



The Association of Canadian Medical Colleges
L'Association des facultés de médecine du Canada
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THE SOCIAL ACCOUNTABILITY OF MEDICAL SCHOOLS:

Meeting the Needs of the Community Through Education, Research and Service

EDUCATION

Postgraduate Education & Training

- Meet societal needs
- Provide appropriate number of physicians and mix of specialties in collaboration with governments and other educational and licensing bodies
- Promote evidence-based care
- Train new physicians with the skills and attitudes for:
 - Interdisciplinary team work
 - Health promotion and disease prevention
 - Community-based practice
 - Care for urban, marginalized populations
 - Public education/ health advocacy
 - Lifelong learning

RESEARCH

- Balance research driven by curiosity and community needs
- Collaborative interventions to meet community's needs
- Research in population health
- Evaluation of educational and health services' interventions

HEALTH CARE

- Active partnerships with health institutions and communities
- Community-based and rural training sites
- Primary & secondary care as part of the academic environment
- Support innovative practices
- Provision of tertiary & quaternary care

PROFESSIONALISM

The moral understanding that underpins the concept of a social contract between the profession and the public.

- Authority for self-regulation
- Control of accreditation, licensing, credentialing and professional conduct review
- Altruism
- Applies to those in practice and in training

PROFESSIONALISM OF INDIVIDUALS

- Clinical competence / life-long learning
- Evidence-based practice
- Translate knowledge into practice and behaviour changes
- Recognition of role of patient in the patient-physician interaction
- Advocacy on behalf of the patient
- Recognition of role of other health professionals
- Balance between disease management and disease prevention/health promotion

PROFESSIONALISM OF MEDICAL SCHOOLS

- Demonstrate that their activities have a positive impact on Canadians
- Demonstrate that they produce socially responsive physicians
- Provide leadership

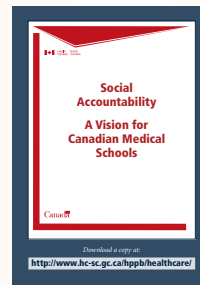
PRINCIPLES OF SOCIAL ACCOUNTABILITY FOR MEDICAL SCHOOLS

Emphasize that faculty and students need to:

- Maintain their competence
- Understand the importance of the patient-physician relationship; and professionalism
- Share the vision of an evolving and sustainable health care system with other stakeholders
- Respond to changing community needs
- Conduct curiosity-driven research
- Provide evidence-based care
- Translate research into practice

LEADERSHIP ROLE OF MEDICAL SCHOOLS

- Optimal preparation of future practitioners
- Partnerships with other stakeholders, including the community
- Promotion of innovative practice patterns to better meet individual and community needs
- Advocacy for services and resources
- Dissemination of tools for measuring social accountability
- Inclusion of the concept in accreditation process



Social Accountability: Definition

The obligation 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. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public. WHO, 1995

INTRODUCTION

A Steering Committee funded by Health Canada, and representative of the medical schools, national medical organizations and government recently published this vision paper. With Health Canada support, work is underway by the Association of Canadian Medical Colleges (ACMC) to communicate the concept and principles of this vision to faculty, students, residents and other stakeholders, and assist medical schools in explicitly demonstrating their social accountability to the public.



IMPLEMENTATION PHASE

- Disseminate the vision paper
 - Mailouts to stakeholders
 - Journal articles
 - Conference presentations
- Inventory current activities
- Identify champions – at institutional, community and national levels
- Develop project proposals for Primary Health Care Transition Fund (PHCTF)
- Institutionalize the concept into practice
- Identify ideas for future projects by faculty, students, residents, etc.
- Identify funding sources for other projects

NEXT STEPS

- Develop other proposals
- Develop and implement workshops to spread the word!
- Include in curriculum / accreditation standards

PROPOSED PROJECTS SUBMITTED TO HEALTH CANADA'S PHCTF*

- Health care needs of the northern territories' population including Aboriginal
- Issues of quality and continuing professional development/maintenance of competence focusing on the four core roles of family medicine and the CanMEDS 2000 Roles including that of physician as advocate
- Health care needs of the Francophone minorities outside of Quebec
- Health care needs of the urban marginalized communities

*Primary Health Care Transition Fund

POTENTIAL OUTCOMES

- Provision and promotion of health for all individuals and groups (including marginalized and vulnerable) through improved access
- Recognition of the importance of:
 - Community participation
 - disease prevention & health promotion
 - life-long learning & continuing professional development
 - performance measurement
 - research
- Collegial attitudes promoting interdisciplinary and multidisciplinary approaches
- Increased confidence of governments
- Greater satisfaction of medical community
- Basis for respectful partnerships amongst the profession, governments, health authorities, communities and business
- Pattern for other health professions and partners

ACMC WELCOMES YOUR PARTICIPATION!

- We need your ideas for:
- Development of inventory of current activities
 - Dissemination of the vision
 - Curriculum development
 - Self-identification for participation in PHCTF projects
 - Identification of champions – at institutional, community and national levels

Contact a member of the ACMC Working Group on Social Accountability:

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