The Future of Medical Education in the Andean Region

Executive Summary of the IMELF–Medellín 2026 Satellite Meeting

English Version

ASCOFAME
Asociación Colombiana de Facultades de Medicina

CENTRE OF ACADEMIC EXCELLENCE
IN POST GRADUATE MEDICAL EDUCATION

FACULTAD DE MEDICINA
PONTIFICIA UNIVERSIDAD
CATÓLICA DE CHILE

ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA
COLLÈGE ROYAL
DES MÉDECINS ET CHIRURGIENS DU CANADA

IMELF–Medellín 2026 at a Glance

A regional conversation on the future of medical education

The IMELF–Medellín 2026 Satellite Meeting brought together academic leaders, institutional representatives, medical associations, and international experts to reflect on the transformations shaping medical education and to consider them in light of the realities of Latin America and the Andean Region.

Held on March 25, 2026, at Universidad Pontificia Bolivariana in Medellín, the meeting was organized by ASCOFAME in collaboration with Royal College Canada International (RCCI), as a satellite activity of the III ASCOFAME World Congress on Medical Education 2026.

+80 PARTICIPANTS	**9** COUNTRIES	**10** STRATEGIC PROPOSITIONS
10 WORKING GROUPS	**2** ROUNDS OF DELIBERATION	**20** PARTICIPANTS IN THE SUBSEQUENT ACADEMIC REVIEW

Brazil · Canada · Chile · Colombia · Ecuador · Mexico · Panama · Peru · Puerto Rico

A ROADMAP FOR READING THIS SUMMARY

10 STRATEGIC PROPOSITIONS → **7** CROSS-CUTTING FINDINGS → **2** EMERGING FORCES → **5** REGIONAL SHIFTS

The summary moves from the propositions that structured the deliberation toward an integrated reading of the main patterns, emerging forces, and transformative shifts identified for the region.

METHODOLOGY

How the Deliberation Was Structured

An exercise in structured strategic deliberation

PURPOSE

> To critically examine ten strategic propositions for the future of medical education, consider them in relation to the institutional and health system realities of the region, and identify barriers, opportunities, and directions adaptable to different contexts.

PROCESS

01 Academic framing
02 10 thematic working groups
03 Round 1
04 Participant redistribution
05 Round 2
06 Synthesis and integration
07 Subsequent academic review

The ten working groups used a common framework to examine regional priority, barriers, opportunities, connections across the educational continuum, recommendations and an overall synthesis.

EDUCATIONAL CONTINUUM

UNDERGRADUATE MEDICAL EDUCATION → **POSTGRADUATE MEDICAL EDUCATION** → **CONTINUING PROFESSIONAL DEVELOPMENT**

The strategic propositions were examined across the educational continuum, recognizing the connections among its different stages.

HOW SHOULD THESE RESULTS BE INTERPRETED?

> The results represent a situated regional contribution derived from an exercise in structured strategic deliberation. They do not constitute an exhaustive qualitative study, a formal consensus process, a quantitative prioritization exercise, or empirical validation.

THEMATIC MAP

Ten Strategic Propositions for Transforming Medical Education

Educational models are not transferred; they are adapted.

The ten strategic propositions served as a starting point for examining their relevance in relation to the institutional, health system, and regulatory realities of the region.

Is this relevant here?	What barriers affect its implementation?	What conditions are required?	What regional experiences can inform its development?
From global trends to local realities			

01 **Entrustable Professional Activities (EPAs)**

02 **Precision Education in Health**

03 **New Professionalism and Educational Culture**

04 **Healthy Learning Environments and Workplace Realities**

05 **Best Evidence Medical Education (BEME) and Knowledge Production**

06 **Developing Leaders in Medical Education**

07 **Reconceptualizing Medical Expertise**

08 **Reorienting Assessment Toward Reliable Decision-Making and Programmatic Quality**

09 **Educational Pathways and Transitions**

10 **Pandemic, Global Health, and Planetary Health**

RESULTS FROM THE WORKING GROUPS

What Did the Working Groups Tell Us?

01

Entrustable Professional Activities (EPAs)

From regional interest to gradual, context-sensitive implementation

WHAT THE DISCUSSION REVEALED

There is interest in moving toward assessment that is more closely linked to actual performance. However, differences in graduate profiles, curricula, regulatory environments, and faculty capacity make uniform implementation difficult.

DIRECTIONS FOR ADVANCEMENT

Move forward gradually through pilot initiatives, faculty development, and regional learning, while integrating EPAs with competency-based medical education.

02

Precision Education in Health

Personalizing without widening inequities

WHAT THE DISCUSSION REVEALED

Its potential to support individual learning pathways contrasts with unequal technological, regulatory, and faculty capacities, and raises concerns related to equity and educational judgement.

DIRECTIONS FOR ADVANCEMENT

Develop it progressively as a person-centred approach, supported by appropriate capacity, data governance, equity considerations, and the ethical use of information.

03

New Professionalism and Educational Culture

Transforming culture, not just teaching values

WHAT THE DISCUSSION REVEALED

Professionalism is also shaped by institutional cultures, role models, learning environments, and the realities of clinical practice.

DIRECTIONS FOR ADVANCEMENT

Strengthen coherent educational experiences, make the hidden curriculum visible, and promote cultural change that supports professional identity formation.

RESULTS FROM THE WORKING GROUPS

04

Healthy Learning Environments and Workplace Realities

Well-being as a condition for quality

WHAT THE DISCUSSION REVEALED

Well-being, psychological safety, hierarchical relationships, psychosocial risk, and service pressures are all part of the educational ecosystem.

DIRECTIONS FOR ADVANCEMENT

Treat learning environments as a structural condition for quality and safety, supported by faculty development, shared governance, ongoing monitoring, and institutional improvement.

05

Best Evidence Medical Education (BEME) and Knowledge Production

Producing, sharing, and using regionally generated knowledge

WHAT THE DISCUSSION REVEALED

Many educational decisions still rely on tradition, local experience, or external models with limited contextual evaluation, while much of the knowledge produced in the region remains fragmented or insufficiently visible.

DIRECTIONS FOR ADVANCEMENT

Strengthen the capacity to produce, interpret, share, and use contextually relevant educational evidence through faculty development, collaborative research, and inter-institutional learning.

06

Leadership in Medical Education

Developing leaders to transform systems

WHAT THE DISCUSSION REVEALED

Leadership still often depends on individual characteristics or institutional positions and remains insufficiently structured across the educational continuum.

DIRECTIONS FOR ADVANCEMENT

Develop leadership intentionally, progressively, ethically, and interprofessionally, with appropriate training, assessment, institutional recognition, and network-based collaboration.

07

Reconceptualizing Medical Expertise

Broadening expertise without compromising clinical rigour

WHAT THE DISCUSSION REVEALED

Contemporary practice requires biomedical and clinical knowledge to be integrated with contextual understanding, collaborative practice, deliberation with patients, and responsiveness to social needs.

DIRECTIONS FOR ADVANCEMENT

Broaden medical expertise by integrating scientific knowledge, professional judgement, contextual understanding, shared decision-making, critical thinking, and social accountability.

RESULTS FROM THE WORKING GROUPS

08

Reorienting Assessment Toward Reliable Decision-Making and Programmatic Quality

From isolated tests to longitudinal decision-making

WHAT THE DISCUSSION REVEALED

Episodic assessment systems centred on terminal examinations persist, even in programs that have moved toward competency-based medical education.

DIRECTIONS FOR ADVANCEMENT

Move toward longitudinal assessment systems informed by multiple sources of evidence, continuous feedback, professional judgement, and faculty development.

09

Educational Pathways and Transitions

Building more coherent and better-supported pathways

WHAT THE DISCUSSION REVEALED

Transitions from university entry through undergraduate and postgraduate medical education and into professional practice remain insufficiently structured, and different professional pathways continue to receive unequal recognition.

DIRECTIONS FOR ADVANCEMENT

Develop more explicit, flexible, and supported pathways by strengthening alignment among academia, health systems, and regulatory frameworks, while recognizing a broader diversity of professional trajectories.

10

Pandemic, Global Health, and Planetary Health

Preparing for challenges that extend beyond individual care

WHAT THE DISCUSSION REVEALED

Health and environmental crises highlight the limitations of education focused predominantly on disease and individual care, while the integration of global and planetary health remains uneven.

DIRECTIONS FOR ADVANCEMENT

Progressively integrate these perspectives across the educational continuum, strengthening prevention, public health, sustainability, resilience, understanding of social and environmental determinants, and the capacity to respond to collective challenges.

INTEGRATED READING

Seven Findings That Cut Across Medical Education

The integrated analysis of the ten working groups identified challenges that recurred across different strategic propositions. These findings do not represent a hierarchy of importance or a formal consensus; rather, they reflect patterns that emerged from examining the discussions as a whole.

01

An Educational Continuum That Remains Fragmented

The separation among undergraduate medical education, postgraduate medical education, and continuing professional development reflects a challenge that extends beyond the curriculum. Responsibility for the educational trajectory remains distributed across stakeholders that do not always operate in a coordinated manner.

> *More than connecting curricula, there is a need to strengthen governance and shared responsibility across the educational continuum.*

02

Clinical Teaching Requires Greater Recognition

Educational systems depend on clinical teachers who often have insufficient pedagogical preparation, protected time, institutional recognition, and support structures relative to the educational responsibilities they assume.

> *Strengthening clinical teaching as a professional role requires not only developing educators, but also recognizing their educational role institutionally and creating the conditions needed to sustain it.*

03

Innovation Requires Contextualization

Introducing new methods, models, or technologies does not in itself guarantee better education. The discussions highlighted the need to critically examine innovations, adapt them to local realities, and assess their outcomes before promoting broader implementation.

> *Sustainable transformation depends not only on innovation, but also on building the capacity to contextualize it.*

INTEGRATED READING

04

The Hidden Curriculum Also Educates

Relationships, hierarchies, everyday practices, and behaviours tolerated by institutions can reinforce or contradict the values expressed in the formal curriculum.

> *Transforming medical education requires addressing not only what institutions explicitly teach, but also what their cultures make visible, permit, and reproduce.*

05

Well-Being Is a System-Level Condition

The well-being of students, residents, and faculty does not depend solely on individual capacities. It is also shaped by service demands, hierarchical relationships, models of work, assessment systems, and organizational cultures.

> *Well-being should be integrated into the governance and quality of educational systems rather than treated as a separate agenda.*

06

The Region Needs to Generate Knowledge About Its Own Medical Education

Much of the knowledge generated by institutions remains fragmented, poorly documented, or insufficiently shared. This limits the region's ability to learn collectively from its own educational experiences.

> *Documenting, studying, synthesizing, sharing, and using locally generated knowledge is essential to building cumulative regional capacity.*

07

Regional Cooperation Requires Sustainable Structures

The region has significant academic capacity, networks, and leadership, yet much of its cooperation still depends on individual projects, meetings, or time-limited initiatives.

> *The challenge is to move from episodic collaboration toward more stable mechanisms for exchange, shared learning, and joint knowledge production.*

Taken together, these findings show that the key challenges are not solely curricular. They also involve governance, institutional cultures, faculty capacity, knowledge production, and approaches to cooperation.

EMERGING FORCES

Two Forces Reshaping the Future

The integrated analysis identified two emerging phenomena that broaden the interpretation of the meeting and extend beyond specific areas of the curriculum.

01

Cultural Transformation in Medical Education

The discussions suggest that the transformations required go beyond curriculum design. They also involve relationships, hierarchies, institutional cultures, and the ways in which we understand what it means to educate health professionals.

> *The emerging direction points toward models that are more collaborative, interprofessional, socially accountable, context-sensitive, and centred on people and communities.*

02

Artificial Intelligence as a Transformative Force

Artificial intelligence emerged repeatedly in discussions on precision education, assessment, leadership, educational pathways, expertise, and faculty development. Its potential extends beyond new tools: it can transform how medicine is learned, taught, assessed, and practised.

> *Its integration requires developing the capacity to engage critically with intelligent systems, preserve professional judgement, and explicitly address ethics, information quality, bias, data protection, equity, and infrastructure gaps.*

Both forces point to a common challenge: transforming medical education while preserving its professional, social, and humanistic responsibilities.

REGIONAL PERSPECTIVE

What Does This Mean for the Andean Region?

The ten strategic propositions structured the deliberation; their integrated analysis brought forward seven cross-cutting findings and two emerging forces. Taken together, these elements suggest five shifts for thinking about the transformation of medical education in the Andean Region.

01 FROM AN ISOLATED CURRICULUM → **TO AN EDUCATIONAL CONTINUUM**

Strengthen alignment across undergraduate medical education, postgraduate medical education, and continuing professional development, with greater shared responsibility among universities, clinical learning environments, academic associations, regulatory bodies, and health systems.

02 FROM UNSTRUCTURED CLINICAL TEACHING → **TO THE PROFESSIONALIZATION OF TEACHING**

Recognize clinical teaching as a strategic function, supported by faculty development, protected time, institutional recognition, and structures that enable it to be sustained.

03 FROM ADOPTING INNOVATIONS → **TO PRODUCING AND USING REGIONAL EVIDENCE**

Move toward the critical and context-sensitive adoption of models, methods, and technologies, while strengthening regional capacity to document, study, share, and use locally generated knowledge.

04 FROM THE FORMAL CURRICULUM → **TO TRANSFORMING CULTURES AND LEARNING ENVIRONMENTS**

Address not only curriculum design, but also the relationships, hierarchies, working conditions, learning environments, and institutional practices that shape the everyday educational experience.

05 FROM ISOLATED INITIATIVES → **TO SUSTAINED REGIONAL COOPERATION**

Strengthen stable mechanisms for collaboration that enable institutions to share experiences, build common reference points, develop joint initiatives, and accumulate regional learning over time.

> **Transformation will depend less on any single innovation and more on the capacity to act as a connected educational system.**

SHARED AGENDA

A Shared Agenda Toward 2030

Rather than assigning formal responsibilities, this reading identifies areas in which different actors can contribute to sustaining the transformation of medical education across the region.

01

EDUCATIONAL INSTITUTIONS

Strengthen alignment across the educational continuum, the development and recognition of clinical teaching, learning environments, longitudinal assessment, and the capacity to produce and use contextually relevant educational evidence.

02

CLINICAL LEARNING ENVIRONMENTS AND HEALTH SYSTEMS

Strengthen their shared responsibility for education, create conditions that support clinical teaching and supervision, and better align health system needs with educational pathways.

03

ACADEMIC AND SCIENTIFIC ASSOCIATIONS

Facilitate the exchange of experiences, capacity building, the development of shared reference points, and cooperation across institutions and countries.

04

REGULATORY AND QUALITY ASSURANCE BODIES

Support frameworks that enable progressive, context-sensitive transformation, strengthen the quality of educational systems, and help align innovation, assessment, equity, and institutional diversity.

05

REGIONAL AND INTERNATIONAL NETWORKS

Sustain spaces for dialogue, mutual learning, technical cooperation, collaborative research, and joint knowledge production, reducing dependence on isolated projects or one-time meetings.

A shared agenda does not imply a single pathway.

It means building common goals and sufficiently flexible mechanisms for cooperation to respect the diversity of national and institutional contexts.

CONTINUITY

IMELF Continues

The IMELF–Medellín 2026 Satellite Meeting can be understood as one moment within a broader trajectory. Its future will depend on the capacity to sustain the relationships established, continue exploring the questions that emerged, and translate some of the directions identified into new academic, research, and collaborative initiatives.

- **SUSTAIN THE DIALOGUE**
- **COMPARE AND SHARE LEARNING**
- **BUILD NEW FORMS OF COOPERATION**

Continuity may include periodic follow-up mechanisms, regional meetings, thematic workshops, and opportunities for exchange among institutions, while preserving national contexts and particularities. Future initiatives may progressively broaden the range of voices included, with more explicit participation from students, residents, professionals engaged in continuing professional development, patients, communities, and other health system stakeholders.

The region is not starting from a blank slate: it already has capacities, experiences, leaders, and networks that can be connected and strengthened to sustain this process.

A FINAL THOUGHT

The IMELF–Medellín 2026 Satellite Meeting may have ended as an event, but the conversation continues.

The region we are learning to build is not a finished idea.

EXPLORE THE FULL TECHNICAL REPORT

The Future of Medical Education in the Andean Region: Reflections and Perspectives from the IMELF–Medellín 2026 Satellite Meeting

Currently available in Spanish only.

Link
https://congreso2026.ascofame.org.co/precongreso/

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