Educ Med. 2016;17(3):101–105

Educación Médica

www.elsevier.es/edumed

EXCELENCIA EN EDUCACIÓN MÉDICA

Why should social accountability be a benchmark for excellence in medical education?

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Available online 11 August 2016

KEYWORDS
Society's needs;
Social accountability;
Excellence;
Medical education;
Accreditation;
Awards

Abstract A mong the several criteria to recognize excellence in medical education, social accountability is probably one of the most important ones. Social accountability is the capacity to respond to society's priority health needs and health system challenges to meet such needs. It emphasizes the potential of medical schools to partner with key stakeholders in the health sector and organize medical education in a way that it has the greatest chances to yield most relevant outcomes and highest impact on people's health.

PALABRAS CLAVE
Necesidades de la sociedad;
Responsabilidad social;
Excelencia;
Educación médica;
Acreditación;
Reconocimientos

¿Por qué es la responsabilidad social un punto de referencia para la excelencia en la educación médica?

Resumen Entre los diferentes criterios de reconocimiento de la excelencia en la educación médica la responsabilidad social es probablemente uno de los más importantes. La responsabilidad social es la capacidad de responder a las necesidades prioritarias de salud de la sociedad y a los retos del sistema sanitario para atender tales necesidades. Se pone de relieve el potencial que tienen las facultades de medicina para colaborar con las principales partes interesadas en el sector de la salud y para organizar una educación médica que disponga de las mejores opciones para producir resultados más relevantes y el mayor impacto en la salud de las personas.

Excellence in context

Excellence is a state beyond the ordinary, which can be assessed either by experts in a given field or/and by potential users of experts' achievements. In the case of medical education, experts are all those contributing, in and outside the medical school, to the production of what they consider to be the ideal health professional. Users of such a health professional, i.e. patients, health and medical organizations, health insurance schemes, health planners

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http://dx.doi.org/10.1016/j.edumed.2016.06.004

and citizens and society at large, must also be consulted to recognize excellence. This is consistent with the emergence of outcome-based education principles and a more critical appraisal of the contribution of academic institutions to people's health in the wider sense given by WHO's definition: ''a complete state of physical, mental and social well being, not just the absence of disease or infirmity''.

Social accountability of medical schools was defined in 1995 by the World Health Organization as: ''the obligation to direct their education, research, and service activities toward addressing the priority health concerns of the community, the region, 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''.[1] More recently the Global Consensus for Social Accountability of Medical Schools (GCSA) defines a socially accountable medical school as one that: ''responds to current and future health needs and challenges in society, reorientates its education, research and service priorities accordingly, strengthens governance and partnerships with other stakeholders and uses evaluation and accreditation to assess their performance and impact''.[2] Increasingly excellence in medical education is being linked to the notion of usefulness and impact, more precisely the notion of making the greatest possible difference on people's health by a more purposeful use of resources and more active collaboration with constituencies that are supposed to benefit from graduates. The social accountability concept is helpful in this context as it aims to plan, implement and evaluate medical education programs. Querying about the impact of a medical education program on people's health leads to two fundamental questions: ''Are there medical education programs that have a greater impact on people's health?'' and ''Can social accountability be measured?''. Satisfactory answers to those questions would reassure seekers of excellence in medical education.

But clarity must be shed on the meaning of health impact. If health is the result of a combination of political, economic, cultural, environmental, social and health care interventions, impact on health should therefore be optimized through a concerted action on those interventions. Also, social accountability implies strong adherence to values that societies regard as crucial in health care delivery, namely: quality, equity, relevance and effectiveness. Medical schools and medical education programs may implicitly adhere to those values, but a clear definition of each is required for a better grasp of implications in serving them.[3] Quality in health care is a person-centered care implying that interventions are most relevant and coordinated to serve the comprehensive needs of a patient or a citizen. Equity implies that each person in a given society is given opportunities to benefit from essential health services. Relevance is present when priority is given to most prevalent and pressing health concerns and to most vulnerable individuals and groups in society. Effectiveness is achieved when the best use is made of available resources to the benefit of both individuals and the general population. Obviously for a medical school and a medical education program to contribute to improve those values, solid partnerships must be woven with key health stakeholders in the health system.

Different ways of meeting the social obligation

A major expression of the social obligation of a medical school and excellence in medical education is the explicit commitment to produce graduates able to effectively respond to priority health needs and challenges of people and society. There are different ways for fulfilling such a social obligation. For instance, to contribute to equity in health, medical schools may proceed differently. A first example is a medical school offering students a package of courses in anthropology, epidemiology and public health with a focus on determinants of poverty and disparity in health. Field visits and assignments in community settings where disadvantaged people live are also organized with the hope that students may develop an interest to serve in deprived areas when they graduate. A second example is a school engaging students in community based activities from the first year onwards and throughout the curriculum, as one of the school's institutional objectives is to ensure all students acquire well defined competences to care for most vulnerable people. Consistently the assessment of those competences counts for a high mark in the general appraisal of students. The importance of this activity is also highlighted by role models as faculty members from a variety of disciplines commit time and energy to supervise students when assigned in underserved areas. A third example is the one of a school going beyond the above-mentioned commitments by interacting with potential employers of their graduates, in the public or private sector, with the expectation that job opportunities are created in deprived areas and attractive working conditions are offered. Such a school is aware of health system challenges and positions itself as an important actor to influence health policies through active collaboration with key stakeholders.

Those examples reflect the different gradients of social obligation. In the first example the school shows ''social responsibility'' as it implicitly recognizes health disparity issues while in the second example the school demonstrates a desire to act explicitly and purposefully on the issues, a trait of ''social responsiveness''. The third example reflects ''social accountability'' of the school as it takes a set of actions to ensure its graduates are given best chances to practice what they have been prepared for in a real world. By enlarging its scope of interest and following up the opportunity given to graduates in meeting pressing health needs in society, it builds a socially accountable medical education program.

Table 1 illustrates the three different gradients in social obligation, from social responsibility to social responsiveness and social accountability, against six items.[4] Under ''social responsibility'' the aim of the education program is to produce a ''good ''practitioner, leaving it mainly to the school to define which competences are the most appropriate to meet health needs of patients, while under ''social responsiveness'', the education program aims to attain clearly defined competences derived from an objective analysis of people's health needs and grouped under the generic concept of professionalism. It is an important progression in the fulfillment of social obligation from objectives defined by the school to objectives inspired from health data. Under ''social accountability'', the