Diploma in Pharmaceutical Medicine

The number of doctors in the British pharmaceutical industry has increased steadily over recent years. The responsibilities of these medical advisers (or pharmaceutical physicians as they are now frequently known) have grown with the demand for more extensive, elaborate, and controlled testing of new medicines for safety and efficacy. There is also an increasing need for closer monitoring of medicines when they are marketed and become freely available to the prescribing doctor. Add to this the detailed knowledge of the mushroom growth in medicines legislation in recent years, and the result is a challenging job-specification.

The recommendations of the Royal Commission on Medical Education led to the formation of groups to consider higher medical education and training, and these were given added urgency when Britain joined the European Community and so entered its discussions on specialist registration. In consequence the Association of Medical Advisers in the Pharmaceutical Industry (AMAPI) began to look for ways by which physicians in the industry could secure their own special professional status. These moves, which began in 1969, led to the formation in 1973 of a small working party of doctors, later to become formalised as the Joint Advisory Committee on Pharmaceutical Medicine, drawn from the AMAPI and the medical committee of the Association of the British Pharmaceutical Industry (ABPI). This group met with the Council for Postgraduate Education in England and Wales, the Joint Committee on Higher Medical Training, and the Royal Colleges of Physicians, among others, to determine how the professional status of the doctor in industry might be secured through specialist registration and to explore the possibility of the foundation of a specialist medical diploma.

The group is also planning to maintain the standards of medical entrants to the industry by providing for their training and further education—and, indeed, the AMAPI organised a successful training course during 1974.

The Royal Colleges of Physicians have now invited applications from candidates intending to sit the first examination for the Diploma in Pharmaceutical Medicine. The Joint Advisory Committee has recently completed the organisation of a two-year training course in pharmaceutical medicine, and the first course will begin in November. It will meet part of the requirements demanded of candidates wishing to sit the examination for the diploma. Regulations also require that the candidate should have undergone certain periods of general medical training and experience in the pharmaceutical industry. While many established and experienced doctors in the industry and physicians in the medicines division of the DHSS should be eligible to sit the examination without meeting these specific requirements, the training course should not only attract new entrants to the industry but also serve as a refresher course.

The Joint Committee on Higher Medical Training has also agreed that time spent in certain approved posts in clinical pharmacology in the pharmaceutical industry will count towards the period of higher medical training leading to accreditation in clinical pharmacology. Meanwhile, discussions about specialist registration continue throughout and on behalf of the whole medical profession. Doctors in industry hope that, by securing their professional status and by maintaining their current high standards through the diploma and training programmes, they may ensure that pharmaceutical medicine will become a recognised specialty.

Treatment of retinitis pigmentosa

Retinitis pigmentosa is the term used to describe a heterogeneous group of heritable disorders, each with a different prognosis and probably a different basic aetiology. It is a common cause of hereditary blindness, with a prevalence possibly as high as 0.5% of the world population.1 A few of these disorders produce blindness in childhood and adolescence; others result in blindness in the third and fourth decades of life; while an appreciable proportion of patients with retinitis pigmentosa retain useful central vision into old age.

During the past few months, largely as a result of publicity in the national press, increasing interest has been shown in a method of treatment for retinitis pigmentosa which is being carried out in one hospital in Moscow and possibly in a few other centres throughout the world. As a direct result of this interest some patients with retinitis pigmentosa have travelled to the USSR to undertake treatment (their trips being financed privately or sponsored by charitable organisations or other bodies). Many others have been inquiring about the value of this treatment.

Ever since retinitis pigmentosa was first adequately described over a century ago a steady stream of methods have been advocated for its treatment—vasodilators, tissue therapy, anticoagulants, vitamins, corticosteroids, hormonal extracts, miotics, mydriatics and enzymes, as well as galvanism, x-rays, ultrasound, and surgical methods intended to improve the circulation of the eye. Few, if any, had a good scientific basis for their use; and none have stood the test of time. Only one