

## **Integrating Social Accountability Standards into Medical School Accreditation in India: A Policy Perspective**

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**Keywords:** Social Accountability, Medical Education, Accreditation Standards, National  
Medical Commission (NMC), Health Equity

### **Abstract**

In India, medical education traditionally prioritizes academic and clinical skills over social accountability, often in ways that exacerbate health disparities.

The National Medical Commission (NMC) can bridge this gap by integrating social accountability into their accreditation standards, signaling its significance to the public, and fostering a culture of responsibility among medical schools. Although there is currently not a federal mandate for social accountability, various policies at both national and state levels promote aspects of social accountability.

Despite recent WFME recognition, the NMC's focus remains on educational aspects, neglecting service and research functions.

The lack of a federal mandate leads to inconsistent implementation across institutions, potentially neglecting underserved populations' health needs. Implementing social accountability in Indian medical schools requires establishing evidence-based standards, integrating them into the curriculum, investing in faculty training, fostering community partnerships, using evaluation mechanisms, and implementing compliance incentives. The process we propose involves reviewing current accreditation standards, identifying gaps, drafting new standards, refining them based on stakeholder feedback, pilot testing, training, implementation, and engaging in continuous evaluation.

Anticipated challenges include resource constraints, academic freedom concerns, measurement reliability, defining professional roles, traditionalist resistance, and implementation difficulties. Critics argue that these challenges may hinder effective integration, but existing evidence suggests that socially accountable medical schools positively impact reducing challenges, as documented in published literature and the Lancet Commission report, aligning with India's National Medical Education Policy 2016. Addressing ethical, equitable, and legal issues arising from social accountability implementation is vital. By integrating social accountability standards into accreditation standards and revising existing standards, the NMC can promote a more holistic medical education approach that prioritizes community well-being and contributes to a healthier, more equitable society.

## **Introduction**

In India, medical education has historically emphasized academic and clinical skills. However, there is rising acknowledgment that medical schools must also be socially accountable, responsive, and responsible by catering to community health needs (Dandekar, 2018).

Despite this awareness, social accountability is a novel idea in Indian medical education. This policy brief proposes integrating social accountability standards into the accreditation process overseen by the National Medical Commission, India (NMC) to address this gap directly (2020).

Current accreditation standards for medical schools primarily emphasize infrastructure and academic curriculum but overlook broader social responsibilities. This focus leads to a prioritization of academic achievements over community engagement, resulting in a gap in addressing population health needs, especially among underserved populations (Pandya, H., Chacko, T., and Mohammed, C.A, 2021).

This policy perspective provides an opportunity to clearly present to the National accreditation body the necessity of incorporating social accountability criteria into accreditation standards, thereby highlighting the importance of this issue and setting clear expectations for medical schools.

## **Exploring the Current Policy Environment**

There is no specific federal law in India mandating the integration of social accountability as an accreditation standard in medical schools (Mathew, 2020). However, there are policies, guidelines, and initiatives at both the national and state levels that promote aspects of social accountability in medical education.

The NMC, established in 2019, is responsible for setting standards for medical education and practice in India. The NMC has the authority to establish accreditation standards for medical schools, including criteria related to social accountability. However, as of now, specific guidelines for social accountability have not yet been incorporated into the accreditation process (National Health Policy, 2017; Dandekar, 2018).

Although the National Health Policy of India aims to promote accessible, affordable, and equitable healthcare for all citizens, it does not explicitly address social accountability in medical education. However, the policy's emphasis on community engagement and patient-centered care aligns with the principles of social accountability in medical education. (National Health Policy, 2017; MOHFW, 2024).

Few state level initiatives as in Kerala have introduced community-oriented medical education programs that emphasize community engagement and service learning. However, these initiatives vary across states and medical colleges and are not standardized or mandated at the national level (Rose et al, 2021; MOHFW Task force, 2024).

NMC has achieved the prestigious WFME Recognition Status for 10 Years. WFME standards focusses on education more than the service and research functions of the medical school. Standards should consider all aspects of the medical school’s functions to promote the concept of social accountability (WFME, 2024; MOHFW, 2024).

The absence of a federal law mandating social accountability in medical education in India can lead to inconsistent implementation across institutions. While there are existing policies promoting social accountability, the absence of a specific law poses challenges to ensuring consistent implementation and accountability. Addressing these gaps is crucial for advancing health equity and improving healthcare access for all in India (Pandya, H., Chacko, T., and Mohammed, C.A, 2021).

### Policy Solution

Figure 1 depicts the Six-pronged strategy the authors propose for promoting social accountability based on a thorough review of Literature and existing frameworks ((Taha et al., 2022; Boelen, Charles, Shafik Dharamsi, Trevor Gibbs, 2012; Hennen, 1997; Abdalla, 2016)

**Figure 1: Policy solutions**

Policy solutions : Six pronged approach



**Development of Social Accountability Standards:** The National Medical Commission (NMC) should establish evidence-based social accountability standards for medical school accreditation that are aligned with international best practices in medical education.

**Incorporation into Curriculum:** This can be achieved by incorporating community-based learning experiences, service-learning projects, and ethics education into the medical school curriculum.

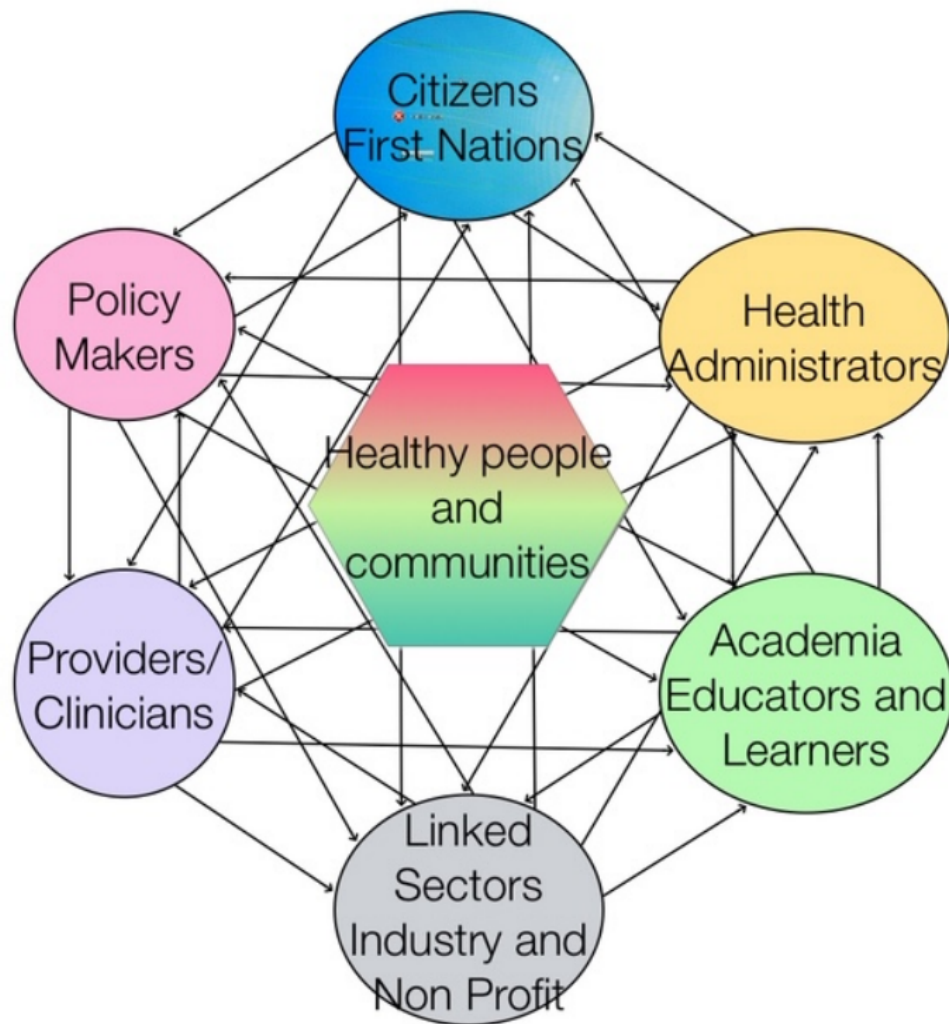
**Faculty Development and Training:** Medical school faculty should receive training and support to effectively incorporate social accountability into their teaching and mentoring practices.

**Partnerships with Communities:** Medical schools should establish partnerships with local communities, healthcare organizations, and government agencies to facilitate community-engaged learning experiences.

**Evaluation and Accountability:** The NMC should develop mechanisms for evaluating medical schools' adherence to social accountability standards and holding them accountable for compliance. This can include regular accreditation reviews, student assessments, and feedback from community partners.

**Incentives and Recognition:** The NMC should provide incentives and recognition to medical schools that excel in integrating social accountability into their educational programs. This can include financial support, awards, and accreditation status.

**Fig 2: PARTNERSHIP PENTAGRAM PLUS model**



The Partnership pentagram plus model (Fig.2) has become the foundational model, accepted by many medical schools as a framework for socially accountable health education (Rourke, 2006). The authors propose adopting a phased approach to revising the NMC accreditation standards to include social accountability criteria for medical schools based on working models aiming for this goal under the initiative termed Vision 2027, as illustrated in Figure 3 (Taha et al., 2022).

Figure 3: Proposed phases in implementation



Evidence points that by prioritizing community engagement, needs assessment, service learning, and interprofessional collaboration, medical schools can play a critical role in addressing health disparities and improving health equity for all populations (Mahdavynia ,2022; Reeve et al., 2017).

**Impact of Social Accountability:** The Lancet Commission report emphasizes socially accountable medical education's effectiveness (Kanem, N., C.J.L. Murray, R. Horton, 2022). A study in BMC Medical Education showed graduates from community-oriented programs in India were likelier to work in rural areas. Initiatives like the Family Adoption Program by NMC stress integrating community health into medical education and promoting social accountability (Bayappa et al., 2021; Farah et al., 2021; NMC, 2023).

However, critics point out that resource constraints, infringement on academic freedom and autonomy, measurement and evaluation challenges, confusion of professional identity and role definition, resistance from traditionalists, and implementation are all presenting

challenges. (Fox, 2015; Boelen, C., S. Dharamsi, T. Gibbs, 2012). There is a need to adequately address the ethical issues of professional responsibility, informed consent, confidentiality, privacy, and socioeconomic disparities. Regulatory compliance and potential liability and malpractice risks for students are areas to be worked on. Medical schools must address intellectual property rights and ownership issues when conducting research or developing educational materials in collaboration with communities (Buye, Ronald, 2021; IFSMA, 2024).

## **Conclusion**

In conclusion, integrating social accountability standards into medical school accreditation is imperative for addressing the health needs of India's diverse population. Finding ways to mitigate concerns and tailor implementation strategies to the unique context of India's healthcare landscape will be crucial in advancing this important agenda. By following systematic and intentional processes, the NMC can effectively revise accreditation standards to include the social accountability of medical schools as a key criterion, thereby promoting a greater culture of social responsibility and excellence in medical education. Additionally, the absence of social accountability raises ethical, equitable, economic, and political concerns, highlighting the need for a paradigm shift towards socially responsible medical education to address these issues comprehensively. Politically, incorporating social accountability into accreditation standards can promote transparency, accountability, and public trust in medical education institutions and regulatory bodies.

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