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**Title**

*How early career family physicians integrate social accountability in practice: Findings from a multi-provincial study*

**Priority 1 (Research Category)**

Education and training

**Presenters**

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**Abstract**

Context: Social accountability is a focal point in medical education and informs evolving roles and expectations of family physicians. Research pertaining to social accountability in medicine has focused on undergraduate education, and there is more limited research about postgraduate training and early practice.

Objective: We explored how early career family physicians (ECFPs) integrate social accountability in practice, including factors that influence practice choices and challenges related to social accountability.

Study Design and Analysis: In this qualitative study we first applied a framework for defining social accountability at three different levels (individual patient, community, and system), and used inductive thematic analysis to explore how ECFPs make choices about practice and challenges related to social accountability.

Setting or Dataset: We used data collected through a larger mixed-methods study investigating factors shaping practice intentions and choices of ECFPs and residents, with semi-structured interviews conducted in British Columbia, Ontario, and Nova Scotia.

Population Studied: 31 ECFPs, with n=15 from NS, n=7 from BC, and n=9 from ON.

Results: Social accountability was most commonly discussed at individual and community levels of patient proximity, with limited examples at the system level. We found that physician values are a strong driver of social accountability in practice, and these informed the choice to pursue medicine and family medicine specifically. ECFPs valued providing holistic care and professional satisfaction was closely tied to social accountability. Practice models were described as barriers or enablers of socially accountable practice. Participants highlighted that the unsupported fee-for-service practice particularly hinders ability to address complex needs.

Conclusions: Findings highlight the importance of adequately preparing physicians to engage with policy and systems level issues pertaining to health. Values rooted in social accountability that predate medical education demonstrate an opportunity to shift education away from instilling social accountability as a value, and toward curricula that can provide physicians with the tools required to engage with community and system level policy issues. It will also be necessary to continuously support practice environments that are conducive to practicing social accountability across all levels.