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Keeping the Promise? Social Accountability, Brain Drain, and Gen Z Priorities

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EDITORIAL:

The World Health Organization defines social accountability of a medical school as "the obligation of medical schools to direct their education, research, and service activities toward addressing the priority health concerns of the community, region, and nation they serve. These health concerns are to be identified jointly with governments, health care organizations, health professionals, and the public" [1]. Although social accountability is well knitted in the World Federation for Medical Education (WFME) and the Foundation for Advancement in Medical Education and Research (FAIMER) frameworks, the brain drain of medical graduates from Pakistan raises concerns about the curriculum relevance to the community. We need an answer to this question; Are curricula in Pakistani medical schools tailored towards preparing graduates for international licensing exams (for example, USMLE, PLAB etc.) and contradicting WFME's call for contextual curricula?

Rising cost of medical graduation in the private sector and lucrative global competitive healthcare market are probably stronger pulling factors than mere expectations of the society, encouraging the brain drain of doctors to wealthier countries for better opportunities. An interplay of several other factors also plays their role in encouraging the migration of doctors. There are pushing factors like unemployment, limited and tedious career pathways, socially driven mental exhaustion, family expectations for better living, collegial influence and peer-driven demotivation are just a few. Beyond economic and professional motivations, the political economy of medical education plays a pivotal role in shaping health workforce ecosystem of Pakistan [2-4].

Peer dynamics are fostering a migration-oriented mindset in our medical students resulting in a trend of early planning for taking foreign licensing exams during their medical school years, with the intention to migrate abroad as soon as medical qualification is obtained. This potentially compromises their engagement with the communities they learn from and serve. Their empathy and compassion towards communities may get compromised , so they may not feel socially responsible despite studying in government sponsored medical colleges on taxpayers' money or spending heavily on tuition fees in private setups. Can it be deemed as selfishness or a dream for a better career? In today's globalized world, the Gen Z medical graduates feel less socially accountable because of their global mindset as they envision themselves closer to world citizens. Factors such as exam-driven pathways, mismatch between training and local career opportunities, lack of social accountability in curricula, assessment or career counselling leading to migration as socially welcomed and celebrated, developing a belief that accountability to local society is optional [3,4].

Most medical educators of today belong to Gen X (born between 1965-1980) the first generation to grow up with digital revolution. The digital ecosystem in the 90s, especially in less developed countries was quite under-developed compared to the Artificial Intelligence driven digital learning environment for today's Gen Z. Rapid advancements in digital technologies have led to the development of educational systems and resources that are more student-centric, limiting the scope of teacher-centeredness and promoting more student-centered

learning environment. Although the digital divide between the educator and student today is less, most medical educators of Gen X still need a behavioral modification to combat this situation and overcome the visibly wide generational gap. Medical educators face the challenge of meeting the learning needs of Gen Z for a self-paced learning environment, getting instant feedback, customization, digital innovation and immersion etc. [5,6]. Here we need to rethink about social accountability in the above scenario. We can present at least three ways to modify the principles and practice of social accountability by offering retention-oriented strategies, technological accountability and student partnership for activities such as rural service programs, community-based research and equity in healthcare access [6-8].

Migration of health workers is a wicked problem that has no straightforward solution. The root causes of migration need to be identified as addressed. Educators must enhance their digital skills through robust faculty development programs to keep the digital divide as little as possible. Improving social accountability in medical schools needs a clear alignment of education, research and service with the community health needs directly. Clear guidance is provided in international frameworks like WFME, THEnet, and WHO/Boelen's model of Social Accountability. We need to realign the written and implemented curricula with international and national standards considering local needs, Gen Z priorities and the increasing brain drain in Pakistan. In conclusion, social accountability is shifting from "How good are we?" to "How good are we for our society?" [9-11]

"Figure 1. Conceptual illustration of current medical educational system and the challenges of Gen Z, AI and global migration. AI-generated image (created with Create - AI Image Generator | Create Art or Modify Images with AI).

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