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IFMSA Policy Document Social Accountability of Medical Schools

Proposed by Team of Officials

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Policy Statement

Introduction

Healthcare systems globally are facing a uniform increase in demand for services. With this increasing demand, we are at a crossroads. How do we ensure quality while providing adequate services to the communities? The answer lies in developing a system that caters to the communities at large and can do so in an accountable manner. In 1995, The World Health Organisation defined Social Accountability 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 the mandate to serve. Social Accountability as a concept has gained popularity over the past few years, with there being an evolution in the understanding, application and impact of this concept in all levels of healthcare, including medical education. Throughout this document, we discuss how these endeavours have impacted the world of medical education and healthcare, and what possibilities exist for the future, a shared vision for an increasingly accountable global healthcare system.

IFMSA Position

IFMSA believes that investing in medical education at all levels will build a generation of healthcare providers and leaders who will advocate for a socially accountable health system and medical education. More than ever, A multidimensional approach to healthcare is crucial with the community's needs in the centre of care. IFMSA understands the global diversity of education systems, working environments and cultures. Keeping in line with its motto "Think globally, act locally" identifies the need to have a synergistic concept and an action-based approach. The belief that "Concepts drive Actions" is well identified and has been adopted by the federation.

Call To Action

1. IFMSA calls Governments to:

- Recognize the importance of the generation of evidence for decision-making in health, promoting research to identify, improve and satisfy the conditions and needs of the communities.
- Increase and promote a more equitable healthcare budget.
- Emphasize the need for evidence-based medical education and provide resources to educational institutions
- Invest in the development of health professions training institutions' to direct their activities to address the needs of the communities as well as ensure essential competencies for strengthening health systems.
- Promote the inclusion of a social accountability approach in medical school's vision, mission and curriculum.
- Establish policies and regulations to promote community engagement of healthcare workers. Align accreditation standards in medical education with global standards to promote quality assurance and to ensure that the needs of the communities are recognised.

2. IFMSA calls NGOs and Health Organisations to:

- Drive their efforts towards increasing investments in ethical research – about community needs, requirements and aspirations from healthcare.
- Bridge the gap between experts and the communities to build solidarity and confidence between the stakeholders.



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3. IFMSA calls Health Systems/Health Workforce to:

- Advocate for provision of opportunities for healthcare students to work in community-based settings.
- Appropriately integrate and utilize finance, governance and leadership in addressing the needs of the community.
- Contribute to developing competencies, professional and training practices and educational resources for medical students on community-based services.

4. IFMSA calls Medical Schools to:

- Reform their medical curricula to respond to current and future health needs and challenges in society while creating a culture for empowering student engagement.
- Use community-based learning practices and strategies in the education process.
- Recognize initiatives carried out by students in non-formal medical education to increase their awareness and impact by providing them with relevant resources in a community-based setting.
- Ensure adequate and equitable access to medical education by holding a fair admission process.
- Create partnerships with relevant stakeholders to offer opportunities for students to practice in rural and social areas.
- Promote medical specialities that are needed by the community by sharing data, reasons and opportunities to students for the same.
- To adapt a comprehensive evaluation framework to assess the level of Social Accountability of their programs.

4. IFMSA calls for its Nation Member Organizations (NMOs) and Medical Students to:

- Advocate for a more socially accountable curriculum.
- Collaborate with various Local, National and International organisations to exchange ideas on the challenges they face and effective solutions to tackle the same.
- Collaborate with Accreditation bodies and increase their involvement in the Quality Assurance of Medical Schools.
- Undertake Research Initiatives to identify the impact of Social Accountability and share the data.
- Undertake more community-based activities and initiatives with the ultimate goal to raise students' awareness.

6. IFMSA calls the Public to:

- Actively advocate for quality healthcare delivery and equitable access for culturally diverse patients.
- Raise their understanding of their important role as a valued contributor in the advancement of health professions with an ultimate goal of developing fruitful partnerships between the health sector and the community.
- Partner with NGOs and health-related stakeholders to make their voices heard.



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Position Paper

Background

Contextualization of Social Accountability

Standards of social accountability require an unequivocal three-level commitment: identification of current and imminent social necessities and difficulties, variation of school's projects to meet them, and confirmation that foreseen impacts have profited society [1].

An attention on achieving social accountability requires a steady change from awareness (social duty) to commitment in activities (social responsiveness) lastly towards needs identification, justification of action programs in similar manner, and confirmation of whether foreseen results have been accomplished in fulfilling social necessities [1].

In order to balance global principles with context specificity, the ten strategic directions (GCSA, 2010) general agreement to enable a medical school to be socially accountable ought to be adapted nationally based on context and priorities as its fulfilment may serve as a basis to redefine academic excellence [1]

Discussion

Competencies of medical schools:

Management and leadership

Medical schools and other educational institutions' leadership is of utmost importance for the long-term quality development of medical education, with a clear long-term vision for reform and development. The management must demonstrate adequate leadership competence in medical education and improve fundamental pedagogic principles from a scholarly perspective. The faculty is responsible for the programme's overall quality and its principles and thus to society. Therefore medical education programmes are not built in isolation but in close collaboration with relevant local, national, regional and international stakeholders. These range from the local community to other international institutes. This is an absolute essential for Social Accountability of medical education. [4]

Adequate facilities

Top notch requires sufficient facilities both for learning exercises and for practical clinical studies. This may vary from place to place, yet the facilities should have the option to help the learning of the students and empower them to reach expected results. Unhindered admittance to Information and Communication Technology is important. The accessibility of clinical platforms and proper exposure to patients with major medical conditions is of specific significance. [4]

Adequate planning of the number of entries in health professions training institutions in accordance with the needs of the country, both in the total number of needed health workers as well as the specific needs in specialities, to minimize waste of financial and human resources and to foster fair access to health professions training institutions according to the principles of social accountability in health professions training institutions.[6]

Alignment

The curriculum is aligned between expected learning outcomes, assessment of competence, the actual teaching, and the students' learning process to achieve high quality. This doesn't mean those specific teaching methods are wrong. Rather, methods that adequately meet the students' needs to enable them to achieve the learning outcomes should be selected. The educational process varies according to available resources and conditions.

Consequently, assessment should be designed to ensure that every student has demonstrated expected results in all aspects of professional competence specified in the curriculum plans. [4]



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Accreditation of medical schools:

Accreditation is a process of quality assurance. Accreditation agencies are responsible for evaluating educational institutions or programmes based on specific standards. This reinforces the need for consistent improvement and reforms. Ideally, it should be performed through internationally recognized and transparent standards but relevant to local contexts. The values and principles of social accountability must be part of accreditation processes at all levels.[4]

WFME global standards programme and social accountability

-The concept of Social Accountability is highly appreciated in all parts of the standards set by WFME. These standards stimulate medical schools to encompass Social Accountability when making their constituents' mission and objectives clear. Standards must reflect the willingness and ability of medical education to adjust to societal needs in accreditation processes.
-Accreditation offers medical schools the possibility to develop their own educational framework and transform their own needs for reforms and quality development. [4]

Economic impact: Greater transparency will induce comparisons among institutions. Accreditation norms based on principles of social accountability will enable public authorities, funding agencies and civil society to more knowledgeable support those institutions with the capacity for a higher social impact.[5]

Research-based education:

All medical education should be research-based, meaning that it should build on scientific evidence. Medical schools should actively engage in research to assess their teaching and assessment methods. This will refine the curriculum to be transparent and accountable. Medical Students are a crucial part of the learning system and future educators. Therefore it is prudent to engage students in research-based activities to build their skills for future practice. [4]

Students of socially accountable schools were more likely to stay in rural areas and serve disadvantaged communities and were often more skilled than students from more traditional schools to meet underserved communities' needs.[15] According to a study done by Howe, Students self-report that community placements highlight the importance of a holistic approach towards patient care and the visual impact on health's social environment.[17]

A key Strategy for graduating a workforce willing to respond to the local health system's needs and most vulnerable populations is by providing opportunities for students from the local areas and local underserved communities to enter medical education.[18]

Competencies of Medical Students

Medical students during undergraduate must develop different competencies. However, it is important for these to be aligned with a social accountability approach. For this, it's necessary that schools can acquire this approach and take action so that medical students can serve communities, answer for their actions, being good individual characters, ensuring the health and well-being of the community or society as a whole, working for equality or social justice, and shared power between institutions. [7]

For this, one of the most important competency frameworks is CanMEDS, which establishes 6 roles of an expert doctor: Professional, Communicator, Scholar, Collaborator, Health Advocate and Leader. [8]. This competency framework should be adopted by medical schools since it was developed to address calls for greater social accountability in medicine [9].

Likewise, it is vital that from undergraduate medical students can be exposed to strategies that promote a social responsibility approach and are valued by students such as community-based education [10], interprofessional education [11] and Community-based participatory research [12]



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These strategies should seek to generate formal partnerships or relationships with local communities and health services in order to contribute to quality teaching, research and advocacy activities that are relevant to local health services and population needs, providing quality rural clinical and educational experiences, integrate public health knowledge in their community activities, usually involving the principles of participatory action research and focus on the impact of social environment on health for a person-centered approach. [13]

Partnerships

Medical schools commit to working in close partnership with other main stakeholders in health (for e.g. health policymakers, health service organizations, professional associations, other professions, and civil society), and in other sectors in improving the performance of the health system and in raising people's health status through its mission of education, research, and service. [14]

It has been found that collaborative partnerships with communities, equitable selection criteria, and community-engaged placements in underserved areas positively impact the learning and attitudes of students.[15]

However, these regularly remain apparent. Faculties, students and community ought to be esteemed supporters in the uplifting of health professional training foundations, not just as they bring the exceptional view of being straightforwardly engaged with and seeing the results of schooling and educational reforms, but also since we accept they are capable, dynamic and useful accomplices in the development and administration of health professional training foundations [6]

Clinical schools perceive the neighborhood local area as an essential stakeholder and also shares responsibilities regarding an extensive arrangement of healthcare services to a specific population in a given topographical zone, steady with estimations of value, quality, relevance, productivity for creating and getting to innovative models incorporating population and individual health activities.[14]

Clinical schools recognize that a sound healthcare delivery system should be established on a strong primary health care approach, with a legitimate mix of the first level of care with secondary and tertiary degrees of care, and a suitable equilibrium of expert controls expected to serve people's needs. Such a methodology should be exemplified by the schools' education, research, and administration programs.[14]

Changes in healthcare training need to address the coordination between various areas, both public and private, to adjust healthcare frameworks and workforce planning just as to make more strong links between schooling, communities, and healthcare delivery systems. [6]

Worldwide coordination to share encounters and support, Advocacy to perceive the estimation of the global consensus, Consultancy to adjust and execute it in various settings and Research to plan norms reflecting social accountability. [16]

Quality Improvement and Social Determinants of Health

The existence of institutional objectives is a prerequisite to quality improvement and ensuring the validity of obligations through hard data depicting current and future social needs, and taking into account the opinions of informant representatives of society [1]. Enhancement and development of standards, accreditation systems, and measurement tools need to be designed and tested to steer development in this direction, particularly to establish a meaningful relationship between inputs, processes, outputs, and impact on health [1]

Social accountability plans, actions, and impact require documentation to enable follow up, needs-based regular update and ease of definition and evaluation of conceptual problems [1]



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Quality control and Total quality management must be continuous and regulated through competence and technical capability anchored by consideration of cultural and consumer expectation, and student involvement and contribution to quality assurance and accreditation committees and processes, administrative and policy issues [2]

The CPU model can be applied as an assessment structure with a comprehensive scope of parameters (excerpted from GCSA, 2010 strategies) to evaluate social accountability, all together that the norm of teaching and learning associations could exhibit the impacts of their activities, instead of shortsightedly describing a potential [1,3]. Comprehensively, the social accountability matrix can be adopted as an apparatus for quality control and total quality management in clinical schools utilizing its qualities (importance, cost-effectiveness, quality, equity), domains (education, research, service) and stages (planning, doing, impacting) [1]

As per Boelen et al 2016, as the world focused on the social determinants of health, there emerged a piercing inquiry: "What good does it do to treat people's illness and then send them back to the conditions that made them sick?" [2]

Marmot (2005) keeps up that social determinants, for example, safe areas, liveable pay, complete education, proper nutrition, admittance to basic health and social administrations, and social consideration assume a larger part in health than does any country's medical services [2]

Likewise as the healthcare status of population isn't only, or even generally, an eventual outcome of the healthcare delivery system, it is critical to consider the fact that health is the consequence of a wide range of political, monetary, social, ecological, and biological determinants - thus, affecting on health recommends coordinated activities on these determinants [1]

Medical schools need to be socially accountable with regard to the ecosystem/environment, as they are the major contributors to the social determinants of health of the population served.

Social, economic, cultural, and environmental determinants of health must guide the strategic development of an educational institution [3], because of the need to have a powerful positive ecosystem/environmental impact by developing, role modeling, and teaching ecosystem health and environmental best practices.

Role of Social Accountability in Improving Medical Education and Healthcare

Social accountability is not only the foundation of medical practice but also of medical education. "Advocating for SA is an opportunity to contribute to the building of best medical education practices and improving the health of our communities and countries." (IFMSA, 2016) [20]

Having a socially responsible medical school implies having a learning institution referring to the necessities of the population and the local area the future experts will serve. Proof shows having this sort of training climate builds the chance of deciding for a future profession in a rural area. Yet, clinical schools need to guarantee that their educational program handles the issues and necessities of the occupants. The students should be given satisfactory information and competency abilities both to react to the necessities yet in addition to advocate for social accountability. [21]

"Community involvement is a principal part of setting a schools' education, research and community advancement mission." The general public should motivate directly on the student's learning shifting with the local human determinants of health and equity. Community-dependent education ought to be the responsible method to learn. The sort of healthcare workforce educated in a socially accountable clinical school to address the local social issues is the healthcare workforce that will profit the local area and become the significant pillars of progress in the medical services. [21]

A qualified doctor should be able "to practice the right medicine with the right partners at the right time and the right place". This means the professionals should have been taught a curriculum reflecting the health system and priority needs of the population. Having classes that reflect the socio-demographic characteristics of our reference population means the patients presented at teaching sites prepare the



student for the community he will serve. The community-based learning experience and interprofessional practice should be the foundation of the training background of medical students. Not only does it prepare future professionals for the continuously changing priority needs of the population, but also provide opportunities to attend to the underserved communities. [20]

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