The Clinical Section of the British Pharmacological Society: prospects for the future

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Background

The British Pharmacological Society (BPS) is an extremely well established institution. Founded in 1931 its flagship publication, the British Journal of Pharmacology, currently celebrated its 50th anniversary and is now the world's leading general pharmacology journal. In contrast, clinical pharmacology is a relatively young specialty and the Clinical Section of the BPS held its first meeting in 1970. Election of the first officers took place in the following year, with Professor Sir Colin Dollery and Professor Brian Prichard acting as Chairman and Honorary Secretary respectively. Only 4 years later the British Journal of Clinical Pharmacology was launched under the Chairmanship of Professor Graham Wilson, with Professor Paul Turner acting as Secretary. Since then, the welfare of the Section has been entrusted to a series of able and active Chairmen and Secretaries, who have endeavoured to promote its success. The Clinical Section of the BPS remains the envy of societies in many parts of the world for the openness of its culture, its good relations with basic pharmacology, and the high quality of presentations and discussion at its meetings.

However, along with a large part of academic, hospital and pharmaceutical medicine, the discipline of clinical pharmacology has had to adapt rapidly to major change over the last few years. In addition, many of the senior founding professors have taken on new responsibilities and have less time to devote to the Society. The nature of the papers submitted to the meetings and to the Journal reflect the broad church of clinical pharmacology. Whilst papers on kinetics, metabolism, and pharmacodynamics form the core, a multiplicity of other topics such as therapeutics, education and training, and the newer disciplines of molecular medicine, pharmacogenetics and pharmacoeconomics have appeared. Competition from organ-based specialties, and from an increasing number of specialist meetings, has undoubtedly drawn away much traditional research in cardiovascular, respiratory and gastrointestinal medicine, for example, and these have not been fully replaced by the newer disciplines. Reflecting on the many new developments within the discipline of clinical pharmacology, the Clinical Section Committee of the BPS has felt the need to address these changes directly in order to redefine its direction and to maintain its previous vigour and success in the coming years.

Formation of a strategic working party

In June 1995, therefore, the Clinical Section Committee decided to form a Strategic Working Party under the Chairmanship of Dr Nigel Baber with the following terms of reference:

- i To conduct an analysis of the strengths and weaknesses of the Clinical Section and the opportunities arising from the current position.
- ii To review the findings and recognise key issues that would need to be addressed.
- iii To identify realistic and achievable targets that would ensure the Society's and Journal's prosperity and make them representative of the changes in the discipline.
- iv To report back to the Committee, and to the membership of the Clinical Section, with proposals for change.

The review process

Each member of the Clinical Section Committee was invited to provide an anonymised and thorough critique of the Clinical Section of the BPS and of its journal, the British Journal of Clinical Pharmacology. This covered a wide range of predetermined issues as well as others specifically raised by the Committee members. Comments were given under four headings; strengths, weaknesses, opportunities and threats.

At the same time as the Clinical Section was conducting its analysis, the Society as a whole was undertaking a similar exercise (also under the Chairmanship of Dr Nigel Baber). One key finding from both Working Parties was the desire for the clinical and non-clinical members to work more closely together in the future. This is clearly expressed in our decision to adopt a common Mission Statement for the whole Society, as follows:

'To be the leading society for the presentation and discussion of all matters relating to pharmacology, clinical pharmacology and therapeutics. Specifically, the Society is concerned with the discovery, mechanism of action, use and safety of drugs in animals and humans, in order to contribute to education, understanding and the relief of suffering.'

The Clinical Section also defined its vision which was more specific for its particular aims:-

- i To be the Society of first choice for the discipline of Clinical Pharmacology and Therapeutics in Europe.
- ii To support the British Journal of Clinical Pharmacology to become the premier journal of the discipline world-wide.

The outcome of the strategic review

The main findings of the Strategic Working Party, and issues arising, can be divided into six main sections:

1 Role of the discipline

As indicated earlier, clinical pharmacology is currently facing a need to redefine its role and ensure that its contribution is appropriately valued within academia, the health service and the pharmaceutical industry.

Among the causes for concern expressed by the Committee were: competition for resources from organ-based specialties; the wide scope of the interests of the clinical pharmacologist; loss of identity of some academic departments of Clinical Pharmacology and Therapeutics by absorption into departments of Medicine and other disciplines; split loyalties of members between specific therapeutic areas and clinical pharmacology; mergers of pharmaceutical companies; increased demand on the time of academic and industrial clinical pharmacologists leading to poor attendance at meetings and committees; and a lack of attendance by senior clinical pharmacologists at Clinical Section meetings.

2 Membership

Current membership of the Clinical Section is around 650, of whom around 450 are in the UK and 200 overseas. The number attending meetings are usually between 100 and 150. Whilst most academics are members of the BPS, the same is not true of clinical pharmacologists in industry and in the regulatory authorities many of whom have, for whatever reason, chosen not to join the BPS. It was also recognised that active participation at meetings by both senior and more junior members is critical to maintaining a thriving Society.

Four initiatives will be undertaken to encourage current members to attend meetings regularly, and to increase the number of new members, especially from industry:

- i Personal contact and encouragement by current members. This was considered to be by far the most important element.
- ii Restoration of the meeting of Professors and Heads of Clinical Pharmacology under the chairmanship of Professor Charles George.
- iii Continuation of Clinical Section symposia on themes of current interest, and the development, where relevant, of additional symposia combining pre-clinical and clinical science.
- iv Development of joint meetings with the Association of Human Pharmacology in the Pharmaceutical Industry (AHPPI) whose membership is about 160 and includes nurses and clinical research scientists who work in clinical pharmacology units in industry, hospitals and in contract organisations and who share many interests and concerns with members of the Clinical Section of the BPS.

3 Meetings

Attendance at some of the meetings in recent years has been poor. Given the pressures on time for many members of the Clinical Section and the fact that many societies meet

only annually, it was decided to concentrate on two good meetings each year rather than continue with four as at present. Initially, the timing of these meetings will depend on the venues to which the BPS is already committed. However, in the longer term it is envisaged that there will be a move to one meeting in summer and another in winter, possibly with additional overseas meetings as a guest society where opportunities arise. It is envisaged in future that a social event, organised by the Clinical Section host, will be held on the Wednesday or Thursday evening depending on suitability, for any members who wish to attend. The Committee encourages the membership to submit all its clinically relevant abstracts to one of the two meetings where the Section is present, although Clinical Section members can, of course, participate in meetings of the BPS even when the Clinical Section is not formally present.

The basic format of meetings—with poster presentations on Thursday mornings and oral communications in the afternoon—will continue, but posters will remain on display all day and authors will be encouraged to attend their work in the late afternoon as well as the morning. Prizes have been initiated for the best poster and oral communications supported by Pfizer and GlaxoWellcome Pharmaceuticals respectively. The Clinical Section symposia, generally held on the Friday morning, have proved popular and will continue. Where possible, a second symposium combining pre-clinical and clinical research will be planned and the submission of abstracts linked to the theme of this symposium for oral or poster presentation will be encouraged.

4 The British Journal of Clinical Pharmacology

The Journal was included within the remit of the original strategic review, but a separate Working Party met to consider its existing strengths and future challenges arising from the review. It was recognised that the Journal and the Society are mutually interdependent, and the Journal should remain an essential official organ of the Clinical Section of the BPS. A number of key objectives were identified with specific associated targets. As will be clear to those who read the Journal regularly, these objectives have already been notified [1] and a number of them have already been met.

The objectives were as follows:

- i *Science Citation Index (SCI)*—This has recently risen to above 2.0 and we wish to both sustain this level and further improve on it. While it is accepted that the SCI is a blunt tool for assessing the quality of research, there has been increasing focus on this measure by academics in recent years for lack of any other simple measure of success.
- ii *Circulation and profitability*—The Journal provides an important contribution to the income of the Society and hence its many activities, including the support of scientific meetings, intercalated BSc awards and PhD studentships. It was felt essential to maintain and potentially build on the current circulation figures and carefully manage the transition to electronic publishing without loss of profitability.
- iii *Submission rates*—Submission rates overall have been healthy and include papers covering a wide range of issues. However, there has been a notable reduction in submissions from the UK, possibly due to the influence of specialist

journals and this needed to be addressed. Rejection rates are currently around 50%.

iv Reputation—our sister journal, *The British Journal of Pharmacology* is currently the most successful general pharmacology journal worldwide. It is our intention to further internationalize the Journal and take other steps to ensure that our Journal continues to sustain its reputation for publication of high quality research and to enhance the reputation of the BPS and its Clinical Section.

A large number of recommendations to reorganise the format and content of the journal were identified. These were subsequently agreed by the Section Committee and ratified at the Annual General Meeting. These include:—

- i To increase international representation on the Editorial Board, both at the Main and Executive levels.
- ii To re-design the cover and layout, stressing the Journal's international nature, and to sectionalize contents, e.g. kinetics, dynamics, pharmacovigilance.
- iii To start a regular 'Letter from Down-Under' from Australasia.
- iv To further reduce publication time by accelerating production schedules and stipulating a 48 h proof turnaround from authors.
- v To introduce structured abstracts.
- vi To attract papers in topics currently under-represented e.g. molecular biology, pharmacokinetic/pharmacodynamic modelling, pharmacovigilance and pharmacoeconomics.
- vii To increase the number of high quality reviews and leading articles by identifying individuals who would act as a focus to commission articles in specific areas.
- viii To re-start the popular and successful series of 'Methods in.....'
- ix To include a regular feature on overviews or summaries of major clinical trials published in leading clinical journals, but from a clinical pharmacology perspective.
- x To expand coverage of therapeutics by producing evidence-based management guidelines in specific therapeutic areas. These might be based on a 'case history' approach.
- xi To approach commercial organisations holding symposia of an appropriate quality with a view to publishing externally peer-reviewed proceedings of the meetings.

5 Interfaces with other disciplines and organisations

There are a large number of interactions, both official and unofficial, between the Clinical Section and other organisations. The nature of each relationship was identified, and how this might be developed for the good of the section, was determined.

The more significant interacting organisations were:

i The Royal College of Physicians: Here, the Clinical Section is well represented at three levels: The *Clinical Pharmacology Committee* chaired by Professor Morris Brown, with Dr Nick Bateman as Secretary; the *Joint Specialist Liaison Committee* represented by Professor Morris Brown and Professor David Webb; and the *Specialist Advisory Committee* on postgraduate education represented by Dr Derek Waller.

In addition, the Royal College recently convened a Working Party on 'Clinical Pharmacology in a Changing World' represented by Dr Nigel Baber, Dr Nick Bateman

(Secretary), Professor Morris Brown, Dr Derek Nunez, Professor Larry Ramsay and Professor David Webb.

ii The Faculty of Pharmaceutical Medicine A number of heads of clinical pharmacology in academia and industry are founders, fellows and examiners within the Faculty. Dr Nigel Baber is currently a Board member. This interaction is particularly important for ensuring the adequate setting of standards and training for clinical pharmacologists in industry and in Contract Research Organisations.

iii Association of British Pharmaceutical Industries (ABPI) None of the members of the current section committee is a member of any of the ABPI committees. However, there is a clinical pharmacology sub-committee of the Medical Section to which we have access for topics of relevance to the discipline.

iv Organ-based and disease area specialties It was recognised that clinical pharmacology has, to an extent, lost out to some organ-based specialties. However, it was also recognised that there remain very strong links with cardiology and vascular biology and there are encouraging links forming in relation to molecular biological and genetic technologies. Geriatric medicine has always had a major interest in clinical pharmacology and therapeutics and future joint symposia with the British Geriatric Society are planned.

v Drug metabolism The Clinical Section has provided a regular opportunity for members of the UK Drug Metabolism Group to present at BPS meetings, to publish abstracts in the Journal, and to participate in joint symposia. We are committed to the continuation of this link as an area of biochemical pharmacology and toxicology that is poorly represented in the Society as a whole.

6 Education

The importance of understanding drug action and the principles of practical aspects of safe and cost-effective prescribing may be self-evident to members of the Clinical Section, indeed it is enshrined in the policy of the General Medical Council for undergraduate education outlined in 'Tomorrow's Doctors' [2]. Nevertheless, within medical schools the teaching of pharmacology is under threat and it remains essential to justify teaching of clinical pharmacology in the undergraduate curriculum. Clearly, there is also a role for trained clinical pharmacologists to provide continuing postgraduate education and to provide expertise—within academia, the pharmaceutical industry, and the regulatory authorities—to allow the effective development of new drugs. With these matters in mind the Clinical Section has undertaken the following initiatives:

i Undergraduate Core Curriculum Professors Tom Walley and David Webb undertook to generate an undergraduate core curriculum in clinical pharmacology using a Delphi approach. This has now been completed and the methodology and outcomes have been published in the Journal [3, 4]. In addition, it is hoped that this document will be used to inform discussions within medical schools and assist the deliberations of the Royal College Working Party on Clinical Pharmacology.

ii Specialist Registrar Posts Dr Nigel Baber and Professor Morris Brown have been involved in developing a major new initiative between the ABPI and the NHS Executive

to create new training posts in clinical pharmacology to meet the needs of academia, industry, contract research organisations and the regulatory authorities [5] and these were highlighted in a recent Career Focus article in the British Medical Journal [6]. These joint academic and industrial postgraduate training programmes will lead to specialist accreditation in clinical pharmacology and another specialty. Although this other specialty is often likely to be general (internal) medicine there have been some innovative plans for links with pediatrics and intensive care. In addition, many departments remain strongly committed to cardiovascular medicine and there are currently plans being discussed for dual or even triple certification including cardiology training.

iii Postgraduate links with the US The Specialist Registrar posts were designed, in part, to make postgraduate medical training in the United Kingdom consistent with the equivalent training received in Europe and to allow free exchange of trained doctors between different countries within the EC. On this background, Dr Nigel Baber and Professor David Webb have been in preliminary discussion with members of the American Society for Clinical Pharmacology and Therapeutics (ASCPT) in order to explore whether it might be possible to obtain mutual recognition of postgraduate training in clinical pharmacology between the two countries and to identify any steps that would be necessary to facilitate this process.

Conclusions

In summary, the Strategic Working Party has identified several key areas which need attention, some of which can be tackled immediately and others which will need to be addressed over a longer period. Indeed, important progress is already being made on a number of fronts.

The Working Party and the Section Committee have

been greatly encouraged by the energy and enthusiasm of our membership for the Clinical Section, the Journal and the Society as a whole. It is our view that clinical pharmacology is in a much healthier state than some of its critics would lead us to believe. With strong leadership from within the Clinical Section and the continuing support of the members of the Society, as well as the advocacy of leaders in academia and industry, we believe we can look forward to the next 25 years with confidence and excitement.

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References

- 1 Back DJ, McInnes GT, Tucker GT. New cover—renewed commitment. *Br J Clin Pharmacol* 1997; **43**: 1–2.
- 2 General Medical Council. *Tomorrow's Doctors*, London Dec 1993.
- 3 Walley T, Webb DJ. Core content of a course in clinical pharmacology. *Br J Clin Pharmacol* 1997; **44**: 171–174.
- 4 Walley T, Webb DJ. Developing a core curriculum in clinical pharmacology and therapeutics: a Delphi approach. *Br J Clin Pharmacol* 1997; **44**: 167–170.
- 5 Baber NS, Brown MJ. A new opportunity for training in clinical pharmacology. *Br J Clin Pharmacol* 1996; **41**: 365–368.
- 6 Baber N, Brown M, Webb D. Career focus: opportunities for a career in clinical pharmacology. *Br Med J* 1997; **314** (15 March suppl): A2–3.