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Commentary

A call for social accountability within pharmacy education: Concepts, relevance, and accreditation

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ABSTRACT

Introduction: Social accountability (SA) is a leap to excellence in health education. While pharmacists are ideally situated in the healthcare setting to practice SA through research, service, and practice, SA is underrepresented in pharmacy education.

Commentary: Here the foundational concepts of SA, the relevance to pharmacy education, as well as the accreditation considerations for the implementation of SA are discussed.

Implications: There is a need for SA to be implemented in pharmacy education to address health equity, quality, and improve patient health outcomes.

Introduction

Social accountability (SA) is premised on the idea of creating self-sustaining and improved healthcare systems with better patient outcomes that will continue to attract future healthcare professionals to further the cause in underserved communities. Defined by the U.S. Department of Health and Human Services, an underserved population is a group that does not “have adequate access to medical care. This includes rural, elderly, low-literacy, blue collar, and poor populations.”¹ Additional groups can include homeless populations or those with special needs. If a population or area is designated as medically underserved, this is further defined as “having too few primary care providers, high infant mortality, high poverty, or a high elderly population.” These working definitions will be utilized when discussing SA. Healthcare equity is a high-priority area of focus, and a SA framework within pharmacy education can be utilized to develop competency within our learners that attend to community needs and promotes skill development to effectively care for underserved populations. Social determinants of health, which contributes to health inequity, are highly important to understand and respond to by healthcare professionals. By implementing SA, equity can be better addressed. The aim of this commentary is to provide an overview of essential social accountability concepts, highlight the relevance to colleges and schools of pharmacy, and illuminate accreditation considerations for pharmacy education.

SA is a leap to excellence in health professional schools. Benefits of delivering socially accountable graduates include, but are not limited to, the retention of graduates in underserved communities, the development of primary care providers, and the ability to practice with other healthcare professionals in efforts to increase equity.² Socially accountable health professional education (SAHPE) medical graduates have been shown to improve maternal and child health outcomes by strengthening health services in underserved

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communities.³ In the Philippines, SA medical schools contribute to a decrease in infant mortality rate due to successful graduation and retention in the local underserved communities.⁴ Similar to medical graduates, pharmacists are ideally situated in the healthcare setting to practice SA through education, research, and service to their patients and the public. These activities require exploration to establish and strengthen the role of the pharmacist in being socially accountable in their community. The impact on population health is currently an important educational outcome for pharmacy. Being able to measure usefulness to advance health that is equitable, effective, and relevant can be done through SA.

Commentary

Concepts

The World Health Organization defines SA of medical schools as: “the obligation to direct their education, research, and service activities toward addressing the priority health concerns of the community, the region, or nation they have a mandate to serve. The priority health concerns are to be identified jointly by governments, health care organizations, health professionals and the public”.⁵ The Global Consensus for Social Accountability (GCSA) of medical schools defines socially accountable medical schools as ones that: “responds to current and future health needs and challenges in society, re-orientates its education, research and service priorities, accordingly, strengthens governance and partnerships with other stakeholders and uses evaluation and accreditation to assess their performance and impact”.⁶ Excellence in medical education is often measured in its usefulness and impact to make a difference in people’s health. Through SA, educational programs can be better planned, implemented, and evaluated. In short, the model of SA is widespread in the medical community, but this concept is underrepresented within the pharmacy community.

To build competency in SA, a sustainable framework needs to be built, balanced, and measured against the four core values – relevance, quality, cost effectiveness, and equity. Socially accountable schools should follow an evidence-based approach and use appropriate technology to systematically provide high-quality, cost-effective healthcare services.⁵ SAHPE is an approach followed by health professional schools to deliver graduates that are equipped to serve underserved communities. These approaches include longitudinal integrated clerkships, service learning, and community engagement to train and deliver socially accountable healthcare professionals.⁷

Relevance to Colleges and Schools of Pharmacy

A qualitative study explored the use of information from the public domain, offering preliminary insight into the status of pharmacy schools’ activities as they relate to SA in South Africa. Pharmacy schools’ activities in accordance with SA values of relevance, quality, effectiveness, and equity were reviewed. SA values were well represented in information and evidence from the public domain, although there were variations in equity of the educational programs and the quality of service.⁸ A similar study for pharmacy education and SA integration in the U.S. is an area of need. In 2018, there was a commentary published that highlights SA and the broad positive impact this model could have on the U.S. healthcare system if the concept, often embedded in medical education, is generalized.⁹

The 2016 Accreditation Council for Pharmacy Education (ACPE) Standards include important key elements such as competency in cultural sensitivity, providing patient-centered care, and intervening for positive outcomes in health and wellness.¹⁰ In addition, competency in ethics, defined as the “exploration of approaches for resolving ethical dilemmas in patient care, with an emphasis on moral responsibility and the ability to critically evaluate viable options against the needs of patients and other key stakeholders,” is an important element when exploring the integration of SA within pharmacy education.¹⁰ SA requires that health disparities are not only recognized, but they are addressed. Learners need to be given the tools through curricular and co-curricular opportunities to be socially accountable. To integrate SA, action is needed in four key areas: accreditation, partnership, competency, and leadership.¹¹ To influence a meaningful mechanism for SA to be integrated at a programmatic and individual level, accreditors need to require SA to be a key element within pharmacy education, similar to what can be observed in medical education. The other three key areas, partnership, competency, and leadership, will be highlighted in depth in a separate commentary, along with further explanation and pedagogy for a sustainable framework.

Accreditation considerations

In 2001, medical schools in Canada became early adopters of SA. Through numerous reports and calls to action, schools supported the need for SA to form the foundation for medical education in the country.¹² In Australia and New Zealand, SA and cultural competence are key elements in medical education.^{13–15} These are a few of the many examples seen within the global medical education community to embed SA.

Colleges and schools of pharmacy can support the importance of SA by calling for the clear integration into pharmacy accreditation requirements in a similar approach. For example, in the U.S. as ACPE revises Doctor of Pharmacy degree standards, a high area of focus will likely include addressing inequity in healthcare. Furthermore, healthcare inequity is a strategic goal to address by American Association of Colleges of Pharmacy currently, a major stakeholder in the accreditation standards for pharmacy education. Aligning pharmacy accreditation standards to include required competence in social accountability will ultimately support progressive movement for pharmacy learners to graduate as socially accountable, competent, patient-centered, collaborative pharmacists. It will emphasize the need to support health equity and educate learners, where they can positively impact their underserved communities.

In 2021, ACPE has updated U.S. schools of pharmacy that their intention is to revise Standards effective 2025. With this announcement, now is the time to consider SA as a required element for pharmacy learners in future Standards. SA is in sync within the diversity, equity, inclusion, and anti-racist initiatives that are strategically moving forward within the pharmacy academy; SA operationalizes a response to addressing inequity and improving the quality of services within communities.⁷ Using the revision of U.S. pharmacy standards underway is an ideal time to advance these areas.

Implications

To integrate SA, action is needed in four key areas: accreditation, partnership, competency, and leadership.¹¹ This commentary reviews foundational concepts, applicability to pharmacy education, and accreditation considerations as a Part I of a two part commentary series. Authors acknowledge that moving from an idea or concept to an intentional action can be challenging with competing goals, priorities, and educational considerations that we all, as educators, consistently encounter.

In shifting towards more actionable environments, schools can increase equity through initiatives such as removing barriers to allow advancement and promotion for underrepresented faculty and staff. Schools can dismantle policies and procedures that lead to inequity; for example, intentionally recruiting and retaining a more diverse health learner, reflective of the population they serve. A college or school that aims to promote health equity and health justice considers its community, and intentionally creates a system to encourage recruitment of faculty, staff, and students reflective of the community. Institutionalized strategies to move towards equity include developing educational core competencies related to SA. For SA to be sustainable, a school would need to put resources behind the goal of equity to advance this priority. Resources may include scholarships, faculty loan payment programs, or funds to support research in identifying community needs. Supporting the infrastructure for service learning and community engagement are additional actionable steps to take. This is important for pharmacy professionals, and the importance is relevant throughout healthcare providers at large.

SA is needed to address health equity, cost effectiveness, relevance, and quality. This element is integrated in medical education, and now is the time to make a concerted effort to integrate this into pharmacy education.

Disclosures

None.

Declaration of Competing Interest

None.

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