

Toward Social Accountability of Medical Education in Iran

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Abstract

Four values of social accountability are, relevance, quality, cost effectiveness and equity, as they pertain to the activities of medical schools, namely education, research and service. Integration of medical education into health service provision is the best strategy for health system responsiveness and social accountability of medical education.

Keywords: *Education, Medical, Health, Iran*

Introduction

The social accountability of medical schools has been defined as their obligation to “direct education, research and service activities towards addressing the priority health concerns of the community, region and/or nation that they have a mandate to serve” (1). Four values of social accountability are, relevance, quality, cost effectiveness and equity, as they pertain to the activities of medical schools, namely education, research and service (2). But achieving self-sufficiency of physician supply was one of the biggest social accountability challenges facing medical schools, governments, and other stakeholders in Iran at the beginning of Islamic revolution on 1979 (3). The delivery of health care has changed considerably in recent decades and continues to evolve at an accelerating pace (4). For response to this rapid change, Iranian scientists were proposed a comprehensive strategy that includes education, clinical service and research. Among the solutions proposed in the 1985, medical education was integrated into health care service provision as the main strategy⁴. After implementation of this strategy, ministry of health and medi-

cal education supervised all educational activities, researches and service provisions of medical schools and universities of medical sciences and health services were born. Therefore, the education component would include a continuum of community related activities throughout undergraduate education and residency and simply placing students in a community setting as part of the curriculum was not a sufficient response to the challenge of social accountability in medical education (5).

Main potential achievements of this strategy in Iran are enlargement of educational settings, PHC rotations for all undergraduate medical students, curriculum content changing due to national health priorities, promotion of examination systems for professional competence, Periodic national comprehensive, and continuity of learning throughout life by CME law, training of faculty members in educational development centers, increased emphasis on promotion of health, prevention of disease and risk management approaches, cooperation between community health services and other relevant bodies in joint policy development, program planning, implementation and review were

been encouraged and facilitated in the Ministry of Health and Medical Education (4).

Other achievements are changing admission policies for matching the numbers of students trained meet the national needs for medical professions and innovative approach to student selection and reduction in brain drain.

Conclusion

Integration of medical education into health service delivery system plays an important role to community health promotion and improvement of medical schools in all aspects of social accountability.

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