



Health inequalities and social accountability: A qualitative audit of student perceptions of practices compared to standards

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Background Health inequalities refer particularly to variations in incidence and outcomes in health across socio-economic groups. These inequalities represent health needs, they are increasing in many Western societies, there is growing awareness that they are morally wrong and damaging to society. Social accountability describes the concept in which medical faculties/schools direct their education, research and service activities to meet the health needs of their populations. The ASPIRE programme, www.aspire-to-excellence.org, has produced standards for social accountability. The conceptual basis for inquiring about student perceptions drew on humanist learning theory notably recognizing that the students are self-determining, have experiences to draw on, and are aware of moral issues. **Objectives** To audit the practices in the Faculty of Medicine, MUN compared to some of the ASPIRE standards for social accountability as perceived by 2nd year medical students. **Methods** Opportunistic, semi-structured, group discussions with students took place about social accountability, health inequalities, health determinants and other practices in the Faculty compared to the standards. The discussions were noted by hand. **Results** A mixed picture emerged with some of the standards for excellence in social accountability appearing to be achieved in practice by the staff. In education there was a shift from the biomedical sciences towards the health of populations with an emphasis on the environments that determine health – physical, biological, healthcare, socio-economic. In research some communities e.g. refugees and their needs were identified but the laboratories dominate and translation work was limited. In health services the focus was mainly on reacting to problems e.g. outbreaks, despite plans for prevention initiatives. **Conclusions** The results from this qualitative, opportunistic audit cannot be generalized and more systematic evaluations of the practices compared to the social accountability standards need to take place e.g. using focus groups. Social accountability is recognized by the Faculty officially but the implementation of the policies into practices is incomplete.

Staff are influential role models and when they show leadership towards the health needs of populations then the Faculty appears more socially accountable. In turn the students recognize that the determinants of health inequalities are more than healthcare.