THE ROLE OF THE PHARMACEUTICAL INDUSTRY IN POSTGRADUATE MEDICAL EDUCATION

The editorial in your journal of June 1977, by M.D. Rawlins, on the above subject was indeed an interesting commentary. I write as Chairman of the Working Party of the Medico-Pharmaceutical Forum to express some surprise and indeed regret that publicity was given in your journal to extracts from the Consultative Document which had been circulated to individuals and to institutions privately in order that comments on the Document might assist the deliberations of the Working Party.

The decision to publish, however, will we hope help to concentrate the minds of the profession and members of the industry in this important area of education. It would perhaps have been more fruitful in terms of full understanding by your readers had the complete Consultative Document been published alongside the editorial.

Professor Rawlins attacks the Consultative Document itself rather than the problems which it raises. It was deliberately made provocative in order to concentrate attention and evoke constructive answers on difficult and controversial areas. More than 80 replies have been received from medical organizations and doctors who are actively engaged in the on-going work of postgraduate medical education. They have given great assistance to the Working Party with constructive and helpful suggestions based on their personal experience; none is so critical as Professor Rawlins' editorial.

As Chairman of the Working Party, I do not wish to pre-empt the outcome of our deliberations, but there is clearly a widespread opinion amongst postgraduate teachers that education in medical therapeutics from sources within the profession, if not 'relatively weak' is not optimal. This is not a new concept and as referred to in the editorial it was publicized by the Medico-Pharmaceutical Forum in 1975, in its report on continuing education of doctors in medicinal therapeutics (Medico-Pharmaceutical Forum, 1975). Criticism of the academic contribution was not intended in the Consultative Document and other respondents appear to have accepted that it is indeed 'relatively weak', if only due to the huge disparity in

human and financial resources between the profession and the pharmaceutical industry. Acceptance of this thesis could be used to promote development and strengthening of the discipline of clinical pharmacology, and to improve the efficiency of drug discovery and utilization. This view was expressed by a committee of the Medico-Pharmaceutical Forum as far back as 1970 (Medico-Pharmaceutical Forum, 1970).

Further, I am unable to localize in the document 'the assertion that the Pharmaceutical Industry's right to continue its current marketing practices is inscribed on tablets of stone'. Had we thought that there was no possibility of changing the present situation, an enquiry of this type would have been a waste of time. However, for pragmatic reasons, the Working Party has assumed that there will not be in the immediate future a fundamental change in the relationships between Government, profession and the industry. For example, the Government controls the licensing of medicines and is virtually a monopoly purchaser; the profession will resist any restriction on prescribing and doctors vary greatly in their participation in continuing education; the industry will continue to be dominated by large research-based and highly competitive companies mostly based outside this country.

The Consultative Document contains many points which have awakened widespread interest in this subject. The editorial, no doubt, did likewise. Informed debate could well provide answers to questions raised in our Document and would be warmly welcomed by my Working Party.

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