



Patients and the Public

- Medical Schools take public money to generate new doctors (and other healthcare professionals) who will be fitfor-purpose (Knowledge, Attitudes and Skills) at graduation and throughout their lifetimes.
- This is done in close partnership with NHS organisations.
- We are answerable to public bodies (e.g. GMC, DH, OIA etc) but we should also interact with members of the public more than we do.



Students and Education.

- We are a graduate-entry medical school.
- Our students are not kids, and deserve respect, consultation and participation rather more than previously.
- We should run Masters courses primarily out of commitment and with research relevance.
- We want to identify, support and retain talented people – med students, Masters, PhDs and ECRs.
- We will continue to narrow the gulf between educators and researchers.



Research

- Our research is for the benefit of patients and the public.
- We want our scope to include discovery, T1-translation, Health Service Research and T2-translation.
- We must focus resource into things we do well:
 - o Cancer discovery & translation
 - Microbiology & Infection
 - Metabolic stress
 - o Reproductive outcomes
 - o Early interventions in mental health
 - Generating evidence and bridging T2translation gaps
- We should seek cross-campus collaborations for our excellent research.



Warwick Medical School

Cross-campus research collaborations

- · Warwick is special.
- Health research is also done in:
 - o Life Sciences
 - Mathematics (e.g. Systems Biology Centre)
 - Chemistry (e.g. relevance to cancer)
 - WMG (e.g. Health Informatics; Systems Improvement)
 - Economics
 - WBS (e.g. service delivery organisation)
- Some of these link to the NHS, but greater synergies could be built with WMS help.











