

Medical education

Medical schools as agents of change: socially accountable medical education

Out of the ivory tower and into the community

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Series Guest Editor

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Medical education reform can make an important contribution to the future health care of populations. "Social accountability" for medical schools was defined by the World Health Organization in 1995 as *"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"*. Ensuring that medical education reflects and is responsive to the priority health care needs of communities is becoming a focus for reform internationally.

What is current Australian practice?

Medical schools, charged with producing tomorrow's doctors, have been criticised for being concerned with prestige, research competitiveness and producing graduates for narrow speciality careers. Medical school recruits are mostly from affluent backgrounds and urban areas, and the curriculum does not always reflect priority community needs. Orthodoxies in medical education have been most strongly challenged where the gap between health care needs and the availability of doctors is greatest. Effective political advocacy from the rural sector in Australia has driven important national rural health reforms. Similarly, the imperative for action on Aboriginal health has seen the development of national curriculum resources and common approaches to recruitment and support for Aboriginal students.

What does best evidence tell us?

While evidence for the impact of medical education reforms comes mostly from observational studies of complex interventions, several strategies are convincingly associated with health equity outcomes. The range of strategies include curriculum reform, student selection targeting underserved communities, a shift to community and small hospital clinical placements, building authentic community partnerships, students providing service while learning, bonded medical scholarships and other return-of-service obligations, and the establishment of regional medical schools, rural clinical schools and regional post-graduate training pathways. Measures to increase student diversity and harness and develop student altruism and leadership have also been applied.

Strategies of the Training for Health Equity Network (THEnet) (www.thenetcommunity.org)

- Health and social needs of targeted communities guide education, research and service programs
- Social accountability is demonstrated in action through a "whole school" approach
- Students are recruited from the communities with the greatest health care needs
- Programs are located within or in close proximity to the communities they serve
- Medical education is embedded in the health system and takes place in the community and clinics instead of predominantly in university and hospital settings
- Curriculum integrates basic and clinical sciences with population health and social sciences; and early clinical contact increases the relevance and value of theoretical learning
- Pedagogical methods are student-centred, problem- and service-based and supported by information technology
- Community-based practitioners are recruited and trained as teachers and mentors
- Health system personnel are partners in producing graduates with locally relevant competencies
- Faculty and programs emphasise and model commitment to public service

Where are the new frontiers?

At a time of crisis in health care systems, the need to reduce health inequalities and deliver effective, affordable, people-centred health care is more important than ever. The challenge in medical education reform in Australia is how to apply the lessons learned from rural and Aboriginal health reforms, and from international experience in underserved communities, so that we can meet the WHO's aspirational definition and make our medical schools agents of positive social change. Policy levers to drive change include funding tied to achieving equity outcomes and systems of medical school accreditation. An international movement, and growing coalitions of medical schools with an interest in social accountability, medical education, provide a community of practice to lead change from within. One such collaboration, the Training for Health Equity Network, involves 11 medical schools committed to meeting the needs of underserved communities (Box).

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