

## International Social Accountability and Accreditation Think Tank Summary of 2<sup>nd</sup> session held on March 24<sup>th</sup>, 2021

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*\*Text in blue italics refers to quotes from participants.\**

### Engagement and Champions for Social Accountability and Social Accountability in Accreditation

- Engagement is needed both internally and externally to institutions, both locally and globally.
- Engagement and development must cover theory and action.
- Champions are needed, *people who embrace, promote, share, work on the ideas.*
- Champions are frequently pioneering new ideas but may be seen as being “out of the box”. The environment should support their emergence even though this may appear to disturb the current structure and organization.
- *“We need school leadership be convinced and involved.”*
- Partnership pentagram - *“Stakeholders engagement should not be an afterthought”.*

#### A) Policymakers

- *In many jurisdictions they have the last word, the power to promote or refrain.*
- *“What it is in it for them” is an important aspect of advocacy with policymakers.*

#### B) Health Administrators

- *“Social Accountability in education and accreditation must go hand in hand with Social Accountability in the health care system”.*
- *“Social Accountability in the medical school/program must be intertwined with Social Accountability in the health care institutions where students are trained”.*

#### C) Health Professionals

- Education and practice of MDs were mainly discussed with few references to other professionals.
- *“There is a need to think and reinforce the links between education, employment, services offered and health of the population”.*
- *“Social Accountability of medical schools and Social Accountability in accreditation must be translated to socially accountable physicians”. “More knowledge and understanding are needed on what is a Social Accountability physician or Social Accountability health professional?”.*
- Social Accountability should pervade other professionals’ education and practice. *“Doctors alone won’t be able to achieve Social Accountability in health”.* The importance of interprofessional collaboration as an aspect of Social Accountability in practice is recognized. *“Doctors cannot do it alone”.*

#### D) Academic Institutions and Medical School Leadership (NOTE: Medical school leadership referred below applies to the leadership of any other organization.)

- *“Dean’s commitment is necessary”.*
- The leadership of the school, and of the university, need to be helped to understand and see the value of Social Accountability for the institution, its practical aspects and its impact on school, graduates, and population.
- *“Social Accountability is a culture change. It should be paired with a structure change”. “Social Accountability must pervade all aspects of a medical school”.* Social Accountability should be at the

forefront of the school mission, strategic plan, decision-making process. *“Social Accountability in education, research and services”*.

- A “high-level” (“at the dean’s level”) Social Accountability unit established with a clear mandate, resources, visibility, and influence.
- The curriculum should be permeated by Social Accountability from admission to graduation. A curriculum that offers numerous *“Social Accountability learning experiences”* such as service learning, community-based and distributes education, primary care training, rural training, training experiences with vulnerable populations, etc. *“Prepare future doctors to be Social Accountability doctors”*.
- *“Social Accountability must be entrenched in the minds and hearts of faculty and students”*
- Faculty members must have access to Social Accountability capacity building; their Social Accountability related activities should be supported and funded; their Social Accountability involvement should be recognized and rewarded in the evolution of their career including promotion.
- *“Some schools don’t care. Their concern is prestige or money”. “Excellence of and in a medical school is not only the basic sciences side”*.

#### **E) Students**

- Students are recognized as a *“strong force for bringing change”*. *“Ahead and open regarding societal issues”*. They are *“passionate with high expectations.”*
- *“They are the next generation of professionals who will take care of us and our children; the next generation of our leaders including Social Accountability leaders.”*
- *“Have them contribute”*. Schools must engage them, enable them, coach them, support their Social Accountability projects and engagements
- A word of caution: Beware *“of the message of the hidden curriculum”* that put emphasis on hard science, specialization, tertiary care, and minimize the role and value of Family Medicine. The hidden curriculum may undermine students’ Social Accountability engagement during their training but also in the choice particularities of their future practice.
- Offer them a Social Accountability curriculum. The overall objective is *“A graduate fit for purpose”* and *“able to internalize the community he/she serves”*.

#### **F) Community and patients**

- Dr. Teresa Marsh presentation was highly appreciated. It paved the way to the multiple discussions on community and patient engagement during the session.
- *“Social Accountability cannot exist without community engagement”*.
- *“A lot to learn from them”*. *“Recognize that community/patients bring a unique perspective.”*
- *“Create space, place, voice for communities and patients.”*
- *“Honor what they honor”*
- Communities’ and patients’ diversity must be represented including vulnerable, underrepresented, and underserved populations. *“Be careful not to involve only the wealthier”*. *“Make heard those that are traditionally unheard”*.
- **“The patient-partner approach** must be taught, role modeled, experienced by students”.
- Institutions/organizations must define the communities/populations they have to serve. However, the following question is always present: *“How do you define your community”*.
- Community representatives should *“actively partner with the school”*. They should be involved in structures (*“a community advisory board”*) as well as in projects and actions. They must contribute to needs prioritization, design of actions, their implementation, the evaluation of their impact. -
- Partnership with communities or patients must be *“authentic, respectful (“Honor what they honor”) and influential” (“not a lip-service”)*.
- We may summarize many interventions by the following: *“Go to, listen to, understand with, plan with, work with, assess with and celebrate with community and patients”*.

## Advocacy and awareness

- The importance of advocacy for Social Accountability and for Social Accountability in A and the necessity of increased awareness have been stressed throughout the session (also in session 1).
- It applies at global and local levels, at institution and regional/national levels.
- The need for advocacy and increased awareness applies to all partners of the partnership pentagram.
- International organizations to partner with: World Health Organization (WHO), The Network: Towards University for Health (TUFH), World Federation of Medical Education (WFME), Foundation for Advancement of International Medical Education and Research (FAIMER), Training for Health Equity Around the World (THEnet), International Federation of Medical Students' Association (IFMSA), etc.
- The real issue: How to make it known? To whom? How?
- *"make it known at all levels"*
- *"Advocacy means convincing people of Social Accountability importance and relevance"*
- *"We need to work on the language and making it resonate".*
- *"Not just show the moral arguments but also the evidence of impact".*
- *"Be a Social Accountability ambassador"*

## Knowledge development and Capacity building

- Capacity building for Social Accountability and Social Accountability in Accreditation includes development of knowledge, organization of knowledge, knowledge sharing, teaching, learning, and influence on policy.
- *"Guidance is needed". "How do we ensure everyone is on the same page".*
- Needs: definition, largely agreed principles, framework of reference, guidelines, how to manuals, tools, etc.
- Capacity building is also derived from *"local and concrete actions and projects that are context-bound". "Recognize what is already done". "Start small but start". "Lead by examples"*
- *"Share best practices"*, on-going and completed actions, lessons from successes and failures, questions as much as answers. *"Develop a community of learners". "Be innovative in approaches used"*
- A word of caution. *"Not all people speak English"*. Document must be produced or translated in different languages. The international francophone network for social accountability in health (Réseau international francophone pour la responsabilité sociale en santé, **RIFRESS**) is an example to be followed.

## Action research and search for evidence

### A) Social Accountability in Accreditation

- *"What is not measured, it is not given as much importance"*
- All agree that much Social Accountability must be integrated into Accreditation but that *"much work is still to be done"* to actually achieve that integration.
- Steps for integrating Social Accountability in A (as proposed by some participants): Advocate; formulate the concept; disseminate the concept and its principles; develop standards; consult stakeholders; pilot; reformulate; educate; implement; assess; create knowledge.
- *"Accreditation can be seen as a stick. But it is also an expression of our shared values"*
- No buy-in of Social Accountability in A will occur if the standards and measurement approach is not seen as relevant, meaningful, and "growth-promoting" for the schools involved.
- *"Principles of Social Accountability to be integrated in Accreditation standards and not only an add-on".*
- *"Standards must be global and generic but allow adaptation for local contexts to ensure their meaningfulness and adoption".* Contextualization has been constantly stressed throughout the

discussion. It applies at the level of a country (with its culture and particularities) as well as at the level of a school. “Think globally and act locally” at all levels applies here.

- *“Even though a one-standard on Social Accountability is needed to confirm importance, Social Accountability principles must permeate all standards”*
- *“Metrics need to be more dynamic. We need to be showing what we are doing and learning”* rather than to be only measured. *“Accreditation and Social Accountability in Accreditation must consider the movement”*.
- *“Emphasize measurement of outcomes and not only processes”*. And the “real” impact should be *“Graduates that will impact the health of society and community they serve”*.
- *“Standards need to evolve with innovation and knowledge”*
- Sharing of experience and expertise as well as capacity building (see previous section) are “urgently” needed.
- *“Framework and guidance for assessing Social Accountability from leader groups would be welcomed ...and also toolkits and guidelines around Social Accountability in accreditation”. “AFMC is an example to be followed; how can we learn more from it”*

## **B) Research about and on Social Accountability**

- *“We need the proof”*
- *“There is a paucity of research”*
- *“Metrics have not still been worked out”*
- *“A frame of reference for research is an urgent need”*
- *“Theoretical and action research are needed”*
- *“Impact takes time”*. Impacts on health, the ultimate measure, takes time.
- Use “proxy” measures related to health human resource development (HHR) such as programs and disciplines chosen by graduates for residency (internship) training, location of professional practice at the end of training, services offered, population/patients’ satisfaction, practitioners’ satisfaction, etc.
- Academic dissemination and publications are needed as well as academic recognition.
- *Research about and on Social Accountability is necessary to ensure credibility of Social Accountability and its implementation*

## **Last general comments that may guide us for the future**

- *“Social Accountability and Social Accountability in Accreditation is a movement”*.
- *“Social Accountability must be entrenched in the minds and hearts of students and faculty”*
- *“Social Accountability still needs to be better promoted, understood, acted upon and measured”*
- *“Engage yourself and others, work together, partner”*.
- *“Change happens when it is sound, worth, credible, sustainable”*
- *“Change happens with convergence, structure, leaders and actions”*
  
- *“Let’s keep and nurture the momentum”* at all levels.
- *“Regional and local Social Accountability and Accreditation Think Tank”*.
- *“ISAATT no2.....no3”*
- *“One speech at a time, one action at a time, one evidence at a time”*