

# Pan American Health Organization

***Cooperation between  
Academia and Services***

# **Social Accountability of Universities: Implications for Health Human Resources in Canada**

---

***Louise Nasmith,  
MDCM, MEd, CCFP, FCFP  
Professor and Chair  
Department of Family  
and Community Medicine  
University of Toronto***

# Overview

---

- ***Canadian Context***
- ***Trends in Health Training***
- ***Emerging Health Needs***
- ***Responses of Universities***
- ***Future Challenges and Directions***

# Canadian Context

---

- ***17 Medical Schools – University-based***
- ***Nursing:***
  - ***Faculties of Nursing***
  - ***Colleges for Nursing training***
- ***Other Health Professions:***
  - ***University programs:***
    - ***Bachelors***
    - ***Masters***
    - ***Doctoral degree***
  - ***Non-degree programs***

# Example: MD Training

---

- *4 year undergraduate medical programs*
- *Post-graduate: (since 1992)*
  - *2 year Family Medicine*
  - *4 ++++++ Specialty training*
    - *Up to 63 sub-specialty programs*

# Trends in Health (M.D.) Training

---

- ***Increase in Sub-specialization***
- ***Decrease in Generalism***
- ***Concentration in urban Academic Health Science Centers***
- ***Focus on In-patient experiences***

# Emerging Health Issues and Needs

---

- ***Shortage of physicians***
- ***Decreased access in both rural and urban areas***
- ***Increase in chronic illness***
- ***Increase in underserved populations***
  - ***Inner city***
  - ***Aboriginal***
  - ***Mental health***
- ***Team-based care***
- ***Patient safety***

# Social Accountability of Medical Schools

---

- ***“the obligation to direct their education, research and service activities towards addressing the priority health concerns of the community, region, and/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.” WHO***

# Principles

---

- ***Emphasis on: competence; patient-physician relationship; professionalism***
- ***Responsiveness to changing needs of the community and advocate for them***
- ***Conduct of curiosity-driven research and provision of evidence-based care testing new models to translate research into practice***
- ***Work with affiliated health care institutions, community, policy-makers to develop a shared vision of an evolving and sustainable health care system***

# Responses from Universities (Eg)

---

- **Distributed Models of Education**

- *University of British Columbia*

- *University of Ottawa*

- *Memorial University*

- *Dalhousie University*

# Responses from Universities (Eg)

---

- ***Generalist Curriculum***

- ***University of Toronto***

# Responses from Universities (Eg)

---

- ***Rural Initiatives***

- ***Northern Ontario School of Medicine***

# Responses from Universities (Eg)

---

- ***Shared Governance Model***
  - ***University of Saskatchewan***

# Responses from Universities (Eg)

---

- ***Interprofessional Models of Education:***
  - ***IECPCP Projects***

# Responses from Universities (Eg)

---

- ***Knowledge Translation***

- ***University of Ottawa***

- ***University of Toronto***

# Responses from Universities (Eg)

---

- ***Shift to Ambulatory Teaching***
  - ***National agenda***

# Responses from Universities (Egs)

---

- ***Distributed models of education***
- ***Generalist curriculum***
- ***Rural initiatives***
- ***Governance models***
- ***Interprofessional models of education***
- ***Knowledge translation***
- ***Shift to Ambulatory Training***
  
- ***Responsive to society's needs***

# Lessons Learned/ Future Directions

---

- **Health and Education need to be at the same table:**
  - ***Government***
  - ***University***
  - ***Service agencies***

# Lessons Learned/ Future Directions

---

- **Training needs to occur in the community**
  - *Move outside of hospitals*
  - *Focus on ambulatory patients*
  - *Teach community orientation*

# Lessons Learned/ Future Directions

---

- **Invest in Generalism**
  - *Role of departments of Family Medicine*
  - *Re-instill generalism in sub-specialty training*

# Lessons Learned/ Future Directions

---

- **Interprofessional training:**
  - *Driven by policy*
  - *Financial investment*

# Lessons Learned/ Future Directions

---

- **New formats for Continuing Professional Development**
  - *Part of university mission*
  - *Knowledge translation*
  - *Quality assurance*

# Implications for Health Human Resources

---

- *If universities do not endorse and act upon the social accountability imperative, health care professionals will be educated in a vacuum driven by their own needs rather than the needs of communities.*
- *Policy and funding are required to drive this mission and ensure that care providers are trained to deliver quality, patient and community-centred team-based care.*