

# IFMSA Policy Document

## Social Accountability of Medical Schools

Proposed by the IFMSA Team of Officials  
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## Policy Statement

### Introduction

As our world undergoes continuous change, a substantial gap persists between available health resources and the evolving needs of the population. This discrepancy places a significant responsibility on medical schools to address this challenge. By the principles of Social Accountability (SA), medical schools have a responsibility to align their educational, research, and service efforts with the priority health needs of the communities, regions, or nations they are designated to serve. This sentiment is echoed by Rudolf Virchow, the founder of the branch of social medicine, who emphasized that "Medical education does not exist to provide students with a way of making a living, but to ensure the health of the community."

### IFMSA Position

The International Federation of Medical Students' Associations (IFMSA) recognizes the importance of social accountability in medical schools. Therefore, IFMSA believes that investing in socially accountable medical education at all levels will cultivate a generation of healthcare providers and leaders capable of identifying and responding to the community's needs, while also actively advocating for a socially accountable health system and medical education. In this process, IFMSA recognizes and takes into account various factors such as worldwide diversity in education systems, living and working environments, and cultures. Thus, adopting a holistic and collaborative approach to medical education and healthcare, based on concepts and actions, becomes imperative.

### Call to Action

Therefore, the IFMSA calls on:

#### Governments to:

- Draft national policies that support and incentivize medical schools in aligning their programs with priority health issues.
- Encourage healthcare workforce to participate in specialties and work in areas related to SA by providing opportunities, preparing good working conditions and setting an equitable healthcare budget.
- Offer financial & logistical support for SA related activities such as training programs, platforms, missions to rural areas, etc.
- Implement financial incentives, such as loan forgiveness or scholarships, for medical graduates who choose to work in underserved or rural areas with urgent healthcare needs.
- Promote the concept of SA within the general public through raising their awareness and improving the infrastructure, in addition to supporting the educational institutions in developing the SA related educational strategies.
- Foster open dialogue between ministries of health, higher Education, and community representatives by establishing mechanisms for ongoing communication to centralise efforts for streamlined services.

#### NGOs and Health Organisations to:

- Engage in shaping policies and resources that prioritize SA in medical education and advocate for inclusive and equitable practices that align with global health priorities.
- Support initiatives that promote diversity, equity, and community engagement within educational frameworks.
- Forge strategic partnerships between NGOs, Health Organizations, and medical schools to co-create and implement educational strategies and standards that emphasize SA.
- Embrace innovative methods to ensure continuous learning, especially in remote or underserved areas for remote capacity-building opportunities for healthcare professionals and faculties.
- Facilitate exchanges, ensuring that medical professionals and communities co-design solutions for better health outcomes.
- Encourage the integration of ethical considerations in research methodologies to ensure the well-being and dignity of the communities involved.

**Health Workforce to:**

- Actively apply, promote, and advocate for the implementation of SA approaches and competencies in their respective roles as healthcare providers and when guiding medical students in educational processes.
- Integrate continuous professional development in the principles of SA medicine into their working portfolios.
- Appropriately integrate and utilize finance, governance and leadership in addressing the health workforce crisis to better cater towards the needs of the community.

**Medical Schools and Healthcare Academic Institutions to:**

- Reform medical curricula based on community-based approaches, to respond to current and future health needs and challenges in society.
- Establish community advisory boards comprising healthcare professionals, community leaders, and residents to provide ongoing input on educational content.
- Provide research and continuous educational opportunities for students and healthcare professionals to pursue SA.
- Collaborate with national and international institutions to exchange resources and examples of good practices in SA.
- Work with accreditation agencies to develop and promote frameworks of SA application within medical education and support the other medical schools in this process.
- Ensure adequate and equitable access to education by holding a fair admission process.
- Support and collaborate with student-led organizations and student councils to advocate for SA within the curriculum and the community.

**National Member Organizations (NMOs) and Medical Students to:**

- Advocate for the development and implementation of SA in the curriculum.
- Create, renew and implement policies for the promotion and adoption of SA principles in their respective regions and countries.
- Design activities and campaigns with a community based approach, as a way to capacitate and increase awareness amongst the medical students and general public about SA.
- Take up novel research initiatives on the need, impact and assessment of SA in their respective regions and share the data and results obtained from it.

**General Public to:**

- Participate in advocacy efforts to highlight the importance of SA and the implementation of community based activities.
- Foster partnerships with stakeholders working in the field of SA in order to make their voices heard.
- Increase the awareness of their crucial position as a valued contributor to the development of the health professions, with the ultimate goal of developing SA programs.

## Position Paper

### Background information

As community health needs are constantly evolving; there is an urgent need for medical schools to identify the current and future society's needs under various circumstances and train future healthcare professionals to meet the community's expectations, thus promoting public health [1]. Therefore, social accountability (SA), as a guiding principle, emphasizes the responsibility of not only individuals but also institutions to align their actions with community needs. Fornili et al., 2017, defined social accountability as the responsibility of individuals, groups, or institutions to the general beneficiaries of an organization while accepting the consequences and outcomes of their responsibilities [1]. In the context of medical education, this translates to prioritizing the integration of activities with societal health requirements, cultivating professionals who should be clinically proficient, socially responsible, and culturally sensitive. According to Fornili et al. (2017), this entails preparing graduates to effectively recognize and address healthcare issues within the community, as well as enabling them to carry out and sustain public health services [1].

Organizations like the World Health Organization (WHO) underscore the collaborative obligation of medical schools to address local, national and/or regional priority health concerns within their educational activities, research initiatives, and services. These principles have been widely acknowledged within several governmental processes, such as the adoption of the "Global Strategy on Human Resources for Health: Workforce 2030" [2]. Subsequently, the Global Consensus on Social Accountability of Medical Schools (GCSA) 2010 set the ten strategic directions. To fulfill community health needs, medical schools have documented their activities, followed by Boelen et al., 2012, publishing that social accountability is in the higher block in the continuum of social obligations of medical schools [3].

Furthermore, The Training for Health Equity Network (THEnet), a global advocate for socially accountable transformative health workforce education, has delineated five foundational values that underpin Social Accountability in their framework [4]:

1. Quality: Health services must be delivered in a way that optimally satisfies both professional standards and community expectations.
2. Equity: Opportunities for health gains are available to everyone. Health equity and social determinants of health should be considered in all aspects of education, research and service activities.
3. Relevance: The most important and locally relevant problems are tackled first. Decisions on health resources are responsive to community needs and the principles of cultural sensitivity and competency.
4. Partnership: Partnerships are key in developing, implementing and evaluating efforts between all stakeholders - faculty and students, communities, health and education systems, and schools.
5. Efficiency: The greatest impact on health is achieved through cost-effectiveness and with available resources targeted to address priority health needs.

This evolution signifies a shift toward a community-centric, socially aware approach, shaping healthcare professionals to be compassionate and socially conscious.

### Discussion

#### Fundamentals of Social Accountability in Medical Education

##### Indicators of Social Accountability

Social accountability, besides taking specific actions through its education, research, and services, aims to meet the health needs of society, but also work collaboratively with governments, health service organizations, and the public to positively impact the health of a community. Measuring the success of initiatives promoting social accountability in medical education necessitates robust indicators that demonstrably capture progress. These indicators provide critical insight into the extent to which medical schools are fulfilling their commitment to responsive, community-oriented healthcare training [5,6].

Many frameworks have been developed to assess SA, one of them is the CPU model, which stands for Conceptualization, Production and Usability. This framework provides parameters that are useful to recognize a school as socially accountable [5]. On the other hand, a consensus on the desirable scope of work required for



medical schools to have a greater impact on health systems performance and people's health status was established in the "Global Consensus on Social Accountability of Medical Schools" [7]. The consensus outlines ten strategic directions for medical schools to become socially accountable, emphasizing the need to respond to current and future health needs and challenges in society, reorient their education, research, and service priorities, strengthen governance and partnerships with other stakeholders, and use evaluation and accreditation to assess performance and impact [7].

Several prominent medical schools, part of the network known as THE net, have taken inspiration from the CPU model to develop an evaluation framework [8]. They are currently researching its effectiveness in improving outcomes and health impact. This aligns with broader trends toward incorporating social accountability principles into medical education standards. Similarly, AMEE - The International Association for Health Professions Education, through its ASPIRE initiative, is testing standards aligned with the CPU model and the Global Consensus recommendations [10].

### **Competencies Related to Social Accountability**

The need for a competency-based approach to HPE is aligned with the importance of matching competencies to patient and population health needs, promoting teamwork, addressing gender stratification, and fostering a broader contextual understanding [11]. This comprehensive approach aims to enhance social accountability within HPE and practice, ensuring that professionals are equipped to meet the evolving needs of communities and contribute to equitable health outcomes [12].

### **Competencies of Medical Schools**

#### **Leadership and Management**

The leadership and management teams of medical schools around the world play an imperative role in ensuring the development and quality standards of the education programs offered by a particular medical school. A poorly designed curriculum, which is not accountable to the society it serves, will improperly capacitate its medical students and thus, hamper the overall quality of medical graduates from that particular medical school. As such, a socially responsive medical school is one that responds to society's welfare by directing its education, research and service activities towards explicitly identified health priorities in society. In this case, the leadership, management, as well as the faculty intends to produce graduates possessing specific competencies to address peoples' health concerns [5].

#### **Adequate Facilities, Technology and Equipment**

Medical schools need to be equipped with adequate as well as up-to-date equipment, facilities and technology to be able to facilitate and capacitate their students with the knowledge and skills to be socially responsible doctors, in the ever-changing and advancing world of medical science [13]. Adequate and unrestricted access should thus be provided to all medical students of a socially accountable medical school [13], not only for the development of clinical skills but also for nurturing the interest and acumen of the students toward research and developing an evidence-based approach to navigating clinical scenarios.

#### **Implementation of Community-Based Education Models and Strategies**

A socially accountable medical school must prioritize significant reforms in curriculum design, favoring a community-based education (CBE) model over traditional approaches. As the transformative nature of CBE extends beyond learning in the community, it also involves learning with and from the community [14]. This approach fosters a holistic understanding of social dynamics in health, cultivating a sense of social justice and cultural humility within the health profession. In contrast to traditional models, CBE actively involves communities, enabling meaningful contributions and benefits from the educational process. This shift not only addresses community needs more effectively but also equips students to understand and address real-world health challenges comprehensively [15]. As evidence, a systematic review indicates that students from socially accountable schools are more likely to remain in rural areas and serve disadvantaged communities. Moreover, these students often demonstrate superior skills compared to their counterparts from more traditional schools, making them better equipped to meet the needs of underserved communities [15].

#### **Community-based Research**

The term “community-based research” (CBR) is used in many ways, and other terms such as “community-wide research,” “community-involved research,” and “community-centered research” are sometimes used interchangeably. Consistent with constructivist and critical theory paradigms and their emphasis on the socially created nature of scientific knowledge, a fundamental characteristic of community-based research as defined here is the emphasis on the participation and influence of nonacademic researchers in the process of creating knowledge. Community-based research in public health is a collaborative approach to research that equitably involves, for example, community members, organizational representatives, and researchers in all aspects of the research process. The partners contribute “unique strengths and shared responsibilities” to enhance understanding of a given phenomenon and the social and cultural dynamics of the community and integrate the knowledge gained with action to improve the health and well-being of community members [15]. CBR serves as a foundational pillar in promoting social accountability within medical education, embodying the principles of collaboration, community engagement, and equity. By actively involving communities in the research process, CBR ensures that research agendas are responsive to local health challenges and empower communities to take ownership of their health issues. Through experiential learning, medical students gain insights into the social determinants of health and develop cultural competence essential for delivering patient-centered care. Furthermore, CBR fosters interprofessional collaboration and translates research findings into actionable solutions, thereby addressing systemic health disparities and advancing health equity. To strengthen social accountability in medical education, it is essential to integrate CBR into curricular and extracurricular activities, support community-university partnerships, and evaluate the impact of CBR initiatives on student learning outcomes and community health [16].

### **Community Service**

Defining community service within the realm of medical education is crucial for clarifying its role and impact. Community service, in this context, refers to voluntary actions undertaken by medical professionals and trainees to provide healthcare to underserved populations. This definition underscores the importance of personal or institutional commitment and self-sacrifice in addressing the needs of medically indigent individuals or communities [17]. Evidence supports the notion that engaging in community service activities not only benefits the recipients of care but also contributes to the professional development of medical trainees. Research indicates that such experiences cultivate empathy, compassion, and a sense of social responsibility among participants. By directly engaging with underserved populations, medical students and faculty gain valuable insights into the social determinants of health and the barriers to healthcare access faced by marginalized communities [17].

While community service may not be explicitly listed as a competency within the framework of graduate medical education by some accrediting bodies, it remains a cornerstone of professionalism in healthcare. Institutions such as the Association of American Medical Colleges (AAMC) and the American Board of Internal Medicine recognize the importance of community service in advocating for equitable access to healthcare and addressing health disparities. Incorporating community service experiences into medical education programs not only aligns with these values but also helps prepare future healthcare professionals to effectively serve diverse patient populations with empathy and compassion [17].

### **Competencies of Medical Students**

Medical students must develop various competencies during their medical educational journey. There is a need to provide a socially accountable perspective on these competencies and to ensure that these competencies are relevant to the community being served by medical students and schools alike. In 2023, the Association of American Medical Colleges (AAMC) updated its competencies for premedical students [18]. It now encompasses socially accountable and responsible competencies such as cultural awareness, cultural humility and service orientation. Cultural awareness is the understanding of how historical, sociocultural, political, and economic factors impact the interactions, behaviors, and well-being of others [18]. It values diversity and expresses a keen interest in learning about various cultures, beliefs, and values [18]. Similarly, cultural humility is defined as actively seeking and engaging with diverse perspectives, demonstrating a desire to comprehend and a readiness to adjust one's mindset. This allows one to embrace alternative viewpoints, reflecting on personal values, beliefs, and identities, acknowledging and addressing bias in oneself and others, and cultivating a supportive environment that emphasizes inclusivity. The term service orientation reflects a display of

commitment to something beyond individual interests, showcasing dedication to service, and pledging to make meaningful contributions that address the needs of communities. Thus, it is the need of the hour to inculcate socially accountable and responsible competencies such as these along with the traditional core competencies of communication skills, teamwork/collaboration, interpersonal skills, leadership skills, critical thinking and ethical responsibility. Such an approach will yield not only holistically developed medical students but socially aware and accountable ones too.

### **Competencies of Healthcare Professionals**

There is clear evidence from developed countries that increasing the number of physicians singly does not necessarily improve health outcomes. Thus, there is a need to shift the importance from increasing the number of physicians, to increasing the number of competent physicians and taking steps to empower and capacitate them in such a manner that they can be socially aware, accountable, and responsible towards the needs of the community they serve [19].

Traditionally, five core competencies for healthcare professionals were held as the gold standard, namely [20]:

- Provide patient-centered care
- Work in interdisciplinary teams
- Employ evidence-based practice
- Apply quality improvement
- Utilize informatics

However, nowadays it is crucial that there is a shift of focus onto the first competency about providing a patient-centered approach to care. This core competency needs to be revised and reinstated as providing a community based approach to care, which drives the healthcare professionals to meet the needs of the communities they serve as a whole. This shifts the focus from healthcare professionals being accountable and responsible towards singular patients, to being socially aware, accountable and responsible to all the patients in the community [20].

### **Integration of Social Accountability in Medical Education**

Social accountability, as defined by the World Health Organization, requires medical institutions to align with societal health needs, collaboratively defined by stakeholders. Globally, medical schools not only educate healthcare professionals but also shape healthcare systems, rendering them accountable for plans, actions, and societal impacts. Escalating scrutiny from legislative, regulatory, and accreditation bodies necessitates meticulous documentation of social accountability plans and actions in education and research, spotlighting positive societal impacts [21].

Within the medical curriculum, social accountability orients education toward training physicians capable of addressing community health needs [22]. This concept, highlighted in a 2011 issue of the Medical Teacher journal, aligns with the WHO definition, making it imperative for medical schools to adopt key strategies [23]. Predicting community health needs emerges as an operational solution, coupled with specialist training that transcends disease knowledge to encompass practical competencies for post-graduation patient management. The goal is to prepare medical students as adaptable specialists capable of meeting evolving community needs and medical advancements [24,25].

### **Areas and examples of good practice for implementing SA in Medical Education Programs**

To mention some of the good examples where social accountability was implemented as a part of the medical education curriculum; the transformative impact of socially accountable curricula, as evidenced in a Sudanese study within a multi-center initiative, highlights the commendable outcomes observed in graduates from socially accountable medical schools [26]. These graduates, recognized for their competence in communication, teamwork, professionalism, work readiness, and commitment to underserved populations, underscore the effectiveness of socially accountable education programs. Another study in Sudan, an exploration of faculty experiences with online courses designed to instill the concept of social accountability brought forth encouraging results [26]. The course not only conveyed a clear take-home message but also dispelled misconceptions,



affirming its role in promoting social accountability within medical education. Building on this success, a study in the United Arab Emirates employed an inventory to assess the integration of Social Accountability values within problem-based learning scenarios [27]. The findings conclusively reveal that the majority of these scenarios effectively incorporated SA values, emphasizing their relevance in addressing specific areas of medical education.

Expanding our perspective to a comprehensive review across Malawi, Tanzania, Ethiopia, Rwanda, and Egypt, the positive impact of social accountability on maternal, sexual, and reproductive health service provision is evident [27]. Examples include successful community monitoring and dialogue initiatives in Gujarat, India, leading to increased awareness of health rights and entitlements [28]. Additionally, a grassroots women's organization in India employed a community-based monitoring approach, strengthening women's political capability [29]. Further support comes from a cluster-randomized evaluation in Malawi, linking governance measures, such as trust in health workers, to satisfaction with services [30]. In the realms of rights holders and health providers, analyses of health facility committees in Benin, Guinea, and the Democratic Republic of Congo, alongside evaluations of community scorecard interventions in Malawi, consistently highlight the instrumental role of social accountability in enhancing capacities and responsiveness [30,31].

In essence, the integration of social accountability within the medical curriculum is not merely an academic endeavor; it is a catalyst for producing competent, socially conscious healthcare professionals and positively shaping health service provision globally. The interconnected initiatives discussed above paint a clear picture of the transformative power embedded in the ethos of social accountability, emphasizing its role as a cornerstone in the evolution of medical education and healthcare systems alike.

## **Social Accountability as Collaborative and Inclusive Approach**

### **Equity, Diversity & Inclusion**

Public policy and healthcare services traditionally followed a top-down approach, but social accountability demands a shift towards collaboration and inclusivity. Recognizing the value of diverse voices, this approach emphasizes engaging stakeholders and communities directly in decision-making processes [33]. To achieve this, Canadian medical schools are actively diversifying their student body by implementing targeted admissions policies. This includes recruiting students from communities facing healthcare disparities, such as indigenous populations, rural communities, and specific socioeconomic or ethnocultural groups [33]. The importance of admitting students from diverse social, linguistic, and ethnic backgrounds, developing competencies for effective teamwork in healthcare systems, and establishing global networks to strengthen institutional capacity [12]. Instead of top-down solutions, effective social accountability demands listening to and co-creating with diverse stakeholders. This includes engaging minority communities, rural populations, and advocates for universal health coverage, ensuring their voices are heard in shaping medical education and healthcare delivery.

Social accountability is grounded in the principles of Equity, Diversity, and Inclusion. By incorporating these principles, the approach strives to ensure that policies and programs are designed, implemented, and evaluated in ways that are fair, culturally sensitive, and responsive to the diverse needs of the population [33,34]. A crucial aspect of social accountability is inclusive decision-making. This involves actively engaging minority communities in the formulation and execution of healthcare policies. By fostering a participatory environment, social accountability ensures that the concerns and perspectives of minorities are integrated into the decision-making processes, leading to more culturally competent and accessible healthcare services [35].

In rural health contexts, social accountability becomes a powerful tool for community empowerment. By involving rural populations in the planning and execution of healthcare initiatives, this approach addresses the unique challenges faced by these communities. It goes beyond infrastructure development to empower rural residents to actively shape and influence healthcare policies that directly impact their well-being [34,35]. Social accountability plays a pivotal role in advancing the agenda of Universal Health Coverage (UHC). By fostering transparent and inclusive processes, social accountability ensures that UHC policies consider the specific needs of diverse demographic groups. This approach not only promotes access to essential healthcare services but also actively involves communities in shaping the trajectory toward health coverage for all [36,37].



## **Partnerships**

Early attempts at assessing needs, such as the conference on Latin American medical education and the Yaounde seminar on African medical training, showcased this collaborative spirit. Recognizing the importance of context, they advocated for training relevant to local realities and within the regions themselves [38]. However, challenges like the "brain drain" of skilled personnel from developing countries illustrate the need for deeper partnerships and mutual understanding. The Alma Ata Declaration's definition of "community" as a diverse and complex entity underscores this point [45]. In practice, building strong partnerships with communities requires going beyond geographical boundaries and engaging in genuine collaboration, recognizing the unique experiences and expertise each party brings to the table [38]. Fostering partnerships is crucial for connecting health, research, and education systems within an integrated framework. Therefore, it is essential to allocate resources for the development and improvement of leadership and collaboration skills among various groups, including formal trainees such as health professionals and graduate students, professionals in practice like healthcare providers and administrators, academics such as researchers and educators, and community members who are interested, including community advocates and patients [39].

## **Enhancing Medical Education, Healthcare Professions and Healthcare**

### **Social Accountability & Social Determinants of Health**

When referring to actions taken to address the social and health needs of people and communities subject to unjust and oppressive social, economic, and political structures, the terms social accountability, health equity, global health, social determinants of health, and structural determinants of health are frequently used together, and occasionally interchangeably. Every one of them has a certain meaning, though [40]. The non-medical variables that affect health outcomes are known as social determinants of health (SDOH). These are the environments in which people are created, develop, work, live, and age, as well as the larger group of systems and factors that shape day-to-day living circumstances. Racism, climate change, social norms, political systems, development objectives, and economic policies and systems are some of these factors and systems. Improving the health of the communities we serve and our patients depends critically on addressing social determinants of health. Acting in line with the social accountability principle means doing so in a way that is a reflection of the health needs of the communities we serve [41].

Along with health equity and health literacy, the SDOH are highlighted by the United States as one of their Healthy People 2030 public health priorities. In five important areas of SDOH—healthcare access and quality, education access and quality, social and community context, economic stability, and neighborhood and built environment—Healthy People 2030 establishes data-driven national objectives [41]. Because it emphasizes the significance of addressing the social determinants of health and encouraging equal access to healthcare for all, the topic of social accountability and health equity in medical education and practice is vital. Medical professionals and students must comprehend and address the underlying social, economic, and environmental elements that contribute to health inequality if health equity is to be achieved [42]. In order to guarantee that healthcare professionals are prepared to care for a variety of populations with specific healthcare requirements, this involves training in cultural competence, patient-centered care, and community engagement. In addition, medical schools and other healthcare facilities have a social duty to address healthcare inequities and advance health equity. This calls for a dedication to both delivering equitable healthcare services and collaborating with nearby communities to find and address the underlying causes of health inequalities. We may work towards a future where everyone has access to high-quality healthcare, regardless of their ethnicity, socioeconomic status, or geography, by emphasizing social accountability and health equity in medical education and practice [42].

Social accountability is gaining rapid acceptance as a way to address health systems inefficiencies and improve basic public health performance, including planning and service delivery, and to contribute to the attainment of the highest possible standards of health. In order to improve access to and the quality of healthcare, it is critical to acknowledge the importance of social accountability interventions and to proceed appropriately. By expanding on our current understanding, capturing a wider range of results, and accounting for erratic implementation procedures, we should test our ideas and hypotheses in the process [43]. There are significant stakes for participants and impactful power dynamics where this work is conducted. The power inherent in the research process itself can shift by adopting co-design and horizontal techniques, anticipating exclusion, and making sure

that protective measures are in place to prevent and reduce exclusion. Lastly, we have to argue that this activity is time-consuming and needs adjustments according to the particular context [43].

### **Role and importance of Social Accountability in Quality Improvement of Medical Education and Healthcare**

Medical schools faced previously unheard-of obstacles at the start of the 20th century as they attempted to improve their scientific and physician-training programmes. The 1910 Flexner report included a description of this [7]. The 21st century brings new difficulties for medical schools, including the need for educational institutions to make a bigger impact on improving people's health and the performance of health systems. In order to meet those challenges, it will not be enough to simply modify educational programmes to address priority health issues. There needs to be a greater national effort put into anticipating health and human resource needs and making sure that graduates work in areas where they are most needed, providing the most urgent services [7]. To encourage and assess academic institutions' potential to have a bigger influence on health, new standards and accreditation procedures are required, along with a new paradigm of excellence for them. To finalize the Global Consensus on Social Accountability of Medical Schools (GCSA), 65 delegates from medical educational and accrediting authorities around the world convened in East London, South Africa, in October 2010. The initiative aimed to reach a consensus regarding the ideal scope of work necessary for medical schools to have a greater influence on the performance of health systems and the health status of individuals. A set of ten medical education standards were created as part of this project to represent the ability and provide procedures for evaluation, accreditation, and quality improvement [7].

Social accountability is a cornerstone of medical education and medical practice. A socially accountable medical school must take into account the needs of the general public as well as the community that its future professionals will be serving. Research indicates that receiving this kind of training increases the likelihood of choosing to work in a rural location in the future [44]. A qualified medical professional ought to be able to practice medicine in the appropriate setting at the appropriate time, with the appropriate patients. This indicates that a curriculum that reflects the health system and the population's top needs should have been taught to the professionals. Medical students should have interprofessional practice and community-based learning as the cornerstones of their education. It offers possibilities to aid underprivileged communities in addition to preparing future professionals for the population's ever-changing priority demands [44].

We must make sure that we will have the appropriate number of health workers in the appropriate locations, with the appropriate skill set, in order to deliver the healthcare our communities require. An international accreditation system for HPE must be developed in order to guarantee the quality of education globally, working with governments to ensure its consistent implementation. This is necessary given the significant increase in health professions institutions that we are currently facing on a global scale [44]. The quality of education must never be sacrificed, not even in cases where the number of healthcare professionals rises. In order to maintain social accountability and allow for external validation of the educational programmes' quality, health professions training institutions also have a duty to be open and honest about the contents of their curricula with the communities they serve [44].

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