Appendix

Indicators for social accountability of medical schools: Practical examples

The Appendix provides a more detailed explanation of the various parameters of the CPU model (C for Conceptualization, P for Production, U for Usability, see Table 2). Definitions and practical examples of indicators are proposed for each parameter. The CPU model is an illustration of how social accountability principles can be translated into meaningful benchmarks exploring the school’s commitments in the threefold continuum of identification of people’s health needs, implementation of relevant action programs and verification that programs have produced the highest possible impact on people’s health.

Reference to this information depicting a “socially accountable” institution should be useful to a variety of publics, such as:

- A faculty council or a strategic committee engaged in orienting the institution towards a better fulfillment of its social mission;
- An incoming Dean who has been giving the task to lead the institution in consonance with mission statements for social accountability;
- Medical educators committed to preparing a relevant generation of health professionals and ensuring that their best use is being made to meet challenges of future health systems;
- Researchers interested in developing assessment tools and demonstrating the comparative advantages of quality improvement strategies, in terms of outcome and health impact;
- Prospective students in search of medical schools that can best meet their aspiration to become social change agents;
- Health and academic policy-makers eager to recognize the merit of institutions for their outstanding contributions to priority issues in health and social development;
- Bodies entrusted to design standards and accreditation systems reflecting social accountability principles in health professional schools and academic institutions.

In glancing through the CPU model, one will notice a logical thread throughout the sequence of parameters as well as frequent feedback loops which cause inevitable redundancies, a fact that readers will understand as a price to pay for consistency and coherence. For instance, parameter “Expected outcome” (see 2.4 in above table) in the Conceptualization domain outlining the competences a medical doctor should possess as justified by the analysis of health needs, health system requirements and roles of other health professionals, is related to several parameters in the Production and Usability domains.

1. References

1.1 Values

Which values does the school stand for? There is a general agreement within the school and with the school’s partners to refer to core values in designing a strategic plan and developing programs. Specifically, it is assumed that working towards the provision of the highest level of health for everyone in the nation is a generally agreed upon aim, health being defined as a complete state of physical, mental and social wellbeing, not just an absence of disease or handicap. Consistently, a school would comply with values such as quality, equity, relevance and effectiveness and align its plans and programs accordingly. Quality is the measure by which satisfactory responses are provided to meet a person’s health concerns. Equity is the state whereby opportunities for health gains are available for everyone. Relevance is the degree to
which most important and locally relevant problems are tackled first and most vulnerable people receive priority attention. Effectiveness ensures that greatest impact on people’s health is sought, making an optimal use of available resources.

**Examples of indicators**
- There is a public commitment of the school to serve values of quality, equity, relevance and effectiveness by advertising it on websites, brochures, billboards and other appropriate means.
- Equity in health is a lead reference for the school. Justifications and illustrations are provided resulting from an analysis of people’s priority health needs.

1.2 Population
The population’s features are well documented from demographic, social, economic, cultural, environmental points of view, and taken into account to design the school’s missions and programs. Facts are obtained from reliable sources and/or directly sought through systematic surveillance or surveys. Main health determinants and risks to health are identified. People’s current needs are known and future ones are anticipated analyzing the likely evolution of society, via ongoing consultation within the academic circle and with partners from outside.

**Examples of indicators**
- A database is updated regarding a targeted population the school is willing to share healthcare responsibility for with other stakeholders.
- There is a permanent consultative mechanism to enable the school to be aware of those people requiring special attention (i.e. homeless, pregnant women, isolated elderly) and on collaborative work to serve them.
- There is a map of the country and local community featuring vital data hanging on walls of executive offices in the school.

1.3 Health system
The school demonstrates an understanding of the challenges and opportunities for a health system, both national and local, to make significant progress in meeting the above-mentioned values and population needs. The school accepts to be an integral part of the national and local health system and effectively contributes to improve its performance on social determinants of health. It supports the vision that primary healthcare is the most solid foundation for an effective, equitable and sustainable health system. This is evidenced by at least four kinds of commitment.

- It provides privileged attention to the first level of care and a smooth and mutual relationship with other levels of care.
- It advocates for person-centered care by encouraging services tailored to meet the comprehensive needs of a person at a given time of life and in a given living environment.
- It ensures that citizens are aware of health risks to enable them to take their own responsibility in maintaining health and also aware of health opportunities to enjoy decent lives.
- It fosters a population approach in health development through partnerships with important stakeholders in the health and social sectors.

**Examples of indicators**
- The school is a permanent member of a forum discussing health system reforms issues with other key health stakeholders.
- There is a fair balance of education, research and healthcare activities conducted by the school at first, secondary and tertiary levels of care, consistent with people and society’s priority health needs.
- The school is active in managing a health information system that facilitates coordination and integration of the spectrum of health and social services in a given community for patients with multiple and chronic diseases.

1.4 Health personnel
With the demographic changes, citizens’ increased knowledge and expectations, better understanding of health determinants, emergence of new roles and competences for a variety of professionals in the health and social sector, and requirements for healthcare reforms, the school is aware that the situation of the health workforce must be reviewed from angles of quality, quantity and optimal mix. It is also aware that the future role of physicians as well as their scope of competences will change to meet current and prospective needs and challenges in society.

**Examples of indicators**
- The school is fully aware of policies and research findings regarding the planning of the range of health professionals the nation will
need in the next decades.

- There is a close coordination with different schools of health professionals for delineating specific and complementary tasks of each, for deciding on appropriate intakes of students in each branch and for designing relevant educational programs.
- The school is a faculty of health sciences comprising a medical school among other schools and plans consultatively the quality and number of graduates for the different categories of health professionals.

## 2. Engagements

### 2.1 Mandate

The school publicly claims its commitment to principles of social accountability. Mission and institutional objectives are consistent with the above-described references and provide specific directions to orient its education, research and healthcare service programs to improve the quality of future graduates’ practice, the performance of the healthcare system and people’s health status. The commitment of the schools is largely shared by faculty, students and the schools’ partners and consistently referred to for strategic options and evaluation and accreditation purposes.

**Examples of indicators**

- The mandate, including mission and institutional objectives is posted in appropriate positions and by whatever means for any staff, student or visitor to be informed of the school’s commitments.
- There is evidence that institutional objectives are fairly translated into the school’s strategic developmental plan and further operationalized throughout education, research and healthcare delivery programs.

### 2.2 Field

The school engages itself to demonstrate the capacity to implement its commitments. Therefore, it has chosen to manage the health development activities for an entire population living in a well-defined territory, in partnerships with other stakeholders. This demonstration area gives the school an opportunity to experiment in a real-life context how to best act on health determinants in taking a comprehensive approach to wellbeing, in coordinating a balanced provision of primary, secondary and tertiary care services, in delivering medical education programs and in conducting research activities. While the school is very open to national and global perspectives and aims for excellence in education, research and healthcare, it is also strongly invested in local community health. The total immersion in a population scale experiment enables the entire school and its staff to better understand and act on society’s priority health needs and enables students to enjoy longitudinal learning experiences in responding to people’s evolving health and social concerns, all in compliance with values of quality, equity, relevance and effectiveness.

**Examples of indicators**

- The school runs a chronic disease program for the entire population in a district of 50,000 inhabitants and has designed a protocol for prevention, case findings, treatment, therapeutic education of patients and families, follow-up and support.
- The school is an active member of a health council in a city or a district and provides regular inputs to reduce risks and improve health outcomes for the general population.

### 2.3 Partnership

Cognizant of the fact that a healthcare system can only comply sustainably with values of quality, equity, relevance and effectiveness through a strong partnership among key stakeholders, the school seeks to weave strong ties with policy-makers, health organizations, professional associations, other educational institutions and civil society. The school creates efficient and solid partnerships with those stakeholders to ensure its education, research and service delivery programs have greatest chance to make an impact on health. The value of the partnership is gauged by the quality of the interaction in planning, implementing and assessing the school’s programs, both at local and national levels.

**Examples of indicators**

- The school has signed a long-term agreement with local authorities for mutual support in implementing priority health programs for a target community, on the one side, and in providing practice sites for faculty and learning opportunities for students, on the other.
- The school has a contractual arrangement with a local network of general practitioners and specialists to coach medical students on commonly agreed upon learning objectives in the a whole range of health settings.

### 2.4 Expected outcome

The school outlines clearly defined outcomes of its education, research and service delivery programs that are consistent with the above-mentioned references. In case of educational outcomes, the school explicitly exposes the scope of competences graduates will possess to address society’s current and prospective priority needs and challenges. Professionalism and competences in communication, population
health, leadership, teamwork and management are highlighted. Similar commitments of expected outcomes are made in fields of research and healthcare. Commitments on expected outcomes are made after consultation with other health stakeholders and publicly announced. They are key features in the strategic developmental plan and evaluation processes.

**Examples of indicators**

- The expected profile of the future doctor is described in the school’s brochure and justification is given of the scope of required competencies against society’s priority health needs.
- Reference is made to a known list of desired competencies for physicians such as Professionalism, Canadian CANMEDs, GMC Tomorrow’s doctor, WHO five-star doctor.
- The school refers to expected outcomes of its medical educational programs in its strategic developmental plan in terms that are easily understandable by main health partners.

### 3. Governance

#### 3.1 Strategic plan

A strategic developmental plan is formulated to translate the above-described engagements into concrete measures over a given period of years (i.e. five years). Links between activities and outcomes of the plan are clearly identified into a coherent framework reflecting collectively agreed upon objectives and allocated resources. The plan is the result of a consultative bottom up process involving school leadership, teachers, practitioners, researchers, administrative staff, students and representatives of health stakeholders, all geared towards the satisfaction of society’s priority health needs and challenges. The plan is regularly referred to monitor progress towards expected outcomes, take remedial action if required and consulted for evaluation and accreditation purposes.

**Examples of indicators**

- There is a document outlining the strategic developmental plan consistent with principles of social accountability. It is easily accessible including to the public and presented in ways to enable constituencies to understand their expected roles and contributions.
- The plan is regularly referred to in executive group meetings and used for decision-making. It is subject to regular adjustments to ensure that institutional objectives are met.

#### 3.2 Management

There is a general sense of co-ownership by faculty members in drawing up the plan. Similarly, best practices of participatory management are applied to enable faculty members to share a collective contribution in managing the institution towards expected ends. Responsibilities are delegated to competent working groups for implementing, monitoring and evaluating key areas of the plan. Overall coordination of working groups is assumed by the school leadership, and information on progress is widely shared in a spirit of transparency and cooperation.

**Examples of indicators**

- The organizational chart of the school is available for everyone to understand the mechanisms of governance and ways to contribute to the implementation of the strategic developmental plan.
- A newsletter including official documents and reports is regularly circulated to all concerned in the school and among the school’s partners to solicit cooperation.

#### 3.3 Resources

Resources are fairly allocated, proportionately with the nature and complexity of the engagements and objectives of the strategic development plan. Apart from centrally allocated resources, the school enjoys autonomy to seek additional resources, as donations or retributions for contractual services with public or private organizations.

**Examples of indicators**

- There is a permanent fund-raising group with charge to lobby and market the school’s capacity to address priority health needs and challenges of people and society.
- The school enjoys a well-resourced contractual agreement to work on a program closely related to issues outlined under the section “References”.
- There is an understanding that a proportion of resources independently raised by departments are geared to the achievement of the collective goals of the school.

### 4. Field operations

**Rationale.** In addition to running a wide range of teaching, research and services programs in a variety of specialties in a variety of settings,
the school considers it of strategic importance to contribute to the overall health development of the entire population in a given territory, as a means to be in constant interaction with reality. As indicated in “Engagement” 2.2, the school chooses a field site, eventually called “pilot or demonstration area”, as a living laboratory to apprehend complexity in social organization and identify innovative approaches for making the best contribution of its education, research and healthcare programs to improving healthcare and people’s health status. It gives opportunity to build and verify the consistency of “Production” parameters with “Conceptualization” parameters.

Range of activities. In implementing field operations, the school applies a system-wide approach to population health: identifying health determinants and population features, working in partnership with all key health actors, promoting person-centered care, proposing models of healthcare integration at all levels, creating synergy between education, research and care activities. All the departments of the school have activities in the area. A significant proportion of educational programs take place in the area.

Strategic importance. There is a contractual agreement of the school with local authorities to avail their scientific potential in identifying people’s health needs in the designated territory and in planning, managing and evaluating a comprehensive set of health services in response to those needs. Challenges and opportunities for creating bonds between the health sector and other social, cultural and economical sectors are analyzed and lead to innovative work, with the overall purpose of improving the health outcomes and wellbeing of the targeted population, in compliance with values of quality, equity, relevance and effectiveness. Lessons learned are fed back for adjusting the school’s strategic development plan and improving content and processes of educational, research and healthcare delivery programs. In as much as the experience acquired at that local level mirrors the challenges at a wider scale, the school shares it for the formulation of a national policy consistent with social accountability principles. The school uses the pilot area as one of the main sites to assess its impact on the performance of the healthcare delivery system and on people’s health status.

Examples of indicators
- A significant proportion of education, research and healthcare activities takes place in the pilot area with the obvious purpose of serving values of quality, equity, relevance and effectiveness.
- The pilot area is a privileged site to experiment innovative approaches in healthcare delivery and health professional education, consistent with principles of social accountability.
- The importance given to field operations is evidenced by widely accessible health information on the targeted population, i.e. maps with health data, progress reports.
- The school’s leadership heads the health council of the pilot area, composed of influential individuals and organizations in the health sector.
- The health situation and health interventions in the pilot area are analyzed to reflect on best ways to implement the school’s programs.
- The community in the pilot area is regularly consulted to assess the level of social accountability of the school.

5. Educational program

5.1. Objectives and content
Educational objectives and content are inspired by the expected competences of future graduates (2.4) and declined in terms of knowledge, technical skills and attitudes. All departments and disciplines align their teaching contribution accordingly. Decisions relative to the balance between theory and practice and the choice of learning approaches and sites are taken in consultation with the teaching staff and all people concerned including students and representatives of health partners. An education committee in the Dean’s office is in charge of coordination. Students are educated on research methodology and given opportunities to participate in several research projects throughout their training including in human sciences and population health.

Examples of indicators
- The educational program is explicitly structured to meet the expected outcomes and is easily available to the faculty, students and school’s partners.
- The educational committee is a resource for the teaching staff in providing clear instructions on how to define learning objectives and design relevant content to meet expected outcomes.

5.2 Curriculum structure
The curriculum is designed to enable students to enjoy an early and longitudinal learning experience at the community level to grasp social determinants of health as they affect individuals as well as an entire population and to integrate this knowledge into all subsequent learning experiences. Vertical and horizontal integration of disciplines is encouraged to enhance a comprehensive approach to health and disease management. The curriculum is not overloaded and there is a good balance between compulsory and optional disciplines.

Examples of indicators
- From the first year onwards and throughout their curriculum students are offered learning opportunities in human and public health sciences.
• There is a large proportion of learning modules integrating human, public health, basic and clinical sciences.

5.3 Learning process
Learning methods and techniques are selected with the aim to facilitate efficient acquisition of expected competences. Priority is given to active learning, learning in the context of people’s living environment and critical thinking. Throughout the program, learners are guided to analyze and address health problems of increasing complexity. In doing so, they seek information, formulate hypotheses, suggest courses of actions, share views with others, obtain feedback from tutors and take enlightened decisions. Problems are designed to address personal as well as population health issues, and cover the wide spectrum of competences of the future doctor. Students of different health professional groups are offered common learning experiences to foster efficient teamwork and mutual respect.

Examples of indicators:
• Students are prepared for efficient use of learning techniques, for acquisition of knowledge as well as of technical skills and attitudes.
• Learning is predominantly based on problem-solving approaches inspired from real-life situations taking into account the prevailing societal conditions.

5.4 Practicals
Efficient acquisition of technical skills and attitudes is given equal or even the highest priority compared to acquisition of formal knowledge. Throughout the curriculum students are offered opportunities to acquire desired aptitudes under the supervision of qualified staff at any learning site. The selection of learning sites reflects the school’s commitment to educate professionals able to cope efficiently with priority health concerns of the people and society. Practicum at first level of care is given a marked preference. At any level of care, emphasis is laid on acquiring skills relative to person-centered care, longitudinal care for chronic patients, care of patients with multiple pathologies, integration of health services, multi-professional teamwork, education of patients and their families, health promotion and social interaction.

Examples of indicators
• Students use a guide indicating the technical skills and attitudes inspired from the official list of competences, which they must be able to perform satisfactorily throughout their study.
• There is a list of accredited learning sites complying with quality standards at the different levels of the healthcare delivery system, with an emphasis on the first level of care.

6. Students
6.1 Recruitment
The school organizes systematic information campaigns for the general public and college students on the expected roles of future doctors, with the aim of attracting well-informed candidates. Equal opportunity is an important feature to ensure that the student body adequately reflects the cultural and socio-economic strata of the population and the future needs of society. Selection criteria are consistent with the mission and institutional objectives of the school and made public. They explore, among other attributes, empathy and motivation to serve people’s priority health needs.

Examples of indicators
• The school dispenses a public information program on its commitment to serve society’s priority needs, on the role of future doctors in society and on the nature of medical education programs.
• There is a special quota for students from underserved communities.
• The school uses admission criteria with the aim of selecting students best fit to pursue a medical career compatible with social accountability principles.

6.2 Career
The school is aware of the variety, quality and quantity of the health workforce categories needed to meet the health needs and challenges in society. Students are told and engaged in informative discussions early and regularly throughout the curriculum on the variety of careers in the health sector to enable them to make informed choices regarding their future career plans. They are also informed on job opportunities that are likely to exist in the near future in the fields of healthcare, research, education and management. Details on specific rewards, challenges and constraints for each specialty are made available via an open forum animated by experienced practitioners. Special attention is given to careers in general practice, family medicine, public health and international health.

Examples of indicators
• There is an information desk in the Dean’s office collecting and updating data on health workforce needs at local and national levels.
• Once a year the school organizes an open forum where students and potential employers of medical doctors and other health professionals can meet to review the future needs of society and market opportunities.
6.3 Evaluation

The acquisition of knowledge, technical skills and attitudes by students is subject to careful evaluation. Timely feedback is given and remedial action efficiently provided. There is a system enabling students to monitor progress in acquiring competencies as enunciated in 2.4. Special attention is paid to using efficient evaluation instruments to assess aptitudes in the following areas: inclination to provide person-centered care, social determinants of health, population health, ethics, communication, integration of health and social services, teamwork, efficient partnership with actors in the health and social sectors.

Examples of indicators

- Evaluation tools are available to students to assess their competencies, particularly in the domain of attitudes.
- There is a laboratory where students can acquire and check their ability in performing the range of required technical skills.
- Mechanisms exist by which students’ aptitudes are assessed by patients and people working in the health and social sector.

7. Faculty members

7.1 Source

The composition of the faculty mirrors the school’s commitment in education, research and healthcare delivery as reflected in its strategic development plan. People working outside the academic world are also entrusted with the responsibility to teach, tutor, supervise students and collaborate in research work. Their contribution is particularly praised for their capacity to identify and act on socio-economic determinants of health, and provide care at different levels of the health system.

Examples of indicators

- There is active participation in the educational program of the medical school by representatives of groups such as: primary care workers, other health professionals, patients, representatives of civil society, health services managers, and staff of health insurance plans.
- There is a fairly good representation of faculty working in areas of human sciences, population health, family medicine.

7.2 Abilities

Teachers are role models for the students, as they possess the range of competences expected from the graduates as enunciated in 2.4. They are committed to values of quality, equity, relevance and effectiveness in healthcare and contribute by their research and service provision to establish a socially accountable medical school. Teachers’ abilities are particularly valued for applying a comprehensive approach to health, i.e., in adapting their domain of expertise to a person-centered care approach and to society’s current and future health needs and challenges. Their use of best practices in educational methodologies applied to medicine and healthcare is an absolute requirement.

Examples of indicators

- A majority of faculty members is committed to principles of social accountability as evidenced by their education, research or healthcare contributions.
- A majority of faculty members is working in the pilot area to implement some components of the school’s strategic development plan.
- A majority of faculty members has committed time to improve health equity at the local or national level.
- A majority of faculty members has attended a training program in medical education.

7.3 Support

Faculty members are given ample opportunity to be associated with strategic decisions enabling a better match of the school’s programs with society’s health needs. There is ample recognition and adequate support given to those adapting their teaching, research and service activities in compliance with social accountability principles. Career promotion and other rewards are proportionate with the level of commitment and achievements.

There is transparency in resource allocation that reflects the school’s priorities.

Examples of indicators

- A fellowship program is available to improve the competences of faculty members in adapting education, research and services to societal priorities.
- Criteria for career promotion take into account activities of faculty members to enhance the social accountability of the school.
- The contribution to design, test and apply standards reflecting social accountability is encouraged. Faculty members are providing the necessary support to be involved.
8. Research

Scientific methods are encouraged and used to explore issues related to social accountability, i.e. identification of society’s current and anticipated health needs and challenges, experimentation of innovative models integrating individual and population’s health features, design of evaluation frameworks to verify the school’s impact on graduates’ practice, on health system performance and on people’s health status.

Examples of indicators

- Research funds are earmarked to explore alternative ways for the school to contribute to improved quality, equity, relevance or effectiveness in the healthcare system.
- A significant amount of research activities involving different stakeholders including medical students takes place in the pilot area (see Section 4, Field operations) under the supervision of faculty members.

9. Service

The school is active in implementing its engagements (see Section 2) at all levels of the healthcare system. It pays special attention to developing the primary care level as the school sees it as a solid foundation for an equitable, efficient and sustainable health system. It encourages health professionals to work as team members to ensure both person-centered care and coherent action on health determinants in society. At all levels of care, it promotes healthy lifestyles, disease prevention, appropriate use of technology, and special attention for the most vulnerable individuals and communities. It assumes a leadership role in the pilot area by using best practices in the management of a health system for an entire population (see Section 4), including coordination among different levels of the system.

Examples of indicators

- The school considers primary care as a priority area for education and research as evidenced by the institution’s commitments and allocated material, technical and human resources.
- A comprehensive health information management system is experimented in the pilot area to monitor the impact of health and social activities on risk prevention, quality of services and people’s health status.
- Model health settings are experimented whereby patients and citizens can enjoy services taking into account their comprehensive health and social needs.

10. Employment

10.1 Job opportunities

The school is active in ensuring that graduates enjoy a working environment conducive to practicing the entire spectrum of acquired competencies during their training years. When job opportunities exist in the public or private sectors that are consistent with the proposed profile of health professionals (see Parameter 2.4), it facilitates recruitment of graduates by potential employers. If job opportunities with such an outlook do not exist in appropriate numbers, it collaborates with health services’ organizations and professional associations in creating them. The school participates in health workforce policy formulation and implementation, emphasizing the harmony needed between education and employment to better address society’s priority health needs and challenges, and creates adequate job opportunities.

Examples of indicators

- The school organizes an annual fair attended by graduates, faculty members and potential employers at the local and national level highlighting graduates fit to run services designed to meet the current and prospective needs of society.
- The school is active in marketing, using appropriate media to present the relevance of its new graduates to serve in underserved areas and disciplines.
- The school is a strong advocate for planning adequate numbers of medical doctors that society needs and that the health system can absorb.

10.2 Settlement

The medical school is active in strategies to retain in the country as many graduates as it needs and ensure they settle in areas where they are most needed providing most required services. Consistent with its commitment to equity in health, the school works in partnership with public and private organizations to identify underserved populations, both rural and urban, and to contribute in shaping national policies to attract new graduates with appropriate incentives and continuous professional development opportunities.

Examples of indicators

- The school encourages graduates to settle in underserved areas, via role modeling as a large proportion of faculty members leads educational, research and service activities in such areas.
The school leadership is an active member of a national committee on the migration of health professionals.

10.3 Quality of services

The school encourages high standards in healthcare through active involvement in the continuous professional development of its graduates and other health professionals. It promotes best practices to identify and act on social determinants of health and meet people’s priority health concerns. The school collaborates with professional associations and other stakeholders in the health sector in elaborating a plan for upgrading practitioners’ skills and aptitudes relative to competences expected from a doctor in compliance with the values of quality, equity, relevance and effectiveness in health (see 2.4). Being aware of the challenges and constraints to improving and maintaining quality of health services for everyone in society, it contributes to exploring alternative rewards and incentives for successful implementation of the plan.

Examples of indicators
- The school manages a continuing education program for health professionals working in the pilot area to improve skills and attitudes consistent with the values of quality, equity, relevance and effectiveness.
- The medical school works with other health professional schools and stakeholders at the regional or national level to promote and reward competences in delivering person-centered care.

10.4 Practice

The school experiments in the pilot area models that reduce fragmentation within the health system and create coordination among the different health and social services for person-centered care and equitable service to the entire population. It does this with the view of transforming the working environment of their future graduates and enabling them to sustainably use best practices consistent with the values of quality, equity, relevance and effectiveness. In consultation with policymakers and managers it proposes health reforms for a better use of graduates’ competences acquired at school, at all levels of the system, with special emphasis on primary healthcare. Arguments are provided by evidence emerging from research (see Section 8) and demonstration activities (see Section 4).

Examples of indicators
- The school demonstrates the usefulness of a model wherein health professionals work in multi-disciplinary teams to meet the comprehensive needs of patients and the general population as a whole.
- The school designs a health information system in the pilot area (see Section 4) to reduce redundancy and improve performance at first-level care and for its coordination with other levels.

11. Impact

11.1 Partnership

The school maintains strong partnerships with other key stakeholders in the health sector, namely, policy-making bodies, health services’ organizations, health insurance schemes, professional associations and representatives of civil society, as an important strategy to fulfill its engagements. Partners are associated in the design and implementation of the strategic development plan of the school. The value of partnership is evidenced by the existence of mutually rewarding long-term contractual arrangements, including pooling of resources, to address priority health issues at the regional or national level.

Examples of indicators
- Representatives of main stakeholders in the health and social sectors of the region are permanent members of the faculty council.
- In the pilot area, there is a written agreement with main stakeholders outlining everyone’s obligations to work on health determinants for targeted populations.

11.2 Effects on health

The school seeks to demonstrate that it contributes to improving people’s health status. This can best be expressed in the pilot area as a result of the orientation of education, research and healthcare activities for a targeted population (see Section 4). Impact on people’s health is evidenced indirectly by improving professional practice and performance of health services, and directly by reducing health risks and avoidable causes of disease and death. The school tests evaluation tools to assess the correlation between inputs, process, outcome and impact on health by studying alternative courses of actions that are more likely to lead to intended impact at short, medium and longer term, in reference to the values of quality, equity, relevance and effectiveness.

Examples of indicators
- The school measures comparative advantages of educational and service delivery programs for short and longer term achievements,
i.e., the reduction of relapses or complications in diabetic patients.

- The school concentrates a part of its education, research and healthcare activities on making the greatest health impact on the most vulnerable groups in a given population.

11.3 Promotion

The school shares the experience in its endeavor for being socially accountable. It is aware that its own commitment to social accountability can only produce sustainable effects unless a similar commitment is made by other important health actors. It is therefore active in winning other medical schools and stakeholders to convert to principles of social accountability. It is a strong advocate for a healthcare system based on the values of quality, equity, relevance and effectiveness and collaborates with health authorities accordingly.

It openly claims for a health workforce that is relevant to the current and future needs of society and is better fit to serve a primary care-oriented system. It twins with institutions engaged in a similar change process at the national and international scale.

Examples of indicators

- The school is an active member of a task force for the creation of a national accreditation body consistent with principles of social accountability.
- The school participates in an international network conducting research for evaluating the social accountability of medical or other health professional schools.