Global Consensus for
Social Accountability of Medical Schools

The beginning of the 20th century presented medical schools with unprecedented challenges to become more scientific and effective in the training of physicians. This was captured in the Flexner report of 1910. The 21st century presents medical schools with a different set of challenges: improving quality, equity, relevance and effectiveness in health care delivery; reducing the mismatch with societal priorities; redefining roles of health professionals; and providing evidence of the impact on people's heath status.

To address those challenges, 130 organizations and individuals from around the world with responsibility for health education, professional regulation and policy-making participated for eight months in a three-round Delphi process leading to a three-day facilitated consensus development conference.

The consensus consists of 10 strategic directions for medical schools to become socially accountable, highlighting required improvements to:
• Respond to current and future health needs and challenges in society
• Reorient their education, research and service priorities accordingly
• Strengthen governance and partnerships with other stakeholders
• Use evaluation and accreditation to assess performance and impact

It recommends synergy among existing networks and organizations in order to move the consensus into action at the global level, with a number of tasks:
• Advocacy to recognize the value of the global consensus
• Consultancy to adapt and implement it in different contexts
• Research to design standards reflecting social accountability
• Global coordination to share experiences and support

A century after Flexner's report, the global consensus on social accountability of medical schools is a charted landmark for future medical education worldwide.

December 2010

Overview

A century after Flexner's report on medical education in North America, the main challenge for the education of health professions in the 21st century resides in the responsibility of educational institutions for a greater contribution to the improvement of both health systems performance and people's health status. This will be achieved, not only by tailoring educational programs to priority health problems, but also by a stronger involvement in anticipating the health and human resources needs of a nation and in ensuring that graduates are employed where they are most needed, delivering the most pressing services. A new paradigm of excellence for academic institutions is needed, as well as new sets of standards and accreditation mechanisms to promote and evaluate their capacity for a greater impact on health.

From 10 to 13 October, 65 delegates from medical educational and accrediting bodies around the world met in East London, South Africa, to finalize the Global Consensus on Social Accountability of Medical Schools (GCSA). Their agreement, which follows, was the culmination of a two-year process of engagement with an International Reference Group (IRG) of 130 organizations and individuals seen as leaders in medical education, accreditation and social accountability.

Facilitated by a Steering Committee of 20 international experts, the IRG members participated in a three-stage Delphi process over eight months leading up to the GCSA. Initially, 43 pages of raw data were gathered, comprising responses to three open-ended questions:

1. How should a medical school improve its capacity to respond to future health challenges in society?
2. How could this capacity be enhanced, including the use of accreditation systems for self-assessment and peer review?
3. How should progress towards this end be assessed?

Through two further rounds and the facilitated meeting, themes were extracted and consensus reached on 10 thematic areas. Each area and its contents were thus derived from a grass-roots process that ensured the consensus was built up from the experience and expertise of the IRG members through a process of gradual refinement, negotiation and agreement.

AREA 1: ANTICIPATING SOCIETY'S HEALTH NEEDS
AREA 2: PARTNERING with the HEALTH SYSTEM and other STAKEHOLDERS
AREA 3: ADAPTING to the EVOLVING ROLES OF DOCTORS and other HEALTH PROFESSIONALS
AREA 4: FOSTERING OUTCOME-BASED EDUCATION
AREA 5: CREATING RESPONSIVE and RESPONSIBLE GOVERNANCE of the MEDICAL SCHOOL
AREA 6: REFINING the SCOPE of STANDARDS for EDUCATION, RESEARCH and SERVICE DELIVERY
AREA 7: SUPPORTING CONTINUOUS QUALITY IMPROVEMENT in EDUCATION, RESEARCH and SERVICE DELIVERY
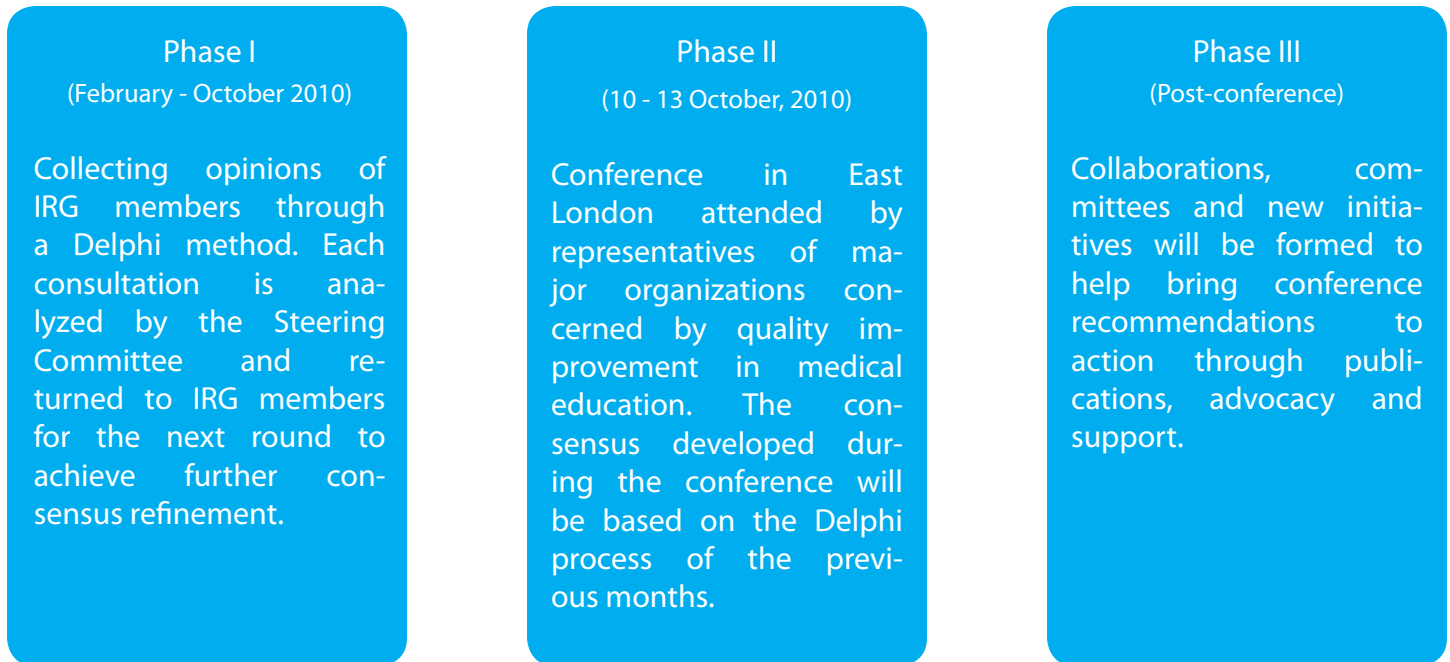AREA 8: ESTABLISHING MANDATED MECHANISMS for ACCREDITATION
AREA 9: BALANCING GLOBAL PRINCIPLES with CONTEXT SPECIFICITY
AREA 10: DEFINING the ROLE of SOCIETY

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The purpose of the initiative was to obtain a consensus on the desirable scope of work required in order that medical schools have a greater impact on health systems performance and on peoples' health status. Within this scope of work we hope to agree upon sets of medical education standards reflecting this capacity and propose methods of evaluation, accreditation and quality improvement.

To realize this aspiration, the initiative was conceived in three phases:

Phase I	Phase II	Phase III
(February - October 2010)	(10 - 13 October, 2010)	(Post-conference)
Collecting opinions of IRG members through a Delphi method. Each consultation is analyzed by the Steering Committee and returned to IRG members for the next round to achieve further consensus refinement.	Conference in East London attended by representatives of major organizations concerned by quality improvement in medical education. The consensus developed during the conference will be based on the Delphi process of the previous months.	Collaborations, committees and new initiatives will be formed to help bring conference recommendations to action through publications, advocacy and support.

We are now entering Phase III. It will require the concerted efforts of a vast array of people and initiatives. Together with the many standing bodies and organizations represented in the IRG there is a rich tapestry of actors to collectively achieve the improvements we seek.

The following document represents a clear consensus on the direction for action in the 10 interlinked areas. This direction includes the enhancement and development of accreditation standards, systems and evaluations, all dedicated to quality improvement in their impact on the health needs of citizens from the local to the global scale. Measurable movement in this direction will become a worthy legacy of the 21st century.

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The Consensus Document

The consensus on social accountability embraces a system-wide scope from identification of health needs to verification of the effects of medical schools on those needs. The list of 10 areas reflects this logical sequence, starting with an understanding of the social context, an identification of health challenges and needs and the creation of relationships to act efficiently (Areas 1 and 2). Among the spectrum of required health workforce to address health needs, the anticipated role and competencies of the doctor are described (Area 3) serving as a guide to the education strategy (Area 4), which the medical school, along with consistent research and service strategies, is called to implement (Area 5). Standards are required to steer the institution towards a high level of excellence (Areas 6 and 7), which national authorities need to recognize (Area 8). While social accountability is a universal value (Area 9), local societies will be the ultimate appraisers of achievements (Area 10).

AREA 1. ANTICIPATING SOCIETY'S HEALTH NEEDS

1.1 The medical school is guided in its development by basic values such as relevance, equity, quality, responsible application of resources in service to needs, sustainability, innovation and partnership, which should also prevail in any health system.

1.2 The medical school recognizes the various social determinants of health - political, demographic, epidemiological, cultural, economic and environmental in nature - and directs its education, research and service delivery programs accordingly.

1.3 The medical school has a vision and mission in education (including basic, post-basic and continuing medical education), research (including basic and applied research), and service delivery principally inspired by the current and prospective needs of society. The medical school anticipates required changes for an efficient and equitable health system with a competent health workforce.

AREA 2. PARTNERING with the HEALTH SYSTEM and other STAKEHOLDERS

2.1 The medical school commits to working in close partnership with other main stakeholders in health (i.e. health policy makers, health service organizations, professional associations, other professions and civil society), and in other sectors in improving the performance of the health system and in raising people's health status through its mission of education, research, and service.

2.2 The medical school finds strength in partnership as evidenced by a continuous and effective consultation with the above-mentioned partners in designing, implementing and evaluating its education, research, and

service programs. Health partners provide mutual support in fulfilling their missions to serve society's priority health needs and challenges. The medical school and professional organizations advise health authorities at all levels on policies and strategies for more socially responsive health systems.

2.3 The medical school recognizes the local community as a primary stakeholder and shares responsibility for a comprehensive set of health services to a defined population in a given geographical area, consistent with values of quality, equity, relevance, and efficiency for developing and assessing innovative models integrating population and individual health activities, for learning and for conducting health research.

2.4 The medical school acknowledges that a sound health system must be founded on a solid Primary Health Care approach, with proper integration of the first level of care with secondary and tertiary levels of care, and an appropriate balance of professional disciplines needed to serve people's needs. Such an approach must be exemplified by the schools' education, research and service programs.

AREA 3. ADAPTING to the EVOLVING ROLES OF DOCTORS and other HEALTH PROFESSIONALS

3.1 The medical school equips graduates with a range of competencies consistent with the evolution of the communities they serve, the health system in which they work and the expectations of citizens. The competencies are defined in consultation with the stakeholders, including other professionals in the health and social sectors, considering the imperatives for efficient sharing

and delegation of tasks among the members of the health team so as to ensure accessible, efficient and quality care.

3.2 The medical school embraces a scope of competencies for the medical doctor that is consistent with the above-described values and the concept of professionalism as recognized by competent organizations. Such competencies include ethics, teamwork, cultural competence, leadership and communication.

3.3 Consistent with the evolutionary needs

of society and adjustments of the health system, the medical school and subsequent postgraduate and continuing professional development programs produce a variety of specialists, appropriate both in quality and in quantity. Priority attention is given to fostering graduates committed to Primary Health Care.

3.4 The medical school recognizes that, regardless of their specialties, future doctors need to be explicitly active in population health and its coordination with individual health, in health promotion as well as risk and disease prevention and rehabilitation for patients and entire communities. Graduates are active in broader advocacy and health-related reform.

AREA 4. FOSTERING OUTCOME-BASED EDUCATION

4.1 The medical school recruits, selects and supports medical students who reflect social diversity and disadvantaged groups.

4.2 The entire spectrum of educational interventions including curriculum content and structure, learning resources allocation, teaching methods, student assessment, faculty development and evaluation systems is shaped to best meet individual and societal needs.

4.3 Learning opportunities and facilities are widely available to assist learners in acquiring the skills of life-long learning and the competencies such as problem-solving and advocacy that will be required to prepare graduates for future leadership roles.

4.4 Students are offered an early and longitudinal exposure to community-based learning experiences, both in theory and practice, to understand and act on health determinants and gain appropriate clinical skills. Such training is integrated in all disciplines with overall faculty commitment and consistent use of resources to benefit the community concerned.

4.5 The medical school provides a range of services and mechanisms to support its fac-

ulty and students to implement educational strategies and ensure graduates possess the expected competencies that a socially responsive health system requires.

4.6 The medical school regularly assesses medical students' performance in the acquisition of the entire range of competencies as described in Area 3.

4.7 Educational strategies and methods are periodically reviewed and updated in accordance with good medical education practices, students' performance assessments, graduates' experiences in current medical practice and feedback from students and stakeholders of the health system. Such reviews include explicit attention to the consistency between the stated values of the school and the observed policies and practice.

AREA 5. CREATING RESPONSIVE and RESPONSIBLE GOVERNANCE of the MEDICAL SCHOOL

5.1 The medical school develops governance structures and responsible leadership to express its role as a key actor in health system and workforce development, by integrating principles of social accountability into education, research and service delivery programs.

5.2 The medical school engages its entire academic and student bodies to address health challenges and needs in society. Such engagement is acknowledged and critically appraised by regular and systematic verification with certified tools.

5.3 The medical school develops sustainable partnerships with other stakeholders, including other health professional schools, to optimise its performance in meeting goals related to the quality and quantity of trained graduates as well as their deployment and impact on health.

5.4 The medical school ensures that existing resources are appropriately allocated and efficiently managed and that new resources are sought to enable it to function as a socially accountable institution. Resources are committed to ensuring adequate numbers of qualified faculty, appropriate and properly functioning infrastructure and implementation of new programs, taking into account an effective balance between all levels of the health service delivery.

AREA 6. REFINING the SCOPE of STANDARDS for EDUCATION, RESEARCH and SERVICE DELIVERY

6.1 Academic excellence is recognized as the capacity to deliver education, research and service delivery programs that best respond to health challenges and needs in society and have a positive impact on health. Consistent with principles of social accountability, the scope of standards reflects the continuum of problem identification, strategic choices, managerial processes, outcomes and impact on health, both individually and population-wide.

6.2 Existing standards in medical education are revisited and enriched with new standards so that their scope encompasses inputs (who is trained and from where), processes, outcomes (what graduates actually do once in practice) and impact. Standards reflect the continuum from undergraduate through post-graduate education, including continuous professional develop-ment. Standards in research and service delivery programs are also oriented to meeting defined needs and the satisfaction of those needs is assessed and communicated back to those responsible.

6.3 Standards relating to education programs cover: articulation of expected competencies; coordination with other health professionals; design and renewal of curriculum; coordination and support for implementation; faculty development; student recruitment, selection, support and counselling; resource allocation and management, evaluation of students, program and teachers; verification of acquisition of expected competencies by all graduates; and ongoing assessment of the career choices and professional commitment of graduates to serve in areas of need. Standards are articulated and managed in a manner that supports in-

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novative change and enhances creativity in responding to social needs.

6.4 Standards relating to outcome and impact of education cover: career choice of graduates relevant to societal priority health challenges and needs; deployment and retention of graduates where they are most needed; capacity of graduates to efficiently address priority health issues; conducive working environment for graduates; and contribution to health status improvement of the general population where the medical school is embedded.

6.5 Standards relating to governance of a medical school cover: quality of institutional governance, good leadership, professionalism of faculty members appropriate use of resources, ability to create and sustain strong partnerships with key stakeholders in the health system; all contributing to the translation of social accountability principles into practice.

6.6 Accreditation standards embrace experiences in interprofessional education and the assurance of skills required for graduates to learn with, about, from and for other professionals.

AREA 7. SUPPORTING CONTINUOUS QUALITY IMPROVEMENT in EDUCATION, RESEARCH and SERVICE DELIVERY

7.1 The medical school engages in a periodic process of internal quality review and improvement, guided by defined standards across education, research and service delivery. Compliance with such standards is an essential part of a socially accountable medical school.

7.2 The medical school measures progress towards social accountability against a series of measures, both qualitative and

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quantitative, that reflect its performance against valid and reliable input, process and outcomes-based accreditation standards. Specification of these metrics should be built from a dialogue with the main stakeholders about the satisfaction of health needs and future challenges.

7.3 The medical school fully supports the use of measurement tools and uses them systematically and periodically for evaluation and institutional improvement. The process is explicit, transparent, constructive and open to other stakeholders.

7.4 The medical school recognizes that a supportive governance structure, responsible leadership, and setting of professional standards for medical education, research and service delivery faculty and staff are key determinants for quality improvement and progress towards becoming a socially accountable medical school.

AREA 8. ESTABLISHING MANDATED MECHANISMS for ACCREDITATION

8.1 Accreditation is a powerful leverage for institutional change and improvement and must be actively supported by academic and national health authorities worldwide. A mechanism is established in a country and/or region for all medical schools to be accredited by a recognized body. The exercise of accreditation is carried out at regular intervals, with improvement(s) implemented in between.

8.2 Accreditation standards and processes clearly reflect principles of social accountability as they embrace the continuum of inputs, processes, outcomes and impact to assess and foster medical schools' capacity

to efficiently respond to health challenges and needs in society.

8.3 The existence of a mechanism for accreditation also implies the existence of support for medical schools' efforts in complying with the aforementioned standards and processes. Depending on the context, the support could be as diverse as the issuance of policy directives enhancing social accountability and the provision of adequate resources and incentives.

8.4 Internal assessment is strengthened by external peer review. Representatives of the main stake-holder groups are actively engaged in defining assessment standards, in selecting external peer reviewers, and in the regular review of the accreditation system.

AREA 9. BALANCING GLOBAL PRINCIPLES with CONTEXT SPECIFICITY

9.1 Principles of social accountability are universal: they are to be adopted and applied worldwide as they enhance a medical school's capacity to better use its potential

to identify and meet health challenges and the needs of society in a spirit of quality, equity, relevance, innovation and the appropriate use of resources.

9.2 As a consequence of increased international mobility of doctors and patients, the medical school will include an international dimension. In order to contribute to a sustainable global development, medical schools should aim at integration of international, intercultural and global perspectives in the purpose, organization and delivery of university education.

9.3 While principles, definitions and classifications of socially accountable schools may be of global relevance, their adaptation to the local context is essential.

9.4 International organizations in health and higher education, regional or global, must be advocates for quality assurance systems including accreditation and regulatory frameworks to apply principles of social accountability and optimally meet the pressing health needs of countries while coping with the general crisis in health workforce development.

AREA 10. DEFINING the ROLE of SOCIETY

10.1 There is a balance to be struck between the preservation of institutional autonomy and the role of stakeholders and civil society in incorporating social accountability in medical schools. This is a genuine challenge.

10.2 The main stakeholders, e.g., policy makers, health service managers, health professionals and civil society, are represented in internal and external evaluation teams, including for accreditation, since accountability to those it intends to serve or work with is desirable. Stakeholder represent-atives have an explicit commitment to common core values and principles of social accountability.

10.3 Communities where the medical school is embedded are regularly surveyed to provide feedback as to the level of social accountability of the school. Feedback on the accreditation status of the school is made available to the community.

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Glossary

Accreditation

The process by which a statutory body, an agency or an organization scrutinizes, evaluates and recognizes an institution, programme or curriculum as meeting the standards necessary for providing an educational service.[1]

Civil Society

Civil society is composed of the totality of voluntary civic and social organizations and institutions that form the basis of a functioning society as opposed to the force-backed structures of a state (regardless of that state's political system) and commercial institutions of the market.

Competency

A broad composite statement that reflects desired knowledge, skills, attitudes, values and behaviours that an individual should develop through education, training and work experience.

Curriculum

The totality of learning activities that are designed to achieve specific educational outcomes through a coherent structure and processes that link theory and practice in the professional education of a medical professional.

Faculty

The academic or teaching staff in a college or university, or in a department of a college or university.[1]

Governance

The principles, policies and processes that allow for autonomous leadership and management of a school.[1]

Health System

A health system consists of all organizations, people and actions whose primary intent is to promote, restore or maintain health.[2]

Health Workforce

The health workforce consists of all people engaged in actions whose primary intent is to improve health. This includes health service providers, such as doctors, nurses, midwives, pharmacists and community health workers. It also includes health management and support workers, such as hospital administrators, district health managers and social workers, who dedicate all or part of their time to improving health.

Outcome

The result or effect of completion of the programme.[1]

Partnership

The relationship between people or groups working together for the same purpose.[1]

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1   *Global standards for the initial education of professional nurses and midwives.* Geneva, World Health Organization, 2009
2   *Everybody's Business: Strengthening Health Systems to Improve Health Outcomes: WHO's Framework for Action*, Geneva, World Health Organization, 2007

Primary Health Care	Primary health care is a way to organize the full range of health care, from households to hospitals, with prevention equally important as cure, and with resources invested rationally in the different levels of care. The ultimate goal of primary health care is better health for all through: • Universal coverage: reducing exclusion and social disparities in health; • Service delivery: organizing health services around people's needs and expectations; • Public policy: integrating health into all sectors; • Leadership: pursuing collaborative models of policy dialogue; and • Increasing stakeholder participation.
Professional Development	The process of maintaining or expanding knowledge, skills, values and behaviour for a specific career trajectory.[3]
Quality Improvement	Continuous positive change in performance through a cyclical process designed to understand the problem, plan, take action, study the results, and plan new actions in response.
School	An organizational unit within an educational institution such as a university or higher education system.[4]
Social Accountability in Medical Schools	The WHO definition of social accountability in medical schools reads as: "The obligation of medical schools to direct education, research and service activities towards addressing the priority health concerns of the community, region or nation that they are mandated to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public." [5]
Social Responsibility	State of awareness of duties to respond to society's needs.
Social Responsiveness	Course of actions addressing society's needs.
Society	People organized in a large entity, such as a nation, bound by a code of regulations and laws. See Civil Society.

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3 *Primary Health Care*. World Health Organization, Geneva (Website accessed on 7 January 2010: http://www.who.int/topics/primary_health_care/en/)

4 *Quality of care: a process for making strategic choices in health systems*. World Health Organization, Geneva, 2006

5 *Defining and Measuring the Social Accountability of Medical Schools*. World Health Organization, Geneva, 1995.

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Those reading this are encouraged to visit our website at:

www.healthsocialaccountability.org

and assist in dissemination, research/development and international collaboration appropriate to their ability and sphere of influence.

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