

# Social Accountability & Medical College Curriculum

Jamshed Akhtar<sup>1\*</sup>

According to World Health Organization the concept of social accountability is described as “[Medical Schools have] 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”<sup>1</sup> The concept of social responsibility in context of medical education imparted through medical schools is not new, however some terminologies are used synonymously that need clarification. In one of the articles by Boelen C et al made an endeavor to describe them.<sup>2</sup> According to them a medical school is socially responsible for the society which it serves. The education thus provided ensures that good practicing doctors, who are sensitive to the needs of the society, are produced. The activities / initiatives that they take place towards this end fall under the term, social response. This includes not only the educational strategies but also research and provision of services, that are directed towards improving health of the society. An important aspect in pursuit of all these goals is making medical schools socially accountable by working in collaboration with governmental and nongovernmental organization, in improving health related indicators of the population, keeping in mind the cost effective and equitable resource allocation. Medical graduates are considered as change agents who are trained to contribute positively to the existing health system.

In order to achieve above mentioned goals the curriculum of the medical schools is so designed to make it in-line with the needs of the society. At international level lot of work has been done in this regard. Global Consensus for Social Accountability of Medical Schools is one such documents where challenges of contemporary era are described in great detail and strategies are also presented to deal with

<sup>1</sup> Department of Paediatric Surgery National Institute of Child Health Karachi

## Correspondence:

Dr. Jamshed Akhtar<sup>1\*</sup>

Department of Paediatric Surgery

National Institute of Child Health Karachi

E mail: jamjim88@yahoo.com

them. It proposed ten strategic approaches so that medical schools become socially accountable to the society. Number of tasks are suggested to achieve these goals that include advocacy, consultancy, research and global coordination.<sup>3</sup>

Pakistan Medical & Dental Council (PMDC) remained active in implementing community oriented medical education curriculum (COME) in context of Pakistan. A report on national initiative was published more than a decade ago.<sup>4</sup> COME is expected to prepare future medical graduates to be fully aware of health related needs of their own society in addition to knowledge of global pattern of diseases. This is supposed to make them responsible to the needs of the community in which they work. A study assessing satisfaction of medical students regarding COME knowledge and skills revealed that subject has not been implemented properly. Many were not satisfied with the current approach.<sup>5</sup> Same concerns are also expressed by Hussain et al.<sup>6</sup>

In a study from Iran opinion was sought about general medicine curriculum for social accountability from different level experts through Delphi method and results categorized based upon CARE model (clinical activities, advocacy, research, and educational categories). It was noted that to ensure social accountability the curriculum has to be tailored accordingly.<sup>7</sup> Same is true for Pakistan. In another study on same subject three themes emerged in relation to definition of social accountability. These were; improving physician workforce in medical field where there is deficiency, quality training of physicians and provision of services to communities. In relation to measuring social accountability themes emerged were value, implementation and barriers.<sup>8</sup> In a recent recruitment of medical doctors for rural Sindh it was noted that candidates had poor knowledge of prevalent diseases in the community. They were not aware of basic health related indicators like maternal and infant mortality rates, EPI program vaccination coverage etc. This reflected poorly on current medical curriculum where regional health related issues are not addresses effectively. Such graduates are not expected to serve the communities and considered socially responsible. Thus it is important for the policy makers to embark

upon revising curriculum is such a way that the students are familiarized with commonly prevalent diseases and be trained to work in collaboration to treat them and be proactive to conduct further research on the subject and consider themselves as morally and ethically accountable to the community which they serve.

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