

ASPIRE RECOGNITION OF EXCELLENCE IN SOCIAL ACCOUNTABILITY OF A MEDICAL SCHOOL

AN INTRODUCTION

The ASPIRE initiative is an Association for Medical Education in Europe (AMEE) activity that is specifically designed to recognize excellence in medical school. Excellence in the area of social accountability is one of several defined areas. The ASPIRE Expert Panel on Excellence in Social Accountability of Medical School considered it important to use and build upon the developing field of literature and expertise. The following key concepts of social accountability of schools form a foundation for the Criteria for excellence developed by the Expert Panel.

Medical doctors (MDs, physicians¹) and the organizations (medical schools) that train them have served humanity's needs since the earliest of times. As members of the medical profession, doctors are inherently given the privilege and responsibility of caring for patients. Through an implicit trust created by society and an explicit need structured through legislation and regulation, they also accept a similar responsibility to the society of which they become a part. (Rourke 2013)

Medical schools, by permit of legislation, regulation and accreditation are entrusted with the education and graduation of future doctors. By accepting this vital societal role, schools would seem also to accept that they have a responsibility to provide appropriate education that will produce competent doctors ready to meet society's needs, now and in the future. In order to address this responsibility, each school, as a whole, and through its education, research and service provision activities, requires the consideration of, input from, involvement of, and partnership with the important stakeholders in the health sector at community, regional and national levels (Rourke 2013).

Over the last decade, the concept of social accountability of health professions schools and other healthcare educational providers has gained momentum, notably since the World Health Organisation (WHO) defined the concept in 1995. The present day definition of social accountability is accepted from this date and is now recognised as:

*...the obligation of medical schools to direct their education, research and service activities towards addressing the priority health needs of the community, region, and/or nation they have a mandate to serve. The priority health needs are to be identified jointly by governments, healthcare organizations, health professionals and the public.*² (WHO 1995)

This definition has now become embedded in the evolving literature and has been adopted by many schools and organizations around the world. The Global Consensus for the Social Accountability of Medical Schools (GCSA) reaffirmed this definition and later has added the specific definitions of social responsibility and responsiveness into their terminology; recognizing that social accountability reflects a true, purposeful and measurable activity within the spectrum of social awareness.

As such, social responsibility is defined as:

.... a state of awareness of duties to respond to society's needs

¹ Medical doctors, MDs and physicians can be used interchangeably

² To address a more explicit and modern terminology and to reflect an active process, the ASPIRE working group has substituted "needs" as opposed to "concerns" within the above definition

Whilst social responsiveness is:

... a course of actions addressing society's needs (GCSA 2011).

Social accountability then emerges as an engagement to ensure that actions have the greatest chance to achieve the desired effects upon graduates' work, on health system performance and population's health status and a measurable activity.

The GCSA document was a major undertaking developed through an international reference group of 130 similarly thinking organizations and individual leaders. Its activities were sponsored by several seminal global organizations, including the WHO. The GCSA used a Delphi and mediated process, with weighted representation from all regions of the world, to define ten action areas, that if processed would enable the schools to become socially accountable. These ten action areas were derived from four specific components of a school's responsibility to society, notable the school's ability 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
- use evaluation and accreditation to assess their performance and impact

The landmark paper by Boelen and Woollard (2009) notes:

... excellence should be reserved for educational institutions which verify that their actions make a difference to people's well-being. The graduates they produce should not only possess all of the competencies desirable to improve the health of citizens and society, but should also use them in their professional practice. Four principles enunciated by the World Health Organization refer to the type of health care to which people have a right, from both an individual and a collective standpoint: quality, equity, relevance and effectiveness. Therefore, social, economic, cultural and environmental determinants of health must guide the strategic development of an educational institution.

Boelen and Woollard also note, that social accountability should include the institution's Conceptualization, Production activities and Usability of graduates - they developed the CPU model to assess social accountability in order that teaching and learning organizations could demonstrate the effects of their activities, rather than simplistically describe a potential.

To be fully socially accountable, an institution needs to claim the right to question whether its 'products' (graduates, service models or research findings) are being used in the best interest of the public. (Boelen & Woollard 2009).

THEnet (Training for Health Equity network) has formulated three core questions for assessing social accountability of medical schools (Pálsdóttir & Neusy 2011; Larkins et al 2013):

- "How does the school work?" (~Conceptualization/Plans)*
- "What does the school do?" (~Production/Actions)*
- "What difference is the school making?" (~Usability/Impacts)*

The essence of social accountability of schools can be considered to be engaging with, responding to and impacting their community/region/nation to address their priority health needs. This involves working in partnership with key stakeholders including communities, regional health service organizations and governments towards improving health and providing equitable and effective health care.

Key Social Accountability actions include (Rourke 2013):

- Select medical students who reflect the demographic and geographic diversity of the medical school's region/nation¹ on basis of their potential ability, and make tuition affordable with bursaries and scholarships for low economic background students.
- 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.
- Produce graduates with the appropriate knowledge, skills and interest who will practice how and where needed in the medical school's region/nation.
- 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.

Building on the developing literature and expertise, the ASPIRE Expert Panel has developed criteria for Excellence in Social Accountability of Schools. The ASPIRE Expert Panel found a particularly strong link between their work and that of the GCSA group, specifically in its definitions of social accountability and responsibility and has subsequently and with permission, adapted many of the GCSA's areas for action into its the ASPIRE criteria for excellence.

The initial criteria and the evaluation process were piloted with 11 medical schools from North America, Europe, and Asia in 2011-12-13. Feedback from the schools, the reviewers and the ASPIRE board was used to refine both the criteria and the evaluation process. Ten medical schools submitted formal applications to ASPIRE for Social Accountability in 2013. Each was evaluated by 3 reviewers and the chair with further overview ratings by the Social Accountability panel with final recommendations for awards for excellence discussed and approved by the ASPIRE board. Feedback from this process was again used to further refine the criteria and evaluation process for the 2013-14 ASPIRE applications for Excellence in Social Accountability of Medical School.

The ASPIRE criteria for Excellence in Social Accountability of Medical School encompasses four domains:

1. Organisation and function
2. Education of doctors, dentists, veterinary practitioners
3. Research activities
4. Contribution to health services for the community/region

To demonstrate social accountability, schools will be expected to document:

- **plans** including concepts and goals evident in its organization and function,
- **actions** evident in its education and research program activities
- **impacts** evident in positive effects of its education and research, graduates and partnerships, on the health care and health of its community/region/nation

¹ May include some students from less well developed countries who eventually return to their country of origin. (Rourke 2013)

See www.aspire-to-excellence.org for detailed criteria for social accountability of schools as well as the application information and forms.

It is our hope and expectation that many schools will **ASPIRE to EXCELLENCE** in Social Accountability and will be able to demonstrate progress towards social accountability. We recognize that as social accountability is so comprehensive it will be very difficult for any one school to achieve excellence in all areas. Those schools that will be awarded “Excellence in Social Accountability” by ASPIRE will be extra-ordinary and recognizable exemplars. Three medical schools: Northern Ontario School of Medicine (NOSM), Southern Illinois University (SIU), Hull York Medical School (HYMS) were the first schools to be recognized by ASPIRE Award of Excellence in Social Accountability at AMEE in Prague August 26, 2013.

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