

**Charity Number: 1155370**

**Company Number: 8817383**

**MEDICAL SCHOOLS COUNCIL**  
**ANNUAL REPORT AND FINANCIAL STATEMENTS**  
**YEAR ENDED 31 JULY 2021**



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## Trustees' report

### Name

The name of the charity (charity registration no. 1155370), which is a company limited by guarantee (company no. 8817383) is the Medical Schools Council. This is abbreviated to MSC in places in this report.

### Member

The subscribing member of the Medical Schools Council is Universities UK (UUK).

### Trustees/non-executive directors

The members of the MSC Board (directors and trustees of the company) appointed for the year ended 31 July 2021 were as follows:

Professor Malcolm Reed	Lead Co-Chair from 1 February 2021
Professor John Atherton	Lead Co-Chair until 31 January 2021
Professor Sube Banerjee	Trustee from 10 November 2020
Professor David Crossman	Devolved Administrations lead
Professor David Burn	
Professor Una Macleod	
Professor Patrick Maxwell	
Professor Steve Thornton	To 31 July 2021

Professor Diana Eccles was appointed to the MSC Board on 1 August 2021.

No member of the MSC Board had a beneficial interest in any contract with the company.

### Chief Executive and Company Secretary

Dr Katie Petty-Saphon

### Principal and Registered Office

Woburn House  
20 Tavistock Square  
London  
WC1H 9HD

### Solicitors

Womble Bond Dickinson  
4 More London Riverside  
London  
SE1 2AU

### Bankers

National Westminster Bank plc  
PO Box 83  
Tavistock House  
Tavistock Square  
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### Auditors

Haysmacintyre LLP  
10 Queen Street Place  
London  
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## Trustees' report

The trustees, who are also the directors of the charity for the purposes of the Companies Act, present their report and financial statements for the Medical Schools Council for the year ended 31 July 2021. This report is also the directors' report for the purposes of the Companies Act and incorporates the elements of the strategic report.

### Objects

The object of the Council is 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.

### Mission

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

### Organisation

The Medical Schools Council is the authoritative voice of all UK Medical Schools. Over the last 12 months MSC has worked hard to support the newly created medical schools which have become Associate members: Anglia Ruskin, Aston, Edge Hill, Kent Medway, Lincoln and Sunderland. Buckingham became a full member from 1 August 2019 and UCLAN became a full member from 1 August 2020. Ulster and Brunel became Associate members from 1 August 2021.

The Medical Schools Council (MSC) was incorporated on 17 December 2013 as a company limited by guarantee and is governed by its Articles of Association adopted in January 2014. It was registered with the Charity Commission on 17 January 2014 and has been registered with the Information Commissioner's Office since 26 February 2014. Its relationship with Universities UK is covered by a Parent Subsidiary Agreement dated 31 January 2014.

### Governance and decision-making

The 36 full members of Council elect eight from within their number to sit on the Executive Board which meets five times a year and sets the strategic direction of the Medical Schools Council. Day-to-day operations and executive management are delegated to the Chief Executive.

Members elect the Chair of Council whose term is for 3 years. There was a dead-heat in the election for Chair in June 2019. It was agreed that Prof John Atherton and Prof Malcolm Reed would both serve as Chairs with Prof Atherton taking the role of lead co-chair from 1 August 2019 until 31 Jan 2021 and Prof Malcolm Reed as lead co-chair from 1 February 2021 until 31 July 2022. Executive Board members also have a three-year term, renewable once. Council itself meets four times a year. Council members are assigned to one of three sub-committees - education, research or clinical staffing and employment. Council has also agreed to support the MSC Assessment Alliance (MSCAA), the MSC Equality, Diversity and Inclusion Alliance and the MSC Selection Alliance. In addition, it supports the work of Fitness to Practise leads and Education leads within Medical Schools.

## Trustees' report

### Induction and training of trustees

New trustees receive information supporting their induction which includes the offer of a mentor and an extended briefing session with the Chief Executive. The organisation updates trustees and members on any new information that may affect the governance of the charity and offers ongoing support through additional training when required. A comprehensive Welcome Pack for new Council members was developed in 2017 and is regularly updated as members change. Lockdowns since March 2020 have meant that induction has had to be remote rather than in person. However this has also made it easier to arrange meetings.

### Arrangements for setting pay and remuneration of key management

Member support for the work of the Medical Schools Council is on a non-remunerated basis.

The pay and remuneration of the Chief Executive, the key senior executive manager, is set by the Executive Committee in consultation with Universities UK.

### Executive management

The Chief Executive and two Assistant Directors lead a permanent team of policy and communications officers and a data scientist. Details of staff costs and numbers are given in note 6 to the financial statements.

### 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 and 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, the number required 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

### Activities to meet these aims in 2020–21

The academic year 2020–21 was marked by the continued societal upheaval caused by the COVID-19 pandemic. MSC has been widely praised for the leadership it provided to the sector and the extremely effective guidance it provided to protect patients, students and staff. Last year's annual report documented the range and effectiveness of the activities undertaken by the MSC team at the height of the crisis. Such work continued into this academic year through repeated lockdowns and issues created by the disruption to the admissions' system.

The year was also marked by extensive work with the GMC around the Medical Licensing Assessment. The proposal submitted by the MSC on behalf of all the UK medical schools was accepted by the GMC Council in June 2021. The medical schools will collectively set and administer a common test of applied knowledge to be regulated by the GMC. Plans are in hand to pilot the process over the next three years with a commitment to go live for those graduating in the academic year 2024–25.

## Trustees' report

This is an extremely important step for medical education. For the avoidance of any doubt, medical schools reaffirmed to the GMC their commitment to the key elements of their initial proposal for a university-led AKT which the GMC accepted in July 2020. They intend to build upon and improve the mechanisms to set and deliver exams in the light of evidence obtained thus far and during the forthcoming pilots. To that end the commitments have been updated:

1. All students at UK medical schools will be required to pass the UK Medical Licensing Assessment (MLA) in order to graduate and be awarded a medical degree that is recognised as a primary medical qualification (PMQ) by the GMC.
2. Before the UK MLA goes live<sup>1</sup>, the GMC will clarify how the structures and procedures, which schools and universities agree to operate through the MSC, will relate to its statutory responsibilities, and to school and university obligations under the Medical Act<sup>2</sup>. During development of the UK MLA, the GMC will need to assure itself that the approach being established can secure maintenance of the required standard of proficiency.
3. When the UK MLA goes live, schools and universities will take responsibility for delivering the MS AKT using the agreed approach. The GMC's role will be to ensure that the processes and structures, and how they are implemented, continue to secure the required standard of proficiency in those schools. The mechanisms for ensuring that the required standard is met may change over time. The MS AKT will utilise the MSC Assessment (MSCA) question bank and delivery platform with robust item development and quality assurance processes overseen by the GMC.
4. The UK MLA AKT will be delivered on-screen utilising the MSCA platform.
5. The content for the MS AKT for students at UK medical schools will be drawn from the GMC's MLA content map<sup>3</sup> and the sampling grid developed by experts in UK medical schools and approved by the GMC. The pass mark will be set by a national exam board of experts regulated by the GMC.
6. Medical schools will continue to deliver their own CPSAs in accordance with the GMC content map and in compliance with good practice requirements set out by GMC in the CPSA Requirements. Information on the CPSA is available separately.<sup>4</sup>
7. Before the UK MLA goes live, the MSC will support medical schools in building consistency for all candidates, by coordinating national policy frameworks or guidance for the MS AKT in areas such as number of attempts, mitigating circumstances, reasonable adjustments, exam misconduct and appeals. As the MS AKT will be embedded within a medical degree, these frameworks or guidance will be applied through a medical school or parent university's local processes, and decisions under the policies will be made locally.
8. Data sharing with the GMC will ensure robust regulation and facilitate its quality assurance and evaluation of the MS AKT and research to investigate the impact of the MLA, including the standards relevant to the points of registration for students and UK medical schools and international medical graduates.

During the iterative process of development in the pilot phase and beyond MSC will engage with key stakeholders as part of the MS AKT's development. The MS AKT will require significant financial resources in terms of academic and administrative time when delivered to the highest possible standard. MSC intends to undertake a full evaluation after one full pilot to develop a proportionate funding model. The heads of the medical schools and their colleagues, look forward to continuing to work with the GMC to develop and pilot the MS AKT for full implementation in 2024.

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<sup>1</sup> Since confirmed as being in 2024.

<sup>2</sup> The GMC has since done so through *Assuring readiness for practice: a framework for the MLA* (March 2021).

<sup>3</sup> See *Assuring readiness for practice: a framework for the MLA* (March 2021).

<sup>4</sup> See *Assuring readiness for practice: a framework for the MLA* (March 2021).

## Trustees' report

This decision taken, on 14 May 2021, was recorded in the MSC Council minutes as follows:

### **5. To agree the MSC final proposal to the GMC to set and deliver the UK Applied Knowledge Test**

Members of the Medical Schools Council formally and unanimously agreed the MSC final proposal to deliver the UK Applied Knowledge Test (MSC 21-18) and the content of the covering letter to the GMC (MSC 21-19).

**The other most significant development** was the provision to all UK medical schools of free access to the resource Virtual Primary Care. Within 9 months of its launch students had viewed the consultations for over one million minutes.

#### MSC COVID-19 working group

Chaired by Co-chairs of the Medical Schools Council, this group met less frequently than in the period March – July 2020 but nevertheless provided a useful forum bringing together Health Education England and the General Medical Council as well as medical school staff. The UK Foundation Programme Office attended meetings some of the meetings.

#### COVID-19 admissions group

The admissions group first met in April 2020. to discuss the impact of the pandemic on recruitment, the application cycle and widening participation. At the end of the financial year there was some confidence that the situation would be manageable when the calculated A level results were released. However this proved not to be the case when government policy changed 3 days after the release of A level results. There are now 10% more first year medical students than had been anticipated and a further 450 students were required to defer until the academic year 2021–22. Fortunately these students have been funded. However further over-recruitment seems likely once results are known in August 2021 and this year the government has stated clearly that there will be no additional funding.

#### **Online teaching resources**

MSC has provided ongoing support to medical schools transitioning to a mixture of blended learning.

#### Virtual Primary Care

Efforts to share online teaching resources continued. The most significant achievement, as mentioned briefly above, was in providing access to 150 full-length, authentic GP consultations using material from the TV series GPs: Behind Closed Doors. A licence has been negotiated in perpetuity for use by medical school staff and students in the UK and the Republic of Ireland. All consultations have permission from patients to be used for educational purposes. They are kept strictly behind a firewall on a platform created specifically by MSC for that purpose. Medical school staff direct students' access to the videos and staff review the resultant learning with them. Between October 2020 and June 2021 over one million minutes of material were studied.

MSC funded a licence for UK medical schools to access CAPSULE, an online learning resource developed as a collaboration between Brighton and Sussex Medical School and Ocasta, a learning technology company. CAPSULE contains over 650 clinical cases with 3,500 questions. The 650 clinical cases cover all the clinical specialties encountered in years 4 and 5, including medicine, surgery, paediatrics, psychiatry, therapeutics, obstetrics and gynaecology, general practice and professional studies.

## Trustees' report

MSC also continued to provide access to Speaking Clinically for UK medical schools. Speaking Clinically is a video archive of patients talking openly about their medical conditions. It can be used as a teaching aid or for self-directed study.

### Selection

MSC has continued to be in regular contact with UCAS, Ofqual, HEE and OfS on matters relating to the intake of new medical students. The 21% increase in applications was unanticipated and has created difficulties for both applicants and medical schools. Schools have had to be cautious in making offers, applicants are distressed by the paucity of numbers and for medical schools the conversion rate to firm acceptances has increased. It seems likely that this will cause some difficulty when results are made available in August 2021.

### Prescribing

MSC continues to work closely with the British Pharmacological Society to deliver the Prescribing Safety Assessment (PSA). All sittings 2020–21 of the PSA have now taken place and the results have been released to candidates.

As with most assessments in 2021, delivery of the PSA was affected by the ongoing COVID-19 restrictions. The decision was taken to offer schools the option of invigilating candidates face to face in a venue, through remote proctoring, or not invigilating. To mitigate the risk of exposing key anchor items through unsupervised sittings, three new papers had to be constructed late in the process and schools restricted to a first sit, and two resits.

The interim analysis completed after the first date in February indicated that the papers were of a comparable standard and that results were in line with previous years. Performance data for all sittings in 2021 will be analysed by the psychometrician and reported on in August. Schools will be given a copy of the report.

Overall, the platform performed well. The only significant disruption came from an update on the NICE platform which coincided with a PSA sitting. The NICE team apologised and has promised to put protocols in place to prevent this happening again in the future.

### Electives

The Electives Committee has met on a regular basis since the onset of the pandemic in March 2020. In April 2020 a meeting was held to allow Elective Leads to share immediate advice relating to the infection rate in different countries, overseas travel and insurance during the pandemic. The Committee later developed guidance for medical schools and a series of FAQs for medical students. A follow up meeting was arranged for leads in August 2020 so that Elective Leads could share their plans for 2021.

In November 2020 the Committee met for its annual conference, which was held remotely via Zoom. A series of presentations were given. Topics covered included sharing best practice on modifying an elective programme at short notice and experiences were shared of online global health learning. Break out rooms were arranged to facilitate discussion between Elective Leads about what the future of electives may look like post-Covid.

The most recent meeting of the Committee was held in April 2021. Elective Leads were invited to give verbal updates from their schools for electives in 2021 and 2022. The timeline for making a decision on elective plans for 2022 is for most schools around a year in advance, in summer 2021. It will be important that students have contingency plans in place in the event that overseas electives are not possible, due to high infection rates in other countries, travel restrictions and/or low vaccine uptake. The Elective Leads plan to meet informally again in the summer of 2021 to share their plans.

## Trustees' report

### In the 2020–21 academic year, the following Core unrestricted activities took place

- Face to face member meetings continued to be impossible – but the usual 2-day residential meetings of all the Deans were replaced by a 2 day meeting in December and a full day meeting in May – both by Zoom. Instead of an in-person after dinner speech Sir Alan Langlands used Zoom to draw some fascinating observations from his long career in higher education and the NHS.
- Extensive liaison with the Department for Health and Social Care and increasing contact with the Department for Education.
- Extensive work on widening participation; including continued work with the Brightside Trust that has increased access to mentoring for disadvantaged applicants to medical school. The planned HEE funded summer schools went ahead – but had to be held remotely.
- Multiple meetings to take forward MSC's proposal to the GMC that UK medical schools set and administer a common applied knowledge test (AKT) as part of the Medical Licensing Assessment. The GMC Council agreed in June 2021 that work should continue to pilot an AKT run by the universities and regulated by the GMC.
- Three meetings of Medical School Education leads.
- Board meetings of the MSC Selection Alliance and many meetings of Admissions Deans to determine how best to accommodate the 1,000 extra medical students brought about by the government's change in policy around Centre Assessed Grades after the results had been released in August 2020 Teacher assessed grades and a 25% increase in applicant numbers have further complicated the situation in 2021.
- Participation in HENSE, the Health Education National Strategic Exchange.
- Participation in CASAG, the Clinical Academic Staff Advisory Group and in meetings with NHS Employers around the need to parity between university- and NHS-employed consultants - particularly with regard to eligibility for and the payment of local clinical excellence awards – an issue which appears recently to have been satisfactorily resolved.
- Participation in the Clinical Academic Training Forum and the development for it of CATCH – the Clinical Academic Training and Careers Hub.
- DHSC awarded MSC an extension to its contract to support the UK Clinical Research Collaboration for a further year from October 2021.
- Launch of MSC's Equality, Diversity and Inclusion Alliance.
- Publication of the Survey of Staffing Levels of Medical Clinical Academics in UK Medical Schools as at 31.7.20.
- On-going collaboration around UKMED, the UK Medical Education Database and the UCAT, University Clinical Aptitude Test.
- Continued close collaboration with the devolved administrations with regular attendance at the Board for Academic Medicine in Scotland.
- Two meetings of the Medical School Elective leads.
- Engagement with emerging medical schools and meetings of the New Medical Schools Forum chaired by Professor John Atherton.
- Regular attendance at the 4 meetings of the Conference of Postgraduate Medical Deans.
- Regular attendance at meetings of Foundation Schools Directors, the UK Foundation Programme Board and the Recruitment Delivery Group.
- Frequent talks about the work of Council and how collaboration has had a dramatic impact during the pandemic.
- Work with the Academy of Medical Sciences and the funders of health research to support clinical and non-clinical academics.

## Trustees' report

### Assessment

- Very close liaison with the GMC over the most appropriate way to set and regulate the Medical Licensing Assessment.
- A series of virtual meetings of the Item Review Groups and of the Final Clinical Review Group (FCRG).
- Four meetings of the MSC Assessment Advisory Board.
- Two virtual meetings of the MSCAA Reference Group.
- Three virtual meetings of the Clinical Assessment subgroup.
- Agreement amongst all members for the MSCAA to continue to use a national standard setting process for the commonly used Single Best Answer questions.
- The successful remote delivery of finals exams and formative exams through the MSCA delivery platform, Exam-Write
- Providing administrative support for the MSCAA and SJT Item Banks.
- Providing administrative support for the Excluded students' database

### Widening Participation outreach activities 2020–2021

Despite the pandemic, the MSC Selection Alliance (MSCSA), in collaboration with Health Education England, medical schools, and wider outreach partners, has continued to offer outreach activities. Provision has been extended to provide webinars for students, and teachers and career advisers, and a new website has been created to meet the needs of applicants due to the pandemic.

In Summer 2020, MSCSA, with funding from HEE, and partner medical schools, provided summer schools to candidates from widening participation backgrounds. The summer school hosts moved from residential provision to online delivery. Four medical schools delivered summer schools to 735 young people aged 15-18 from across England, against a target of 280. Against all measures, the MSC has recruited students who are most underrepresented in medicine and higher education. When the summer school participants are compared to medical school applicants and students in POLAR 4 and the Index of Multiple Deprivation (IMD), the MSC has recruited a more socially diverse group, representing the areas of lowest higher education participation rates and the most deprived communities.

Twelve webinars were held for applicants to medicine. These covered topics such as interviews, online Multiple Mini Interviews (MMIs) and how applicants can best prepare, and aptitude tests. These were run in collaboration with admissions leads, students, and aptitude test providers. Webinars have also focused on different careers within the NHS. For example, a radiology registrar and a histopathology registrar spoke about their career paths. The career webinars are run in collaboration with the WP Medics Network and medical schools. Since December 2020, 3,510 students have attended the webinars.

A new student focused website was developed and launched in 2020. Studying Healthcare is a site dedicated to applicants who wish to make an application to medicine, dentistry, or pharmacy at a UK university. The website has multiple pages of resources describing the application process to university, including information on the various universities, the admissions process, and how to prepare for interviews. It also has links to other resources such as virtual work experience platforms. It provides a list of upcoming events at universities that might be of interest. The website is popular, with the average number of monthly users totalling 1,143.

## Trustees' report

MSCSA, with funding from HEE, has run outreach conferences for teachers and career advisers. Schools have worked in collaboration to deliver regional conferences. To date, virtual events have taken place with Edge Hill, Lancaster, and Liverpool medical schools, a pan London conference with contribution from Queen Mary's, UCL and St. George's, and one with collaboration between Aston, Birmingham, Leicester, Keele and Warwick medical school, and Birmingham City university.

MSCSA has also hosted four webinars for teachers and career advisers covering topics such as work experience, interviews, aptitude tests, and Autumn exams. Over 2000 teachers and advisers have attended webinars and virtual conferences.

MSCSA has also partnered with Brightside to create BrightMedics. Brightside is a social mobility charity, creating inspirational mentoring relationships which help young people make confident and informed decisions about their future. Brightside and MSCSA have worked to create a bespoke platform for applicants to medicine, who can be paired with current medical students to offer online mentoring. To date, seven medical schools have signed up to partner with Brightside via MSC.

### University Hospital Association (UHA)

- The Association of UK University Hospitals was re-branded as UHA - the University Hospital Association in early 2019. Work was of more limited scope in 2020–21 as a result of COVID-19 but the CEOs met twice in June 2021 and the different sub-groups all met at least once over the course of the year. The R & D Directors were particularly active.
- Continued attendance at both the Cavendish Coalition and the Brexit HealthAlliance.

### Related Councils

MSC staff also support the work of the Dental Schools Council, the Association of Dental Hospitals, the Pharmacy Schools Council and the Veterinary Schools Council. Agendas are planned, speakers identified, remote meetings arranged and minutes produced. The similarity of the issues facing these Councils to those addressed by the Medical Schools Council makes for a productive and constructive environment.

### Public Benefit

All Medical Schools Council aims, objectives and activities are ultimately carried out for the wider public benefit as set out in its objects.

The trustees confirm that they have complied with the duty in section 17 of the Charities Act 2011 to have due regard to the Charity Commission's guidance on public benefit. In the delivery of its services and activities MSC has fully supported its members, and in so doing assisted them to achieve their goals. Services delivered include research and policy development, lobbying of government and influential stakeholders, dissemination of information to both members and the wider public using all forms of media, conferences and events, and national and international networking activity.

Collectively, the institutions led by the members of MSC demonstrate their wide social and economic contribution through the delivery of research, teaching, assessment, expertise and training. Higher education is available to all with the ability to benefit, regardless of their economic circumstances.

The benefits of this activity to the UK are considerable.

## Trustees' report

### Achievements and performance in 2020–21 Core unrestricted

The significant achievements during the pandemic have already been described above as has the achievement is persuading the GMC to agree that universities need to retain enduring control over the quality of their degrees and may not cede ultimate responsibility to other organisations. The arrangements going forward provide the best possible solution for both the GMC and the universities and ultimately for patients.

### Education

The creation of an Education Leads group has proven a very positive development. Its advice has been critical in informing discussions around the Medical Licensing Assessment and in ensuring that the GMC is fully aware of the practical implications of this development. The education leads have a joint email and they regularly use this to ask each other questions which shows a developing collaboration between schools. They meet three times a year and during lockdown met more regularly virtually to discuss key issues arising from the pandemic.

In 2020 an Education Leads Advisory Group (ELAG) was set up to assist external bodies, such as the medical royal colleges, on how to create resources that can be easily adopted by medical schools to further student interest in and knowledge of their particular area of medicine. The group has been busy in 20-21 ensuring that there is a level of quality control of external surveys sent to MSC for distribution to medical schools. This means that data are more meaningfully captured and has reduced the burden on medical schools in responding to requests for information.

### Equality, Diversity and Inclusion (ED&I)

MSC remains committed to the active support of Equality, Diversity and Inclusivity. In 2020–21 it set up the ED& I Alliance chaired initially by Professor Una Macleod. Following elections two – co-chairs were elected from amongst the membership to lead the work of the Alliance.

### UKMED

The UK Medical Education Database (UKMED) was conceived by MSC which brought together stakeholders to agree a consensus approach. It is a world first which brings together data previously held by separate organisations delivering medical education; providers of entry tests including UKCAT, Graduate Medical School Admissions Test (GAMSAT) and BioMedical Admissions Test (BMAT); individual medical schools; the UK Foundation Programme Office; the General Medical Council, and others. Researchers are able to request access to linked data via a secure safe haven. The pilot phase of UKMED, which tracked 2007–08 medical school entrants through to the end of Foundation Programme was launched in November 2015. The scope of the data available for research has continued to grow: additional datasets have been added and UKMED now includes, applicants to undergraduate medicine courses, postgraduate outcomes and assessments such as the Royal College Exams, and the Annual Reviews of Competence Progression outcomes. Trusted organisations working in medical education now have the opportunity to apply to use UKMED data for training pathway analyses to assist with activities such as workforce planning. The UKMED Advisory Board has been Chaired by Professor Steve Thornton (MSC member at Queen Mary University of London) for the last 6 years. He comes to the end of his terms in December. UKMED's Research Group is Chaired by Professor Jon Dowell (Dundee School of Medicine).

## Trustees' report

### Clinical academic staffing

The MSC published its annual survey of clinical academic staffing levels online in June 2021. The data reveal trends in staffing level by specialty, region, funding source, age, gender and ethnicity, based on data collected directly from individual medical schools for the year ended July 2020. The data show that the total number of medical clinical academics has increased slightly since 2015 but has declined by 0.9% since 2010. In a health service of increasing demands, any stagnancy can have real consequences. The survey also shows that the reduction occurs disproportionately at the Senior Lecturer (also known as Reader) level, a **37.2%** fall since 2000. This is part of an overall decline in medical clinical academic numbers of **10.5%** over the same period.

As part of the survey, medical schools have highlighted problems in recruiting to posts at the Senior Lecturer level. There is concern as to whether there are sufficient numbers at Researcher grade to fill the gap in the future.

The survey also covers areas such as the funding, geographical spread, gender and ethnicity of the clinical academic team. When broken down by specialties, the survey data revealed increases in Medical Education, Emergency Medicine and psychiatry. Pathology is no longer dropping and numbers are steady. Occupational medicine continues to have extremely small numbers

<https://www.medschools.ac.uk/clinical-academic-survey>

The survey shows a steady increase of clinical academics in General Practice, although it highlights that numbers remain very small in comparison to the wider population of GPs. There is a need for rapid expansion if this important team is to help primary care meet the growing needs of the population.

### Clinical Academic careers

As part of its work to support clinical academic careers the Clinical Academic Training Forum (CATF) established a working group to investigate how effectively information about clinical academic careers is communicated to future clinical academics. The results revealed that there was no single online resource available that contains all relevant information.

Consequently, clinical academics across many disciplines were brought together. The group, chaired by Prof Jane Norman (chair of MSC's Research Sub-Committee) included current trainees/students, early-career researchers, postgraduate deans, university hospital R&D directors, and industry colleagues. Its aim was to establish the purpose, scope, and content of a new clinical academic careers website with the aim of communicating enthusiasm for and core information about clinical academic careers. Following extensive consultation with clinical academic professionals across the UK, the Clinical Academic Training and Careers Hub (CATCH) will be launched in September 2021.

CATCH aims to be the home for information on clinical academic careers across a range of healthcare disciplines, including medicine, dentistry, nursing, midwifery and pharmacy. It provides practical advice on clinical academic career options across all four nations of the UK, and signposts users to appropriate external sources of support.

CATCH also includes inspiring video interview profiles of current clinical academics at all stages of the career path and spanning many disciplines, to showcase the wide variety of exciting career options in clinical academia.

### University Hospital Association

There were concerns at the start of the COVID-19 pandemic that the NHS would be overwhelmed. Although there is no need to rehearse its leading contribution globally, MSC plans to publish a document detailing the contribution of medical schools and their associated Trusts in fighting the pandemic.

## Trustees' report

### Association of Dental Hospitals

The secretariat also supports the Association of Dental Hospitals (ADH). The Chair at the beginning of the year was Dr Tilly Loescher, Clinical Director at Sheffield Dental Hospital and is now Dr Joanna Johnson, Clinical Director at the Dental Directorate in Guy's and St Thomas' Hospital. ADH facilitates greater collaboration between dental hospitals and provides an opportunity for colleagues to learn from each other. Dental Hospitals faced a serious challenge as a result of COVID and close collaboration between the Dental Schools Council (DSC) and ADH has been key to resolving the multiple issues faced. For example, the groups collaborated on a joint document bringing together evidence-based recommendations on operating procedures on open plan clinics during the first wave of the pandemic – [link](#)

## Related Councils

### Dental Schools Council

The Dental Schools Council continues to be an effective organisation which works closely with the General Dental Council as Regulator, HEE, NHS Education for Scotland and the postgraduate dental deans to effect a smooth transition from student to Foundation Dentist. Prof Christopher Tredwin, Head of Plymouth University's Peninsula Dental School, became Chair in 20-21 and has taken forward numerous initiatives as well as securing the funding necessary to make the structural and staffing changes necessary to permit graduation of dental students in England. Next year, the Dental Schools Council will run summer schools for 70 sixth form students from less privileged backgrounds to learn about studying dentistry and the profession.

The main area of work of the **Pharmacy Schools Council (PhSC)** over the last year has been the General Pharmaceutical Council's (GPhC) 'New standards for the initial education and training of pharmacists', with the Chair (Professor Duncan Craig, UCL) taking a leading role in this. The new standards, published in January 2021, cover the initial five years of pharmacist training (four year MPharm degree followed by a Foundation year (previously the pre-registration year)). When the new standards are fully implemented, all newly registered qualified pharmacists will be independent prescribers. Prior to publication of the new standards, the PhSC submitted significant comments on various drafts, and since publication has worked closely with the GPhC and the Statutory Education Bodies (SEBs) (HEE, NES and HEIW) in suggesting ways of implementing the new standards, which will require closer working between the Schools of Pharmacy and the SEBs. The constructive contribution made by the PhSC around the implementation process has been viewed positively by these stakeholders. Significant challenges still remain with the implementation of the new standards, such as funding of clinical placements and the accreditation of MPharm degrees to the new standards, all of which are making it difficult for Schools of Pharmacy to modify their courses to meet the requirements of the new standards.

The PhSC also secured funding from HEE to carry out research into how Schools of Pharmacy could attract more high-quality undergraduate students and how pharmacy could be made a more attractive career. The research results highlighted that pharmacy has a lack of visibility, that the profession is poor at communicating the benefits of a pharmacy career and that there are misconceptions around the role of pharmacists. The research findings had a significant impact on the profession and has resulted in HEE commissioning an online marketing campaign to promote pharmacy as a career. This campaign will run from August to November 2021, with the aim of influencing those applying to study pharmacy in 2022, as well as those going through clearing in 2021. The PhSC supports this campaign but would like to see a long-term marketing campaign put in place.

## Trustees' report

### Veterinary Schools Council

VSC has had a successful academic year in 2020–21 promoting excellence in veterinary schools and the wider sector. The ninth UK school offering undergraduate degrees in Veterinary Medicine joined this year; Harper-Keele Vet School.

VSC takes a long-term view of its responsibilities to the sector, considering prospective students and future graduates alongside current students. VSC continues to engage with the profession to improve access to information on studying veterinary science, and best prepare graduates for entering the workforce to protect animal welfare and public health. VSC admissions group provided information to prospective applicants, including information on contextual admissions for applicants from disadvantaged backgrounds. Stakeholders aided in disseminating these resources. This year VSC established an Equality, Diversity and Inclusion committee that is mapping relevant initiatives in the wider sector and considering how veterinary schools can address gaps; for example the group is considering running a widening participation summer school in 2022.

Schools worked closely together through VSC in responding to the COVID-19 pandemic. Heads of schools have met via teleconference very regularly, as have VSC's committees including the Education Committee. The Education Committee shared best practice on remote assessment of students, alternative suppliers for shortages of equipment and testing regimes for staff and students including for taking part in inter-mural rotations and work experience placements.

VSC engaged with stakeholders to inform responses to COVID-19, prepare for EU-exit and widen participation in veterinary schools from students from all backgrounds. In November 2019, heads of schools met with Prof. Chris Whitty (Chief Medical Officer). The meeting discussed research into One Health topics including vector-borne diseases, and zoonotic disease, which would of course soon become very relevant. Since the pandemic began VSC has held regular virtual meetings with the Royal College of Veterinary Surgeons to arrange for students to graduate and register by agreeing alternative ways for them to demonstrate the required competencies and establishing temporary changes to work experience requirements.

Direct representation on the European Association of Establishments for Veterinary Education (EAEVE) executive committee, and regular contact with the Department for Environment, Food and Rural Affairs, and the Department of Education, has helped VSC to promote continued collaboration post EU-Exit in both education and research activities.

VSC has also worked with the British Veterinary Association to share information on Widening Participation initiatives. Vet Schools Council seeks to be responsive to the student body: it has met with the Association of Veterinary Students regularly at both Council and education committee meetings to remain inclusive of and accountable to the student body.

# Trustees' report

## Financial Review

### Review of position at the end of the year

The statement of financial activities for the year 2020–21 is set out on page 20 and the balance sheet on page 21 of the financial statements. A summary of the financial results and position is given below.

Income and expenditure for the year ended 31 July 2021 and position at the end of the year are summarised in the table below. A surplus of £31,000 is reported on unrestricted activities.

	Unrestricted Activities £'000	Restricted Activities £'000	Total 2021 £'000	Total 2020 £'000
Income	641	655	<b>1,296</b>	1,235
Expenditure	(610)	(759)	<b>(1,370)</b>	(1,434)
Net expenditure/movement in funds	31	(104)	<b>(74)</b>	(199)
Funds brought forward	1,227	660	<b>1,888</b>	2,087
Funds carried forward	1,258	556	<b>1,814</b>	1,888

### Plans for the future

Our plans for 2021–22 are to continue the strategic focus on assessment, ED&I and on widening participation. MSC will work closely with the GMC, HEE and the devolved nations to address the issues around the potential removal of the overseas cap on medical student numbers, around the development of a UK Medical Licensing Assessment and on the point of registration with the GMC.

### Principal risks and uncertainties

MSC holds a risk register which is reviewed and updated regularly. The pandemic, membership, staff, communication, GMC, DHSC and EU Policy are identified as key risks. Strategies for mitigation are developed which include horizon scanning and proactive liaison with all stakeholders. MSC activities with significant reputational and financial risk through the delivery of assessments have been ring fenced within the separate company, MSC Assessment.

### Reserves Policy

The trustees have reviewed the requirements for free reserves (unrestricted reserves less any amounts designated or otherwise committed) in light of the principal strategic and operating risks to the organisation. They have also reviewed historic and expected future cash flows. The current level of cash balances and target of 24 months of unrestricted expenditure are deemed appropriate as they would ensure sufficient funds are available to meet current commitments if income streams were erratic or exceptional expenditure was incurred.

Unrestricted funds and free reserves at 31 July 2021 were £1.3m (2020 free reserves: £1.2m) which is equal to 25 months of unrestricted expenditure (2020: 29 months).

### Political and Charitable Donations

The company made no political nor charitable donations in the year.

### Tangible Fixed Assets

The changes to the tangible fixed assets during the year are shown in note 9 to the financial statements.

## Trustees' report

### Subsidiary Companies

The Medical Schools Council is the parent of MSC Assessment Limited, a company limited by guarantee (company number 8578576) and registered with the Charity Commission (number 1153045). The objects of MSC Assessment are to advance medical education for the benefit of the public including, without limitation, by the preparation, validation, accreditation, conduct and administration of any tests, examinations or other systems of assessing, evaluating and recording any aspect of medical education and training. The financial position of MSC Assessment Limited is shown in note 15 to the financial statements.

### Funding Sources

Membership subscriptions provide approximately 75% of normal annual income and the balance comes mainly from grants and contracts.

### Statement of Trustees' Responsibilities

The trustees (who are also directors of MSC for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice).

Company law requires trustees to prepare financial statements for each financial year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable company and group for that period. In preparing these financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently
- observe the methods and principles in the Charities SORP
- make judgements and estimates that are reasonable and prudent
- state whether applicable UK Accounting Standards have been followed, subject to any material departures disclosed and explained in the financial statements; and
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charitable company will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charitable company and enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charitable company and the group and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

### Audit Information

So far as each of the trustees at the time the Trustees' Report is approved is aware:

- there is no relevant information of which the auditors are unaware; and
- they have taken all relevant steps they ought to have taken to make themselves aware of any relevant audit information and to establish that the auditors are aware of that information.

## Trustees' report

### Auditor

Haysmacintyre LLP has indicated its willingness to continue as auditor, subject to re-appointment at the next annual general meeting.

This report has been prepared in accordance with the special provisions relating to small companies within Part 15 of the Companies Act 2006.

Two handwritten signatures are shown. The signature on the left is a cursive, flowing line. The signature on the right is more stylized, with the letters 'M' and 'R' being prominent.

**Katie Petty Saphon**

Chief Executive

5 November 2021

**Malcolm Reed**

Lead Co-Chair

5 November 2021

# Independent auditor's report to the members of Medical Schools Council

## Opinion

We have audited the financial statements of Medical Schools Council for the year ended 31 July 2021 which comprise Statement of Financial Activities, the Balance Sheet, Statement of Cash Flows and notes to the financial statements, including a summary of significant accounting policies. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards, including Financial Reporting Standard 102 *The Financial Reporting Standard applicable in the UK and Republic of Ireland* (United Kingdom Generally Accepted Accounting Practice).

In our opinion, the financial statements:

- give a true and fair view of the state of the charitable company's affairs as at 31 July 2021 and of the charitable company's net movement in funds, including the income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.

## Basis for opinion

We conducted our audit in accordance with International Standards on Auditing (UK) (ISAs (UK)) and applicable law. Our responsibilities under those standards are further described in the Auditor's responsibilities for the audit of the financial statements section of our report. We are independent of the charity in accordance with the ethical requirements that are relevant to our audit of the financial statements in the UK, including the FRC's Ethical Standard, and we have fulfilled our other ethical responsibilities in accordance with these requirements. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our

## Conclusions relating to going concern

In auditing the financial statements, we have concluded that the trustees' use of the going concern basis of accounting in the preparation of the financial statements is appropriate.

Based on the work we have performed, we have not identified any material uncertainties relating to events or conditions that, individually or collectively, may cast significant doubt on the charitable company's ability to continue as a going concern for a period of at least twelve months from when the financial statements are authorised for issue.

Our responsibilities and the responsibilities of the trustees with respect to going concern are described in the relevant sections of this report.

## Other information

The trustees are responsible for the other information. The other information comprises the information included in the Trustees' Report. Our opinion on the financial statements does not cover the other information and, except to the extent otherwise explicitly stated in our report, we do not express any form of assurance conclusion thereon.

In connection with our audit of the financial statements, our responsibility is to read the other information and, in doing so, consider whether the other information is materially inconsistent with the financial statements or our knowledge obtained in the audit or otherwise appears to be materially misstated. If we identify such material inconsistencies or apparent material misstatements, we are required to determine whether there is a material misstatement in the financial statements or a material misstatement of the other information. If, based on the work we have performed, we

## **Independent auditor's report to the members of Medical Schools Council**

conclude that there is a material misstatement of this other information, we are required to report that fact. We have nothing to report in this regard.

### **Opinions on other matters prescribed by the Companies Act 2006**

In our opinion, based on the work undertaken in the course of the audit:

- the information given in the Trustees' Report (which includes the directors' report prepared for the purposes of company law) for the financial year for which the financial statements are prepared is consistent with the financial statements; and
- the directors' report included within the Trustees' Report has been prepared in accordance with applicable legal requirements.

### **Matters on which we are required to report by exception**

In the light of the knowledge and understanding of the charitable company and its environment obtained in the course of the audit, we have not identified material misstatements in the Trustees' Report (which incorporates the directors' report).

We have nothing to report in respect of the following matters in relation to which the Companies Act 2006 requires us to report to you if, in our opinion:

- adequate accounting records have not been kept by the charitable company; or
- the charitable company financial statements are not in agreement with the accounting records and returns; or
- certain disclosures of trustees' remuneration specified by law are not made; or
- we have not received all the information and explanations we require for our audit; or
- the trustees were not entitled to prepare the financial statements in accordance with the small companies' regime and take advantage of the small companies' exemptions in preparing the trustees' report and from the requirement to prepare a strategic report.

### **Responsibilities of trustees for the financial statements**

As explained more fully in the trustees' responsibilities statement set out on page 15, the trustees (who are also the directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view, and for such internal control as the trustees determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, the trustees are responsible for assessing the charitable company's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless the trustees either intend to liquidate the charitable company or to cease operations, or have no realistic alternative but to do so.

### **Auditor's responsibilities for the audit of the financial statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with ISAs (UK) will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

## Independent auditor's report to the members of Medical Schools Council

Irregularities, including fraud, are instances of non-compliance with laws and regulations. We design procedures in line with our responsibilities, outlined above, to detect material misstatements in respect of irregularities, including fraud. The extent to which our procedures are capable of detecting irregularities, including fraud is detailed below:

Based on our understanding of the charitable company and the environment in which it operates we considered the extent to which non-compliance might have a material effect on the financial statements. We also considered those laws and regulations that have a direct impact on the preparation of the financial statements such as the Companies Act 2006 and the Charities Act 2011, and considered other factors such as sales tax.

We evaluated management's incentives and opportunities for fraudulent manipulation of the financial statements (including the risk of override of controls), and determined that the principal risks were related to posting inappropriate journal entries to income and management bias in accounting estimates and judgements. Audit procedures performed by the engagement team included:

- Inspecting correspondence with regulators and tax authorities;
- Discussions with management including consideration of known or suspected instances of non-compliance with laws and regulation and fraud;
- Evaluating management's controls designed to prevent and detect irregularities;
- Identifying and testing journals, in particular journal entries posted with unusual account combinations, postings by unusual users or with unusual descriptions; and
- Challenging assumptions and judgements made by management in their critical accounting estimates

A further description of our responsibilities for the audit of the financial statements is located on the Financial Reporting Council's website at: [www.frc.org.uk/auditorsresponsibilities](http://www.frc.org.uk/auditorsresponsibilities). This description forms part of our auditor's report.

### Use of our report

This report is made solely to the charitable company's members, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the charitable company's members those matters we are required to state to them in an Auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the charitable company and the charitable company's members, as a body, for our audit work, for this report, or for the opinions we have formed.



Thomas Wilson, Senior Statutory Auditor  
For and on behalf of Haysmacintyre LLP, Statutory Auditor

10 Queen Street Place  
London  
EC4R 1AG

Date: 18 November 2021

## Statement of Financial Activities for the year ended 31 July 2021

		Unrestricted Funds £	Restricted Funds £	Total Funds 2021 £	Total Funds 2020 £
<b>Income and expenditure</b>	Notes				
<b>Income from:</b>					
Income from charitable activities					
. Subscriptions from membership	2	471,686	248,250	<b>719,936</b>	762,299
. Grants and contracts	3	131,000	406,700	<b>537,700</b>	435,451
. Other income		38,337	—	<b>38,337</b>	28,665
Income from investments		309	—	<b>309</b>	8,875
<b>Total income</b>		<b>641,332</b>	<b>654,950</b>	<b>1,296,282</b>	<b>1,235,290</b>
<b>Expenditure on:</b>					
<b>Charitable activities</b>					
. Medical activities	4	610,296	759,703	<b>1,369,999</b>	1,434,529
<b>Total expenditure</b>		<b>610,296</b>	<b>759,703</b>	<b>1,369,999</b>	<b>1,434,529</b>
<b>Net expenditure</b>		<b>31,036</b>	<b>(104,753)</b>	<b>(73,717)</b>	<b>(199,239)</b>
Gross transfers between funds	13	—	—	—	—
<b>Net movements in funds</b>		<b>31,036</b>	<b>(104,753)</b>	<b>(73,717)</b>	<b>(199,239)</b>
<b>Total funds at 1 August 2020</b>		<b>1,227,291</b>	<b>660,601</b>	<b>1,887,892</b>	<b>2,087,131</b>
<b>Total funds at 31 July 2021</b>	13	<b>1,258,327</b>	<b>555,848</b>	<b>1,814,175</b>	<b>1,887,892</b>

Comparative figures by fund type can be found in note 19.

All activities are continuing. There are no gains or losses other than those disclosed in the statement of financial activities.

The notes on pages 23 to 34 form part of these financial statements.

## Balance sheet as at 31 July 2021

	Notes	2021 £	2020 £
<b>Fixed assets</b>			
Intangible fixed assets	9	<u>13,599</u>	<u>16,180</u>
<b>Current assets</b>			
Debtors	10	150,628	134,399
Cash at bank and in hand		<u>2,052,440</u>	<u>2,032,542</u>
		<b>2,203,068</b>	<b>2,166,941</b>
<b>Liabilities:</b>			
Amounts falling due within one year	11	<u>(402,492)</u>	<u>(295,229)</u>
<b>Net current assets</b>		<b>1,800,576</b>	<b>1,871,712</b>
<b>Net assets</b>		<u><b>1,814,175</b></u>	<u><b>1,887,892</b></u>
<b>Funds and reserves</b>			
Restricted funds		555,848	660,601
Unrestricted funds		<u>1,258,327</u>	<u>1,227,291</u>
	13	<u><b>1,814,175</b></u>	<u><b>1,887,892</b></u>

These financial statements have been prepared in accordance with the special provisions relating to small companies within Part 15 of the Companies Act 2006.

Approved by the Board of Directors and authorised for issue on 5 November 2021.

Signed on their behalf:



**Katie Petty-Saphon**

Chief Executive



**Malcolm Reed**

Chair

Company Number: 8817383

The notes on pages 23 to 34 form part of these financial statements.

## Cash flow statement for the year ended 31 July 2021

	2021 £	2020 £
<b>(a) Reconciliation of net expenditure to net cash flow from operating activities</b>		
<b>Net expenditure for the year</b>	<b>(73,717)</b>	(199,239)
Interest income	(309)	(8,875)
Depreciation charges	16,180	20,880
Increase in debtors	(16,229)	(109,192)
Increase in creditors	107,263	117,599
<b>Net cash used in operating activities</b>	<b>33,188</b>	(178,827)
<b>(b) Statement of cash flows</b>		
<b>Cash flows from operating activities</b>	<b>33,188</b>	(178,827)
<b>Cash flows for investing activities</b>		
Purchase of tangible fixed assets	(13,599)	—
Interest income	309	8,875
<b>Net cash used in investing activities</b>	<b>(13,290)</b>	8,875
<b>Change in cash and cash equivalents in the year</b>	<b>19,898</b>	(169,952)
<b>Cash and cash equivalents at 1 August 2020</b>	<b>2,032,542</b>	2,202,494
<b>Cash and cash equivalents at 31 July 2021</b>	<b>2,052,440</b>	2,032,542

Analysis of changes in net funds:

	At 1 August 2020 £	Cash flows £	At 31 July 2021 £
Cash	432,542	19,898	452,440
Cash equivalents	1,600,000	—	1,600,000
Total net funds	2,032,542	19,898	2,052,440

# Notes to the financial statements – year ended 31 July 2021

## 1. Principal accounting policies

The financial statements have been prepared under the historical cost convention and in accordance with applicable Accounting Standards. The Financial Statements are also prepared in accordance with the recommendations contained within the Statement of Recommended Practice (SORP) *Accounting and Reporting by Charities* published in 2015 and The Companies Act 2006.

The charitable company meets the definition of a public benefit entity under FRS 102. The company is a private company and is incorporated in the UK.

### a. Basis of accounting and statement of compliance

The financial statements have been prepared under the historical cost convention and in accordance with applicable Accounting Standards. The Financial Statements are also prepared in accordance with the recommendations contained within the Statement of Recommended Practice (SORP – FRS 102) *Accounting and Reporting by Charities* published in 2015 and The Companies Act 2006.

The Charitable Company meets the definition of a public benefit entity under FRS 102.

### b. Preparation of the accounts on a going concern basis

The Trustees consider that there are no material uncertainties about the charity's ability to continue as a going concern. The Trustees have considered the impact of the Covid-19 pandemic, reviewed financial position, reserves levels and future plans and this has given the Trustees confidence that the charity remains a going concern into the future.

### c. Critical accounting judgements and estimates

In preparing these financial statements, management has made judgements, estimates and assumptions that affect the application of the charities' accounting policies and the reported assets, liabilities, income and expenditure and the disclosures made in the financial statements. Estimates and judgements are continually evaluated and are based on historic experience and other factors, including expectations of future events that are believed to be reasonable under the circumstances.

### d. Income

Income from donations and grants (including government grants) is recognised when there is evidence of entitlement to the gift, receipt is probable and its amount can be measured reliably.

Subscriptions are recognised over the period to which they relate.

Conference fee and other trading income is recognised on an accruals basis.

Investment income is credited in the period in which it is earned.

### e. Expenditure

All expenditure is accounted for on an accruals basis and has been classified under headings that aggregate all costs relating to that category. Where costs cannot be directly attributable to a particular heading, they have been allocated to activities on a basis consistent with the use of the resource.

Direct costs, including directly attributable salaries, are allocated on the basis of time to the key strategic areas of activity.

Overheads and other salaries are allocated between activities on the bases of usage, i.e. the same basis as expenditure incurred directly in undertaking the activity.

Governance costs are those incurred in connection with management of MSC's assets, the organisation's administration and compliance with constitutional and statutory requirements.

## Notes to the financial statements – year ended 31 July 2021

### f. **Tangible fixed assets and depreciation**

Tangible fixed assets are stated at cost less depreciation. A full year's depreciation is charged in the year of acquisition and none in the year of disposal.

Depreciation has been calculated at the following annual rates, in order to write off each asset over its estimated useful life.

Furniture and equipment	- over four years
Office technology (including website development)	- over three years

Medical Schools Council's capitalisation policy is to capitalise individual assets costing over £2,500.

### g. **Operating leases**

Rental costs under operating leases are charged to the statement of financial activities in equal amounts over the period of the lease.

### h. **Creditors**

Creditors and provisions are recognised together where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for trade discounts due.

### i. **Debtors**

Short-term debtors are measured at transaction price, less any impairment.

### j. **Employee benefits**

Staff are employed by Universities UK and costs recharged to the Medical Schools Council. Detail of pension schemes and employee benefits are available in the financial statements of Universities UK.

## 2. **Subscriptions from membership**

	Unrestricted funds £	Restricted funds £	<b>Total 2021 £</b>
Medical Schools Council	471,686	—	<b>471,686</b>
Pharmacy Schools Council	—	76,250	<b>76,250</b>
Dental Schools Council	—	88,000	<b>88,000</b>
University Hospital Association	—	63,000	<b>63,000</b>
Association of Dental Hospitals	—	21,000	<b>21,000</b>
	<u>471,686</u>	<u>248,250</u>	<u><b>719,936</b></u>

# Notes to the financial statements – year ended 31 July 2021

## 2. Subscriptions from membership (continued)

	Unrestricted funds £	Restricted funds £	Total 2020 £
Medical Schools Council	460,999	—	460,999
Pharmacy Schools Council	—	77,300	77,300
Dental Schools Council	—	80,000	80,000
University Hospital Association	—	123,000	123,000
Association of Dental Hospitals	—	21,000	21,000
	<u>460,999</u>	<u>301,300</u>	<u>762,299</u>

## 3. Grants and contracts

	Unrestricted funds £	Restricted funds £	Total 2021 £
Health Education England *	17,500	406,700	<b>424,200</b>
Dep of Health and Social Care *	70,417	—	<b>70,417</b>
AUDGPI	6,000	—	<b>6,000</b>
Nayang Technological University	5,833	—	<b>5,833</b>
Cancer Research UK	4,000	—	<b>4,000</b>
Medical Research Council *	4,000	—	<b>4,000</b>
Wellcome Trust	4,000	—	<b>4,000</b>
NIHR Academy	4,000	—	<b>4,000</b>
Other	15,250	—	<b>15,250</b>
	<u>131,000</u>	<u>406,700</u>	<u><b>537,700</b></u>

	Unrestricted funds £	Restricted funds £	Total 2020 £
Health Education England *	—	386,701	386,701
Dep of Health and Social Care *	48,750	—	48,750
	<u>48,750</u>	<u>386,701</u>	<u>435,451</u>

\* Grants from government and government agencies.

## 4. Analysis of total resources expended

	Direct costs £	Support costs £	Total 2021 £
<b>Charitable activities</b>			
Core unrestricted	581,356	28,940	<b>610,296</b>
University Hospital Association	96,402	27,193	<b>123,595</b>
Association of Dental Hospitals	22,334	3,130	<b>25,464</b>
Related Councils	109,997	11,637	<b>121,634</b>
Summer School	439,150	49,860	<b>489,010</b>
	<u>1,249,239</u>	<u>120,760</u>	<u><b>1,369,999</b></u>

## Notes to the financial statements – year ended 31 July 2021

### 4. Analysis of total resources expended (continued)

	Direct costs £	Support costs £	Total 2020 £
<b>Charitable activities</b>			
Core unrestricted	449,270	64,841	514,111
Assessment	407,233	—	407,233
University Hospital Association	95,968	27,982	123,950
Association of Dental Hospitals	16,385	1,125	17,510
Related Councils	149,607	15,573	165,180
Summer School	206,177	368	206,545
	<u>1,324,640</u>	<u>109,889</u>	<u>1,434,529</u>

See Note 13 Movement of funds for further breakdown of activities of Related Councils.

### 5. Support costs allocations

	Premises costs £	Governance costs £	Finance / IT costs £	Office / admin costs £	Total 2021 £
<b>Charitable activities</b>					
Core unrestricted	3,518	12,677	10,443	2,303	<b>28,941</b>
University Hospital Association	7,583	441	18,949	219	<b>27,192</b>
Association of Dental Hospitals	1,557	120	1,402	51	<b>3,130</b>
Related Councils	6,432	364	4,607	234	<b>11,637</b>
Summer School	19,994	—	29,866	—	<b>49,860</b>
	<u>39,084</u>	<u>13,602</u>	<u>65,267</u>	<u>2,807</u>	<u><b>120,760</b></u>

	Premises costs £	Governance costs £	Finance / IT costs £	Office / admin costs £	Total 2020 £
<b>Charitable activities</b>					
Core unrestricted	25,550	10,818	22,703	5,770	64,841
University Hospital Association	8,381	655	18,789	157	27,982
Association of Dental Hospitals	808	82	220	15	1,125
Related Councils	7,328	572	7,613	60	15,573
Summer School	—	—	368	—	368
	<u>42,067</u>	<u>12,127</u>	<u>49,693</u>	<u>6,002</u>	<u>109,889</u>

# Notes to the financial statements – year ended 31 July 2021

## 5. Support costs allocations (continued)

	<b>Total 2021 £</b>	<b>Total 2020 £</b>
Governance costs comprise:		
External audit and other services	<b>4,412</b>	3,843
Apportionment of staff costs	<b>9,190</b>	8,284
	<b>13,602</b>	12,127

	<b>Total 2021 £</b>	<b>Total 2020 £</b>
Other direct costs include:		
Auditors' remuneration		
. For audit services	<b>2,381</b>	2,746
. For other services	<b>1,106</b>	1,097
Operating lease rentals:		
. Land and buildings	<b>33,903</b>	29,705

## 6. Analysis of staff costs

	<b>Total 2021 £</b>	<b>Total 2020 £</b>
Total recharged staff costs, including full and part time employees were:		
Salaries and wages	<b>415,012</b>	346,481
Social security costs	<b>45,276</b>	40,184
Pensions	<b>109,513</b>	86,842
	<b>569,801</b>	473,507

Other pension costs' also includes pension contributions made under the salary sacrifice scheme.

	<b>Total 2021 £</b>	<b>Total 2020 £</b>
The average number of employees throughout the year was:		
Charitable staff	<b>8.0</b>	7.0
Support staff	<b>0.3</b>	0.2
	<b>8.3</b>	7.2

## Notes to the financial statements – year ended 31 July 2021

### 6. Analysis of staff costs (continued)

The number of employees whose emoluments exceeded £60,000 (excluding employer's pension contributions) was 3 (2020: 3).

	<b>Total 2021 £</b>	<b>Total 2020 £</b>
£70,001 - £80,000	<b>2</b>	<b>2</b>
£120,001 - £130,000	<b>1</b>	<b>1</b>

The total employer pension contributions for these members of staff were £58,742 (2020: £57,028). A proportion of these emoluments were recharged to MSC Assessment.

### 7. Trustees' emoluments and emoluments of other key personnel

No trustees received any remuneration for their services.

During the period no travel and accommodation expenses were reimbursed to trustees (2020: one trustee reimbursed £965).

The total employee benefits of the Chief Executive who is considered to be key management personnel (in addition to trustees) was:

	<b>Total 2021 £</b>	<b>Total 2020 £</b>
Salary and wages	<b>128,402</b>	127,708
Social security costs	<b>16,461</b>	16,410
Pensions	<b>26,289</b>	25,956
	<b><u>171,152</u></b>	<u>170,074</u>

A proportion of this remuneration was recharged to MSC Assessment.

### 8. Taxation

The charity is exempt from corporation tax under sections 466-497 of the Corporation Taxes Act 2010 as all its income is applied for charitable purposes.

# Notes to the financial statements – year ended 31 July 2021

## 9. Fixed assets

	<b>Tangible: Furniture &amp; equipment</b>	<b>Intangible: Website development &amp; software</b>	<b>Total</b>
	£	£	£
<b>Cost</b>			
At 1 August 2020	7,890	105,960	<b>113,850</b>
Additions	—	13,599	<b>13,599</b>
At 31 July 2021	<u>7,890</u>	<u>119,559</u>	<u><b>127,449</b></u>
<b>Depreciation</b>			
At 1 August 2020	7,890	89,780	<b>97,670</b>
Charge for period	—	16,180	<b>16,180</b>
At 31 July 2021	<u>7,890</u>	<u>105,960</u>	<u><b>113,850</b></u>
<b>Net book value</b>			
At 31 July 2021	<u>—</u>	<u>13,599</u>	<u><b>13,599</b></u>
At 31 July 2020	<u>—</u>	<u>16,180</u>	<u><b>16,180</b></u>

## 10. Debtors

	<b>Total 2021</b>	<b>Total 2020</b>
	£	£
Trade debtors	<b>123,666</b>	66,045
Amount due from subsidiary	<b>665</b>	16,307
Prepayments and accrued income	<b>26,297</b>	52,047
	<u><b>150,628</b></u>	<u>134,399</u>

## 11. Creditors: amounts falling due within one year

	<b>Total 2021</b>	<b>Total 2020</b>
	£	£
Trade creditors	<b>145,891</b>	59,611
Amounts due to parent company	<b>88,765</b>	77,716
Accruals and deferred income	<b>167,836</b>	157,902
	<u><b>402,492</b></u>	<u>295,229</u>

## 12. Operating lease commitments

	<b>Total 2021</b>	<b>Total 2020</b>
	£	£
Leases of land and buildings – amounts falling due:		
. Within one year	<b>18,848</b>	59,387
. Within 2 – 5 years	<b>—</b>	19,036
	<u><b>18,848</b></u>	<u>78,423</u>

## Notes to the financial statements – year ended 31 July 2021

### 13. Movement in funds

	At 1 August 2020 £	Incoming resources £	Resources expended £	Transfers £	At 31 July 2021 £
<b>Unrestricted funds</b>					
General funds	1,227,291	641,332	(610,296)	—	1,258,327
<b>Restricted funds</b>					
University Hospital Association	267,490	63,000	(123,595)	—	206,895
Dental Schools Council	122,950	88,000	(52,168)	—	158,782
Pharmacy Schools Council	83,627	76,250	(69,465)	—	90,412
Summer School	164,367	406,700	(489,010)	—	82,057
Association of Dental Hospitals	22,167	21,000	(25,465)	—	17,702
	660,601	654,950	(759,703)	—	555,848
<b>Total funds</b>	1,887,892	1,296,282	(1,369,999)	—	1,814,175

  

	At 1 August 2019 £	Incoming resources £	Resources expended £	Transfers £	At 31 July 2020 £
<b>Unrestricted funds</b>					
General funds	1,192,113	549,289	(514,111)	—	1,227,291
<b>Restricted funds</b>					
MSC Assessment Alliance	407,233	—	(407,233)	—	—
University Hospital Association	268,440	123,000	(123,950)	—	267,490
Dental Schools Council	124,539	80,000	(81,589)	—	122,950
Pharmacy Schools Council	64,918	102,300	(83,591)	—	83,627
Summer School	11,211	359,701	(206,545)	—	164,367
Assoc. of Dental Hospitals	18,677	21,000	(17,510)	—	22,167
	895,018	686,001	(920,418)	—	660,601
<b>Total funds</b>	2,087,131	1,235,290	(1,434,529)	—	1,887,892

Background information on each of the restricted funds is set out below:

The **MSC Assessment Alliance** was set up to help ensure the confidence of the public, employers and the regulator in the quality of UK medical school graduates by developing the highest quality assessments for undergraduate medical students and by seeking to demonstrate the equivalency of passing standards. On 1 August 2019 the assets, liabilities and activities of the MSC Assessment Alliance transferred from the Medical Schools Council to MSC Assessment.

The **University Hospital Association** promotes the unique interests of university hospitals across the UK. Its role is to represent the unique tripartite – service, teaching and research – interests of UK University Hospital Trusts in partnership with other national bodies.

The **Dental Schools Council** represents the interests and ambitions of the UK's Dental Schools as they relate to the generation of national health, wealth and knowledge through research and the profession of dentistry.

The **Pharmacy Schools Council** is building on the work of the Council of UK Heads of Pharmacy and has benefited from being able to access increased resources through being hosted by a secretariat which also supports equivalent groups for other healthcare professionals.

## Notes to the financial statements – year ended 31 July 2021

### 13. Movement in funds (continued)

The **Summer School** programme is HEE funding to deliver summer schools for 350 students from a widening participation background. This project will also allow the creation of a bank of resources, so that all medical schools running summer schools will benefit from the project.

The **Association of Dental Hospitals** represents the voices of dental hospitals across the UK and Ireland.

### 14. Allocation of net assets between funds

The net assets held for various funds are as follows:

	Restricted funds £	Unrestricted funds £	Total 2021 £
Fixed assets	—	13,599	<b>13,599</b>
Current assets	789,943	1,413,125	<b>2,203,068</b>
Current liabilities	(234,095)	(168,397)	<b>(402,492)</b>
	<u>555,848</u>	<u>1,258,327</u>	<u><b>1,814,175</b></u>

  

	Restricted funds £	Unrestricted funds £	Total 2020 £
Fixed assets	16,180	—	16,180
Current assets	802,323	1,364,618	2,166,941
Current liabilities	(157,902)	(137,327)	(295,229)
	<u>660,601</u>	<u>1,227,291</u>	<u>1,887,892</u>

## Notes to the financial statements – year ended 31 July 2021

### 15. Subsidiaries

#### MSC Assessment

The charitable company Medical Schools Council is exempt from consolidating the results of its subsidiary, MSC Assessment (Company No. 8578576) (Reg. Charity No. 1153045), of which it is the sole member, as these are disclosed in the financial statements of the charitable company's parent, Universities UK, which is incorporated in the United Kingdom (Company No. 2517018) (Reg. Charity No. 2002237). These group financial statements can be obtained on request from Woburn House, 20 Tavistock Square, London, WC1H 9HQ.

The Medical Schools Council is the parent of MSC Assessment, a company limited by guarantee (company number 8578576) and registered with the Charity Commission (number 1153045). The objects of MSC Assessment are to advance medical education for the benefit of the public including, without limitation, by the preparation, validation, accreditation, conduct and administration of any tests, examinations or other systems of assessing, evaluating and recording any aspect of medical education and training.

A summary of the income and expenditure for year to 31 July 2021 and the aggregate amount of the assets, liabilities, share capital and reserves as at 31 July 2021 is shown below. Audited accounts have been filed with the Registrar of Companies.

	<b>Total 2021 £</b>	Total 2020 £
Income and expenditure account:		
Income	<b>512,921</b>	840,290
Expenditure	<b>(471,404)</b>	(1,115,300)
Net income / (expenditure)	<b><u>41,517</u></b>	<u>(275,010)</u>

	<b>Total 2021 £</b>	Total 2020 £
Balance sheet:		
Assets	<b>737,423</b>	758,849
Liabilities	<b>(114,335)</b>	(177,278)
Net assets	<b><u>623,088</u></b>	<u>581,571</u>

## Notes to the financial statements – year ended 31 July 2021

### 16. Pension

Staff are employed by Universities UK and costs recharged to Medical Schools Council. Universities UK participates in two pension schemes: the Universities Superannuation Scheme (USS), and the Superannuation Arrangements of the University of London (SAUL). Further details of these schemes are available in the financial statements of Universities UK.

### 17. Related Party Transactions

The charitable company has taken advantage of the exemption available in FRS 102 whereby it has not disclosed transactions with the ultimate parent company or any wholly owned subsidiary undertaking of that group. Universities UK is the ultimate parent company and the results of the Medical Schools Council and MSC Assessment have been consolidated into the financial statements of Universities UK.

The financial statements include transactions with CVCP Properties plc as shown below. CVCP Properties plc is considered to be a related party by virtue of the fact that its members constitute the majority of the voting members of Universities UK.

	<b>Total 2021 £</b>	<b>Total 2020 £</b>
<b>Included in expenditure or recharged to MSC Assessment</b>		
Rental and service charges	<b>56,635</b>	60,068

### 18. Members

The charity is incorporated as a private company limited by guarantee having no share capital and, in accordance with the Memorandum of Association, every member is liable to contribute a sum of £1 in the event of the company being wound up. At 31 July 2021 there was one member, Universities UK.

# Notes to the financial statements – year ended 31 July 2021

## 19. Statement of financial activities – comparatives by fund

	Unrestricted funds £	Restricted funds £	Total funds 2021 £
Income and expenditure			
<b>Income from:</b>			
Charitable activities			
. Subscriptions from memberships	471,686	248,250	<b>719,936</b>
. Grants and contracts	131,000	406,700	<b>537,700</b>
. Other income	38,337	—	<b>38,337</b>
Income from investments	309	—	<b>309</b>
<b>Total income</b>	<b>641,332</b>	<b>654,950</b>	<b>1,296,282</b>
<b>Expenditure on:</b>			
<b>Charitable activities</b>			
. Medical activities	610,296	759,703	<b>1,369,999</b>
<b>Total expenditure</b>	<b>610,296</b>	<b>759,703</b>	<b>1,369,999</b>
<b>Net expenditure</b>	<b>31,036</b>	<b>(104,753)</b>	<b>(73,717)</b>
Gross transfers between funds	—	—	—
<b>Net movements in funds</b>	<b>31,036</b>	<b>(104,753)</b>	<b>(73,717)</b>
<b>Total funds at 1 August 2020</b>	<b>1,227,291</b>	<b>660,601</b>	<b>1,887,892</b>
<b>Total funds at 31 July 2021</b>	<b>1,258,327</b>	<b>555,848</b>	<b>1,814,175</b>

	Unrestricted funds £	Restricted funds £	Total funds 2020 £
Income and expenditure			
<b>Income from:</b>			
Charitable activities			
. Subscriptions from memberships	460,999	301,300	762,299
. Grants and contracts	—	384,701	384,701
. Other income	79,415	—	79,415
Income from investments	8,875	—	8,875
<b>Total income</b>	<b>549,289</b>	<b>686,001</b>	<b>1,235,290</b>
<b>Expenditure on:</b>			
<b>Charitable activities</b>			
. Medical activities	514,111	920,418	1,434,529
<b>Total expenditure</b>	<b>514,111</b>	<b>920,418</b>	<b>1,434,529</b>
<b>Net expenditure</b>	<b>35,178</b>	<b>(234,417)</b>	<b>(199,239)</b>
Gross transfers between funds	—	—	—
<b>Net movements in funds</b>	<b>35,178</b>	<b>(234,417)</b>	<b>(199,239)</b>
<b>Total funds at 1 August 2019</b>	<b>1,192,113</b>	<b>895,018</b>	<b>2,087,131</b>
<b>Total funds at 31 July 2020</b>	<b>1,227,291</b>	<b>660,601</b>	<b>1,887,892</b>