
BSMS

An academia–industry partnership

We write in response to the letter from James Chan and colleagues (June 27, p 2197).[1] Their accusation that Pfizer's involvement with one of the student-selected elements of the undergraduate programme at Brighton and Sussex Medical School (BSMS) being "tantamount to drug marketing" is both unfortunate and naive. Moreover, it illustrates the lack of understanding of the fundamentals of the drug development process, the very issue our partnership with BSMS attempts to address.

As scientists and physicians working in a research-based industry, we understand the breadth, rigour, and complexity of the drug development process in a way that our partners in this process simply cannot—whether they be prescribers or clinicians undertaking clinical trials.

In our view it is essential that every prescriber has at least some awareness of the development and approval processes the medicines they prescribe have undergone in order to ensure they bring tangible benefits to patients. Who would be better placed to provide that education than those who are part of the process? This is a totally separate discipline from therapeutics or even clinical pharmacology.

We believe that most prescribers are fair-minded enough to recognise the value that the pharmaceutical industry brings and that they are also aware that most innovative new medicines were, and are, discovered and developed by our industry.

Pfizer remains thoroughly committed to having ongoing conversations about our work. Accordingly, we would like to extend an invitation to Chan and colleagues should they wish to visit us and learn more about our efforts to deliver the medicines of tomorrow.

*David Gillen, Joanna Hahn, Annabel Hinde, Ruth Hargreaves, John P Huggins

Pfizer, Walton Oaks, Tadworth KT20 7NS, UK

1 Chan J, Kliner M, Currie J, on behalf of Medsin-UK. Preserving objectivity in medical education. *Lancet* 2009; **373:** 2197.

We were disappointed that your correspondents[1-4] seem to have misunderstood the nature of the pharmaceutical medicine teaching programme at Brighton and Sussex Medical School (BSMS).

In line with the recommendations of the UK General Medical Council (GMC) set out in *Tomorrow's Doctors*,[5] about 25% of our undergraduate course material is student-selected. The student-selected option of pharmaceutical medicine is one of 60 options available in one year. A maximum of 15 out of 126 students each year can choose this course which, as the name suggests, is not part of the pharmacology and therapeutics "core curriculum" but is concerned with pharmaceutical research and development.

Core teaching of pharmacology and therapeutics is delivered throughout our undergraduate course by pharmacologists, pharmacists, and clinicians, without involvement from the pharmaceutical industry. The BSMS course has very recently been assessed and approved by the GMC, and, as part of the recent quality assurance process, an external examiner (himself a clinical pharmacologist) commented that he "was particularly pleased to see a distinct emphasis on therapeutics in one of the papers, and in the extent of topics covered in the OSCE [objective structured clinical examination]."

We have developed other innovative approaches to teaching pharmacology and therapeutics, including for example an important role for a clinical pharmacist in helping students develop prescribing skills. The purpose of student-selected components is to give students an opportunity to gain a deeper understanding of a subject that is not part of core training but is central to the practice of medicine. The pharmaceutical industry is a key partner in health provision, and we firmly believe that giving students the opportunity to explore the complexities and tensions inherent in that relationship is the kind of modern, forward-thinking approach to curriculum development that the UK is rightly famous for.

*J Cohen, P Gard, I Haq, *M Llewelyn*
m.j.llewelyn@bsms.ac.uk

Brighton and Sussex Medical School, University of Sussex, Falmer BN1 9PS, UK (JC, IH, ML); and University of Brighton, Brighton, UK (PG)

1 Rogans-Watson R. Preserving objectivity in medical education. *Lancet* 2009; **373:** 2196.
2 Jessop V, Maxwell S. Preserving objectivity in medical education. *Lancet* 2009; **373:** 2196.
3 Chan J, Kliner M, Currie J, on behalf of Medsin-UK. Preserving objectivity in medical education. *Lancet* 2009; **373:** 2197.
4 Tsai AC. Preserving objectivity in medical education. *Lancet* 2009; **373:** 2197.
5 General Medical Council. Tomorrow's doctors. http://www.gmc-uk.org/education/undergraduate/undergraduate_policy/tomorrows_doctors.asp (accessed Aug 11, 2009).

Department of Error

The Lancet. Bringing mental health home. Lancet *2009;* ***373:*** *1998*—In this Editorial (June 13), the penultimate sentence of the first paragraph should read: "The data contrast sharply with the findings of the global burden of disease reports—widely acclaimed as the standard against which mental health policy should be formed—by recording substantially higher treatment rates for mental illnesses such as schizophrenia (69% *vs* 30%) and bipolar disorders (19% *vs* 5%)."

Verdecchia P, Staessen JA, Angeli F, et al, on behalf of the Cardio-Sis investigators. Usual versus tight control of systolic blood pressure in non-diabetic patients with hypertension (Cardio-Sis): an open-label randomised trial. Lancet *2009;* ***374:*** *525–33*—In this Article (Aug 15), the first sentence in the third paragraph of the results section should have read: "…and 76·5% (388/507) at 2-year follow-up in the tight-control group (p<0·0001 between groups)". The second sentence of this paragraph should have read: "…and 45·4% (230/507) at 2-year follow-up in the tight-control group (p<0·0001 between groups)".