**Wonca contributes to Medical Schools’ Global Consensus**

The development of the *Global Consensus for Social Accountability of Medical Schools* has been led by Drs Charles Boelen and Bob Woollard.

Prof Khaya Mfenyana, former Wonca Africa president, was a member of the steering committee, hosting a consensus meeting at the Walter Sisulu University. Members of the International Reference Group (IRG) included Professors Rich Roberts, Liliana Arias. Ian Couper, Roger Strasser, Jan de Maeseneer and Michael Kidd. The Wonca Working Party on Education was an active participant in the development of the consensus and held a workshop on this subject, with Bob Woollard, at the Wonca World conference, in Cancun in 2010.

Excerpts from a summary document outlining the process to achieve the report are produced here, but to download either the complete, or summary, document in English, français or español please visit the website:

[www.healthsocialaccountability.org](http://www.healthsocialaccountability.org)

**The process**

The beginning of the 20th century presented medical schools with unprecedented challenges to become more scientific and effective in the creation 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 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.

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, forty-three pages of raw data were gathered responding 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 ten thematic areas. Each area and its contents was thus derived from a grassroots 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 consensus.

**The consensus**

The Consensus consists of ten 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 to move the consensus into action at 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

The main challenge in the 21st century for the education of health professions resides in the responsibility of educational institutions for a greater contribution to improving 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 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.

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 system 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.

**The final phase**

The initiative is now entering phase three. 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 document represents a clear consensus on the direction for action in ten interlinked areas.

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

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.

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