



**An Introduction to the Medical Schools Council**  
2018



**mssc** Medical  
Schools  
Council  
*For the future of medicine*

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# Executive Summary

The Medical Schools Council (MSC) is the representative body for UK medical schools. Its current membership includes 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.

Since August 2016, the elected members of the council are:

- Chair: Professor Jenny Higham, Principal of St George's, University of London<sup>13 April</sup>
- 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).

Since August 2016, the elected members of the council are: 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 2018. 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 Medical Licensing Assessment (MLA)
- Supporting the transition from medical school to practice, in particular to careers in clinical academia and areas of current significance to the NHS
- Promoting clinical academic careers to both young doctors and the wider public.

## 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 thirty-three 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. Leaders in education, research, fitness to practise and medical electives also meet.

## The office

The Medical Schools Council is supported by thirteen full-time members of staff, of whom eleven 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

The Medical Schools Council is the representative body for UK medical schools. The council is made of the heads of UK medical schools and meets in order to shape the future of medical education in the UK.

As well as the heads of medical schools, other groups meet under the auspices of the Medical Schools Council to provide expert opinion on particular areas of medical education and research. The Assessment Alliance is made of heads of assessment from member medical schools while the Selection Alliance is made of heads of selection. Leaders in education, research, fitness to practise and medical electives also meet.

Together these groups form a body of experts which is able to define policy, share best practice and run major national projects such as the Assessment Alliance's Question Bank. In this way, the Medical Schools Council allows for the collaborative shaping of strategy and initiatives at the UK level while preserving the autonomy of individual medical schools.

This section summarises the history and current strategic aims of the Medical Schools Council.



## 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.

## Who are our members?

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

## Strategic aims

The strategic aims of the Medical Schools Council are:

1. To be the authoritative voice of UK medical schools
2. To ensure the world-class quality of UK medical education
3. To be a global leader in medical assessment
4. To focus on Equality, Diversity and Inclusivity, to enhance clinical leadership and develop leaders within medical schools
5. To maintain and build on the close relationship between universities and the National Health Service
6. To explore the public's needs of doctors and the changing role of the doctor in the future of healthcare
7. To promote clinical academic careers and the conduct of high-quality research in medical schools
8. To facilitate the transition between undergraduate and postgraduate environments
9. To support all aspects of medical schools' work and add real value for members
10. To provide a supportive network for medical school deans and their colleagues

The objectives of the Medical Schools Council are to promote, encourage and develop medical schools in the United Kingdom and thereby advance education for the public benefit, in particular (but without limitation) medical education, research and training.

# The Council

Medical schools are represented by a serving head of a medical school or the dean of the university faculty of medicine. These positions are appointed by each individual university of which the medical school forms a part. It is from this membership that officers of the Medical Schools Council are elected. These roles are chair, deputy chair and treasurer.

This section details election processes, member biographies, observer attendance and MSC funding.

## Officers of the Medical Schools Council

The officers of the Medical Schools Council 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 thirty-three undergraduate medical schools. The representatives for these organisations are:



### University of Aberdeen

*Professor Steve Heys, Head of the School of Medicine, Medical Sciences & Nutrition*

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.



### University of Birmingham

*Professor David Adams, Pro-Vice-Chancellor, Dean of Medicine and Head of College of Medical and Dental Sciences*

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.



## Brighton and Sussex Medical School

*Professor Malcolm Reed, Dean*

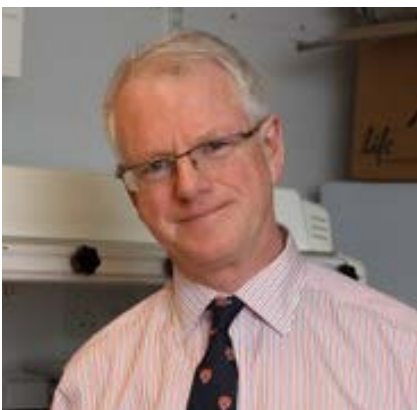
Professor Malcolm Reed was appointed Dean of Brighton and Sussex Medical School in 2014. Following postgraduate surgical training in the UK and a period of research at the University of Louisville in Kentucky, he returned to Sheffield for Higher Surgical Training. He became Senior Lecturer and Honorary 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.



## University of Bristol

*Professor John Iredale, Pro-Vice-Chancellor Health, Deputy Chair of the Medical Schools Council*

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.



## University of Cambridge

*Professor Patrick Maxwell, Regius Professor of Physic*

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.



## Cardiff University

*Professor Ian Weeks, Interim Dean of Medicine & Head of the School of Medicine*

Professor Ian Weeks is currently the interim Dean and Head of Cardiff Medical School. Iain 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.



## University of Dundee

*Professor Gary Mires, Dean of Medicine*

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 well-being and the consequences for long-term health of being born 'small'.



## University of East Anglia

*Professor Michael Frenneaux, Dean of Norwich Medical School*

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.



## University of Edinburgh

*Professor Moira Whyte, Head of Edinburgh Medical School*

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.



## University of Exeter

*Professor Clive Ballard, Pro-Vice-Chancellor and Executive Dean of the 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.



## University of Glasgow

*Professor Dame Anna Dominiczak, Vice Principal and Head of College of Medical, Veterinary and Life Sciences*

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.



## Hull York Medical School

*Professor Una Macleod, Dean*

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.



## Imperial College London

*Professor Jonathan Weber, Acting Dean of the Faculty of Medicine*

Professor Jonathan Weber is the Jefferiss Professor of Communicable Diseases and GU Medicine, and is the Acting Dean of the Faculty of Medicine at Imperial College London. He is a clinician by training, and has undertaken extensive clinical and laboratory based research on HIV/AIDS, HTLV-I and other STIs. After general medical training he was a Wellcome Clinical Training Fellow at St Mary's Hospital Medical School, subsequently a Wellcome Trust Lecturer in Cell and Molecular Biology at the Institute for Cancer Research Chester Beatty Labs, and then Senior Lecturer in Infectious Diseases at the Royal Postgraduate Medical School, Hammersmith Hospital.



## Keele University

*Professor Andy Hassell, Head of the School of Medicine*

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.



## King's College London

*Professor Richard Trembath, Executive Dean for Life Sciences & Medicine*

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.



## Lancaster University

*Professor Neil Johnson, Dean of the Faculty of Health and Medicine*

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.



## University of Leeds

*Professor Paul Stewart, Faculty Dean of Medicine & Health Professor of Medicine*

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.



## University of Leicester

*Professor Phil Baker, Head of the College of Medicine, Biological Sciences and Psychology, Pro-Vice Chancellor and Dean of Medicine*

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.



## University of Liverpool

*Professor Louise Kenny, Executive Pro-Vice-Chancellor for the Faculty of Health and Life Sciences*

Professor Louise Kenny was appointed to the role of Executive Pro-Vice-Chancellor for the Faculty of Health and Life Sciences in January 2018. She is an honours medical graduate of Liverpool Medical School,) and a Member of the Royal College of Obstetrics and Gynaecologists. Louise moved to University College Cork in 2006 and took up a post as a Senior Lecturer and Consultant Obstetrician and Gynaecologist at Cork University Maternity Hospital where she continued to pursue her long standing clinical and research interest in uteroplacental insufficiency, adverse pregnancy outcome and pregnancy loss.



## London School of Hygiene and Tropical Medicine

*Professor Martin McKee, Professor of European Public Health*

Professor Martin McKee qualified in medicine in Belfast with subsequent training in internal medicine and public health. As Professor of European Public Health at the London School of Hygiene and Tropical Medicine Martin was founding director of the European Centre on

Health of Societies in Transition, a WHO Collaborating Centre that comprises the largest team of researchers working on health and health policy in central and eastern Europe and the former Soviet Union. He is also research director of the European Observatory on Health Systems and Policies, a unique partnership of universities, national and regional governments, and international agencies.



## University of Manchester

*Professor Ian Greer, Vice-President and Dean of the Faculty of Biology, Medicine and Health*

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.



## Newcastle University

*Professor David Burn, Pro-Vice-Chancellor, Faculty of Medical Sciences*

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).



## University of Nottingham

*Professor John Atherton, Pro Vice Chancellor; Dean of the Faculty of Medicine and Health Sciences, Treasurer of the Medical Schools Council*

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*.



## University of Oxford

*Professor Gavin Screaton, Head of the Medical Sciences Division*

Professor Gavin Screaton was appointed Head of the Medical Sciences Division in Autumn 2017. Gavin was formerly Dean of the Faculty of Medicine at Imperial College London where he previously served as Vice-Dean (Academic Development), and as Campus Dean for Hammersmith. 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.



## University of Plymouth

*Professor Robert Sneyd, Dean of the 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.



## Queen Mary, University of London

*Professor Steve Thornton, Vice Principal (Health) and Executive Dean of the Barts and the London School of Medicine and Dentistry*

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.



## Queen's University of Belfast

*Acting Dean - School of Medicine, Dentistry & Biomedical Sciences*

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.



## University of Sheffield

*Professor Dame Pamela Shaw, Pro-Vice-Chancellor, Faculty of Medicine, Dentistry and Health*

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.



## University of Southampton

*Professor Iain Cameron, Dean of the Faculty of Medicine*

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.



## University of St Andrews

*Professor David Crossman, Dean of Medicine*

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. In November 2017, David was appointed as Chief Scientist for Health, Scotland.



## St George's University of London

*Professor Jenny Higham, Principal, Chair of the Medical Schools Council*

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.



## Swansea University

*Professor Keith Lloyd, Dean and Head of the Medical School*

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.



## University College London

*Professor David Lomas, Vice-Provost Health*

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 a1-antitrypsin deficiency.



## University of Warwick

*Professor Sudhesh Kumar, Dean of the Medical School*

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.

## Associate membership status

Associate membership status is offered to new medical schools which have passed Stage 6 of the General Medical Council (GMC) accreditation process and have begun to take students on a course which leads to registration as a doctor with the GMC. Upon achieving Stage 8 of the GMC process, associate members will become full members of the Medical Schools Council. For more information on associate membership, please contact the MSC team, either directly or at [admin@medschools.ac.uk](mailto:admin@medschools.ac.uk).

## 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, General Medical Council, Higher Education Funding Council and 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.

# 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.

This section details the representation on the executive committee, the election process and meeting dates.

## 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 and representation

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.

The elected members of the executive committee are:

<b>Jenny Higham</b>	<b>Chair</b>
<b>John Iredale</b>	<b>Deputy Chair</b>
<b>John Atherton</b>	<b>Treasurer</b>
<b>David Crossman</b>	<b>Chair, Clinical Staffing and Employment Sub Committee; Scottish Board for Academic Medicine</b>
<b>Anna Dominiczak</b>	<b>Chair, Equality and Inclusion Group</b>
<b>Malcolm Reed</b>	<b>Chair, Education Sub Committee</b>
<b>Paul Stewart</b>	<b>Chair, Research Sub Committee</b>
<b>Steve Thornton</b>	<b>Chair, UKMED</b>

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):

**Jane Dacre** Vice President for Education,  
Academy of Medical Royal  
Colleges

**Chris Day** Vice President, Academy of  
Medical Sciences

**Robert Lechler** President, Academy of Medical  
Sciences

**Terence Stephenson**  
Chair, General Medical Council

### Note →

Executive committee meetings are always held at the Medical Schools Council office in London. The office is on the 4th floor of Woburn House, 20 Tavistock Square, London, WC1H 9HD.

## 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 2018 are:

- 12 January
- 13 April
- 29 June
- 7 September
- 2 November

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

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.

This section includes summaries of the three sub-committees including staff that support each group.

## 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 2018 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

Sub-committee meetings take place on the morning of full Medical Schools Council meetings and normally last one hour. The chair of each group is expected to report back updates to the council.

**MSC staff supporting CSE: Nicole Watson, Policy Officer**  
[nicole.watson@medschools.ac.uk](mailto: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 2018 include:

- Working with the GMC on the introduction of a national licensing assessment
- Influencing the GMC in relation to any revision of the outcomes for undergraduate medical education
- Medical School selection and widening participation

**MSC staff supporting ESC: Clare Owen, Policy Adviser**  
[clare.owen@medschools.ac.uk](mailto: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 2018 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](mailto:elnaz.naseri@medschools.ac.uk) – 020 7419 5499

# Meetings

The main purpose of Medical Schools Council 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.

This section describes the structure of MSC meetings, what to expect and future meeting dates.

## Frequency, format and dates

### Note →

The dates of the year's meetings are always announced on the agenda page for the first meeting of the academic year.

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.

### 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 (though the structure of the day varies each year). 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). Parking is available at the house.

## Dates for Medical Schools Council meetings in 2018

- Friday 2 March 10.00 – 14.30, Friend's House, 173-177 Euston Rd, Kings Cross, London NW1 2BJ
- Thursday 17 and Friday 18 May (From 11am Thursday until noon Friday) Down Hall, Country House Hotel, Matching Road, Hatfield Heath, Essex CM22 7AS
- Friday 5 October 10.00 – 14.30, Wellcome Trust, Euston Road, London, NW1 2BE
- Wednesday 28 November – Friday 30 November, Ditchley Park, Enstone, Chipping Norton OX7 4ER

## 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.

## Who should attend?

It is expected that all members attend meetings. Telephone dial in is not possible. In the event that a member cannot attend, please inform a member of the MSC secretariat 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 either Woburn House, London or close to this location (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 Medical Schools Council 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.



A Medical Schools Council meeting being held at Ditchley Park, Oxford

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 meeting venue 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

Executive committee meetings always take place at [Woburn House](#). Council meetings may also occasionally be held at this venue too. There is wheelchair access and a hearing loop.

- 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.



Woburn House Conference Centre

# Policy areas

The Medical Schools Council enables medical schools to work together at the national level. It has close relationships with other organisations in the health and higher education sectors, which helps it to positively influence the development of medical education and the welfare of medical students.

The collaborative nature of a representative body means that work can be produced which is authoritative, because it is made through the collaboration of experts from many institutions, and definitive, because it can represent a position which is agreed by every member.

Its work covers a number of broad areas, many of which are driven by their own groups within the organisation.

This section details the various areas of policy the Medical Schools Council is involved in, including its priorities for 2018.



## Priorities for 2018

- Working to resolve the implications of leaving the European Union, particularly the impact on medical research and on EU staff and students
- Focusing on issues around the proposed increase in medical student numbers
- Working with the General Medical Council in developing a Medical Licensing Assessment (MLA)
- Supporting the transition from medical school to practice, in particular to careers in clinical academia and areas of current significance to the NHS
- Promoting clinical academic careers to both young doctors and the wider public.

## Education

MSC runs bi-annual meetings for education leads of medical schools. 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 Life Sciences Industrial Strategy where the collaboration between the health service and Medical Schools will need to work via health research funders and a broader level. RSC also provides guidance on execution of the second Research Excellence Framework.

## 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 MSC 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 Medical Schools Council works with the Dental Schools Council to 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 Medical Schools Council and Dental Schools Council host a free website specifically for advertising clinical academic and research posts in UK medical schools, [www.clinicalacademicjobs.org](http://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 Bal Bajaj, elective lead for Swansea 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 group has recently published a paper in the Medical Education Journal on [\*Recommendations for 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 and Dr Katie Petty-Saphon, The Chief Executive of Medical Schools Council, are 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. Both Professor Dominiczak and Dr Petty-Saphon co-chair MSC 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.

## 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. In 2017, the MSC held two student focused conferences on student-led widening participation and on promoting general practice careers.

The MSC is also working to improve its communication with students online, through increasing its presence on social media, and tailored information on the website for prospective and current 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 biannually.

Please visit [www.ukmed.ac.uk](http://www.ukmed.ac.uk) for details, including published research.

# MSC Assessment

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).

This section provides more detail on the Situational Judgement Test and Prescribing Safety Assessment.



## 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](http://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](http://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 PSA lasts for 2 hours with extra time allowed for 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 before the end of their F1 year. Any UK medical students who do not pass the PSA at medical school and overseas entrants into the Foundation Programme have an opportunity to sit the PSA at their foundation school at the start of their F1 year. Those who don't pass this sitting are expected to undergo a programme of remediation and have two further opportunities to retake the PSA in their F1 year. F1s who have not passed the PSA before their ARCP panel in June will have their F1 year extended until they pass.

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. 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

The MSC Assessment Alliance 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 Assessment Alliance 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 Dr Mark Gurnell and supported by Veronica Davids, the Assessment Alliance has made significant progress in generating support and trust amongst assessment experts across schools.

This section details the work of the Assessment Alliance.

## Funding

Medical schools pay an annual fee in order to maintain their membership of the Assessment Alliance.

## Item Bank

The Assessment Alliance 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 Assessment Alliance is a question bank of high-quality items with face validity and reliability, developed by members, for use by all Assessment Alliance 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, Specialty, and Condition, 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 item 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 2018 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 Assessment Alliance bank is also planned for 2018.

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 Assessment Alliance 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 the Assessment Alliance 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 the Assessment Alliance with a wealth of data on knowledge based assessments and led to the group 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. The Assessment Alliance 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, the Assessment Alliance has piloted a national standard setting process by convening two panels to standard set commonly used items using the Modified 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

The Selection Alliance is responsible for the development and implementation of the Medical Schools Council's selection work. Formed in 2015, its chief role is to carry out the recommendations of the Selecting for Excellence Final Report which relate to medical schools. Drawing on the expertise of medical school admissions leads from across the UK, the Selection Alliance focuses on the following areas: selection methods, widening participation, providing better information for participants, contextual admissions and outreach.

This section details the current work of the selection alliance.



## History

The MSC Selection Alliance 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 Selection Alliance board is an elected board comprising the following ten admissions deans from a variety of medical schools within the UK:

<b>Paul Garrud - Chair</b>	<b>University of Nottingham</b>
<b>Darren Beaney</b>	<b>Brighton and Sussex Medical School</b>
<b>Sally Curtis</b>	<b>University of Southampton</b>
<b>Gordon Dent</b>	<b>Keele University</b>
<b>Jonathan Dowell</b>	<b>University of Dundee</b>
<b>Angela Kubacki</b>	<b>St George's, UoL</b>
<b>Paul Lambe</b>	<b>Plymouth University</b>
<b>Gail Nicholls</b>	<b>University of Leeds</b>
<b>Heidi Phillips</b>	<b>Swansea University</b>
<b>Nana Sartania</b>	<b>Glasgow University</b>

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 Selection Alliance's work.

In addition to this, the Selection Alliance 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 Selection Alliance 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. Shared items have been developed with the aim that medical schools use these in their 2018 selection processes. An online training tool has been developed for interviewers and there is a similar toll for candidates that aims to familiarise them with interviews and MMIs.
- **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. There are also a series of [information sheets](#) for applicants covering different areas of the admissions process and [guidance on work experience](#).
- **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 [guidance for teachers and careers advisers](#) has been developed.

- **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

This section describes the support available for members including from Dr Katie Petty-Saphon, Chief Executive of the Medical Schools Council, and the additional twelve members of staff that form the secretariat. It also includes information sharing personal data, bullying and harassment policies and unconscious bias.

## 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.

## Sharing of personal information

The Medical Schools Council may share your contact details with other MSC members. Your email address may also be shared with other stakeholders in the sector if deemed appropriate. 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. You will not be routinely surveyed, and any surveys must be proposed and agreed at council meetings or approved by the chair.

## 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](#).

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 email 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 office

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 – 0161 275 5579*

Areas of expertise: assessment, online item banking and exam delivery

Gareth is Project Support Officer for the Assessment Alliance and is based in Manchester. He plays a key role in developing the Assessment Alliance 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 – 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 Assessment Alliance Board and PSA Executive. Veronica holds a BSc in Sociology.



## Emma Horan – Policy Officer

*emma.horan@medschools.ac.uk – 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 and Situational Judgement Test. Emma also provides administrative support in running the Assessment Alliance 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 Sierocińska King – Senior Policy & Project Officer

*olga.sierocinskaking@medschools.ac.uk – 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 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 – 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 – Finance & Admin Assistant

*lynn.mather@medschools.ac.uk – 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 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 – 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, the Association of UK University Hospitals (AUKUH) and the Association of Dental Hospitals (ADH). Within MSC, Elnaz provides secretariat support to the 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 – 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.



## Peter Tang – Data Analyst

*peter.tang@medschools.ac.uk – 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 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

*nicole.watson@medschools.ac.uk – 020 7419 5566*

Areas of expertise: medical, dental and veterinary education and regulation, stakeholder engagement, public policy economics and analysis

Nicole is Policy Officer for the Medical Schools Council. She provides secretariat to the MSC clinical staffing and employment sub-committee and is involved in developing the annual clinical academic staff survey. Nicole also provides support to the Veterinary and Dental Schools Council. She has a BA in Geography, and a Masters in Civic Design.



## Fahmida Yasmin – Communications Officer

*fahmida.yasmin@medschools.ac.uk – 020 7419 5494*

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. 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

Including the Medical Schools Council, there are five other organisations that are run from the Woburn House office and are supported by staff who also work for MSC. These organisations include: Veterinary Schools Council, Dental Schools Council, Pharmacy Schools Council, Association of UK University Hospitals and the Association of Dental Hospitals.

In addition, the MSC has close relationships with other organisations in the sector. This section briefly summarises the relationship the Medical Schools Council has with both internal and external 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. [www.dentalhospitals.org.uk](http://www.dentalhospitals.org.uk)



### 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. [www.aukuh.org.uk](http://www.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. [www.dentalschoolscouncil.ac.uk](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).

[www.pharmacyschoolscouncil.ac.uk](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.

[www.vetschoolscouncil.ac.uk](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
- **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
- **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

Includes office hours, how to get here and nearby transport links.

Medical Schools Council  
20 Tavistock Square  
Woburn House  
London  
WC1H 9HD

Telephone: +44(0)20 7419 5494  
Email: [admin@medschools.ac.uk](mailto:admin@medschools.ac.uk)  
[www.medschools.ac.uk](http://www.medschools.ac.uk)

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

## Getting to Woburn House

Woburn House is based in Bloomsbury, south of Euston Road. 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, 15-minute walk
- King's Cross underground and train station, 15-minute walk

A number of buses also stop on Tavistock square including the 59, 68, 168 and 91. For more information on transport, please visit the [Transport for London](http://www.tfl.gov.uk) website.

# Appendices

Appendix 1: Bullying and Harassment policy – members and employees

Appendix 2: Medical Schools Council Code of Conduct

Appendix 3: Medical Schools Council Articles of Association

# Appendix 1: Bullying and Harassment policy – members and employees

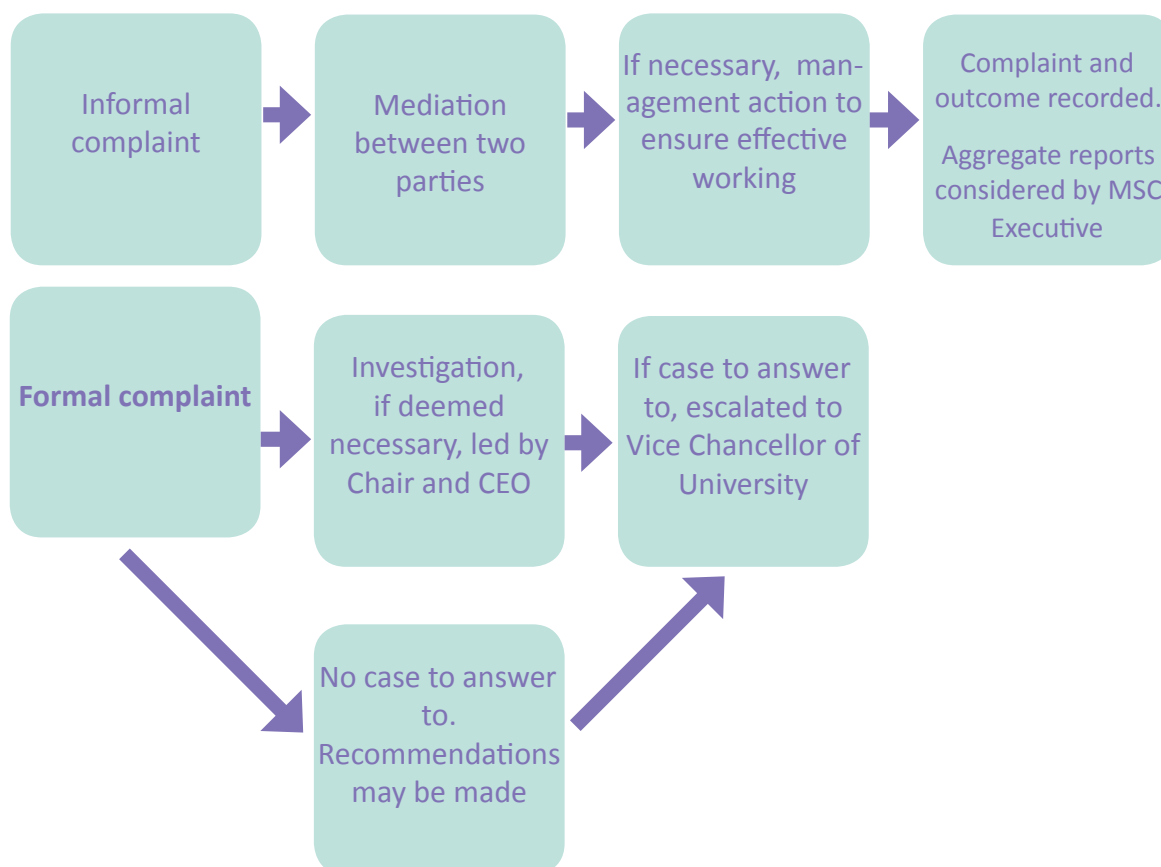
## 1. Purpose

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



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Schools  
Council  
*For the future of medicine*



### 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

- Have the best interests of the organisation in mind at all times
- 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: Medical Schools Council Articles of Association