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Who cares about academic medicine?

This theme issue provides some answers

The reaction to the campaign launched by the *BMJ* and its partners several months ago[1 2] suggests that academic medicine needs resuscitation.[3 4] But is it worth saving?

The academic medicine campaign aims to develop a vision and set of recommendations for reforming academic medicine in the 21st century. Driven by an international working party, it gives high priority to incorporating the perspectives of the chief customers of academic medicine—patients, policy makers, and practitioners—through a series of stakeholder and regional consultations. The campaign also supplies an opportunity to question the global relevance, responsibilities, and scope of academic medicine: Who is it for? Why does it matter? How best to invest in its future? Articles in this theme issue (including two from the working party (pp 787, 789)) discuss these questions and identify the challenges facing the campaign.[5 6]

Challenges

The first challenge is the impression of "been there, done that." The message that not enough money and not enough talent are flowing into academic medicine is hardly new and is common to many countries. Throwing more money at such problems is unlikely to produce meaningful or sustained change, so simple calls for increased funding may fall on deaf ears. As Fox has argued, before resources will flow it is important to re-establish the "story" that persuades policy makers—and the public they represent—of the critical contribution of academic medicine.[7]

That story is being woven by international tellers. One strength of the campaign is its international compass, seeking to highlight both the perceived problems and some best practices in successful reform around the world. In this issue Schmidt and Duncan discuss the case of Brazil, where a public health system has harnessed academic support to promote innovation and the translation of knowledge into effective health actions (p 753).[8] Sewankambo, drawing on his experience in Uganda, links the contributions of academic medicine to strengthened health systems with the overall aim of improving population health (p 752).[9] He argues that academic activities must have both local relevance and potential for North-South partnerships. Such partnerships between academic medical centres in developed and less developed countries will enable both to contribute to redressing global health problems and inequity.

But the global reach of the campaign leads to the second challenge. Thinking globally demands a needs based approach—that is, focusing on the relationship between academic medicine and the public, especially patients—because health systems differ so greatly from place to place. As one of our supporters, Michael Drake from the University of California, has argued, an attractive byproduct of such an approach is that it will illustrate the great distance that lies between academic medicine and the actual health needs of much of the world's population. But how do we encourage this approach in the architects and governors of academic medicine for the 21st century?

How to foster leaders

Thirdly, much talk has been given to enticing the best and brightest to embark on careers in academic medicine. The Association of American Medical Colleges has asserted that academic medicine needs "deans and chairs who conceptualize their work as values-based and collaborative and who will build the consensus and garner the resources necessary for medical schools to become better learning organizations." But Lempp and Seale's qualitative study within a medical school shows that competition rather than cooperation is the defining feature of medicine (p 770)[10]—hardly the training ground for globally conscious academics. And what of the leadership needed to forge better protection for the unique threats to the academic freedom of clinicians? Wright and Wedge discuss the competing and sometimes conflicting values held by academics with both university and hospital roles (p 795).[11]

Fourthly, academic medicine must position itself as one aspect of the global health workforce crisis[12] but recognise that there are broader issues than merely improving career paths. Reichenbach and Brown argue that an explicit focus on gender equity (fairness and justice) rather than gender equality (equal numbers of women and men) is needed to revitalise academic medicine, strengthen the health workforce, and improve public health (p 792).[13]

The time is ripe to question the role and ability of academic medicine to respond to global health challenges. Undoubtedly academic support is needed to develop and identify the innovations that can be translated into health actions throughout the world. But inadequate incentives and insufficient leadership within academic medicine threaten the assumption of

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those global responsibilities. Does academic medicine care?

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Academic medicine and global health responsibilities

Academic medicine can contribute in four ways

The launch of the campaign by the *BMJ* and a range of partners to revitalize academic medicine[1] is extremely welcome at this time when the effects of globalisation on health (and vice versa) are being felt more than ever. In my seven years as dean of the progressive Makerere University Medical School I have seen the faculty become increasingly disillusioned about the prospects of a career in medicine. National and global pressures have reduced available resources considerably, making it much harder for the medical school to support the different pillars of academic medicine. We must champion excellent scholarship in academic medicine—the discovery of knowledge, the practice of teaching, and the integration and application of knowledge[2]—while ensuring that the needs and interests of Uganda's communities are adequately served.

Academic medicine must show that, in its pursuit of the different aspects of scholarship, its relevance to society's needs is still of paramount importance. This is vital if academic medicine is to continue to influence global health and, moreover, if it is to retain the sympathy and support of its partners. The number of partners influencing academic medicine—particularly in less developed countries—now includes national and regional governments, multilateral development agencies, non-profit private organisations, foundations, development banks, development assistance agencies, professional bodies, public and private academic institutions, pharmaceutical manufacturers, and other private sector companies, and consulting agencies.[3]

In which areas can academic medicine contribute to global health? Firstly, by conducting relevant research. Global health is crying out for high quality research that will answer many important and perplexing questions. Important aspects of the illnesses that ravage Africa, such as AIDS, tuberculosis, malaria, and other communicable diseases, as well as the challenges of drug resistance and service delivery, still baffle humankind.

Secondly, by implementing evidence. Rather than stop at producing research results and a publication in a scientific journal, academics must endeavour to close the "research to action/policy" gap. This requires energised joint efforts between academic researchers and policy makers or practitioners. Otherwise the benefits accruing from research efforts are not fully utilised if research has no impact on the health of global populations.

Thirdly, by rethinking health human resources. Vasant Narasimhan and colleagues of the Joint Learning Initiative have emphasised the growing crisis of inadequate health workers to support health systems, especially in the developing world.[4] Academic medicine needs to rethink how best to provide adequate pre-service and in-service training of health workers. Prominence needs to be given to what type of health workers are trained, the conditions of the training environment, the numbers trained, and the skills and competencies imparted. Academic medicine clearly needs to undertake a thorough review and reorientation of the educational process to improve the human resource situation and its performance in the health system.

Moreover the global human resource crisis continues to be vexed by "brain drain" issues.[5] Academic medicine may have a destructive role in global health by attracting and recruiting well trained personnel from the South. The reverse should be strongly advocated and encouraged. Northern institutions of academic medicine must actively promote and support building capacity for academic medicine in the South so that Southern institutions can play a meaningful role in global health. This may be achieved through innovative training programmes both at home and abroad.[5] In addition the North should send some of

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