HAS PHARMACOLOGY A PLACE IN TODAY'S MEDICAL SCHOOLS?

Within the past decade clinical pharmacology as a discipline has become well established and in most medical schools clinical pharmacologists are members of the Faculty. The merits of this expansion are clear but are there any hazards connected with it? My personal view (as one concerned with medical education) is that there are! An insidious trend is occurring in certain medical schools. In recent years there has been the tendency to substitute a Chair in Pharmacology by a Chair in Clinical Pharmacology instead of creating one *de novo* in addition to a Chair in Pharmacology. The arguments advanced for such action are usually summarized as relevance and economy. Clinical pharmacologists are said to be more liable to teach medical students what is relevant than persons working in the basic discipline. In a period of economic restraint the service commitment to the national Health Service is important.

If this process continues, Chairs of Pharmacology are likely to reside either in the Faculties of Science of the major universities or with Schools of Pharmacy, and in all probability the majority of Chairs will be in the latter.

It is perhaps an appropriate point in time to ask if this matters or are any consequences liable to ensue from it.

It can be conceded that a large clinical pharmacology department should be able to deal with the relevant present therapeutic practice which an undergraduate medical student should know. In reality such units may be highly specialized and thus unable to provide the rounded approach (the same criticism could apply to a non-clinical pharmacology department). However, with the rapid advances in pharmacology a department working in the basic scientific discipline may be in the better position to prepare students for future therapeutic advances.

On the research side the loss of departments of pharmacology within medical schools is likely to hinder advances in clinical pharmacology.

For advancement, interaction between applied and basic aspects of the subject is important and geographical and faculty separation would hinder this. At the moment clinical pharmacology is drawing on the 'deposits' in the non-clinical bank, for example in relation to its work on the kinetics

of drug distribution and drug receptor action. If such 'deposits' are not replaced then advancement in clinical pharmacology may be halted. Such a process can be seen to have operated with Chairs of Therapeutics established to advance the subject especially in Scotland. Some failed to maintain the advancement of their subject and became, so it is said, chairs for failed professors of medicine. The same could happen again.

There are also problems of career structure for the non-clinician working within departments of clinical pharmacology. Tenure and advancement to senior grades are difficult to secure. Nevertheless, such people are essential for the advancement of the subject.

As far as the financial argument mentioned earlier, there may be some short-term financial advantage. However, this is soon nullified by having two part-time university, part-time N.H.S. posts in place of one full-time university and one full-time N.H.S. post. The justification on university grounds being that if there is a teaching load sufficient to justify one full-time member of staff this cannot be covered by a member of staff who spends 5 or 6/11ths of his time undertaking a service commitment.

The solution which I favour is a multi-professorial department within a medical school covering both basic and applied aspects of the subject. The financial implications of a change in title from reader or senior lecturer to professor are not great and are within the resources of most medical schools even within times of financial stringency. Though none can now doubt the necessity for including clinical pharmacology in the curriculum of medical training and for producing a career structure for clinical pharmacologists, it would be a pity if this was to obscure the advantage to medical schools of maintaining centres of basic pharmacology closely linked with the applied side of the subject.

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