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Social accountability: A national framework for Turkish medical schools

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ABSTRACT

Purpose: To define recommendations to the medical schools in Turkey about social accountability which meets the local needs.

Methodology of the study: The Association of Evaluation and Accreditation of Medical Education Programs (TEPDAD-Turkey) Social Accountability working group planned a study to determine national recommendations for social accountability of medical schools in two-stages. Delphi technique was used to develop the recommendations and finalize the recommendations in the first stage in which 61 members from 30 different institutions participated. Qualitative analysis was used for open questions in the first round and quantitative analysis for the data which is collected with a rating scale in the second and third rounds of the Delphi study. In the second stage, the recommendations were reviewed and finalized in a consensus workshop in which 68 members from 39 different institutions participated.

Results: In the Delphi study 63 recommendations were classified under five themes: the health needs of the society, health service delivery, institutional structure and management, educational program and implementation and development and evaluation of social accountability. In the consensus workshop, the 63 recommendations were evaluated and of which 54 of 63 recommendations were agreed upon.

Conclusion: A national framework has been developed by including a wide range of experts from different institutions for the social accountability of medical schools in Turkey. Developing recommendations in a local context will enhance the conceptualization of the recommendations of social accountability in the medical schools. As an accreditation body embedding the principles in the national standards will have a further impact on this process.

KEYWORDS
Social accountability; medical school; Delphi study; recommendation; Turkey

Introduction

There is a large gap globally in the twenty-first century between heath resources and health needs of the society. The mismatch between the health professional education and the needs of the local health system significantly effects the collaboration between the health and education sectors (Reeve et al. 2017). Medical education and medical schools have traditionally focused more on the diagnosis and treatment of diseases than on community-oriented approaches and this focus has led to a specialist-oriented model in today's healthcare system (Murray et al. 2012; Greer et al. 2018). In spite of the increasing specialization and medical developments, disparities and inequalities in health still continue and meeting the needed health services gap with appropriately tooled medical graduates remains an important problem (Boelen 2018; Greer et al. 2018). The disparities and inequalities in health, coupled with the increasing burden of chronic diseases, have emphasized the need for medical schools to be socially accountable (Boelen et al. 2016; Greer et al. 2018).

There has been an increased interest in social accountability in health professional education. Historically the interest in this concept goes way back to the 1988 Edinburgh Declaration on Medical Education. Social accountability for medical education was defined in 1995, by Boelen and Heck for WHO as: 'the obligation of the faculty to direct their education, research and service activities

Practice points

- Social accountable medical schools 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.
- Recommendations for social accountability were classified under five themes; the health needs of the society, health service delivery, institutional structure and management, educational program and implementation and development and evaluation of social accountability.
- Recommendations will serve as a guide and support the medical schools to develop a capacity for social accountability.

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Supplemental data for this article can be accessed here.

toward addressing the priority health concerns of the community, the region, or nation they have a mandate to serve' (Boelen and Heck 1995). The priority health concerns need to be identified in collaboration with a wide range of stakeholders, including the governments, health care organizations, health professionals and the public (Boelen and Heck 1995; IFMSA 2017; Salehmoghaddam et al. 2017; Rourke 2018). This definition emphasizes that medical schools should not only improve ways to educate medical graduates in the knowledge and skills relevant for their work that will have a positive impact on people's health but also to be change agents for a more efficient, equitable and sustainable health system. The Global Consensus in 2010 more precisely defined what a socially accountable medical school is and later in 2017 known as Tunis Declaration mutual commitment to relevant action was defined (Boelen et al. 2019).

The medical schools as an important health stakeholder have the social obligation to educate graduates by incorporating social accountability competencies into their program to meet the health needs of the society. The social obligations of medical schools can be graded by three levels: social responsibility, social responsiveness and social accountability (Boelen 2016, 2018). These concepts are unfortunately too often used as synonyms to the social obligations of the school but in reality, all have different and special meanings. Social responsibility refers to the social mission awareness of the organization. Socially responsible schools recognize that they have duties to meet the needs of society. The medical school reflects this by including public health policies and social determinants of health in the curriculum (Boelen et al. 2016, 2019). At the level of social responsiveness, schools conduct activities that respond to the priority health needs of the society by directing education, research and service activities. Socially responsive schools are identified with students who learn within the community and observe or participate in health-related activities (Boelen et al. 2016). Social accountability is the highest level, encompassing all levels of social obligations. Socially accountable medical schools go beyond responding to needs and foresee the health needs of society and work with the community and key stakeholders to tailor training programs (IFMSA 2017). With these actions, schools have the opportunity to determine the actions' impact on the service provided by their graduates together with the impact on health system performance and the health status of the population and how they are reflected in the health outcomes (Boelen et al. 2016). Socially accountable medical schools are committed to ensure that human resources for health are appropriately planned and graduates are placed in appropriate working environments (Woollard and Boelen 2012). The values attributed to social accountability are relevance, quality, cost effectiveness and equity (Boelen and Heck 1995).

The medical schools should take a proactive position to reflect the principles of social accountability in their education, health care and research, the three main domains of being a medical school. This concept has gained importance and greater acceptance in the ever-increasing complexity and interconnectivity of these domains (Rourke 2018). They must also partner with potential systems, in which their students will work after graduation and support effective health-care models. The schools can optimize the concept of academic excellence by a triple capacity: (1) to identify current and future health needs and challenges of citizens and the society as a whole, (2) to adapt the schools' mission and programs accordingly and (3) to monitor the effects of relevant actions on identified needs and challenges (Boelen et al. 2019). If the social accountability of medical education is to be more than a rhetorical ideal, it must lead to measurable outcomes, but also be observable at the societal level and reflected in the attitudes of graduates and educators (Leinster 2011). Accreditation could be used as a tool to promote social accountability of medical education programs. Boelen et al. (2019) reported that the standards of major medical education accreditation agencies indicated potential links between accreditation and the development of a more efficient, equitable, and sustainable health system.

Although some accreditation systems ensure attention to social accountability or important aspects; unfortunately, many medical schools have not yet undergone an accreditation process globally. There are 2918 medical schools recorded The World Directory of Medical Schools (https://wfme.org/world-directory/); however, ECFMG reported that only 515 medical schools have been accredited by an agency recognized by WFME (ECFMG 2021). Assessments made within the framework of standards focusing solely on the faculty part of the medical education programs fail to address the social accountability (Boelen et al. 2019). Consequently, it is substantial to prepare a comprehensive framework that focuses on the social accountability of medical schools that meets the local needs. Many qualitative studies related to the conceptualization of social accountability were carried out (Galukande et al. 2012; Murray et al. 2012; Preston et al. 2016; Püschel et al. 2017). A comprehensive framework at the global level was described (https://healthsocialaccountability.org) and the Health Canada (2001) study adopted social accountability at a national level.

Turkey is one of the countries where the inequities in health are very prominent. Despite this fact, the preferred model and investments in healthcare prioritize specialist-oriented models that focus on the treatment of diseases rather than prevention or promotion of health. In this circumstance, medical school graduates are encouraged to have specialty training (Terzi et al. 2002). Motivation of the students is also found to be in this direction (Turan and Üner 2015). The increasing number of medical schools during the last years is another issue in Turkey. Currently, there are 113 medical schools admitting students (www.osym.gov.tr). About 30% of the graduates work as primary care physicians (Akbayram 2019). Moreover, the graduates have to serve 12-24 months of public service if they are not selected for residency training mostly at the primary care level.

A large number of medical schools and the concerns over the provision of quality have increased the need for accreditation and The Association of Evaluation and Accreditation of Medical Education Programs (TEPDAD-Turkey) was established in 2008 in Turkey. TEPDAD is an independent accreditation agency approved by the Higher Education Quality Council and World Federation of Medical Education. It started accreditation of medical school

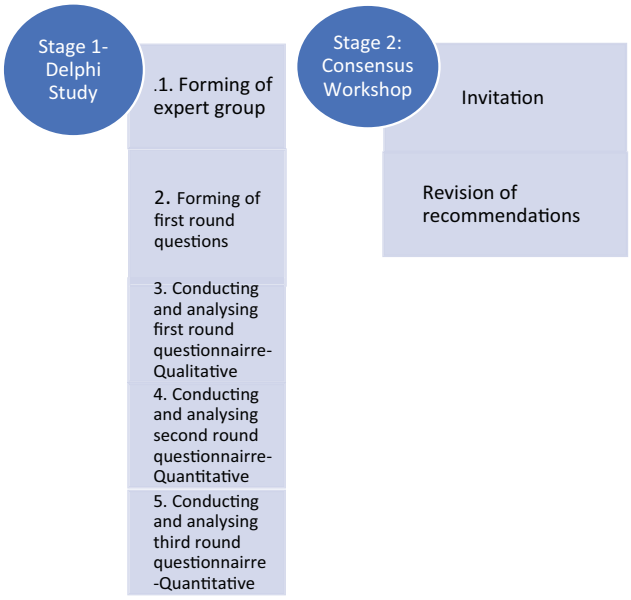

Figure 1. Stages of study on recommendations for socially accountable medical schools.

educational programs in 2010, since then 41 national programs which come to about 50% of the schools who have graduated at least one cohort of students has been accredited.

With the experience from the accreditation activities, social accountability has been seen as a priority for Turkey as in the world. Therefore TEPDAD planned a study with the aim to determine national recommendations for socially accountable medical schools to guide and support them in developing a capacity for social accountability in Turkey.

Methodology of the study

The study was planned and completed in two stages as shown in Figure 1: (1) Develop recommendations for socially accountable medical schools in Turkey, collecting expert opinions and (2) Review of the collected recommendations in a consensus workshop. A working group within TEPDAD was established to carry out the study, composed of five members from the accreditation council of which three of them have MPH and four medical educationalists from four different institutions.

Stage 1: Delphi Study – Developing recommendations for socially accountable medical schools in Turkey, collecting expert opinions

At the first stage the *Delphi* technique was used in the following steps:

1. Forming of expert group

An open invitation was sent to the deans and medical education departments of medical schools that have completed accreditation process, TEPDAD members, related specialty associations (Medical Education, Public Health and Family Physicians) and Turkish Medical Association Medical Education Council for the participation in the study on January 2018. There were 25 accredited medical schools in December 2017. Seventy-seven experts who accepted the invitation were included. They were deans or associate deans (25), medical education academics (18), nominated experts from Public Health (10) and Family Physicians associations (3), Turkish Medical Association Medical Education Council (5), voluntary members (15) and a student member (1) from TEPDAD.

2. Forming of first round questions (February 2018)

In the first round, three open-ended questions which were taken from the Global Consensus for Social Accountability of Medical Schools (https://healthsocialaccountability.org) were translated into Turkish and used. Clarity of questions was evaluated by five TEPDAD members outside of the working group:

1. How should a medical school improve its capacity to respond to future health challenges in the society?
2. How could this capacity be enhanced, including the use of accreditation systems for self-assessment and peer review?
3. How should progress towards this end be assessed?

3. Conducting and analysing first round questionnaire (March 2018)

In the first round, participants completed the questionnaire within three weeks. The open-ended responses from the expert panel were reviewed independently by the working group members and codes were proposed. The proposed codes were listed, and the working group discussed the similarities and differences in the list. Finally, 60 codes were agreed and classified under five themes. First 10 participants' responses to each question were coded by the working group members independently. Then they discussed each of the quotations and codes together. After the consensus was obtained in coding, initially the members of the working group coded the responses of the first round independently and then discussed to generate common codes. Each statement was taken as a unit of analysis and a common study file was created. The data were classified by codes and themes.

Working group members evaluated the qualitative data by filtering codes. Then they wrote the recommendation of socially accountable medical school based on the quotations of codes together in ten discussion sessions of about 40 hours in total. Every code was represented in the recommendation statements. After eliminating the similar recommendations, 116 statements were included.

4. Conducting and analysing second round questionnaire (June 2018)

In the second round, 116 statements were sent to the participants, and they were asked to rate the appropriateness of each statement using a five-point Likert scale within three weeks. They were also asked to write their suggestions for each statement. Their responses were analysed, and the statements were sorted according to the mean score for each theme. The statements were condensed to 65 statements based on the suggestion of the experts.

5. Conducting and analysing third round questionnaire (July 2018)

In the third round, the 65 statements classified under five themes were re-sent to the expert panel to re-rate the appropriateness and relevance of each recommendation to the theme using a five -point Likert scale and write their suggestions. The responses and theme suggestions of the expert group were evaluated. Sixty-three recommendations were classified under five themes approved by over 80% of the experts and Delphi rounds closed. All participants of the first round completed the other two rounds. Finally, descriptions of the themes were written, and recommendation document was drafted for the second stage.

Stage 2: Consensus workshop – The recommendations collected during the first stage were reviewed

An open invitation was sent to the deans of all medical schools in Turkey and members of the institutions who completed the Delphi study for a consensus workshop convened on March 8, 2019. Sixty-eight members from 39 different institutions including the Deans' Council of Medical Schools, faculty members from medical schools, Quality Council of Higher Education, Turkish Medical Association, related specialty associations and public representative participated in the workshop (Table 1). Small group discussions were carried out, and small groups' reports were presented and discussed with all participants during the consensus workshop.

Results

Int the first round of the Delphi study, 61 of 77 (79%) of the invited experts from 30 different institutions completed the questionnaire (Table 1). The data were classified under codes and themes. The schema of the codes and themes, and frequency for each theme can be seen in Table 2. The five themes which there was a consensus on in the working group were: (1) the health needs of the society, (2) health service delivery, (3) institutional structure and management, (4) educational program and implementation and (5) evaluation and development of social accountability. Experts had stated more comments in 'educational program and evaluation' (25%) and 'development of social accountability' (43%) themes (Table 2).

All quotations in each code were filtered, examined and transformed into recommendation statements by the working group. An example explained how quotations were marked and transformed to the recommendations is shown in Table 3. After the analysis of qualitative data 116 statements were written after the first round of the Delphi study.

In the second round 116 statements were scored by the experts using a five-point Likert scale, and also they wrote their suggestions about the clarity of the statements. The mean scores of the statements ranged between 3.70 and 4.96. Statements were reviewed in a way to minimize similarities, taking into account the mean scores and experts' suggestions. As a result of the second round of data analysis, 65 recommendations were classified under the five themes defined earlier.

In the third round, the experts rated the recommendations and their relevance to the theme. Sixty-three recommendations were classified under five themes approved by over 80% of the experts and the Delphi rounds were closed.

In the second stage, a consensus workshop was convened and recommendations were discussed. At the end of the workshop, 54 of the 63 recommendations were agreed upon and classified under the five themes identified in stage 1 (Supplementary Table S1).

Discussion

A national framework of recommendations for social accountability to the medical schools in Turkey was developed in this study. Since the definition of social accountability in 1994, authors from different regions such as Africa (Galukande et al. 2012), Australia (Murray et al. 2012; Preston et al. 2016), Philippines (Preston et al. 2016) and Latin America (Püschel et al. 2017) have directed their endeavours to conceptualise and describe the concept more comprehensively. These studies, which are of qualitative nature, have explained common characteristics of social accountability including curricular, societal and political levels. They also described the local differences and emphasized the need for the development of an instrument to assess social accountability in the local context (Püschel et al. 2017). Distinctively, a quantitative perspectives were presented from the US as developing a metric called the social mission (in their word) score to evaluate medical schools' output in the three dimensions: an adequate number of primary care physicians, adequate distribution of physicians to underserved areas, and a

Table 1. Participants of Delphi Panel and Consensus Workshop.

	Delphi Panel		Consensus Workshop	
Participants	*n*	%	*n*	%
Deans and Associate Deans	18	29.5	28	41.2
TEPDAD Members	15	24.6	12	17.6
Medical Education Departments	12	19.7	10	14.7
Associations of Public Health	9	14.8	5	7.3
Turkish Medical Association Medical Education Council Members	3	4.9	3	4.4
Associations of Family Physicians	2	3.3	–	–
Family Physicians	1	1.6	–	–
TEPDAD Students' Council	1	1.6	–	–
Faculty Members from Other Departments	–	–	6	8.8
Association of Medical Education	–	–	1	1.5
Turkish Nurses Association	–	–	1	1.5
Quality Council of Higher Education	–	–	1	1.5
Public Representative	–	–	1	1.5
Total	61	100.0	68	100.0

Table 2. The schema of the codes and themes and frequency of each theme.

Theme	Codes	Frequency
The health needs of the society	Research; Health monitoring; Health needs; Priority health concerns; Developments in health; Social determinants of health; Recognition of community problems; Health level; Equality& Equity	74 (19.02%)
Health service delivery	Preventive health services; Teamwork; Promotion of health; Health service delivery; Health authorities; Health policy; Health system; Basic health services	13 (3.34%)
Institutional structure and management	Problem solving; Institutional culture; Sensitive administration; Education Management; Leadership; Mission and vision; Autonomy; Health advocacy; Social obligations; Leadership in the community	34 (8.74%)
EP*-Aims and Objectives	Access to information; Lifelong learning; Professional responsibilities and values (Professionalism); Graduate competencies	99 (25.45%)
EP*-Content	Core curriculum; Integration; Global health; Humanities; Community health	
EP*-Methods and Strategies	Skill training; Outcome-based education; Educational methods and strategies; Evidence based medicine; Inter-professional training; Community-based education	
EP*-Evaluation	Student evaluation; Programme evaluation	
EP*-learning environments	Learning environment and opportunities	
EP*-Educators	*Faculty Development*; Postgraduate programmes; Continuous professional development	
Implementation. development and evaluation of social accountability	Components of accreditation; External evaluation; Development of standards; Internal evaluation; Graduate monitorization; Certification of social accountability; Continuous renewal; Innovation; Stakeholder engagement; Collaboration-partnership; Community participation; Experience sharing	169 (43.44%)
Total		389 (100%)

*EP: educational program

Table 3. An Example of writing of recommendation for the code of 'Core Curriculum' based on the qualitative data.

Code	Experts' number	Quotations	Recommendations for first round
Core curriculum	E3	Minimum knowledge that have to be known by the graduates of the medical school must be defined in the training programme. National core curriculum should be tailored to the needs of the country. be applicable in all medical schools and its implementation must be monitored.	Medical schools should develop and constantly update their educational programs in compliance with the National Core Curriculum and related national scientific studies and reports.
	E41	The National Core Curriculum should be developed by an autonomous national body with collaboration with all external stakeholders under the leadership of Public Health and Medical Education Departments.	
	E44	It is essential to consider the priority health problems of the community designing the educational program and educational outcomes with reference to the National Core Curriculum and other scientific reports.	
	E2	A tool should be developed for medical schools to improve this capacity. These tools or a module such as core curriculum should contain a certain amount of mandatory quantitative and qualitative study structures and some of them should be as recommendations	
	E40	During the process the national and institutional core curriculum can be improved by updating both the National Core curriculum and the educational programs in the ongoing process.	Medical schools should include the health problems of the region in their educational program.
	E24	Apart from the National Core Curriculum the medical school must prove that school includes theoretical and practical lessons in appropriate number and places in the program to meet the health needs of the local society it serves.	
	E38	The program should be evaluated related to its compliance with the National Core Curriculum.	

sufficient number of minority physicians in the workforce (Mullan et al. 2010). On the basis of the gap defined in the previous studies, we aimed to develop recommendations for social accountability taking into account the local needs and integrate these with the accreditation of medical school programs.

A former study that describes an evaluation framework for social accountability was Boelen and Woollard's (2009) Conceptualization–Production–Usability model (CPU model). The domains of the CPU model were later expressed with three questions to provide wider utility of medical school: 'How does our school work?', 'What do we do?' and 'What difference do we make? (Larkins et al. 2013; Ross et al. 2014). The evaluation framework provides criteria for schools to assess their level of social accountability within their organization and planning; education, research and service delivery; and the direct and indirect impacts of the school and its graduates, on the community and health system (Ross et al. 2014). In a further study, the CPU model was piloted and proved as a useful tool to assess medical schools progress toward social accountability (Ross et al. 2014). A school level example from Africa demonstrated that CPU model can be utilized effectively (Hosny et al. 2015). In addition to this, the social accountability criteria of the ASPIRE-to-excellence initiative by AMEE have been also proposed to be used for self-assessment of medical

schools in their own progress (Rourke 2018). These frameworks are useful but requires extensive studies for implementation at medical schools.

The Global Consensus for Social Accountability for Medical Schools (https://healthsocialaccountability.org) provides a more explicit framework by defining ten directives for action. These are: (1) anticipating society's health needs; (2) partnering with the health system and other stakeholders; (3) adapting to the evolving roles of doctors and other health professionals; (4) fostering outcome-based education; (5) creating responsive and responsible governance of the medical school; (6) refining the scope of standards for education, research and service delivery; (7) supporting continuous quality improvement in education, research and service delivery area; (8) establishing mandated mechanisms for accreditation; (9) balancing global principles with context specificity and (10) defining the role of society. These directives guide the social accountability studies but need to be adapted to the local situation.

At a national level Association of Faculties of Medicine of Canada provided an example of how socially accountable medical education has been operationalized (Health Canada 2001). They suggested a set of principles related to social accountability to the medical schools in Canada. These principles were given under four headings in a general context including (1) competencies of the students including patient-physician relationship and professionalism, (2) responding to the changing needs of the community, (3) conduct curiosity-driven research and translating the results into practice and (4) work together and in partnership with all stakeholders for a sustainable healthcare system for the future (Health Canada 2001). The determination of the recommendations by taking into account the local characteristics as well as the universal nature and the realization of this process with participation will enhance implementation. Our recommendations similarly cover all the suggestions of the Global Consensus directives and the principles of the Association of Faculties of Medicine of Canada in a different context with detailed recommendation. Moreover, we think that it will be conceptualized more by schools at the national level, as it is determined by collaboration with wide stakeholders.

In this study, six recommendations were agreed upon related to the first theme '*the health needs of the society*'. In this context, the medical schools have the responsibility to train physicians who will meet the health needs in the context of the population structure, social, cultural and environmental characteristics of the whole society, primarily in the region where it is located (Murray et al. 2012; Preston et al. 2016). This responsibility includes: (1) preparing graduates to be familiarized with the community which they will serve in the future, (2) identification of social, economic and cultural health determinants, (3) describing the related institutions and their functions, (4) determining the roles and responsibilities of health workers and (5) enhancing health organization and policies of the country. Due to its importance in the context of social accountability, it is seen that this theme is represented in all qualitative studies (Galukande et al. 2012; Murray et al. 2012; Preston et al. 2016; Püschel et al. 2017) as well as global (https://healthsocialaccountability.org) and national frameworks (Health Canada 2001).

Health service delivery is another important function of the medical schools. Eight recommendations were agreed upon on the second theme of '*health service delivery*'. The medical schools need to practice medicine incorporating social accountability principles as well. They aim to contribute to the physical, mental and social well-being of individuals and maximize society's 'well-being and health' with the health services they provide. Therefore, medical schools must fulfil their responsibilities at all stages of health care (preventive, therapeutic, rehabilitative and health-promoting); plan and deliver health services on the basis of principles and values of 'high quality', 'equality', 'efficiency', 'equity' (Boelen and Heck 1995). To meet these principles an effective teamwork should be established as the base for health care delivery. Health care should be provided by teams of a range of professionals working together for the same purpose, complementing each other in terms of knowledge, skills, powers and responsibilities. Adequate provision of health care will increase the health level of individuals and society. Recommendations that described in this theme at the study were compatible with other frameworks such as 'work together and in partnership with all stakeholders for a sustainable healthcare system for the future' in Canada (Health Canada 2001) and 'refining the scope of standards for education, research and service delivery' in Global Consensus (https://healthsocialaccountability.org).

For the third theme of '*institutional structure and management*' nine recommendations were agreed upon. Socially accountable medical schools in this context need to establish an institutional culture that supports social accountability. Transparent, systematic and auditable mechanisms should be used in management processes. Schools need to continuously monitor and build a capacity to respond to the health needs of the society through education, research and service. For this purpose, appropriate institutional structures need to be established. Medical schools need to identify their institutional goals and objectives with the participation of internal and external stakeholders and share them with transparency. They need to plan, implement and assess their service, research and training in cooperation and collaboration with the civil society leaders, lawmakers, service providers and non-governmental organizations. Medical schools need to advocate for health promotion, take on leadership in social responsibility projects/studies enhancing stakeholder participation and create awareness in the society with relevant information and outcomes (Ellaway 2018). The recommendations in this theme is covered under the heading 'creating responsive and responsible governance of the medical school' in the Global Consensus document (https://healthsocialaccountability.org).

The educational program and its implementation play an important role in building a capacity of social accountability in the medical school (Murray et al. 2012). When comparing with other national (Health Canada 2001) and global frameworks (https://healthsocialaccountability.org), educational program and implementation in social accountability context were more comprehensively discussed and included in our study. Eighteen recommendations related to '*educational program and implementation*' were agreed upon and classified under four sub-themes in

the consensus study. A socially accountable medical school needs to be able to demonstrate that the curriculum is designed to meet the health needs of the community and educate graduates who have achieved the following educational goals and objectives: (1) who can investigate and monitor the present and future health needs of the society and the factors affecting health; (2) who can contribute to the solution of these needs and contributing to health policies; (3) who is a change agent and a health advocator who respects professional values and responsibilities and (4) is competent for lifelong learning and teaching (Murray et al. 2012; Galukande et al. 2012; https://healthsocialaccountability.org). The content of the curriculum of a socially accountable medical school needs to cover the primary health needs of the community and the communal, social, economic and environmental determinants of health locally and regionally. The curriculum needs to include the intended competencies for the graduates and the content to provide the basis of these competencies. The teaching and learning methods and strategies need to be designed to address social accountability within a multidisciplinary approach (Murray et al. 2012). Various teaching and learning methods and strategies such as outcome-based education, problem-based learning, active learning, on-the-job training, community-based and in-community education, inter-professional learning, among others could be used for this purpose. These methods and strategies need to ensure that physicians acquire competencies to fulfill their roles and responsibilities in the society. Medical schools also need to use a structured program evaluation to determine whether the changes made within the scope of social accountability meet the objectives of the curriculum. These evaluations need to be a part of continuous internal as well as external program evaluation system, which includes accreditation processes. The students and educators need to be included in planning, implementing and evaluating the educational program (https://healthsocialaccountability.org).

The last but not the least important theme that have been defined in this study is '*development and evaluation of social accountability*'. Eight recommendations were agreed upon under this heading in the consensus workshop. One of the main objectives of medical schools is the recognition and fulfilment of their social obligations which must be assessed by evaluation of their social accountability mandate. The pursuit and implementation of this objective should be regarded as one of the primary responsibilities of medical schools toward the society. It is essential for the medical schools to have a policy and governance that recognize social accountability and impact on society's health as its primary mission.

Accreditation standards and processes, which are powerful tools for institutional change and improvement, define principles that effectively evaluate the educational program characteristics of medical schools. The fact that there is a process for accreditation shows the efforts of medical schools to comply with certain standards and procedures. Internal evaluation is supported with an external evaluation done at periodic intervals, offering recommendations for improvement according to standards defined for education, research and service delivery in the process of accreditation. Social accountability is recognized as one of five areas of excellence for medical schools in the ASPIRE-to-excellence initiative by AMEE (Hunt et al. 2018; www.aspire-to-excellence.org). Accreditation is an important part of the Global Consensus document (https://healthsocialaccountability.org) as in our study.

Medical schools also systematically and periodically should evaluate their status related to social accountability by using qualitative and quantitative criteria that reflect their performance towards accreditation standards. Harmony to these standards is an indispensable task of socially accountable medical schools. For this purpose, medical schools should prepare education programs intended for both present as well as future health problems and needs of the society by establishing communication and cooperation with health institutions, organizations and the civil society. It is important to conduct this community-based program, within the framework of agreements with health institutions and managers in the region. Societal needs and priorities should be taken into account in determining the objectives and criteria for evaluating the education program. Within the social accountability assessment process, medical schools should benefit from the evaluation of other medical schools, students and patients as well as self-evaluation.

Conclusion

The Association of Evaluation and Accreditation of Medical Education Programs (TEPDAD-Turkey) planned this study with the aim to determine national recommendations for socially accountable medical schools in Turkey. These recommendations will serve to guide and support the medical schools develop a capacity for social accountability as they are specific and relevant for local circumstances. The recommendations were determined in two stages. A Delphi technique was used in the first stage which was composed of three rounds and 63 recommendations were determined and these were classified under five themes. Sixty-one members from 30 different institutions completed the three rounds of the Delphi study. The second stage was performed as a consensus workshop with 68 members from 39 institutions and 54 recommendations were finalized. These recommendations cover the health needs of the society, health service, all components of the education and development and evaluation of social accountability. We believe that one of the important aspects of this study is the high number of participants and institutions contributing to define these recommendations for the medical schools in Turkey.

The important issue is the conceptualization of the principles of social accountability of the medical schools institutionally. It was reported in a study done in South Africa that the action orientation of social accountability was understood, but the organizational and institutional context in which it is embedded was not understood by the medical students and preceptors (Clithero-Eridon and Ross 2020). TEPDAD embedded the principles of social accountability in its National Undergraduate Medical Education Standards at various headings to guide the schools to conceptualize and implement these principles. TEPDAD will continue to advocate social accountability for the medical schools by increasing the threshold implementing the

standards for accreditation related to the concept. The study report was disseminated to all of the medical schools and shared at TEPDAD's web page (www.tepdad.org.tr). Recently a study has been initiated with the Dean's Council of medical schools to determine the current level of social obligation in the schools. This will further enhance the development of the new standards and continue the efforts for advocacy of this social accountable medical school in Turkey. We believe this framework creating national recommendation including a wide range of institutions might be easier to be accepted and incorporated at the local level.

Limitations of this study are that the recommendations have not been evaluated at the medical school level and the problems related to the conceptualization are unpredictable. The study was conducted only with the representatives of accredited medical schools. More inclusive studies have been planned to cover all medical schools. This needs to be done after a certain period and modify the recommendations accordingly after implementation.

Recent COVID-19 pandemics is an important caveat for the medical schools to consider incorporating principles of social accountability in their practice with the aim to educate graduates with the competency to determine and meet the primary health needs of the society and be a change agent for the community. Implications of community-based education and/or education in the community will become more important as a tool to meet these needs of the society by the graduates and meet the needs of their students in an emergency. Socially accountable medical schools will handle such crisis easier.

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