

# POSITION STATEMENT

## AMA principles for creating socially accountable primary medical programs in Australia

2024

Embedding social accountability principles in medical schools and curriculums is an important tool to ensure diversity in medical graduates who are equipped with generalist skill sets and a willingness to work in areas of workforce shortage and/or in specialties of undersupply. The AMA recognises the World Health Organization's definition of social accountability as "the obligation to direct their [medical schools'] education, research and service activities towards addressing the priority health concerns of the community, region, and/or nation they have an authorization to perform."<sup>i</sup>

Encouraging social accountability of medical schools and other medical stakeholders will improve workforce diversity, deliver greater health outcomes, encourage graduates to work and train in specialties and areas of need, and allow the medical system to better respond to evolving health needs of communities. For the Australian context, this includes selecting and supporting students from a rural, regional, and remote background, students from low socio-economic backgrounds, Aboriginal and Torres Strait Islander students, and students from culturally and linguistically diverse backgrounds. This will improve the diversity and distribution of the future medical workforce.

Enabling a more diverse medical workforce and a culture of equity and inclusion will bring the diversity of perspective, experience, and expertise needed to address structural racism and discrimination in healthcare. Further, ensuring medical schools have a generalist curriculum and encourage career choices that reflect workforce needs will ensure medical graduates have a broad skillset and are ready to work in the specialties and locations required to meet the healthcare needs of communities.

### Social accountability in Australia

The Australian Medical Council (AMC) *Standards for Assessment and Accreditation of Primary Medical Programs* does not explicitly include standards for social accountability. There are however individual standards that can be interpreted as requiring socially accountable behaviours and outcomes from medical schools. There is a clear gap in Australian medical training systems where social accountable outcomes are not consistently defined, required, or enacted.

Australian medical training institutions should be compelled at a moral minimum to produce medical graduates who are equipped to address the current and future priority health concerns of the communities they will practice in. This lack of meaningful, socially accountable outcomes has consequences in terms of access to medical care for marginalised groups in Australia and entrenched medical workforce inaccessibility across geographies and specialties.

There are examples of Australian medical school programs that have adopted social accountability principles, such as James Cook University (JCU) Medical School. As of 2024, its program focuses on addressing the health needs of North Queensland communities. It includes a focus on rural, remote, Indigenous and tropical health content, and includes general practice and rural and remote community placements for all students, undertaken mostly in northern Australia.<sup>iii</sup>

## Principles

### Community engagement

Best practices and examples of medical schools engaging with local communities, especially rural, remote, First Nations communities, can be drawn from Canada. The Northern Ontario School of Medicine services an area the size of New South Wales with similar demographics and health priorities. The school has embedded its learning and engagement in partnership with local towns and communities.<sup>ii</sup> Medical schools should:

- Meaningfully engage and partner with their local community/communities, including community groups, community leaders, and partnering with local health systems and stakeholders.
- Actively engage with community through creative and positive means. For example, medical student and faculty led science camps for high school students, poster sessions for high school students and opportunities to present at conferences, rural immersion programs, inclusion in consultations, and research with communities.
- Ensure governance arrangements include representation and community input into decision making.
- Ensure student selection reflects the institution's local community and is reflective of postgraduate training opportunities.
- Provide medical students early and longitudinal exposure to community-based learning experiences, both in theory and practice, to understand and act on health determinants and gain appropriate clinical skills. This includes rural immersion opportunities enabling generalist learning and fostering curiosity and responsibility.

### Student selection

Medical workforce diversity is a key determinant and provider of health equity and should be a key pillar for medical school outcomes. A more diverse medical workforce paired with a culture of equity and inclusion helps address structural racism and discrimination within healthcare. It also provides the perspective, experience, and expertise to tackle community health inequities. Of note to the Australian context is the widespread understanding and agreement that medical students from a rural and regional background are more likely to practice in a rural and regional context.<sup>iii</sup>

Medical schools actively recruit medical students from a rural, regional, and remote background, students from low socio-economic backgrounds, Aboriginal and Torres Strait Islander students, LGBTQIASB+ students, students from culturally and linguistically diverse backgrounds, students with disability, and other underrepresented diversity groups in medicine.

The allocation of Commonwealth Supported Places (CSPs) must place clear obligations on medical schools to deliver demonstrable outcomes related producing a diverse medical workforce across diversity characteristics and geographies.

The medical school will support students from under-represented backgrounds with targeted mentoring, scholarships, and other supports that meet the identified needs of student.

The medical school's curriculum should provide career guidance, exposure to a range of clinical contexts, and health disciplines and professions.

#### Curriculum and generalism

Medical school curriculums that embed generalists allow for the flexibility to respond to emerging community needs. As part of their social accountability expectations, medical schools must:

- Have clear goals and perspectives on social accountability outlined in a social accountability charter. This charter will outline the institutions obligation to direct education, research, and service provision activities towards addressing the priority health concerns of their community, region, and wider health system.
- Undertake regular and consistent evaluations on their ability to fulfil its social accountability charter.
- Ensure curriculums and processes provide students with career guidance and support to enter specialties that are undersubscribed or in community need, such as general practice.
- Equip graduates with a range of competencies and generalist skills across the medical school curriculum.
- Encourage life-long learning and actively cultivate competencies such as problem-solving, advocacy, and cultural safety to prepare graduates for future leadership roles.

#### Staffing and location

At the core of supporting and building a diverse medical workforce at the undergraduate stage is the development of a skilled human resource capability that supports the delivery of medical education in areas of need. Medical schools should:

- employ and support staff and faculty that can reflect and deliver the university's social accountability expectations and goals. This includes generalist teaching provided by generalists.
- provide equal opportunities for students to have supported experiences in both primary and hospital settings
- encourage cross disciplinary learning and interactions with other health professions building and embedding lifelong professional collaboration.

### **Medical schools and the wider medical training system**

Specialist medical colleges also play a significant role in creating a diverse medical workforce and encouraging a generalist and sustainable rural workforce. The [2023 AMA Rural Medical Training](#)

Summit highlighted the challenges of training in rural and regional areas, the greatest barrier being a lack of access to training posts for non-GP Specialists in Modified Monash 3 – 7 areas. While university medical schools can develop a significant cohort of diverse, rural medical graduates, limited postgraduate training opportunities may hamper these graduates to further train and practice in rural and regional areas.

Similarly, creating a positive, supportive, and safe culture of medicine is key in maintaining a diverse and representative medical workforce. The 2023 Medical Training Survey found 20 per cent of trainees were considering a career outside of medicine. This figure rose to 28 per cent for Aboriginal and Torres Strait Islander trainees. The intention of social accountability is to ensure public investments in medical training institutions create outcomes acceptable to the Australian community; this is not occurring if trainees are leaving in significant numbers due to poor culture and working environments.

Finally, evaluation of social accountability outcomes cannot occur without a whole of medical training pipeline perspective. A Commonwealth Independent Health Workforce Planning and Analysis Agency (IHWPA) will need to be established to gather and evaluate whole of medical training pipeline data to ensure socially accountable outcomes are occurring such as the development of a generalist workforce and greater access to medical professionals in rural and regional areas.<sup>iv</sup> This IHWPA can respond to emerging community and workforce needs and recommend actions accordingly.

## Conclusion

This AMA principles document explores how medical schools in Australia can be held socially accountable for graduating medical students who are as diverse as the communities they serve, with the skill set to meet community needs, including an interest to work rurally and with a generalist skill set. Principles and standards for socially accountable outcomes for medical schools and specialist medical colleges are not well embedded within Australia, and Australian medical training stakeholders should look to comparable nations such as Canada to draw lessons from their own socially accountable programs. A whole of medical training pipeline perspective will be required to achieve this informed by robust medical workforce data and analysis.

## Further reading

[Strategies For Enhancing Equity, Diversity, and Inclusion in Medical School Admissions–A Canadian Medical School's Journey](#)

Joy TR. Strategies For Enhancing Equity, Diversity, and Inclusion in Medical School Admissions-A Canadian Medical School's Journey. *Front Public Health*. 2022 Jun 24;10:879173. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC9263367/>

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