

The Social Accountability Framework for Health Workforce Training (Version 2, June 2014)

Workshop Workbook

Training for Health Equity Network

Address: THEnet
54 Rue du Fosty
B-1470 Baisy-Thy
Belgium

Website: www.thenetcommunity.org
Community of Practice: www.thenetcommunity.org/cop

THEnet Social Accountability Framework for Health Workforce Training Workshop for: [...add School Name] Date: [...add date]

Introduction

This short workbook is intended to be completed during workshops held with [...add School name] and any other key stakeholders.

The aim of the workshop is to:

1. Improve awareness and familiarity with the evaluation framework for measuring social accountability in health professional education
2. Provide comment on the feasibility of the evaluation framework within our program
3. Discuss data collection and the availability of the data sources and measurement tools

Before the workshop:

- For each working group, print:
 - The full workbook
 - 21 copies of the questions (on page 23 of this workbook) so that you have one page of questions per key component
 - Full list of focus group questions

During the workshop:

1. Discuss each of the key components in relation to our program being measured (i.e. health professional program)
2. Answer the following questions as best you can, noting key points from your discussion:
 - i Are the measurement tool and data source available for our program?
 - ii Who holds this information? How easy will it be to collect?
 - iii In our School context, are there other measurement tools and data sources that may be more appropriate for the indicators and key components?
 - iv Do you feel each indicator is an important one for our School to measure?

After the workshop:

- Analyze the results across each workgroup
- Approach the school members who have been named as holding information, for a copy of the data in preparation for report writing.

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Section 1: What needs are we addressing?

Key Component	Our Aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
Who do we serve?	We recognize and define the communities we serve with particular reference to underserved populations	<p>We clearly define the communities and the areas or regions we serve</p> <p>We clearly define and emphasize underserved communities as groups we are aiming to serve</p> <p>Learners, educators, leaders and key stakeholders are aware of which regions and communities we serve</p> <p>Proportion of educators, learners and key stakeholders who have an awareness and understanding of reference communities and regions</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list.</p> <p>Document review: Types of documents used to determine whether we clearly defines the communities and regions we serve:</p> <ul style="list-style-type: none"> • School and university mission and vision statement • Strategic plan • Annual report • Course material and learner manuals • Documents and data describing reference populations

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Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered (suggested sources of evidence)
<p>What are the health needs of the community we serve?</p>	<p>We identify the priority health and social of the communities and regions we serve and hold ourselves accountable for addressing these needs.</p> <p>This is done in collaboration with groups who are affected by the schools activities such as communities, health services providers and local authorities (health service providers, managers and government).</p>	<p>We conduct a needs assessment to identify the priority health and health care needs of the communities we serve and we have a process to regularly review these needs</p> <p>We document inequity in health outcomes across the communities and regions that we serve</p> <p>Learners, educators and leaders can identify priority needs of the communities we serve</p> <ul style="list-style-type: none"> ○ Needs assessments are conducted in partnership with communities and others affected by the activities of the school ○ Awareness of community health and health system needs by majority of learners, educators and leaders <p>Process in place to evaluate whether we are meeting identified needs</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Types of documents used to determine the degree to which we have met this aim:</p> <ul style="list-style-type: none"> • Documents and reports describing the process or outcomes of needs assessment • Needs assessment tools referred to and used • Strategic plan <p>Suggested documents to identify the priority health needs of the communities we serve:</p> <ul style="list-style-type: none"> • The most recent national, regional and local surveys and reports of health needs (demographics, epidemiological data, mortality/morbidity, burden of disease and socio-economic data)

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Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What can be gathered? (suggested sources of evidence)
<p>What are the needs of our health system?</p>	<p>We identify the needs of the health we work in. This is done in collaboration with communities, health service providers, managers and government.</p> <p>We are active contributors to improving the health system of which we are a part and making it more equitable through and reform.</p> <p>We understand and are able to describe the health workforce required to meet the priority health needs of the communities and regions that we serve.</p> <p>We emphasize and increase the provision of and access to comprehensive primary health and prepare professionals who understand how to tackle social determinants of health</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Regional health workforce audit identifies gaps in regional health workforce across cadres of health workers</p> <p>Evidence of collaboration with health sector partners to identify needs, strengths and weaknesses of the regional health system</p> <p>Participation of school personnel on regional health planning and governance organizations</p> <p>Evidence of responsiveness or changes in school curriculum in response to health system and workforce needs assessment</p> <p>Number of and engagement with collaborative regional health service planning meetings</p> <p>Number and proportion of school leaders, educators and learners involved in influencing and developing key policies and practices to improve health services and policies, with a particular emphasis on primary health care.</p> <p>Proportion of educators and learners involved in advocacy and health system reform</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Types of documents used to determine the degree to which we have met this aim:</p> <ul style="list-style-type: none"> • Documents and reports describing the process or outcomes of needs assessment • Needs assessment tools referred to and used • Strategic plans detailing health system needs • University and school documents and/or data describing health workforce priority needs and plans to address them (e.g. accreditation documents, or documents demonstrating community partnerships) • Curriculum documents describing competencies aligned with health system needs • Documents describing clinical and community rotations embedded in the health system • University and school documents/web pages and/or data describing learner and staff activities that support the health system (e.g. accreditation documents, or documents demonstrating community partnerships) • Learner/staff reports/projects/research programs that support the health system • Educators/staff/learner membership of committees; local health boards; professional bodies that address health system and workforce reform. <p>Suggested documents to identify the needs of the health system:</p> <ul style="list-style-type: none"> • International, national, and regional health workforce articles, policies, reports and plans related to health system strengthening, guidelines on health workforce education reform, and needs assessments for health system strengthening

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Section 2: How do we work?

Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested source of evidence)
<p>What do we believe in?</p>	<p>We uphold and demonstrate shared values of social accountability as defined by THEnet.</p> <ul style="list-style-type: none"> • Quality • Equity • Relevance • Efficiency • Partnerships <p>(Values definitions can be found on the back page)</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Social accountability values are explicit and known and understood by our learners, educators and leadership</p> <p>Educators, leadership and learners and others partners affected by our activities, including community partners are able to give examples of how these values are put into practice</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Types of documents used to determine the degree to which we share the socially accountable values of Equity, Quality, Relevance, Efficiency, and Partnerships:</p> <ul style="list-style-type: none"> • School mission statement, vision statement and strategic plan • Annual reports • Course material and learner manuals • Educator recruitment and human resources policies and procedures (e.g. Educators must indicate how they adhere to these values as part of a recruitment or performance

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Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
<p>How do we work with others?</p>	<p>We partner with individuals, groups, the health sector and communities to design education, research and service activities that address the priority health and social needs of the communities we serve.</p> <p>Our partnerships reflect our genuine commitment to meaningful collaboration with communities, health services and health care providers.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Champions are identified and supported in our communities</p> <p>There are organizational processes for community, health sector or school initiated partnerships that can involve education, research or service activities:</p> <ul style="list-style-type: none"> ○ Principles and processes are defined in a Memorandum of Understanding or in a Terms of Reference, and are established with the input and agreement of all partners, especially for decision making and conflict resolution ○ Partners make clear and open communication an ongoing priority by striving to understand each other's needs and self-interests ○ Feedback among stakeholders in the partnership, improves the partnership and its outcomes <p>Partners share resources and the benefits of the partnership's accomplishments to develop an equal power among partners</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Types of documents used to determine the degree to which we work with others:</p> <ul style="list-style-type: none"> • Documents that describe programs of teaching, service and research designed and/or implemented with others • Evidence / documentation of community and health sector participation in school activities • Evidence / documentation of clear reciprocal benefits identified for both school and community in partnership outcomes • Meeting minutes and content, including action/outcome noted documenting collaboration/partnership • Memoranda of understandings with health departments and communities • Financial/infrastructure/ in-kind (time, etc.) audit of community co-contribution • An audit of human, financial, infrastructure, and time provided through partnerships • Learners Handbooks/manuals and policies/cultural manuals outlining roles and responsibilities • Community engagement policies (e.g. scholarships for learners to work/study in community)

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Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
How do we make decisions?	Strategic decision-making at our health professional school involves meaningful participation from all stakeholders.	<p>The following indicators will assess our progress towards the aims:</p> <p>Governance structure and processes ensure there is meaningful participation of key stakeholders in corporate, fiscal and academic governance:</p> <ul style="list-style-type: none"> ○ Important school decisions occur with key stakeholders, educators, leaders, and learners and decisions reflect their input ○ Feedback regarding concerns about important school decisions occurs with key stakeholders, educators, leaders, and students <p>Constitution or mission statement developed with input from key stakeholders</p> <p>Examples of changed policies/processes in response to stakeholder feedback</p>	<p>Measurement Tools:</p> <p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Types of documents used to determine the degree to which we have stakeholder strategic decision making:</p> <ul style="list-style-type: none"> ● Examples of changed policies/programs/services in response to stakeholder / community feedback ● School organizational chart ● Memorandum of Understanding (between school and stakeholder group) ● School mission statement/charter ● Minutes/meeting notes from key committees; and action outcomes ● Stakeholder feedback and consultation ● Membership of reference groups/community committees (including learner groups) ● Website or pamphlets: community page/information indicating how communities can engage with the school

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Section 3: What do we do?

Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
<p>How do we manage resources?</p>	<p>Resources are allocated to support stakeholder and community engagement within the reference communities and regions.</p> <p>Resources are allocated to the delivery of high quality programs in communities where there is the greatest need for the provision of high quality health services.</p> <p>We encourage reciprocal contributions between ourselves, the community and other stakeholders.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Resources for community engagement and program operationalization are distributed according to priority needs</p> <p>A significant proportion of school resources are distributed beyond main campus to other sites (community sites, placement sites, health sector teaching sites) (Absolute proportion to be decided based on school context and needs)</p> <p>Sufficient resources are available to operationalize the schools' strategic plan</p> <p>Communities and the health sector make and receive in-kind or financial contributions</p> <p>Key stakeholder satisfaction with resource allocation</p> <p>Documentation of partnership agreements for engagement with local communities</p> <p>Learner assessment results across sites are similar</p> <p>"Champions" are identified and supported in community and stakeholder groups</p> <p>Funding to support engagement and services in priority areas is sought from a range of sources</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Types of documents used to determine the degree to which we work with others:</p> <ul style="list-style-type: none"> • Review needs assessments and identify if programs are operationalized according to priority needs • Map external partnerships, including those formal partnerships with Memoranda of Understanding to identify if programs are being operationalized in priority areas of the reference population • Review of budget, indicating proportion of school resources allocated outside the main campus • Review evidence of grant funding supporting underserved populations (e.g. workforce plans and budgets) <p>If there is no school documentation, consider the following questions:</p> <ul style="list-style-type: none"> • How does the school allocate resources across its various programs? • What is the process for matching funding and resource allocation with priority needs? • What is the process for reviewing resource allocation across the school and who is involved in this process? • To what degree has the school allocated sufficient resources to all stakeholders involved in the planning and delivery of the health professional education programs to meet their needs? Can you provide examples to illustrate what you mean?

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Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
<p>Who are the educators and how are they trained?</p>	<p>We recruit and support educators who reflect the demographics of our reference population, the balance of clinical, biomedical and social sciences, and who support the principles of socially accountable health professional education.</p> <p>We engage and support community members and community health service providers as educators in a manner which strengthens local health services.</p> <p>We assess faculty performance and provide faculty development programs aligned with the goals of socially accountable health professional education.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Educator selection and promotion processes reflect a diverse mix of professional, cultural, social and community backgrounds</p> <p>Proportional representation and retention of underserved groups in academic, clinical, professional and supporting staff</p> <p>Use and recognition of community preceptors in underserved communities and across the region</p> <p>The role of community members and preceptors as educators is formalized through adjunct appointments</p> <p>Educator assessment and development programs designed to update and strengthen teaching and clinical skills relevant to priority health care needs identified</p> <p>Educators undertake training and development in cross-cultural skills</p> <p>Educators undertake professional development in effective community engagement</p> <p>Educator development programs accommodate diverse needs, producing adequate numbers of educators with up-to-date teaching and clinical skills that are relevant to priority health workforce needs</p> <p>Educators from underserved groups are supported and mentored (professional development)</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Types of documents used to determine the degree to which the school has met this aim:</p> <ul style="list-style-type: none"> ● Review the log of community preceptors and map their geographical distribution ● Audit of school human resource records for proportional representation of population groups amongst educators ● Audit of school human resource records for proportional representation of skills in clinical, biomedical and social sciences amongst educators ● Number of community-based preceptors active within the educational program and contribution to teaching hours ● Institutional policies on educator employment and promotion or affirmative action ● Policies and programs to support staff/faculty from underserved groups/community/cultures ● School adjunct policy and recognition of community members as educators <p>Suggested documents to identify the effective ongoing professional development of educators:</p> <ul style="list-style-type: none"> ● Improvement of teaching delivery through curriculum evaluation, including learner feedback on teaching ● Improvement of service delivery through curriculum evaluation including community placement reports ● Evidence of training programs offered and attendance at these programs by educators and stakeholders ● Regular input from educators to determine needs for new and ongoing professional development ● Proportion of educators who have undertaken cross-cultural training ● Proportion of educators appropriately trained for their roles in providing socially accountable education ● Audit of educator retention rates and faculty promotion rates

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Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
<p>What do our learners learn?</p>	<p>We have a curriculum that embeds the THEnet values of quality, equity, relevance, efficiency and partners, the principles of primary high quality health care and integrates basic and clinical sciences with population health and social sciences.</p> <p>Our program trains learners to address the identified priority health and health system needs of the communities and regions that we serve (especially underserved populations).</p> <p>We assess the learners' acquisition of competencies relating to working in underserved areas and addressing health inequity.</p> <p>Our learners are learning to be highly competent health professionals with a commitment to learn about the health, cultural, and social needs of their community, with a focus on the needs of underserved groups.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>The education program, including curriculum content, reflects identified priority health, cultural and social needs of the community</p> <p>We define the knowledge, attitudes and skills needed to meet the health needs of the populations and regions we serves</p> <p>Number or proportion of curriculum weeks allocated to high priority community health needs</p> <p>Curriculum design, delivery, assessment and evaluation reflects the:</p> <ul style="list-style-type: none"> ○ Desired graduate attributes ○ Principles of primary health care and ○ Integration of basic and clinical sciences with population health and social sciences <p>Assessment focuses on competencies that will best prepare learners and graduates for meeting the health needs of communities, with an emphasis on primary health care and professionalism</p> <p>There is a strong alignment between the school's community needs assessment outcome and the desired graduate competencies</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Suggested documents to identify how the education program reflects priority health and social needs:</p> <ul style="list-style-type: none"> ● Needs assessment findings and the alignment of these with graduate competency or outcome documents ● Curriculum documents – planning documents, workshops presenting curriculum, and publications ● Curriculum database (and the alignment of learning objectives and relative weighting with priority health needs) ● Assessment blueprint documents

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<p>How do our learners learn?</p>	<p>Our training and teaching methods are based on the best available knowledge and are relevant and appropriate to the needs and context of learners.</p> <p>Teaching methods are student centered, service-based, case or problem-based and the learners learn in context.</p> <p>Our learners learn through a curriculum developed in partnership with key stakeholders, and through direct experience with the community.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>The curriculum methodology provides learners with:</p> <ul style="list-style-type: none"> ○ Learning experiences with adequate exposure to priority health needs and inter-professional providing learners with cases and experience to become familiar with the priority health and cultural issues impacting the community ○ Contextually appropriate simulation prior to community placement and engagement <p>Learner satisfaction with curriculum approach and methodology is reviewed on a regular basis</p> <p>Learner satisfaction with curriculum approach and methodology is consistent and of high standing</p> <p>Inter-professional education opportunities are available to learners</p> <p>Assessment is designed to assess the acquisition of the knowledge, skills and behaviors required by socially accountable practitioners in responding to health needs of underserved populations</p> <p>Teaching methodologies are aligned with socially accountable practice and values</p> <p>Teaching methodologies are relevant and appropriate to learner's needs and context</p> <p>Length of time learners spend in supported, educationally sound placements is congruent with learning needs</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Suggested documents to identify the education methodology reflecting priority health and workforce needs:</p> <ul style="list-style-type: none"> ● Learner handbooks ● Curriculum database in which learning objectives align with priority health needs ● Accreditation documents in which methodology of curriculum is discussed ● Learner community placement reports (access to and opportunities for learner inter-professional experiences) ● Learner assessment including community and health sector feedback/evaluation on learner performance during clinical placements

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<p>Where do our learners learn?</p>	<p>Our learners learn both on campus and in community-based off-campus teaching sites. Our education program provides learners with exposure to the broad spectrum of health including learning at sites where they will be exposed to the priority health, workforce and social needs of the communities we serve, as defined by communities.</p> <p>Community placement sites are chosen to provide rich exposure to priority health needs whilst learning in the context in which they will practice.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Number of opportunities for learners to learn through placement opportunities in the community:</p> <ul style="list-style-type: none"> ○ Total numbers of 'learner weeks' spent practising in community placements and health services and in primary care ○ Total number of 'learner weeks' spent practising in tertiary teaching hospitals <p>Number of 'learner weeks' of placement in the community with underserved communities</p> <p>Geographical distribution of placement sites closely mirrors the distribution of the population</p> <p>Stakeholders involved in creation and evaluation of community placements</p> <p>Continuity of community and clinical experience throughout the curriculum, with the length of time learners spend in placements congruent with learning needs</p> <p>Placement occurs in the community where there are priority health, workforce and social needs:</p> <ul style="list-style-type: none"> ○ Needs have been defined through a health needs assessment <p>Process of selection for teaching sites is clearly defined:</p> <ul style="list-style-type: none"> ○ Provide adequate learner exposure to priority health needs while learning in context ○ Teachers are educationally sound and the teaching outcomes are congruent with learner learning needs ○ Safety of learners in the community is a priority <p>Clear guidelines are provided for learners as to their selection of placement location</p> <p>Clear demonstration of partnerships with community in terms of off-campus teaching site selection</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document Review: Suggested documents to identify the community and clinical experiences reflecting learner and health service needs:</p> <ul style="list-style-type: none"> ● Community profiles of placement sites showing demographic and health indicators ● Learner placement policies and databases ● Learner community placement reports ● Community evaluation of community placements

Equivalence of assessment results across teaching sites

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Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
<p>Does our research program relate to the mission and values of our school?</p>	<p>The research agenda reflects the priority health and health system needs of the communities and regions we serve.</p> <p>The research agenda is developed and undertaken in partnership with key stakeholders.</p> <p>The research agenda has a focus on participatory and action-focused methodologies.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Proportion of school research projects that are community based or community-related and involve community members and other key stakeholders</p> <p>Proportion of research projects that focus on solving priority health and health service issues.</p> <p>Demonstration that research projects focused on solving priority health and health service issues are:</p> <ul style="list-style-type: none"> ○ Culturally appropriate ○ Affordable and sustainable, and ○ That the proposed solutions are achievable <p>Number and proportion of research projects employing participatory methodologies</p> <p>Demonstrated research priority agenda that reflects social accountability values and aligns with regional priorities</p> <p>Increasing proportion of research output (publications and grants) aligned with the priority health needs of the communities we serve is increasing</p> <p>Demonstrated translational impact of our research on health services, health outcomes, policy and practice</p> <p>Number of internal school grants and higher degree by research scholarships that focus on research with the communities and regions we serve, especially underserved communities</p> <p>Percentage of research higher degree and honours learners undertaking projects addressing priority health needs</p> <p>Record of community requests for partnerships and projects and actual projects and partnerships</p> <p>Memoranda of Understanding between school and partners involved in participatory research</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Suggested documents to review the research program and agenda:</p> <ul style="list-style-type: none"> ● Research strategy document (including how this links with findings from the needs assessment) ● Research database or list of projects (or list of ethics applications may be an alternative) ● Audit of school research grants and publications ● Audit of higher degree research and honours learners and their projects ● Audit of community requests for partnerships and projects ● Research or school reports or accreditation documents that outline translational impact of research on policy or practice

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Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
<p>What contribution do we make to the delivery of health care?</p>	<p>Educators and learners are involved in service delivery related to improving the health of the communities and regions we serve.</p> <p>This service learning reflects the future working environments of graduates.</p> <p>Educators and learners are involved in community development and capacity-building.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Learners provide services as part of their training that benefit local communities:</p> <ul style="list-style-type: none"> ○ Learners contribute to access or utilization of care ○ Learners contribute to community development projects <p>Percentage of time of educators and learners directly involved in service delivery</p> <p>Number and proportion of joint appointments between education and health care organizations</p> <p>School reviews activities in response to community feedback on needs</p> <p>Service learning is valued within the program by educators, learners, leaders and key stakeholders</p> <p>Number of learner projects undertaken in partnership with the community</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: suggested documents to review:</p> <ul style="list-style-type: none"> ● Human resource policy on health professional work for educators ● List of adjunct educators and their service provision and education/training in the community, including voluntary work ● List of employed educators and their service provision and education/training in the community, including voluntary work ● Human resource documents (joint appointments) ● Records of learner service activity and projects including: <ul style="list-style-type: none"> ○ Learner training and placement records ○ Learner placement diaries (assessments) ○ Learner projects in community ● Changed policies or guidelines on service learning in response to community feedback

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Section 4: What difference do we make?

Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
Where are the graduates?	Graduates are distributed according to the population and health needs of the communities and regions that we serve, where they can best address health inequities and strengthen the health system.	<p>The following indicators will assess our progress towards the aims:</p> <p>Location of graduates closely mirrors geographical distribution of health needs in the communities and regions we serve</p> <p>Proportion of graduates who remain working with the communities and regions we serve or similar communities five years after graduation</p> <p>Number/proportion of graduates working with underserved communities (as defined in needs assessment)</p> <p>Number/proportion of graduates working in identified areas of health workforce shortage</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: Types of documents used to determine the degree to which we work with others:</p> <ul style="list-style-type: none"> • Internal graduate tracking processes • Alumni tracking processes • School publications • Regional health workforce documents or maps

THEnet's Socially Accountability Framework for Health Workforce Training

Key Component	Our aims (aspirations)	How do we know we are achieving our aims? (indicators)	What data can be gathered? (suggested sources of evidence)
<p>What are our graduates doing?</p>	<p>Our graduates provide care well suited to the health needs of the communities and regions that we serve.</p> <p>They focus on generalist disciplines providing comprehensive primary health care (with attention to the social determinants of health).</p> <p>We produce graduates technically, socially and culturally suited to address the health and social needs of communities and the health system.</p> <p>Our graduates are active in advocacy and broader health systems reform.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Graduate knowledge, attitudes and skills are appropriate to their practice and setting</p> <p>Evidence that gaps in health services in priority areas of disadvantage are being addressed by local graduates</p> <p>Number and proportion of graduates engaged in providing primary health care (addressing the social determinants of health)</p> <p>Distribution of graduate specialization is proportional to health workforce and health service need</p> <p>Balance of graduates working in public versus private system, urban versus rural areas, primary versus secondary versus tertiary care settings reflects priority workforce and health care needs</p> <p>Number and proportion of graduates undertaking postgraduate studies for specialization so they can better address priority needs of community and health workforce (focus on generalism and generalist specialists as needed)</p> <p>Graduates are recognized by community and government as key advocates</p> <p>Number and proportion of graduates in leadership roles within health services</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Focus Group / Interview Questions: See full list</p> <p>Document review: suggested documents to review:</p> <ul style="list-style-type: none"> • School publications to review alumni information • Accreditation documents outlining national competency requirements for health professional graduates • School database tracking graduate outcomes • Regional health workforce documents or maps • Regional or national registration or licensing databases (where available)

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<p>How do we support our graduates and other health workers?</p>	<p>We are involved in the continuum of health professional education and support health workers in general to promote access, quality and efficiency of health care.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Number and uptake of continuing professional development programs offered by the school to support graduates to work in areas addressing priority health needs</p> <p>Number and uptake of continuing professional development programs for graduates to be involved in teaching</p> <p>Number and proportion of graduates participating in continuing professional development appropriate to practice and setting</p> <p>Number and proportion of graduates who use the graduate support programs provided in areas of priority health need</p> <p>Number and proportion of alumni available to mentor learners and new graduates</p> <p>Number and proportion of graduates who become adjunct academic tutors, or adjunct supervisors in clinical practice</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Document review: suggested documents to review:</p> <ul style="list-style-type: none"> • Continuing professional development policies and process and Memoranda of Understanding with postgraduate training providers • School human resources and clinical placement databases • School adjunct and clinical appointment policies <p>Audit of existing adjunct tutors and clinical supervisors:</p> <ul style="list-style-type: none"> • Assess for longitudinal participation • Satisfaction with existing levels of support and training • Assess for ongoing support required

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<p>How have we shared our ideas and influenced others?</p>	<p>We are engaged in a continuous process of critical reflection and analysis with others and disseminate these learnings in many ways.</p> <p>We influence policy makers, education providers, and other stakeholders to transform the health system.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Number of relevant publications (including number of joint publications and citation rates)</p> <p>Increasing number of hits and views on school website</p> <p>Number of relevant conference presentations</p> <p>Media appearances or press releases related to social accountability and health professional education (and coverage in social media)</p> <p>Partnerships with relevant stakeholders including other universities</p> <p>Educator and learner exchanges</p> <p>Examples of policy changes in response to school influence</p> <p>Active membership of and contribution to professional organizations</p> <p>Number and topic of relevant joint research projects</p> <p>Number and site of peer education and mentoring visits</p> <p>Number of requests for collaboration</p> <p>Evidence of continual improvement in response to critical self-reflection</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Document review: suggested documents to review:</p> <ul style="list-style-type: none"> ● List of relevant school publications and conference presentations ● Citation metrics of relevant publications ● School website activity and metrics ● THEnet website activity and metrics ● Community meetings or newsletters ● Register of academic exchanges and/or community visitors ● Annual and financial reports ● Number of benefactors supporting the school ● Register of involvement of school staff as office holders in non-profit and professional groups ● Accreditation visits and external examiners reports ● Policy records and quality improvement frameworks ● Proof of research utilization ● Documents listing responses to evaluation and self-assessment <p>Consider social network analysis to map and measure relationship between people, groups, organisations, and community. Also can be used to measure dissemination of learning.</p>

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<p>What impact have we made with other schools?</p>	<p>We actively engage with and support other institutions across national boundaries to progress socially accountability health professional education.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Number of schools joined in socially accountable projects or recognizing social accountability as a core value</p> <p>Changes to educational programs in other schools as a result of interaction with our school</p> <p>Increasing number of enquiries from other health professionals about social accountability</p> <p>Schools assisted to adopt socially accountable health professional education</p> <p>Relevant joint research projects:</p> <ul style="list-style-type: none"> ○ Number ○ Topic <p>Number of publications and conference presentations (and citation metrics)</p> <p>Number and site of peer education and mentoring visits</p> <p>Mentoring ties and buddy relationships between schools</p> <p>Site visit to other schools</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Document review: suggested documents to review:</p> <ul style="list-style-type: none"> ● School website and social media sites (tracking system of hits and participation) ● Number of requests for collaboration ● Meeting notes ● Joint publications and conference papers with citation metrics ● Documentation of mentoring relationships ● Record of joint projects and project outcomes <p>Consider social network analysis to look at relationships between schools and the strengths of these ties</p>

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<p>What difference have we made to the health of the communities and regions that we serve?</p>	<p>We improve the health and wellbeing of all in the communities and regions that we serve, with a particular focus on the health of underserved populations.</p> <p>We have a positive impact on priority health and social needs of our communities.</p> <p>We are recognized agents of positive change by our partners and key stakeholders in the community.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Improved health indicators across the communities and regions that we serve:</p> <ul style="list-style-type: none"> ○ Mortality rates, ○ Morbidity rates, ○ Preventable hospitalizations <p>Reduced inequity in health outcomes across the communities and regions that we serve</p> <p>Improvement in education completion and employment rates across the communities that we serve</p> <p>Increasing community satisfaction with care</p> <p>Improved measures of access to care for all</p> <p>Access to health education opportunities</p> <p>Improvement in community engagement with health services</p> <p>Models of partnership that reflect social accountability values</p> <p>Numbers of community meetings held and joint activities and level of participation</p> <p>Perceived impact of school by key stakeholders in the community and health service</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Document review: suggested documents to identify how we have influenced each other:</p> <ul style="list-style-type: none"> ● National and local health surveys and statistics ● Number of health services provided ● National and regional mortality and morbidity data ● Preventable hospital admissions data ● Memoranda of Understanding (or other arrangements with key stakeholders) ● School annual reports ● Social, economic, employment and infrastructure data for populations <p>Audit of health outcomes:</p> <ul style="list-style-type: none"> ● Where data is not already collected and aggregated, a school might need to audit and collect data about health status and health service utilization, and work with the health system to strengthen systems for recording this information.

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<p>What difference have we made to the health system in our region?</p>	<p>In partnerships with stakeholders we contribute to the transformation of health systems to be of better quality, more equitable and cost effective as well as more relevant to the health needs of our reference populations.</p> <p>We improve access to and the quality of health care for the communities and regions that we serve.</p> <p>We help the health system to deliver health services in a way that optimizes cost benefit.</p> <p>We are recognized agents of positive change by our partners and key stakeholders in the health system.</p>	<p>The following indicators will assess our progress towards the aims:</p> <p>Improvement in health workforce numbers and retention across the region</p> <p>Demographic data of those accessing health services closely mirrors the demographics of those with priority health care needs</p> <p>Availability and distribution of health services in the region better aligns with priority health needs of the community</p> <p>Improving cost benefit of service provision (better outcomes for the same or lower cost)</p> <p>Demonstrable improvement in quality improvement processes within the health system (and commitment to continuous quality improvement)</p> <p>Improved safety record within the health system</p> <p>Demonstrable changes in health care policy and/or health service delivery as a result of the school's activity</p> <p>Models of partnerships reflect social accountability values</p> <p>Perceived impact of medical school by health service personnel</p> <p>School personnel in positions of responsibility within the health system</p>	<p>Use one or more of the following methods to gather data to assess progress towards aims:</p> <p>Document review: suggested documents to identify how we have influenced each other:</p> <ul style="list-style-type: none"> • Regional data about health workforce adequacy and retention or stability • Health service policies around quality improvement and safety • Health service utilization data • Health service budget and resource allocation • Memoranda of Understanding (or other arrangements) with key stakeholders • School annual reports • Human resources records

Questions to be asked of each key component:

Questions for (key component?)	Response	Comments/Additional Information
Are the measurement tool and data source available for our program?	Yes [] No [] Unsure []	
<ul style="list-style-type: none"> • Who has key responsibility for the measurement tools and data sources? <p>How easy will it be to collect?</p>	<p>Name/s:</p> <p>Easy – info already being collected []</p> <p>Moderate – info not being collected but tools are available []</p> <p>Difficult – Info is not being collected []</p>	
Are there other measurement tools and data sources that may be more appropriate for the indicators and key component?	Yes [] No [] Unsure []	
Do you feel <u>each</u> indicator is an important one for our School to measure?	Yes [] No [] Unsure []	

Definitions: Values of social accountability as defined by the Training for Health Equity Network

Quality	The degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge. These health services must be delivered in a way that optimally satisfies both professional standards and community expectations.
Equity	The state in which opportunities for health gains are available to everyone. Health is a social product and a human right. Health equity (that is, the absence of systemic inequality across population groups) and social determinants of health should be considered in all aspects of education, research and service activities. This incorporates the principles of social justice, or addressing the unequal distribution of resources, and universal access to education.
Relevance	The degree to which the most important and locally relevant problems are tackled first. This incorporates the value of responsiveness to community needs. In addition, it incorporates the principles of cultural sensitivity and competency. Cultural competency is defined as the process of removing barriers to effective and open communication in the service of a patient.
Partnership	Partnership with all key stakeholders in developing, implementing and evaluating efforts is at the core of THEnet schools' activities. This value includes partnerships between and among all stakeholders, including faculty and students, communities being served, all health and education system actors, the school, and the larger academic and social accountability community. It incorporates the value of mutual transformation. This equips students and faculty to be agents of change, and open to be changed, through their partnerships. It also incorporates the value of inter-professionalism. This is a belief that all health professionals must respect one another's knowledge and culture, and understand the role that each team member plays on the health-care team. Inter-professionalism includes the key features of partnership, participation, collaboration, co-ordination and shared decision-making. Where inter-professionalism is practiced, health professionals from all disciplines work together as teams with, and in service of, the patient and the whole community.
Efficiency	This involves producing the greatest impact on health, with available resources targeted to address priority health needs, and incorporates the principle of cost-effectiveness.