

“SOCIAL ACCOUNTABILITY: MEDICAL SCHOOLS MOVE FORWARD”

by Dr. Robert Woollard, Chair,
ACMC Working Group on Social Accountability

History and planning

One year ago the Spring issue of the FORUM reported on the ACMC’s initiative on “*The Social Accountability of Medical Schools*” and the impending Symposium on that topic in conjunction with the April annual meeting. That meeting¹ and symposium² proved a remarkably successful expression of the five way partnership (policy makers, health managers, health professions, communities and academic institutions³) envisioned in the international initiative seeking to enhance the ties between the needs of societies and the academic resources represented in medical schools.

The plans that emerged from the symposium were further refined at a broad planning exercise over the summer, and are being translated into action through a number of working groups. This range of activities (the subject of this report to the membership) has moved Canada into the vanguard of this initiative at a time when the Canadian public is contemplating system changes that may be required for the sustainability of our cherished health care system. That academic medicine has much to offer in such an enterprise is obvious. That we have not consistently fulfilled our role in the past should inspire us to do so now.

The framework which follows, and the remarkable people and organizations dedicated to its realization, should provide opportunities for each and all of the medical schools to enhance the focus of their educational, research and service activities on defining and responding to the priority health needs of our respective communities. There is a virtual ferment of existing projects and initiatives, some student driven, some led by faculty, some already engaged in robust partnerships with governments and communities. These range across the country in various regional and provincial structures. What is lacking is an enduring national venue in which lessons can be shared, priorities advanced and substantial social resources focused on complex problems that have so far eluded our best efforts.

We are building towards the inaugural meeting of such an enduring venue—The Partners’ Forum on the Social Accountability of Canadian Medical Schools (the “Forum”).

Focus of activities

To augment the success of the “Forum” and the overall strategy on social accountability, a number of working groups are coordinating their actions:

Inventory Working Group (Alan Neville, chair) developing a taxonomy, matrix, catalogue and data base of existing relevant projects and programs.

Measurement Working Group (Paul Cappon, chair) developing literature review, methodology for formative evaluations, processes for institutional self-reflection and peer review to enhance feed-back loops in system change.

Communications Group (George Goldsand, chair) developing the mechanisms for internal and external communications to engage everyone from faculty members to institutional partners in joint efforts towards priority needs.

Organizing Committee for the inaugural meeting of the Partners' Forum (Bob Woollard, chair, representatives of the five partner groups) developing the precise agenda for the inaugural meeting planned for April 27-28, 2004.

These groups will work closely with the:

Academic Leadership Group [ALG] (Bob Woollard, interim chair) consisting of a representative appointed by each dean (four are deans themselves) to be the primary point of contact/focus of activities at each of the seventeen schools. It is clear that each school will give shape to the concept of social accountability in a form relevant to its community needs and circumstances—this group will be a key link in the chain from the deliberations of the Partners' Forum to activities at the “coal face” where education, research and clinical service are integrated.

ACMC Working Group on Social Accountability (Bob Woollard, chair) responsible for the overall strategic approach to Social Accountability—of which the Partners' Forum is a part.

Detailed practical application

In addition to the working groups, two other major multi-year inter-university initiatives have been funded (competitively) by the Primary Health Care Transition Fund and form part of the overall strategy. While focusing on primary care, these interdisciplinary projects will provide practical experience in joint action across universities, linking the scale of activities from the national, through provincial and regional to the local level. They may represent the beginning of a number of initiatives that can arise through the priorities and working groups developed by the Partners' Forum. They are:

“Issues of Quality and Continuing Professional Development: Maintenance of Competence” (Kendal Ho, chair) fostering the creation of a national interdisciplinary network of health professionals to support advancement of collaborations in socially accountable CPD. It works from the assumption that Primary Health Care Renewal is motivated by a compelling need to provide health care to those currently underserved.

“Des médecins et des soins de qualité pour les communautés francophones minoritaires” (Paul Grand'Maison, chair) dedicated to the exploration and response to the needs of this particular community but with lessons learned for other minority and/or marginalized communities.

Coordination and commitment

These eight working groups/committees are accomplishing a great deal in tight time frames. There is broad horizontal membership across the medical schools and vertical membership across the required partnerships at various scales. There has also been judicious use of cross membership to enhance the working coordination of such a complex, multi-dimensional undertaking.

It should not escape our attention that many sincere attempts have been made to address many of the unresolved issues in Canadian health care (the health of aboriginal peoples', the inner city poor and northerners; the distribution of physicians and other health professionals; effective interprofessional coordination; effective and timely translation of research evidence into practice; etc). Notwithstanding the limited success of these efforts, the lessons we have learned call for a renewed dedication on the part of academic medicine to engage in the kind of broad and collaborative effort that is the foundation for this initiative. If medical schools, grounded in over five centuries of university based and socially supported research, education and service, cannot turn our considerable resources to this daunting task; then who can we reasonably expect might?

For further details on opportunities for further involvement please contact your local member of the ALG or the ACMC Working Group on Social Accountability (smaskill@acmc.ca).

Members of the Academic Leadership Group

Dean William Albritton	University of Saskatchewan
Dr. Dave Davis	University of Toronto
Dr. George Goldsand	University of Alberta
Dr. Paul Grand'Maison	Université de Sherbrooke
Dean Brian K. E. Hennen	University of Manitoba
Dean Carol Herbert	University of Western Ontario
Ms. Susan Maskill	Association of Canadian Medical Colleges
Mrs. Carole Nadeau	Université Laval
Dr. Alan Neville	McMaster University
Dr. Jean Parboosingh	Consultant
Dr. Thomas Scott	Memorial University
Dr. John Seely	University of Ottawa
Dr. Douglas Sinclair	Dalhousie University
Dr. Yvonne Steinert	McGill University
Dean Roger Strasser	Laurentian University
Dr. Robert Thivierge	Université de Montréal
Dr. John Toews	University of Calgary
Dr. Sarita Verma	Queen's University
Dr. Robert Woollard	University of British Columbia

¹ Social Accountability: Moving Beyond the Rhetoric, Plenary Proceedings, (www.acmc.ca/issues.htm)

² Envisioning Solutions: Creative Partnerships for the Future of Health Care in Canada, Symposium Proceedings, (www.acmc.ca/issues.htm)

³ Envisioning Solutions : Creative Partnerships for the Future of Health Care in Canada, Symposium Proceedings, see pentagram on page 5, (www.acmc.ca/issues.htm)