

Charity Number: 1155370

Company Number: 8817383

MEDICAL SCHOOLS COUNCIL
ANNUAL REPORT AND FINANCIAL STATEMENTS
YEAR ENDED 31 JULY 2023

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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 2023 were as follows:

Professor Patrick Maxwell	Elected Chair from 1.8.22
Professor Sube Banerjee	Reappointed from 1.8.23
Professor David Crossman	Devolved Administrations lead
Professor David Burn	Reappointed from 1.8.22
Professor Una Macleod	Reappointed from 1.8.22
Professor Diana Eccles	Trustee from 1.8.21
Professor Steve Riley	Treasurer from 1.5.22

Professor Hazel Scott was elected in June to join the Board on 1 August 2023.

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

Bankers

National Westminster Bank plc
214 High Holborn London
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Womble Bond Dickinson
4 More London
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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 2023. 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 initially become Associate members. In 2022–23 Chester and Three Counties (Worcester) joined on 1 August 2022. Surrey joined in 2023.

Four of the 'new' medical schools have now graduated their first cohort of students: Anglia Ruskin, Aston, Buckingham, and UCLAN.

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 itself 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 39 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 2022–23 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.

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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 in 2023, Prof Banerjee had his first term renewed and Prof Hazel Scott was elected as a new member of the Executive. Council itself meets four times a year.

In December 2021 Council agreed that the subscription to MSC from 1 August 2022 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. Separate additional subscriptions are raised for MSC and MSC Assessment.

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 and Treasurer 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 medical schools throughout the UK
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

Trustees' report

Activities to meet these aims in 2022–23

The academic year 2022–23 was marked by political turmoil in the Government, the cost of living crisis and the on-going war in Ukraine together with a slow return to face to face meetings and office working post-pandemic. MSC was widely praised for the leadership it provided to the sector during the pandemic 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.

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. Piloting the process continued in 2022–23 and will go live in June 2024 for schools taking finals in the penultimate year.

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. The first meeting of the HEE/MSc Strategic Liaison Group. was held in October 2022. The HEE strategies to reform medical education {eg contractual changes to the placement tariff, medical doctor apprenticeships and reallocation of student numbers} require close working with England's medical education experts and the structures are 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. In December 2022 MSC gave evidence to the House of Lords Science and Technology Committee's Inquiry into clinical academics in the NHS. MSC's evidence was used extensively in the committee's recommendations. In July 2023 MSC was invited to 10 Downing St for a meeting of 12 senior leaders in the healthcare sector with the Prime Minister and Secretary of State for Health prior to publication of the Government's Long Term Workforce Plan.



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

Innovation which improves the quality of medical education and thus improves 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 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 with external stakeholders on all topics relating to undergraduate medical education and the transition to Foundation training. Education leads continue to work with the General Medical Council on the Medical Licensing Assessment. They have also engaged with the GMC on matters relating to registration and student fitness to practise. The Foundation Programme Office has a standing invitation to attend Education Leads meetings so that there is a continued dialogue between medical schools and foundation schools around students transitioning to the Foundation Programme.

Trustees' report

The cost of living crisis has hit medical students particularly hard and so student wellbeing and welfare has been a key focus of the Education leads group over the last year. Dedicated meetings were held to discuss student mental health, including neurodiversity. Medical schools shared examples of how they are supporting students who are struggling, many of whom are struggling academically, as well as financially. A new Welfare JISC group has been set up so that schools can share best practice.

The Education Leads Advisory Group continues to meet to ensure that there is a level of quality control of external surveys sent to MSC for distribution to medical schools. From January to May 2023, the group reviewed 14 requests to disseminate surveys to medical schools. ELAG has also worked with a number of external stakeholders on developing resources for medical schools and students.

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 with almost all schools participating in 2022–23. 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 and CPSA.

MSC also works with the British Pharmacological Society to set and deliver the *Prescribing Safety Assessment*. An Independent Review chaired by Prof Dame Jane Dacre was commissioned in 2022 and reported in April 2023. Its recommendations are under consideration.

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

The MSC Equality, Diversity and Inclusion Alliance (MSC EDIA) was set up in 2020 to take forward the MSC's work on EDI which is an important strategic focus for the organisation. In 2022–23 the MSC EDIA has further developed its strategic focus and the group is now starting to produce tangible outputs.

In 2023 the MSC EDIA published guidance on supporting students from a faith background in partnership with the Dental Schools Council. The new guidance is part of the Medical Schools Council's "Active Inclusion, Challenging Exclusions" series. It aims to provide readers with advice and suggestions for how to ensure that students of all faiths and beliefs are actively included and able to participate and thrive at medical and dental school. The guidance covers a range of areas where medical and dental schools are able to support students, from campus facilities and

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induction to academic timetabling and assessments. It also provides advice on how schools can work in partnership with clinical placement providers to grant accommodations for students from a faith background.

The MSC EDIA also started a wide ranging project on decolonising medical school curricula and it is expected that the first output from this work will be published in 2024.

In 2023–24 a project will commence looking at how medical schools can support students and staff from LGBTQ+ background and how LGBTQ+ health can be embedded in medical school curricula.

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 2023. Danny Mortimer CEO of NHS Employers talked about the likely content of the Long Term Workforce Plan. Prof Martin McKee speculated on the likelihood of the UK re-joining Horizon Europe. Prof Richard Haynes described how the RECOVERY trial collaborated with NIHR to allow trainee doctors to become associate PIs. This allowed a wide range of trainees to sign up to the scheme and helped to embed research in the NHS. Waljit Dhillon, NIHR Dean spoke about the work NIHR is doing on developing and placing early career researchers. Penny Dash the Chair of an ICB described *supporting ICSs to deliver: the role of research, development, and innovation* and Sudhesh Kumar described some of the opportunities and challenges in collaborating with ICSs from a university perspective. Saul Faust then gave the Trust perspective.

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

The Government's long awaited Workforce Plan was published in July 2023. It recommended a doubling of medical student numbers in the next 10 years. Changes would include the creation of medical doctor apprenticeships and the possible shortening of the medical degree to 4 years. Such changes have wide ranging implications and need very careful planning. MSC intends to be at the centre of the process which will form a central plank of its work in the coming year.

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

Clinical Academic Careers

There has been a welcome focus on clinical academic careers in the past 12 months with the helpful recommendations from the House of Lords Science and Technology Committee, to which MSC gave evidence, and the response from the Secretary of State for Health and from the MRC:

- <https://committees.parliament.uk/publications/33678/documents/184035/default/>
- <https://committees.parliament.uk/publications/39367/documents/193341/default/>
- <https://committees.parliament.uk/publications/39370/documents/193345/default/>

The urgency of coordinated action is clear from MSC's Staffing survey. The year to July 2022 saw clinical academic numbers drop below 3000 for the first time since 2008. They now stand at 2953 FTE, lower than the total of 2997 nearly 20 years ago in 2004. The recent report from the Academy of Medical Sciences into Future-proofing UK Health Research, <https://acmedsci.ac.uk/file-download/23875189> highlights the need for coordinated action from the whole spectrum of stakeholders. MSC is committed to this and plans to play a central role.

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In May 2023 Council agreed to the formation of a Research Leads group chaired by Prof David Burn. The group will lead on the development of a strategy to address key issues in clinical research, including developing and growing the clinical academic workforce, fostering student enthusiasm for clinical academic careers, and identifying practical steps for adopting relevant recommendations arising from reports from bodies such as the GMC and Academy of Medical Sciences. Ideas are currently being sought for additional areas of collaboration which will add the greatest value, and the first meeting of the group is scheduled for September.

Last year MSC and the university hospitals worked closely with other stakeholders to try to influence the wording of the Health and Care Bill. One proposed amendment would have included a duty for the Secretary of State for Health to publish regular workforce plans for the NHS. Although ultimately this did not make it into the bill, the collective pressure applied across the sector arguably helped to necessitate the NHS Long-term Workforce Plan which was published in July 2023. MSC will play a pivotal role in identifying practical steps to implement the plan, particularly around expansion of medical school places and utilising this opportunity to grow the clinical academic workforce.

In September 2021 the Clinical Academic Training Forum (CATF) launched CATCH– the *Clinical Academic Training and Careers Hub*. CATCH is a website that aims to be the home for information on clinical academic careers and promote clinical academia as an exciting and rewarding career choice. The site initially provided information for medicine and dentistry, with nursing, midwifery and allied health professionals following shortly after launch. Discussions are currently underway to expand the content to include information about veterinary and pharmacy clinical academic careers.

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. Recently further interviews have been recorded which will be added shortly. These have been selected to expand the range of interviews on the site to cover more professions and career backgrounds, including with a veterinary researcher, a medical education researcher, and individuals with more unusual career paths and research interests. This diversity of backgrounds is part of CATCH's mission to showcase the exciting breadth of career options available.

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. 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.

Plans are currently underway for future updates to the website, including:

- Showcasing more atypical career paths to emphasise there is no 'one size fits all' approach
- More information about mid-career entry to clinical academia
- A 'Team Science' section to emphasise the importance of multidisciplinary and cross-sector working
- Further information about funding opportunities with deadlines and guidance
- Expanding the clinical teaching and education section to ensure adequate prominence is given to the role of clinical academic educators

Advancing health: The impact of UK medical schools' research

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In February 2023 MSC published a report titled [Advancing health: The impact of UK medical schools' research](#). Using case studies from the 2021 Research Excellence Framework, it showcases some of the innovative and impactful medical research undertaken by universities and medical schools across the UK. Each medical school was asked to nominate one case study, which was then summarised in a clear and accessible format in collaboration with the lead researchers. The case studies were grouped thematically under the headings Improving clinical practice, Reducing the cost of healthcare, Driving policy change, and Health beyond borders. Copies of the report were sent to key stakeholders from across the sector, as well as Members of Parliament and the House of Lords. The introduction, by MSC chair Prof Patrick Maxwell, highlights the breadth and impact of UK medical research, the economic arguments for further investment in research, and the vital role of the clinical academic in driving clinical innovations. It is hoped that the report will be used to influence policy makers and senior figures in the healthcare sector to ensure the UK remains a global leader in clinical research.

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.

MSC worked with Health Education England and the UKFPO in 2022–23 to look at how the system for allocating students to their first training post in the NHS might be improved. MSC had put forward a process based on student preference that would replace the existing competitive process. A consultation received over 14,000 responses, 66% of which were in favour of the Preference Informed Allocation scheme. This is going live with immediate effect.

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 Selection Alliance has continued to engage with external stakeholders, including UCAS, Ofqual, NHSE, DfE and OfS. It continues to provide comprehensive information to applicants and their teachers and advisers through various guides and outreach activities.

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 2022–23 included:

- Webinars for teachers and career advisers. These covered topics such as aptitude tests, work experience, 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. UCAS also attended a webinar and spoke about the upcoming changes to the UCAS process and what it means for medical school applicants.
- Teacher and advisers' conferences. Eight events were scheduled to take place for teachers and advisers both online and in-person, covering a variety of topics relating to admissions. A number of medical schools across England were funded to host events especially for teachers from areas of high social deprivation.
- Summer schools for candidates from widening participation backgrounds. Four medical schools were funded to provide longitudinal outreach programmes which culminated in summer school for over 500 young people from disadvantaged backgrounds. Activities took place both online and in-person.

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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.

MSCSA continues to support UKWPMED, a collaboration between six UK medical schools that allows applicants who successfully complete a widening participation scheme at one school to receive an interview and reduced grade offer at the other participating schools. The scheme is set to expand with a further medical school joining for 2024 admission, with more interested in the scheme.

MSC EDI Alliance

See Aim 4

Education leads

See Aim 2

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.

Trustees' report

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. There are four additional members of staff under the umbrella of the MSc secretariat. Their salaries are paid by the different organisations. The time of any MSC staff working for the other Councils is reimbursed by those Councils.

University Hospital Association (UHA)

The MSC secretariat also supports the University Hospital Association. This year a new UHA Chief Operating Officer sub-group was formed, alongside existing groups for CEOs, plus directors of R&D, HR, Nursing, Finance and Medicine. The initial focus for the COO group will include productivity, winter pressures, and R&D integration.

The annual research afternoon between MSC and UHA took place in May 2023. Members discussed the NHS Long-term Workforce Plan, Horizon Europe affiliation, building research capacity, and research as a priority area for Integrated Care Systems/Boards.

In June 2023 the UHA CEOs held a joint meeting with the Medical Directors at which Prof Sir Stephen Powis, National Medical Director of NHS England, gave an update on the NHS Long-term Workforce Plan and the associated expansion of medical school places.

The medical directors have held meetings which featured updates from the GMC about winter pressures and clinical decision making, Danny Mortimer, Chief Executive of NHS Employers to talk about pensions, and held other conversations around industrial action and contracts.

The regular meetings of the Directors of Nursing and HR have been impacted by ongoing industrial action. The HR directors have met to discuss cost of living, strikes, pensions and winter pressures. They have also relaunched the formerly annual benchmarking survey, which allows Trusts to compare a number of HR metrics including training, sickness, hiring patterns etc.

Association of Dental Hospitals (ADH)

ADH has been providing networking opportunities for dental hospitals to share best practice and tackle common challenges. In April 2023, ADH ran a successful one-day conference in Manchester on digitisation in dental hospitals and trusts, providing valuable insights on improving patient safety and patient care through digital systems, and sharing lessons learned on expensive mistakes to avoid.

ADH has continued its successful collaboration with the Dental Schools Council (DSC), strengthening the bond between the two organisations. Previously, by working closely together DSC and ADH successfully advocated for increased funding for dental clinics, for evening and weekend sessions to catch up on missed clinical experience during the pandemic. In the coming year, ADH will work closely with DSC and other stakeholders to respond to the NHS's long-term workforce plan to increase the number of oral health professionals substantially in the next decade. ADH members will also work together to consider ways to monitor and reduce greenhouse gas emissions.

ADH is now led by a new Chair, Ewen McColl, who is the Director of Clinical Dentistry at Peninsula Dental Enterprise and Deputy Head of School at Peninsula Dental School. Under Ewen McColl's leadership, the

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collaborative efforts of ADH will continue to improve standards of patient care and dental education, and will position ADH as a leading voice in the oral health sector.

Dental Schools Council (DSC)

Promoting best practices in dental education remains a top priority for DSC. The council published a paper on the role of simulation in dental education, highlighting its significance in clinical teaching and professional progression. DSC is actively working with stakeholders to enhance funding and curricula regulations to better include simulation practices. Dental Schools Council education committee continues to work with Postgraduate Deans and Dental Foundation Education Supervisors to facilitate a smoother transition for graduates to practice.

DSC is committed to diversity and inclusion in dental education. DSC established a working group on reasonable adjustments with representation from four-nation stakeholders, to promote fair inclusivity in programmes. DSC provided guidance to dental schools on supporting students from faith backgrounds. DSC continues to explore ways to improve guidance for applicants to widen access to the profession. In line with this, this year DSC is conducting another set of summer schools, offering valuable insights into dentistry for aspiring dentists from diverse backgrounds.

DSC publicly proposed three policy measures throughout the past year, including advocating for extra funded places for Bachelor of Dental Surgery students at existing institutions, resolving funding streams to maintain and increase Dental Therapist training, and seeking sustainable capital investment for dental schools and clinics. Now, DSC is actively engaged in responding to the NHS workforce long term plan, which contained most of these requests. Collaborating with stakeholders, DSC will help deliver a successful education expansion while preserving critical resources including research capacity. This year, DSC had a change in leadership, with Prof. Kirsty Hill assuming the position of Chair in July 2023. Under Prof. Kirsty Hill's leadership, DSC is poised to continue its impactful work.

Pharmacy Schools Council

Clinical placements for undergraduate MPharm students and payment for placements have been the focus of much discussion by the Pharmacy Schools Council (PhSC) over the last year. The PhSC produced a consensus statement on clinical tariff in England which welcomed the inclusion of pharmacy in the list of professions eligible for clinical tariff, but noted the current payment level for clinical tariff is much lower than the tariff for medical student placements. The General Pharmaceutical Council (GPhC) expects mixed placements for pharmacy students but many Schools of Pharmacy (SoP) in England are experiencing difficulties in securing GP practice pharmacy placements when clinical tariff is offered to providers. Most SoP are unable to pay the higher rates for placements expected by GP practices. This may be less of an issue in the other UK countries where payment for pharmacy placements is aligned more closely with the medical tariff. On a more positive note, in an effort to increase the uptake of undergraduate pharmacy placements at independent community pharmacies, the National Pharmacy Association (NPA) has provided the PhSC with a list of independent community pharmacies willing to accept MPharm students on placements. There has been a good uptake of these placements by SoP, although the number of available placements does vary depending on geographical location. Student feedback has generally been positive.

More SoP have now had an accreditation visit by the GPhC to the 'New standards for the initial education and training of pharmacists'. Generally, SoP have reported improvements in the accreditation process, such as the use of a better tone, more relevant questioning, questions being shared in advance of the meeting, and a more engaging and discursive style. However, the PhSC has noted that the style and approach of accreditation visits can still be variable between SoP and discussions are ongoing with the GPhC to ensure a consistent approach is adopted during accreditation visits.

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Throughout the year there has been much discussion about the use of artificial intelligence (AI), such as ChatGPT, in academia and research. Although AI packages can pull information together quickly and provide detailed answers to questions, there are concerns over the reliability and accuracy of the information produced. AI has been shown to fabricate data and is currently poor at critical thinking. The use of AI also raises ethical and educational concerns. A review of the type of assessments that are used at undergraduate level and how they are marked may be required; future exams and assessments may need to focus on ways of allowing students to demonstrate critical thinking, and more verbal and in person discussions with students may become necessary. This is a topic the PhSC will revisit in the coming year.

Following publication of the NHS Long-Term Workforce Plan, the PhSC produced a statement congratulating the government on the publication of the plan and its aim to develop and strengthen the NHS workforce, including the important role pharmacy professionals will play across all settings. The PhSC set out its key considerations for the implementation of the plan including pharmacy workforce recruitment, pharmacist prescribers, increased foundation year training places and new Schools of Pharmacy, and pharmacy apprenticeships.

The PhSC also considered the Report from the UK Commission on Pharmacy Professional Leadership. The PhSC view is that every pharmacy professional should consider themselves as a clinical teacher. However, to achieve this, a pharmacy professional leadership body must take ownership of changing the culture in the whole pharmacy profession, although SoP could assist with culture change at undergraduate level. Once it becomes clear how any of the recommendations in the report will be implemented the PhSC will assess the best way to engage.

The PhSC submitted a response to the Department of Health and Social Care (DHSC) consultation on Anaesthesia Associates and Physician Associates as the outcomes from this consultation may impact on all healthcare regulators, including the GPhC. The PhSC's main concern was that regulators must not be involved in the setting of pharmacy undergraduate assessments and exams.

The PhSC has worked with a wide range of stakeholders in the development of useful resources for pharmacy education. The PhSC's Postgraduate group worked with NHSE Workforce, Training and Education Pharmacy (NHSE WTEP) to produce a Prescribing Joint Curriculum that will be updated every six months. The PhSC also endorsed an Indicative Curriculum on Public Health, an Indicative Curriculum on Genomics and a document on Entrustable Professional Activities, all produced by NHSE WTEP. In addition, a document produced by the Sustainability in Pharmacy Education Group, that provides suggestions on how sustainability can be incorporated into the GPhC learning outcomes, was also endorsed by the PhSC.

Monthly meetings are now being held by the PhSC Executive to enable informal discussions on pharmacy education issues. Prof Anthony Cox (University of Birmingham) was recently appointed as the new Deputy Chair of Executive and two members have been co-opted onto Executive to ensure representation from all four nations. Executive is keen to improve governance around its three groups (Admissions; Students Success; Postgraduate) and is working to update their terms of reference, including specifying terms of office for the group Chair and Deputy.

The PhSC Admissions group is developing a 'Best practice in the selection of pharmacy students' document. This document is a voluntary minimum standard that all SoP should be able to apply and incorporates the new GPhC requirement to interview all pharmacy applicants and the inclusion of NHS values-based recruitment. It is hoped to have the document published by the end of summer 2023.

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Veterinary Schools Council (VSC)

The Veterinary Schools Council (VSC), led by Prof. Stuart Reid of the Royal Veterinary College, has been delivering the strategic plan for 2022-2025. VSC remains committed to leading best practices in veterinary education, research, and clinical service, while promoting wellbeing among staff and students. To reduce barriers to information sharing and address key challenges across the sector, VSC has collaborated with external bodies such as the European Association of Establishments for Veterinary Education (EAEVE) and maintained regular contact with UK government departments, including the Department for Environment, Food and Rural Affairs and the Department of Education.

VSC members have collaborated in responding to the opportunities and challenges to shape modern curricula. For example, VSC is exploring evidence-based responses to generative AI in education, engaging with leading experts and sharing policies to develop and showcase best practice.

VSC recognises the importance of promoting diversity and inclusion in veterinary education and the profession more widely. VSC analysed data from UCAS on diversity of the applicant cohort, which revealed worrying trends. Accordingly, VSC is working on an action plan to improve equity, diversity and inclusion at veterinary schools. Actions will include improving recruitment so that more pupils learn about studying veterinary medicine. Regular representation of the Association of Veterinary Students at both VSC Council and committee meetings promotes inclusivity and accountability. VSC will seek feedback from the wider student body at the upcoming Student EDI conference.

This year, VSC plans to engage in more outreach activities to increase awareness of the high-quality contributions of veterinary research and education. VSC will reach a wider audience of scientists and communicate more with the veterinary sector through media and publications. This work includes a document showcasing veterinary research funded by the research education framework.

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 2023–24

MSC plans to continue all the activities outlined above in 2023–24 and will thus deliver the Aims agreed by members. The recent publication of the Government's Long Term Workforce Plan for the NHS with its decision to double medical student numbers in the next 10 years will be a significant challenge for medical schools – a challenge which MSC is determined to embrace actively.

Trustees' report

Financial Review

Review of position at the end of the year

The statement of financial activities for the year 2022–23 is set out on page 21 and the balance sheet on page 22 of the financial statements. A summary of the financial results and position is given below.

Income and expenditure for the year ended 31 July 2023 and position at the end of the year are summarised in the table below. A surplus of £108,000 is reported on unrestricted activities.

	Unrestricted Activities £'000	Restricted Activities £'000	Total 2023 £'000	Total 2022 £'000
Income	648	1,526	2,174	1,508
Expenditure	(540)	(1,516)	(2,056)	(1,370)
Net expenditure/movement in funds	108	10	118	138
Funds brought forward	1,276	676	1,952	1,814
Funds carried forward	1,384	686	2,070	1,952

Plans for the future

Our central plan for 2023–24 is to put MSC at the centre of work to expand medical student numbers and possibly shorten the course - with no impact on the quality of the output. Work has already begun to think about the entire system from the perspectives of all the different players - applicants, politicians, placement providers, educators both UG and PG and patients – as this will facilitate consensus-building and stakeholder engagement, thus ensuring rigour and transparency in the required policy development.

MSC has recognised that data science and artificial intelligence are changing healthcare delivery, education and assessment. MSC will build on a recent survey it has conducted over the coming year.

We shall also continue the strategic focus on assessment, ED&I and on widening participation. MSC will work closely with the GMC, NHSE WTE and the devolved nations to address the issues around the reform of medical education, the Medical Licensing Assessment and on the point of registration.

Principal risks and uncertainties

MSC holds a risk register which is reviewed and updated regularly. Student number expansion, membership, staff, communication, GMC & DHSC 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 2023 were £1.4m (2022 free reserves: £1.3m) which is equal to 31 months of unrestricted expenditure (2022: 22 months).

Trustees' report

Political and Charitable Donations

The company made a donation of £2,500 to the Crisis Rescue Foundation in the year to support its medical work in Ukraine.

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 the majority of normal annual income and the balance comes mainly from grants and and licence fees.

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

Trustees' report

- 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.

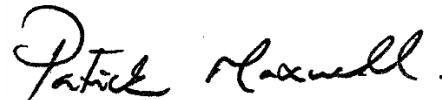
Auditor

A scheduled review of audit provision will take place in the coming year.

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
10 November 2023



Patrick Maxwell
Chair
10 November 2023

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 2023 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 2023 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 16, 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.

 LLP

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

10 Queen Street Place
London
EC4R 1AG

Date: 21 November 2023

Statement of Financial Activities for the year ended 31 July 2023

		Unrestricted Funds £	Restricted Funds £	Total Funds 2023 £	Total Funds 2022 £
Income and expenditure	Notes				
Income from:					
Income from charitable activities					
. Subscriptions from membership	2	376,470	1,192,356	1,568,826	799,191
. Grants and contracts	3	145,210	333,380	478,590	663,393
. Other income		60,726	—	60,726	40,191
Income from investments		65,408	—	65,408	5,705
Total income		647,814	1,525,736	2,173,550	1,508,480
Expenditure on:					
Charitable activities					
. Medical activities	4	539,666	1,515,828	2,055,494	1,370,426
Total expenditure		539,666	1,515,828	2,055,494	1,370,426
Net expenditure		108,148	9,908	118,056	138,054
Gross transfers between funds	14	—	—	—	—
Net movements in funds		108,148	9,908	118,056	138,054
Total funds at 1 August 2022		1,275,816	676,413	1,952,229	1,814,175
Total funds at 31 July 2023	14	1,383,964	686,321	2,070,285	1,952,229

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 24 to 36 form part of these financial statements.

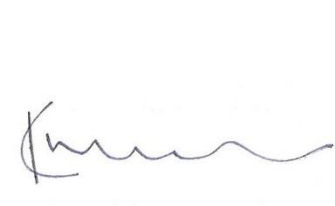
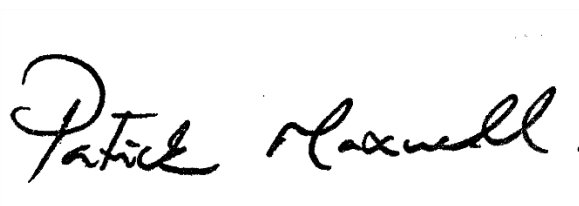
Balance sheet as at 31 July 2023

	Notes	2023 £	2022 £
Fixed assets			
Intangible fixed assets	9	<u>6,799</u>	<u>10,199</u>
Current assets			
Debtors	10	<u>210,211</u>	<u>110,933</u>
Cash at bank and in hand		<u>2,323,685</u>	<u>2,338,536</u>
		2,533,896	2,449,469
Liabilities:			
Amounts falling due within one year	11	<u>(470,410)</u>	<u>(507,439)</u>
Net current assets		2,063,486	1,942,030
Net assets		<u>2,070,285</u>	<u>1,952,229</u>
Funds and reserves			
Restricted funds		<u>686,321</u>	<u>676,413</u>
Unrestricted funds		<u>1,383,964</u>	<u>1,275,816</u>
	14	<u>2,070,285</u>	<u>1,952,229</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 10 November 2023.

Signed on their behalf:

Katie Petty-Saphon

Patrick Maxwell

Chief Executive

Chair

Company Number: 8817383

The notes on pages 24 to 36 form part of these financial statements.

Cash flow statement for the year ended 31 July 2023

	2023 £	2022 £
(a) Reconciliation of net expenditure to net cash flow from operating activities		
Net income for the year	118,056	138,054
Interest income	(65,408)	(5,705)
Depreciation charges	3,400	3,400
(Increase) / decrease in debtors	(99,278)	39,695
(Decrease) / increase in creditors	(37,029)	104,947
Net cash used in operating activities	(80,259)	280,391

(b) Statement of cash flows

Cash flows from operating activities	(80,259)	280,391
Cash flows for investing activities		
Interest income	65,408	5,705
Net cash used in investing activities	65,408	5,705
Change in cash and cash equivalents in the year	(14,851)	286,096
Cash and cash equivalents at 1 August 2022	2,338,536	2,052,440
Cash and cash equivalents at 31 July 2023	2,323,685	2,338,536

Analysis of changes in net funds:

	At 1 August 2022 £	Cash flows £	At 31 July 2023 £
Cash	738,536	(14,851)	723,685
Cash equivalents	1,600,000	—	1,600,000
Total net funds	2,338,536	(14,851)	2,323,685

Notes to the financial statements – year ended 31 July 2023

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 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 2023

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 2023 £
Medical Schools Council	376,470	—	376,470
Medical Licensing Assessment	—	820,456	820,456
Pharmacy Schools Council	—	85,500	85,500
Dental Schools Council	—	115,000	115,000
University Hospital Association	—	123,000	123,000
Association of Dental Hospitals	—	48,400	48,400
	<u>376,470</u>	<u>1,192,356</u>	<u>1,568,826</u>

Notes to the financial statements – year ended 31 July 2023

2. Subscriptions from membership (continued)

	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
	485,316	313,875	799,191

3. Grants and contracts

	Unrestricted funds £	Restricted funds £	Total 2023 £
Health Education England *	80,599	333,380	413,979
Dep of Health and Social Care *	10,833	—	10,833
AUDGPI	5,000	—	5,000
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	32,778	—	32,778
	145,210	333,380	478,590

	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
	171,445	491,948	663,393

* Grants from government and government agencies.

Notes to the financial statements – year ended 31 July 2023

4. Analysis of total resources expended

	Direct costs £	Support costs £	Total 2023 £
Charitable activities			
Core unrestricted	457,242	82,424	539,666
Medical Licensing Assessment	677,038	41,780	718,818
University Hospital Association	101,335	9,040	110,375
Association of Dental Hospitals	23,962	6,164	30,126
Related Councils	140,231	17,529	157,760
Summer School	488,002	10,747	498,749
	<u>1,887,810</u>	<u>167,684</u>	<u>2,055,494</u>

	Direct costs £	Support costs £	Total 2022 £
Charitable activities			
Core unrestricted	507,835	74,115	581,950
Medical Licensing 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
	<u>1,249,477</u>	<u>120,949</u>	<u>1,370,426</u>

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 2023 £
Charitable activities					
Core unrestricted	24,939	9,400	40,885	7,200	82,424
Medical Licensing Assessment	23,218	7,712	3,914	6,936	41,780
University Hospital Association	4,710	500	3,684	146	9,040
Association of Dental Hospitals	2,027	180	3,904	53	6,164
Related Councils	8,347	907	8,056	219	17,529
Summer School	1,457	—	9,290	—	10,747
	<u>64,698</u>	<u>18,699</u>	<u>69,733</u>	<u>14,554</u>	<u>167,684</u>

	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
Medical Licensing 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
	<u>45,844</u>	<u>15,385</u>	<u>56,209</u>	<u>3,511</u>	<u>120,949</u>

Notes to the financial statements – year ended 31 July 2023

5. Support costs allocations (continued)

	Total 2023 £	Total 2022 £
Governance costs comprise:		
External audit and other services	7,147	6,317
Apportionment of staff costs	11,552	9,248
	18,699	15,385

	Total 2023 £	Total 2022 £
Other direct costs include:		
Auditors' remuneration		
. For audit services	5,434	4,662
. For other services	1,713	1,475
Operating lease rentals:		
. Land and buildings	49,049	39,840

6. Analysis of staff costs

	Total 2023 £	Total 2022 £
Total recharged staff costs, including full and part time employees were:		
Salaries and wages	725,481	506,081
Social security costs	80,051	56,106
Pensions	184,727	124,017
	990,259	686,204

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

	Total 2023 £	Total 2022 £
The average number of employees throughout the year was:		
Charitable staff	15.9	11.0
Support staff	0.4	0.3
	16.3	11.3

Notes to the financial statements – year ended 31 July 2023

6. Analysis of staff costs (continued)

The number of employees whose emoluments exceeded £60,000 (excluding employer's pension contributions) was 3 (2022: 3).

	Total 2023	Total 2022
	£	£
£70,001 - £80,000	—	2
£80,001 - £90,000	2	—
£130,001 - £140,000	—	1
£140,001 - £150,000	1	—

The total employer pension contributions for these members of staff were £44,250 (2022: £49,846). 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 £189 in conference and travel expenses (2022: £1,086).

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

	Total 2023	Total 2022
	£	£
Salary and wages	141,360	132,192
Social security costs	18,666	17,508
Pensions	8,906	16,247
	168,932	165,947

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 2023

9. Fixed assets

	Tangible: Furniture & equipment	Intangible: Website development & software	Total
	£	£	£
Cost			
At 1 August 2022	7,890	119,559	127,449
At 31 July 2023	<u>7,890</u>	<u>119,559</u>	<u>127,449</u>
Depreciation			
At 1 August 2022	7,890	109,360	117,250
Charge for period	—	3,400	3,400
At 31 July 2023	<u>7,890</u>	<u>112,760</u>	<u>120,650</u>
Net book value			
At 31 July 2023	<u>—</u>	<u>6,799</u>	<u>6,799</u>
At 31 July 2022	<u>—</u>	<u>10,199</u>	<u>10,199</u>

10. Debtors

	Total 2023	Total 2022
	£	£
Trade debtors	138,251	89,620
Amount due from subsidiary	465	1,318
Prepayments and accrued income	71,495	19,995
	<u>210,211</u>	<u>110,933</u>

11. Creditors: amounts falling due within one year

	Total 2023	Total 2022
	£	£
Trade creditors	154,094	135,733
Amounts due to parent company	110,416	93,130
Accruals	186,325	202,631
Deferred income	19,575	75,945
	<u>470,410</u>	<u>507,439</u>

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

Notes to the financial statements – year ended 31 July 2023

12. Deferred income

	Total 2023 £	Total 2022 £
Brought forward	75,945	83,380
Released in the year	(82,505)	(82,786)
Deferred in the year	26,135	75,351
Carried forward	<u>19,575</u>	<u>75,945</u>

13. Operating lease commitments

	Total 2023 £	Total 2022 £
Leases of land and buildings – amounts falling due:		
. Within one year	45,077	44,867
. Within 2 – 5 years	104,479	148,859
	<u>149,556</u>	<u>193,726</u>

Notes to the financial statements – year ended 31 July 2023

14. Movement in funds

	At 1 August 2022 £	Incoming resources £	Resources expended £	Transfers £	At 31 July 2023 £
Unrestricted funds					
General funds	1,275,816	647,814	(539,666)	—	1,383,964
Restricted funds					
Medical Licensing Assessment	—	820,456	(718,818)	—	101,638
University Hospital Association	178,295	123,000	(110,375)	—	190,920
Dental Schools Council	195,443	115,000	(84,202)	—	226,241
Pharmacy Schools Council	110,264	85,500	(73,558)	—	122,206
Summer School	165,369	333,380	(498,749)	—	—
Association of Dental Hospitals	27,042	48,400	(30,126)	—	45,316
	676,413	1,525,736	(1,515,828)	—	686,321
Total funds	1,952,229	2,173,550	(2,055,494)	—	2,070,285

	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

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

Income and expenditure relating to the Medical School Council's role in developing and delivering the **Medical Licensing Assessment (MLA)**.

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 NHS England (formerly HEE) funding to deliver a variety of widening access programmes in collaboration with medical and dental schools. The majority of the spend goes towards funding summer schools for disadvantaged students but the funding also covers teachers and career advisors events and the creation of resources for applicants and teachers.

Notes to the financial statements – year ended 31 July 2023

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

15. Allocation of net assets between funds

The net assets held for various funds are as follows:

	Restricted funds £	Unrestricted funds £	Total 2023 £
Fixed assets	—	6,799	6,799
Current assets	1,080,476	1,453,420	2,533,896
Current liabilities	(394,155)	(76,255)	(470,410)
	<u>686,321</u>	<u>1,383,964</u>	<u>2,070,285</u>

	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>

Notes to the financial statements – year ended 31 July 2023

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 2023 and the aggregate amount of the assets, liabilities, share capital and reserves as at 31 July 2023 is shown below. Audited accounts have been filed with the Registrar of Companies.

	Total 2023 £	Total 2022 £
Income and expenditure account:		
Income	291,130	498,399
Expenditure	(264,491)	(453,133)
Net income	26,639	45,266

	Total 2023 £	Total 2022 £
Balance sheet:		
Assets	720,222	742,060
Liabilities	(25,229)	(73,706)
Net assets	694,993	668,354

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 2023

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 2023 £	Total 2022 £
Included in expenditure or recharged to MSC Assessment		
Rental and service charges	59,795	59,079

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 2023 there was one member, Universities UK.

Notes to the financial statements – year ended 31 July 2023

20. Statement of financial activities – comparatives by fund

	Unrestricted funds £	Restricted funds £	Total funds 2023 £
Income and expenditure			
Income from:			
Charitable activities			
. Subscriptions from memberships	376,470	1,192,356	1,568,826
. Grants and contracts	145,210	333,380	478,590
. Other income	60,726	—	60,726
Income from investments	65,408	—	65,408
Total income	647,814	1,525,736	2,173,550
Expenditure on:			
Charitable activities			
. Medical activities	539,666	1,515,828	2,055,494
Total expenditure	539,666	1,515,828	2,055,494
Net expenditure	108,148	9,908	118,056
Gross transfers between funds	—	—	—
Net movements in funds	108,148	9,908	118,056
Total funds at 1 August 2022	1,275,816	676,413	1,952,229
Total funds at 31 July 2023	1,383,964	686,321	2,070,285

	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