Navigating the Global Landscape of Social Obligation in Medical Education: An Independent Comprehensive Exploration

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Abstract- This paper examines social accountability in medical education, focusing on its potential to address health inequities. Social accountability, as defined by the World Health Organization, encourages medical institutions to align education, research, and service activities with community health priorities. Through frameworks like ASPIRE and CARE, medical schools worldwide are incorporating social accountability, with notable examples such as Northern Ontario School of Medicine (NOSM) and Patan Academy of Health Sciences serving under-resourced communities. However, challenges remain, including the absence of standardized assessment metrics, resource limitations, and varied interpretations of social accountability across regions. International efforts underscore the importance of community collaboration in developing socially accountable curricula. In India, social accountability initiatives address healthcare challenges through community placements, telemedicine, and collaborations with global partners. The Competency-Based Medical Education (CBME) model presents an opportunity to integrate social responsibility across training and patient care. Despite advancements, there is a need for adaptable frameworks and tools to measure the impact of social accountability in diverse contexts. This paper advocates for a unified yet context-sensitive approach, allowing institutions to respond effectively to local health needs while contributing to broader global health goals. Limitations include the study's focus on existing global practices, without detailing novel, region-specific strategies for implementing and assessing social accountability programs.

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Introduction

In contemporary discourse, the notion of health inequity has gained traction, emphasizing the unjust disparities in health outcomes among different societal groups (1). The World Health Organization (WHO) has urged immediate action to address these discrepancies, highlighting the importance of equitable access to effective healthcare as a cornerstone of societal justice (2). Despite efforts to establish "universal" healthcare systems, disparities persist, particularly affecting marginalized communities based on ethnicity, geography, age, and socioeconomic status (3).

WHO has stated in 1995 that it is the obligation for medical schools 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 (4). Thereafter there was an emergence of global consensus for improving quality, equity, relevance and effectiveness in health care delivery; reducing the mismatch with societal priorities; redefining roles of health professionals; and providing evidence of the impact on people's health status (5). This encompasses a broad spectrum of actions, including recognizing social responsibility, actively responding to societal needs (social responsiveness) and social accountability (6). The socially accountable medical school endeavours to empower students with the knowledge, skills, and attitudes needed to challenge and reform inequitable healthcare systems through critical

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pedagogy (7). However, a lack of clarity persists regarding the practical implementation of social accountability, raising questions about its efficacy and potential unintended consequences.

Review of social accountability in medical education

Drawing on Foucault's insights into power dynamics, there is a growing call for critical reflexivity in assessing social accountability initiatives. While widely regarded as a positive goal, there is a need for a nuanced examination of its underlying ideologies, narratives, and expressions of power and identity (7). The divergence in interpretations and emphasis on different aspects of social accountability further complicates its understanding, potentially impeding effective implementation (8).

Initiatives like the Sustainable Development Goals (SDGs) have brought renewed attention to the role of healthcare in achieving broader societal objectives (9). This has spurred medical schools worldwide to reassess and strengthen their commitment to social accountability, aligning their goals with the broader global health agenda. Incorporating social accountability into the institutional mission is one of the strategies to bring in relevant changes. Developing graduates as 'social change agents, having 'community 'contextualized programmes, and their assessment by 'health partners' are other strategies (6).

A consideration to curriculum content especially inclusion of the social determinants of health, interprofessional and health care teams and providing students overview of wider health system are equally important as placing them in rural or primary care services during training (10). A medical school in the United Arab Emirates (UAE) developed 70 case scenarios of problem-based learning (PBL) curriculum embedding concepts and values of social accountability such as social health concerns, social determinants of health, medical professionalism, roles of doctors in the health system, healthcare referral system, involvement of different stakeholders in healthcare, psychosocial issues and health promotion/prevention (11). Such content is useful to train healthcare professionals.

The Lancet Global Health Commission on High-Quality Health Systems has emphasized the need for medical education to produce professionals capable of contributing to the development of high-quality health systems (12,13). This aligns with the evolving concept of social accountability, encouraging medical schools to go beyond addressing immediate health disparities and actively engage in shaping healthcare systems that meet the highest standards of quality and accessibility. This has resulted in attempts by medical schools all over the world to adopt social accountability in educational system as seen from some examples given below.

The concept of social accountability of medical schools is widely accepted by the Canadian medical schools in its early stage (14). One of such school is Northern Ontario School of Medicine (NOSM) which since its establishment in 2006 followed social accountability principles (15). The Association of Medical Education in Europe (AMEE) in 2012 started the ASPIRE to Excellence initiative in medical education to identify an excellent medical school. One of the aspects of the initiative is social accountability (16).

Patan Academy of Health Sciences (PAHS) Nepal also has a foundation of social accountability and serves rural and lower caste populations in the Kathmandu Valley. The graduates of this public school have established service in other underserved areas within Nepal (15).

Community-based, socially accountable medical education has been adapted by countries like Sudan, Saudi Arabia, and Egypt (14). Ahmed *et al*., have reported examples of medical schools from Sudan and the Middle East. From their experiences the authors have proposed that social accountability alliance is required among medical schools to get benefits to medical schools as well as health services (16). Faculty of medicine University of Gezira (FMUG) is considered as pioneer for social accountability in Sudan. In Saudi Arabia assessment of social accountability using WHO criteria for education, research and service revealed that the educational aspect had the highest compliance for social accountability than those for research and education. This school thus appears to be socially responsible and heading to social accountability (17).

A review on changes that took place during past 20 years (2000-2019) in accreditation standards of medical schools by the Korean Institute of Medical Education and Evaluation emphasized commitment of universities towards social accountability as one of the criteria. However, when the accreditation results were analyzed using Goodness of fit test, this item was found to be outlier (18). Further analysis showed that of the 40 medical schools, 39 could fulfil it. It was one school which scored low on this item (19).

Medical school of Tours, France; Medical school of the Fundacion HA Barceleo, Buenos Aeres, Argentina; Ateneo de Zamboanga School of Medicine, Philippines; The Tunis Medical School; Chulalongkorn Faculty of Medicine, Thailand are some additional examples of medical institutions which have a strong culture of social

accountability (15).

In a recent article, Kaufman *et al*., pointed out the lacunae in the current graduate medical education (GME) in US with respect to social accountability viz. inequitable distribution of GME resources, disparities in health outcomes care of population and inadequacies in training of physicians without focusing on social and structural determinants of health. They proposed recommendations for aligning components of GME with the community needs especially for GME funding, institutional and residency-level accreditation systems, and family medicine residency programs (20).

Recent global advances in social accountability:

In recent years, the global community has witnessed substantial advancements in the realm of social accountability in medical education.

Four cardinal principles of social accountability suggested by WHO include relevance, quality, cost-effectiveness and equity. WHO recommended that the evaluation of medical institution should be based upon the extent to which it uses these principles for designing and implementing programmes and the impact of these programmes on the community health services (6). This also means contextualizing the programmes to meet the health needs of the community in a cost-effective manner.

This is reflected in a recent scoping review, which explored compliance of medical schools in the Eastern Mediterranean Region (EMR) with the concept of social accountability based on published articles. It revealed that only 3 universities of 3 countries in the EMR (Faculty of Medicine Suez Canal University, College of Medicine Qassim University in Saudi Arabia and Faculty of Medicine University of Gezira in Sudan have reported their attempts towards social accountability. The themes derived included 1. having mission statements, 2. governance making ongoing communication with stakeholders; 3. preference to community-based medical education (and having strategies like integration, early clinical exposure and problem-based learning); 4. taking part in community activities and 5. undertaking research related to society's needs (21). These themes reflect what makes a medical institution socially accountable.

Many social accountability theories, models and frameworks have appeared in the literature to guide medical institutions to evaluate their efforts towards social accountability (e.g. CPU, TheNet, AIDER, ASPIRE, CARE etc.). These are either evaluation frameworks or those focused on the process or determinants of social accountability or realist framework of social accountability in health services or of the relationship between communities and the medical education (22-25). They serve a guide for evaluating institutions and assessing individuals in the pursuit of social accountability.

However, there are many challenges in evaluation and assessment. At individual level it is mainly the desired effect on behaviour and practice of graduates. However, there is a considerable overlap between the concepts of 'social accountability' and 'professionalism'. There are methods developed to assess professionalism, which to some extent measure some aspects of social accountability but do not assess all its dimensions. There are other factors which can influence doctor's behaviour and practice e.g. availability of resources or the health service structure, which in turn may be influenced by political or economic scenarios of the region and beyond the control of individual institution which wishes to be socially accountable. Moreover, admission policies or curriculum design if centralised at national level, then they too affect the impact of social accountability endeavours of an institution (22). Various models and frameworks used for evaluation are also not conceptually consistent and terminologically clear (25). More work is perhaps needed to reconcile the goals of standardization and social accountability so that there is a better understanding of social accountability and its educational impact on students, faculty, and communities (10).

Barber *et al*., has recommended context–input–process-product (CIPP) evaluation model to establish a link between inputs (students characteristics and places), products (graduates and their behaviour and practice), and impacts (on community health) while evaluating institutions for social accountability in medical education so that institutional progress can be monitored (24).

The measurement of social accountability needs to be context dependent. In this regard, an attempt has been made by a research team of Northern Ontario School of Medicine, Canada to compare eleven prominent models and frameworks to develop a contextualized social accountability impact framework for the institution (25).

The World Federation for Medical Education (WFME) has introduced new global standards for medical education, incorporating social accountability as a core principle (26). These standards aim to provide a more unified framework for evaluating and promoting social accountability across diverse cultural and regional contexts, fostering a shared commitment to addressing health disparities on a global scale.

However, it is important to realize that involvement of community in establishing processes that lead to social accountability outcomes is a must. Every institution may

have a different way of achieving this as the place, local community and social, political, cultural, historical contexts can be unique. Shared vision and action by both, the institution and community, aided by critical reflexive approaches, drive social accountability in medical education, and not otherwise. This process of being accountable is far more important than the educational outcomes and related actions. The current checklists and criteria that focus on standardization, uniformity, and comparability across institutions; however, do not pay attention to the process of engaging with place and people. Hence there is a need to rethink about measures of social accountability (10).

Social obligation and stakeholders

Challenges associated with social accountability were explored through interviews, revealing the need for a deeper understanding of the concept (27). The study underscores the importance of aligning medical student selection criteria with social accountability values and the influential role of professors in shaping curriculum content (28).

A systematic review of literature by Carole, *et al*., has shown that medical students' learning and attitude towards services of local communities gets positively influenced if they are placed in longitudinal manner (>20 weeks) with the underserved communities for service learning. Equitable selection process for entry (by admitting applicants from underserved community) and engaging the students in projects targeted at health issue needs of the community also positively impact learning and attitude. The students undergoing socially accountable health professions education (SAHPE) are better in developing clinical skills (29). Mihan, *et al*., in a narrative review reported that these students have better patient centered communication skills and cultural competence (30). SAHPE influences their choice of career or practice setting and they are more likely to serve disadvantaged communities in future (31). There is a shift from social responsibility to accountability as observed from engagement of community in developing curricular activities at some institutions (30). However, there is a paucity of literature which can provide strong evidence of the impact of SAHPE on communities and health outcomes.

Various studies have shown that perceptions of students regarding social accountability vary. For example, a study conducted at the University of West Indies, Trinidad found that more than 50% students have knowledge about social accountability, have a positive attitude towards the concept, and believe that their institution has positive impact on the community (32). On the other hand, many of these studies indicate that the students are not conversant with the concept of social accountability (14,31,33). Variations are also found in preclinical and clinical students; the latter are more critical about social accountability. Posting students in the community for sufficient length of time has been shown to impart better understanding of social accountability. There is a need to develop institutional strategy to expose the students to different aspects of social accountability in a graded manner. Recent pandemic has shown that the institutions must be ready to adapt to the rapidly changing demands of the community and this means that the strategies for improving social accountability may also require frequent changes depending on the situation (14).

Motivation of students towards social accountability is one of the key factors in attaining it. Semi structured interviews with 35 participants revealed that social culture of medicine, reality of medical school curriculum, teaching and learning strategy and creating purposeful beliefs and behaviour play important role in motivational process. Amongst these, creating purposeful beliefs and behaviour is the core element, which links the rest (34).

Global perspectives on social accountability

Internationally, perspectives on social accountability emphasize curriculum design involving community partners, the role of medical schools as local employers and purchasers, and the importance of equipping graduates with globally transferable skills (35). Ongoing debate and discussion are needed to strengthen the social accountability movement, challenging existing definitions and perceptions (36).

Recent innovations in global perspectives include collaborative initiatives between medical schools from different countries, fostering cross-cultural learning experiences. Virtual exchange programs and joint research projects contribute to a more interconnected understanding of health disparities and social determinants, preparing future healthcare professionals for the complexities of a globalized healthcare landscape. Such internationalization of University-community engagement has been discussed in a recent article on Universities in Uganda, which can serve as a guidance for others as well (37).

Indian healthcare systems and social accountability

In India, where healthcare delivery faces challenges of affordability and accessibility, social accountability in medical education is crucial (38,39). Reforms in

curriculum, faculty development, and accreditation processes are necessary to address the diverse health needs of the population.

Recent efforts in India have seen the integration of technology, such as telemedicine and e-learning platforms, to enhance medical education's reach and effectiveness. Collaborations between Indian medical institutions and global partners have facilitated knowledge exchange, contributing to a more comprehensive understanding of social accountability within the unique context of the Indian healthcare system.

The healthcare system in India grapples with numerous structural challenges, including a fragile primary healthcare system, uneven distribution of healthcare professionals, a sizable unregulated private sector, inadequate public health expenditure, fragmented infrastructure, irrational drug use, and weak governance (40). Efforts are underway within medical education to cultivate social responsibility among students. Initiatives include sending students to both rural and urban health centers, aligning their work with guidelines set by the National Medical Commission (NMC) of India, and active participation in social responsibility endeavours like blood donation drives and responding to community crises (41). This engagement reflects students' social responsiveness and their commitment to contributing positively to society on a voluntary basis, indicating the efficacy of teaching methodologies in instilling such values (42).

The integration of social responsibility principles into the medical curriculum is imperative, covering areas such as understanding social determinants of health, cultural competence, ethical considerations, and addressing community needs (43). The introduction of Competency-Based Medical Education (CBME) presents an opportunity to align academic, research, and patient care responsibilities with societal obligations (44,45). Patient care education should encompass preventive, curative, and palliative aspects tailored to the geographical context. Some institutions such as Christian Medical College, Vellore and the Mahatma Gandhi College of Medical Sciences, Sewagram have been built on the premise of social accountability.

The goals and competencies outlined for medical graduates, including communication, clinical proficiency, lifelong learning, leadership, and teamwork, inherently foster social accountability (42,46). CBME underscores the importance of alignment between educational and clinical objectives, learner-centered teaching methods, programmatic assessment, and clearly defined milestones covering knowledge. The current necessity involves integrating the triangular approach of training future healthcare professionals, conducting pertinent research, and providing timely, high-quality patient care.

In conclusion, the evolving concept of social obligation in medical education, encapsulated within the broader framework of social accountability, presents both opportunities and challenges. Recent global advances, including the incorporation of social accountability principles in global standards and collaborative initiatives, signify a positive trajectory. However, the lack of a standardized definition and metrics still poses obstacles to effective implementation. Critical reflection and ongoing dialogue, coupled with innovative global perspectives and contextualized approaches, are essential for the success of social accountability initiatives. These initiatives have the potential to impact the social determinants of health and improve the well-being of communities worldwide, aligning with the collective pursuit of a more equitable and just global healthcare landscape.

Limitations

Present study discusses the global scenario of existing social accountability in medical institutions to produce a socially accountable medical graduate, however, it does not provide novel, country/region specific and cost-effective strategies/programs for implementation and assessing the effectiveness of existing programs.

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