

## Implementing Accountability in Medical Schools

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While medieval painting portrays physicians as respected healers, today, they appear in newspapers and journals as kind looking advisers and mediation prescribers. This suggests a transition of the role of the physicians in the past centuries. It is difficult to determine where responsibility lies for limitation of our role in the society, but certainly some related to the society development. The rest is related to the culture of medical education itself. While many students join medical schools for philanthropic motives, they lose this drive in the following years. It seems that schools have also lost their role as even a safe passage for students to keep them socially aware

Three overarching forms of accountability models (professional, market, and regulatory) have been interacting in the past decades. It is getting more difficult to preserve the strength of the professional model in an environment in which professionals are not dominant in decision making (1).

Medical education is expensive and less financially cost beneficial. Despite the fact that private institutes are active in this field, costumers (students) have rarely had the opportunity or information to be educated within a market-based accountable system. As a result, regulation should be implemented to impose accountability in education (1).

We noticed in our focus group discussions that the lecturers with no background of working in the field (National Health System) were less supportive of developing and implementation of

accountable curricula (2). Evermore increasing recruitments of the best ranked ex-students as lecturers, which are mainly selected according to their exam scores and research profile, have magnified this problem.

Accountability should be a process, not just a vision, in Medical Schools to develop a culture of constant improving education. This is a direct reflection of teaching culture as well as society pressures.

To produce fit-for-purpose medial graduates, the following steps should be taken to make those changes possible. (i) accountability committee should be formed in each school, (ii) one of the available models should be selected or developed to evaluate accountability including CARE model (Clinical activity, Advocacy, Research, Education and training)(3), Making The Links (teaching the social aspects of medicine via service-learning)(4) and WHO model (5) (iii) new recruited lecturers should have working experience in the field to facilitate a cultural shift among lecturers as well as students, (iv) professionals with accountable attitude should become more visible and (v) via imposing regulation, accountability should become a process, not just a vision in medical schools to shift the dominant educational culture towards social accountability. Establishing rewards and penalties for successful follow up or violations seems necessary to enforce these regulations.

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