



# “Social accountability in accreditation and quality assurance of family medicine training”

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&

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# A Generalist Approach

A generalist keeps the whole in mind while attending to the individual parts, the system in mind when fixing individual problems and the end in mind when commencing the journey.



# Today's Journey

- ❖ Accreditation in theory and *practice*
  - ❖ Social accountability and *family medicine*
  - ❖ Our role and responsibility for *advocacy*
  - ❖ The way *forward*
- 
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“The twentieth century will be chiefly remembered by future generations not as an era of political conflicts or technical inventions, but as an age in which human society dared to think of the welfare of the whole human race as a practical objective.”

*Arnold J Toynbee quoted by Lester Pearson in his 1957 Nobel Peace Prize lecture.*



A university “...must attempt to interpret the times in which it lives in order to meet the developing needs of the society which it serves...This is the great social mission of education in a free society.”

*James P. Adams, Provost of the University of Michigan, speech at the All-Class Dinner in commencement week, June 15, 1950*



# Objectives



- **What** is to be done?
  - Background, Accreditation, Accountability
- **Why** do it?
  - Ethical/Philosophical Foundations
- **Who** will do it and **How?**
  - From Intentions to Actions

***What*** is to be done?





# Accreditation



*A system whereby an institution/program is assessed for its compliance with predetermined standards of structure, process and achievement*



# Accreditation



*Accreditation of medical education programs is institutional peer review and its effective conduct is an ethical obligation of a self governing profession*

# Accreditation

\* *Institutional Self-reflection*

\* *Institutional Peer review*

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# Accreditation Challenges

- \* **Measure what's important**
- \* **Assess context not blame**
- \* **Foster quality enhancement**
- \* **Link aspirations and actions**

# The Continuum of Medical Education

*Premedical Education*

*Undergraduate/Undifferentiated*

*(Post)Graduate/Differentiated*

*Continuing Professional Development*

***World Federation for  
Medical Education***



WORLD FEDERATION FOR MEDICAL EDUCATION



Basic Medical Education

WFME Global Standards

for

Quality Improvement

WFME Office: University of Copenhagen · Denmark · 2003

WORLD FEDERATION FOR MEDICAL EDUCATION

A large, light-colored globe graphic with a grid of latitude and longitude lines, centered on the page. The text is overlaid on this globe.

Postgraduate Medical  
Education

WFME Global Standards  
for  
Quality Improvement

WFME Office: University of Copenhagen · Denmark · 2003

WORLD FEDERATION FOR MEDICAL EDUCATION



Continuing Professional  
Development (CPD)  
of Medical Doctors

WFME Global Standards  
for  
Quality Improvement

WFME Office: University of Copenhagen · Denmark · 2003

*What does accreditation mean  
to you?*





# Definition of Social Accountability

*..the **obligation** (of 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 the mandate to serve.*

*The priority health concerns are to be identified jointly by governments, healthcare organizations, health professionals, and the public. (World Health Organization, 1995)*



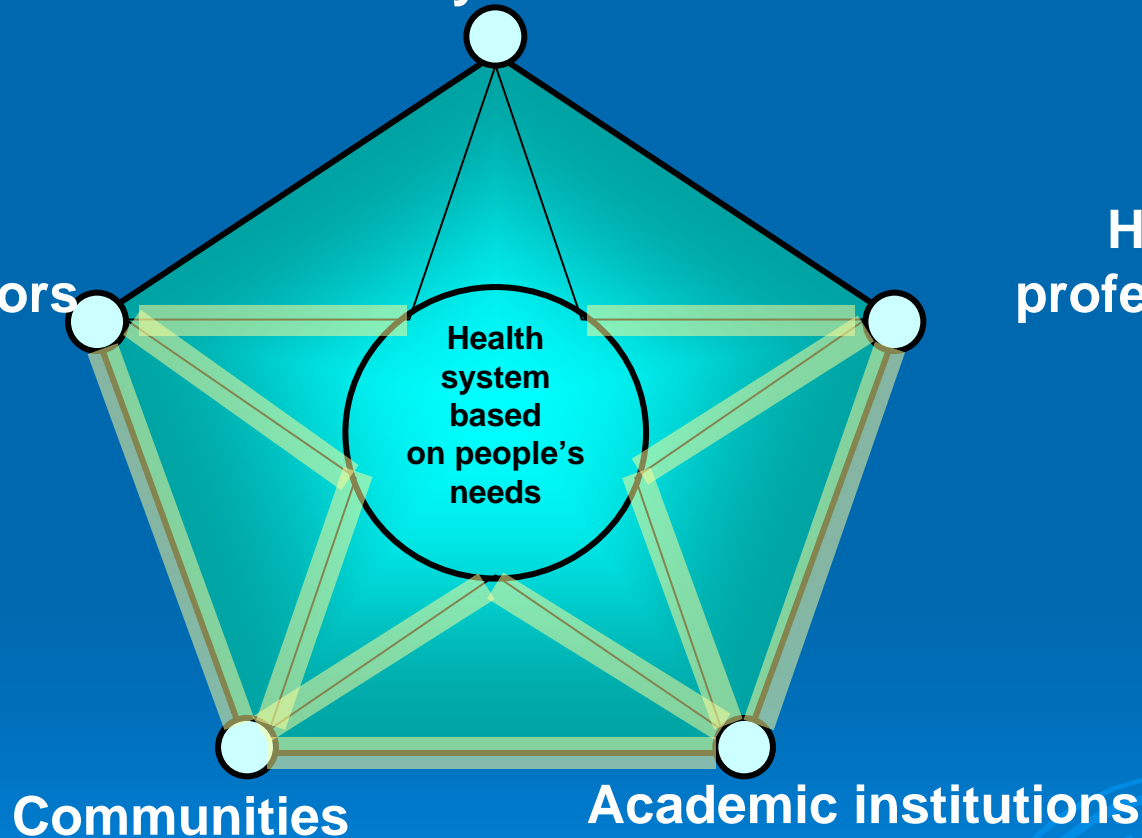
# Partnership Pentagram



Policy makers

Health administrators

Health professionals



***Why*** do it?





# Why “Social Accountability”?



*“ ...all medical schools are accountable (i.e. liable to be called to account).”*

*“Medical schools **voluntarily** can, and should, be **socially responsible**, but they should also expect to be held to account by society for what they do; the term “social accountability” conveys this notion and is thus preferred to “social responsibility”*

Defining and measuring the social accountability of medical schools

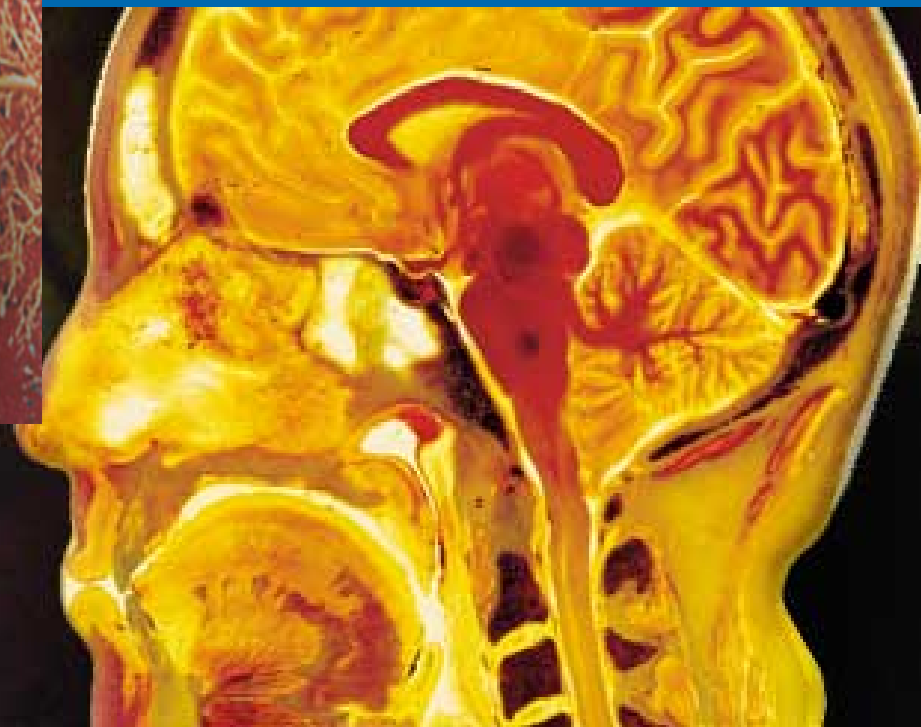
World Health Organization, 1995 pg. 3

*"A man's ethical behaviour should be based effectually on sympathy, education, and social ties and needs. Man would indeed be in a poor way if he had to be restrained by fear of punishment and hope of reward after death."*

-Albert Einstein







# Inequities in health and healthcare

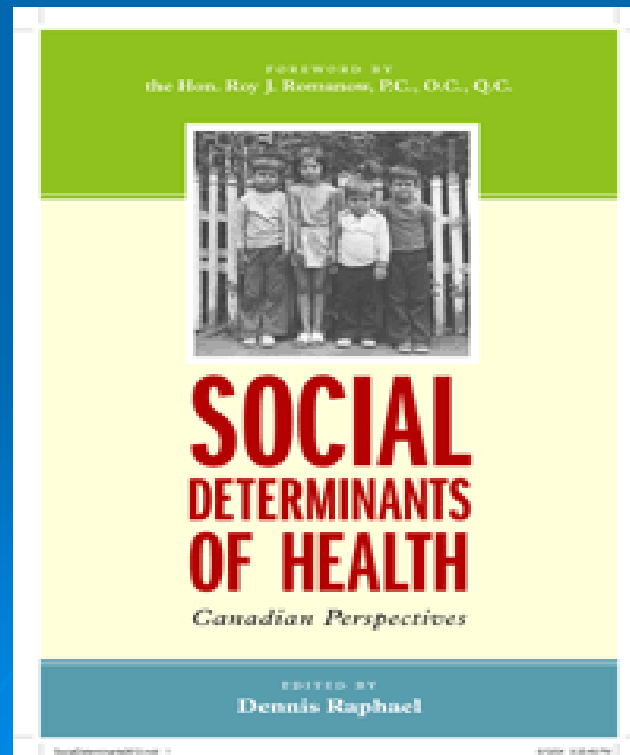




“It is the curse of humanity that it learns to tolerate even the most horrible situations by habitation. Physicians are the natural attorneys of the poor, and the social problems should largely be solved by them.”

Rudolf Virchow

“What good does it do to treat people’s illness and then send them back to the conditions that made them sick?”

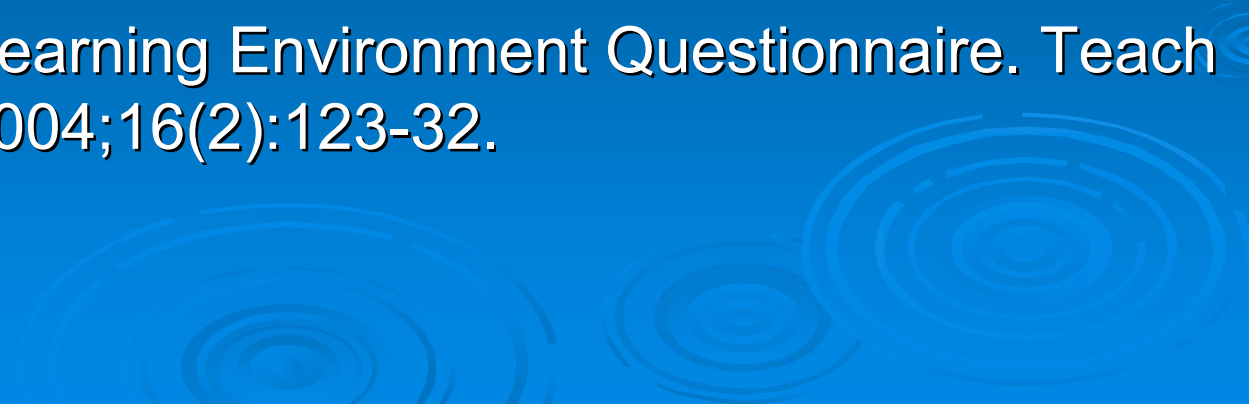




Woo JKH, Ghorayeb SH, Lee CK, Sangha H, Richter S. Effect of patient socioeconomic status on perceptions of first- and second-year medical students. *Can Med Assoc J* 2004;170(13):1915-19.



# Education having a negative influence

- Woloschuk W, Harasym PH, Temple W. Attitude change during medical school: a cohort study. *Med Educ* 2004;38(5):522-34.
  - Schwartz PL, Loten EG. Influence of type of curriculum on students' perceptions of the medical course: a compilation of results from the Cognitive Behavior Survey, Attitudes Toward Social Issues In Medicine survey, and Learning Environment Questionnaire. *Teach Learn Med.* 2004;16(2):123-32.
- 




# Currency to Graduate...

“ The curriculum is so focused on... getting students through the process... the **currency to graduate**... is not community service but [passing] tests and [getting] clinical credits.”

**Dharamsi S.**

**Discursive constructions of social responsibility.**



- 
- “You’ll have students tell you that what you’re trying to teach me is a waste of time. If it’s not billable, it’s not going to be done. ....Is social consciousness billable!?”
  - “ There’s no doubt whatsoever that this has become an example of the negative impact of the monetarization of medicine.”

**Dharamsi S.**

**Discursive constructions of social responsibility**

Our professional solutions often ignore the complexity of the human condition.

Professional training tends to nurture a certain arrogance in which knowledge and skills are seen as the prerogative of professionals, giving us a certain superiority.

The poor and vulnerable are commonly seen as uninformed and backward, having only themselves to blame for both their poverty and poor health.

Professionals do not know their realities.

Worse...

professionals do not know that they do not know!

Murray Dickson, 1993



# Professionalism



Profession

-Responsible for stewardship and application of a  
particular body of knowledge

-Carries an obligation to use that knowledge for the  
benefit of others

Social Accountability

-This is our social contract as professionals

Professional

Student

Social Responsibility

Service Learning

Community Engagement & Relevance

## Question

*Which fundamental elements need to be incorporated in tools and mechanisms for an educational institution to be recognized as « socially accountable » ?*

## Some issues :

- *Being aware of and responding to priority health needs*
- *Defining objectives and strategies consistent with needs*
- *Following up to ensure impact of outcomes*
- *Ensuring transparency and partnership with other parties*



“You are not here merely to make a living.  
You are here in order to enable the world  
to live more amply, with greater vision,  
with firmer spirit of hope and achievement.  
You are here to enrich the world, and you  
impoverish yourself if you forget the  
errand.”

Woodrow Wilson (1865-1924), 28<sup>th</sup> President of US, also  
served as President of Princeton University

***Who*** will do it and ***How***?





*“Society is the total network of relations between human beings. The components of society are thus not human beings but the relations between them. In a social structure individuals are merely the foci in the network of relationships... A visible and palpable collection of people is not a society; it is a crowd. A crowd, unlike a society, can be assembled, dispersed, photographed, or massacred.”*

Arnold Toynbee (A Study of History)

# World Health Organization (WHO)

World Health Report (2008)

***“Primary Health Care:  
Now More Than Ever”***



# The Network TUFH

- ❖ Primary mission: social accountability
- ❖ Task Force on Accreditation and Social Accountability(TFSAA)
  - .Research current status
  - .Position Paper
  - .Review & modification of standards



Social Accountability in Medical Education:  
current conceptions, teaching, learning and medical  
practice in Network – TUFH Medical Schools

➤ Principal Investigator:

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➤ Co-investigators:

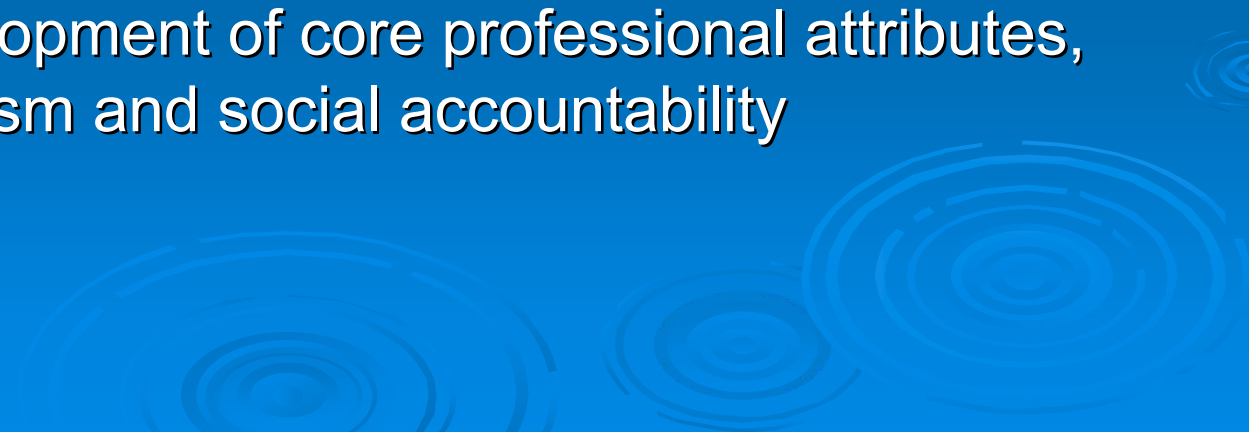


# International Initiatives

- ❖ Primafamed
- ❖ VLIR
- ❖ WONCA
- ❖ GHETS
- ❖ CCPH
- ❖ WFME
- ❖ CACMS/LCME



# Committee on Accreditation of Canadian Medical Schools (CACMS)

- health care disparities and the development of solutions to such burdens;
  - the importance of meeting the healthcare needs of medically underserved populations;
  - and the development of core professional attributes, such as altruism and social accountability
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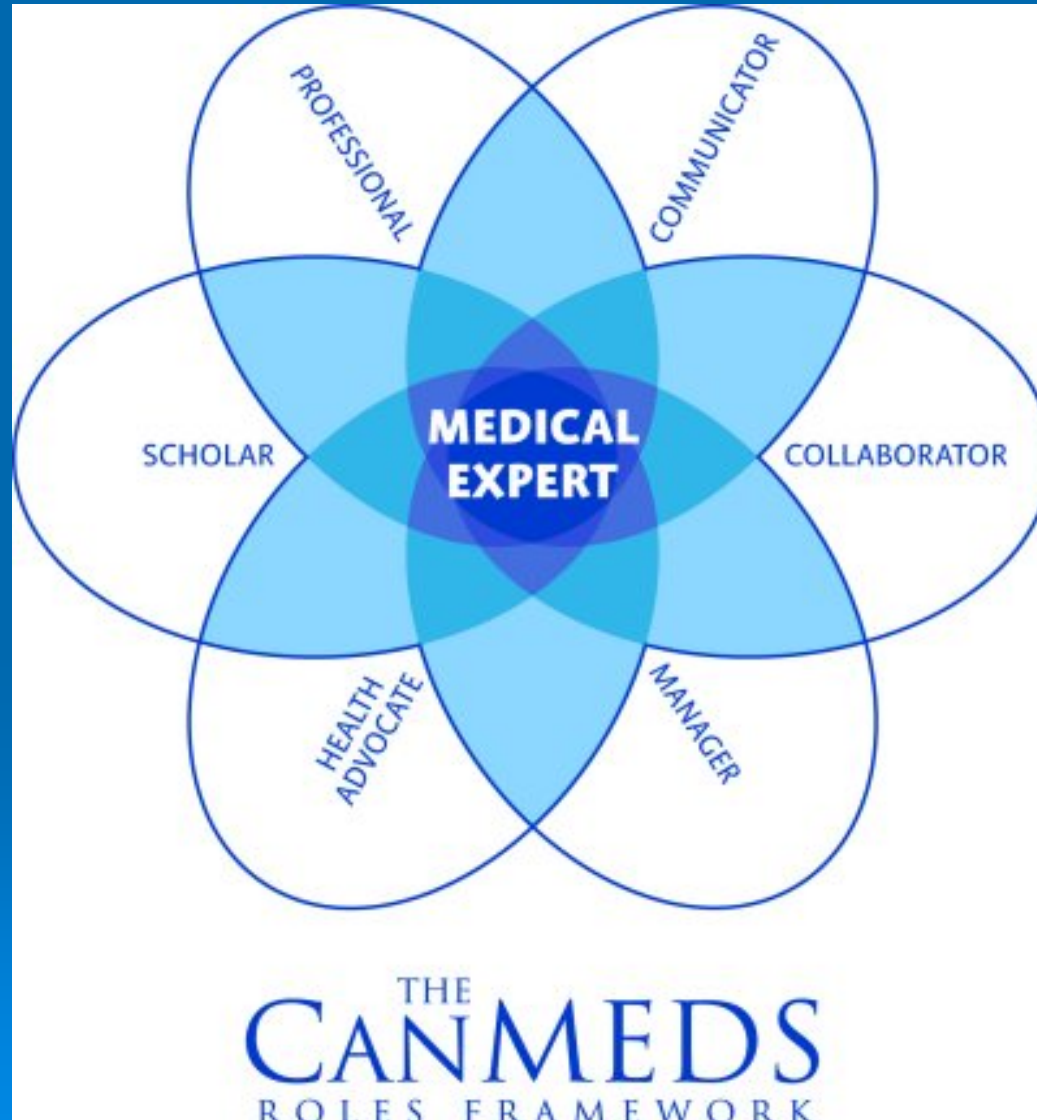


# LCME Standard IS-14-A



“Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support participation.” [effective 7-1-08]

# Royal College of Physicians & Surgeons of Canada

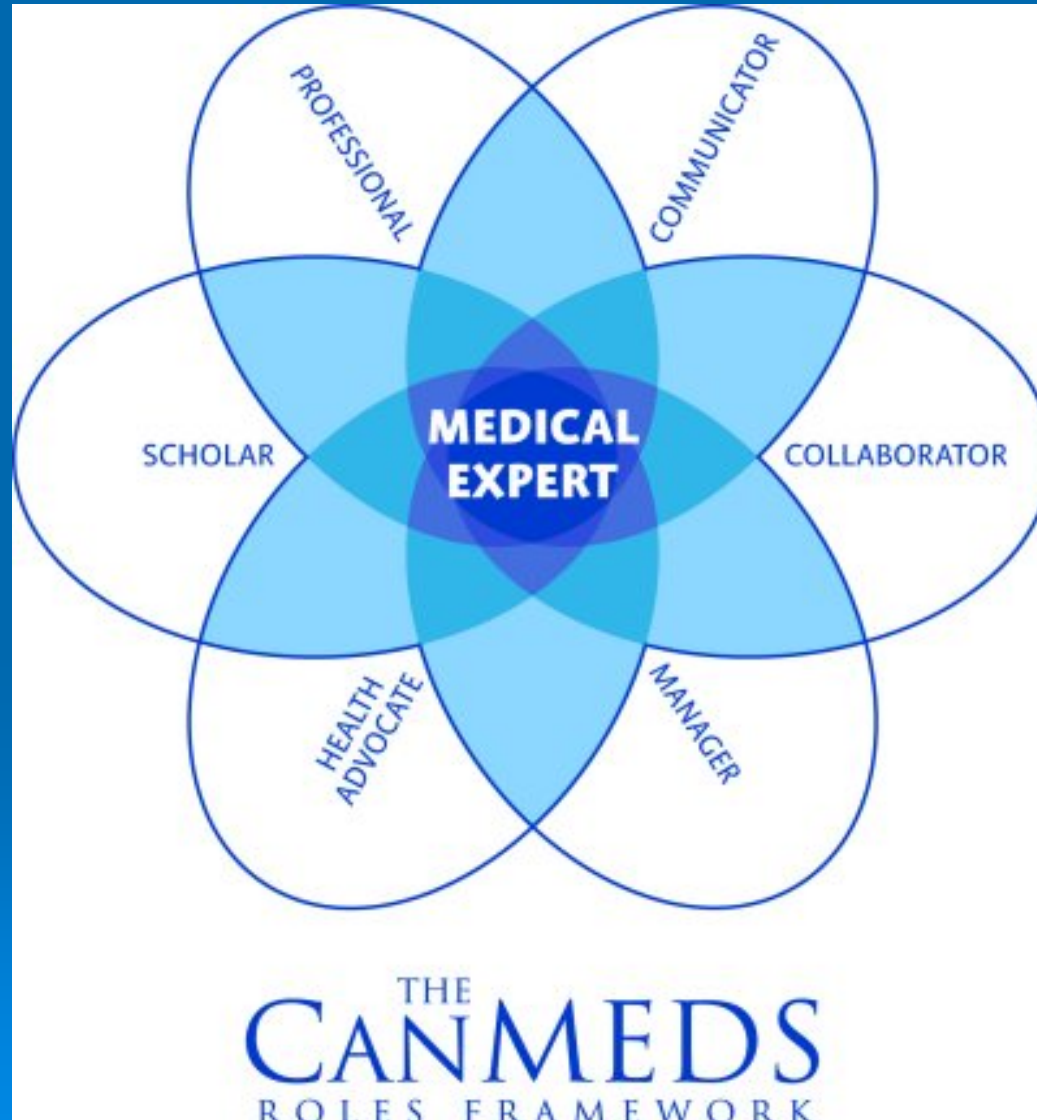




# CanMEDS Health Advocate Role

- physician's duty to identify and respond appropriately to the needs of “vulnerable or marginalized populations”
- physicians are required to attend to “the ethical and professional issues inherent in health advocacy, including altruism, social justice, autonomy, integrity and idealism.”


# Royal College of Physicians & Surgeons of Canada



# National Initiatives (Canada)

- ❖ Assoc. of Faculties of Medicine of Canada
  - .Accreditation of Training in Inter-professional Care
- ❖ College of Family Physicians of Canada
  - .Review/Revise WFME Standards
  - .Inter-professional primary care

# Four Principles of Family Medicine (CFPC)

1. FPs are excellent clinicians
  2. FPs are responsible for a defined population
  3. FM is community based
  4. The doctor/patient relationship is central to FM
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- A decorative graphic consisting of several sets of concentric circles, resembling ripples in water, located in the bottom right corner of the slide.

# National Undergraduate Family Medicine Family Medicine Learning Goals and Objectives

The learner will be able to describe a population and identify how he or she could work with that population to improve its health: (CanMEDS 3 and 5)•

Ability to describe population determinants of health.

Ability to describe an approach to disease prevention and health promotion. •

Participation in population-based disease-prevention and health-promotion activities. •

Scott, MacLean & Freeman 2005

So what?

What does this  
mean for  
family practice  
in Africa  
*now?*



## *Questions for us:*

- Who sets the standards?
- How do we assess compliance?
- What are the consequences?
- Why do it in the first place?

# *Who sets the standards?*

- Blue ribbon panel?
- Collaborative partnership?
- Academic centres?
  - Uganda?
  - East Africa?

# *How do we assess compliance?*

## **What do we assess?**

- structure
- process
- outcomes

## **Methods?**

- self study
- site visit
- review of reports

# *How do we assess compliance?*

## ➤ Frequency?

- regular period of time?
- based on compliance?
- supplemental reports and visits?

# *What are the consequences of non-compliance?*

- ? Categories:
  - provisional
  - full
  - probationary
  - loss
  - exemplary
- Linkage to licensure?

# Discussion

