International Campaign to Revitalise Academic Medicine (ICRAM): what does it mean for Australia?

Has academic medicine lost its leadership role?

Many of us believe academic medicine is in crisis.[1-3] Tugwell, Professor of Medicine at the University of Ottawa, has written of the need 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".[1] Editor in chief of the *Journal of the American Medical Association*, DeAngelis, recently wrote that "the traditional 3-legged stool of academic medicine comprising education, patient care, and research is broken. The education leg is currently being held together by peanut butter and bubble gum combined with the unselfish persistence of faculty dedicated to teaching".[2] The other core roles are also under threat. Much medical research today is done outside academic medicine, for example in institutes of biotechnology and biomedicine. And most clinical service, even in teaching hospitals, is provided by non-academic doctors.

Perhaps what really makes academic medicine unique and important and risks being lost is the "added value" or synergy that exists when the three traditional roles are combined effectively — that is, the extra value and quality of teaching provided by the best clinicians and researchers; the special relevance of research defined and driven by the needs of the healthcare system; and the innovation and excellence in service when it is informed by that research.

Our view is that:

- We have lost sight of the reality that teaching the next generation of doctors is a core and essential activity of academic doctors, vested in us by society;[4]
- We are failing to strike the appropriate balance in research, with too much emphasis on basic biomedical research at the expense of clinical, applied and health services research;[3]
- We have forgotten the essential values of altruism and social responsibility;[5] and
- We are at risk of becoming irrelevant to the healthcare system through a failure to drive innovation and excellence in clinical practice across the system, resulting in indefensible variations in practice and outcomes.

In response to concerns such as these, in June 2004 a group of leading medical journals, including the *Medical Journal of Australia*, convened a working party of medical academics to promote and revitalise academic medicine. We met for 4 days near London to define an agenda for the next 12 months, and attended a plenary meeting with about a hundred invited stakeholders from around the world.

Why is academic medicine failing?[1-3] The reasons are multiple and complex. Loss of leadership must rate highly, with the accompanying loss of focus and vision. The values of academic medicine have similarly become diluted. A major concern, reported by all members of the working party, is the apparent decline in interest in academic medicine as a career. The world has changed profoundly in the past few decades, for example with the rise of patient interest groups, intense pressures on healthcare systems, and the ever-expanding availability of new technologies, but it seems the discipline of academic medicine has not changed with it.

What is to be done? First, we agreed that an international campaign is needed about this issue, combined with a global debate. We need to acknowledge that there *is* a crisis and a need for change. The International Campaign to Revitalise Academic Medicine (ICRAM) is under way, with a website at www.bmj.com/academicmedicine. We want your views and participation.

The working party believes we need a new vision for academic medicine. We need a clear definition of academic medicine and a clear iteration of our values — what we stand for and what we want to achieve. As part of this, the place of academic medicine within medicine, the healthcare system and society needs to be clarified.

The working party acknowledged that the debate about academic medicine needs to be evidence-based wherever possible. Ioannidis and colleagues have published an initial synthesis of available evidence and defined a research agenda:[3]

- *Problems:* What are the problems with academic medicine across different settings and countries?
- *Capacity:* What factors influence career choice and are responsible for the declining numbers of doctors choosing academic medicine as a career?
- *Indicators:* What are reliable indicators of quality, impact and outcomes in academic medicine research, teaching and service?
- *Impact of industry:* What are the relations between academic medicine and its funders, particularly the pharmaceutical industry, and how should they be optimally regulated?
- *Patients:* Does academic medicine work for patients?[3]

Five task groups have been formed to deal with the key issues of vision and values, training and careers, analysing the evidence, stakeholder liaison, and communication. The convenors of these groups meet monthly as a steering group for the working party. A series of regional and stakeholder advisory groups are also being formed to ensure we have broad input from a wide range of interests. Details will be posted on the website soon.

With two articles recently published in the *British Medical Journal*, launching the campaign and presenting an initial analysis of the evidence,[3,5] our work is well under way. We are drafting articles on a new vision for academic medicine, the role of academic medicine in global health, and training and career options. We recently met with the World Health Organization and the World Federation for Medical Education. A mechanism for receiving submissions to the campaign will be established.

What does this mean for Australia? We are the two Australian members of ICRAM. Once ICRAM's business plan is available, we intend to write to the Chief Medical Officer and to the Committee of Deans of Australian Medical Schools, formally introducing them to ICRAM and its work, and seeking their involvement. We hope to secure support for a national meeting to explore the issues on a national scale, and to develop strategies to respond.

It is early days. The ICRAM working party cannot do this alone. We need engagement with, and involvement from, a wide range of professional bodies. We believe this is a vital task and are committed to it. We hope you will join us.

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1 Tugwell P. Campaign to revitalise academic medicine kicks off [editorial]. *BMJ* 2004; 328: 597.

2 DeAngelis C. Professors not professing [editorial]. *JAMA* 2004; 292: 1060-1061.

3 International Working Party to Promote and Revitalise Academic Medicine. Academic medicine: the evidence base. *BMJ* 2004; 329: 789-792.

4 Ludmerer KM. Learner-centered medical education. *N Engl J Med* 2004; 351: 1163-1164.

5 International Working Party to Promote and Revitalise Academic Medicine. ICRAM (International Campaign to Revitalise Academic Medicine): agenda setting. *BMJ* 2004; 329: 787-789. ❑