

Charity Number: 1155370

Company Number: 8817383

MEDICAL SCHOOLS COUNCIL
ANNUAL REPORT AND FINANCIAL STATEMENTS
YEAR ENDED 31 JULY 2022

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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 2022 were as follows:

Professor Malcolm Reed	Lead Co-Chair from 1 February 2021
Professor John Atherton	Resigned 9 April 2022
Professor Sube Banerjee	Trustee from 10 November 2020
Professor David Crossman	Devolved Administrations lead
Professor David Burn	Reappointed from 1.8.22
Professor Una Macleod	Reappointed from 1.8.22
Professor Patrick Maxwell	Elected Chair from 1.8.22
Professor Diana Eccles	Trustee from 1 August 2021
Professor Steve Riley	Treasurer from 1 May 2022

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
London
WC1H 9XA

Auditors

Haysmacintyre LLP
10 Queen Street Place
London
EC4R 1AG

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 2022. 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. 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 and Chester and Three Counties (Worcester) from 1 August 2022.

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.

The mission of Universities UK is to create the conditions for UK universities to be the best in the world, maximising their positive impact locally, nationally and globally. Services and activities include research and policy development, lobbying of government and influential stakeholders, dissemination of information to members and the wider public using all forms of media, conferences and events, and national and international networking activity.

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. During 2021-22 the decision was taken to co-opt representatives from Wales and N Ireland to sit on the Executive in addition to the member elected by the Scottish Schools to represent the Devolved Administrations. 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. Professor Patrick Maxwell of the University of Cambridge was elected to succeed Profs Reed and Atherton on 1 August 2022. Executive Board members also have a three-year term, renewable once. At the election for new members of the Executive Profs Burn and Macleod had their first term renewed, Prof Jane Norman was elected to the vacant post from 1.8.22 and Prof Steve Riley was elected Treasurer. Council itself meets four times a year. Council members are currently 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,

Trustees' report

it supports the work of Fitness to Practise leads and Education leads within Medical Schools. In December 2021 Council agreed that the subscription to MSC from 1.8.22 would include the cost of developing and delivering the Medical Licensing Assessment (MLA). For full members the cost would be dependent upon the number of penultimate year students whilst for Associate members the cost would be reduced to reflect their smaller student numbers.

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 in 2020 and 2021 meant that induction had to be remote rather than in person. However the movement to online has also made it easier to arrange such 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 Chair(s) 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 Services in the four countries
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 2021–22

The academic year 2021–22 was marked by the continued societal upheaval caused by the COVID-19 pandemic and the war in Ukraine from 24 February 2022. 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.

Trustees' report

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.

Aim 1 To be the authoritative voice of UK medical schools

The statutory education bodies in the four countries {Health Education England (HEE), NHS Education Scotland (NES), Health Education and Improvement Wales (HEIW) and the Northern Ireland Medical and Dental Training Agency (NIMDTA)} recognise that MSC is the body with which they must engage for the collective views of the UK's medical schools. Recognising MSC's importance, in 2022 HEE in England requested that a Strategic Liaison Group be created co-chaired by the Medical Director of HEE and the Chair of MSC. The HEE strategies to reform medical education in 21-22 {eg contractual changes to the placement tariff, medical doctor apprenticeships and reallocation of student numbers} required close working with England's medical education experts and the structure is now in place to take this forward on an on-going basis. MSC also plays a central role in the interdepartmental liaison group HENSE – the Health Education National Strategic Exchange.

Over the course of the year, MSC responded to the DHSC in England's consultation on Healthcare Regulation and to the GMC's consultation on Good Medical Practice. In August 2021 more students than anticipated met their calculated A level grades resulting in more offers than there were places at both medical and dental schools. The Department for Education set up a Task and Finish group with MSC and DSC to implement the Secretary of State's new policy to incentivise movement between over- and under-recruited schools and minimise the number of enforced deferrals.

The war in Ukraine has caused severe disruption for its universities and students. MSC has worked with the 4 nations to develop guidance and support for the students and to set up twinning arrangements between medical schools in the UK and Ukraine.

Aim 2 To ensure the world-class quality of UK medical education

Innovation which improves the quality of medical education and thus improved patient care – has long been recognised globally as a strength of the UK system. The MSC initiative to create the UK Medical Education Database (UKMED) with the GMC and other stakeholders has created the ability to undertake high quality research into, for example workforce planning and different educational initiatives – such as widening access. MSC continues to support UKMED with a data analyst, who in 2022 investigated the demographic make-up of clinical academic trainee doctors. The UKMED Advisory Board has been chaired since December 2021 by Professor Dame Jane Dacre. UKMED's Research Group is Chaired by Professor Jon Dowell (Dundee School of Medicine).

MSC has long espoused sharing experience as the most effective method to raise quality. It actively pursues this agenda through the multiple activities of its Education leads, its Selection Alliance, Assessment Alliance and EDI Alliance.

The Education Leads group continues to work collaboratively with the General Medical Council on the Medical Licensing Assessment. Its advice has been critical in informing discussions around the MLA and in ensuring that the GMC is fully aware of the practical implications of this development. The group meets regularly, in person and via zoom, to discuss topics of interest, such as the challenges to medical education and placements during the pandemic, and the transition to the Foundation programme. External stakeholders, such as Royal Colleges are often invited to share knowledge and work with medical schools to enhance medical education. There is a developing collaboration between schools: education leads continue to work via JISC Mail and regularly use this to ask questions of each other.

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In 2020, the Education Leads Advisory Group was established to assist external bodies, such as Royal Colleges and charities, on how to create resources that can be easily adopted by medical schools to further student interest in and knowledge of particular areas of medicine. The group has been busy in 2021–22 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.

In the first phase of the pandemic medical students were unable to attend clinical placements in the NHS. Innovative models had therefore to be found to continue their education. Amongst these was the purchase of the rights to the patient consultations filmed for the TV series *GPs: Behind Closed Doors*. Patients had given their consent for use of the material for educational purposes and so GP staff in UK medical schools were able to add learning objectives to the videos and to group them by topic. In 2021–22 further work was undertaken to tag the videos to the curriculum of the Royal College of GPs and to add more complex learning objectives – suitable for trainee GPs rather than undergraduates. Non-exclusive licences for GP trainees and their trainers to access the materials have been acquired by Health Education England and NHS Education Scotland. The income from this will support the purchase of additional videos in order to extend the learning opportunities.

Aim 3 To be a global leader in medical assessment

Assessment drives learning – but the assessments themselves need to be reliable with both face and construct validity and need to discriminate accurately between able and less able students. Assessments should result in the smallest possible number of false negatives and false positives at the pass/fail border.

The most significant change in medical education for decades was the decision by UK medical schools to set and administer a national exam – the Medical School *Applied Knowledge Test* (AKT), regulated by the GMC. Three additional staff members have been employed to work on the development of the AKT. Senior clinicians are also involved in the work which involves creating new exam questions, tagging them according to a content map set by GMC, generating exam papers using a specially designed algorithm and standard setting both individual questions and whole papers.

The exam will be delivered locally by medical schools using the ExamWrite platform MSC has developed over the last 10 years. A Policy Framework has been developed covering issues including the number of permitted attempts at the exam and the provision of reasonable adjustments. The framework is not binding on schools as university policies take precedence, but it will help them implement this national assessment as they deliver it locally.

The AKT is currently in the pilot stage; a small-scale pilot took place in academic year 2021–22 and this will be followed by two further, more developed pilots in 2022–23 and 2023–24. The exam goes live in the 2024/25 academic year and at this point all students will only be permitted to graduate if they have passed the AKT.

The GMC is providing oversight of the piloting process and there is a Joint Project Oversight Group (JPOG) that meets once a month formed of GMC and MSC staff. This provides both organisations with an opportunity to discuss progress. As well as delivering the pilots MSC is working on behalf of medical schools to ensure the assessment meets the regulatory requirements set by GMC. JPOG also acts as a forum to discuss progress in submitting evidence on compliance ahead of a final decision by GMC in 2024.

MSC also works with the British Pharmacological Society to set and deliver the *Prescribing Safety Assessment*. This was delivered without issue to all final year medical students. However in November 2021 it became apparent that when the PSA was delivered remotely and without invigilation during the pandemic, it appeared that 27 students had colluded. This is still under investigation by the GMC.

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Aim 4 To focus on Equality, Diversity and Inclusivity and to enhance clinical leadership and develop leaders within medical schools

MSC remains committed to the active support of Equality, Diversity and Inclusion. In 2020–21 it set up the MSC EDI Alliance (MSC EDIA) which brings together two members of staff with an interest in EDI from its members to form a Reference Group. There is also an elected Board of 10 representatives who work together to set the strategic direction of the work of the MSC EDIA.

In December 2021 MSC published new guidance for medical schools on how they can follow best practice in EDI. The guidance is called *Active Inclusion; challenging exclusions in medical education* and it covers all aspects of a medical school's work from selection of students to assessment. There is also a focus on institutional accountability and the importance of evaluating interventions put in place to address challenges around EDI. The MSC EDIA is responsible for supporting medical schools to implement the guidance.

In 2021–22 the MSC EDI Alliance has taken the following actions;

- Developed EDI training for all those involved in designing and delivering the Medical Schools Applied Knowledge Test.
- Set up a task and finish group to produce guidance for medical schools on how they can best support students of religious faith.
- Set up a working group to identify best practice in decolonising and diversifying medical school curricula.
- Commissioned research on how best to assess outcomes related to EDI competencies.

Aim 5 To maintain and build on the close relationship between universities and the NHS

The MSC secretariat also supports the University Hospital Association and so staff are ideally placed to maximise the usefulness of their understanding of different issues from the perspectives of both the NHS and Higher Education. The annual research afternoon between MSC and UHA took place in May 2022. Members discussed mechanisms to address the levelling up agenda. The new medical schools in England are located in areas where patients would benefit from active engagement in research programmes and clinical trials. The New Medical Schools Forum meets three times a year and work has been initiated to link the new with more established and well-equipped medical schools. During the research meeting members were asked to suggest metrics by which the Care Quality Commission could assess the research activity of Trusts. With colleagues from the National Institute of Health & Care Research mechanisms to restart – or abandon – research affected by the pandemic were considered together with Medical Research Council initiatives to enhance research within the NHS.

The MSC COVID working group met only once in 2021–22 and agreed that for the moment no further meetings were required.

MSC and the university hospitals worked closely to try to influence the wording of the Health and Care Bill. It was suggested that

* Integrated Care Boards should have a duty to promote research,

* The Secretary of State for Health must

(a) support the conduct of research on matters relevant to the health and care system,

(b) provide funding for research on matters relevant to the health and care system, via ring-fenced funding for the Department of Health and Social Care, and

(c) promote the use in the health and care system of evidence obtained from research and that Unfortunately neither amendment was accepted by the Government but the work did strengthen the links between stakeholders committed to research and workforce planning.

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- The Secretary of State must, at least once every two years, lay a report before Parliament describing the system in place for assessing and meeting the workforce needs of the health, social care and public health services in England.

Unfortunately none of the suggested amendments was accepted but the work did engender closer links between stakeholders.

Aim 6 To explore the public's needs of doctors, the number required and the changing role of the doctor in the future of healthcare

In October 2021 MSC published a [position paper](#) recommending that the number of medical students be increased by 5000 making a total 14500 graduating doctors per year. The UK has never produced enough doctors to be self-sufficient and even before the pandemic there were widespread concerns about the workforce's ability to meet the growing needs of patients. Expanding the medical workforce is essential if the NHS is to deal with the backlog of patients requiring elective care and reduce the pressures on doctors exhausted from working on the COVID-19 front line. Currently the UK is over reliant on international medical graduates who make up over half of all doctors joining the medical register.

In response to press coverage of the report Jeremy Hunt tweeted: *This is bang on & the only long-term solution to pressure facing GPs. We need this long-term thinking on workforce from Govt to avert slow decline in NHS standards. All eyes now on Budget to see if enough training places will be funded to meet big increases in demand facing NHS.*

Aim 7 To promote clinical academic careers and the conduct of high-quality research in medical schools

MSC has continued to publish online its annual survey of clinical academic staffing levels as at 31 July in the previous year. <https://www.medschools.ac.uk/clinical-academic-survey> 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. 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. Work has therefore been initiated to determine more accurately the numbers of such staff and to analyse their demographics. The data have been received from the major funders: NIHR, MRC, Wellcome Trust and Cancer Research UK.

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. It found that there was no single online resource and so CATCH was created – the *Clinical Academic Training and Careers Hub*. It was launched in September 2021 and 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

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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. Efforts have been made to expand the range of interviews on the site to cover more professions and career backgrounds, and discussions are underway to add existing interviews with clinical academics conducted by NIHR and Council of Deans of Health to the site.

The website is being updated regularly and a document outlining the protocol for proposing updates to the site has been circulated to CATF members. Stakeholders from across the sector have been invited to contribute material. Since its launch CATCH has been expanded to include a section on equality, diversity and inclusion policies and initiatives across the sector. This section provides links to groups working to expand access to clinical academic careers, the EDI policies and programmes of work of relevant stakeholders, as well as reports and studies providing data in this area. MSC is planning a new stream of work exploring trends in the diversity of the clinical academic workforce over time, which will be showcased on this page. The CATCH news page is regularly updated with links of interest to clinical academics, including details of conferences, training and development opportunities, funding calls, and more.

MSC has held discussions with the British Dental Association to discuss ways of keeping the dental pages relevant and up to date, and preliminary discussions with the Veterinary Schools Council to explore how veterinary academic careers might be added to the site in future.

Financial parity between clinical academic and NHS consultants

Over the course of the year an issue arose around the funding of local Clinical Excellence Awards (CEAs). NHS Employers' view is that there is parity of esteem between consultants with NHS contracts and those with substantive university contracts. It is actively encouraging Trusts to include clinical academics in local CEA schemes. MSC believes that the anomaly should not have been created wherein clinical academics were not included amongst consultants with a contractual right to apply for CEAs and it wishes to see this corrected.

Aim 8 To facilitate the transition between undergraduate and postgraduate environments

MSC and the UK Foundation Programme Office (UKFPO) continue to work together to facilitate the transition between undergraduate and postgraduate education and training. MSC attends regular meetings of the Foundation School Directors to ensure it is up to date with what is happening in the Foundation Programme so medical schools can be informed of any changes.

The UKFPO is also a key stakeholder in MSC's work to implement the Medical Schools Applied Knowledge Test (AKT) and has been invited to join a number of governance and operational groups. UK medical students joining the NHS all take part in Foundation Training and it is therefore important that the organisation overseeing this training feed into the development of a final knowledge test for UK graduates.

MSC has also been working with Health Education England and the UKFPO to look at how the system for allocating students to their first training post in the NHS might be improved. MSC has put forward a process based on student preference that would replace the current competitive process. Member medical schools have been involved in modelling this change and MSC has been engaging with schools and medical students to make the case for change and to point out the shortcomings of the current system.

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Aim 9 To support all aspects of medical schools' work and add real value for members

When MSC was created in the last century it was essentially a support network for the Heads of the medical schools. With time it has metamorphosed into an organisation seeking to support all aspects of medical schools' missions:

MSC Selection Alliance

MSC has continued to be in regular contact with UCAS, Ofqual, DfE, HEE and OfS on matters relating to the intake of new medical students. It continues to provide comprehensive guidance for applicants and their teachers on its website. There was a further increase in applications – 5% more than the 21% increase seen in 2020. DfE made it very clear that there would be no funding to support over-recruitment in 2022 and so schools have had to be cautious in making offers. It is anticipated that more schools will have places available through clearing in August 2022.

Medical schools are striving to ensure that the profession is accessible to all applicants with the potential to become excellent doctors. Multiple workstreams have been created to **Widen participation**

Outreach activities in 2021–22 included:

- webinars for teachers and career advisers. These covered topics such as aptitude tests, work experience, applying to medical school with a disability, and what to do if a student does not receive an offer. The webinars were run in collaboration with admissions leads and aptitude test providers.
- a new website to meet the needs of applicants due to the pandemic. *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 over 1000 people visiting the site each month
- summer schools for candidates from widening participation backgrounds. (When the summer school participants are compared to medical school applicants and students in POLAR 4 and the Index of Multiple Deprivation (IMD), it was found that MSC has recruited a more socially diverse group, representing the areas of lowest higher education participation rates and the most deprived communities). Seven medical schools hosted summer schools in 2022 and recruited over 450 young people aged 15-18 from across England.

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.

MSC EDI Alliance

See Aim 4

Education leads

See Aim 3

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MSC Assessment Alliance

The main focus of the Assessment Alliance over the past 4 years has been on the Medical Licensing Assessment. This continues to be at the centre of the Alliance's work (see Aim 3). However the Board is determined not to forget other areas such as assessments aimed at the earlier years and improvements to the ExamWrite platform. It has agreed that the Board will lead MSC's work in documenting the genesis of the MLA and in resolving issues around access to data.

Aim 10 To provide a supportive network for medical school deans and their colleagues

The Heads of Schools confirmed to an external review that if MSC did not exist it would have to be invented. It provides an invaluable mechanism for the resolution of issues and for supporting all members of the community for the greater good of students, staff, patients and the UK economy.

Related Councils

MSC staff support the work of the University Hospital Association, the Dental Schools Council, the Association of Dental Hospitals, the Pharmacy Schools Council and the Veterinary Schools Council. Agendas are planned, speakers identified, in person and hybrid 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.

University Hospital Association (UHA)

Prof Andy Hardy the CEO of Coventry and Warwick Trust has been Chair of UHA since March 2021. Sharing learning between Trusts has been difficult during the pandemic as a result of the intense pressure on staff. However members have been meeting increasingly regularly and there was a good attendance at the joint research meeting with MSC in May 2022. There are frequent requests to join UHA, however members voted during the year to retain the fairly stringent criteria for membership required to demonstrate an active commitment to research activity.

Association of Dental Hospitals

The secretariat supports the Association of Dental Hospitals (ADH). The Chair is now 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. The two organisations have continued to work together to facilitate a return to more normal practice, including producing guiding principles on returning to open plan clinics- [link](#)

Dental Schools Council

The Dental Schools Council (DSC) continues to be an effective organisation which works closely with its regulator the General Dental Council, the Association of Dental Hospitals, Health Education England and national equivalents, NHS Education for Scotland and the postgraduate dental deans (COPDEND) to effect a smooth transition from student to Foundation Dentist. DSC Chair Prof Christopher Tredwin, Head of Plymouth University's Peninsula Dental School, has taken forward numerous initiatives as well as securing the funding essential to make the structural and staffing changes necessary to permit graduation of dental students in England. These have included running in person summer schools for 70 sixth form students from less privileged backgrounds to learn about studying dentistry and the profession, and a series of informational webinars online for other sixth form students. Dental Schools are not only eager to improve recruitment, through DSC they are working to share best practice to improve assessments and teaching and engaging with stakeholders where appropriate to pursue this, including equivalent international expert bodies. In 2022–23, DSC seeks to lead the dentistry sector in responding to joint challenges and opportunities including post-Covid recovery and funding gaps for Dental Hygiene and Therapy courses, and it will continue to pursue educational research.

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Pharmacy Schools Council

This year, the major focus of the **Pharmacy Schools Council (PhSC)** has been work around the implementation of the General Pharmaceutical Council's (GPhC) '*New standards for the initial education and training of pharmacists*'. As the new standards now cover the initial five years of pharmacist training (the four-year MPharm degree followed by a Foundation year) this has involved working closely with the GPhC and the Statutory Education Bodies (SEBs) (HEE, NES, HEIW and NICPLD).

The biggest area of discussion has centred around clinical placements for MPharm students. The time pharmacy students spend in placements will increase over the next few years which will put pressure on the pharmacy profession and its ability to accommodate all the necessary placements. In England, HEE will fund undergraduate placements through the clinical tariff although some employers consider that this level of payment is insufficient to fund placements. This is an issue that remains to be fully resolved in England. In Scotland, Wales and Northern Ireland, funding for placements is higher, being more aligned with the medical tariff, which has generally been acceptable to placement providers. To make taking students on placements more attractive to employers, the PhSC is considering how students could make a useful contribution while on placements; one option being considered is the micro credentialing of students during the MPharm to allow them, for example, to administer vaccinations whilst on placements.

From 2026, those registering as pharmacists with the GPhC following completion of their Foundation year will be independent prescribers. The PhSC and HEE are developing an independent prescribing concordat which is expected to be published soon. This guidance document provides an indicative curriculum and will assist Schools of Pharmacy in ensuring MPharm students can demonstrate they have the necessary skills that will enable them to become independent prescribers. The PhSC is also working with HEE to increase the Designated Prescribing Practitioner (DPP) capacity to support prescribing programmes and to determine how DPPs can work across pharmacy sectors and placement rotations.

In the early part of the year, an area of concern for the PhSC was how the GPhC process would accredit Schools of Pharmacy (SoP) to the new GPhC standards. The PhSC held several meetings with the GPhC and made constructive suggestions on how to improve the accreditation process, most of which were accepted by the GPhC. Accreditation visits from the GPhC have recently begun and feedback from SoPs involved has been positive. Accreditation meetings were more collaborative and collegiate and there were opportunities for constructive discussions. However, the amount of paperwork that must be submitted remains burdensome and the GPhC has agreed to produce further guidance to help reduce this.

The PhSC and HEE held a joint Pharmacy Education Summit on Equality, Diversity and Inclusion on 2 February 2022. The event was well attended, and well received and similar events are planned for the future. The PhSC is also working with Oriel to develop a Communication Performance Measure which will help evaluate an Oriel applicant's communication skills and PhSC members have contributed to a National Pharmacy Sustainability Group to support sustainability in the MPharm.

After completing his three-year term of office, Prof Duncan Craig (UCL) stood down as Chair of the PhSC at the end of July 2022. Prof Katie Maddock (Keele University) has been elected at the new PhSC Chair.

Veterinary Schools Council

VSC has had a successful academic year in 2021–22 promoting excellence in veterinary schools and the wider sector. 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

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admissions group provided information to prospective applicants, including information on contextual admissions and work experience for applicants from disadvantaged backgrounds.

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's AMR group has worked with government and corporate partners to improve monitoring mechanisms for industry-wide standards of antibiotic usage in farm animals.

VSC has established an Equality, Diversity and Inclusion committee which has arranged various activities engaging with students to investigate their priorities including a virtual meeting in June 2022 on work experience during the degree, and a student-led conference in September 2022 with high profile speakers. VSC has also worked with the British Veterinary Association to share information on Widening Participation initiatives and has lent its expertise to directly contribute to their external reports. 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.

Public Benefit

All Medical Schools Council's 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.

Activities planned to continue to meet these aims in 2022–23

MSC plans to continue all the activities outlined above in 2022–23 and will thus deliver the Aims agreed by members. The new Chair is considering the structure of meetings and the organisation of activities in order to optimise the efficient use of member and staff time and to deliver the maximum impact.

Specific individual new projects already set in motion include:

The collation of the most impactful research studies delivered by members in their submissions to the Research Excellence Framework. This will be published at the end of 2022 to coincide with the publication to the wider public of the results of the REF exercise.

An independent review of the Prescribing Safety Assessment. Professor Dame Jane Dacre has agreed to Chair the review. It was precipitated by the realisation that the PSA's governance structures

Trustees' report

were not appropriate for a national exam and by the need to avoid duplication by assessing topics to be covered by the Medical Licensing Exam.

Working with Beat – the UK's national eating disorders charity – to produce and distribute resources designed to educate medical students around the reality of living with an eating disorder and the most helpful ways of communicating with patients with these conditions.

Assisting UKCRC in a project to raise awareness of ME/CFE (Myalgic Encephalomyelitis ME/Chronic Fatigue Disorder) amongst funders and the research community. It will seek to build trust between funders, researchers, charities and people with lived experience of ME and respond to evidence needs.

Financial Review

Review of position at the end of the year

The statement of financial activities for the year 2021–22 is set out on page 19 and the balance sheet on page 20 of the financial statements. A summary of the financial results and position is given below.

Income and expenditure for the year ended 31 July 2022 and position at the end of the year are summarised in the table below. A surplus of £18,000 is reported on unrestricted activities.

	Unrestricted Activities £'000	Restricted Activities £'000	Total 2022 £'000	Total 2021 £'000
Income	703	805	1,508	1,296
Expenditure	(685)	(685)	(1,370)	(1,370)
Net expenditure/movement in funds	18	120	138	(74)
Funds brought forward	1,258	556	1,814	1,888
Funds carried forward	1,276	676	1,952	1,814

Plans for the future

Our plans for 2022–23 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.

Trustees' report

Unrestricted funds and free reserves at 31 July 2022 were £1.3m (2021 free reserves: £1.3m) which is equal to 22 months of unrestricted expenditure (2021: 25 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.

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 16 to the financial statements.

Funding Sources

Membership subscriptions provide approximately 70% 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.

Trustees' report

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.

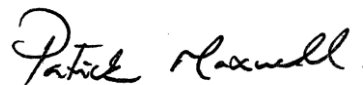
Auditor

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.



Katie Petty-Saphon
Chief Executive
4 November 2022



Patrick Maxwell
Chair
4 November 2022

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 2022 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 2022 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 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.

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

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 14, 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.

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

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

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

Because of the inherent limitations of an audit, there is a risk that we will not detect all irregularities, including those leading to a material misstatement in the financial statements or non-compliance with regulation. This risk increases the more that compliance with a law or regulation is removed from the events and transactions reflected in the financial statements, as we will be less likely to become aware of instances of non-compliance. The risk is also greater regarding irregularities occurring due to fraud rather than error, as fraud involves intentional concealment, forgery, collusion, omission or misrepresentation.

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. 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: 24 November 2022

Statement of Financial Activities for the year ended 31 July 2022

		Unrestricted Funds £	Restricted Funds £	Total Funds 2022 £	Total Funds 2021 £
Income and expenditure	Notes				
Income from:					
Income from charitable activities					
. Subscriptions from membership	2	485,316	313,875	799,191	719,936
. Grants and contracts	3	171,445	491,948	663,393	537,700
. Other income		40,191	—	40,191	38,337
Income from investments		5,705	—	5,705	309
Total income		702,657	805,823	1,508,480	1,296,282
Expenditure on:					
Charitable activities					
. Medical activities	4	685,168	685,258	1,370,426	1,369,999
Total expenditure		685,168	685,258	1,370,426	1,369,999
Net expenditure		17,489	120,565	138,054	(73,717)
Gross transfers between funds	14	—	—	—	—
Net movements in funds		17,489	120,565	138,054	(73,717)
Total funds at 1 August 2021		1,258,327	555,848	1,814,175	1,887,892
Total funds at 31 July 2022	14	1,275,816	676,413	1,952,229	1,814,175

Comparative figures by fund type can be found in note 20.

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

The notes on pages 22 to 34 form part of these financial statements.

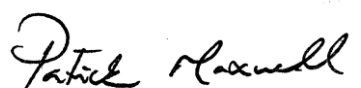
Balance sheet as at 31 July 2022

	Notes	2022 £	2021 £
Fixed assets			
Intangible fixed assets	9	<u>10,199</u>	<u>13,599</u>
Current assets			
Debtors	10	110,933	150,628
Cash at bank and in hand		2,338,536	2,052,440
		<u>2,449,469</u>	<u>2,203,068</u>
Liabilities:			
Amounts falling due within one year	11	<u>(507,439)</u>	<u>(402,492)</u>
Net current assets		1,942,030	1,800,576
Net assets		<u>1,952,229</u>	<u>1,814,175</u>
Funds and reserves			
Restricted funds		676,413	555,848
Unrestricted funds		<u>1,275,816</u>	<u>1,258,327</u>
	13	<u>1,952,229</u>	<u>1,814,175</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 4 November 2022.

Signed on their behalf:

Katie Petty-Saphon

Patrick Maxwell

Chief Executive

Chair

Company Number: 8817383

The notes on pages 22 to 34 form part of these financial statements.

Cash flow statement for the year ended 31 July 2022

	2022 £	2021 £
(a) Reconciliation of net expenditure to net cash flow from operating activities		
Net income / (expenditure) for the year	138,054	(73,717)
Interest income	(5,705)	(309)
Depreciation charges	3,400	16,180
Decrease / (decrease) in debtors	39,695	(16,229)
Increase in creditors	104,947	107,263
Net cash used in operating activities	280,391	33,188
(b) Statement of cash flows		
Cash flows from operating activities	280,391	33,188
Cash flows for investing activities		
Purchase of tangible fixed assets	—	(13,599)
Interest income	5,705	309
Net cash used in investing activities	5,705	(13,290)
Change in cash and cash equivalents in the year	286,096	19,898
Cash and cash equivalents at 1 August 2021	2,052,440	2,032,542
Cash and cash equivalents at 31 July 2022	2,338,536	2,052,440

Analysis of changes in net funds:

	At 1 August 2021 £	Cash flows £	At 31 July 2022 £
Cash	452,440	286,096	738,536
Cash equivalents	1,600,000	—	1,600,000
Total net funds	2,052,440	286,096	2,338,536

Notes to the financial statements – year ended 31 July 2022

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 2019 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 2019 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 2022

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 £	Total 2022 £
Medical Schools Council	485,316	—	485,316
Pharmacy Schools Council	—	88,350	88,350
Dental Schools Council	—	115,000	115,000
University Hospital Association	—	62,125	62,125
Association of Dental Hospitals	—	48,400	48,400
	<u>485,316</u>	<u>313,875</u>	<u>799,191</u>

Notes to the financial statements – year ended 31 July 2022

2. Subscriptions from membership (continued)

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

3. Grants and contracts

	Unrestricted funds £	Restricted funds £	Total 2022 £
Health Education England *	28,480	491,948	520,428
Dep of Health and Social Care *	65,000	—	65,000
Insight Direct	30,000	—	30,000
AUDGPI	6,000	—	6,000
Nayang Technological University	4,166	—	4,166
Cancer Research UK	4,000	—	4,000
Medical Research Council *	4,000	—	4,000
Wellcome Trust	4,000	—	4,000
NIHR Academy	4,000	—	4,000
Other	21,799	—	21,799
	<u>171,445</u>	<u>491,948</u>	<u>663,393</u>

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

* Grants from government and government agencies.

Notes to the financial statements – year ended 31 July 2022

4. Analysis of total resources expended

	Direct costs £	Support costs £	Total 2022 £
Charitable activities			
Core unrestricted	507,835	74,115	581,950
Assessment	88,805	14,413	103,218
University Hospital Association	81,913	8,812	90,725
Association of Dental Hospitals	35,207	3,854	39,061
Related Councils	132,672	14,165	146,837
Summer School	403,045	5,590	408,635
	1,249,477	120,949	1,370,426

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

See Note 14 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 2022 £
Charitable activities					
Core unrestricted	24,424	12,583	34,654	2,454	74,115
Assessment	6,105	834	6,860	614	14,413
University Hospital Association	5,078	633	2,958	143	8,812
Association of Dental Hospitals	1,833	250	1,715	56	3,854
Related Councils	7,788	1,085	5,048	244	14,165
Summer School	616	—	4,974	—	5,590
	45,844	15,385	56,209	3,511	120,949

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

Notes to the financial statements – year ended 31 July 2022

5. Support costs allocations (continued)

	Total 2022 £	Total 2021 £
Governance costs comprise:		
External audit and other services	6,137	4,412
Apportionment of staff costs	9,248	9,190
	15,385	13,602

	Total 2022 £	Total 2021 £
Other direct costs include:		
Auditors' remuneration		
. For audit services	4,662	2,381
. For other services	1,475	1,106
Operating lease rentals:		
. Land and buildings	39,840	33,903

6. Analysis of staff costs

	Total 2022 £	Total 2021 £
Total recharged staff costs, including full and part time employees were:		
Salaries and wages	506,081	415,012
Social security costs	56,106	45,276
Pensions	124,017	109,513
	686,204	569,801

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

	Total 2022 £	Total 2021 £
The average number of employees throughout the year was:		
Charitable staff	11.0	8.0
Support staff	0.3	0.3
	11.3	8.3

Notes to the financial statements – year ended 31 July 2022

6. Analysis of staff costs (continued)

The number of employees whose emoluments exceeded £60,000 (excluding employer's pension contributions) was 3 (2021: 3).

	Total 2022	Total 2021
	£	£
£70,001 - £80,000	2	2
£120,001 - £130,000	—	1
£130,001 - £140,000	1	—

The total employer pension contributions for these members of staff were £49,846 (2021: £58,742). 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 one trustee incurred £1,086 in conference and travel expenses (2021: nil).

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

	Total 2022	Total 2021
	£	£
Salary and wages	132,192	128,402
Social security costs	17,508	16,461
Pensions	16,247	26,289
	165,947	171,152

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 2022

9. Fixed assets

	Tangible: Furniture & equipment	Intangible: Website development & software	Total
	£	£	£
Cost			
At 1 August 2021	7,890	119,559	127,449
Additions	—	—	—
At 31 July 2022	<u>7,890</u>	<u>119,559</u>	<u>127,449</u>
Depreciation			
At 1 August 2021	7,890	105,960	113,850
Charge for period	—	3,400	3,400
At 31 July 2022	<u>7,890</u>	<u>109,360</u>	<u>117,250</u>
Net book value			
At 31 July 2022	<u>—</u>	<u>10,199</u>	<u>10,199</u>
At 31 July 2021	<u>—</u>	<u>13,599</u>	<u>13,599</u>

10. Debtors

	Total 2022	Total 2021
	£	£
Trade debtors	89,620	123,666
Amount due from subsidiary	1,318	665
Prepayments and accrued income	19,995	26,297
	<u>110,933</u>	<u>150,628</u>

11. Creditors: amounts falling due within one year

	Total 2022	Total 2021
	£	£
Trade creditors	135,733	145,891
Amounts due to parent company	93,130	88,765
Accruals	202,631	84,456
Deferred income	75,945	83,380
	<u>507,439</u>	<u>402,492</u>

Deferred income comprises membership subscriptions and contract income received in advance.

Notes to the financial statements – year ended 31 July 2022

12. Deferred income

	Total 2022 £	Total 2021 £
Brought forward	83,380	3,000
Released in the year	(82,786)	(2,750)
Deferred in the year	75,351	83,130
Carried forward	<u>75,945</u>	<u>83,380</u>

13. Operating lease commitments

	Total 2022 £	Total 2021 £
Leases of land and buildings – amounts falling due:		
. Within one year	44,867	18,848
. Within 2 – 5 years	148,859	—
	<u>193,726</u>	<u>18,848</u>

Notes to the financial statements – year ended 31 July 2022

14. Movement in funds

	At 1 August 2021 £	Incoming resources £	Resources expended £	Transfers £	At 31 July 2022 £
Unrestricted funds					
General funds	1,258,327	702,657	(685,168)	—	1,275,816
Restricted funds					
University Hospital Association	206,895	62,125	(90,725)	—	178,295
Dental Schools Council	158,782	115,000	(78,339)	—	195,443
Pharmacy Schools Council	90,412	88,350	(68,498)	—	110,264
Summer School	82,057	491,948	(408,636)	—	165,369
Association of Dental Hospitals	17,702	48,400	(39,060)	—	27,042
	555,848	805,823	(685,258)	—	676,413
Total funds	1,814,175	1,508,480	(1,370,426)	—	1,952,229

	At 1 August 2020 £	Incoming resources £	Resources expended £	Transfers £	At 31 July 2021 £
Unrestricted funds					
General funds	1,227,291	641,332	(610,296)	—	1,258,327
Restricted funds					
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
Assoc. of Dental Hospitals	22,167	21,000	(25,465)	—	17,702
	660,601	654,950	(759,703)	—	555,848
Total funds	1,887,892	1,296,282	(1,369,999)	—	1,814,175

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

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.

The **Summer School** programme is HEE funding to deliver access to medicine and dentistry summer schools for 450 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.

Notes to the financial statements – year ended 31 July 2022

15. Allocation of net assets between funds

The net assets held for various funds are as follows:

	Restricted funds £	Unrestricted funds £	Total 2022 £
Fixed assets	—	10,199	10,199
Current assets	990,405	1,459,064	2,449,469
Current liabilities	(313,992)	(193,447)	(507,439)
	<u>676,413</u>	<u>1,275,816</u>	<u>1,952,229</u>

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

Notes to the financial statements – year ended 31 July 2022

16. 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 2022 and the aggregate amount of the assets, liabilities, share capital and reserves as at 31 July 2022 is shown below. Audited accounts have been filed with the Registrar of Companies.

	Total 2022	Total 2021
	£	£
Income and expenditure account:		
Income	498,399	512,921
Expenditure	(453,133)	(471,404)
Net income	45,266	41,517

	Total 2022	Total 2021
	£	£
Balance sheet:		
Assets	742,059	737,423
Liabilities	(73,706)	(114,335)
Net assets	668,353	623,088

17. 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.

Notes to the financial statements – year ended 31 July 2022

18. 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.

	Total 2022 £	Total 2021 £
Included in expenditure or recharged to MSC Assessment		
Rental and service charges	59,079	56,635

19. 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 2022 there was one member, Universities UK.

Notes to the financial statements – year ended 31 July 2022

20. Statement of financial activities – comparatives by fund

	Unrestricted funds £	Restricted funds £	Total funds 2022 £
Income and expenditure			
Income from:			
Charitable activities			
. Subscriptions from memberships	485,316	313,875	799,191
. Grants and contracts	171,445	491,948	663,393
. Other income	40,191	—	40,191
Income from investments	5,705	—	5,705
Total income	702,657	805,823	1,508,480
Expenditure on:			
Charitable activities			
. Medical activities	685,168	685,258	1,370,426
Total expenditure	685,168	685,258	1,370,426
Net expenditure	17,489	120,565	138,054
Gross transfers between funds	—	—	—
Net movements in funds	17,489	120,565	138,054
Total funds at 1 August 2021	1,258,327	555,848	1,814,175
Total funds at 31 July 2022	1,275,816	676,413	1,952,229

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