ASPIRE RECOGNITION OF EXCELLENCE IN SOCIAL ACCOUNTABILITY OF A MEDICAL SCHOOL CRITERIA - Version 2.0

For background information, please refer to **ASPIRE Recognition of Excellence in Social Accountability of Schools: An Introduction** (www.aspire-to-excellence.org) and Background Paper on Environmental Accountability.

The essence of social accountability of a school is their engaging, partnering with, and responding to the needs of their communities, regions and 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 School and its own deliberations in the area, the ASPIRE Panel has developed criteria for Excellence in Social Accountability of Medical Schools approved by the ASPIRE Board, to encompass four domains:
1. Organisation and function of the school;
2. Education of doctors;
3. Research activities;
4. Contribution to health services for its community, region, and nation.

In developing Version 2.0 of these *ASPIRE* Social Accountability Criteria we have reflected on the experience of five years of ASPIRE applications, and acknowledge the influence of work by *The Network Towards Unity for Health* [TUFH], the *2017 Tunis Declaration on Social Accountability*, as well as the enthusiasm demonstrated by the *International Federation of Medical Students' Associations (IFSMA) and THEnet in developing the Students Toolkit on SA in Medical Schools* **https://ifmsa.org/social-accountability/**

We have also explicitly broadened the scope of Social Accountability to include the concept of Environmental Accountability, i.e. (in summary) *the obligation of medical schools to ensure they actively develop, promote, and protect environmentally sustainable solutions to address the health concerns of the community, region, and the nation they serve*. (Pearson, Walpole & Barna 2015). Global impact will also be considered.

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 healthcare, health and health equity of its community, region, and 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 recognise that as social accountability is so comprehensive it will be very difficult for any one school to achieve excellence in all areas. Similarly, "excellence" is not a destination that, once reached, can be assured of enduring.

The notion of excellence also embodies active engagement with scholarship and a desire to seek continuous improvement in the roles that the academic institution plays and the impact it has on the

health of the society it serves. Social accountability embraces the inclusive definition of five forms of scholarship:

1 The scholarship of ***teaching*** includes transmitting, transforming, and extending knowledge;

2 The scholarship of ***discovery*** refers to the pursuit of inquiry and investigation in search of new knowledge;

3 The scholarship of ***integration*** consists of making connections across disciplines and, through this synthesis, advancing what we know;

4 The scholarship of ***application*** asks how knowledge can be practically applied in a dynamic process whereby new understandings emerge from the act of applying knowledge through an ongoing cycle of theory to practice to theory;

5 The scholarship of ***engagement*** connects any of the above dimensions of scholarship to the understanding and solving of pressing social, civic and ethical problems. (Woollard 2006)

Given that cultural, social and other issues influence social accountability in a school, 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 the school endeavours to act on social determinants of health and steer its resources as effectively as possible to maximise positive and minimise negative impact on society, environment and health, both locally and globally.

1.1.2. A vision and mission for the school's activities inspired by the current and prospective needs of its immediate society including current and future health needs and health system challenges and requirements. These activities should include the fostering of scholarship and activities in the realms of teaching, discovery, integration, application and engagement to foster health in the population and of its environment. *Example*: Specific descriptions are provided of needs of marginalised people that 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, and nation it has a mandate to serve and the health of the environment on which they depend. *Example*: The strategic plan is designed and implemented in consultation and collaboration with health authorities, policy makers, health professions and communities as an important component of the regional and/or national health system.

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

1.1.5. Evidence of action to evaluate and address Environmental Accountability as a key part of Social Accountability. The school should demonstrate: a) an understanding of and attempt to measure the impact of its activities on local and global ecosystems; b) engagement with local, regional, national and global

initiatives and strategies to promote a healthier environment; c) evidence of planning to mitigate negative environmental and health impacts of the school's activities in future years; and d) evaluation and support for policies, educational programmes and research which demonstrate the health benefits which arise from pursuing an environmentally sustainable strategies and behaviours. *Example:* School's mission statement highlights environmental responsibilities; strategic plan includes proposals to work with their community to monitor, reduce and minimise environmental degradation and promote behaviours that are better for the environment and for health and develops environmentally responsible health policies and systems.

CRITERION 2
EDUCATION OF DOCTORS,

2.1. Admissions School admissions should reflect the demographic mix of the school's community, region, and 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 and nation it has a mandate to serve;

2.1.2. Effective programmes to prepare, recruit and admit suitable students from groups disadvantaged and under-represented within the community, region, and 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 and nation;

2.1.4. The selection process pays specific attention to the accessibility, social and environmental impact of the admissions process itself (e.g. rural and socially distanced students are not at a disadvantage by virtue of location and travel requirements).

2.2. Medical doctor's education programmes

Assessors would seek evidence that:

2.2.1. Relevant unique geographic, social, environmental and cultural context are considered and ensure content is related to the priority health needs of the school's community/region/nation; *Example: Students gain knowledge and understanding of the epidemiology of disease related to their local environment and the social determinants of health.*

2.2.2. Clinical learning and "service learning" experiences importantly reflect and include the diversity of geographic, social, and cultural mix of the school's community, region and nation;

2.2.3. Programmes exist to ensure early and extensive exposure to community-based learning experiences to understand and act on social and environmental health determinants and gain appropriate clinical skills;

2.2.4. There exists programmes on professionalism for its students, staff and faculty, including ethics, teamwork, cultural competence, working across disciplinary boundaries, leadership role-modelling and communications;

2.2.5. There are 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 environmental accountability, (including but not limited to environmental impacts on health, the impact of health systems on the environment, health co-benefits of sustainable lifestyle choices and opportunities to mitigate future impact for the wider benefit of humanity) will be evident and transparent throughout the curriculum

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

2.2.9. Outline competencies related to social and environmental accountability expected of its students at the end of the curriculum are explicit and assessments include the students' ability to understand and analyse the value and concepts of social accountability and environmental accountability;

2.2.10. Community, regional, national, and 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); [1]

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 and/or environmental accountability in practitioner's education programmes.

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 and 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 is based on established health needs for practicing physicians and health care workers in its community, region and nation; including a demonstrated responsiveness to social and environmental determinants of health.

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

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

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[1] http://lcme.org/publications/#DCI
Element 6.6 Service-Learning
The faculty of a medical school ensure that the medical education program provides sufficient opportunities for, encourages, and supports medical student participation in service-learning and community service activities.
LCME Data Collection Instrument, March 2018.

"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)]

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

CRITERION 3
3. RESEARCH ACTIVITIES

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

- community, regional and national burden of illness;
- community, regional and national prevalent and severe diseases;
- community, regional and 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 and nation;

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

3.1.3. Research that actively engage the community in research, including developing the agenda, partnering and participating in research and knowledge translation/mobilisation;

3.1.4 Research includes health system effectiveness and the number, mix and distribution of medical doctors and other health workforce needed for the school's community, region and nation;

3.1.5 Research impacts on the healthcare and the health of the school's community, region and nation;

3.1.6. Research into the impact of health services/systems on the society and the environment and into wider social and environmental determinants of health

3.1.7. Research related to the priority health needs of the school's community, region and nation is an essential component and a desirable feature for the students within the curriculum and with involvement of faculty;

3.1.8. The research programme and its applications demonstrates consideration of social and environmental factors in its priorities. **Community/regional/national health needs inspire the school's research including knowledge translation. This may include research related to: community/regional/national burden of illness; community/regional/national prevalent and severe diseases; community/regional/national health system improvement research** as well as exploration of environmental factors e.g. promoting a positive impact on disadvantaged communities or mitigating negative social or environmental impacts of any proposed research activity or training

3.1.9 Other examples related to research social and environmental 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. This is achieved through active community engagement at all levels from the graduates to the school as a whole. [2]

[2] ASPIRE and social accountability embrace the definition of Moore et al: *community engagement is*

4.1. Medical doctor graduates

Producing the right medical practitioners to practice the right medicine with the right partners at the right time and in the right place.

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 optimise 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, local environment in which they work, health system they work in, the expectations of the citizens and heath 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-centred care, health promotion, risk and disease prevention, and rehabilitation for patients and entire families;

4.1.5. Produces graduates who are educated about the personal and regional health benefits of pursuing social and environmentally sustainable health policies; and about the causes and health consequences of environmental degradation and climate change, and with the skills to act as advocates or advisors to identify, mitigate or reverse such consequences.

4.1.6. 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;

4.1.7. Works towards graduates being properly deployed, supported and retained where they are most needed to effectively and efficiently address priority health issues of the community/region/nation the school has a mandate to serve;[3]

4.1.8. 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;

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

4.1.10. Other examples related to social and environmental accountability in doctor graduates.

4.2. Health service partnerships

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understood as a process whereby actors in a service system proactively seek out community values, concerns and aspirations and incorporate them into a decision-making process, establishing an ongoing partnership with the community to ensure that the community's priorities and values continue to shape services and the service system. <https://aifs.gov.au/cfca/sites/default/files/cfca39-community-engagement.pdf>

[3] Boelen C, Woollard R "Social Accountability: The extra leap to excellence for educational institutions" in *Medical Teacher*, Aug 2011; 33(8): 614-619

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

Assessors would seek evidence that your school provides the following:

4.2.1. Recognises 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 organisations and health authorities at all levels on policies and strategies for more socially and environmentally 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 groups who are under-resourced, most adversely affected by health threats including environmental pollution or marginalised due to ethnicity, culture, age, location or other factors;

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

4.2.5. Partners with local health authorities and the community to help identify and reduce the environmental impact of health programmes, and work with them to provide a more environmentally sustainable future *Example: The school provides health advocacy and expertise on transport policy, housing policy, etc.*

4.2.6. Partners with communities, government and health organisations to demonstrate the school and its students' involvement with effective local, regional or national initiatives to promote social justice and reduce or mitigate the impacts of environmental degradation and climate change.

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

Approved by ASPIRE Social Accountability Panel 8 May 2018