Socially Accountable Postgraduate Canadian Residency Programs:

Within our professional responsibilities and publicly-funded health system in Canada, doctors must be accountable to the society they serve. This includes the entire spectrum of patients and communities from across our diverse geography and most particularly from Canadians experiencing health inequities. FMEC PG reaffirmed social accountability as one of the fundamental principles for postgraduate medical education in Canada. Socially accountable medical education engages, partners with and responds to the needs of communities and health-care stakeholders all across Canada and beyond. This applies to medical schools and their education partners, and the faculty, staff, students and residents who individually and collectively impact the health and health care of Canadians. This driving concept is woven through the FMEC PG recommendations. Recommendation #1 “Ensure the right mix, distribution, and number of physicians to meet societal needs” is directed at overall social accountability. Recommendation #2 “Cultivate social accountability through experience in diverse learning and work environments” is directed specifically at residency training.

Socially accountable residency programs in Canada provide residents with the opportunity to acquire the requisite competencies to address the priority health concerns with their patients and wider society. It is understood that social accountability exists on a continuum from the institutional to the individual, and that residency programs must identify and provide opportunity for the development of the individual practitioner competencies specific to the specialty in question so that as physicians they participate effectively in service to society as part of the profession’s collective response to societal needs. It also includes more general understanding and skills expected of our roles as professionals and citizens. Towards this goal, residency programs must clearly define and address the communities they serve, especially specific underserved, low health status populations with high needs that are a part of those communities. Residency training programs will need to develop assessment feedback mechanisms by which residents' competency acquisition with respect to social accountability and professionalism can be measured. Social accountability is being integrated into accreditation standards for all Canadian residency training programs.

By building in social accountability principles throughout residency education, new in-practice physicians will be better prepared to understand and address society’s evolving health care priorities including caring for those most in need. It cannot be merely an add-on or one time module in their training, but rather must actively transcend every aspect of the training, research and care.
environment of residency education. Medical schools and their residency programs must view implementing social accountability principles from both a top-down and bottom-up approach. There must be support at the institutional level, from the leaders and deans that set the strategic goals and mission of the school to ensure that residency training is a key component of the school’s social accountability framework. At the same time, programs, clinical teachers and residents need to be acutely aware of the benefits and actively involved in teaching and learning within a socially accountable framework, both for themselves as health care providers in fulfilling their Hippocratic Oath and for the patients they ultimately serve. Clinical teachers play a key role demonstrating, role modeling and including residents in their social accountability activities in their practices, communities and medical schools. Residency programs should thus pay particular and enduring attention to the informal and “hidden curriculum” to ensure they are demonstrating and encouraging positive models or, at minimum reflecting on negative examples.

Increasing social accountability in Canadian medical education is a progressive process that will enable postgraduate medical education to better train the physicians of tomorrow who individually and collectively will need to respond to the evolving health and health care needs of Canadians. The attached FMEC PG Guide to Improved Social Accountability in Medical Schools provides us with a snapshot of some great initiatives and ideas happening across the country, but is not an exhaustive list by any means. We encourage you to think about how some of these ideas and actions could be implemented in your own environment, and hope that you will share with your colleagues any future initiatives that you may come to be aware of over time. Thank you.