

EDUCATING DOCTORS TO USE DRUGS WELL

In nearly all fields of science existing knowledge which could be usefully applied to daily life far exceeds that which is actually applied. The main obstacles to the fruitful application of much new knowledge are lack of understanding and of the appropriate skills among those in a position to use it. The gap between what is known and what is effectively used becomes wider as the pace of change quickens, until the disparity can no longer be ignored by those directly concerned nor even by society at large.

The rapid development of clinical pharmacology and therapeutic knowledge in the last 20 years has left the majority of doctors well behind. Most of those who graduated 10 or more years ago now remember little of the pharmacology they learnt as students, and what they remember is probably not what is most relevant to their practice. How can they be helped not only to catch up, but to keep their use of drugs and of other therapies sane and up to date in the future? We clearly need a system of continuing education in clinical pharmacology and therapeutics at least as much as in other branches of medicine, and probably more.

This problem has been examined in detail by a Working Party of the Medico-Pharmaceutical Forum (1975). The Forum was well fitted to sponsor this working party, for it is made up of equal numbers of representatives from the pharmaceutical industry and from the medical profession. The working party consisted of four doctors with experience of the industry, two specifically concerned with postgraduate education, and three professors of therapeutics or medicine. They were asked to review and report on the continuing education of doctors in medicinal therapeutics and to make recommendations.

Undergraduate education is the basis of continuing education, but although twenty-two of twenty-six clinical medical schools questioned by the working party have established one or more posts in clinical pharmacology or therapeutics, the teaching of these subjects in most places is still insufficiently related to the practical problems that doctors face. The working party recommends that the teaching of pharmacology, clinical pharmacology and therapeutics should so far as possible be a continuum, with the ultimate object of patient care being borne in mind from the start. This will clearly require the involvement in

teaching of clinicians who are not primarily clinical pharmacologists. The clinical pharmacologists will need to act as catalysts and missionaries in relation to their clinical colleagues. This will be difficult at first, but should gradually become easier as knowledge of clinical pharmacology spreads among clinicians. This knowledge can then become an integral part of clinical decision-making.

The main part of the report discusses ways of meeting the needs of practising doctors. There are now over three hundred postgraduate medical centres in the UK, each with a clinical tutor who organizes many courses and meetings during a year. A questionnaire survey of one hundred and sixty-eight tutors indicated that comparatively few sessions are devoted to clinical pharmacology and therapeutics, though these subjects are often touched on in sessions dealing with other subjects.

It is perhaps not surprising that 'clinical tutors frequently seem to have no conception of clinical pharmacology as a systematic discipline . . .', for many of them have never been exposed to it. The working party recommends that the teaching effort devoted to medicinal therapeutics at postgraduate centres should be much increased, and no doubt the readers of this journal will all heartily agree, but little is known about the effects of different types of teaching on the quality of prescribing. Lectures from consultants, which account for many of the sessions at postgraduate centres, run the risk of at least partial irrelevance to the problems of general practice, and teaching methods need to be tried which create more involvement than does a brief discussion period after a lecture. One format that seems promising is the weekly or two-weekly seminar of 1-1½ h, to which the participants bring case-records from their practice that illustrate the management and therapy of a particular type of problem. One week it may be depressive illness, another week asthma, and so on. The discussions often clarify the relationships between different drug therapies, and between drug therapies and non-drug therapies; the latter tend to be rather neglected in therapeutics. Such seminars have three interconnected aims: to make the participants think critically about their choices of treatment, to accustom them to discussion of therapy with their colleagues, and to stimulate them to develop coherent treatment policies that can be adopted by a group of doctors, whether in general practice

or in hospital. The extent to which such policies emerge and are adopted would be a simple criterion, though a demanding one, for judging the efficacy of this method of learning. Initially the difficulty in organizing sessions of this kind may be a shortage of suitable tutors. However these could be drawn not only from among clinical pharmacologists but also from constructively critical general practitioners with an interest in the subject.

Journals, the working party concludes, are undoubtedly one of the most important means of postgraduate education, but with few exceptions they do not give as much space to therapeutics as they might. The wider distribution of relevant material in an interesting form would be an improvement. It is pleasant to note that since the report was published, the Department of Health and Consumers' Association have jointly arranged to distribute the *Drug and Therapeutics Bulletin* free to all doctors registered since 1 September 1971, to all in their pre-registration year and to all final-year students (*Drug and Therapeutics Bulletin*, 1975). This is an experimental arrangement for 2 years and applies only to England and Wales, but it represents an important increase in the availability to prescribers of concise and clear non-commercial information about drugs.

The report says little about pharmaceutical promotion. This evidently stems from the divergent views on this subject between the pharmaceutical and the medical members of the Medico-Pharmaceutical Forum itself, which had to approve the report. The industry feels that advertising is its life-blood, while doctors are mostly overwhelmed and confused by it, and tired of it. But of course if it were not for the excessive volume, optimistic claims and gastronomic blandishments of pharmaceutical promotion, continuing education in therapeutics would be far

easier than it is. Education could concern itself more with learning, and less effort would have to be spent on unlearning promotional messages. Doctors would not be tempted to attend a hospitably organized slide-show rather than a non-commercial discussion of therapeutics with their colleagues. The Department of Health has this year proposed a sharp cut in expenditure on pharmaceutical promotion from £32m to £23m a year, and when this comes into effect we can perhaps expect education about drugs to meet somewhat less competition.

The working party makes a number of other recommendations. One is that prescribers should be provided with early independent appraisals of new products in relation to alternative preparations already available, though no suggestions are made as to how this might be done, or by whom. Another valuable suggestion is that a series of tape/slide lectures on the basic principles of clinical pharmacology should be made and that it should be nationally available. Finally, the working party strongly supports the recommendation made by the Royal College of Physicians (1975) that a physician with special interest in clinical pharmacology and therapeutics should be on the staff of every district hospital. The report outlines in some detail the role of such physicians in continuing education and further strengthens the case for creating these posts.

The report is a thoughtful and constructive piece of work and everyone concerned with clinical pharmacology or continuing education ought to read it and to act on it.

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