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British Pharmacological Society Warns More Clinical Pharmacologists Needed to Improve Health of Patients and Save Money

3 November 2014, London UK: The British Pharmacological Society launched today a [new report](#) calling for an increase in the number of clinical pharmacologists across the four UK nations. This medical specialty, the only one focusing on the safe, effective and economic use of medicines, is well placed to help the NHS surmount the biggest financial challenge since its creation.

Labour peer Lord Robert Winston hosted a reception to launch the report and said, "*The NHS faces increasing demand for services and a decreasing budget. Evidence shows that clinical pharmacology is going to be vital if we are to meet this challenge, but the speciality has perhaps been a little too shy in coming forward. I am therefore pleased to help draw attention to this under-recognised group of doctors and the steps needed to increase their number.*"

Why are more clinical pharmacologists needed?

Clinical pharmacologists ensure existing medicines are used safely, effectively and efficiently, making room for the pioneering medicines of tomorrow, which clinical pharmacologists play a crucial role in developing. Yet in 2012, there were only 77 Clinical Pharmacology & Therapeutics (CPT) consultants in the UK¹, significantly fewer than the 440 recommended by the Royal College of Physicians². Clinical pharmacologists save money and improve patient outcomes by:

- Advising on **medicines policy and cost-effective management**, saving the NHS £10 for every £1 invested³.
- Bringing innovation to the NHS through **experimental medicine** by designing early phase clinical trials and establishing NHS clinical research facilities.
- **Working with industry** to provide tomorrow's medicines and grow the UK's economy: CPT consultants support the development of innovative, new medicines in the life sciences sector.
- Leading **clinical toxicology** services and the National Poisons Information Service.
- **Teaching new doctors** to prescribe medicines safely and effectively.
- Providing both **specialist and enhanced generalist care** as they are often also accredited in general internal medicine. Their expertise prevents the avoidable harm associated with adverse drug reactions.

Professor Humphrey Rang, President of the British Pharmacological Society, provided context for the report by saying, "*Clinical pharmacologists already improve patients' lives by contributing to the development of new medicines and ensuring they are used safely and effectively. Our aim is to emphasise the need for the NHS to nurture and grow the specialty to meet the increasing demand for services we expect to see in the future.*"

What is the [British Pharmacological Society](#) calling for?

To help the NHS meet the strategic challenges of the 21st century, there must be a strong commitment from governmental and NHS organisations in England, Wales, Scotland, and Northern Ireland to encourage growth of the clinical pharmacology discipline through improved specialist training opportunities and a clearer career pathway. The Society's report calls for a substantial increase in the number of registrar training posts and the number of consultant posts to meet current and future demands. While the recommended workforce of 440 clinical pharmacologists is aspirational, increasing the number of consultants to 150 over the next decade is achievable⁴.



How do clinical pharmacologists contribute to the NHS and society?

Clinical pharmacologists often work as part of multi-disciplinary teams to provide general and specialist medical services in hospitals and the community, bridging the gap between primary and secondary care. The British Pharmacological Society identified six domains where these doctors make particularly valuable contributions to the NHS: care provision, clinical toxicology, medicines policy and management, education and training, working with industry and experimental medicine.

For example, clinical pharmacologists apply their specialist knowledge to reduce prescribing errors, a crucial way to save money and benefit patients; a UK study found prescribing or monitoring errors in the care of one in eight patients⁵. They also help reduce admissions associated with adverse drug reactions (ADRs), which place a significant burden on the NHS. ADR admissions are estimated to lead to the equivalent of the occupancy of ten 800-bed hospitals at any one time, conservatively estimated to cost £637 million annually⁶.

Clinical pharmacologists lead the National Poisons Information Service, a world-leading, on-call advice service for healthcare professionals. As poisoning is one of the most common causes of hospital admission, it is crucial for clinical pharmacologists to be available to provide support; 53,000 telephone calls were recorded in 2012-13⁷.

Clinical pharmacologists are at the centre of the drug development process in the early stages through to licensing and marketing. Their specialist knowledge is vital in improving the success rate of early phase trials and ensuring the safe use of new drugs in diverse patient populations. Clinical pharmacologists' contributions to a stronger and more productive life sciences sector attract investment to our shores, benefitting NHS organisations and UK economic growth.

Status of the current CPT consultant workforce

The existing clinical pharmacologist workforce is smaller than is required to cope with existing need or rising demand. For comparison, all other medical specialties saw a 62% increase in consultants between 2002 and 2012, whereas there was only a 4% increase in CPT consultants over the same time period⁸. Consequently, the number of CPT registrars has decreased from 54 in 2010 to 34 in 2011 and 2013⁹, detrimentally impacting recruitment of junior doctors to the specialty.

The consequence of this trend is rising workplace pressure to meet the demand for CPT services⁷. Clinical pharmacologists are distributed unevenly across the UK nations with 57 in England, 15 in Scotland, 4 in Wales and 1 in Northern Ireland⁷. As a result, there is widespread variation in the number of people served by each CPT consultant.

- In Scotland, one clinical pharmacologist for every 353,333 people
- In Wales, one clinical pharmacologist for every 775,000 people
- In England, one clinical pharmacologist for every 929,824 people
- In Northern Ireland, one clinical pharmacologist for every 1,800,000 people⁷

Medicines budgets will continue to come under pressure, increasing the need for assessments of clinical and cost-effectiveness. The British Pharmacological Society aims to help the NHS fully realise the benefits of the clinical pharmacology specialty and calls for a coordinated approach to increase the size of the current workforce.

About the [British Pharmacological Society](#)

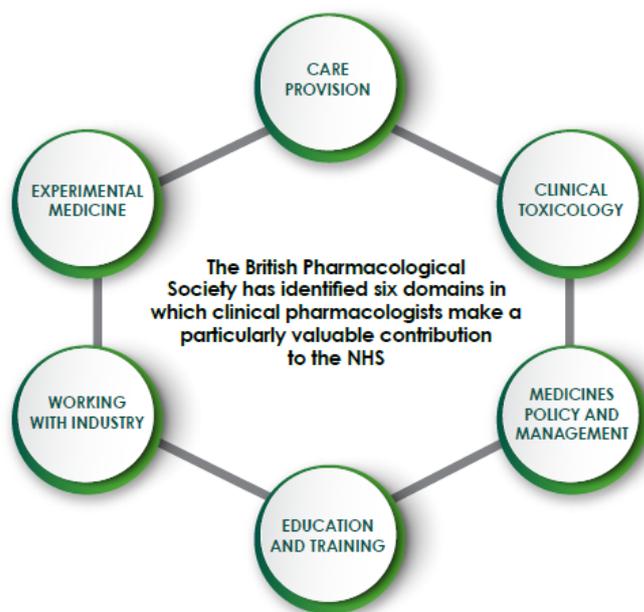
The British Pharmacological Society is the primary UK learned society concerned with research into drugs and the way they work. Our 3,500+ members work in academia, industry, regulatory agencies and the health services, and many are medically



qualified. The Society covers the whole spectrum of pharmacology, including laboratory, clinical, and toxicological aspects.

Clinical pharmacology is the medical specialty dedicated to promoting safe and effective use of medicines for patient benefit. Clinical pharmacologists work as consultants in the NHS and many hold prominent positions in UK universities.

'A Prescription for the NHS: Recognising the value of clinical pharmacology and therapeutics' was developed by the British Pharmacological Society because of increasing demand on the NHS and well-documented evidence that CPT is able to meet these challenges, despite being a little-known specialty outside the medical establishment. Clinical pharmacologists can make even more vital contributions to the NHS as it attempts to provide safe, equitable, high-quality patient care with restricted budgets. The Future Hospital Commission identified the strategic demands facing the NHS and clinical pharmacology can be instrumental in rising to these challenges.



References

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- ² Royal College of Physicians of London. *Consultant physicians working with patients: The duties, responsibilities, and practice of physicians in medicine*. 2013. Available at http://www.rcplondon.ac.uk/sites/default/files/consultant_physicians_revised_5th_ed_full_text_final.pdf. Last accessed: May 2014.
- ³ Welsh Government. Investing to save 3: Short-term investment for long-term benefit. 2012. Available at <http://www.senedd.assemblywales.org/documents/s10974/Action%2520Point%2520-%2520Invest2save3%2520English.pdf>. Last accessed: September 2014.
- ⁴ Royal College of Physicians of London. *Consultant physicians working with patients: The duties, responsibilities, and practice of physicians in medicine*. 2013. Available at http://www.rcplondon.ac.uk/sites/default/files/consultant_physicians_revised_5th_ed_full_text_final.pdf. Last accessed: May 2014.
- ⁵ The University of Nottingham. General Medical Council. Investigating the prevalence and causes of prescribing errors in general practice. May 2012.



⁶ Davies EC, Green CF, Taylor S, Williamson PR, Mottram DR, Pirmohamed M. Adverse drug reactions in hospital in-patients: A prospective analysis of 3695 patient episodes. PLoS One 2009; 4:e4439.

⁷ Public Health England and the National Poisons Information Service. National Poisons Information Service report 2012/13. 2013. Available at <http://www.npis.org/NPISAnnualReport2012-13.pdf>. Last accessed: May 2014.

⁸ Royal Colleges of Physicians. Census of consultant physicians and medical registrars in the UK 2012: Full

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⁹ Royal Colleges of Physicians. Census of medical registrars in the UK: Data, figures, and tables R1a – R24e. 2014. Available at

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