



Innovating for Health: patients, physicians, the pharmaceutical industry and the NHS

This edition of the Faculty Newsletter is focused on a report by the Royal College of Physicians entitled 'Innovating for Health: Patients, physicians, the pharmaceutical industry and the NHS'. This report was published in February 2009.

It was from meetings as early as in 2005 between the Royal College of Physicians and members of the pharmaceutical industry that a need was identified to improve and create new partnerships between industry, academia, clinicians and the public to tackle key issues such as pharmaceutical research, training and education of medical students and junior doctors and other matters. It was through this that a Working Party was convened formally in September 2007. The remit of this group was to review partnerships with the industry, with the overriding intention that safe and effective medicines could be developed for the benefit of patients.

The Working Group comprised representatives from a range of organisations and perspectives including representation from the Faculty of Pharmaceutical Medicine by the President, Dr Susan Bews. This newsletter contains contributions and perspectives of the report from some Working Party members as well as a review of the recommendations of the report from the patient's perspective.

The report made 42 recommendations and is now available online on the Royal College of Physicians website.

*Dr Jit Solanki MFPM,
FPM Advocacy Committee*



Background to the development and remit of the RCP Working Party

Professor Ian Gilmore

Meetings in 2005 between the Royal College of Physicians (RCP) and pharmaceutical industry representatives identified several factors critical to the future of the industry and to pharmaceutical research in the UK. It was apparent from discussion at these meetings, and from the written comments that followed them, that there was no difficulty in identifying problems with industry related research in the UK, nor a shortage of individual ideas that might go some way to solving them. Neither was there much difficulty in prioritising issues, with factors that grouped under headings such as 'collaboration' and 'communication' coming near the top. However, as in many other fields, a single mechanism to induce the various players to take individual steps that might combine into a definitive solution was lacking.

A UK wide blue print to ensure that the numerous factors identified at these meetings were addressed might not have been a realistic goal for any organisation, but in an attempt to confront the issues raised more formally, in September 2007, the Royal College of Physicians convened a working party with a remit to review partnerships with industry, with the overriding intention of defining the conditions in which safe and effective medicines could be developed and delivered for the benefit of patients.

The working party was chaired by Dr Richard Horton, Editor-in-Chief, The Lancet, and brought together not only representatives of medicine and industry, but also NHS management, and the important independent voice of patients and the public.

In order to gather material to inform its report, the working party took oral evidence from 17 expert witnesses; received written evidence to a set of questions about the NHS, the pharmaceutical industry, and academic medicine; drew on extensive peer reviewed literature; and commissioned a survey from the RCP's patient and carer network. Material gathered from this survey deeply impressed the working party, and the views gathered from network members formed the basis of the first section of the report on patient care – a section that develops the themes of major importance to patients: access to and information about medicines, and access to information about participation in clinical trials.

The working party report *'Innovating for Health: patients, physicians, the pharmaceutical industry, and the NHS'* was published in February 2009. The report contains 42 recommendations, one of which is that the RCP should create an inclusive Forum to deliver and build on report recommendations. This work has now started, with the first Forum meeting being held in May. Forum work will be intense leading up to a conference on progress scheduled for Spring 2011. To assist its work the Forum has convened sub groups that will examine in greater detail action relating to four broad areas: a renaissance in clinical pharmacology; research quality and unbiased reporting; translational research; and the patient perspective. Through this action it is hoped that the aspirations contained in the working party report will become a reality for the thousands of patients who benefit from medicines and pharmaceutical research, and for the clinicians who care for them.

Summary of recommendations from the Working Party and implications for the Faculty of Pharmaceutical Medicine

Dr Richard Tiner

The Faculty's evidence to the Working Party set out six guiding principles for the new covenant between patients, physicians, the pharmaceutical industry and the NHS. They are:

- Shared goals of improving patient care
- Respect for the science base of industry, academic medicine and the NHS
- Trust, transparency and partnership
- Mutual respect among all individuals
- Acceptance that there can be benefits for all sides working together but with an understanding of realistic expectations: that the NHS needs new, safe, effective and cost-effective medicines (and medical devices); that academics need to publish good science; and that industry needs to make commercial returns on investment

Understanding of the legitimate needs of all groups and the overlap in both achieving delivery of a first class health service and strengthening the UK economy

The report recognised that the Faculty has been the leading voice in setting ethical standards in pharmaceutical medicine.

One recommendation naming the Faculty and Royal College of Physicians (RCP) required them to promote and apply the Seven Principles of Public Life (Nolan Principles) among their Fellows and Members and advocate these principles to the Academy of Medical Royal Colleges and the profession as a whole via the General Medical Council (GMC). The Faculty Coordination Committee has already charged the Ethics Committee to review its Ethical Principles document in the light of the Nolan Principles.

Another recommendation is that the Faculty should play a key role in increasing transparency around clinical trials and drug safety. Good progress has been made by industry in these areas over the last five years, but there is still a need for greater transparency and the current progress needs to be brought to the attention of industry critics.

A particularly difficult but important challenge for the Faculty is to determine how to interpret the report's statement that the role of doctors who work in industry is to be the voice of the patient i.e. representing the patient's voice internally within the company decision making processes

Prof. Kent Woods, the MHRA CEO, when he gave oral evidence indicated that the tough commercial environment for "big pharma" appeared to have shifted the balance between marketing and medical divisions towards the former and "this was an obstacle to professional communication". This is clearly an area in which the Faculty should take particular interest and look at how to reverse the trend.

The Faculty needs to be involved in ensuring that the pharmaceutical industry continues to contribute to medical education whilst recognising that currently CPD programmes are often too dependent on industry support. Pharmaceutical physicians will inevitably be involved in signing off educational programmes and there may be opportunities for Faculty members to lecture on drug development and drug safety to medical students, young doctors and other healthcare professionals

The Faculty is specifically named in the Executive Summary along with a new generation of clinical pharmacologists and an enhanced clinical role for pharmacists in initiating the restoration of trust in harnessing the best of industry, academia and the NHS. The Faculty has introduced the Diploma and Certificate of Human Pharmacology already and has approached the Royal Pharmaceutical Society of Great Britain for a meeting to develop mutual progress.

A clear recommendation was for the RCP and the Faculty together to devise set standards for and implement a policy for “information prescriptions” about diseases and their treatment to be provided to patients with their prescriptions for medicines. Information prescriptions have been piloted by the Department of Health and the legislative situation in the UK will allow them to be developed. Pharmaceutical physicians will be key to their development of them by companies in that they will need to be signed off. The Faculty has responded to the recent MHRA consultation (MLX 358) “On EC Proposals on Information to Patients for Prescription Medicines”. The Faculty supports self-regulation through the Prescription Medicine Code of Practice Authority (PMCPA) with underpinning enforcement via the MHRA.

One recommendation of the Report was for the RCP to create a Pharmaceutical Forum to deliver and build on recommendations and to create an appropriately collaborative culture between physicians and the pharmaceutical industry with quality of patient care as the single most important outcome of their work. A priority would be to find ways to trigger a renaissance of clinical pharmacology. Dr. Richard Horton, the Editor of The Lancet, is chairing the Forum and the Faculty is represented by its President. The Forum is to be more than a talking shop and has met once so far. The key areas for future discussion are clinical pharmacology, to facilitate and improve clinical engagement, research and education and training, and to recognise and realise patient benefit from these activities. This will all lead to a RCP Conference to be held in the Spring of 2011 to report on and review progress on the Report’s recommendations.

Implications for the ABPI Code of Practice

Dr Stuart Dollow

The RCP report makes 14 recommendations related to Code activities, ranging from gifts (promotional aids), travel and entertainment, education, and publication of payments to healthcare professionals. Although some recommendations are duplicatory, they address consistent themes and clearly state expectations of the industry. Most importantly there is a specific request to amend the Code to end the giving of gifts to doctors and support staff.

The report also points out doctors’ responsibility to report violations of the Code, and to be aware of expectations of their behaviours in line with GMC guidance. Joint responsibility is a recurring theme, and the report also includes expectations of the NHS and academic bodies with regard to provision of future postgraduate education.

Media headlines focused on recommendations to ban ‘freebies, gifts and handouts.’^{1,2,3} While the Code permits items that we deem to be, ‘relevant to the practice of medicine’ or ‘subsistence secondary to the purpose of the [educational] meeting’; the report and media surrounding it make it clear that these items are perceived very differently, and significantly undermine public understanding of an industry that aims to provide the best medicines to patients. Given a specific recommendation to amend the Code, this is an area upon which industry must act decisively.

Many recommendations relate to activities surrounding industry sponsored education. Reassuringly, the report recognises the importance of industry in postgraduate education, and implicitly notes the NHS has not been sufficiently active. Our activities have provided much needed and valued education, and have filled a vacuum of the NHS’s making. Prospectively however, the report

calls for a phased reduction of the reliance on industry education and an increase in RCP and Department of Health activity together with the use of central and pooled industry funds rather than single company sponsorship. Code changes facilitating a managed transition to third party allocation of funds for education and related travel, as with the PhRMA model in the USA, may be required if industry decides to adopt this recommendation.

Depending upon that response, the proposals for publication of payments to healthcare professionals may be a greater or lesser burden under the Code in the future. I believe industry and healthcare professionals have nothing to fear from disclosure if all relationships are made on a ‘fair value’ basis as they should be. Recent experiences with MPs expenses may provoke nervousness, but going forwards it will ensure relationships are transparent and appropriate.

What then will be the industry’s response and thus the implications for the Code? Will we take on board the recommendations of the RCP report wholeheartedly, or take smaller steps leading to the same probable end point? The industry can decide to lead boldly on this agenda or it may wish to make lesser changes which, while positive, may be less impactful and possibly seen as limited concessions. Whichever way it chooses to go, the Code is the tool of choice. The importance and prominence of the Code are recognised in the report, and industry is to be congratulated that it has such recognition. It is the industry’s [ABPI’s] Code, and as such we must see it as ours, and not something administered separately to make our lives difficult. It works for us to protect us.

A bold step would be to acknowledge that change on all sides is needed. Formulating

a jointly owned phased plan to reset the relationship would ensure we take the lead. An end to all promotional aids could be introduced relatively rapidly and would have a significant impact as stated in the report. Publication of all industry payments to healthcare practitioners as already happens with patient groups would be similarly impactful. Managing the transition from single company education sponsorship to a model of pooled resources implemented via third parties would take longer, but is important as an area to begin to work upon now.

The RCP report reflects a perception of the industry. By addressing specific issues we can begin to change that perception. Taken together with other recommendations on improving standards of prescribing, awareness of interactions and safety reporting through initiatives such as Yellow Card days, we can work closely with other healthcare partners to publicise appropriate promotion, prescription and safe use of medicines. Working in partnership provides an opportunity to improve relationships between the industry and external groups, and build trust based upon our scientific and educational contribution to patient care. We should not be stationers and travel agents to the NHS. Not to be pejorative to either group, but it is not why I trained in medicine or joined the industry.

References

- 1 Drug company freebies undermine patient trust in doctors - Guardian 4th February 2009
- 2 Drugs firms ‘should not give gifts to doctors’ - Daily Telegraph 1st February 2009
- 3 Medics seek end to gift culture - Financial Times 2nd February 2009

Medical Education for medical students and professionals, what is the role of the pharmaceutical industry?

Dr David Gillen, Dr Kate Lloyd

The recently published Royal College of Physicians Working party report¹ made recommendations on education, and relations with the industry as regards educational support.

The summary of recommendations

- Medical schools must take a stronger role in exposing students to medicines: their discovery, basic pharmacology, development, manufacture and delivery; medicines regulation; pharmacovigilance; the appropriate relationships between doctors and industry representatives (the Principles of Public Life); and the commercial aspects of the pharmaceutical industry.
- Once this curriculum has been developed, industry will have a valuable contribution to make to aspects of undergraduate teaching.
- Medical Schools' responsibility for the quality of prescribing among newly qualified graduates must be acknowledged more explicitly. We believe that a mechanism should be sought to introduce more standardised assessment across medical schools in order to test the prospective doctor's prescribing skills. This would offer the public a level of confidence and quality assurance about prescribing practices. We encourage its consideration.
- There should be clear guidance to remove any uncertainties about students' interactions with industry
- All gifts from industry to students, including food and travel should be prohibited.

- Educational funds donated by industry should be disbursed by a centralised administrative unit, not by a company directly to a department or individual.
- For the benefit of doctors in training the Royal Colleges, the MHRA, NICE, The ABPI and the GMC should together adopt a stronger role in promoting standards of safer prescribing and interactions between doctors and industry representatives.
- The NHS should assume explicit and transparent educational funding responsibility for doctors in training – for example through personalised and portable study leave and education budgets. The goal should be to wean the education of doctors in training off pharmaceutical industry support over a time bound period, such as five years. All gifts to doctors in training, including food and travel should end.

Postgraduate Medical Education

The history of working relations between Industry and Health Care Professionals has not always been edifying, with a notable leading article in the British Medical Journal laying the blame on both parties²

The industry is accused in this issue and elsewhere, and sometimes fairly, of using education (and specifically CME) as promotion, leading to suspicion of all industry educational initiatives.

Continuing medical education has been provided by the industry for the past 40 years or so, and the medical profession has historically not needed to take significant financial responsibility for this professional obligation - resulting in an unhealthy view of what is provided,

even though much, if not all of the content, may be accurate, valid and worthwhile; all the content is governed by the Association of the British Pharmaceutical Industry's Code of Practice³, the provisions of which have been recently strengthened.

One clear recommendation of the RCP report is that in future industry should not be involved in the provision of education to 'doctors in training'.

"The goal should be to wean the education of doctors in training off pharmaceutical industry support over a time bound period, such as five years"

Other recommendations in the RCP report refer to education more broadly. Several of these relate to who should provide CME when, in the future, industry does not.

The four main recommendations which relate to postgraduate medical education are as follows

1. There should be clear guidance to remove any uncertainties about students' interactions with industry.
 2. All gifts from industry to students, including food and travel should be prohibited.
- It may seem surprising to many of us in industry that such a recommendation is required. The Code of Practice makes clear that the representative must respect the arrangements in force at any establishment (e.g. Trust, Hospital Academic Department or GP practice). As far as we are aware, there has not yet been a PMCPA case about inappropriate gifts or hospitality to students.
3. Educational funds donated by industry should be disbursed by a centralised administrative unit, not by a company directly to a department or individual.

This recommendation goes a step further than Clause 19.1 of the Code. It might refer to individual sponsorship to attend a conference

or for the sponsorship of a meeting. There are some practical questions about how such a unit might be composed and function, and how it can be shown to be free from bias.

4. All gifts to doctors in training, including food and travel should end.

There seem to be two main points to consider about this recommendation. First, should this be limited to doctors in training and second how might the Code of Practice reflect such a large change in cultural behaviour and doctors' expectations. Currently gifts such as free pens, pads and other items of low value are almost expected, and regulated by the Code historically.

It is interesting that in some areas the RCP working party suggests less than the Code and in others more. It is perhaps a pity that the two are not better connected, reflecting a more united purpose in achieving appropriate changes to industry interaction with the profession as regards Postgraduate Medical Education.

The statement that the aim is to wean the profession off the provision of CME by industry over 5 years seems both a little weak and at the same time worded in a somewhat inflammatory way. The important question of where will funding come from remains unsolved.

Undergraduate education

On the other hand prescribing, particularly, though not exclusively, by new graduates is often poorly informed, despite universal access to the British National Formulary (BNF). Clinical pharmacology is a vanishing subject in the undergraduate curriculum and therapeutics is even more rarely taught in a formal setting.

The report asserted that the Royal Colleges and Faculties as well as the NHS institutions need to rethink their role in postgraduate medical education.

Medical undergraduate teaching in pharmacology has traditionally focussed on pharmacokinetics and therapeutics with little attention given to the broader discipline of pharmaceutical medicine, the drug development and regulatory approval processes as well as how physicians should work with commercial organisations. This is despite the fact that prescribing a medicine is one of most (if not the most) common medical tasks conducted from day one of a medical career. To many of us who now work in industry and colleagues in the health service, this seems like an important education gap to address with undergraduate (as well as postgraduate) medical education.

In 2003 as part of an industry-academic partnership with Brighton and Sussex Medical School, Pfizer Ltd developed a “student – selected elective” for 3rd and 4th year medical and pharmacy students to give them the opportunity to understand the steps involved in the preparation of a drug development plan “from molecule to patient”.

The course which started teaching students in 2005, comprises eight half-day tutorials with a small group of students, and includes a visit to Pfizer’s Research and Development site in Sandwich. At the end of the programme the students are required to give a short presentation of what they have learned. Students work together as a team to produce an outline drug development plan for a new drug based on their research work and the content of the tutorials.

The programme is based on the Faculty’s Diploma in Pharmaceutical Medicine syllabus and takes the students through the drug development process in chronological order. They are required to carry out guided background research through web-based learning and tutorials provide the opportunity for specialists in pharmaceutical medicine from within Pfizer to help them to understand some of the issues.

About 50 students have chosen to take this programme since it began in 2005. Feedback from the students on the value of the programme is consistently positive, with many expressing a change in their opinion of the industry due to their increased knowledge. Acting on the participants’ feedback, the sessions have become more interactive, with the inclusion of exercises in risk management and early-phase development planning. The visit to the Pfizer site now incorporates a debate between students and Pfizer colleague on drugs for the developing world⁴.

This programme helps students better understand the complexity, rigour and risks of the drug development process and as a result they comprehend more fully the benefits and limitations of drugs they will prescribe.

Transparent discussion of issues within pharmaceutical medicine (price of and access to medicines in the developed and developing world, marketing of medicines as well as other reputational issues) generates broader understanding of drug development and the discipline of pharmaceutical medicine at the undergraduate level.

We believe that this will encourage students to develop a genuine and informed interest in the research agenda.

Dr David Gillen, Dr Kate Lloyd

References:

1. Innovating for Health. Patients, physicians, the pharmaceutical industry and the NHS. Report of a working party. RCP London Feb 2009.
2. Kamran Abbassi and Richard Smith Volume 326 1155-1156 BMJ 2003
3. Association of the British Pharmaceutical Industry. Code of Practice for the pharmaceutical industry 2008. www.abpi.org.uk/publications/pdfs/pmcpa_code2008.pdf
4. Hahn J et al: An academic-industry partnership in health care Vol 373, Pg 1504-5 Lancet 2009

The Patient’s Perspective

Mr Derek Calam

The Working Party received oral and written evidence from representatives of consumer and patients’ organisations (Which?, Diabetes UK) but it became clear that a crucial missing link was evidence from patients and carers themselves. The Royal College of Physicians has a Patient and Carer Network of about 80 lay (non-medical) persons, recruited by open competition, from whom representatives are selected to serve on College committees and working parties. Network members have, or care for people with, long-term conditions. A questionnaire was prepared, containing questions requiring either a yes/no or numerical answer, or comments based on personal experience, and distributed at a meeting of Network members.

The Working Party was impressed with the enthusiastic response: around 75% of the questionnaires distributed were returned and the impact of the responses was such that the title of the Report was modified to include ‘Patients’ and the largest chapter in the Report concerns patient care. High on the list of patient concerns was the perceived inequality of access to optimum treatments with examples given of cases where prescriptions had been refused on cost grounds and other reasons.

The abilities of patients are underestimated and high on the list was the need for access to intelligent, patient-friendly, accurate and impartial information about diseases and treatments. Web-based sources used included the BNF, information from the BMA, Medline and charities but information from industry and general on-line sources was viewed with caution. This level of scepticism was coupled with a recommendation that physicians should follow, and be seen to follow, the Nolan ‘Seven Principles of Public Life’, so that their impartiality, probity and commercial links are clear.

A key concern with regard to medicines was the variable presentation of generic products received during long term therapy. Examples given included differences in get-up, ease of use, and contents of patient information leaflets. Company-specific get-up is unlikely to change but revision of PILs should improve consistency of those from different companies for the same medication. However, inclusion of more and more information in the PIL leads to another issue: that of size of print and ease of reading. This is part of a wider concern about packaging and presentation of products for patients with visual and physical disabilities for whom packs are difficult to open, reduced dosages are difficult to prepare (e.g. splitting tablets), and leaflets difficult to read. Braille labelling and availability of large-print leaflets are steps to improve matters.

Finally, patients experience both expected and unexpected side-effects of medication that they receive. Ways of reporting these effects need to be much better known whether through a hospital or GP, to a pharmacist or directly by the patient concerned. Raising public awareness through promotion and better availability of yellow cards would be a useful move.



FACULTY OF PHARMACEUTICAL MEDICINE OF THE ROYAL COLLEGES OF PHYSICIANS OF THE UNITED KINGDOM

Diploma & Certificate in Human Pharmacology

“Both the Academy of Medical Sciences and the ABPI have urged investment in human pharmacology and the Expert Scientific Group emphasised the need for validated higher qualifications. The Faculty of Pharmaceutical Medicine is, therefore, to be congratulated for introducing objective quality standards of training with its new Diploma and Certificate in Human Pharmacology.”

Professor Sir Gordon Duff, Chairman on the Commission on Human Medicines

Developed by the Faculty of Pharmaceutical Medicine (FPM), the Diploma and Certificate in Human Pharmacology (DHP and CHP) have been structured specifically to fit the needs of all with an interest in exploratory drug development.

These integrated training programmes address the requirements of Principal Investigators (PIs) and all scientists involved in Phase I studies, whether based in CROs, pharmaceutical companies, universities or regulatory authorities.

FPM programme director – Dr John Posner

Courses provided by King's College London

Directors:

Prof Clive Page

(Principles in Pharmacology),

Prof Tim Mant

(Exploratory Development and Phase I Studies)

Course feedback:

“ This course proved to be one of the most professionally rewarding courses I have attended so far. Indeed, it enhanced my professional day to day working skills by giving me robust foundations in pharmacology and early drug development. ”

“ A powerful package of current pharmacology. Every physician working in clinical pharmacology should strive to attend this. ”

“ Speakers are of a very high calibre. ”

Diploma Programme

The DHP is a 2-year programme of structured training for doctors to attain and demonstrate competence to serve as a Principal Investigator for exploratory studies of Investigational Medicinal Products in man. It is anticipated that the DHP will become the primary qualification for PIs.

Training for the DHP can run in parallel with Pharmaceutical Medicine Specialty Training (PMST), with workplace experience recognised for both qualifications.

Curriculum:

1. Work-place training

- minimum of 2 years of structured training in a Phase I unit
- defined learning objectives and competencies
- supervised and assessed by accredited Educational Supervisor
- assessed portfolio
- assessments quality assured by FPM

2. Clinical skills

- up-to-date skills in life support (ALS/ALERT or equivalent)
- management of acute conditions (clinical attachment desirable)

3. Courses and private study

- 2 x 5-day courses on Phase I studies and Pharmacology + a 1 day course on medical management of study subjects
- satisfactory completion of assignments

4. Written examination – 4 written papers (2 science, 2 medical)

Certificate Programme

The CHP is a 1-year part-time programme for doctors and scientists to attain and demonstrate a comprehensive knowledge of all aspects (design, monitoring, analysis, reporting, safety, ethics, regulation and law) of exploratory studies of IMPs in man.

- enables staff to ask the right questions, anticipate and address potential issues, learning from the experience of others
- increases the effectiveness of individuals and strengthens the team as a whole

Curriculum:

1. Courses and private study

- 2 x 5-day courses on Phase I studies and Pharmacology
- satisfactory completion of assignments

2. Written examination – 2 written papers

Next Steps

Registration for the Diploma and Certificate programmes is ongoing.

Visit the website www.fpm.org.uk for additional information on eligibility and entry requirements, examination syllabus, course outlines and fees. Details regarding the application process are available from the website.

Contact the Faculty: Tel: +44 (0) 207 224 0343 Email: fpm@fpm.org.uk

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