

## Are we socially accountable educators?

Social accountability is about ensuring greater equity in the delivery of services to communities, especially those that are poor and marginalised. A World Bank discussion document suggests that social accountability is manifested most strongly where there is good governance and an empowered community, which ultimately results in the increased effectiveness of developmental initiatives.<sup>[1]</sup>

This discussion is echoed in the reflections of the *Lancet* Commission of 2010 which calls for the transformation of health professionals' education across the world in an attempt to create graduates who are better able to read the communities they serve and respond appropriately to their needs.<sup>[2]</sup> The Commission's report places emphasis on the institutions that engage in educational projects becoming more accountable by increasing the co-operation between ministries of health and ministries that govern such projects.<sup>[2]</sup>

This idea is captured in the Evaluation Framework offered by THENet for the assessment of institutional accountability.<sup>[3]</sup> The framework essentially gives life to the original WHO definitions of social accountability which called for educational institutions to respond to the needs of reference populations or communities through their research, service and educational endeavour.<sup>[4]</sup> Perhaps the most important aspect of the questions asked in the framework are those in the section 'What difference do we make?'.<sup>[4]</sup>

It is the process of making a difference which becomes the most challenging part of what we do as health profession educators. An important part of making a difference is the development of a collective action in which we are able to convince the many role players of our integrity and sincerity.<sup>[5]</sup> Both these attributes are key components of social accountability, which calls for joint responsibility of health science educators, partners in the service delivery training platforms as well as the communities served.<sup>[3,4]</sup> In many ways the call by *The Lancet* Commission for the graduation of change agents from our health science schools is dependent on how well developed the teachers are as agents of transformation.<sup>[2]</sup>

Transformative learning has been characterised as using past experiences through reflective process and arriving at newly constructed paradigms for how to view the world and respond to its needs.<sup>[6]</sup> Teaching our graduates to be multidimensional practitioners has long been a theme in the competency-based discourse which is reflected in the evolution and application of the CanMEDS attributes.<sup>[7]</sup> These have gained wider recognition with the Health Professions Council of South Africa (HPCSA), embarking on a process of localising them to the South African context.

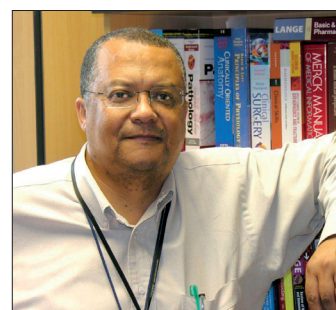
However, the achievement of a transformative learning paradigm is dependent on the development of transformative teachers. Kathleen Taylor challenges teachers to teach with the specific aim of development in mind and asks the question of teachers: 'What do you want your adult learners to walk away with at the end of your time together, developmentally speaking?'<sup>[8]</sup> If we are able to engage our learners with a developmental intent, then we are more likely to achieve learners capable of reflective examination of the communities in which they serve and in Taylor's words 'recognize the need for more just, humane, and equitable economic and social structures and to work towards achieving those goals'.

It is this goal that is the focus of the questions asked in the THENet's evaluation framework.<sup>[3]</sup> All of us in the health science education community and beyond (institutions, movements, associations and individual practitioners) would do well to keep the following questions in mind in all of our teaching and learning endeavours:

- How do we work?
- What do we do?
- What difference do we make?

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