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Put patients at centre of pharmaceutical innovation

Unless points of contention between the pharmaceutical industry and the medical profession are resolved satisfactorily, future advances in the quality of patient care may be put at risk. This is the conclusion reached by a multi-sector working party convened by the **Royal College of Physicians**. The group's report, ***Innovating for health: Patients, physicians, the pharmaceutical industry and the NHS*** identifies a number of critical threats to clinical research in the UK. These coalesce around two key themes:

Patient disillusionment with medicines policy. Evidence submitted to the group suggests that patients remain concerned that they do not enjoy equal access to medicines, nor do they believe that the full range of innovative medicines that are available is brought to their attention, thus undermining their confidence in the entire prescribing process. Patients sampled also confirm a willingness to participate in clinical trials, or other drug related research but report a lack of opportunity..

A failure of trust between the NHS and the pharmaceutical industry. There are also major issues in the relationship between industry and the medical profession in recent years, with education being one of the most contentious areas. Well respected physicians contend that continuing professional development programmes are too dependent on industry support, while the industry cites widespread ambivalence within the NHS and academia towards working with them as a key obstacle to future innovation.

To address these challenges, the group has formulated a series of steps they believe can help to restore trust and promote the effective exchange of ideas between sectors. The common theme cutting across the 42 recommendations is a drive to redefine the terms of engagement between the NHS, academic medicine, and the pharmaceutical industry, with the health and well-being of the patient as the over-riding objective.

The proposals include:

A cross sector push to restore patient confidence in the prescribing process. This would involve two main measures; a strategic initiative to accelerate work on an access to medicines strategy with the aim of reducing inequalities in medicines provision across the country, and a comprehensive medicines information strategy for patients, the first step of which would be to create independent sources of evidence about the effectiveness of different prescription drugs for consumers.

Measures to restore patient confidence in medical independence. The report cites evidence of patient unease with the perceptibly close relationship between some doctors and pharmaceutical companies. To address this, the authors recommend the medical profession collectively adopt the (Nolan) principles laid out by the Committee on Standards in Public Life for those in public service as a means of reassuring patients of their independence when performing their duties.

Decoupling the pharmaceutical industry from continuing professional development. The industry presently pays for about half of all postgraduate medical education. In order to address widespread suspicions that drug promotion is carried out through continuing professional development, the working party recommends weaning postgraduate training off individual pharmaceutical company sponsorship over a time bound period while alternative *sources of sustainable funding are organised through for example the royal colleges and the Department of Health*

Introducing a collaborative culture built on respect for the contribution made by those inside and outside of industry. The report, noting that the UK's recent comparative advantage in medical research has now been lost to European competitors advocates the introduction of more proactive research leadership- clinically and managerially-within the NHS, alongside a better alignment of incentives to promote and sustain research and research careers.

To drive forward the report's recommendations, the Royal College of Physicians plans to establish a Pharmaceutical Forum which will include physicians, scientists, research funders, industry representatives, editors and patient groups. The group will review progress in two years' time at a national conference organised specifically for the purpose.

[Innovating for health](#)

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