

SECTION 4

**AAVPT PROPOSAL FOR THE AMERICAN COLLEGE
OF VETERINARY CLINICAL PHARMACOLOGY
(ACVCP)**

Chairperson
Dr. Lloyd E. Davis

History and Status of AAVPT's Proposal for the American College of Veterinary Clinical Pharmacology

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In 1981, early in my tenure as president of the AAVPT, a committee to study the feasibility of organizing a college of veterinary clinical pharmacology was appointed. Through the years, this committee studied the situation and reported at our biennial meetings in 1982 and 1984. It was during Dr. William Jenkins tenure as president (1985-87) that an opinion poll was taken to decide whether these efforts should continue. By a very narrow margin, the American Academy of Veterinary Pharmacology and Therapeutics (AAVPT) membership approved the proposal to proceed with the development of a formal proposal to establish a college of veterinary clinical pharmacology for submission to the American Veterinary Medical Association (AVMA).

A new committee of all interested members, established by Dr. Arthur Aronson and headed by Dr. William Jenkins, met at the AAVPT in June, 1988 at the Sixth Biennial Symposium held in Blacksburg, VA. This was followed by a second meeting at the Conference of Research Workers in Animal Diseases (CRWAD) in November, 1988. After these deliberations and study during the CRWAD meeting, a tentative program of training was prepared and approved by the committee. This committee, which consisted of approximately 20 AAVPT members in attendance at the CRWAD meeting, moved and passed unanimously that the organizing committee should consist of all prior presidents of the AAVPT. Dr. Arthur Aronson, in his capacity as president of the AAVPT, appointed all prior presidents, who possessed the D.V.M. or equivalent degree as the organizing committee of the College of Veterinary Clinical Pharmacology. He asked me to serve as chairman. The organizing committee consisted of Dr. Lloyd Davis, Illinois, Dr. William Jenkins, Louisiana, and Dr. Charles Short, Louisiana. Later, after completion of his term, Dr. Art Aronson was appointed to the committee by

President Dr. John Paul.

As chairman, and with materials supplied to me by Dr. William Jenkins and by Dr. Edward Ames from the AVMA offices, I developed a proposed Constitution and By Laws for the American College of Veterinary Clinical Pharmacology. This first draft along with AVMA informational guidelines for preparation of a proposal was sent to each member of the Committee on March 8, 1989.

I had already contacted Dr. Ames at the AVMA office several times by phone and mail prior to and during preparation of the first draft so that he and the AVMA Advisory Board on Veterinary Specialties (ABVS) knew of our plans and also at what stage we were in developing our proposal. At the ABVS meeting in March 13-14, 1989, Chairman Arthur Fessler (Purdue University) appointed Drs. H. G. Purchase (Mississippi State) and Carl T. Olson (Battelle Memorial Institute) as special liaisons from ABVS with the assignment to assist and advise our committee in preparing and finalizing our proposal. I wish to express my deepest and sincerest thanks and gratitude to each of them for their assistance and guidance in preparation of the final document. Dr. Graham Purchase met with the committee at the CRWAD meeting in Chicago, in November, 1989. He answered many questions for the committee and other AAVPT members in attendance. He was then representing the ABVS as their newly elected chairman. Since Dr. Carl Olson works at Battelle Memorial Institute in Columbus, Ohio, he and I were able to meet frequently person to person.

In December, 1989, after nine or ten revisions by the organizing committee, a final draft was prepared. The committee had accomplished this mainly by the use of telephone and the mail. On January 10, 1990, the following cover letter and the proposal were mailed to Dr. Edward Ames, Director, Scientific Activities of the AVMA.

"January 10, 1990
Dr. Edward R. Ames
Director, Scientific Activities
930 North Meacham Road
Schaumburg, IL 60196-1074

Dear Doctor Ames:

Please find enclosed a copy of the constitution and bylaws for the proposed American College of Veterinary Clinical Pharmacology.

History

In 1977, the American Academy of Veterinary Pharmacology and Therapeutics was organized to represent veterinary pharmacologists in America. One of the goals listed in the constitution was "To support and promote education and research in comparative pharmacology, veterinary clinical pharmacology and other aspects of pharmacology of interest to the veterinary profession." Toward this end in 1981, a committee was appointed to study the need and feasibility for the formation of an American College of Clinical Pharmacology. These documents are the result of this committee, which presently consists of five of the six past presidents of the AAVPT. These five all possess the D.V.M. or equivalent and are members of the AVMA whereas the sixth past president did not possess the DVM or equivalent degree. They include Drs. Arthur Aronson (North Carolina State University), Lloyd Davis (University of Illinois), William Jenkins and Charles Short (Louisiana State University) and Thomas E. Powers, Chairman (The Ohio State University). I wish to emphasize that these documents have been drafted as a function of the AAVPT organization, which is presently the sole representing organization for AVMA veterinary pharmacologists.

Justification for Approval of the American College of Veterinary Clinical Pharmacology

1. Clinical pharmacology is a transitional discipline, bridging the science of pharmacology and the art of medicine. It encompasses the foundation knowledge for therapeutics and forms the basis for rational drug therapy. Over the last two decades, clinical pharmacology has become increasingly recognized as a separate and distinct discipline of applied pharmacology. There has been an explosive growth in the knowledge base of this discipline. Its importance in clinical medicine, regulatory affairs and industrial drug development are now much

appreciated. (Am Acad of Vet Pharm & Thera [AAVPT] Symposia of 1982, 83, 85, 87 & 89.)

2. Clinical pharmacology is a well recognized specialty in human medicine. The American College of Clinical Pharmacology lists over 1900 specialists in clinical pharmacology (J Clin Pharmacol 1989:29, 695-713) with MD, PhD, Pharm D or a combination of these degrees. In 1980, there were 50 (of 147) North American medical schools teaching clinical pharmacology as distinct subject matter. A 1985 survey showed that 14% of responding U.S. medical schools presented the subject as a required course, while 87% of the remainder taught the subject as an elective or integrated with other courses (Clin Pharm and Therap 1986:40:483-487). A survey conducted in North American Colleges of Veterinary Medicine in 1985 showed that 19 of 29 institutions presented the subject material in separate and specific courses (J Vet Med Ed 1985;14:20-21). It was an optional course in 10 of 19 schools at which it was offered and as an option it was offered between 1 and 6 times per year, with 44% of an average class electing to take the course. We take these statistics as evidence that the value of clinical pharmacology as a part of the professional curriculum is well accepted.

3. Educational trends in colleges of veterinary medicine have often followed those in human medicine. One of the changes, seen first in medical colleges and now in veterinary institutions, is the shift in faculty training and experience from the professional degree (MD & DVM) to the PhD. The reasons for this shift probably include, among other things, increased emphasis on research and acquisition of grant and contract monies to support research and graduate training. The implication for teaching, however, is that there are proportionally fewer faculty trained in the application of pharmacology to the clinical setting teaching pharmacology in the first two years of the curriculum. However, because of specialty training programs at a few institutions, notably the University of Illinois and The Ohio State University, young faculty trained in clinical pharmacology have made inroads in teaching applied pharmacology in the 3rd and 4th years of veterinary medical curricula. This shift to a dual emphasis in veterinary pharmacology needs to continue and would be supported considerably if a certification process were approved and adopted. The approval of a specialty board would undoubtedly strengthen the discipline through establishment of post-graduate programs to train the increasing numbers of graduates interested in

pursuing graduate studies in clinical pharmacology.

4. The current need for a specialty in veterinary clinical pharmacology is real and is easily demonstrated by the lack of pharmacologic rationale in the therapeutic recommendations found in many textbooks of clinical veterinary medicine. The need for veterinary clinical pharmacologists will only increase in the coming years, as the knowledge base in drug actions and interactions, drug distribution and pharmacokinetics and drug toxicity expands. Rational drug therapy will always depend on the application of this increasing knowledge base. Numbers of positions for clinical pharmacologists in veterinary academia can be expected to grow modestly over the decade of the 90's. Likely positions in government include those with FDA, NIH and USDA-FSIS. State governments will have openings in equine and canine sports medication control.

The pharmaceutical industry offers a wide range of job opportunities and probably, along with the FDA/CVM, represents the greatest areas of growth for clinical pharmacologists. In the "Proceedings of the AAVPT Symposium for Clinical Trials with Therapeutic Drugs in Animals", 1985:pages 41-54, the involvement of clinical pharmacologists in the clinical trial phase of drug development is emphasized and this involvement is expected to expand greatly as qualified individuals complete training and certification processes.

5. Specific areas of endeavor, as examples, would include:

- 1) Undergraduate education, greatest emphasis in the 3rd and 4th year.
- 2) Post-graduate education, to include internships, residencies, graduate programs, private practitioners and allied professions.
- 3) Clinical services, such as therapeutic drug monitoring, consultation, intensive care duties, and clinical trials.
- 4) Research in such areas as evaluation and/or comparison of drug effectiveness, bioavailability, drug interactions, pharmacokinetics of drug distribution and elimination.
- 5) Promote in all ways possible rational drug use and therapy so as to minimize animal suffering. Rational drug use may be extra label as well as labeled use.
- 6) By the use of basic knowledge and research develop dosage regimens, usages, and preslaughter withdrawal times to the continued preservation of a wholesome food supply.

- 7) Through education and other means prevent the illicit and illegal use of drugs.

Respectfully submitted,
Thomas E. Powers, DVM, PhD
Professor and Chairman Emeritus
Chairman, ACVCP Organizing Committee

As President of the AAVPT on February 6, 1990, Dr. John Paul submitted a letter documenting the official status of the AAVPT organizing Committee, the charge to the committee, and a list of its members.

The ABVS then assigned the proposal to two of its members for critical review, (Dr. R. R. Paddleford, American College of Veterinary Anesthesiologists and Dr. F. A. Kallfelz, American College of Veterinary Nutrition). Their review and critique were sent to me in overnight mail by Dr. Ames' office and arrived at my home on Wednesday morning, February 28, 1990. This gave me three days to make the necessary changes and to have the proposal retyped, since the ABVS meeting was March 4-5, in Chicago, Illinois. This final revised proposal along with an oral presentation was given to the ABVS on the afternoon of March 5, 1990. Following much discussion and answering many questions, I was excused. On Tuesday, March 6, I was informed that our proposal had been approved by the ABVS and that it would be forwarded to the Council on Education and then to the AVMA House of Delegates meeting in San Antonio in August of this year. This is the final hurdle we must achieve. Dr. Ames has assured me that we should have no trouble on this one.

In the June, 1989 Newsletter of the American Society for Clinical Pharmacology and Therapeutics (our human counterpart), the following was reported:

"The disbanding of the Liaison Committee to the Council on Clinical Pharmacology is a signal event which marks the establishment of an independent American Board of Clinical Pharmacology, Inc. This effort is headed by Dr. Alexander M. M. Shepherd. Members of the Board are being constituted from the ranks of clinical pharmacology, and there will be representation from not only the Society but also ASPET and ACCP. The Society helped provide the foundation to establish this Board, and contributed substantial funds to ensure its inception. There are two short term goals. One is to establish criteria of eligibility for a soon-to-

be-offered board examination in clinical pharmacology. The target date for this is within two years, if not one. The other short term goal is to establish criteria for accreditation of training programs in clinical pharmacology. Future eligibility for the examination will then, in part, relate to having completed a certified training program. All of you realize the significance of

these activities and I urge you to give your time and thoughts, if asked by the Board, to these important tasks."

For once, veterinary medicine is not coming in second to human medicine.