

Why we need industrial pharmacists

By Stephen Goundrey-Smith, a pharmaceutical consultant

The UK pharmaceutical industry has had an impressive track record of innovation over the past 60 years, and some of its most groundbreaking developments — Ventolin, Tagamet and various others — are being chronicled in an ongoing series of articles in *The Pharmaceutical Journal* on landmark drugs. Since pharmacists employed in the pharmaceutical industry have had a role in the development and marketing of all of these drugs, it is, perhaps, ironic that this series has coincided with a debate in the letters pages of *The Journal* concerning the future of the industrial pharmacist.

In the past, pharmacists were prominent in the UK pharmaceutical industry, and could be found in a wide variety of roles. During the course of my career in, and associated with, the industry, I have met pharmacists working in research and development, regulatory affairs, medical information, pharmacovigilance, sales and marketing, and various other divisions. Yet the number of pharmacists in the industry is now diminishing. Moreover, industry is not seen as an attractive option for recently qualified pharmacists. I believe that this dearth of industrial pharmacists will ultimately be to the detriment of the pharmacy profession, the industry and the health service.

It is not hard to understand the reasons for the decline in the numbers of pharmacists practising in the pharmaceutical industry. First, due to the expansion of higher education over the past few decades, there is an increasing number of graduates in other life science disciplines seeking employment and, therefore, the industry has a larger pool of candidates from which to choose. In addition, owing to economic factors, many larger pharmaceutical companies are downsizing their sales forces, which have been the traditional point of entry to the industry for new graduates, and there is increased competition for entry-level posts in other disciplines within the industry.

Secondly, there is an increased emphasis on practising status within pharmacy, and industry is perceived by some as being less concerned with clinical practice. Although this might be true of some of the scientific roles within the industry, there is a clear clinical component in disciplines, such as medical information, medical affairs, regulatory affairs and clinical research.

Thirdly, because hospital pharmacy salaries have improved in recent years, there is less in-

centive for pharmacists to seek employment within the industry for financial reasons.

Fourthly, because of the relative ease with which they can obtain work elsewhere, pharmacists are more likely to leave pharmaceutical companies when the company restructures or relocates, or when redundancies are in the offing.

However, a major factor in the attrition of the number of pharmacists working for drug companies has

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been the way that industrial pharmacists have been represented by professional bodies. In the past, for example, the emphasis of the Royal Pharmaceutical Society's Industrial Pharmacists Group (IPG) was primarily on research, manufacturing and quality control, to the exclusion of the many other disciplines in the industry. Although it is important that pharmacists are engaged in these areas, in reality, the office-based disciplines of the industry, such as regulatory affairs, medical information and clinical trials, offer the best deployment of pharma-

cists' broad clinical and scientific knowledge. But because the Society has not effectively represented pharmacists in these areas, they have gravitated towards other professional bodies that provide networking and professional development with colleagues who are not pharmacists. For example, in medical information, the Pharmaceutical Information and Pharmacovigilance Association (formerly the Association of Information Officers in the Pharmaceutical Industry) has become a significant professional body for all involved in medical information, pharmacovigilance and associated consultancy work, regardless of professional background.

However, it is important that the pharmacy profession retains its presence in industry and its involvement with the various aspects of medicines development. A close working relationship between pharmaceutical manufacturers and the pharmacy profession, through pharmacists who are employed by these companies, particularly those who are in more senior positions, provides a platform for various beneficial initiatives. These might include the sponsorship of Society branch meetings by pharmaceutical companies or the promotion of careers in the pharmaceutical industry by specific drug companies, aimed at pharmacists and future pharmacists in the context of either local branches or schools of pharmacy, respectively. I have come across both of these initiatives

over the past 20 years. Indeed, there is considerable potential for the latter initiative given the recent expansion in the number of schools of pharmacy.

However, the greatest benefactor of a good working relationship between pharmacy and the pharmaceutical industry is the health service in general and, ultimately, patients. It is well recognised that the pharmaceutical industry is often regarded with suspicion and even downright hostility by some sectors of pharmacy, especially hospital and primary care. This dynamic undoubtedly stifles communication and co-operation between the industry and the NHS, to the detriment of patient care. If there are pharmacists working in the pharmaceutical industry who are promoting a common professional agenda with other branches of the profession, and who have the skills and personality to facilitate communication and formulate synergistic ways of working with the NHS, then patient care, as well as inter-professional relationships, will be enhanced.

What can be done to support and expand the role of pharmacists within the pharmaceutical industry? The recent expansion of the IPG's membership criteria to include pharmacists undertaking contract and consultancy work in areas such as pharmacovigilance, marketing, medical writing and primary care organisation commercial engagement, in addition to the office-based employed disciplines within the industry — medical information, regulatory affairs etc — is to be welcomed because in these areas, many pharmacists are self-employed or portfolio workers, and may particularly lack professional support. The Society needs to continue to provide professional support and representation to all pharmacists who work for, or alongside, the pharmaceutical industry.

It is essential that all stakeholders promote and publicise the current and potential roles of pharmacists in the industry, together with the knowledge and skills that pharmacists can offer.

There also needs to be a clear continuing professional development workstream for industrial pharmacists, covering all aspects of pharmaceutical industry activity in a credible manner. There are established training providers for the industry (eg, Wellards), and pharmacy bodies may wish to form training partnerships with these organisations.

But, most importantly, the role of pharmacists will be prominent again within the pharmaceutical industry when more individual pharmacists opt for a career in the pharmaceutical industry. If this happens, then we can be sure that pharmacists will be involved with future landmark drugs that are developed by pharmaceutical companies in the UK.