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In a recent comment published in Lancet by Maxwell and Webb, the authors depict an unenviable state and predict a gloomy future for the British clinical pharmacology and therapeutics (CPT).[1] We read their paper with interest and affection, as CPT in Croatia has been organized according to the model instituted in the United Kingdom, a fact that also makes the emerging difficulties of potential concern to us. After analysing the points raised by the authors, we would like to share some of our own views and ideas, in an attempt to seek possible solutions.

It seems that by adhering to its academic roots and opening a space for others, CPT has missed a valuable opportunity to demonstrate its importance and practicality to national health care services.[2] Unfortunately, the increasing focus on performance targets is not unique to the health services in the UK. Such practices cause problems to Croatian CPT as well, making clinical pharmacologists appear less relevant to health authorities. We therefore suggest developing a list of evaluation criteria in CPT that could be utilised for specialist assessment and continuing education in this field.[3]

Although many other specialties are now involved into research formerly closely tied with CPT, we think this specialty should prudently strive to broaden its research activity into other fields of therapeutics such as antimicrobial resistance development, bone turn-over mechanisms and oncological treatment regimens, to name just a few. This would further reinforce the already strong research hallmark of CPT, establishing it as a premier academic discipline with strong clinical ties.

Maxwell and Webb are correct in identifying the academic basis of CPT as the main cause of the lack of favour in times of personnel expansion in the British health services, yet this could also provide a unique chance to attract the best and the brightest from all fields who will be willing to simultaneously perform research and clinical work and to serve as engines of further development and improvement in medical practice.

Although distinct courses and assessments in CPT are being lost, this could have more to do with the rigidity and lack of innovation in the teaching of clinical pharmacology than with a more integrated and problem based curriculum.[4] CPT should regain initiative, embrace innovation, adopt and use integration at every given opportunity to demonstrate to students the principles for which it has been praised.[5]

As opposed to the situation in the UK, Croatia hasn't seen a significant drain of leading figures into senior academic positions or national regulatory bodies. While the number of fully trained specialists in CPT in Croatia is currently 27 (population 4.5 million; 6 CP/million people), the current health service CPT posts are not necessarily secure in the long term and may be replaced locally by posts in specialties that are considered to be more pressing service priorities eg. cardiology.

The Croatian legislative system should find it essential to have clinical pharmacologists represented in the national pharmaceutical regulatory bodies, hospital drug committees and in the national agency for adverse effects of drugs. Our CPT should also establish itself as an invaluable source of information for health care professionals and patients alike, providing guidance on rational drug use,

pharmacokinetics, side effects, interactions, abuse and the use of drugs in pregnancy. Another possible niche, which CPT is well placed to exploit, is the increasing need for health technology assessment as the Croatian health service struggles to introduce new drugs that offer the best value for money, within tight economic restraints.

In conclusion, judging solely by numbers, the status of Croatian CPT appears rosier than that in the UK, yet this picture could soon be changing. In a transitional country facing budgetary restrictions for health care and an ever-increasing pressure to improve performance and reduce the duration of hospitalisation, the loss of specialized departments and a concomitant brain drain seem inevitable. Therefore the paper by Maxwell and Webb provides a warning to CPT in Croatia and in the region as well, especially since it is coming from a country regarded as a birthplace of European CPT and considered to be a role model for this specialty on the continent.

References:

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