
*Social Accountability Task
Group Final Report: A
Community-Designed Vision and
Framework for the Faculty of
Medicine and Dentistry*

Territorial Acknowledgement:

The social accountability task force members humbly acknowledge that gatherings and information shared by partners of the Faculty of Medicine & Dentistry (FoMD) and included in this report took place on Treaty Six Territory, the ancestral lands of the Cree, Blackfoot, Nakota Sioux, Iroquois, Dene, and Objibway/ Sauteaux/ Anishinaabe Peoples, and Métis. The members also wish to acknowledge the strategies and methods used throughout the project were selected in consideration of First Nations, Métis, and Inuit and how the FoMD shall respond to its approaches to teaching and learning, research and innovation, service, and processes and governance. Finally, the members wish to thank the First Nation, Métis, and Inuit partners for their valuable contributions to the project and this report.

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The Task Group thanks all the individuals who participated in a consultation session. These sessions touched us deeply. We are grateful to have had the opportunity to listen and learn. We strived to reflect your collective wisdom and voices in the recommendations herein, and hope that we have done so adequately.

**Respectfully submitted to Dr. Brenda Hemmelgarn, Dean Faculty of Medicine & Dentistry,
on Monday May 30, 2022.**

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Executive Summary

The Social Accountability Task Group (SATG) was formed at the request of the Dean in June 2021 with the primary purpose of developing recommendations regarding a framework for social accountability within the Faculty of Medicine & Dentistry (FoMD), including consideration of scope, structure (organizational unit), and governance. The proposed framework must enable the FoMD to meet its social accountability mandate to direct education, research, and service activities towards addressing the priority health concerns of the communities that it serves. Social accountability is a prominent feature of medical school accreditation (Committee on Accreditation of Canadian Medical Schools, standard 1.1.1).

Between December 2021 and February 2022, the Social Accountability Task Group convened 12 focus groups with external stakeholders to better understand how the FoMD can meet its social accountability mandate. Feedback was also sought from undergraduate students, graduate students, and postgraduate medical trainees. Based on what was heard, a vision for social accountability, as well as a proposed framework, were then reviewed and refined with input from key internal stakeholders between April and May 2022.

The SATG recommends the following as an initial structure to support implementation of a social accountability vision:

1. The development of a dedicated **Social Accountability Unit** to support and coordinate FoMD activities related to social accountability
2. The identification of a **social accountability lead** with senior decision making authority and membership in key decision making committees, with direct reporting to the Dean
3. Access to **dedicated administrative and project management support** to ensure seamless collaboration with communities, all levels of government, those within the FoMD and the College of Health Sciences, and more broadly across the University of Alberta
4. Given the need to integrate social accountability into all aspects of the FoMD's work, a **new or standalone structure** is warranted

The SATG suggests the following be considered as a community-designed vision for social accountability within the FoMD.

Suggestions for a Community-designed Vision for Social Accountability within the FoMD

Teaching and Learning	Incoming classes are representative of the communities the FoMD serves.
	The curriculum equips learners with the skills, knowledge and attitudes required to serve the community.
	Planning for the needs of the community is done jointly (when possible) with the community, government, training institutions, Alberta Health Services, and the regulatory colleges.

Research and Innovation	Clinical and/or translational research strives to reduce health and social inequities and addresses the priority needs of the community, as defined by the community.
	Where applicable, research teams are diverse and representative of their community collaborators.
	Results are shared with the community to determine next steps.
Service	Purpose-built health care teams and faculty are developed specifically to address the priority concerns of the community.
Processes and Governance	Processes and governance structures result in measurable improvements in collectively identified health outcomes.
	The governance structure prioritizes a multi-directional relationship and shared decision making.

In addition, several priority areas for general action were identified, including:

- Addressing the health needs of Indigenous nations and communities
- Addressing gaps in rural and remote health care delivery
- Upholding the principles of anti-racism and anti-oppression within the health care system
- Addressing preventive health care and the social determinants of health
- Increasing population-based representativeness in health care

Participants felt that to achieve these goals, early engagement and authentic collaboration with the following groups is critical: Indigenous nations and communities; all levels of government; Alberta Health Services; health professionals; other universities and colleges; and rural and other communities. Reciprocal responsibilities will need to be jointly determined with a commitment to ongoing accountability and transparency.

The Task Group recognizes that authentic and ongoing community engagement, continuous refinement of the vision, and the development of meaningful relationships are paramount to becoming a more socially accountable institution. While there is much more engagement that needs to occur, our goal is to recommend a realistic initial framework that has the potential to grow and change alongside community-identified priorities.

Introduction

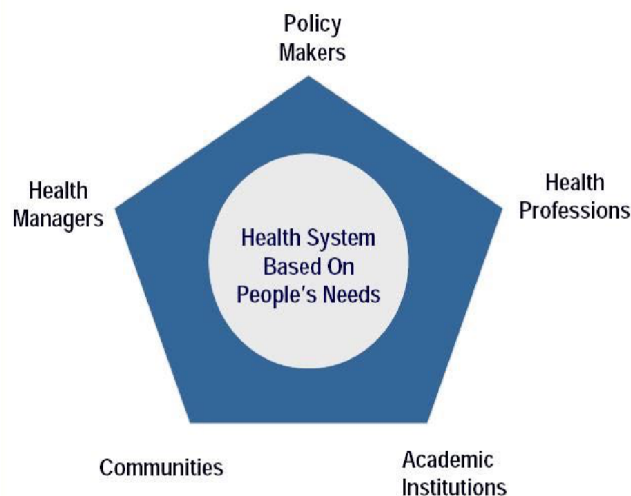
What is social accountability?

In 1995, the World Health Organization called upon medical schools 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. The priority health concerns are to be identified jointly by governments, healthcare organizations, health professionals, and the public.” (Boelen & Heck, Defining and measuring the social accountability of medical school, 1995)

While medical schools play an important role, it has also long been recognized that social accountability, by definition, requires that the ‘pentagram partners’ work together on priority health concerns (World Health Organization, 2000). Achieving truly socially accountable health systems cannot be done in isolation.

The Partnership Pentagram*



*from "Towards Unity for Health" – a WHO Working Paper, 2000

Building on this work and recognizing that medical schools were facing an increasingly complex set of challenges, international stakeholders convened to develop a “Global Consensus for Social Accountability of Medical Schools” (Boelen, Woollard, & al., Global Consensus for Social Accountability of Medical Schools, 2010). This work embraced a system-wide approach and articulated ten areas of focus (including key metrics) for medical schools. This work was followed by a World Summit on Social Accountability in 2017 where an action plan and four strategic axes were articulated (The Network: Towards Unity for Health, 2017). These works provide a potential framework and scope for social accountability within the Faculty of Medicine & Dentistry.

Many Indigenous people in Canada view social accountability as a modern concept that has mobilized within society in recent times. From an Indigenous perspective, there are

fundamental rights that have not been met in Canada, including failure on the part of the federal government to uphold the treaties they entered into with First Nations in Western Canada. Social accountability in this sense is not an Indigenous right. Canadian law dictates that section 35 of the Charter of Rights and Freedoms protects and recognizes Indigenous and Treaty rights. The United Nations Declaration on the Rights of Indigenous Peoples declares that “Indigenous people have the right to full enjoyment, as a collective or as individuals of all human rights and fundamental freedoms as recognized by the Charter of the United Nations Universal Declaration on Human Rights and International Human Rights” (UNDRIP, Sec. 46) (United Nations, 2007). It is however relevant that the issues raised by First Nation, Métis, and Inuit partners included in this report on social accountability also applies to their rights as Indigenous peoples.

Socially Accountable Care

Socially accountable care exists at three levels within society (Buchman, Woollard, Meili, & Goel, 2016). At the individual patient (micro) level, this involves understanding how the social determinants of health affect a patients’ ability to follow through on treatment recommendations. Health care providers, through a detailed social history, can identify and intervene so that health outcomes can be optimized (Goel, Buchman, Meili, & Woollard, 2016). At the community (meso) level, providers reflect on the existence of local and regional circumstances that may be influencing health, and then work in partnership with others to reduce systemic barriers (Woollard, et al., 2016). Lastly, socially accountable care at the macro level involves connecting politics to public policy and harnessing the power of health care provider advocacy (Meili, Buchman, Goel, & Woollard, 2016).



(College of Family Physicians of Canada, 2018)

For schools to graduate socially accountable graduates, they must move along the social obligation scale from being *socially responsible* to being *socially accountable*. Socially

accountable programs share the common goal of graduating ‘change agents’ who are capable of both anticipating and creating the health system changes required to optimize health (Boelen, Coordinating medical education and health care systems: the power of the social accountability approach, 2018).

Social Obligation Scale			
	Responsibility	→ Responsiveness	→ Accountability
Social needs identified	Implicitly	Explicitly	Anticipatively
Institutional objectives	Defined by faculty	Inspired from data	Defined with society
Educational programmes	Community-oriented	Community-based	Contextualised
Quality of graduates	« Good » practitioners	Meeting criteria of professionalism	Health system change agents
Focus of evaluation	Process	Outcome	Impact
Assessors	Internal	External	Health partners

(Boelen, Coordinating medical education and health care systems: the power of the social accountability approach, 2018)

Social Accountability and Accreditation Standards

Social accountability is a prominent feature of medical school accreditation. Standard 1.1.1 from the Committee on Accreditation of Canadian Medical School reads as follows:

“A medical school is committed to address the priority health concerns of the populations it has a responsibility to serve. The medical school’s social accountability is:

- a) *Articulated in its mission statement;*
- b) *Fulfilled in its educational program through admissions, curricular content, and types and locations of educational experiences;*
- c) *Evidenced by specific outcome measures.”* (Committee on Accreditation of Canadian Medical Schools, 2022)

The Future of Medical Education in Canada (Postgraduate Project) has also reaffirmed social accountability as one of the fundamental principles for postgraduate medical education in Canada (Association of Faculties of Medicine of Canada, 2016).

The concept of social accountability is woven into the competency standards of Dentistry. The Association of Canadian Faculties of Dentistry (ACFD) educational framework captures social accountability in Chapter 5: *“5.3 Respond to the oral health promotion needs of a community or population.”* (Association of Canadian Faculties of Dentistry, 2015).

Chapter 3 from the Accreditation Canada (Equal) Health Education Program standards mandate Radiation Therapy and Medical Laboratory Science to integrate a *“people-centred care”* approach to education and to *“consciously adopt individuals’, carers’, families’ and communities’ perspectives as participants in, and beneficiaries of, trusted health systems that are organized around the comprehensive needs of people”* (Health Standards Organization, 2020).

Despite the integration of social accountability into accreditation standards, some would argue that more needs to be done, and that standards may lack the practical specificity required to assess effective and impactful action on the part of medical schools (Boelen, Blouin, Gibbs, & Wollard, 2019).

Outside accreditation standards, other groups, such as the Residents Doctors of Canada, have developed practical tools to help individuals assess whether their work upholds the principles of social accountability (Resident Doctors of Canada, 2017).

The Royal College of Physicians and Surgeons of Canada considers social accountability to fall under the 'Professional' role, one of seven core competencies for physicians in the CanMeds framework (Royal College of Physicians and Surgeons of Canada). Specifically, physicians are expected to "Demonstrate a commitment to society by recognizing and responding to societal expectations in health care" (Royal College of Physicians and Surgeons of Canada).

The College of Family Physicians of Canada supports its social accountability mandate via a Social Accountability Working Group (College of Family Physicians of Canada, n.d.). Social accountability also features prominently in the CFPC Strategic Plan (2017-2022) with one of the key objectives being to support family physicians in adapting their competence in areas required by their patients and community (College of Family Physicians of Canada, 2021).

History of social accountability within the Faculty of Medicine & Dentistry

The Faculty of Medicine & Dentistry (FoMD) has developed initiatives over many years that have contributed to its social accountability. For instance, the FoMD was the first Canadian medical school to designate seats for Indigenous students more than 25 years ago and an Indigenous Health Initiative Program was founded in 1988. In 2005, an Associate Dean, Rural & Regional Health, was appointed and an Office of Rural & Regional Health was approved in 2006. There has been a Global Health program for more than 20 years. An Assistant Dean of Equity, Diversity and Inclusion was appointed in 2016.

In 2010, the Dean reconfirmed a Division to be the Division of Community Engagement. This Division housed Indigenous, Inner City, Global, Rural & Regional Health and community engaged research. A Social Accountability Strategic Group was established in 2016 and continued until 2019. The Group surveyed FoMD faculty and staff in 2017 for which there were 395 responses. Important findings of the survey included:

- Majority agreed that social accountability is important
- Initial question about knowledge of the concept of social accountability showed a small majority of people (55%) felt they were knowledgeable; a similar question later in the survey showed a significant drop in the number that felt knowledgeable
- Majority of respondents identified that social accountability was important in each of education, service, and research
- While most respondents were aware of social accountability, less than half said they were personally involved in social accountability initiatives/activities
- Two thirds of respondents wanted more information about social accountability

The Social Accountability Strategic Group reported to the Dean. Members developed an "early wins" plan in December 2018 which was submitted to senior leadership for

consideration with a revised plan in June 2019. The Division of Community Engagement was dissolved in 2020.

While individual initiatives and programmatic initiatives in various aspects of the work necessary to meet a social accountability mandate continued, there was no longer an overarching group undertaking the work necessary, nor the coordination of the initiatives underway, from fall 2019 until the Social Accountability Task Group was established in Summer 2021.

Vision 2025

In Vision 2025, the FoMD made a clear commitment to social accountability and to putting patients and communities at the centre of this vision (Faculty of Medicine & Dentistry, University of Alberta). This is reflected in the mission statement which reads: *To serve the public with social accountability through partnerships, leadership, and innovation in education, research, and health care.*

Being socially accountable also aligns with FoMD core values (“we proceed”):

Well-being: Committing to caring for the physical and mental health of each other and the communities we serve.

Excellence: Striving for results in research, education & clinical care for the greatest impact.

Professionalism: Approaching all aspects of research, education & clinical care with integrity, respect and social accountability.

Curiosity and Creativity: Encouraging a culture of discovery and innovation.

Engagement for Collaboration: Seeking and integrating meaningful input from each other and our partners in communities.

Equity, Diversity and Inclusion: Investing in an inclusive environment that recognizes and respects the dignity and humanity of individuals and communities.

Social accountability and the mandate of the Faculty of Medicine & Dentistry

As previously noted, social accountability is a prominent component of medical schools, and we have a mandate to address the priority concerns of the communities that we serve. This is also clearly outlined in the accreditation standards. As an academic institution our ability to influence change is through our academic mission of education and research. Therefore, social accountability is relevant to all training programs in the faculty (undergraduate, graduate, and post-graduate) as well as the research activities undertaken. While the faculty may not have the authority to directly impact other areas relevant to social accountability such as healthcare delivery or health policy, as an academic institution with established expertise, we do have the ability to influence and guide decision making in these areas.

What are other Canadian Faculties doing around Social Accountability?

The Association of Faculties of Medicine of Canada (AFMC) has identified social accountability as a priority. Its vision for social accountability in Canadian medical schools is outlined in a document titled, “Social Accountability: A Vision for Canadian Medical Schools” (Health Canada, 2001). As part of its 2021-2023 Strategic Plan, the AFMC established a Social

Accountability Standing Committee whose mandate includes developing a national Social Accountability framework. The committee work is ongoing.

To better understand the current Canadian context, a jurisdictional scan was completed to inform this work. This scan sought to identify how other Universities were addressing social accountability. Overall, a wide variety of approaches were identified ranging from no clear evidence of structures dedicated to social accountability, to the formation of social accountability committees (Meili, Ganem-Cuenca, Wing-sea Leung, & Zaleschuk, 2011), to the planned development of a Centre for Social Accountability at the Northern Ontario School of Medicine. The results of the jurisdictional scan can be found in Appendix A.

While social accountability and interventions related to equity, diversity and inclusion are related, neither on their own is sufficient. Universities must take decisive steps to address the systemic inequities and racism that exists both internally and externally, ideally alongside parallel initiatives that share decision making power and report regularly on health outcomes identified and prioritized by the community.

Upholding equity, diversity, and inclusion within the FoMD is fundamental to working toward the goal of social accountability, which is to address the priority health concerns of the populations the FoMD serves.

Medical schools that excel in social accountability have been recognized by an ASPIRE-to-Excellence Award in Social Accountability (ASPIRE: International Recognition of Excellence in Medical Education). Common themes among successful applicants have been described (Rourke, 2018). These themes included the following:

1. Social accountability is evident in the school's purpose and mandate and integrated into its planning and day-to-day management.
2. School admissions are focussed on reflecting the demographic mix of the school's community, region, and nation.
3. The curriculum is relevant to the unique geographic, social, and cultural context and the priority health needs of the school's community, region, and nation.
4. The inclusion of clinical learning and service-learning experiences reflects the diversity of the geographic, social, and cultural mix of the school's community, region, and nation.
5. There is extensive exposure to community-based learning experiences to understand and act on social determinants of health for vulnerable and underserved patients, communities, and populations.
6. Research is inspired by and responds to the priority health needs of the school's community, region, and nation; there is active engagement of the community in research, including developing the research agenda, partnering and participating in research, and taking part in knowledge translation/mobilization.
7. The school's graduates and its health service partnerships have a positive impact on the health and the health care of its community, region, and nation with an emphasis on vulnerable and underserved populations. (Rourke, 2018)

Canadian recipients of this award include: the Northern Ontario School of Medicine (2013); Memorial University (2014); Faculté de médecine de l'Université Laval (2017); University of Saskatchewan (2018); Faculté de médecine, Université de Montréal (2019).

The Social Accountability Task Group

The Social Accountability Task Group (SATG) was formed in June 2021 with the primary purpose of developing recommendations regarding a framework for social accountability within the Faculty of Medicine & Dentistry, including consideration of scope, structure (organizational unit), and governance. This framework will enable the FoMD to meet its social accountability mandate - to direct education, research, and service activities towards addressing the priority health concerns of the communities served.

Members of the SATG were appointed by the Dean. A total of 17 committee meetings were held. All members of the SATG have contributed to and reviewed this final report.

None of the committee members have any conflicts of interest to disclose that are relevant to this work. The committee used a consensus decision-making approach.

As articulated in the Terms of Reference (Appendix B), detailed deliverables for the task group included the following:

- Establish a framework for social accountability to enable the FoMD to meet its social accountability mandate
- Identify the structure (organizational unit), scope and governance for a social accountability framework within the FoMD
- Identify and engage with champions for social accountability
- Engage with pentagram partners (policy makers, health professions, academic institutions, communities, health managers) in developing the social accountability framework
- Outline potential social accountability initiatives and activities within the FoMD, spanning education, research, and service (clinical and administrative)
- Begin to identify measures of impact that will be used to determine the extent to which the FoMD is meeting its social accountability mandate

Methods

External Consultation Process

The SATG collectively identified a list of external partners to invite to participate in focus groups to develop a community-designed vision for social accountability in the FoMD. Members of the SATG personally invited partners over email in the form of an invitation letter. Partners were provided in advance with a background document on social accountability and the remit of the FoMD. Focus group sessions were conducted using the conversational method, a relational approach to gathering knowledge through conversation rooted in Indigenous epistemology (Kovach, 2010). The conversational method offered a means of engaging with partners about what social accountability meant to them and how the FoMD could help facilitate it within its education, research, and service activities. It was an appropriate method to gather information because it allowed for the inclusion of participant voices and perspectives in a manner that was respectful and participant-led.

Each focus group was facilitated by a member of the SATG, except for one focus group, which was facilitated by the Black Health Lead of the MD program. Focus groups sessions were opened with a land acknowledgement, followed by the question: “What is your vision for social accountability within the remit of the Faculty of Medicine & Dentistry and

how can it continue to evolve and contribute to meeting the needs of the community that the Faculty serves?” Facilitators fostered open-ended dialogue to give agency to the community partner in defining their vision for social accountability within the Faculty. Each focus group was attended by at least one other committee member and a notetaker.

After each focus group, notes were reviewed by at least 1-2 committee members who attended the meeting to ensure accuracy and comprehensiveness. Focus group attendees were also given the opportunity to request to view and revise the notes to ensure it captured their thoughts authentically. Notes from all focus groups were compiled and thematic analysis was conducted (Braun & Clarke, 2013). Data were first organized by feature in terms of whether they spoke to faculty-level processes, education, research, service, partner relations, or priority health outcomes. Data was then coded using data-driven codes, and themes and subthemes were subsequently identified.

External Consultation Groups	Number of Attendees excluding SATG members	Date of Consultation
AHS Central and North Zone Leadership	12	Dec 15 2021
AHS Edmonton Zone Leadership	5	Dec 21 2021
Rural Council	11	Jan 11 2022
Indigenous Leaders	10	Jan 12 2022
Hospital Foundation	1	Jan 17 2022
BIPOC Community Members	3	Feb 11 2022
Alberta Health	3	Feb 11 2022
AMA Section of Rural Medicine	8	Feb 14 2022
Greater Edmonton Health Advisory Council	5	Feb 16 2022
Primary Care Alliance	11	Feb 17 2022
South Peace Physician Attraction and Retention Committee	6	Feb 18 2022
Rural Municipalities of Alberta	3	Feb 25 2022

Themes expressed during the external consultation sessions served as the foundation for developing a community-designed vision for social accountability. SATG members articulated themes into vision statements with a list of potential actions in the **Vision for Social Accountability in the Faculty of Medicine & Dentistry**.

Internal Consultation Process

A survey on social accountability was distributed to undergraduate learners, graduate students, and residents. Undergraduate learners were also given the opportunity to participate in a follow-up focus group session after completing the survey. Due to logistical

and time constraints, graduate students and residents were not provided the opportunity to do a follow-up focus group session.

FoMD Learners	Number of Responses	Date
Undergraduate students	14*	Nov 15 2021 - Dec 6 2022
Graduate students	27	March 2 2022 - March 18 2022
Residents	5	March 2 2022 - March 18 2022

*2 of the undergraduate student survey respondents also participated in a focus group in Jan 2022

Student data was condensed and organized using the principles of content analysis. Due to a low response rate, no themes could be identified. All SATG committee members reviewed the student data and integrated specific ideas expressed by students into the list of potential actions proposed to fulfill the community-designed vision statements in the **Vision for Social Accountability in the Faculty of Medicine & Dentistry**.

To coordinate the fulfillment of this vision, the SATG put forward a **Proposed Organizational Structure for Social Accountability in the Faculty of Medicine & Dentistry**. The SATG presented the vision and proposed structure to the following faculty committees to solicit feedback.

Internal Consultation Feedback Process

Faculty Committee	Number of Attendees (excluding SATG members)	Date
Faculty affairs	12	Apr 1 2022
Dean's executive committee	7	Apr 11 2022
Faculty learning committee	12	Apr 22 2022
Faculty research committee	26	Apr 26 2022
Dentistry department council	46	Apr 26 2022
Department chairs	27	May 11 2022

A detailed description of the consultation data can be found in the companion document, "Social Accountability Task Group Final Report: Consultation Data".

Results

Summary of Themes from External Consultations

Faculty-level processes
1. There is a need for provincial alignment across government, Alberta Health Services, universities, First Nations, Métis and Inuit communities, rural communities, and other communities in working towards a common vision for social accountability
2. Community engagement is essential to social accountability <ol style="list-style-type: none">Community partners want to receive communication about how their engagement leads to outcomesCommunity partners want to know that outcomes are aligned with their suggestions
3. Truth and Reconciliation needs to be a core value in faculty processes
4. The faculty should decentralize
Admissions
1. Admissions processes need to support the composition of an MD class that is diverse and representative of the population of Alberta
2. Admissions processes need to be driven by admitting those who will meet the needs of the population of Alberta
3. Students from populations with priority health concerns need to be supported to encourage their admission to medical school <ol style="list-style-type: none">The faculty should directly engage out in communities with priority health concerns to get students thinking about a career in medicine and to see it as a possibilityStudents from populations with priority health concerns with a potential for or interest in a career in medicine should be identified early and supported throughout their entire educational journeysGreater transparency is needed on what to do to get admitted to medical school
Education
1. Learners need to be equipped with the skill and knowledge to serve communities with priority health concerns <ol style="list-style-type: none">Community-based education is essential for equipping learners with the knowledge and skill to deliver care to communities with priority health needsThe faculty should cultivate leaders who will work for positive change in communities and systems
2. Training should be connected to developing a workforce who will meet the needs of communities in Alberta <ol style="list-style-type: none">The faculty should encourage the development of physicians who will practice rurally through rural training experiences.Medical education should be decentralized
3. Teachers and mentors play a very important role in developing socially accountable learners
4. Learners need to be trained on anti-racism and cultural competency to address the racism that exists within the healthcare system

Research
1. Research should be directed towards the social determinants of health and the health of populations with priority health concerns
Outcomes in Health Care Delivery
1. Addressing gaps in rural health care delivery is a priority outcome
2. Addressing the health needs of Indigenous peoples is a priority outcome
3. Addressing the racism that exists within the healthcare system is a priority outcome
4. The healthcare system needs to focus on preventative health care and the social determinants of health
5. Increasing representativeness in health care is a priority outcome

Suggestions for a Community-designed Vision for Social Accountability within the Faculty of Medicine & Dentistry

Based on the feedback received during the consultation process, the suggestions for a community-designed vision for social accountability were organized into four main themes: Teaching and Learning; Research and Innovation; Service; and Process and Governance.

Teaching and Learning

Category	Vision	Potential Actions
Admissions	Incoming classes are representative of the communities the FoMD serves.	<ol style="list-style-type: none"> 1. Develop and implement a recruitment plan in underrepresented communities that includes early support and mentorship for those interested in the health professions and that strives to meet the needs of the community. 2. Pursue bursary and sponsorship opportunities to provide financial support to students that face financial barriers. 3. Review the admissions process with a social accountability lens to ensure the process is equitable and inclusive. 4. Take steps to ensure the admissions process is transparent, clearly articulated (through a variety of different venues), accessible to all, and fair.
Curriculum	The curriculum equips learners with the skills, knowledge and attitudes required to serve the community.	<ol style="list-style-type: none"> 1. Develop a rural mentorship program. 2. The medical school curriculum incorporates a social accountability lens, with teaching by generalist physicians, including those who practice rurally.

		<p>3. Via authentic engagement, the community is involved in curriculum development and evaluation.</p> <p>4. Opportunities for community-based learning are enhanced, meaningful, practical, and required.</p> <p>5. Health professions training is decentralized.</p> <p>6. Leadership and advocacy training opportunities are available and encouraged for community members, learners, and faculty.</p> <p>7. Anti-racism and anti-oppression training is provided for learners and staff.</p> <p>8. There is early exposure to a diverse group of practice opportunities, including rural, generalist practice.</p> <p>9. Training programs in areas of need are developed with input from the community.</p> <p>10. An introduction to social accountability is provided at the beginning of each program.</p> <p>11. Learning that equips students to be socially accountable in their professions is prioritized by instituting mandatory learning.</p> <p>12. Graduate student programming includes: a course on social accountability, opportunities for community engagement and volunteer work, and regular forums where research findings are shared with the public.</p> <p>13. All learners are exposed to opportunities for advocacy and service that are supported by and integrated into their training programs.</p> <p>12. Priority health needs identified by the community are communicated to all learners.</p>
<p>Workforce Planning</p>	<p>Planning for the needs of the community is done jointly (when possible) with the community, government, training institutions, Alberta Health Services, and the regulatory colleges.</p>	<p>1. Explore alternate remuneration plans that promote social accountability.</p> <p>2. Sustainability planning includes consideration of how to attract and retain physicians in geographically underserved and priority areas.</p> <p>3. The FoMD works with pentagram partners to align a health professions workforce plan that includes consideration of community concerns and provider wellness, as well as sustainability and system efficiency. The workforce plan informs the teaching, research, and service activities of the FoMD.</p> <p>4. Planning includes consideration of the need for generalist vs. specialist physicians.</p>

Research and Innovation

Category	Vision	Potential Actions
Research outputs	Clinical and/or translational research strives to reduce health and social inequities and addresses the priority concerns of the community, as defined by the community.	<ol style="list-style-type: none"> 1. Where possible, research includes a social accountability lens -- the opportunity to participate in research is equitable, free of racism, and involves the target communities in planning and interpretation of results. 2. The faculty prioritizes research that aims to improve the health of priority populations. 3. Inherent biases within the research community are identified and addressed. 4. Research on the social determinants of health, health promotion, health care access and reducing health and resource inequities is prioritized as a way of ensuring health system sustainability. 5. Research gaps (e.g., Indigenous populations, BIPOC populations, women, geographical, etc.) are systematically identified and closed.
Research Teams	Where applicable, research teams are diverse and representative of their community collaborators.	<ol style="list-style-type: none"> 1. Training in research methods is available to community members, learners, and faculty. 2. Community-based health professionals have access to research expertise and support to answer priority questions identified by the community. 3. Opportunities exist to develop community and university partnerships. 4. Diverse and interdisciplinary research teams are encouraged, and capacity building approaches are supported. 5. A training program is developed to support community members to become research team members.
Knowledge mobilization	Results are shared with the community to determine next steps.	<ol style="list-style-type: none"> 1. Regular opportunities for public lectures exist. 2. Engagement with the community starts at the beginning of the project. 3. Interpretation of the findings and next steps are done through a community lens.

Service

Category	Vision	Potential Actions
Service expectations and deliverables	Purpose built health care teams and faculty are developed specifically to address the priority concerns of the community.	<ol style="list-style-type: none"> 1. Faculty, staff and learners that give back to communities are identified, celebrated, and recognized for the work that they are doing. 2. Contributions and academic activities related to social accountability are recognized in the Faculty Evaluation Committee standards. 3. Workforce planning incorporates service activities that address priority concerns.

Processes and Governance

Category	Vision	Potential Actions
Outcomes	Processes and governance structures result in measurable improvements in collectively identified health outcomes.	<ol style="list-style-type: none"> 1. The FoMD takes a leadership role in collaborating with Indigenous nations and communities, all levels of government, Alberta Health Services, health professionals, other universities and colleges, and communities to align strategies and address the concerns of communities that we jointly serve. 2. A dedicated "unit" with authority and a decision making role within the FoMD, resources, and capacity for ongoing community involvement is developed. The unit takes a leadership role in harmonizing relevant internal activities and helps to coordinate community engagement. This unit is identified by the community as a safe space for discussion and collaboration, even when these conversations may be sensitive or difficult. 3. In partnership with Indigenous nations and communities, Truth and Reconciliation is a guiding principle. 4. There is a focus on building capacity and engaging faculty outside large urban centres to better respond to community concerns. 5. Donors are oriented to the social accountability vision of the FoMD and provided with opportunities that align with community-identified priorities. 6. The FoMD actively seeks out opportunities to advance social accountability at a national level, including opportunities to learn best practices from others and collaborate on important initiatives that cross provincial borders.
Governance	The governance structure prioritizes a multi-directional relationship and shared decision making.	There is authentic engagement that addresses power and structural inequities to achieve common goals and purposes.

Priority Areas for Action

Lastly, several priority areas for general action were identified, including:

- Addressing the health needs of Indigenous nations and communities
- Addressing gaps in rural and remote health care delivery
- Upholding the principles of anti-racism and anti-oppression within the health care system
- Addressing preventive health care and the social determinants of health
- Increasing population-based representativeness in health care

Proposed Organizational Structure for Social Accountability within the Faculty of Medicine & Dentistry

To achieve this vision, early engagement and authentic collaboration with Indigenous nations and communities, all levels of government, Alberta Health Services, health professionals, other universities and colleges, and rural and other communities must occur. Reciprocal responsibilities will need to be jointly determined with a commitment to ongoing accountability and transparency. This will require time, effective communication, and a significant commitment to collaboration.

The SATG recommends the following as an initial structure to support implementation of the community-designed social accountability vision.

- The development of a dedicated **Social Accountability Unit** to support and coordinate FoMD activities related to social accountability
 - A central point of contact for both internal and external engagement will streamline communication
 - A dedicated unit will be able to centrally coordinate FoMD initiatives, track progress on key targets and be able to regularly report on the FoMD's progress towards its vision
- The identification of a **social accountability lead** with senior decision making authority and membership in key decision making committees, with direct reporting to the Dean
 - Social accountability targets occur across all current organizational reporting structures so representation at a senior level is required
 - Social accountability is critical to the mission of the FoMD and should be considered a central part of all decision making
- Access to **dedicated administrative and project management support** to ensure seamless collaboration with communities, those within the FoMD and the College of Health Sciences, and more broadly across the University of Alberta
 - Social accountability, by definition, requires the FoMD to collaborate with a diverse group of stakeholders
 - This requires the ability to communicate, collaborate, organize, and manage multiple initiatives simultaneously with respect, transparency, and consideration
- Given the need to integrate social accountability into all aspects of the FoMD's work, a **new or standalone structure** is warranted
 - Social accountability does not fit under a current reporting structure, thus necessitating an innovative approach to its integration within the FoMD

The SATG recognizes that authentic and ongoing community engagement, continuous refinement of the vision, and the development of meaningful relationships are paramount to becoming a more socially accountable institution. While there is much more engagement that needs to occur, our goal is to recommend a realistic initial framework that has the potential to grow and change alongside community-identified priorities.

A Vision for the Future

Becoming a socially accountable faculty will be challenging. True social accountability in the medical education system requires a shared extra-organizational vision and integrated intra-organizational function. The first step is considering and prioritizing community health concerns. Curricula should be implemented in society and its impacts monitored and evaluated (Abdolmaleki, Yazdani, Momeni, & Momtazmanesh, 2017). This can be challenging for traditional structures that are built primarily to issue academic degrees, maximize enrollment, prioritize the needs of faculty and students, and function independently from other key stakeholders.

The four necessary components for social accountability include transparency of necessary data, top-down responsiveness, representative participation, and citizen-led oversight (Primary Health Care Performance Initiative). Implementing this type of ‘bottoms-up’ approach, to the degree required to achieve maximal health outcomes, may also challenge current processes and leadership structures.



(Primary Health Care Performance Initiative)

Nevertheless, becoming a more socially accountable faculty is the only way forward if we hope to achieve optimal health outcomes with the most efficient use of resources. Indeed, it is the reason we exist. As we continue to strive towards greater social accountability, change management principles can be used to guide and facilitate our work. If we do this well, social accountability will become fully integrated into all aspects of our work.

As we create space for the communities and nations that we serve to lead and shape this work, we also create opportunities for understanding, change and growth. A place where all are welcome, all are valued, and where health for all becomes a reality.

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Appendix A: Social Accountability Jurisdictional Scan

An attempt was made to contact all schools in the summer / fall of 2021. Schools that responded are marked with an asterisk (*). For schools that did not respond, information was pulled from their websites.

School	Structure and/or Roles	Governance	Upcoming plans	Other
<p>*Northern Ontario School of Medicine* (ASPIRE Award Winner)</p>	<p>Centre for Social Accountability</p> <p>Multidisciplinary, multi-institutional group with faculty, staff, and students</p> <p>Team structure to be co-created with partners over the coming year</p> <p>Currently: have a working constellation network structure of an advisory committee</p> <p>Backbone group ("myself", program leads, other staff)</p> <p>Emerging communities of practice around stakeholder-identified topic areas</p>	<p>Centrally established unit (outside the usual divisional or school structure); During formative stage, this committee will work at the direction of the Dean</p>	<p>Creating a Committee for Social Accountability, reporting on all initiatives of the Centre and the progress of SA measures at NOSM</p>	<p>Brochure Linked by NOSM</p> <p>1st medical school in Canada established with an explicit SA mandate</p> <p>Support the process for establishing a contextually appropriate governance structure that will:</p> <ol style="list-style-type: none"> 1. Support socially accountable research and data structures in northern Ontario (NO), and 2. Nurture collaborations, innovations, and capacities in NO and beyond.
<p>Memorial University (ASPIRE Award Winner)</p>	<p>Social Accountability Project Team</p> <p>2 Co-chairs (Division of Community Health and Humanities, Discipline of Family Medicine)</p>	<p>Within Faculty of Medicine</p>	<p>Not listed</p>	<p>New website</p> <p>Pillars:</p> <ul style="list-style-type: none"> • Equity, diversity, and justice • Authentic partnerships and community engagement • Sustainability and cost effectiveness

				<ul style="list-style-type: none"> • Responsive and reflexive learning, service, and research environments • Joint Commitment to Indigenous Health
<p>*Université Laval* (ASPIRE Award Winner)</p>	<p>Social Responsibility</p> <p>Has a vice dean social accountability</p> <p>Vice Deal of Social Responsibility</p> <ul style="list-style-type: none"> • Department of Student Affairs • Department of Communications and Philanthropy • Department of relations with RUISSS UL partners • Department of global health • Teaching staff help desk 	<p>Within Faculty of Medicine (FMED)</p>	<p>Strategic Plan 2020-2025</p>	<p>Vision:</p> <p>The commitment of an entire community for a socially responsible Faculty.</p>
<p>*University of Saskatchewan* (ASPIRE Award Winner)</p>	<p>Division of Social Accountability:</p> <ul style="list-style-type: none"> • Director • Community Engagement Specialist • Global Health Manager • Social Accountability Strategist • Full-time Administrative Assistant 	<p>Within College of Medicine; Division of Social Accountability reports to CH&E Department Head</p>	<ul style="list-style-type: none"> • Planning an Indigenous Health Division • Strategic Plan Summary 2020-2022 	<p>Strategic Pillars:</p> <ul style="list-style-type: none"> • Education and Research • Advocacy and Leadership • Integration and Alignment
<p>U Montreal</p>	<p><i>Bureau de responsabilité sociale</i></p>	<p>Within University of Montreal</p>	<p>None listed related to Faculty of Medicine</p>	<p>No specific structure found for Faculty of Medicine</p>

<p>(ASPIRE Award Winner)</p>	<p>Director: Dr Ahmed Maherzi</p> <p>Website under development at this time</p> <p>Equity, diversity and inclusion</p> <ul style="list-style-type: none"> Secretary General Org chart 		<p>specifically on website</p> <p>Action plan 2020-2023</p>	
<p>University of British Columbia</p>	<p>Social Accountability & Community Engagement (SACE)</p> <ul style="list-style-type: none"> Co-Faculty Leads (2) Program Coordinator 	<p>SACE within Faculty of Medicine; Reporting structure not specified</p>	<p>Education activities listed:</p> <ul style="list-style-type: none"> Medical resident and Student Funding Program (SACE Funding Program supports medical student and postgraduate projects that focus on community identified health priorities) Doctor, Patient, and Society Community Advisory Board (forum for communication) Allies in Health (annual Community and Patient Health event) 	<p>Mission:</p> <p>To foster social responsibility in future health care providers by actively engaging communities, learners, and practitioners in study, service, and scholarship through shared responses to health determinants and inequities.</p>
<p>University of Calgary</p>	<p><i>No specific SA structure found</i></p> <p>Office of Professionalism, Equity, and Diversity (OPED)</p>	<p>OPED within Cumming School of Medicine (CSM); The advisory committee reports to the chair</p>	<ul style="list-style-type: none"> 2021 CSM Equity, Diversity, & Inclusion Award 2021 EDI Research & Innovation in Health and Medical 	<p>SA listed within Cumming School of Medicine overall mandate</p> <p>OPED Mission:</p>

	<ul style="list-style-type: none"> • Director of Wellness • Advisory Committee • Associate Dean, Professionalism, Equity, and Diversity (Chair) • OPED Program Coordinator • Diverse Department and Institute representatives invited and recruited to participate 		<p>Education Funding Competition with OHMES, ILGH</p> <ul style="list-style-type: none"> • 2021 Building the Equity Bridge Symposium 	<p>Strengthen existing coalitions, build new alliances, eliminate barriers, and bridge gaps to nurture a respectful, inclusive and equitable culture in the CSM</p>
<p>University of Manitoba</p>	<p>Social accountability committee (SAC)</p> <ul style="list-style-type: none"> • Co-Chairs (2) • Administrative support • Reps from Dentistry, Interdisciplinary Health Program, Medicine, Nursing, Pharmacy, Rady Faculty of Health Sciences, Rehab. Sciences, Other Sciences, Other • Community Representatives 	<p>SAC supports Rady Faculty of Health Sciences (RFHS); Reporting structure not specified</p>	<ul style="list-style-type: none"> • Not listed • Terms of Reference 	<p>Need for SAC identified for Max Rady College of Medicine by IAU team; RFHS SAC created to ensure central repository and monitoring in the 5 Colleges</p>
<p>University of Western Ontario</p>	<p><i>No specific SA structure found</i></p> <p>Schulich to open Office of Equity, Diversity and Inclusion (OEID)</p> <ul style="list-style-type: none"> • Associate Dean, Equity, Diversity and Inclusion • Equity, Diversity and Inclusion Specialist 	<p>OEID to be within Schulich School of Medicine & Dentistry (SSMD); Reporting structure not specified</p>	<ul style="list-style-type: none"> • Meet the Calls to Action 23 and 24 from the Truth and Reconciliation Commission of Canada • Support the Doctor of Medicine program accreditation • Provide direction and leadership to advance the 	<ul style="list-style-type: none"> • SA listed as a value by SSMD • Schulich creating Office of EDI, communicated by Dean in March 2021 • Posting for new Associate Dean

			<p>University's overall EDI mission</p> <ul style="list-style-type: none"> • Work with curriculum specialists to renew the School's medical and dental curriculums to address EDI, anti-racism and Indigenous health 	
<p>McMaster University</p>	<p><i>No specific SA structure found</i></p> <ul style="list-style-type: none"> • Associate Chair of Equity and Diversity (ACED) • Has advisory Committee 	<p>Within Department of Medicine (DoM); Reporting structure not specified</p>	<ul style="list-style-type: none"> • Biennial survey of Faculty • Equity Checklist for new Faculty recruits • Standardized advertising and interview process for leadership • Unconscious bias training • EDI statement for new recruits 	<p>SA listed as a Mandate in McMaster Waterloo community page</p> <p>ACED Mandate:</p> <p>to measure and address inequities within the DoM by gender, ethnicity/ race, sexual orientation, and disability</p>
<p>*University of Toronto*</p>	<p>Department of Family and Community Medicine (DFCM)</p> <ul style="list-style-type: none"> • SA position (responsible for strategic thinking/ planning within department) <p>Office of Inclusion and Diversity (OID)</p> <ul style="list-style-type: none"> • Vice Dean, Strategy and Operations • Associate Dean, Inclusion & Diversity • Director, EDI • Senior Officer, Service Learning 	<p>OID part of the Office of the Dean of Temerty Faculty of Medicine</p>	<ul style="list-style-type: none"> • Excellence Through Equity is one of the 3 strategic domains of the overall Faculty of Medicine <p>Academic Strategic Plan 2018-2023</p> <ul style="list-style-type: none"> • Faculty of Medicine EDI Action Plan (finalized 2020 by EDI Working Group) 	<p>OID Mandate:</p> <p>lead in EDI and create/promote innovative and accountable diversity and equity related programming in collaboration with other members of the Temerty Faculty of Medicine community as well as external partners</p>

	<p>and Diversity Outreach</p> <ul style="list-style-type: none"> • Outreach Coordinator • Program Coordinator • Admin Assistant 			
Queen's University	<p><i>No specific SA structure found</i></p> <p>Equity, Diversity and Inclusion Office (EDO)</p> <ul style="list-style-type: none"> • Senior Advisor, EDI Initiatives • Indigenous Access and Recruitment Coordinator • Elder-in-Residence • EDI Project Manager • School of Medicine, School of Nursing, and School of Rehabilitation Therapy, EDI Faculty Leads <p>Dean's Action Table on Equity, Diversity and Inclusion (DAT-EDI)</p> <ul style="list-style-type: none"> • Dean (Chair) • Vice-Dean, Education • Vice-Dean, Clinical • One representative from each of the seven DAT-EDI working groups • FHS Faculty Representative • Black Learner Representative 	Faculty of Health Sciences (EDIO and DAT-EDIO)	Develop and release FHS EDI Strategic Plan (in process of collecting data, to be analyzed and presented with recommendations)	<p>Toolkit for change:</p> <ul style="list-style-type: none"> • Awareness • Learn & Communicate • Prevent & Respond • Support • Report <p>DAT-EDI launched recently</p> <p>SA referred to in Radical Collaboration 2026</p>

	<ul style="list-style-type: none"> • Indigenous Learner Representative • LGBTQIA2S+ Learner Representative • Representative for persons living with disabilities 			
University of Ottawa	<p>SA Leadership Committee</p> <ul style="list-style-type: none"> • Director SA (Chair) <p>Social Accountability Student Advisory Committee</p>	<p>Within Faculty of Medicine; Reporting to the Undergraduate Curriculum Committee; Supports the Social Accountability Leadership Team (SALT)</p>	<ul style="list-style-type: none"> • Developing a comprehensive database of all learners to clarify who is getting into our program (socio-economic status, rural nature, indigenous, etc.) and what happens to our graduates (residency and location of practice) • Better understand and define the SA inherent in our Admissions policies, rural program, inner city and Indigenous programs • Gradually we will move into community engagement and develop the community research 	<p>SALT Objective: Help shape the Social Accountability direction of UGME</p>
McGill University	<ul style="list-style-type: none"> • SA lead • 1 administrator • 1 coordinator of outreach programs and the anti-black racism plan 	<p>Reports to the Dean</p>	<p>More community engagement, activities include:</p> <ul style="list-style-type: none"> • Community consultation with Black communities, 	<p>SACE Mandate: To support EDI programs and Community Engagement programs Pillars:</p>

	<p>Social Accountability and Community Engagement Office (SACE) committee</p> <ul style="list-style-type: none"> • Chair, SACE Director • Manager (Diversity and Engagement Program Officer), SACE Office • Various chairs, members at large, academic reps, community rep 		<p>jointly held with UMontreal</p> <ul style="list-style-type: none"> • Service learning opportunities 	<ul style="list-style-type: none"> • Leadership • Education • Service • Continuous quality improvement
Université de Sherbrooke	<p>Office of Social Responsibility</p> <ul style="list-style-type: none"> • Strategic committee with representatives • Director • Executive assistant (global health); 2 Co-executive assistants (Aboriginal & Indigenous Health) • Research professor • Collaborating professor • Professional supporting themes; Professional supporting activities • Coordinator • Secretary 	<p>Reports to Vice-Dean of Professional Development, who reports to Dean of Medicine and Health Sciences</p>	<p>Research group 2020 focus:</p> <ul style="list-style-type: none"> • What is a socially responsible health professional? How do we define it and with what tools do we evaluate it? • How to assess the impact of our SR programs and innovations at different times of the training? What allows us to assess these impacts? 	<p>Four themes:</p> <ul style="list-style-type: none"> • EDI • Eco-Responsibility • Global Health • Indigenous Health
Dalhousie	<p>Social Accountability Committee</p> <ul style="list-style-type: none"> • Assistant Dean for serving and 	<p>Reports to the Dean of Medicine, Faculty Council and the Council of Associate and Assistant Deans</p>	<ul style="list-style-type: none"> • Update logic model • Looking to answer "What does this health policy and 	<p>Longer-term goals:</p> <ul style="list-style-type: none"> • Partnering with Communities for Improved

	<p>engaging society, co-chairs Faculty Council committee for Social Accountability</p> <ul style="list-style-type: none"> • Global Health Office fits within work ahead 		<p>systems change work mean? What governance and supports do we need?"</p> <ul style="list-style-type: none"> • Global Health Office to rebrand to Office of Community Partnerships 	<p>Health Outcomes</p> <ul style="list-style-type: none"> • Catalyzing Systems Change to improve Health Outcomes
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Appendix B: Social Accountability Task Group Terms of Reference



FACULTY OF MEDICINE & DENTISTRY Social Accountability Task Group

Original development Date: June 19 2021

Most Recent Approval Date: June 21 2021

Most Recent Editorial Date:

Office of Accountability:	Dean of Faculty of Medicine and Dentistry
Office of Administrative Responsibility:	Office of the Dean of Faculty of Medicine and Dentistry
Approver:	Dean's Executive Committee
Scope:	Terms of Reference

Overview

The Social Accountability Task Group is a working group and advisory to the Dean, Faculty of Medicine & Dentistry. The Task Group will use a consensus decision-making approach, and shall function in accordance with these Terms of Reference. **The primary purpose of this Task Group is to develop recommendations regarding a framework for social accountability within the Faculty of Medicine & Dentistry, including consideration of scope, structure (organizational unit), and governance. This framework will enable the FoMD to meet its social accountability mandate -- to direct education, research and service activities towards addressing the priority health concerns of the communities served.**

The Task Group will be comprised of 6 – 8 appointed members, including a Chair of the group. Recommendations will support achievement of the University's strategic goals, as well as the Faculty of Medicine & Dentistry strategic goals.

1. Purpose

- Establish a framework for social accountability to enable the FoMD to meet its social accountability mandate
- Identify the structure (organizational unit), scope and governance for a social accountability framework within the FoMD
- Identify and engage with champions for social accountability
- Engage with pentagram partners (policy makers, health professions, academic institutions, communities, health managers) in developing the social accountability framework
- Outline potential social accountability initiatives and activities within the FoMD, spanning education, research and service (clinical and administrative)

- Begin to identify measures of impact that will be used to determine the extent to which the FoMD is meeting its social accountability mandate

2. Governance and Reporting

The Chair of the Task Group will be appointed by the Dean;

The Chair will report to the Dean;

An update will be provided to the Dean's Executive Committee, Department Chairs and Faculty Council by the Dean or delegate.

3. Membership

Membership will include 6 – 8 individuals with expertise in social accountability, led by a Chair. Members will be appointed by the Dean.

Chair (Appointed):

Kathryn Dong, Clinical Associate Professor, Department of Emergency Medicine

Members (Appointed):

Wayne Clark, Indigenous Health Initiatives Program, Executive Director

Bill Sevcik, Chair Department of Emergency Medicine

Jill Konkin, Department of Family Medicine

Lisa Purdy, Associate Professor, Department of Lab Medicine & Pathology

Jillian Rogers, VP Community Engagement MSA, Student Representative

Ex-officio – Dr Brenda Hemmelgarn, Dean, Faculty of Medicine & Dentistry

Other groups and individuals will be consulted and invited to meetings as relevant to the topics of discussion. Others may be invited to participate in various aspects of the Task Group activities, based on their expertise.

Membership and meeting attendance is not substitutable.

4. Meetings Process

- The Social Accountability Task Group will meet at pre-arranged times, with additional meetings at the discretion of the Chair
- Initial meeting will be prior to summer – and Group will reconvene in September
- Recommendations and report will be submitted by December 2021
- All recommendations to the Dean will be made by consensus. If consensus does not emerge through discussion, then a summary of the issue along with the differing viewpoints will be submitted to the Dean and the Dean will make the final decision.
- Meeting minutes will be retained