Challenges and opportunities for new medical schools in Africa

In 2010, *The Lancet* published a landmark report[1] on global health education, asserting that strengthening health care could be most effectively achieved by organisations working together in "networks, alliances, and consortia". The report presented a compelling argument in favour of new medical schools. New schools are generally less encumbered by tradition and vested faculty interests than established ones, so they can be more agile at adapting to "rapidly changing local conditions drawing on global resources".[1]

The Consortium of New Southern African Medical Schools (CONSAMS) was created by a group of new medical schools in southern Africa (in Namibia, Botswana, Zambia, Mozambique, and Lesotho, in conjunction with two facilitating northern partners in the USA and Finland) that sought to support each other through the sharing of faculty, resources, and innovative programmes. This article describes the challenges these new schools face and their opportunities for innovation that align with recommendations in *The Lancet* report: curricula based on competencies derived from health-system needs and contexts; transformative learning and change agent advocacy; equitable medical school admissions policies that promote capacity-building and retention; accreditation standards appropriate to health-system needs; and interprofessional and trans-professional training to promote health-care strengthening.

Established African medical schools often have outdated European curricula (originating from colonial times) rather than competency-based curricula derived from their local contexts and health needs. The new schools in CONSAMS have moved towards curricula based on context-derived competencies. To this end, they have included substantive community and rural health components in their curricula. For example, students at the University of Namibia School of Medicine spend some months working with the indigenous populations in remote rural regions of the country—an experience from which they derive an enhanced understanding of the country's health needs and the associated competencies needed to work in such settings.

New medical schools might be more adept at the so-called transformative learning that produces enlightened change agents[1] essential for health-care advocacy and strengthening. An example of such transformative learning that produces change agents occurs at Lurio University in Mozambique, where students in the One-Student-One-Family programme are each paired with a specific rural family for the duration of their years in medical school. Students gain a deeper understanding of their particular family's ongoing health-care needs. The trust that develops between students and families is transformative, leading to effective change and health improvements.

A third innovation lies in changing medical school admissions policies that have traditionally been based solely on academic merit. Such policies skew admissions in favour of affluent urban applicants and against rural applicants from disadvantaged backgrounds. The CONSAMS schools have implemented policies designed to grant more equitable medical access to disadvantaged students through, for example, quota systems that enhance the admission of rural students.

The new schools have refrained from wholesale use of medical accreditation standards from high-income countries because these are often not appropriate and infeasible for the African setting. Admittedly, some developing country medical schools have "a nervousness about not being seen to conform to Western educational imperatives".[2] This unease impels these schools to use accreditation systems from developed countries (a trend that has proven lucrative for some American educational organisations). Disfavouring this model, CONSAMS has instead innovated networks of external examiners who monitor assessment and evaluation standards at partner schools and are also developing context-appropriate accreditation standards.

The CONSAMS schools have sought to promote health-worker capacity-building through interprofessional and transprofessional training programmes. The University of Oulu in Finland has for several years been doing interprofessional programmes with the University of Namibia School of Medicine and the Lurio University Medical School that involves students in medicine, nursing, pharmacology, and optometry working in teams within local communities. The One-Student-One-Family programme at Lurio also includes community workers in the health-care team and is thus an example of what *The Lancet* report terms "transprofessional learning".[1]

In conclusion, new medical schools that have decided to work together in consortia such as CONSAMS have strengthened their ability to face challenges and succeeded at educational innovation. The creation of networks, alliances, and consortia between medical schools should be supported as an effective strategy for health-care strengthening and capacity-building in Africa.

We declare no competing interests.

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1 Frenk J, Chen L, Bhutta ZA, et al. Health professionals for a new century: transforming education to strengthen health systems in an interdependent world. *Lancet* 2010; **376:** 1923–58

2 Bleakley A, Bligh J, Browne J. Medical education for the future: identity, power and location. London: Springer, 2011.