These projects cover a wide variety of program interests, such as pharmacy manpower, arrangements for pharmacy services, and utilization and quality of pharmacy services. More specifically, within the past several months the Center has cosponsored with the University of California, San Francisco, a Conference on Pharmacy Manpower. A copy of the summary will be supplied to the committee.[1]

Three conclusions emerged from the conference and are being pursued in the National Center at this time. One is the need to describe a clinical role for the pharmacist. A task force was convened by the Center in November 1970 to begin discussions of this topic and related matters. Further, the Center is in the process of identifying locations where the concept of such a clinical role can be tested, and an evaluation can be made of the effectiveness of this role for the pharmacist, as well as its economic feasibility. The Center has been exploring concurrently the potential for developing and testing other models suitable for pharmacy services and is giving attention to a model for a community drug formulary program.

Recommendation 10 suggested that our Department support a publication providing objective, up-to-date information and guidelines on drug therapy based on the expert advice of the medical community. This is being done. The Food and Drug Administration established a publication in February 1970 entitled "Current Drug Information." This publication is intended to communicate to physicians up-to-date and accurate information on matters that may affect the prescribing of drugs. It is sent to 360,000 physicians, 60,000 pharmacies (including hospitals), departments of pharmacology in medical schools, and to all schools of pharmacy.

There have been four such publications issued (oral contraceptives, L-Dopa, lithium carbonate, and sulfonylurea drugs). In each case, physicians were brought up-to-date on the drug's indications, adverse reactions, recommended dosages, precautionary measures to be taken in administering the drug, and reference information.

We have copies for the committee of these publications.[2]

Mr. GORDON. Can this be done for other classes of drugs? For example, the tetracycline family? The penicillins, corticosteroids?

Dr. STEINFELD. Yes, sir. We plan on doing this irrespective of whether we have a formulary or compendium.

Mr. GORDON. And you will compare, as I understand it, the relative merits—safety and efficacy—of the drugs within each therapeutic category; is that correct?

Dr. STEINFELD. We will review the indications, contraindications, efficacy, safety, uses, all of these things. This, of course, is being done in part in the reworking of the labeling as a result of the NAS–NRC study but where there are classes of compounds to be compared, this is something that we will undertake.

Senator NELSON. How will the FDA's current drug information publication compare with the Medical Letter, for example? Will it do the same thing?

Dr. STEINFELD. It will be distributed to all physicians free of charge as it is now for those who ask, and it will probably restrict

[1] See pp. 8289–8323.
[2] See pp. 8324–8331.