

This mixed methods study sought South Australian medical students' perceptions of social justice in health and health care in response to the obligation in for social accountability. A total of forty students from Adelaide and Flinders medical programs consented to an online demographic survey and audio-recorded semi-structured interview. Bourdieu's theory of practice and Sen's capability theory were combined to conceptualise participants' *capability to aspire* to a preferred type of professionalism. Flinders belongs to a network of socially accountable medical schools and has a graduate entry program; Adelaide has a traditional secondary entry program. Only First and Final Year students were recruited, to evaluate dominant curriculum effects on perceptions. Participants' diverse social equity identities was evaluated from demographic and interview data. Themes analysed from transcribed data were triangulated with demographic data in participant vignettes, to assist comparison of professional values and discourses. There was unanimous agreement about the most disadvantaged groups in the Australian population, and support for social accountability competencies in medical education. Similar to previous findings, more participants with single equity identities chose medical practice in areas of health need than those with intersectional identities. Contextual knowledge of social inequity and capability for critical argument followed a gradient of 'knower gazes' (Maton 2010) related to participants' proximity to social injustices. Year level and School program were of minor significance. 'Knowers' *born* into disadvantaged societal contexts had the strongest sociological gazes, funds of knowledge, dialogical empathy, and critical insights to social health improvements. International participants had stronger insights to a mismatch between the Australian health system and Indigenous health needs. Weaker contextualisation of human health settings and relational knowledge of deprived populations observed in those with *social*,

*trained* and *cultured* 'knower gazes' may oblige educators to apply deliberate coding in pedagogy; using Legitimation Code Theory (LCT) (Maton 2001). Critical reflexivity on human lifeworld diversity, global ecosocial change, and modifiable health determinants in clinical reasoning is proposed a key medical professional competence of social accountability and sustainability ethics.