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Letter to Editor

Socially accountable medical schools and their relation to community health promotion

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Dear Editor,

Medical education is more affected by social processes than other forms of professional training in that it relates directly to the patient as a member of the community. The socialization of health as a kind of social process undoubtedly affects both qualitative and quantitative aspects of medical education.[1] Medical schools take the first step in the socialization of health by carefully assessing the health needs of their underserved communities. The minimum health needs of the community can be met by providing the required human resources and providing health care. On a higher level, the community expects the health system to train a health workforce with more competencies and skills empowered by ethics and professionalism. In order to meet such community needs, a responsive medical faculty must inevitably include at least four core competencies in its curriculum to design the main roles of a clinical practitioner (Table 1).

But are these enough for social accountability of medical schools?

The first definition of the social accountability of medical schools was undertaken by Charles Boelen and published by the World Health Organization (WHO) in 1995,[2] which outlined a framework designed to assess a medical school's progress towards social accountability based on four values (relevance, quality, cost-effectiveness and equity) in three domains of institutional responsibility: education, research and service. According to this framework, although each of these domains can be evaluated in three phases (planning, doing, and impacting), the ultimate impact of education was not properly introduced. A few years later, when Charles Boelen introduced several main indicators of socially accountable medical schools, such as working collaboratively with the public to positively impact people's health, this still failed to provide a precise definition of the impact of medical education.[3]

More than two decades later, in 2016, Charles Boelen and his colleagues published AMEE Guide No. 109 entitled, "Producing a socially accountable medical school."[4] Authors of this guide referred to what previous studies had said about the classification of medical schools according to their responsibility, but added, for the first time, the most important determinants of health (political, cultural, social, environmental and economic) as what a socially accountable medical school should consider. However, it seems that this guide has not been able to accurately address the ultimate impact of medical education on community health.

Even in more recent studies, despite mentioning the most important features of a socially accountable medical school such as directing educational and practice interventions to promote the health of all the public[5] and improving the health of underserved population,[6] the authors' notion of promoting and improving health is not explicitly stated.

I believe that only with considering medical education as a process can one address and differentiate the outcome and impact of medical education in an array of community orientation of medical schools.

In a process approach to medical education, a responsible/responsive medical school can meet some important educational outcomes, but community health promotion as an ultimate impact of medical education occurs only by a socially accountable medical

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Table 1. Core competencies and main roles of a clinical practitioner

Core competencies	Main roles
Critical thinking	Evidence-based decision maker
Clinical reasoning	Evidence-based clinical decision maker
Communication skills	Evidence-based shared clinical decision maker
Comportment professionalism	Evidence-based ethical shared clinical decision maker

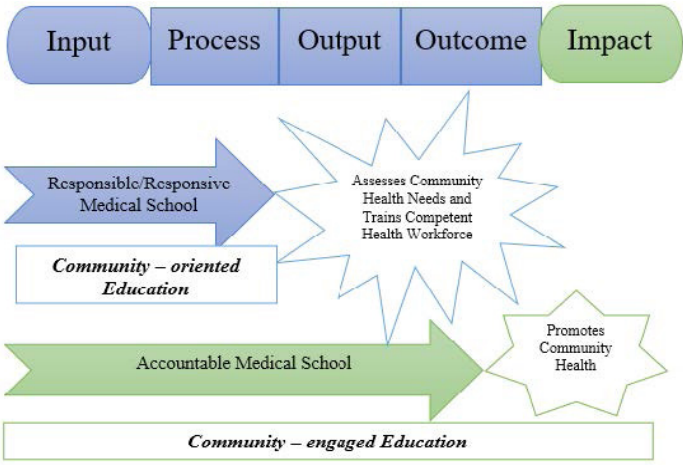

Figure 1. The process approach to medical education.

school (Figure 1). To provide this impact, community participation and engagement in the educational process is mandatory.

As defined by WHO, health promotion enables people to increase control over their own health.[7] According to this definition, health promotion includes a wide range of social and environmental interventions that protect individual people's health by addressing and preventing the root causes of ill health.

Socialization of health should be taken into account from the early stages of the formation of the responsible university.[1] The ultimate goal of socialization of health is to empower the community to deal with ill health. With empowerment of the community, the most important health needs will be identified and relevant, equitable, qualified and efficient healthcare services will be tailored to meet them. In this type of community, the people will order the research they need.

In conclusion, the socially accountable medical school directs its education, research and services toward enabling the underserved community population to control and address all health problems they encounter.

Ethical approval

Not applicable.

Competing interests

None.

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