IFMSA Policy Proposal
Social Accountability in Medical Schools

Proposed by the Team of Officials
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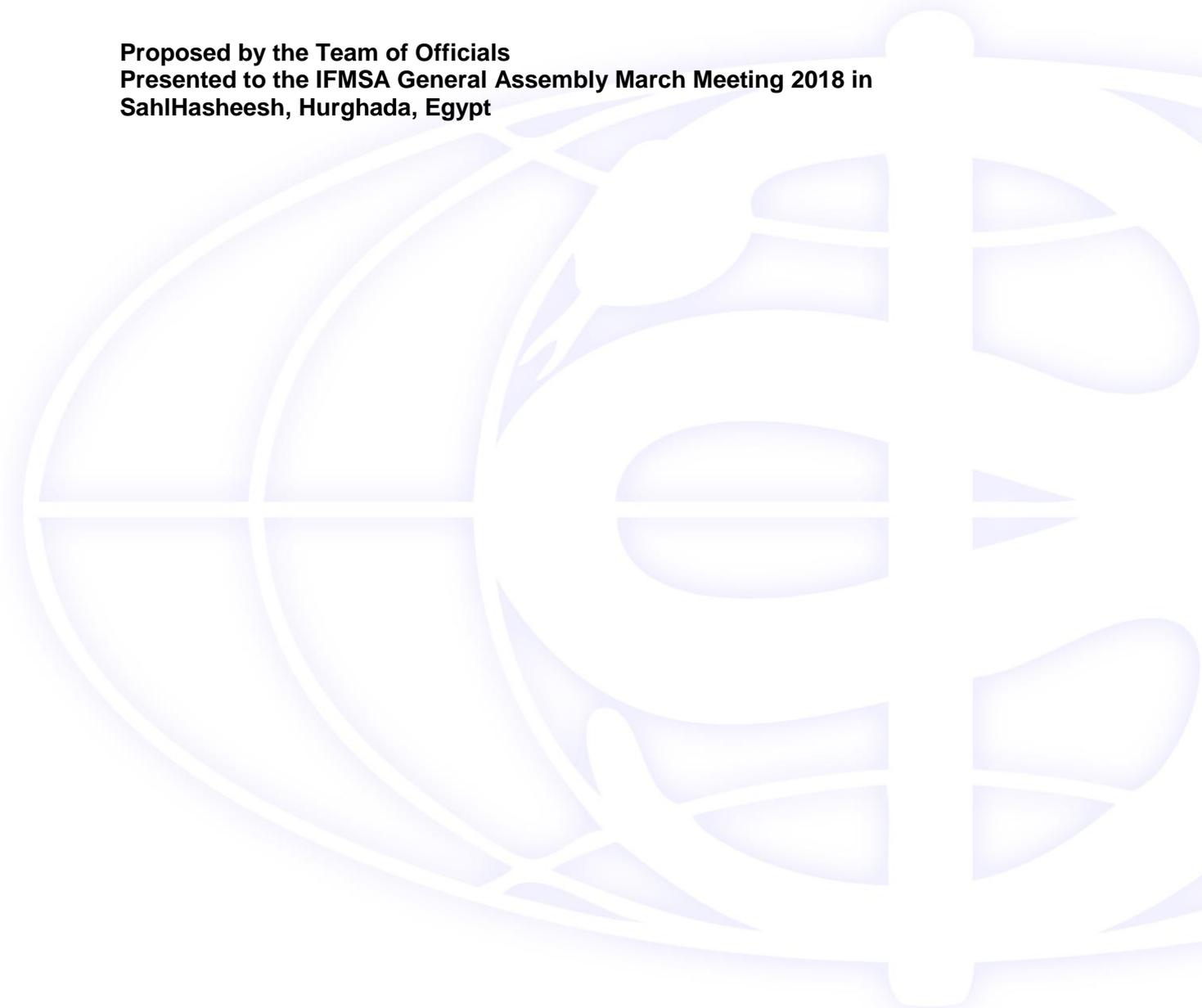
medical
students
worldwide

Policy Statement

Introduction

In 1995, The World Health Organization defined Social Accountability (SA) in Medical Schools as *the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve*. The 21st century presents medical schools and health systems with an important set of challenges: to assure the **quality** of healthcare delivery, to promote health **equity**, to ensure **cost-effective** use of resources and to build strong **relevance** between medical education and society. Education institutes are now being called to reduce the mismatch within healthcare delivery; to redefine the roles of health professionals and to produce evidence of positive impact on the people's health status.

IFMSA position

IFMSA believes that the ground basis of social accountability for medical schools must involve all stakeholders from health students, community members and physicians to education institutions, health systems and governments. For medical schools to become more socially accountable, this requires improvement and reform of the curricula 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, and use evaluation and accreditation to assess performance and impact.

Call to action

IFMSA calls for **Governments** to:

- Promote the collection and analysis of data to anticipate society's health needs and recognize political, demographic, epidemiological, cultural, economic and environmental social determinants of health.

- Acknowledge the role of doctors, regardless of their specialties, as key actors to promote individual health and wellbeing of the communities and the importance of health training institutions in shaping this intervention and ensure their active participation.

- Support and promote the reform of health professions training institutions' vision, objectives and educational strategies to respond effectively to the community needs and to address core competencies such as ethics, teamwork, cultural competence and communication, thus making health professionals active contributors to the health systems.

- Support and promote continuous quality improvement and positive impact in the communities in education, research and service delivery of health training institutions by ensuring reliable accreditation and regulatory mechanisms of governance.

- Ensure adequate planning and assessment of the number of entries in health professions training institutions in accordance with the needs of individual institutions, the community and the country, and foster fair access to health professions training institutions according to the principles of social accountability. Develop strategies and policies, in terms of admissions criteria and financial support, so the student population reflects the diversity of the communities, in terms of demographics and socio-economic conditions.

- Ensure proper working and learning conditions, respect for the health profession, access to career progression, access to continuous professional development and remuneration according to the level of education and responsibility in society to assure the retention of healthcare professionals.

- Incentivize the collaboration and partnership between stakeholders in the communities - from health training institutions to policy makers, health service organizations, professional associations and civil society.These efforts must ensure meaningful and true representation of all stakeholders in relevant processes and engage partners, not only as sources of information and in consultation, but also by actively exercising involvement in the planning, implementation and evaluation of education, research and service programs.

- Work together with educational institutions and exchange practices, while respecting the academic freedom of universities.

IFMSA calls for **Health Organizations** and **Medical Schools** to:

- Ensure that learning outcomes and the health professions curricula reflect the competencies and abilities that are aligned with the health needs of the communities. Such competencies and educative mission and strategies should beperiodically assessed in order to evaluate the effectiveness and quality of the learning process and its relevance.
- Select medical students who reflect the demographic and geographic diversity of the medical school's region/nation the on basis of their potential ability, and make tuition affordable with bursaries and scholarships for low economic background students.
- Move towards student-centered learning, focusing on the empowerment of students, flexible learning paths, elective components of the medical curriculum and learning tailored to the needs of individuals. The curricula must acknowledge and reflect the importance of Primary Health Care as a solid foundation of health systems and clinical practice.
- Provide opportunities for exposure to community service. Such exposure should take the form of either standard curriculum courses or electives and offer hands-on training, while students directly interact with community members. Develop strong and reliable collaboration protocols for health centers or other off-site learning locations to assure adequate clinical training facilities for all healthcare students to consolidate these opportunities.
- Recognize the time spent and competencies acquired by health care students when they were abroad through both formal academic recognition (credits) as well as informal recognition of their added value.
- Create systems where access to health professions education is based on ability, aptitude and potential of a candidate and not on their financial status, in order to increase the diversity of our future health workers and the ability of the health profession to be representative of the population it serves.
- Recognize the role of medical students and student-led initiatives in the implementation of socially accountable curricula.
- Provide a curriculum that reflects the priority health needs of the medical school's region/nation with emphasis on clinical learning in partnership with the region's health service. Ensure that these needs are frequently and carefully assessed across multiple stakeholders and that said curriculum is accessible for the public to view.
- Engage in ethical research activities inspired by and that respond to the health needs of the medical school's region/nation and world health priorities.
- Possess internal and external quality assurance programs that are in line with the global WHO/WFME standards and include the social accountability principles.

IFMSA calls for its **National Member Organizations (NMOs)** and **medical students** to:

- Collaborate globally on a national and international level, to give all students worldwide a chance to make a change.
- Engage in national and international fora and student organizations in order to exchange ideas on the challenges they face and discover new solutions in partnership with others.
- Play an active role in all aspects of quality assurance of Social Accountability. Students should not only be given the opportunity to contribute by providing data, but be included in analysis, interpretation, dissemination and implementation of the results. Students must be included as full members of expert committees involved in accreditation of institutions.
- Make fellow students aware of local and international conferences that they can attend, give students a chance to grow in their leadership skills and let them lead working groups and motivate students to take on active roles within student organizations locally and globally.
- Create activities to build capacity and raise awareness among medical students in Social Accountability with the ultimate goal of developing more community-based activities and raising public awareness.

Position Paper

Background

The World Health Organization, in 1995, defined Social Accountability (SA) in Medical Schools as *"the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have a mandate to serve."* [1] Medical schools carry a far reaching social obligation along with their existence, which is expressed through their commitment to produce graduates able to effectively respond to priority health needs and the challenges of people and society as a whole. [2] However, in order to be socially accountable, medical schools need to be dynamic and adjust freely to the growing and changing demands of the patients and community in which they serve. [3] The 21st century presents medical schools and health systems with an important set of challenges: to improve the quality, equity, relevance and effectiveness in health care delivery; to reduce the mismatch within healthcare delivery; to redefine the roles of health professionals and to produce evidence of positive impact on the people's health status. [4] For medical schools to become more socially accountable, improvements are required in several layers of the education scheme: responding to current and future health needs and challenges in society, reorienting their education, research and service priorities accordingly, strengthening governance and partnerships with other stakeholders and using evaluation and accreditation to assess their performance and impact. [5] Social accountability is essential to medical schools because it creates a dialogue between all parties and promotes constructive monitoring of the medical schools' priorities to its students, future patients and communities. This process endeavors to improve the benefit of the communities and protect the rights of all those involved by holding the institutions accountable for their actions.

Education

The importance of social accountability and community exposure within medical education was already established by 1984, when the Centre for Medical Education at the University of Dundee introduced the SPICES model, which stressed the importance of community-based education; this way students experience health-related problems, understand how their community functions and are better equipped to serve the society in which they practice. [6] Medical schools need to ensure that their curriculum provides students with adequate knowledge and competency skills both to promote social accountability in healthcare and to respond to the needs of their communities, from the conceptualization of the curriculum to the actions and impact it has in community. [7][8] All levels of education need to push this agenda to the forefront of their teaching and specifically focus on underserved populations as well as populations with the greatest need [5][9].

In order to constantly respond to the needs of the community, to assess performance and impact, medical schools must engage in the development and application of evaluation and accreditation systems; Social Accountability is a dynamic concept that must be constantly assessed and adapted to current health needs. This evaluation and accreditation systems are set by identifying important key factors and developing specific indicators based on international approved criteria but also must be related and adapted to the social cultural context. Different international organizations such as WFME [10], AMEE [11] have established accreditation and evaluation standards to help Medical Institutions improve the quality of their education programs and to adapt them to the local context. Moreover, Medical Schools must collaborate with the different levels of stakeholders involved in this process. Since Students represent simultaneously both the future generation of health workers and the current beneficiary of medical institutions teaching programs, they must have a key role in this process. Medical students should be given the opportunity to contribute by providing data and also be included as full members of expert committees involved in accreditation of institutions. Additionally, Medical Training Institutions must claim transparency and openly share accreditation and evaluation outcomes and process, as social accountability is based on

reciprocity and mutual interaction with the different parties involved in it. In addition, with the meaningful involvement of students and students' organizations, health profession training institutions have the chance to prepare the future generation of health workers and potentially future decision-makers to face the challenges of the dynamic change of communities' health needs. The final aim for all relevant stakeholders is to create stronger links between education, communities and health service delivery.

Practice
Community placements, and connections between underserved or rural communities and their health needs, enable students to experience the realities of professional and community life or collaborative partnerships with communities. [11][12] Student placements are one of the major ways to link medical schools with rural and underserved populations. Community placements play an important role in changing or confirming student attitudes and aspirations. Long term community-based medical education that develops significant relationships enhances student learning and consolidates the social accountability of the institution.[13][14[15][16] Establishment of such community placements should be offered, depending on an academic institution's capacity, to medical students on a voluntary or mandatory, yet engaging basis, with the ultimate aim of creating a motivating environment with flexible self-actualization and learning space for potential future community health workers.

Research
Medical schools should ensure that they adapt to the changing needs of their community by developing formal processes to review the needs of the population and subsequently advocate for them while working with partner organizations to develop sustainable healthcare within their community. Furthermore, medical schools need to encourage research to measure the communities' needs and the populations' which it seeks to serve. The results should be made public and utilized in practice to provide evidence-based care. [9] All medical schools have the potential to contribute to the needs of society by educating tomorrow's doctors and directing their research towards making a difference. [16][17] This effort must be contemplated in the education, research and service priorities and should demand a strengthening of governance and partnerships to develop sustainable healthcare in the community. The concept of social accountability mandates medical schools to respond to the health demands of their communities and thus they should be the first line of advocacy efforts to promote the implementation of social accountability mechanisms; they should also form the communication platform with other health related stakeholders, i.e. academia, students, civil society, health service organizations, health workers, governments and other sectors. Partnership is based not only on **collecting information and data** from those partners but also on effective consultation in designing, implementing and evaluating its education, research, and service programs and creating opportunities to build and share experiences at a national and international level. [18]

Beyond researching the needs of the communities they are expected to serve, medical schools should also research their own staff and faculty members and how they correspond to communal diversity. Social Accountability calls for equal representation of all community demographics and while data is unavailable for most countries and medical schools, current evidence suggests that in Canada, the UK and the USA students from low socioeconomic backgrounds are significantly underrepresented despite efforts being made. [19] In order for medical schools to be truly socially accountable, widening participation and increasing diversity in medicine are urgent: schools need to select students who fulfill their set criteria but also reflect the demographic and geographic diversities of their surrounding communities, as well as make tuition affordable and provide bursaries and scholarships for students with lower socioeconomic backgrounds. [20]

Interdisciplinary collaboration

The Alma Ata Declaration on Primary Health Care in 1978 addressed putting people at the center of healthcare. [21] Today, however, meaningful involvement of communities, or students for that matter, in governance of local or national health systems, or decision-making at educational institutions, seems to be rare. [22][23] Reforms in health professions education need to address the coordination between different sectors, both public and private, to align health systems and workforce planning as well as to create stronger links between education, communities and health service delivery. The capacity of civil society organizations to build constructive networks and alliances with pro-reform actors within the state is a critical – perhaps the most critical - variable in explaining the success of social accountability in many cases. [24]

Too often, well intended decisions by one party have adverse effects in other areas. As an example, when governments increase the number of entries to health professions training institutions, without increasing the learning facilities or investing in faculty development, the quality of health professions education is compromised. Involvement of communities, patients, students and other health professionals are often referred to. However, when reviewing the levels at which the involvement takes place, these often remain superficial. There is a large difference between using other parties as information providers, or seeing them as actual partners in change. Academia, students and communities should be valued contributors in the advancement of health professions training institutions, not only as they bring the unique perspective of being directly involved in and seeing the consequences of education and educational reform, but also because we believe they are competent, active and constructive partners in the development and governance of health professions educational systems. As described in the Tunis Declaration [4], "*empowering the forces of social accountability requires not only changes in the academic and educational institutions but also improves the response to the universal health needs of the population by enhancing social justice*".

Impact on Healthcare Delivery

In the past years, enough evidence has been collated to support the importance of a socially accountable medical education. Medical Schools establishing a clear social accountability mandate and exposing students to their respective communities, has shown to increase the chance of following a career in rural practice and/or remaining within the original area of education. Moreover, evidence suggests that the benefit of socially accountable training extends to the rural and neighboring communities. [25] Such a successful example has been measured in Canada, where establishing a medical school with an explicit social accountability mandate, in a particularly underserved area, saw 62% of all graduates follow a career in family practice and a 94% of graduates opt to practice within their undergraduate community. [26] While there is a need for more research on the impact of socially accountable medical training, it has shown great improvement in health worker retention and closing the mismatch within healthcare delivery. This benefit is quintessential for the 21st century, currently faced with a significant lack of health professionals in many rural and remote areas around the world, inhibiting access to healthcare services for a large portion of the global population. [27] Although half of the world's population lives in said areas, they represent only 23% of the global health workforce deployment. [28] To reduce the mismatch, member states of the WHO have agreed to the WHO Global Code of Practice, mandating them to work towards a sustainable health workforce through effective planning, education, training and retention strategies aimed to reduce the need to recruit migrant health personnel. [29]

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