

History

Accountable Education

The primary health care (PHC) strategy as a major step towards reaching the Health for All by the year 2000 was suggested with the emergence of the new health concept and the call for global changes in medical education, which began at its first World Assembly in 1978 in Alma-Ata, Kazakhstan. Then, the need for change in medical education programs based on community needs and the future role of physicians in the next century has led to a change in medical education programs following World Conference on Medical Education, Edinburgh, Scotland, 1988. So that, graduates' abilities increase in identifying health problems of the community and patient care and maintaining the health of the people, which led to changes in the programs of general medicine education.

Medical education had widespread success in the twentieth century. Certainly, the training of thousands of expert forces, at various levels in medical sciences, played a major role in reducing mortality. However, medical education, especially in the last two decades of the twentieth century, faced with serious criticism from experts and practitioners, as a result, many specialized associations, organizations, and specialists have demanded changes and major reforms in medical education. Although the demand for reform is by no means to ignore the efforts of the past, the speed of changes in the health system and the community needs make a revision of medical education necessary to train physicians in accordance with the problems of the twenty-first century and how to confront with them. Some criticisms of medical education, especially in the last two decades of the twentieth century, include:

- 1. Overcoming the proportion of specialist forces against public service*
- 2. Over-Concentration of educational content on the treatment of diseases*
- 3. Lack of a serious place of teaching medical ethics in curriculums*
- 4. The lack of alternative medicine in medical education*
- 5. Lack of training in social and human sciences*
- 6. Focus on hospital education*
- 7. Lack of training on end stage patients*

The lack of proportion between specialization and holism in medical education has led to the fragmentation of comprehensive concepts in health and medical education, which has left some educational practitioners without comprehensive and holistic health insights. After raising the primary health care (PHC) strategy in Alma-Ata, the idea of education and service provision integration in the world's scientific communities was introduced. Currently, integrating in science and medical services can be seen in 30% of the American Medical Schools are, examples of which are at universities in Pennsylvania, Michigan, New Mexico, North Dakota, North Carolina, Mayo Clinic and Duke University. Master Mac University, Canada, Glasgow, England, Maastricht, Netherlands, and Suez Canal University, Egypt are also universities that medical education is integrated with health services in various degrees. Participation in the academic field of medicine and medical services in 1995 was discussed at the Eastern Mediterranean Conference in Al-Ain, UAE, in 1997 and in Barcelona Assembly in 1997 and the accountability of medical faculties against the needs of the community were emphasized. This idea was supported by the World Federation of Medical Education and WHO, UNFPA and UNICEF.

In our country, Iran, the responsibility of education and human resources training of health sector has given to Ministry of Health, treatment and Medical Education since 1985 in which the ministry was established and the integration of education and service, one of the best solutions to the improvement of medical education programs, was fulfilled with this fundamental step because the ability of a physician to better respond to community health needs depends on the availability of appropriate learning areas throughout the course of medical education. Therefore, learning to meet the real needs of society was defined as one of the planning policies. But in Iran, the history of this movement dates back to 1972, when the Minister of Science and Higher Education, in collaboration with a number of faculty members and experts from the Ministry of Health and the World Health Organization, reviewed the status of the health and medical education system and the result was published in four volumes of the book entitled A Way to Health. In this collection, a model for creating a health-care network and integrating medical education and health services as a revolutionary plan is presented.

Despite the organizational and structural integration of the Ministry of Health and Medical Education, the full operational integration at various levels has not fulfilled. The desirable benefit from the progressive philosophy of integration is to achieve a comprehensive analysis of the current situation so that, future steps can be taken based on scientific evidence in order to maintain national interests and promote the quality of education and medical services with full confidence and prevent the waste of power, capital and reprocessing.

Given the above history, it seems that the community-oriented subject in medical education in terms of accountability to the real needs of the community has traversed a turbulent path. The integration of education in the provision of services has not yet been able to meet the real needs of society after twenty years as it should be. Therefore, medical education should be taken into consideration widely and deeply in this regard. Community-oriented is a concept that needs more attention than ever before to provide services in the related fields of medical sciences for the time being. In spite of the remarkable successes in this field, it should be acknowledged that there is still a long way to fully implement community-oriented medical education at the universities of the country and the reasons for this problem are barriers such as the non-involvement of clinical departments in this regard, lack of funds, lack of appropriate units (areas), doubts about the necessity of community-oriented medical education, etc.