ASPIRE RECOGNITION OF EXCELLENCE IN SOCIAL ACCOUNTABILITY OF A MEDICAL, DENTAL, VETERINARY SCHOOL

CRITERIA


The essence of social accountability of school is their engaging, partnering with, and responding to the needs of their communities and/or regions and/or nation (noting that some social accountability activities may involve all three levels whereas others may predominately involve the community, or region, or nation).

In combining the work of the Global Consensus for the Social Accountability of Medical, Dental and Veterinary Schools and its own deliberations in the area, the ASPIRE Panel has developed criteria for Excellence in Social Accountability of Medical, Dental and Veterinary Schools approved by the ASPIRE Board, to encompass four domains:
1. Organisation and function;
2. Education of doctors, dentists and veterinary practitioners;
3. Research activities;
4. Contribution to health services for its community/region/nation.

To demonstrate social accountability, schools will be expected to document:

- plans including concepts and goals evident in its organisation and function;
- actions evident in its education and research program activities;
- impacts evident in positive effects of its education, research and service, graduates and partnerships, on the health care and health of its community/region/nation.

It is our hope and expectation that many schools will ASPIRE to EXCELLENCE in Social Accountability and will be able to demonstrate excellent progress towards social accountability but we recognize that as social accountability is so comprehensive it will be very difficult for any one school to achieve excellence in all areas.

The notion of excellence also embodies the active engagement with scholarship and a desire to seek continuous improvement in the area of social accountability of the school.

It is recognised that cultural, social and other issues are likely to have an influence on the social accountability in a school and that how social accountability manifests itself will vary from school to school. Excellence may be found in institutions with limited access to resources just as much as in wealthier institutions. The way in which institutions demonstrate cost effectiveness and context appropriateness will be taken into account by the panel when reviewing individual submissions.

Further guidance relating to the criteria is included in the Application Form http://www.aspire-to-excellence.org/Application+forms/
CRITERION 1
ORGANISATION AND FUNCTION

1.1. Social accountability is a prime directive in the school's purpose and mandate and is integrated in its day-to-day management.

Assessors would seek evidence that your school provides the following:

1.1.1. Social accountability is featured in your school's mission statement, strategic plan and promotional material. Example: It is explicitly stated that school endeavors to act on social determinants of health and steer its resources as effectively as possible to make a greater impact on health of all citizens living in the region.

1.1.2. A vision and mission in the education, research and service delivery inspired by the current and prospective needs of its immediate society including current and future health system challenges and requirements. Example: Specific examples are provided of needs that have inspired the planning and actions of the school.

1.1.3. A strategic plan is clearly responsive to the priority health needs of the community/region/nation it has a mandate to serve. Example: The strategic plan is designed and implemented in consultation and collaboration with health authorities and communities as an important component of the regional and/or national health plan.

1.1.4. Actively engages and partners with its community, health system and other key stakeholders as evidenced by continuous and effective consultations in designing, implementing and evaluation its education, research and service programs. Example: A formal evaluation of the school is regularly carried out to assess the impact of education, research and service programs on priority health needs of the population and on health system performance in addressing those needs.

2. CRITERION 2
EDUCATION OF DOCTORS, DENTISTS AND VETERINARY PRACTITIONERS

2.1. Admissions
School admissions should reflect the demographic mix of the school's community/region/nation.

Assessors would seek evidence that your school provides the following:

2.1.1. Recruits, selects and supports students who reflect the social, cultural, economic and geographic diversity of the community/region/nation it has a mandate to serve;

2.1.2. Effective programs to prepare, recruit and admit suitable students from groups disadvantaged and under-represented from the community/region/nation it has a mandate to serve. (This may also include under-represented students from developing countries);

2.1.3. Selection criteria for admission that are reflective of the best available evidence about the characteristics of students most likely to commit and respond to the health needs of the school’s community/region/nation;

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2.1.4. Other examples related to admissions and social accountability.

2.2. Doctor’s, dentist’s, veterinary practitioner’s education programs

Assessors would seek evidence that:

2.2.1. Relevant unique geographic, social and cultural context and ensure content is related to the priority health needs of the school’s community/region/nation;

2.2.2. Clinical learning and “service learning” experiences must reflect and include the diversity of geographic, social and cultural mix of the school’s community/region/nation;

2.2.3. Early and extensive exposure to community-based learning experiences to understand and act on health determinants and gain appropriate clinical skills;

2.2.4. Program on professionalism for its students, staff and faculty including ethics, teamwork, cultural competence, leadership role-modeling and communications;

2.2.5. Inter-professional learning experiences to develop teamwork approach to community needs;

2.2.6. Learning opportunities that introduce and develop the concept of social accountability will be evident and transparent throughout the curriculum;

2.2.7. Learning opportunities that introduce and develop the concept of social accountability;

2.2.8. Opportunities for optional personalized learning by students that focus on social accountability, including structured electives, link programs and cultural exchanges;

2.2.9. Outline competencies related to social accountability expected of its students at the end of the curriculum and assess the students’ ability to understand and analyze the value and concept of social accountability;

2.2.10. Community/regional/national/international learning experiences with underserved and disadvantaged patients, communities and populations. (Such experiences should be designed to foster the skills of effective response and avoidance of hopelessness and/or cynicism);

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1 June 2008 edition LCME Page 4 Functions and Structure of a School IS-14-A Medical schools should make available sufficient opportunities for medical students to participate in service-learning activities, and should encourage and support student participation. (New standard approved by the LCME in February 2007, to be effective as of July 1, 2008).

“Service-learning” is defined as a structured learning experience that combines community service with preparation and reflection. Students engaged in service-learning provide community service in response to community-identified concerns and learn about the context in which service is provided, the connection between their service and their academic coursework, and their roles as citizens and professionals [Definition from Seifer SD “Service-learning: Community campus partnerships for health professions education.” Academic Medicine; 73(3); 273-277 (1998)]
2.2.11. Student-led projects to improve the health/health care of underserved and disadvantaged community, regional, national and international patients and populations;

2.2.12. Other examples related to social accountability in Doctor’s, Dentist’s, Veterinary practitioner’s education programs.

2.3. **Faculty development/professional development/continuing health professions education**

Schools should enable life-long learning as healthcare providers and teachers for the doctors and health workers in their community/region/nation by providing continuing health education/professional development/faculty development.

Assessors would seek evidence that your school provides the following:

2.3.1. Professional development/continuing education based on established health needs for practicing physicians and health care workers in its community/region/nation;

2.3.2. Involves and supports practicing doctors and other health workers in the development and delivery of education in its community/region;

2.3.3. Preparation for teaching and role modeling social accountability in practice and health care systems is a key component of the school’s faculty development;

2.3.4. Other examples related to social accountability in faculty development/professional development/continuing education.

**CRITERION 3**

3. **RESEARCH ACTIVITIES**

Community/regional/national health needs inspire the school’s research including knowledge translation. This includes research related to:

- community/regional/national burden of illness;
- community/regional/national prevalent and severe diseases;
- community/regional/national health system improvement research.

*This may include a range from biomedical discovery to clinical to population health research*

Assessors would seek evidence that your school does:

3.1.1. Research inspired by and responding to the priority health needs of the school’s community/region/nation;

3.1.2. Research conducted by the school gives priority to activities that create beneficial effects upon its community/region/nation;

3.1.3. Actively engage the community in research, including developing the agenda, partnering and participating in research and knowledge translation/mobilization;
3.1.4. Research related to the priority health needs of the school’s community/region/nation must be an essential component and a desirable feature for the students within the curriculum and with involvement of faculty;

3.1.5. Educate health researchers in the numbers and types needed for the school’s community/region/nation;

3.1.6. Research that impacts on the health care for and the health of the school’s community/region/nation;

3.1.7. Other examples related to research social accountability.

CRITERION 4

4. CONTRIBUTION TO HEALTH SERVICES AND HEALTH SERVICE PARTNERSHIPS FOR COMMUNITY/REGION

The school’s graduates and its health service partnerships have a positive impact on the health care and the health of its community/region/nation.

4.1. Doctor, dentists or veterinary practitioners graduates

Producing the right doctors or dentists or veterinary practitioners to practice the right medicine with the right partners at the right time and the right place.²

Assessors would seek evidence that your school provides the following:

4.1.1. Actively seeks and develops sustainable partnerships with other stakeholders, including other health professional and governing bodies, to optimize its performance in meeting the requirement for quality and quantity of trained graduates as well as their deployment and impact on health;

4.1.2. Produces a variety of generalists and specialists, appropriate both in quality and quantity to serve the evolving needs of the school’s community/region/nation;

4.1.3. Produces graduates equipped with a range of competencies consistent with the development of the communities they serve, health system they work in, the expectations of the citizens and health priorities of its community/region/nation;

4.1.4. Produces graduates who are educated explicitly to be change leaders active in population health and health-related reforms, with an emphasis on coordinated person centered care, health promotion, risk and disease prevention, and rehabilitation for patients and entire families;

4.1.5. Encourages graduates to choose careers relevant to societal priority health challenges and needs. Priority attention is given to fostering graduates committed to primary health care;

4.1.6. Works towards graduates being properly deployed, supported and retained where

² Boelen C, Woollard R “Social Accountability: The extra leap to excellence for educational institutions” in Medical Teacher, Aug 2011; 33(8): 614-619

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they are most needed to effectively and efficiently address priority health issues of the community/region/nation the school has a mandate to serve;

4.1.7. Works with the health care system and other potential employers of graduates to enable them to provide care to underserved and disadvantaged community, regional, national and international patients and populations;

4.1.8. Follows-up on graduates to assess their distribution and impact on health care and health of its community/region/nation;

4.1.9. Other examples related to social accountability in doctor graduates.

4.2. Health service partnerships

For education and research to be most effective in improving the health and health care or veterinary practices in the school’s community/region/nation, engagement and partnership with communities, health care organizations, health managers, policy makers, and government is vital.

Assessors would seek evidence that your school provides the following:

4.2.1. Recognizes the local community and regional communities they serve as primary stakeholders and shares responsibility for a comprehensive set of health services to a defined population in a given geographical area;

4.2.2. Partners with professional organizations and health authorities at all levels on policies and strategies for more socially responsive health systems;

4.2.3. Partners with local health authorities and the community to develop specific plans, strategies, policies and practices to assess and meet the needs for all groups within the community/region with particular attention to under-resourced and marginalized groups;

4.2.4. Partners with health care organization and communities in projects to improve the health of underserved and disadvantaged community, regional, national and international patients and populations;

4.2.5. Other examples related to social accountability in health service partnerships and where schools manage their own health systems.