

The Importance of Social Accountability in Medical Schools

Ibrahim Kamil Luttfi

Ministry of Health, Home Health Care Riyadh KSA

Abstract: The definition of social accountability of medical schools according to WHO is 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. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals, and the public. The Objective of SA to Strengthen the Health System through community participation to attain access to quality health services. The vision of SA is the optimal preparation of future practitioners to respond to population needs, and The establishment and promotion of innovative practice patterns to better meet individual and community needs. The medical schools contribute to the needs of society by educating tomorrow's doctors and doing research that makes a difference. The heart of the concept of social accountability/responsibility is that by directing medical school education, research, and service activities toward addressing the priority health concerns of their community/region, their nation, or both, medical schools can make the greatest contribution to the health and well-being of humanity.

Keywords: Social Accountability

1. Introduction

Social Accountability definition

The definition of social accountability of medical schools according to WHO is 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 priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public. (Boelen C and Heck J. E, 1995)

Other definition

Social accountability can be defined as an approach towards building accountability that relies on civic engagement, i.e., in which it is ordinary citizens and/or civil society organizations who participate directly or indirectly in exacting accountability (Malena, Forster and Singh, 2004)

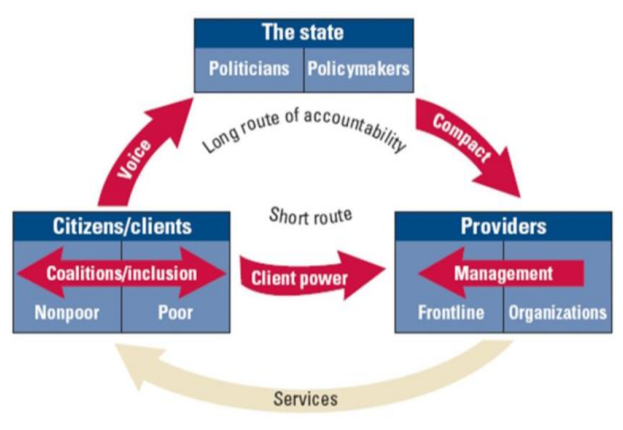


Figure 1: The World Bank framework for accountability and key relationships of power:
Source: World Bank (2013).

2. Objective

Strengthen the health System through community participation to attain access to quality health services.

The vision:

- 1) The optimal preparation of future practitioners to respond to population needs.
- 2) The establishment and promotion of innovative practice patterns to better meet individual and community needs.
- 3) The reinforcement of partnerships with other stakeholders, including academic health centers, governments, communities, and other relevant professional and lay organizations.
- 4) Advocacy for the services and resources needed for optimal patient care.
- 5) The definition and clarification of the concept of social accountability, and the dissemination of methods for measuring responsiveness to societal needs. (Health Canada, 2001)

The Role of Medical Schools:

Medical schools function in three major areas:

- 1) Education: Preparation of future practitioners to respond to community needs.
- 2) Research: Plan and conduct research in the relevant areas of community health to improve health and support the health system.
- 3) Provision of Health Care: Initiate and implement health services that include both curative and preventive aspects in relation to community needs. (Elhassan M, 2012)

Educational mission:

- 1) A socially responsible: State of awareness of duties to respond to society's needs. The intention to produce "good practitioners" is based on an implicit identification of society's health needs. (Dharamsi S and Spadafora SM, 2011).
- 2) A socially responsiveness: Course of actions addressing society's needs. Is one that responds to societies by directing its education, research and service activities towards explicitly identified health priorities in society. In this case, the faculty intends to produce graduates possessing specific competencies to address peoples' health concerns, such as the ones covered under the

notion of "professionalism". (Cruess SR and Johnston S, 2002)

- 3) The socially accountable: The faculty goes one step beyond as it is not only taking specific actions through its education, research and service activities to meet the priority health needs of society, but also working collaboratively with governments, health service organizations, and the public to positively impact people's health and being able to demonstrate this by providing evidence that its work is relevant, of high quality, equitable, cost-effective. (Boelen C and Heck J. E, 1995).

Table 1: Social Obligation Scale

	Responsibility	Responsiveness	Accountability
Social need identified	Implicitly	explicitly	Anticipatively
Institutional objectives	Defined by faculty	Inspired from data	Defined by society
Educational programs	Community oriented	Community based	Contextualized
Focus of evaluation	process	Out come	Impact
Assessors	Internal	External	Health partners
Quality of graduates	Good practitioner	Meeting criteria of professionalism	Health system change agent

In Table 1 above we introduce what we have termed the "social obligation scale", as a way to consider the gradients of a medical school's social obligation in relation to the specificities within the concepts of social responsibility, social responsiveness, and social accountability.

The scope of the work in medical school:

Ten areas lead to the definition of the scope of the work that medical schools require to ensure their substantial roles in the development of health systems and the health status of communities:

- Area 1: Anticipating the Health Needs of Society.
- Area 2: Partnering with the Health System and other Stakeholders.
- Area 3: Adapting to the Evolving Roles of Doctors and other Health Professionals.
- Area 4: Fostering Outcome-Based Education.
- Area 5: Creating Responsive and Responsible Governance of Medical Schools.

Area 6: Refining the Scope of Standards for Education, Research and Service Delivery.

Area 7: Supporting Continuous Quality Improvement in Education, Research and Service Delivery.

Area 8: Establishing Mandated Mechanisms for Accreditation.

Area 9: Balancing Global Principles with Context Specificity.

Area 10: Defining the Role of Society. (Elhassan M, 2012).

The Rationale behind Social Accountability:

- 1) Achievement of the university philosophy.
- 2) Solve the problem of inequity.
- 3) Delivery of service while learning.
- 4) Provide students with an opportunity to relate the theory to real life.
- 5) Strengthening partnership.
- 6) Update and responding to community changes (new socio-cultural factors).
- 7) Solve some problems of medical education e.g. training sites, dealing of all spectrum of health and disease.
- 8) Develop leadership, team working and self-confidence.
- 9) Research.
- 10) One aspect of strategy to achieve health for all.
- 11) Early orientation about the community.
- 12) The profession growth must incorporate personal observation and reflection on their community experience.
- 13) Expose students to medically underserved areas.
- 14) Attract graduates to serve remote areas.
- 15) Community based personnel experiences.
- 16) Professional development and personal satisfaction
- 17) Learn principles of planning, health management and epidemiology.
- 18) Understand the different health problems in different communities.
- 19) Improvement of health.(WHO ,1987)

The evaluation method for service delivery and improvement:

The evaluation method used is THENet's quality improvement model, you can see how to review how education, research, and service delivery creates a continuous quality improvement feedback loop. (Clithero et al., 2017)

The assessment point	No	Some what	Good	Excellent
a) Does your institution have a clear social mission (statement) around the communities that they serve?	0	1	2	3
b) Does your curriculum reflect the needs of the population you serve?	0	1	2	3
c) Does your school have community partners and stakeholders who shape your school?	0	1	2	3
d) Do you learn about other cultures and other social circumstances in medical context in your curriculum?	0	1	2	3
e) Do the places/locations you learn at in practice include the presence of the populations that you will serve?	0	1	2	3
f) Are you required to do community based learning (opposed to only elective opportunities)?	0	1	2	3
g) Does your class reflect the socio-demographic characteristics of your reference population?	0	1	2	3
h) Do your teachers reflect the socio-demographic characteristics of your reference population?	0	1	2	3
i) Does your learning experience also provide an active service to your community?	0	1	2	3
j) Does your school have community based research?	0	1	2	3
k) Does your school encourage you to undertake generalist specialties (e.g. family medicine, general practice)?	0	1	2	3
l) Does your school have a positive impact on the community?	0	1	2	3
Total Score				

The Scoring implications:

0-8: Start a conversation with your classmates and school to begin to build social accountability at your school.

9-17: The school has some social accountability strategies, look for ways to advocate to build on these existing strategies.

18-26: The school is doing well, look for areas of weakness and ways to advocate to improve social accountability.

27-36: The school has a strong foundation in social accountability, advocate for continued growth and leadership in social accountability. (Clithero et al., 2017)

3. Recommendations

The recommendations for improvement:

- 1) The staff of medical school must be trained in medical education.
- 2) Address individual and community needs.
- 3) Promote prevention and public health.
- 4) Address the hidden curriculum.
- 5) Advance inter professional and intra professional practice.
- 6) Adopt a competency-based and flexible approach.
- 7) Cultivate social accountability through experience in diverse learning and work environments.
- 8) Create positive and supportive learning and work environments.
- 9) Implement effective assessment systems.
- 10) Align accreditation standards
- 11) Develop, support, and recognize clinical teachers. (Cappon P & Watson D, 1999).

4. Challenges

- 1) Lack of trained staff teacher training.
- 2) Large student/teacher ratio.
- 3) Lack of partnership between faculty/MOH/Community
- 4) Lack of training in research methodology.
- 5) Predominance of beside teaching .
- 6) Curriculum not enriched new advance e in education community technologies. (WHO, 2000)

5. Conclusion

The medical schools contribute to the needs of society by educating tomorrow's doctors and doing research that makes a difference. The heart of the concept of social accountability/ responsibility is that by directing medical school education, research, and service activities toward addressing the priority health concerns of their community/region, their nation, or both, medical schools can make the greatest contribution to the health and well-being of humanity. (Doctors for Health (WHO), 1996).

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Author Profile



Ibrahim Kamil Luttfi received the MBBS from University of Shandi in Sudan, Passed examination of part one clinical immunology at Sudan Medical Specialization Board, M.Sc. in Health Professions Education from University of Gezira in Sudan, Fellowship in Social Accountability Health Professions Education, Essential Certificate in Geriatric Medicine from Arab Institute for Continuing Professional Development (AICPD) in Egypt and HEAL Certificate in wound management from the European Wound Management Association (EWMA). Currently, Studying to obtain a Ph.D. degree at Gezira University in Sudan and a Master's degree in Clinical Epidemiology And Clinical Trials Management from Suez Canal University in Egypt. Now, he is working as Medical Supervisor of Home Health Care unit at King Salman Hospital in Riyadh – Kingdom of Saudi Arabia and Trainer and supervisor of Home Health Care staff in Riyadh – Kingdom of Saudi Arabia.