Commentary: Universities have a vital role

Sally C Davies

Academic medicine has a key role in health systems, and the definition of the International Campaign to Revitalise Academic Medicine (ICRAM) captures the issues well.¹ In the United Kingdom, the number of clinical academics continues to fall, particularly at the clinical lecturer grade (42% lower in 2004 than in 2000).² At the same time, the numbers of students and young doctors are rising, creating an unstable situation. NHS staff already do most of the training for both postgraduates and undergraduates, and this is increasingly occurring outside university centres, including in primary care. The NHS funds some 40% of the academic posts.

Reality of the scenarios

Elements of ICRAM's scenarios are already discernible. Some medical schools are beginning to segment their market as described in Academic Inc. Some schools are research intensive; others train doctors in centres without research. Private medical schools are a reality in the UK and abroad and include many prestigious US schools. Cross continent partnerships are developing,³ and the growth of these, perhaps with franchise markets as in the retail and fast food industries, seems inevitable. Meanwhile, e-learning is happening and offers untold quality advantages, such as breadth of experience and the opportunity to link investigation methods and results to patients' stories.⁴ Competition will grow, as shown by the many Europeans attending annual professional society congresses in the United States rather than those in their own continent.

Team working, collaboration, focus on competencies, quality improvement, and the need for expertise in research methods are key in the Reformation scenario. But where will the professions' links with the basic sciences and the humanities be if we break with

the universities? Will we train doctors at the expense of losing an education? The In the Public Eye scenario is catastrophic, raising the spectre of ever increasing use of alternative medicines despite the paucity of evidence of effectiveness. A redeeming feature of the scenario is that it highlights learning from patients.

Medicine has always been value driven, and the Global Academic Partnership scenario puts it at the centre of an ethical framework to improve health for all and deliver the millennium development goals. It is topical and reconnects doctors to values all can support. However, in an increasingly consumer driven society with altering relationships between every profession and the public, the Fully Engaged scenario provides a picture with elements to strive for.

The global perspective of these scenarios is welcome. It shows that medical education is a global commodity and highlights developing world issues. Clark highlights the features common to all five scenarios that are likely to come to pass.¹ Each scenario could happen in Britain, hence the importance of debate. Change will not cease; indeed, globalisation of industry, knowledge, and technology will surely drive unprecedented change. Professional management of institutions will become increasingly important. The future outcome will depend on the view taken of universities as a seat for learning and the benefits of having a university based medical education.

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- 3 Harvard Medical School. *Harvard Medical School announces center for education and research in Dubai*. Press release. www.hms.harvard.edu/news/releases/5_31dubai.html (accessed 21 Jun 2005).
- 4 International Virtual Medical School. *Improving health by setting new standards in education*. www.ivimeds.org/home.html (accessed 21 Jun 2005).

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Commentary: the future for medical education

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One of the most frustrating things for medical students is knowing what is wrong with their medical education but not being able to do much about it. Medical school is already gruelling and time consuming enough, and in those rare moments when we stop to catch our breath and think a bit about life, we realise that no matter how much our education makes us yawn, or of how the school is serving the interests of its educators rather than those of its students, things won't change from night to day. Thus we sigh and hope that the following generations of students will be more fortunate.

However, the advent of the internet, the information society, and the increasing number of possibilities to study and train abroad have made it easier than ever before to try to make up for the flaws and

shortcomings of our medical education. Some people even succeed in moving overseas to study or work in systems that they view as providing better education.

A brighter future?

The International Campaign to Revitalise Academic Medicine scenarios offer a lot of fresh and exciting insights into how academic medicine should evolve in order to better serve the needs of students.¹ Take, for instance, the scenario of Reformation in which medical students first learn how to learn and then learn by doing. One of the most pressing issues in medical education is to make it as practical and hands-on as

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