partnerships, alliances, negotiations, and, yes, other types of knowledge. Are we ready to embrace this world with all it entails? The time has come for us to grow, but we will never grow alone.

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Commentary: Challenging the patience of patients

Amye L Leong

Academic medicine has a critical role in consumer health care. Patients can thank academic medicine for research leading to improved health care, education of medical professionals, and leadership in patient care, research, and education. But times have changed. The growing disincentives to participate in academic medicine and demanding financial, political, demographic, consumer, and technology trends are cause for concern. If academic medicine is to remain a leading player in the business of health, it has to do better.

I applaud the International Campaign to Revitalise Academic Medicine for prompting strategic introspection and global action.¹ Patients have had an integral role in the campaign from the start and will continue to contribute. But is that enough? Can we afford to wait for the results of this strategic process or should we demand more of policy makers and academic medical centres now?

The five scenarios offer us a pathway to examine old models, think outside traditions, and ask ourselves why and how academic medicine will thrive in the face of reduced resources, increased competition, departmental disparities, and emergence of potentially conflicting driving forces. These scenarios are intentionally pithy and provocative. If change is going to happen, we will all have to let go of preconceived notions and focus on the recovery of academic medicine.

Strategic lessons

Change at the international level evokes political trauma, multinational differences, and conflicting community priorities. The changes required within academic medicine have many parallels with those I have been involved with as part of the Bone and Joint Decade 2000-2010, a UN endorsed initiative to improve the health of people with musculoskeletal disease.² The strategy is to "think global, act local," and patients have a fundamental role in initiatives to increase research funding and development, improve medical and patient education, and empower patients.³ The ultimate voice is, in fact, the patients.

The main lesson from the UN initiative is to include all stakeholders at every stage of the process, starting with the development of a statement on the need for change, an integrated vision and mission, core concepts, and objectives. Other stages include:

- Identifying multidisciplinary opinion leaders in selected countries to facilitate national dialogue among groups representing the stakeholders

Fully engaged

- Getting stakeholder groups and policy makers to endorse the vision, core concepts, and desire for change
- Bringing stakeholders together to identify national and regional priorities and commit to action.

The academic medicine campaign will also need to encourage funding bodies to offer incentives for innovative ideas and demonstration projects in individual countries. An international steering group is essential to promote implementation of evidence both within and across countries, motivate stakeholder groups, guide resources for national developments, and mark important achievements.

Efforts to revitalise academic medicine must incorporate the patient as a stakeholder in all strategic and action groups. Change is a challenge, but it gives patients and other partners a chance to participate and benefit. Patients can no longer afford to be patient. When academic medicine thrives, we all win.

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