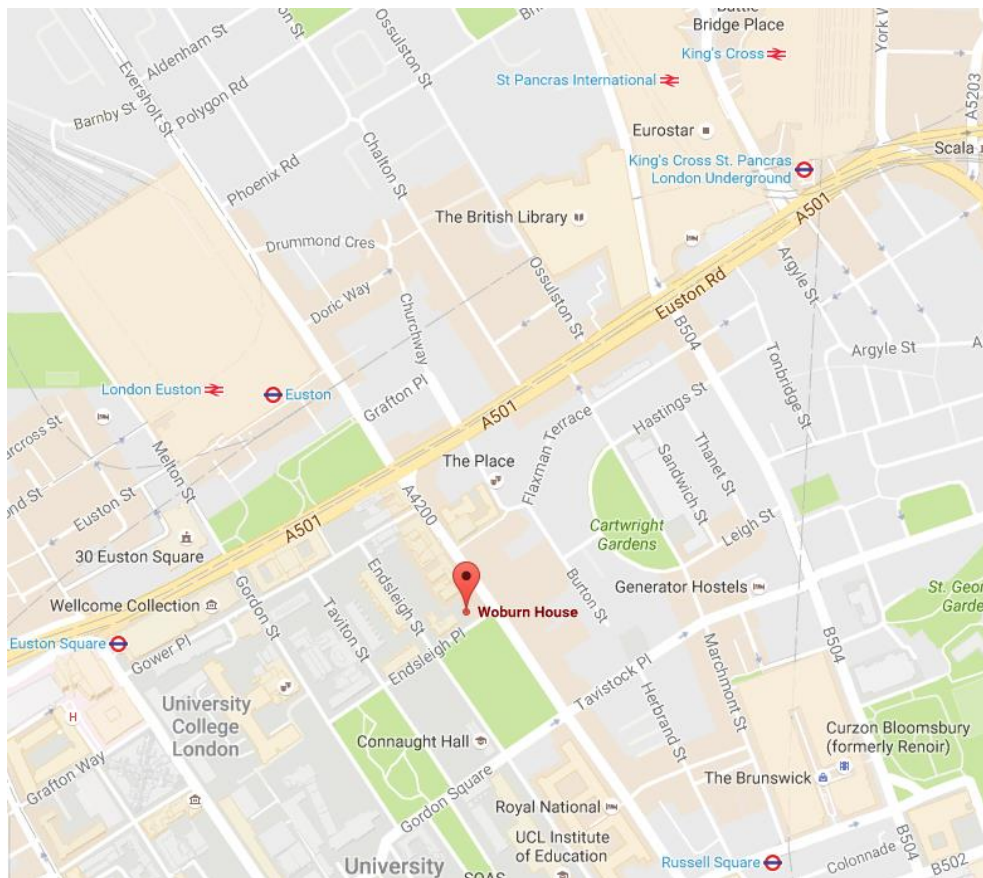
Website: www.medschools.ac.uk

Office hours: 9:00am - 5:30pm

Getting to the Woburn House

There are a number of nearby transport links:

- Euston train and underground station, Russell Square and Euston Square Stations: 5-minute walk
- St Pancras International and Eurostar terminals: 8-minute walk
- King's Cross underground and train station: 10-minute walk
- A number of buses stop on Tavistock square including the 59, 68, 168 and 91.



Appendix 1: Bullying and Harassment policy – members and employees

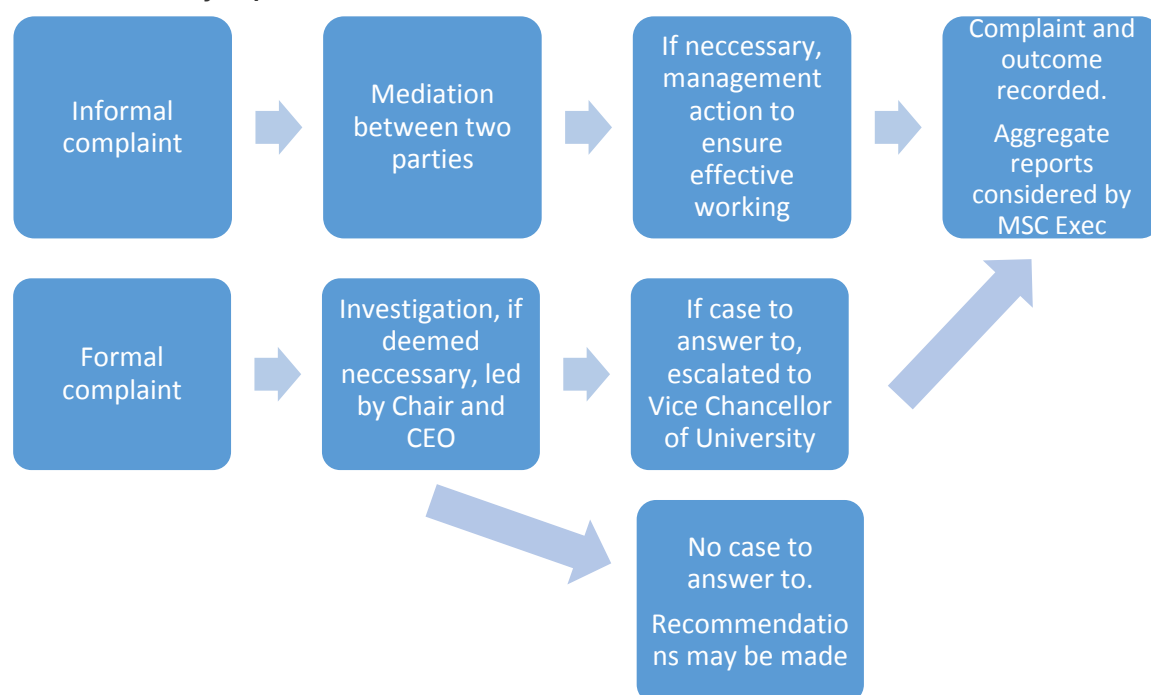
1. Purpose

To encourage an environment in which every member of the Medical Schools Council (MSC) and every employee of MSC is entitled to join in activities and work without harassment, victimisation or bullying, due to their disability, race, gender, health, social class, sexual orientation, marital status, nationality, religion, employment status, age or membership or non-membership of a trade union or staff association.

2. Scope

This policy applies to personal harassment in relation to all MSC members, deputies, staff and visitors in the course of their duties for the MSC and related organisations.

3. Summary of process



4. Definitions

Harassment includes:

- Unwanted conduct affecting the dignity of persons. It includes unwelcome physical, verbal or non-verbal conduct and it could amount to unlawful discrimination. It can involve a single incident or may be persistent and may be directed towards one or more individuals. In addition to racial and sexual harassment, for the purposes of the policy, harassment on the basis of age, disability, health, social class, membership or non-membership of a trade union, religion, sexual preferences, nationality or employment status are also included.
- Unwanted physical contact such as unnecessary touching, patting, pinching, brushing against another individual's body, insulting or abusive behaviour or gestures, physical threats, assault, coerced sexual intercourse or rape.
- Unwanted verbal conduct such as unwelcome advances, patronising titles or nicknames, propositions or remarks, innuendo, lewd comments, jokes, banter or abusive language, which refer to an individual or a group's gender, colour, race, nationality, ethnic or national origins, disability, sexual preferences or repeated suggestions for unwanted social activities inside or outside the workplace.

- Unwanted non-verbal conduct such as racially or sexually based graffiti referring to an individual's characteristics or private life, abusive or offensive gestures, leering, whistling, display of pornographic or suggestive literature or other items, pictures or films/videos or inappropriate use of visual display units or network systems for this purpose.
- Treating an individual less favourably than others are, or would be treated in the same or similar circumstances, because they have made a complaint or allegation of discrimination or have acted as a witness or informant in connection with proceedings under the equality legislation.
- Bullying, including persistent criticism and personal abuse and/or ridicule, either in public or private, which humiliates or demeans the individuals involved, gradually eroding their self-confidence, the setting of impossible tasks or deadlines, and picking on people unfairly.
- Other unwanted conduct which denigrates, ridicules, intimidates or is physically abusive of an individual or group.

It is of note that many forms of harassment may be considered to be criminal. Where MSC believes this to be the case, it will not hesitate to involve the police. It may be appropriate for the victim to contact the police immediately.

5. Responsibilities

It is the duty of every MSC member to take responsibility for their behaviour and modify it, if necessary, so as to avoid harassment from taking place.

6. Procedures for dealing with harassment

If an MSC member, or an MSC employee, considers that they have been subject to harassment by an MSC member, then MSC's primary concern is that they should receive appropriate support, assistance and confidential advice.

There are various ways that they may wish to take the matter forward ranging from asking the person to stop, to taking up a formal complaint.

If it is an MSC employee who considers that they have been subject to harassment by an MSC member, then they should at first instance raise the matter with their line manager.

If an MSC member considers that they have been subject to harassment by another MSC member, or MSC member of staff, then they should raise the matter with the MSC Chair or Chief Executive in the first instance, or with any other member of MSC Executive Committee if more appropriate.

The complaint will then be dealt with either informally or formally, depending on the circumstances and the wishes of the person who has made the complaint.

7. Informal

If it is decided that the matter be dealt with informally, then it is likely that the person concerned will be informed that the behaviour is unacceptable, and must not be repeated. Mediation may be required.

If, despite having taken informal action, the harassment continues, or is of a more serious nature, then the matter may be dealt with formally.

No action will be taken at any stage without the consent of the person making the complaint.

8. Formal

If the harassment is serious or has not been resolved informally, then the MSC member or employee has the right to make a formal written complaint to the MSC Chair or Chief Executive, or another member of MSC Executive Committee.

In these circumstances, the complaint will be investigated by a person appointed by the MSC Executive Committee and/or a trained staff representative, who will form an investigative panel. If the complaint is against a member of the Executive Committee then that person will be excluded from any discussion or involvement regarding the matter. All complaints will be investigated impartially with due respect to the rights of the complainant and alleged harasser. Both the complainant and the alleged harasser will be told that they have the right to be represented.

If the panel concludes that, on the balance of probabilities, the complaint is substantiated, they may recommend action against the harasser up to and including notification to the member's governing body and exclusion from MSC member meetings and other activities (if a member), or disciplinary action up to and including dismissal from employment in accordance with the disciplinary procedure (if a member of staff).

If the panel concludes that, on the balance of probabilities, the complaint is not substantiated, no further action will be taken against the alleged harasser.

If the panel concludes that the allegations are either false or malicious, they may recommend action against the complainant up to and including notification to the member's governing body and exclusion from MSC member meetings and other activities (if a member), or disciplinary action up to and including dismissal from employment in accordance with the disciplinary procedure (if a member of staff).

Anyone experiencing harassment has the right to avail themselves of the right which may exist to pursue a grievance through an employment tribunal or a court of law.

MSC will ensure that this policy is widely publicised and its contents made known to all MSC members and members of staff.

9. Harassment and Bullying involving external parties

Where the alleged harassment or bullying involves an external party, the Chair and Chief Executive will take all reasonable steps to address the complaint in line with the principles of this policy, in consultation with the person making the complaint. These steps may include reporting the incident to the individual's manager, reviewing or terminating a contract with the external organisation, or assigning the work to another member of the team.

10. Review

This policy will be subject to a planned review every 3 years. It is recognised however that there may be updates required in the interim, arising from amendments or release of new regulations, Codes of Practice or statutory provisions or guidance from professional bodies. These updates will be made as soon as practicable to reflect and inform revised policy and practice.

Appendix 2: Medical Schools Council Code of Conduct



Code of conduct for MSC members

- Treat all people with respect and without discrimination
- Act in a fair and responsible way to fellow delegates, staff and volunteers
- Endeavour to attend all meetings, sending apologies to the chair and/or chief executive for necessary absences
- Endeavour to send, in your absence, an alternate who will fairly represent the school's views and whose career development will benefit from attendance
- Ensure that alternates are fully briefed on issues and discussions on the agenda
- Endeavour to arrive at meetings on time and be present for the whole of it
- Put mobile phones on silent during meeting and take urgent calls only outside of the meeting room.
- Raise points and matters for discussion through the chair
- Participate fully in the meeting, assisted by the papers circulated in advance, by:
 - Listening to others with an open mind
 - Contributing positively to discussions
 - Challenging ideas rather than individuals
 - Endeavouring to communicate clearly and concisely
- Be willing to mentor or buddy new members or alternates
- Have the best interests of the organisation in mind at all times

Code of conduct for MSC staff

- Treat all people with respect and without discrimination
- Act in a fair and responsible way to fellow staff, delegates and volunteers
- Work with commitment, honesty and integrity
- Ensure that meeting papers are informative and present balanced arguments
- Send meeting papers out a week in advance
- Prepare for the meeting by reading the papers in advance
- Endeavour to arrive at meetings on time and be present for the whole of it
- Put mobile phones on silent during meeting and take urgent calls only outside of the meeting room.
- Raise points and matters for discussion through the chair
- Facilitate actions from previous meetings in a timely manner
- Keep the chair and members informed of relevant updates and developments in between meetings
- Keep members' contact details confidential
- Have the best interests of the organisation in mind at all times

Appendix 3: Articles of Association

THE COMPANIES ACT 2006
PRIVATE COMPANY LIMITED BY GUARANTEE

ARTICLES OF ASSOCIATION
of
MEDICAL SCHOOLS COUNCIL
(as amended by a Written Resolution dated 10 January 2014)



Ref: JCC/108833/1

108833/1/8172777.1

COMPANIES ACT 2006
COMPANY LIMITED BY GUARANTEE

**ARTICLES OF ASSOCIATION OF
MEDICAL SCHOOLS COUNCIL**

1 NAME

11 The name of the company is Medical Schools Council (the **Council**).

12 The name of the Council may be changed by a resolution of the Executive Committee.

2 REGISTERED OFFICE

The registered office of the Council is to be in England and Wales.

3 OBJECTS

¹The Objects of the Council are:

- (a) to promote, encourage and develop Medical Schools in the United Kingdom;
- (b) to promote, encourage and develop collaboration between other university departments and providers engaged in healthcare related education and training;

and thereby advance education for the public benefit, in particular (but without limitation) medical education, research and training.

¹Article 3 of the Articles of Association was amended by a Written Resolution passed on 10 January 2014.

4 POWERS

The Council has the following powers, which may be exercised only in promoting the Objects:

- 4.1 to provide information and advice on all matters concerning medical education and research in Medical Schools, relations between the Medical Schools, the National Health Service and other clinical care providers and on relations with university medical schools and faculties in other countries;
- 4.2 to work to maintain and improve the quality of basic medical education, general clinical training and medical research and to facilitate the sharing of experience and best practice;
- 4.3 to provide information and advice on all matters concerning the role and function of staff and honorary staff of Medical Schools;
- 4.4 to promote medical education and research through co-operation and collaboration with government, the National Health Service, Universities UK, the General Medical Council and all other relevant organisations;
- 4.5 to provide information to the public on all issues relating to Medical Schools;
- 4.6 to promote equal opportunities in all aspects of medical education, research and training;
- 4.7 to make grants or loans of money;
- 4.8 to carry out research;
- 4.9 to support, administer or set up other charities;
- 4.10 to accept gifts and to raise funds (but not by means of Taxable Trading);
- 4.11 to borrow money;
- 4.12 to give security for loans or other obligations (but only in accordance with the restrictions imposed by the Charities Act);
- 4.13 to acquire or hire property of any kind, including land;

- 4.14 to let or dispose of property of any kind, including land, (but only in accordance with the restrictions imposed by the Charities Act);
- 4.15 to set aside funds for special purposes or as reserves against future expenditure;
- 4.16 to deposit or invest its funds in any manner (but to invest only after obtaining such advice from a Financial Expert as the Executive Committee considers necessary and having regard to the suitability of investments and the need for diversification);
- 4.17 to delegate the management of investments to a Financial Expert, but only on terms that:
- (a) the investment policy is set down in writing for the Financial Expert by the Executive Committee;
 - (b) timely reports of all transactions are provided to the Executive Committee;
 - (c) the performance of the investments is reviewed regularly with the Executive Committee;
 - (d) the Executive Committee is entitled to cancel the delegation arrangement at anytime;
 - (e) the investment policy and the delegation arrangement are reviewed at least once a year;
 - (t) all payments due to the Financial Expert are on a scale or at a level which is agreed in advance and are notified promptly to the Executive Committee on receipt; and
 - (g) the Financial Expert must not do anything outside the powers of the Council;
- 4.18 to arrange for investments or other property of the Council to be held in the name of a nominee company acting under the direction of the Executive Committee or controlled by a Financial Expert acting under their instructions, and to pay any reasonable fee required;

- 4.19 to deposit documents and physical assets with any company registered or having a place of business in England or Wales as custodian, and to pay any reasonable fee required;
- 4.20 to insure the property of the Council against any foreseeable risk and take out other insurance policies to protect the Council when required;
- 4.21 subject to Article 8.1(f), to employ paid or unpaid agents, staff or advisers;
- 4.22 to enter into contracts to provide services to or on behalf of other bodies;
- 4.23 to establish or acquire subsidiary companies and charities;
- 4.24 to do anything else within the law which promotes or helps to promote the Objects.

5 THE EXECUTIVE COMMITTEE

- 5.1 The Executive Committee as Charity Trustees has control of the Council and its property and funds. The Executive Committee shall be responsible for the strategic oversight of the Council.
- 5.2 The Executive Committee when complete shall comprise:
 - (a) the Chair, elected by the Medical School Members in accordance with Article 5.4;
 - (b) the Treasurer, elected by the Medical School Members in accordance with Article 5.6;
 - (c) up to five members elected by the Medical School Members in accordance with Article 5.8;
 - (d) up to one member nominated by the Heads of the Medical Schools in Scotland, Wales and N Ireland in accordance with Article 5.9;
 - (e) up to five members who may be co-opted by the Executive Committee in accordance with Article 5.10;

For the avoidance of doubt, the Holding Member may not take part in any vote to elect any member or members of the Executive Committee.

- 53 The first members of the Executive Committee shall be those individuals named in the statement delivered to the Registrar of Companies pursuant to the Companies Acts, who shall be deemed to have been appointed under the Articles. As soon as possible following incorporation of the Council, the Executive Committee will by resolution confirm the appointment of the First Trustees (whose names are set out in Schedule one to the Articles), who shall each hold office in such capacity and for such term as is set against his or her name.

Chair

- 54 The Council shall elect the Chair by ballot of the Medical School Members from amongst their number to be held at such time and in such manner as the Executive Committee shall determine in the Academic Year preceding that in which s/he is to assume office and at least two months in advance of the start of the Academic Year in which s/he is to take office.
- 55 Subject to Articles 5.3 and 5.12 the Chair shall hold office for a term of three Academic Years commencing on 1 August following the date of their election. At the end of that term a Chair shall save in exceptional circumstances (as determined by the Executive Committee) not stand for election for a further term as Chair.

Treasurer

- 56 The Treasurer shall be elected by ballot of the Medical School Members from amongst their number to be held at such time and in such manner as the Executive Committee shall determine in the Academic Year preceding that in which they are to assume office.
- 57 Subject to Articles 5.3 and 5.12 the Treasurer shall hold office for a term of three Academic Years commencing on the 1 August following the date of their election. At the end of that term a Treasurer may stand for election for one further term as Treasurer.

Elected members of the Executive Committee

- 58 The Council shall elect by ballot of the Medical School Members (in such manner as the Executive Committee shall determine) up to five members of the Executive Committee from amongst the Medical School Members. Subject to Articles 5.3 and 5.12 the members of the Executive Committee so elected shall hold office for a term of three Academic Years commencing on the 1 August following the date of their election.

Appointment by the Heads of the Medical Schools in Scotland, Wales and N Ireland

- 59 Any nomination of a member of the Executive Committee by the Heads of the Medical Schools in Scotland, Wales and N. Ireland shall be notified to the Council by notice in writing addressed to the Chair in such form as the Executive Committee may require. The appointment shall take effect upon receipt of the notice by the Council or such later date as is specified in the notice. Subject to Articles 5.3 and 5.12, the term of office of a member of the Executive Committee so nominated will usually be three Academic Years but may be terminated by notice in writing addressed to the Chair at any time (in such form as the Executive Committee may require). The termination of such appointment shall take effect upon receipt of the notice by the Council or such later date as is specified in the notice.

Co-opted members of the Executive Committee

- 5.10 The Executive Committee shall have power at any time to co-opt any person to be a member of the Executive Committee either to fill a vacancy or as an additional member of the Executive Committee. Any person so co-opted shall hold office for the remainder of that Academic Year, at the end of which s/he shall retire but shall be eligible for re-election.

Officer Vacancies

- 5.11 In the event of any vacancy occurring in the office of Chair and Treasurer:

- (a) more than six months before the expiration of his or her term of office, then there shall be a ballot conducted in accordance with such procedures as the Executive Committee shall determine to elect a new officer for the remainder of the period of office of the person who has ceased to hold such office;
- (b) less than six months before the expiration of his or her term, then the office may be filled for the remainder of the term by appointment from amongst the Executive Committee or in some other manner appropriate in the circumstances, or it may remain unfilled, as the Executive Committee in their discretion shall determine.

Termination of Office

5.12 The term of office of a member of the Executive Committee automatically terminates if/s/he:

- (a) comes to the end of the term for which s/he was elected and s/he is not re-elected;
- (b) having been a Medical School Member, ceases to be a Medical School Member;
- (c) is disqualified under the Charities Act from acting as a charity trustee;
- (d) is incapable, whether mentally or physically, of managing his or her own affairs;
- (e) is absent without permission from three consecutive meetings of the Executive Committee and is asked by a majority of the other members of the Executive Committee to resign;
- (f) resigns by written notice to the Executive Committee (but only if at least two members of the Executive Committee will remain in office); or
- (g) is removed by ordinary resolution of the Members present and voting at a general meeting after the meeting has invited the views of the member of

the Executive Conunittee concerned and considered the matter in the light of any such views.

- 5.13 A technical defect in the appointment of a member of the Executive Committee of which the Executive Committee is unaware at the time does not invalidate decisions taken at a meeting.

6 PROCEEDINGS OF EXECUTIVE COMMITTEE

- 6.1 The Executive Committee must hold at least four meetings each year. The Executive Committee may invite such other persons to attend any of their meetings as observers or in order to submit reports or advice, take minutes or act as secretary, but no such persons shall be entitled to a vote.
- 6.2 A quorum at a meeting of the Executive Committee is four members of the Executive Committee.
- 6.3 A meeting of the Executive Committee may be held either in person or by suitable electronic means agreed by the Executive Committee in which all participants may communicate with all the other participants.
- 6.4 The Chair or (if the Chair is unable or unwilling to do so) some other member of the Executive Committee chosen by the Executive Committee presides at each meeting.
- 6.5 Every issue may be detennined by a simple majority of the votes cast at a meeting.
- 6.6 A Resolution in writing agreed by a majority of the members of the Executive Committee (other than any Conflicted Trustee who has not been authorised to vote) is as valid as a resolution passed at a meeting provided that:

- (a) circulation of the proposed decision with an indication of the timescale for the decision has been communicated to all the members of the Executive Committee; and
- (b) the members of the Executive Committee have had a reasonable opportunity to communicate their views on the matter and the decision to each other.

For this purpose the resolution may be contained in more than one document and will be treated as passed on the date of the last signature or confirmation of approval.

- 6.7 Every member of the Executive Committee has one vote on each issue but, in case of equality of votes, the Chair of the meeting has a second or casting vote.
- 6.8 A procedural defect of which the Executive Committee is unaware at the time does not invalidate decisions.

7 POWERS OF THE EXECUTIVE COMMITTEE

- 7.1 The Executive Committee shall manage the business of the Council and have the following powers in the administration of the Council in its capacity as Charity Trustees:
 - (a) To appoint (and remove) any person (who may be a member of the Executive Committee) to act as Secretary in accordance with the Companies Act.
 - (b) To delegate any of its functions to committees consisting of two or more individuals appointed by it. At least one member and the chair of every committee must be a member of the Executive Committee. All proceedings of committees must be reported promptly to the Executive Committee. Any committee must act within the parameters laid down by the Executive Committee.

- (c) To delegate the day to day management of the Council to a chief executive or other manager or managers and to agree the remuneration and benefits of such person PROVIDED that:
 - (i) the delegated power shall be to manage the Council by implementing the policy and strategy adopted by and within a budget approved by the Executive Committee;
 - (ii) the Executive Committee shall provide any manager with a description of his or her role and the extent of his or her authority; and
 - (iii) any manager must report regularly to the Executive Committee on the activities undertaken in managing the Council and provide regular management accounts which are sufficient to explain the financial position of the Council.
- (d) To make rules consistent with the Articles and the Companies Act to govern proceedings at general meetings, the Executive Committee proceedings, proceedings of committees and the administration of the Council (including the method of holding ballots of the Members).
- (e) To establish procedures to assist the resolution of disputes or differences within the Council.
- (f) To exercise any powers of the Council which are not reserved to the Holding Member or the Medical School Members.

7.2 The Executive Committee may act notwithstanding any vacancies, but should the Executive Committee at any time be reduced in number to less than the number required for a quorum it shall be lawful for it to act as Executive Committee for the purposes of admitting persons as members of the Executive Committee or summoning a general meeting but not for any other purpose.

8 BENEFITS AND CONFLICTS

8.1 The property and funds of the Council must be used only for promoting the Objects and do not belong to the Holding Member or the Medical School Members but:

- (a) Holding Members or Medical School Members who are not members of the Executive Committee or Connected Persons may be employed by or enter into contracts with the Council and receive reasonable payment for goods or services supplied;
- (b) Holding Members, Medical School Members, members of the Executive Committee and Connected Persons may be paid interest at a reasonable rate on money lent to the Council;
- (c) Holding Members, Medical School Members, members of the Executive Committee and Connected Persons may be paid a reasonable rent or hiring fee for property let or hired to the Council;
- (d) Holding Members, Medical School Members, members of the Executive Committee and Connected Persons who are beneficiaries of the Council may receive charitable benefits in that capacity;
- (e) the Holding Member may enter agreements with the Council for the provision of goods and or services to the Council (and vice versa);
- (f) employees of the Holding Member may be seconded to the Council and the Council may pay all reasonable remuneration and benefits in relation to such Holding Member employees; and
- (g) the Holding Member may receive payment from the Council pursuant to any indemnity provided to it.

8.2 A member of the Executive Committee must not receive any payment of money or other material benefit (whether directly or indirectly) from the Council except:

- (a) as provided for in Articles 8.1 or 8.3;

- (b) reimbursement of reasonable out-of-pocket expenses (including hotel and travel costs) actually incurred in running the Council;
- (c) the benefit of Indemnity Insurance as permitted by the Charities Act;
- (d) payment to any company in which a member of the Executive Committee has no more than a 1% shareholding;
- (e) an indemnity in respect of any liabilities properly incurred in running the Council (including the costs of a successful defence to criminal proceedings);
- (f) in exceptional cases, other payments or benefits (but only with the written consent of the Commission in advance and where required by the Companies Act the approval or affirmation of the Members).

83 No member of the Executive Committee or Connected Person may be employed by the Council except in accordance with Article 8.1(f), but any member of the Executive Committee or Connected Person may enter into a contract with the Council to supply goods or services in return for a payment or other material benefit but only if:

- (a) the goods or services are actually required by the Council, and the Executive Committee decides that it is in the best interests of the Council to enter into such a contract;
- (b) the nature and level of the remuneration is no more than is reasonable in relation to the value of the goods or services and is set in accordance with the procedure in Article 8.4; and
- (c) no more than half of the members of the Executive Committee are subject to such a contract in any Financial Year.

84 Subject to Clause 8.5, any member of the Executive Committee who becomes a Conflicted Trustee in relation to any matter must:

- (a) declare the nature and extent of his or her interest before discussion begins on the matter;

- (b) withdraw from the meeting for that item after providing any information requested by the Executive Committee;
- (c) not be counted in the quorum for that part of the meeting; and
- (d) be absent during the vote and have no vote on the matter.

85 When any member of the Executive Committee is a Conflicted Trustee, those members of the Executive Committee who are not Conflicted Trustees, if they form a quorum without counting the Conflicted Trustee(s) and are satisfied that it is in the best interests of the Council to do so, may by resolution passed in the absence of the Conflicted Trustee(s) authorise the Conflicted Trustee(s), notwithstanding any conflict of interest or duty which has arisen or may arise for the Conflicted Trustee(s), to:

- (a) continue to participate in discussions leading to the making of a decision and/or to vote, or
- (b) disclose to a third party information confidential to the Council, or
- (c) take any other action not otherwise authorised which does not involve the receipt by the Conflicted Trustee or a Connected Person of any payment or material benefit from the Council; or
- (d) refrain from taking any step required to remove the conflict.

86 This provision may be amended by special resolution but, where the result would be to permit any material benefit to a member of the Executive Committee or Connected Person, only with the prior written consent of the Commission.

9 RECORDS AND ACCOUNTS

9.1 The Executive Committee must comply with the requirements of the Companies Act and of the Charities Act as to keeping records, the audit or independent examination of accounts and the preparation and transmission to the Registrar of Companies and the Commission of information required by law including:

- (a) annual returns;
- (b) annual reports; and
- (c) annual statements of account.

92 The Executive Committee must also keep records of:

- (a) all proceedings at meetings of the Executive Committee;
- (b) all resolutions in writing;
- (c) all reports of committees; and
- (d) all professional advice obtained.

93 Accounting records relating to the Council must be made available for inspection by any member of the Executive Committee at any time during nonnal office hours and may be made available for inspection by Holding Members and Medical School Members (who are not also members of the Executive Committee) if the Executive Committee so decides.

94 A copy of the Council's constitution and latest available statement of account must be supplied on request to any member of the Executive Committee. Copies of the latest accounts must also be supplied in accordance with the Charities Act to any other person who makes a written request and pays the Council's reasonable costs.

10 MEMBERSHIP

10.1 The Council must maintain a register of Holding Members and Medical School Members.

Holding Member

10.2 The subscriber to the Memorandum shall be the Holding Member.

10.3 Subject to Article 10.4, the Holding Member shall be the sole company law member of the Council with the rights and entitlements under the Companies

Act, including:

- (a) the right to vote at all general meetings of the Council;
- (b) the right to remove a director pursuant to section 168 of the Companies Act 2006;
- (c) the right to remove an auditor from office pursuant to section 510 of the Companies Act 2006;
- (d) the right to receive a copy of the annual report and accounts; and
- (e) the right to approve amendments to these Articles.

10.4 The initial Holding Member shall automatically cease to be a Member, if a valid Separation Notice is served under the Parent Subsidiary Agreement or if the Parent Subsidiary Agreement is terminated for any other reason. Immediately upon the Holding Member ceasing to be a Member, the Medical School Members for the time being shall become the company law members of the Council.

Medical School Members

10.5 Until such time as the initial Holding Member ceases to be a Member, the Medical School Members shall have the following rights:

- (a) to attend and vote at meeting of the Medical School Members;
- (b) to determine the strategy of the Council and its governance policies;
- (c) to hold meetings of the Medical School Members at which matters of policy or strategy relating to the business of the Council or the Medical Schools more generally are discussed;
- (d) to elect the Chair in accordance with Article 5.4;
- (e) to elect the Treasurer in accordance with Article 5.6;
- (f) to elect members of the Executive Committee in accordance with Article 5.8;

(g) to receive copies of the annual report and statement of accounts.

10.6 On and from the date upon which the initial Holding Member ceases to be a Member then the Medical School Members for the time being shall each automatically become Members of the Council, having such additional rights as are afforded to company law members pursuant to the Companies Act 2006 including, without limitation, all rights previously enjoyed by the Holding Member.

10.7 At the first meeting of the Executive Committee following incorporation of the Council, the Executive Committee shall admit as Medical School Members of the Council the persons whose names are set out in Schedule 2 to the Articles, who shall be deemed to be so nominated by the Medical School set against their name.

10.8 A Medical School Member shall be a person who is:

(a) a serving Head of a Medical School or the Dean of the University Faculty of Medicine (being a Medical School); and

(b) nominated by the head of their institution (usually being the Vice-Chancellor of the University of which the Medical School forms a part) in writing to the Council in such manner as the Executive Committee shall determine.

10.9 Each serving Head of a Medical School or the Dean of the University Faculty of Medicine from time to time shall be deemed to have become a Medical School Member upon receipt by the Council of notice in writing from the relevant Medical School, unless he or she notifies the Council that he or she does not wish to become a Medical School Member.

10.10 Unless otherwise provided by the Executive Committee, any Medical School Member shall cease automatically to be a Medical School Member upon ceasing to be eligible under Article 10.8 (a).

10.11 The Executive Committee may resolve that any Medical School Member shall cease to be a Medical School Member in the event that the annual subscription due to the Council from the Medical School represented by that Medical School

Member is not paid by that Medical School within such period of time as may be allowed for payment by the Executive Committee.

10.12 In each year the Executive Committee shall fix the subscription or subscriptions to be paid by each Medical School in the next Academic Year and such rates shall be approved by the Medical School Members.

10.13 Any question as to whether or not an institution is a Medical School shall be determined by the Executive Committee whose decision shall be final and binding. Where courses leading to primary registrable medical qualifications are provided by two or more institutions in partnership, only one of the partners may nominate a Medical School Member.

10.14 Membership is not transferable.

10.15 The Executive Committee may establish different classes of Medical School Members and recognise one or more classes of supporters who are not Medical School Members (but who may nevertheless be termed 'members') and set out their respective rights and obligations.

11 GENERAL MEETINGS

11.1 Members are entitled to attend general meetings in person or by proxy (but only if the appointment of such proxy is in writing and notified to the Council before the commencement of the meeting).

11.2 General meetings are called on at least 14 and not more than 28 clear days' written notice indicating the business to be discussed and (if a special resolution is to be proposed) setting out the terms of the proposed special resolution.

11.3 There is a quorum at a general meeting if the number of Members present in person or by proxy is at least ten.

11.4 The Chair or (if the Chair is unable or unwilling to do so) a member of the Executive Committee elected by those present presides at a general meeting.

- 11.5 Except where otherwise provided by the Articles or the Companies Act, every issue is decided by ordinary resolution.
- 11.6 Every Member present *in person* or by proxy has one vote on each issue.
- 11.7 Except where otherwise provided by the Articles or the Companies Act, a written resolution (whether an ordinary or a special resolution) is as valid as an equivalent resolution passed at a general meeting. For this purpose the written resolution may be set out in more than one document.
- 11.8 The Council may (but need not) hold an AGM in any Year.
- 11.9 The Members must annually:
- (a) receive the accounts of the Council for the previous Financial Year;
 - (b) receive a written report on the Council's activities;
 - (c) appoint reporting accountants or auditors for the Council.
- 11.10 The Medical School Members may also from time to time:
- (a) confer on any individual (with his/her consent) the honorary title of Patron, President or Vice-President of the Council; and
 - (b) discuss and determine any issues of policy or deal with any other business put before *them* by the Executive Committee.
- 11.11 A general meeting may be called by the Executive Committee at any time and must be called within 21 days of a written request from one or more Executive Committee (being Members), at least 10% of the Membership or (where no general meeting has been held within the last year) at least 5% of the Membership.
- 11.12 A technical defect in the appointment of a Member of which the Members are unaware at the time does not invalidate a decision taken at a general meeting or by written resolution.

12 LIMITED LIABILITY

The liability of Members is limited.

13 GUARANTEE

Every Member promises, if the Council is dissolved while he or she remains a Member or within one year after he or she ceases to be a Member, to pay up to £1 towards:

- 13.1 payment of those debts and liabilities of the Council incurred before he, she or it ceased to be a Member;
- 13.2 payment of the costs, charges and expenses of winding up; and
- 13.3 *the* adjustment of rights of contributors among themselves.

14 COMMUNICATIONS

14.1 Notices and other documents to be served on the Holding Members, Medical School Members or members of the Executive Committee under the Articles or the Companies Act may be served:

- (a) by hand;
- (b) by post;
- (c) by suitable electronic means; or
- (d) through publication in the Council's newsletter or on the Council's website.

14.2 The only address at which a Member is entitled to receive notices sent by post is an address in the U.K. shown in the register of Members.

14.3 Any notice given in accordance with these Articles is to be treated for **all** purposes as having been received:

- (a) 24 hours after being sent by electronic means, posted on the Council's website or delivered by hand to the relevant address;
- (b) two clear days after being sent by first class post to that address;
- (c) three clear days after being sent by second class post to that address;
- (d) immediately on being handed to the recipient personally;
- (e) or, if earlier, as soon as the recipient acknowledges actual receipt.

14.4 A technical defect in service of which the Executive Committee is unaware at the time does not invalidate decisions taken at a meeting.

15 DISSOLUTION

15.1 If the Council is dissolved, the assets (if any) remaining after providing for all its liabilities must be applied in one or more of the following ways:

- (a) by transfer to one or more other bodies established for exclusively charitable purposes within, the same as or similar to the Objects;
- (b) directly for the Objects or for charitable purposes which are within or similar to the Objects;
- (c) in such other manner consistent with charitable status as the Commission approves in writing in advance.

15.2 A final report and statement of account must be sent to the Commission.

15.3 This provision may be amended by special resolution but only with the prior written consent of the Commission.

16 INTERPRETATION

16.1 The Articles are to be interpreted without reference to the model articles under the Companies Act, which do not apply to the Council.

16.2 In the Articles, unless the context indicates another meaning, the following words and phrases shall have the meaning set against them:

| | |
|----------------------|--|
| 'Academic Year' | a year beginning on 1 August and ending on the next 31 July |
| 'AGM' | an annual general meeting of the Council; |
| 'the Articles' | the Council's Articles of Association and 'Article' refers to a particular Article; |
| 'Chair' | the Chair of the Executive Committee; |
| 'the Council' | means the charitable company limited by guarantee governed by the Articles; |
| 'the Charities Act' | the Charities Acts 1992 to 2011; |
| 'Charity Trustee' | has the meaning prescribed by the Charities Act; |
| 'clear day' | does not include the day on which notice is given or the day of the meeting or other event; |
| 'the Commission' | the Charity Commission for England and Wales or any body which replaces it; |
| 'the Companies Act' | the Companies Acts (as defined in Section 2 of the Companies Act 2006), in so far as they apply to the Council; |
| 'Conflicted Trustee' | a member of the Executive Committee in respect of whom a conflict of interest arises or may reasonably arise because the Conflicted Trustee or a Connected Person is receiving or stands to receive a benefit (other than payment of a premium for Indemnity Insurance) from the Council, or has some separate interest or duty in a matter to be decided, or in relation to information which is confidential to the Council; |

| | |
|--------------------|---|
| 'Connected Person' | means, in relation to a member of the Executive Committee, a person with whom the member of the Executive Committee shares a common interest such that he or she may reasonably be regarded as benefiting directly or indirectly from any material benefit received by that person, being either a member of the Executive Committee member's family or household or a person or body who is a business associate of the member of the Executive Committee, and (for the avoidance of doubt) does not include a company with which the member of the Executive Committee's only connection is an interest consisting of no more than 1% of the voting rights; |
| constitution' | the Memorandum and the Articles and any special resolutions relating to them; |
| 'custodian' | a person or body who undertakes safe custody of assets or of documents or records relating to them; |
| 'electronic means' | refers to communications addressed to specified individuals by telephone, fax or email or, in relation to meetings, by telephone conference call or video conference; |
| 'Financial Expert' | an individual, company or firm who is authorised to give investment advice under the Financial Services and Markets Act 2000; |
| 'Financial Year' | the Council's financial year; |
| 'firm' | includes a limited liability partnership; |
| 'First Trustees' | means the members of the Executive Committee who held office as members of the executive committee of the unincorporated entity known as the Medical Schools Council immediately prior to the incorporation |

of the Council;

'Hheads of the Medical Schools in Scotland, Wales and N Ireland'

the heads of the Medical Schools located in Scotland, Wales and Northern Ireland;

'Holding Member'

Universities UK;

'Indemnity Insurance'

insurance against personal liability incurred by any member of th Executive Committee for an act or omission which is or is alleged to be a breach of trust or breach of duty, unless the act or omission amounts to a criminal offence or the member of the Executive Committee concerned knew that, or was reckless whether, the act or omission was a breach of trust or breach of duty;

'material benefit'

a benefit, direct or indirect, which may not be financial but has a monetary value;

'Medical School'

the medical schools in the UK and the University Faculties of Medicine that are:

- (i) recognised by the General Medical Council and which are entitled to issue medical degrees; or
- (ii) enrolled in the General Medical Council's inspection process;

and, in either case are part of, or affiliated to a UK University which meets the criteria set out in Schedule 3 (which may be amended from time to time by the Medical School Members);

'Medical School Member'

a member of the Council who is a member by virtue of Article 10.8;

| | |
|--|--|
| 'Member' and 'Membership' | refer to the members of the Council who have the rights afforded to company law members pursuant to the Companies Act 2006, being the initial Holding Member until such time as the initial Holding Member ceases to be a Member pursuant to Article 10.4 and thereafter the Medical School Members; |
| 'member of the Executive Committee' | a company director and charity trustee of the Council and 'Executive Committee' means the directors; |
| 'Memorandum' | the Council's Memorandum of Association; |
| 'month' | means calendar month; |
| 'nominee company' | a corporate body registered or having an established place of business in England and Wales which holds title to property for another; |
| 'ordinary resolution' | a resolution agreed by a simple majority of the Members present and voting at a general meeting or in the case of a written resolution by Members who together hold a simple majority of the voting power. Where applicable, 'Members' in this definition means a class of Members; |
| 'Parent Subsidiary Agreement' | the agreement entered into between the initial Holding Member and the Council which sets out the relationship between the two charities and confirms their independence; |
| 'Resolution in writing' | a written resolution of the Executive Committee; |
| 'Secretary' | a company secretary; |
| 'Separation Notice' | a valid notice of separation served pursuant to the Parent Subsidiary Agreement; |
| 'special resolution' | a resolution of which at least 14 days' notice has been |

given agreed by a 75% majority of the Members present and voting at a general meeting or in the case of a written resolution by Members who together hold 75% of the voting power. Where applicable, 'Members' in this definition means a class of Members;

'Taxable Trading' means carrying on a trade or business in such manner or on such a scale that some or all of the profits are subject to corporation tax;

'Treasurer' means the member of the Executive Committee who is elected to the honorary position of Treasurer (with such terms of reference as the Executive Committee shall determine);

'Universities UK' Universities UK, a charitable company with company number 2517018 and Charity number 1101127;

'written' or 'in writing' refers to a legible document on paper or a document sent by electronic means which is capable of being printed out on paper;

'written resolution' refers to an ordinary or a special resolution which is in writing;

'Year' calendar year.

16.3 Expressions not otherwise defined which are defined in the Companies Act have the same meaning.

16.4 References to an Act of Parliament are to that Act as amended or re-enacted from time to time and to any subordinate legislation made under it.

SCHEDULE 1

First Executive Committee

| Name | Office | Date of expiry of term of office |
|--------------------------|--|---|
| Professor Iain Cameron | Chair | 31 July 2016 |
| Professor Chris Day | Deputy Chair | 31 July 2016 |
| Professor John Connell | Appointed by the Heads of the Medical Schools in Scotland, Wales and N Ireland | 1 August 2014 |
| Professor David Crossman | Executive Committee Member | 1 August 2016 |
| Professor Ian Hall | Treasurer | 31 July 2014 |
| Professor Peter Kopelman | Executive Committee Member | 31 July 2014 |
| Professor Paul Stewart | Executive Committee Member | 31 July 2014 |
| Professor Val Wass | Executive Committee Member | 31 July 2015 |

SCHEDULE2

| | | | | |
|-----------|------------|----------------|---|---|
| Professor | Steve | Thornton | | University of Exeter Medical School |
| Professor | Nick | Black | | London School of Hygiene & Tropical Medicine |
| Professor | David | Adams | College of Medical & Dental Sciences | University of Birmingham |
| Professor | Alastair | Buchan | Medical Sciences Division | University of Oxford |
| Professor | Ian | Greer | Faculty of Health & Life Sciences | University of Liverpool |
| Professor | Iain | Cameron | Faculty of Medicine | University of Southampton |
| Professor | Peter | Winstanley | Warwick Medical School | The University of Warwick |
| Professor | Jon | Cohen | | Brighton and Sussex Medical School |
| Professor | Paul | Stewart | Medical School | University of Leeds |
| Professor | Chris | Day | Faculty of Medical Sciences | Newcastle University |
| Professor | Trevor | Sheldon | | Hull York Medical School |
| Professor | Val | Wass | School of Medicine | Keele Medical School |
| Professor | Patrick | Johnston | School of Medicine, Dentistry and Biomedical Sciences | Queen's University, Belfast |
| Professor | Peter | Kopelman | Principal | St George's, University of London |
| Professor | Sir Robert | Lechler | Vice Principal (Health) | King's College London |
| Professor | John | Connell | School of Medicine | University of Dundee |
| Professor | David | Crossman | Norwich Medical School | Norwich Medical School |
| Professor | Hugh | MacDougall | School of Medicine | University of St Andrews |
| Professor | Peter | Mathieson | Faculty of Medicine & Dentistry | University of Bristol |
| Professor | Ian | Jacobs | Faculty of Medical and Human Sciences | University of Manchester |
| Professor | Paul | Morgan | School of Medicine | Cardiff University |
| Professor | John | Iredale | UoE Centre for Inflammation Research | University of Edinburgh |
| Professor | Patrick | Maxwell | School of Clinical Medicine | University of Cambridge |
| Professor | Ian | Hall | Faculty of Medicine and Health Sciences | The University of Nottingham |
| Professor | Tony | Weetman | Faculty of Medicine, Dentistry and Health | University of Sheffield |
| Professor | Richard | Trembath | Warden | Barts and The London School of Medicine and Dentistry |
| Professor | David | Wynford-Thomas | College of Medicine, Biological Sciences and Psychology | University of Leicester |
| Professor | Anna | Dominiczak | School of Medicine | University of Glasgow |
| Professor | Keith | Lloyd | College of Medicine | Swansea University |
| Professor | Dermot | Kelleher | Faculty of Medicine | Imperial College |
| Professor | Sir John | Tooke | School of Life and Medical Sciences | University College London |
| Professor | David | Reid | School of Medicine & Dentistry | University of Aberdeen |
| Professor | Robert | Sneyd | Peninsula Schools of Medicine & Dentistry | Plymouth University |
| Professor | Anne | Garden | Faculty of Health and Medicine | University of Lancaster |

SCBEDULE3

Eligibility Criteria for UK Universities

An eligible UK university is one which has the following characteristics and which is approved by the Executive Committee as such:

- (a) Primary purpose is of teaching, scholarship and research with:
 - (i) evidence of an institution-wide culture of scholarship-informed teaching and the advancement of a subject by research and scholarship (being commitment to, and practice in, the acquisition and synthesis of knowledge and understanding);
 - (ii) support for the principle of academic freedom for all staff and students enshrined in Section 43 of the Education Act 1986, as amended by Schedule 8 of the Further and Higher Education Act 1992; and
- (b) Financial accountability and independence:
 - (i) full accounts published annually and made publicly available on the internet, consistent with the Higher Education Statement of Recommended Accounting Practice (SORP), which evidence clarity and transparency of share ownership, including any changes thereto;
 - (ii) independent governing body with authority over the strategic direction, educational ethos and financial management of the institution; and
 - (iii) adherence to the Nolan seven principles of public life, namely: selflessness; integrity; objectivity; accountability; openness; honesty; and leadership.
- (c) Accountability to students and the wider public:
 - (i) adherence to all the regulatory frameworks and accountability requirements for public finance which are applicable to higher education institutions at any given time;
 - (ii) adherence to relevant quality assurance systems, including national systems and professional bodies that are relevant to the stated aim of the body in UK medical education.
 - (iii) engagement with national systems within the UK that support and protect the interests of students, such as the National Student Survey (NBS) and Office of the Independent Adjudicator; and
 - (iv) adherence (by law or voluntarily) to the publication and scrutiny of data and information such as through the Higher Education Statistics Agency and Freedom of Information Acts.

