Letter to the Editor

Current status of clinical pharmacology services
provided by Board Certified Clinical Pharmacologists
in Japan

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Dollery has recently reviewed clinical pharmacology during the first 75 years and summarized essential issues for further developments in this field. These include developing experimental medicine, service support of pharmacotherapy, teaching of clinical pharmacology to medical students and practising doctors, and contributing to personalized medicine [1]. Similarly, Lewis *et al.* have presented the current status of American Board of Clinical Pharmacology (ABCP) fellowship training and concluded that, for clinical pharmacology to be recognized as a unique subspecialty, a Board Certified Clinical Pharmacologist (BCCP) must provide clinical pharmacology services in clinical practice [2]. However, the current status of clinical pharmacology services offered by clinical pharmacologists or BCCP is unclear in the UK, USA and other countries.

Certification of clinical pharmacologists started in 1992 in Japan. MD candidates needed satisfactory completion of 3-years' training in clinical pharmacology, more than three presentations of original data at clinical pharmacology meetings and more than three publications of clinical pharmacology trials. Candidates who were approved to sit the exam then took the multiple-choice and written examinations, and an interview with members of the Certified Clinical Pharmacologist Board. Certification is renewed every 5 years. Three hundred and twenty-nine physicians were certified from 1992 to 2005 and 225 MD candidates remained to be certified by April 2005. To evaluate the status of clinical pharmacology services provided by the BCCP in Japan, they were solicited by mail with a self-assessment questionnaire from 1 April to 30 June 2005, with a response rate of 75% (196/225). As shown in Table 1, many BCCPs were engaged in drug evaluation with (54%) and without (41%) support from pharmaceutical companies. Major roles were reviewing study protocols before institutional review board (IRB) submission (pre-IRB protocol review) and serving as a member of an IRB.

Table 1

Percentage of Board-Certified Clinical Pharmacologists who responded that clinical pharmacology services are involved in their routine work

(1) Therapeutic drug monitoring; (at least one item, 37%)
• Measurement of drug concentration (24%)
• Adjustment of dosage regimen (24%).
(2) Drug therapy consultation; (at least one item, 17%)
• Advising physicians for prescription (17%)
• Providing drug information for other physicians (12%).
(3) Diagnosing and treatment of drug poison (5%).
(4) Drug evaluation sponsored by pharmaceutical company; (at least one item, 54%)
• Pre-IRB protocol review (30%)
• Serving in IRB (37%)
• Monitoring of trial (11%).
(5) Drug evaluation without support from any pharmaceutical company; (at least one item, 41%)
• Design of clinical trials (27%)
• Pre-IRB protocol review (24%)
• Serving in IRB (27%)
• Analysis of data (18%).
(6) Continuing clinical pharmacology education for the members of their medical team; (at least one item, 39%)
• Physicians (18%),
• Pharmacists (9%)
• Nurses (12%)

Although 37% of BCCPs provided some form of therapeutic drug monitoring service, the activities involved in drug therapy consultation and management of poison were relatively slight. In addition, provision of clinical pharmacology education for physicians was unexpectedly low.

We believe that clinical pharmacologists, especially BCCPs, should play a major role in the following issues, which are also mentioned in the articles [1, 2]: (i) drug

evaluation for establishing a rational dosage regimen, (ii) drug therapy consultation for practising a rational dosage regimen, and (iii) clinical pharmacology education for physicians. The present nationwide survey has revealed for the first time that BCCPs pay greater attention to drug evaluation than to drug therapy consultation and clinical pharmacology education in Japan. It remains to be determined whether this situation is specific to Japan. To address the issue, further nationwide surveys of clinical pharmacologists in the UK and elsewhere are needed.

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