**Re: Rising to the challenge of multimorbidity**

Dear Editor

As clinical pharmacologists representing a truly generalist specialty, spanning all ages and organs, we welcome the call for rebalancing of specialist and generalist skills to improve care for patients with multimorbidity[1].

Clinical pharmacology and therapeutics (CPT) arose in the last century in response to the explosive development of new drugs and parallel evolution of medicines regulation. In the 1970s, the WHO promoted expansion of CPT to support effective and safe drug use in healthcare[2]. However, with the rise of organ-based medicine, CPT became sidelined[3].

The swing of the pendulum back towards generalism brings new need for CPT to make a significant contribution to healthcare. Through the Polypharmacy Service Consortium, clinical pharmacologists are developing specialist services for patients with multimorbidity and polypharmacy for holistic care and deprescribing. The new NHS structure of primary care networks, GP clinical pharmacists and integrated care systems, provides opportunity for our small specialty to amplify its impact.

Clinical pharmacologists have long been champions of horizontal integration in education, through teaching of therapeutics and prescribing. As a specialty we lead the UK national Prescribing Safety Assessment (PSA)[4], that ensures new doctors have the necessary competencies to begin prescribing independently. The PSA tests prescribing across diverse healthcare settings and diagnoses, requiring that doctors at least start their careers with some of the generalist understanding required to rise to the challenge of multimorbidity.

Kamran Abbasi suggests that more holistic caring may create a happier workforce[5]. The General Medical Council finding, that CPT is one of the specialties with the lowest burnout rates, perhaps bears this out. With the new shift back to generalism driving selection and training of the future workforce it is time for an expansion in CPT to support integrated care systems and universities in delivering the generalist practice and training required.

[1] Whitty Christopher J M, MacEwen Carrie, Goddard Andrew, Alderson Derek, Marshall Martin, Calderwood Catherine et al. Rising to the challenge of multimorbidity BMJ 2020; 368 :l6964
[2] WHO Technical Report Series, No. 446. Clinical Pharmacology, Scope, Organisation Training: Report of a WHO Study Group; 1970. Available at <https://apps.who.int/iris/handle/10665/40774> accessed 22/01/2020
[3] Maxwell SR, Webb DJ. Clinical pharmacology – too young to die? Lancet 2006;367:799-800
[4] Maxwell SRJ, Coleman JJ, Bollington L, Taylor C, Webb DJ. Prescribing Safety Assessment 2016: Delivery of a national prescribing assessment to 7343 UK final-year medical students. Br J Clin Pharmacol. 2017 Oct;83(10):2249-2258. doi: 10.1111/bcp.13319.
[5] Abbasi K. Generalism for specialists: a medical reformation. BMJ 2020; 368:m157

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