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The BMJ Commission on the Future of Academic Medicine

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Academic medicine is broken. Worldwide, it has been for decades. Perverse incentives, entrenched power imbalances, deteriorating career pathways, restricted funding, and health service pressures are breaking it further. The complex challenges are global, with regional and national subtleties. Scan the landscape of commercialised life sciences, wasteful research and development, and exploitative scientific publishing—taking in a colossal waste of public money—and you quickly realise that this one system failure sits at the centre of the Venn diagram. Academic medicine is not an irrelevant silo.

Science should form the basis of clinical practice and patient care. It should be central to medical education and training. It should advance diversity and inclusion. It should be the guiding light for government policy. The fact that it isn't, and is drifting further from the centre in each sphere, is a damning indictment of what society now values. The case for urgent solutions to this global crisis has never been stronger. It is a case that we will take up with a new BMJ Commission on the Future of Academic Medicine.

Attempts to reform academic medicine are not new. In 2003 *The BMJ*, the *Lancet*, and 40 other partners launched a global initiative to develop a new vision for academic medicine (bmj.com/about-bmj/resources-readers/publications/academic-medicine).[1] Two particular themes stood out. First, as Nelson Sewankambo, the dean of a Ugandan medical school put it, "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" (doi:10.1136/bmj.329.7469.752).[2] The second was the undoubted global context for the campaign (doi:10.1136/bmj.329.7469.751).[3] The venture was a noble one, though perhaps too ambitious in its scale to succeed.

Evidence based medicine, including research and practice, is a core element of academic medicine. A decade ago a crisis was declared in evidence based medicine (doi:10.1136/bmj.g3725).[4] The many benefits were being negated by unintended consequences. An evidence based manifesto for better healthcare followed, in "response to systematic bias, wastage, error, and fraud in research underpinning patient care" (doi:10.1136/bmj.j29736).[5] The covid pandemic put paid to such lofty notions, fracturing the worlds of evidence based medicine and academic medicine and dividing scientists, politicians, and the public. The job now is to bridge that divide, a truth and reconciliation of sorts.

The centrality of academic medicine is unarguable. It is seen in the manipulation of science by the tobacco industry, for example (doi:10.1136/bmj.q1153).[6] Our response is to extend our ban on tobacco funded research (doi:10.1136/bmj.q1169).[7] It informs the public health response to new technologies, such as smartphones, social media, and their effect on mental health (doi:10.1136/bmj-2024-079828).[8] It should guide the expansion of the healthcare workforce, where the row over physician associates continues unabated (doi:10.1136/bmj.q1270 doi:10.1136/bmj.q1291).[9 10] It is the bedrock of medical practice, from diagnosis (doi:10.1136/bmj-2023-077087 doi:10.1136/bmj-2024-079331) and disease burden (doi:10.1136/bmj-2023-078432) to drug therapy (doi:10.1136/bmj-2023-075707 doi:10.1136/bmj.q1083).[11-15] With an understanding of science, we can make better sense of political promises (doi:10.1136/bmj.q1258 doi:10.1136/bmj.q1297 doi:10.1136/bmj.q1288) and find a way to navigate toxic clinical controversies (doi:10.1136/bmj.q1189)[16-19]; and doctors, politicians, the media, and the public will be better able to identify misinformation and disinformation.

Yet despite these and many other arguments for investing in academic medicine and fixing its deep rooted problems, the discipline is in crisis. Without fixing broken career structures (doi:10.1136/bmj.q485), research environments, and academic reward and funding systems, and without tackling the historical power imbalances in medical institutions (doi:10.1136/bmj.p2257), in medical education and training, and globally (doi:10.1136/bmj.p2294), we will not deliver the health benefits that can be achieved.[20-22] The pandemic clearly demonstrated the value in the whole health system embracing clinical research (doi:10.1136/bmj.m2670), knowledge mobilisation (doi:10.1136/bmj-2022-070195), and learning networks (doi:10.1136/bmj-2022-070215).[23-25]

Our new Commission on the Future of Academic Medicine will be a global commission, led by our regional editorial boards (doi:10.1136/bmj.q716).[26] Its aim will be to revive academic medicine and redefine its role, so that it sits at the heart of a system repurposed to improve health and wellbeing outcomes. In this endeavour we seek your support, solidarity, and sharp thinking. Academic medicine isn't just for careers and commerce; it is for people and the planet.

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