

THE EDINBURGH DECLARATION

Thousands suffer and die every day from diseases which are preventable, curable or self-inflicted and millions have no ready access to health care of any kind. Such facts have produced a mounting concern in medical education about equity in health care, the humane delivery of health services, and the cost to society.

This concern has gathered momentum from national and regional debates that have involved large numbers of individuals from many levels of medical education and health services in most countries of the world, and has been brought into sharp focus by Conference theme papers which address basic issues faced by these groups. It also reflects the convictions of a growing number of medical teachers and medical students, medical doctors and other health professionals and the general public around the globe.

The steady forward march of medicine is mainly the fruit of the research which sustains it, and a century of scientific research continues to bring rich rewards; but man needs more than science alone, and it is to meeting the needs of the human race as a whole, and of the whole person, that medical educators must now address themselves.

The aim of medical education is to produce doctors who will promote the health of all people – not merely deliver curative services to those who can afford it, or those for whom it is readily available. That aim is not being realized in many places despite the enormous progress that has been made during this century in the biomedical sciences. This problem is not new, but prior efforts to introduce greater social awareness into academic medical schools have not been notably successful.

These views indicate that many of the improvements can be achieved by actions within the medical school itself, namely to:

1. Enlarge the range of settings in which educational programmes are conducted, to include all health resources of the community, not hospitals alone.
2. Ensure continuity of learning throughout life by shifting emphasis from the didactic methods so widespread now to self-directed and independent study as well as tutorial methods.
3. Build both curriculum and examination systems to ensure the achievement of professional competence and social values, not merely the retention and recall of information.
4. Ensure that curriculum content reflects national health priorities and the availability of affordable resources.
5. Train teachers as educators, not content experts alone, and reward excellence in this field as fully as excellence in biomedical research or clinical practice.
6. Complement instruction about the management of patients with increased emphasis about promotion of health and prevention of disease.
7. Integrate education in science and education in practice using problem solving in clinical and community settings as a base for learning.
8. In the selection of medical students, employ methods that go beyond intellectual ability and academic achievement, to include measures of personal qualities.

Other improvements require wider involvement:

1. Encourage and facilitate co-operation between the Ministries of Health, Ministries of Education, community health services and other relevant bodies in joint policy development, programme planning, implementation and review.
2. Ensure admission policies that match the numbers of students trained with national needs for doctors.
3. Increase the opportunity for joint learning, research and service with other health and health related professions.

Reform of medical education requires more than agreement; it requires a widespread commitment to action, vigorous leadership and political will. In some settings, financial support will inevitably be required, but we believe that much can be achieved by a redefinition of priorities, and a reallocation of what is now available.

By this declaration, we pledge ourselves and call on others to join us in a sustained and organised programme to alter the character of medical education so that it truly meets the defined needs of the society in which it is situated. We also pledge ourselves to create the organisational framework required for these solemn words to be translated into sustained and effective action. The stage is set; the time for action is upon us.

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