# Medical Education and Social Accountability

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**ABSTRACT**

The social responsibility of medical schools, whose main goal is to train "good doctors", who are aware of the health problems of society and who protect and improve health, is becoming increasingly important. Social accountability is defined as "the obligation of medical schools to direct their education, research and service activities in a way that meets the priority health needs of the society, region and/or nation they are responsible for serving." Social obligation is addressed at three different levels: social responsibility, social sensitivity and social accountability.

In recent years, reviews and reports have been published that offer recommendations for schools that prepare health professionals to clearly link their mission to the health needs of people and to demographic, economic, and cultural changes in society. One of these, the 2010 Global Compact, identified ten areas of action related to a medical school's responsibility to society. To support medical schools in Turkey in fulfilling their social responsibilities, a national framework defining the "Determinants of Social Responsibility" was prepared by the Association for Evaluation and Accreditation of Medical Education Programs (TEPDAD) with the participation of relevant stakeholders. The social responsibility of medical education is the willingness and ability to adapt to the needs of patients and health care systems, both nationally and globally. It is important for institutions and countries to initiate their obligations to society with an accreditation system that adopts standards based on social responsibility. Accreditation is not only a quality assurance tool but also a force supporting the need for improvement and change. The social obligations of medical education should be included in accreditation processes at all levels.

**Keywords:** Medical education, social obligation, social accountability, social responsibility, social sensitivity

## INTRODUCTION

Medical education aims to train physicians who are aware of the health needs of society, who can protect and improve health, and who can take the necessary initiatives to effectively solve possible problems. As stated in the definition of the World Health Organization (WHO), health services must be provided to healthy individuals and society to ensure not only the absence of disease or disability but also physical, mental and social well-being. Physicians must have the competencies that will enable them to provide services in this direction. For this reason, the curriculum of medical schools should include information and practices that will meet the expectations of patients and society, and scientific developments and technological opportunities that are renewed every day should be used to improve education.[1]

Today, rapidly developing and changing medical knowledge, as well as the dizzying evolution of technology,  has led to excessive specialization by turning to the diagnosis and treatment of diseases rather than a community-oriented approach.[2,3,4] The incompatibility between the education of health professionals and the health needs of society significantly affects the  ability of health professionals to meet patient and community expectations.[5] The widespread lack of access to health care between rural and urban areas continues to be an important indicator of health inequality.[3] The inadequacy in the use of basic health services and the abundance of resources and opportunities in  metropolises also cause inequality. [6,7]

When these disparities are combined with the increasing burden of chronic disease, accountability and social determinants of health have become more important in medical education. The WHO defines the social determinants of health as nonmedical factors that affect health outcomes.[8] Drawing attention to the social determinants of health has clearly revealed the negative consequences of treating diseases and health problems without resolving their causality. This situation has led to the responsibility of providing community-based medical education to meet the health needs of society to raise competent graduates who can provide optimal health status to medical schools in the 21st century. Thus, the adaptation of educational programs in line with individual and social health needs to meet the priority health problems of the country, and the integration of social accountability into the educational programs of some medical faculties has been achieved. The social accountability of medical schools is becoming increasingly important worldwide. [9,10,11]

In recent years, reviews and reports have been produced that offer recommendations for explicitly linking the missions of schools that train health professionals to people's health needs as well as to demographic, economic, and cultural changes in society. These reports were published by structures such as the UK General Medical Council (GMC), the Association of Faculties of Medicine of Canada (AFMC), the Lancet Global Independent Commission and the Global Consensus for Social Accountability of Medical Schools (GCSA).[12]

The 2010 Global Consensus document is a major initiative developed through an international reference group of 130 organizations and individual leaders. The GCSA identifies ten areas of action derived from four specific components of a medical school's responsibility to society, specifically the institution's capabilities. The 10 strategies suggested by the Global Consensus document are valid for faculties training health professionals or health practitioners. [12,13,14] (Table 1).

These 10 areas of action are derived from four specific components that demonstrate a medical school's responsibility to society:[13]

• Responding to current and future health needs and challenges in society

• The education, research and service priorities should be reoriented accordingly.

• Strengthening governance and partnerships with other stakeholders

• Use evaluation and accreditation to assess their performance and impact.

**Table 1.** Ten strategic directions of the Global Consensus Group[12]

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| --- |
| 1. Anticipating society's health needs |
| 2. Partnering with the health system and other stakeholders |
| 3. Adapting to the evolving roles of doctors and other health professionals |
| 4. Fostering outcomes-based education |
| 5. Creating responsive and responsible governance of the medical school |
| 6. Refining the scope of standards for education, research and service delivery |
| 7. Supporting continuous quality improvement in education, research and service delivery |
| 8. Establishing mandated mechanisms for accreditation |
| 9. Balancing global principles with context specificity |
| 10. Defining the role of society |

To support medical schools in Turkey in improving their social obligations, a national framework on "Determinants of Social Accountability" was prepared in 2019 by the Association for Evaluation and Accreditation of Medical Education Programs (TEPDAD) with the participation of relevant stakeholders.[15]

**Defining social accountability**

The World Health Organization defines the concept of social accountability as "the obligation of medical schools to direct their education, research and service activities to meet the priority health needs of the society, region and/or nation they are obliged to serve".[9] This definition, which has now been adopted worldwide and entered the literature, emphasizes that medical schools should not only improve the health system but also train graduates with the knowledge and skills to work in their own societies and have a positive impact on people's health.[15]

After the concept of social accountability was announced by the WHO, medical schools aimed to increase the number of graduates who practice professionalism well and mediate changes in the health system beyond responding to the demand for social accountability. To be socially accountable, medical schools must have a positive impact on the society they serve, train physicians who are competent to meet the needs of society, and define health priorities together with stakeholders who provide community, regional and national health services.[11]

While any medical school is aware of its social obligations, there is confusion about what this obligation means. Social accountability, which the WHO clearly defines, is generally likened to interaction with society rather than education, which includes society. Additionally, it is often perceived as a school's educational responsibility as primary, with service and research activities considered secondary. In recent years, the definition of social obligation has been discussed at three different levels: social responsibility, social responsiveness and social accountability.[13]

These concepts have often been used synonymously to refer to the social obligations of faculty. However, these three levels have different and special meanings. Social accountability is the highest level of these levels.[13,15](Figure 1).

*Social Accountability*

Social accountability is the medical school's obligation to direct its education, research and service activities in a way that responds to the priority health problems of the society, region or nation it serves. It involves medical school graduates actively partnering with society and other stakeholders to ensure that research findings or healthcare models best impact the performance of healthcare systems and the health of people. For example, the faculty develops a strategy that encourages graduates to work in areas where they are needed most.

**Figure 1.** Social obligation levels of medical schools



*Social responsibility*

Social responsibility refers to an organization's sense of duty toward society. It is a faculty member's awareness of the community's priority health needs and challenges and works to address them.

Socially responsible school;

- is aware that it has a duty to respond to the needs of society

- recognizes that society plays a role in defining healthcare

- this situation is reflected in the courses in the education program, where public health policies and health determinants are explained.

For example, it has field experience and provides the basic competencies that graduates need to acquire to adapt to a healthcare system designed to provide equitable and effective services. The training program includes courses that cover topics such as social determinants of health and the public health and health system in a holistic manner.

*Social responsiveness*

Social responsiveness is the directing effect of education, research and service activities on the priority health needs of society.

Faculty clearly identify and prioritize health needs through critical evaluation. It uses its resources effectively by preparing a mission and action plan in line with these priority needs. For example, it analyzes the current health system and health workforce and trains a sufficient number of graduates who have the competencies to provide effective and equitable primary health care services.

**Social responsive faculty;**

- focuses on competencies that address people's health problems

- This is reflected in educational practice in the form of students learning in the community and students observing or participating in health-related community activities.

**Table 2.** Social obligation scale[13]

|  | Responsibility | Responsiveness | Accountability |
|---|---|---|---|
| 1. Social needs identified | Implicitly | Explicitly | Anticipatively |
| 2. Institutional objectives | Defined by faculty | Inspired from data | Defined with society |
| 3. Educational programs | Community-oriented | Community-based | Contextualized |
| 4. Quality of graduates | "Good" practitioners | Meeting criteria of professionalism | Health system change agents |
| 5. Focus of evaluation | Process | Outcome | Impact |
| 6. Assessors | Internal | External | Health partners |

Medical schools can achieve excellence in medical education if they plan, train, and increase the potential to utilize graduates, who will address society's priority health needs and problems according to health systems. Medical schools can achieve sustainable excellence through effective partnerships with key health actors such as health policy institutions, health service organizations, health insurance programs, professional organizations, other health professional schools, and community representatives.[15]

**How to Become a Socially Accountable Medical Faculty?**

The obligations of a socially responsible medical school are as follows:

- train health professionals who will meet the current and future needs of society and contribute to the creation of environments where graduates can work.

- accepting social credibility/accountability as a marker of academic excellence, evaluation, and accreditation standards and mechanisms

- Ensuring that community representatives and academic individuals are included in the evaluation of medical school performance

- structured and purposeful discussions with the community and other health stakeholders to cooperate toward

- external evaluation of the impact on the health conditions of society and its ability to meet its problems

**Social accountability and Medical Education Accreditation**

Well-designed and authorized accreditation systems can drive quality and change, especially for medical education institutions. Accreditation can support countries in institutionalizing quality assurance approaches and guiding the development of institutions. The adaptation of accreditation standards and norms that reflect social responsibility should be supported. Thus, the real capacity of educational institutions to meet the urgent health needs of society can be evaluated. The compliance of social reliability with accreditation standards and criteria should be ensured and should be included in every stage of accreditation. The social responsibility of medical education is the willingness and ability to adapt to the needs of patients and health care systems, both nationally and globally. It also includes the responsibility to contribute to the development of medicine and society by promoting research and improvement competence. In this context, accreditation is important because it increases the quality of education, ensures that society's expectations are met and provides assurance.[16,17]

Some studies are being carried out to establish accreditation systems in many countries and regions. It is important for institutions and countries to initiate their obligations to society with an accreditation system that adopts standards based on social responsibility.[16]

**CONCLUSIONS**

In the 21st century, medical schools are expected to improve the quality, equity, appropriateness and effectiveness of health service delivery; align with social priorities; redefine the roles of health professionals; and provide evidence of the impact on public health.

Medical education needs to be restructured so that graduates can meet the needs and expectations of society, keep up with rapid changes in information and technology, ensure lifelong learning, use new or developing information technologies, and adapt medical education to changing health practices. The aim is to train physicians who work on the determinants of health and contribute to its harmonization with the health system and make changes. Social accountability was introduced to strengthen the health-related role of medical schools. The Global Consensus for Social Accountability of Medical Schools has suggested strategies for this purpose. The "Social Accountable Medical Faculty Determinants" document prepared by TEPDAD with the participation of relevant stakeholders in Turkey aims to increase the social reliability of medical schools.

Accreditation is a process by which an educational program is evaluated by a legal body for meeting approved criteria. In addition to being a quality assurance tool, it is a force that supports the need for improvement and change. The social obligations of medical education should be included in accreditation processes at all levels.

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