

Establishing a Centre of Excellence for Social Accountability in Health at Universiti Malaya: A Scalable Innovation in Health Professions Education

By: Sajaratulnisah Othman¹, Choo Wan Yuen², Fadzilah Hanum Mohd Mydin¹, Kamal Solhaimi Fadzil³, Mohd. Nazri Abdul Rahman⁴, Rizawati Ramli¹, Umul Hanim Yusoff¹

¹Department of Primary Care Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia

²Department of Social and Preventive Medicine, Faculty of Medicine, Universiti Malaya, Kuala Lumpur, Malaysia

³Department of Anthropology and Sociology, Faculty of Arts and Social Sciences, Universiti Malaya, Kuala Lumpur, Malaysia

⁴Department of Educational Psychology & Counselling, Faculty of Education, Universiti Malaya, Kuala Lumpur, Malaysia

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Abstract

Malaysia continues to face disparities in healthcare access, particularly between rural and urban areas. Although medical students engage in community programs, these opportunities remain inconsistent and lack formal evaluation, leaving their real impact on students' sensitivity to health equity unclear. To address this, Universiti Malaya will be launching the Centre of Excellence for Social Accountability in Health (SAHUM), a pioneering initiative that integrates fragmented community initiatives under one strategic institution. Guided by a detailed logic model and grounded in the World Health Organization's social accountability framework, SAHUM utilizes the Institutional Self-Assessment Tool (ISAT) and local partnerships to drive meaningful transformation. In the short term, it aims to enhance empathy and awareness among students and staff; in the medium term, it seeks to build stronger clinical engagement and readiness to serve underserved communities; and in the long term, it aspires to reform educational and healthcare systems across ASEAN. By embedding social accountability into national accreditation standards, SAHUM also serves as a catalyst for sustainable policy change. This article offers an actionable blueprint for institutions seeking meaningful equity-oriented reform and cross-border collaboration in health professions education.

Introduction

Universiti Malaya (UM), established in 1949 as the first national university in Kuala Lumpur, houses Malaysia's oldest Faculty of Medicine. Its roots trace back to the original King Edward VII College of Medicine, which was founded in 1905 (Lim 2008). As the first medical school in independent Malaysia, UM has played a foundational role in national health workforce development. Unfortunately, significant inequities persist in healthcare access: Malaysia's average density of doctors in public primary care settings was just 2.9 per 10,000 population in 2010, far below international benchmarks (Lim 2008). In addition, rural areas reported only 1.1 doctors per 10,000, compared to 1.5 per 10,000 in urban regions,

highlighting a marked urban–rural disparity in medical coverage (Tan et al. 2024; Lim et al. 2017).

While medical training in Malaysia remains overwhelmingly hospital-based, short-term community placements exist to provide students' direct engagement with the community. However, these are neither consistent nor formally assessed, making their effect on student attitudes toward health equity unclear (Nadarajan et al. 2020; Ab Rahman et al. 2019). Furthermore, Malaysia's medical education system seems to lack a specific mechanism to assess whether graduates develop the necessary skills and values to address community health priorities.

Reinforcing global best practices, the World Health Organization emphasizes social accountability in health (SAH). This is defined as the obligation of institutions to ensure education, research, and service directed toward priority health concerns, which are identified collaboratively by governments, healthcare systems, and communities' health needs. Social accountability in health incorporates principles of relevance, equity, quality, and cost-effectiveness in health matters (Taha et al. 2023; Boelen and Woollard 2009).

Universiti Malaya's community programs, such as the Community Residency Program, Community Oriented Primary Care, and Baktisiswa, embody social accountability values but remain isolated and lack institutional integration (Universiti Malaya Medical Society (UMMEDSOC) 2025). Given Malaysia's commitment to Universal Health Coverage (UHC) and Sustainable Development Goals (SDGs), and amid rising health inequities, there is an urgent need for a strategic alignment of health professions education with national and community priorities (Star 2025).

This article aims to describe the formation of the Centre of Excellence for Social Accountability in Health at UM (SAHUM) as a scalable innovation, and to propose how embedding social accountability into national accreditation frameworks can drive systemic transformation in medical education.

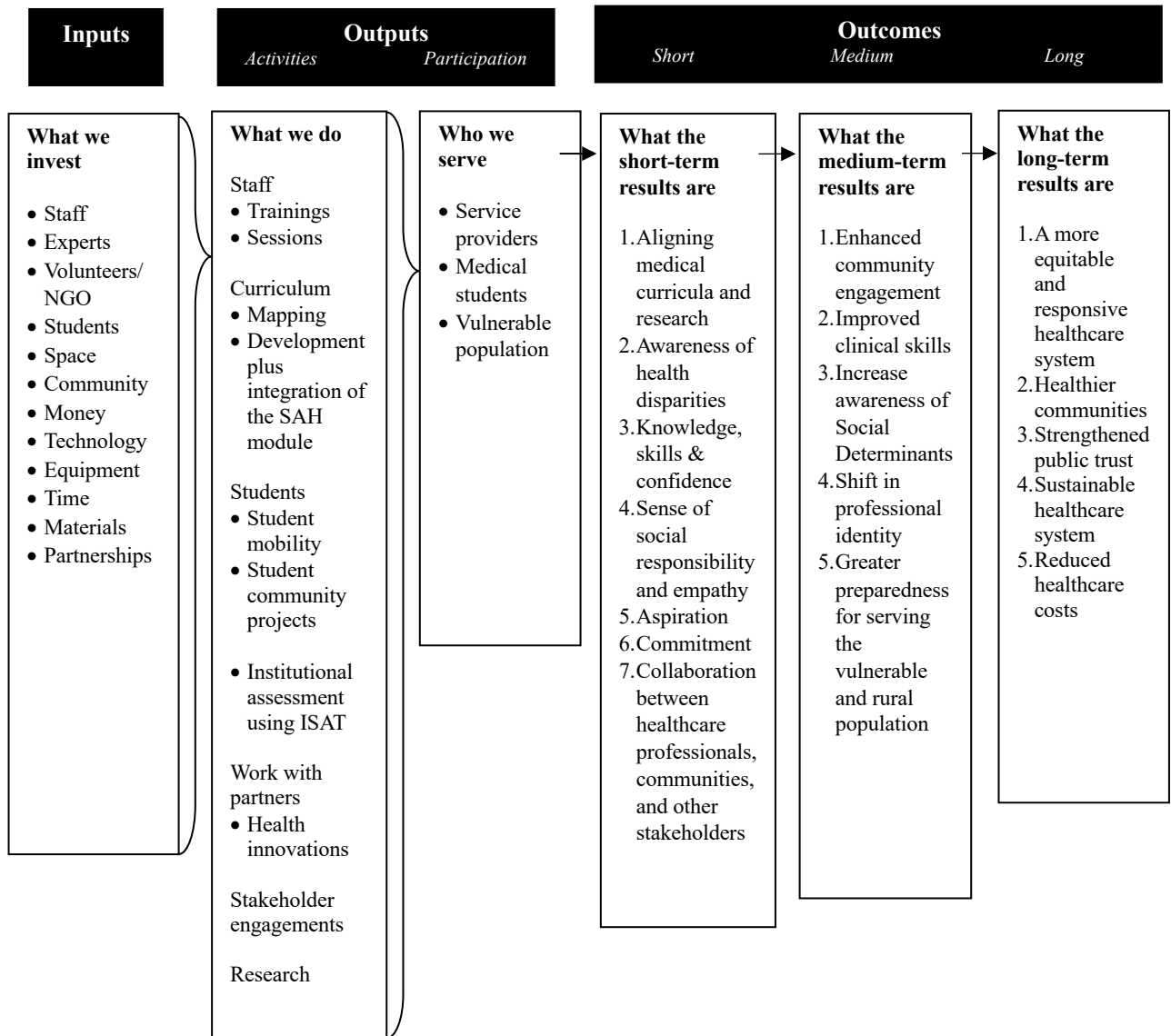
Theory of Change & SAHUM Logic Model

Social accountability extends from responsibility through responsiveness to full accountability, requiring documented health impact (Taha et al. 2023; Boelen and Woollard 2009). Global accreditation frameworks, including the World Federation for Medical Education (WFME), the Liaison Committee on Medical Education (LCME), and the Australian Medical Council standards (AMC), include social accountability in their accreditation standards for medical education. However, most emphasize process standards concerning education that address societal needs, but less frequently on outcomes, and rarely integrate service and research dimensions (Abdalla 2013).

By strategically investing inputs into targeted activities (e.g., institutional self-assessment on social accountability, curriculum mapping, workshops, and community projects), SAHUM aims at driving short-term gains in awareness, empathy, and collaboration; medium-term gains in clinical readiness and community engagement; and long-term health system transformation and equity, fulfilling its mission as a regional center for socially accountable health education.

SAHUM’s Logic Model is summarized below:

Figure 1: Social Accountability in Health Unit in Universiti Malaya (SAHUM)



Assumptions

1. Securing financial support from funders
2. Interest from other local and regional medical schools
3. Long term university-community engagement
4. Health innovations

External Factors (Beyond our control)

- Public health emergencies (COVID-19)
- National policy shifts

SAHUM can serve as a backbone organization in a collective-impact model, coordinating multi-sector stakeholders, including academic, governmental, NGO, and community, in order to achieve shared health equity objectives (Hosny and Ghaly 2025).

Why Accreditation Reform Matters

WFME standards require social accountability inclusion at all accreditation levels, but existing systems underemphasize content and outcomes, especially in service and research integration (Abdalla 2014). In Malaysia, accreditation bodies such as the Malaysian Medical Council (MMC) and the Malaysian Qualifications Agency (MQA), though recognized by the WFME, may not explicitly examine whether medical school programs are aligned with underserved, rural, or marginalized populations (Mohamed 2008). This accreditation gap reinforces the disconnect between medical curricula and population health needs. Embedding SAH in accreditation transforms social accountability from voluntary to an institutional requirement (Taha et al. 2023; Lindgren and Karle 2011).

To institutionalize SAH in health professions education, we propose:

1. **Gap Analysis:** Review MMC and MQA accreditation criteria, comparing them against WFME and Global Consensus frameworks to identify omissions in SAH-related standards (Hosny and Ghaly 2025).
2. **Indicator Development:** Establish mandatory SAH indicators—mission alignment with community health needs, curricular engagement with underserved populations, stakeholder collaboration, and quantifiable impact metrics (Saniee et al. 2025).
3. **Pilot ISAT:** Implement the Institutional Self-Assessment Tool (ISAT) at UM to gauge baseline SAH readiness prior to nationwide accreditation reform (TUFH 2021; Wood et al. 2021; Larkins et al. 2013).
4. **Capacity Building:** Train accreditation reviewers and institutional leaders in SAH principles, tools, and evaluation methods.
5. **Toolkit Development:** Launch a SAH toolkit with curricular frameworks, assessment rubrics, engagement guides, and M&E resources (Jusoh, Rashid, and Handrianto 2022).
6. **Policy Alignment:** Embed SAH accreditation standards within Malaysia's broader UHC and SDG objectives (SDG 3 and SDG 4) to ensure coherence across education and health policy.

By embedding SAH within national accreditation standards, accreditation frameworks will formally acknowledge SAH as an institutional priority, rather than optional or peripheral. This formal recognition compels medical schools to weave SAH values directly into their mission statements, curriculum design, and service programs, ensuring these principles guide institutional structure and activity. Ultimately, the Centre of Excellence for Social Accountability in Health Universiti Malaya (SAHUM) will function as a national innovation hub, piloting these best practices and enabling a regional scale-up across ASEAN through training, resources, and collaborative models. Accreditation systems serve as powerful policy levers that promote institutional change toward equity-focused education and community impact (Taha et al. 2023; Abdalla 2014).

Monitoring, Evaluation & Scaling

SAHUM's evaluation framework is built on continuous institutional learning and impact assessment. It integrates the ISAT, which has been widely adopted globally, including at NOSM University, to measure a school's social accountability capacity and guide improvement efforts (Wood et al. 2022; Ross and Cameron 2021). Evaluation will also feature student and faculty surveys, community-based feedback, and graduate tracking to assess changes in awareness, attitudes, and practice alignment with equitable healthcare goals.

Our assumptions include reliable funding and stakeholder engagement, while we recognize external risks such as changes in health policy or crises like pandemics, which are mitigated through adaptive learning and governance mechanisms. Looking ahead, SAHUM is positioned to evolve beyond Universiti Malaya as a regional hub for the Association of Southeast Asian Nations (ASEAN), offering training programs, policy workshops, research exchanges, and accreditation support to other institutions. As a replicable social innovation, SAHUM highlights the scalability of integrating social accountability into health-education ecosystems.

Conclusion

SAHUM represents an innovative response to health equity gaps through institutional reform grounded in social accountability. Reforming accreditation frameworks to integrate SAH is essential to ensure medical schools serve the health needs of communities. SAHUM at Universiti Malaya offers a scalable model that is locally rooted, policy-engaged, and regionally replicable with the hope to transform health education across ASEAN.

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