The Campaign to Revitalize Academic Medicine Kicks Off: We Need a Deep and Broad International Debate to Begin*

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The British Medical Journal (BMJ) and a range of partners including BMJ specialist journals, The Lancet, Canadian Medical Association Journal (CMAJ) (1), Dutch Journal of Medicine, Medical Journal of Australia, Croatian Medical Journal, Academy of Medical Sciences, and many others have initiated a project to bring people together to debate whether the existing structure of academic medicine is still fundamentally sound and, if not, to propose alternatives to it. I have taken on the challenge of coordinating this project, and I extend an invitation to readers all over the world to join me in this exciting enterprise.

To achieve the project’s broad goals (Box 1) we begin from the position that “more of the same” is not enough. We need to be free to propose radical changes to the fundamental nature of academic medicine (is the balance between bench and applied research all wrong?); its name (should it become “academic health care” or should we drop academic?); its home base (are hospitals the wrong place to train doctors?); its relation to service (why are they so often far apart?); its methods of training and certification (should medical education be lecture-based and far shorter?); and its responsibilities (should it be held accountable for inequities in health care at the global level?).

Our approach will be equally inclusive and is designed to ensure a broad input of opinions. Rather than allowing the process to be taken over or held hostage by a few experts with vested interests, we will build consensus by inviting an exhaustive range of global stakeholders to contribute their views. And anyone can contribute their views right now, today, as a rapid response at bmj.com. In addition, our new project webpage is under development (www.bmj.com/academicmedicine), and this will contain regular campaign updates, news, and collected resources.

The structure being proposed is as follows. The pivotal group will be an international Working Party whose composition will include knowledge and competency across the dimensions of global health and basic to applied health care research, and representing the range of constituents (medical students, post-grads, junior faculty, established academics, especially women). Supported by four advisory groups (Box 2) and comprised of approximately eight individuals, the Working Party will begin by answering four questions. Firstly, what are the roles of academic medicine? Secondly, how well is academic medicine carrying out these roles? Responses to the earlier BMJ editorial launching this initiative (2) have already nominated a wide array of (but no clear consensus about) perceived failures including failing to serve the public good, lack of a global perspective, an unnecessary dichotomy between education and research, various shortcomings in medical education, and inadequate numbers of and career paths for well-trained medical academics.

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*This editorial was published also in the Medical Journal of Australia, British Medical Journal (BMJ), and The Lancet.
Thirdly, why is academic medicine failing to fulfil its roles? These might include inadequate leadership, a failure to translate basic discoveries into benefits for patients, inappropriate incentives to take up or maintain an academic career (especially among women), deficient mentoring for aspiring academics, lack of appreciation of the benefits of academic medicine by elected representatives, and poor integration with other health services. Many of the reasons will be economic, but we need to examine ethical and moral explanations as well.

Fourthly, for each failure, what ought to be done about it? Given current economic constraints in both high- and low-income countries, special attention will go to strategies that call for no additional funding. On the other hand, we will welcome strategies that call for the reallocation of current funding. At the policy level, we welcome strategies for how academic medicine can contribute to national and global wealth. These strategies will be combined and formulated into concrete proposals for action.

We need your support and input. To nominate a member of the Working Party, join an advisory group, or register your experiences and views send a rapid response to bmj.com or contact our project manager Jocalyn Clark at jclark@bmj.com.

References
1 Academic medicine: resuscitation in progress. CMAJ. 2004;170:309.

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