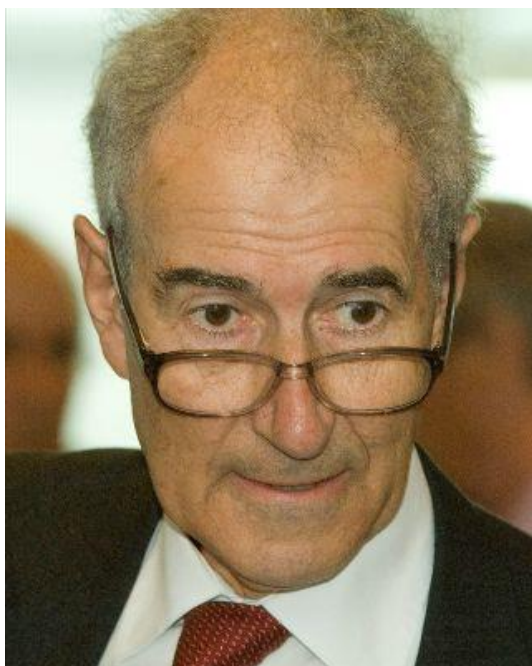


Nigel Baber (6th March 1945- 18th January 2021)



Nigel qualified in medicine at Birmingham in 1969 and from 1975, moved into the pharmaceutical industry working initially at ICI, at its in-house clinical research unit in Alderley Edge, where early phase trials were conducted. As the importance of understanding the interaction between the pharmacology of the drug and the pathophysiology of a condition or disease grew, it gradually transitioned into what we would now recognise as a clinical pharmacology unit. This was the heyday of cardiovascular clinical pharmacology, and Nigel was heavily involved with work looking at propranolol and other betablockers, and their use in hypertension and post myocardial infarction. Unusually for the period, he also worked one or two days a week with Alasdair Breckenridge and Michael Orme at Liverpool University; as he later said, learning his trade from the best of academic and industry sources, which he always considered to be complementary and a model he always encouraged. He worked at ICI for 9 years and later related his experiences in a Wellcome Histories seminar, including his role in the development of a disease modifying drug for rheumatoid arthritis, clobuzarit, a relative of clofibrate, unfortunately doomed by its propensity to cause Stevens Johnson syndrome.

Nigel then moved to MSD, where he was director of European Clinical Pharmacology for three years. The philosophy there was to do less inhouse but to engage with academic and medical centres of excellence wherever they were in the world. He was responsible for many early phase studies in particular, and worked on leukotriene pharmacology with Imperial.

He moved to Glaxo Group Research in 1989, under Richard Sykes' leadership, where he was involved in developing 5HT active drugs such as sumatriptan and ondansetron. He worked hard to raise the profile of clinical pharmacology in industry, being instrumental in the development of the diploma in pharmaceutical medicine, which required basic proficiency in clinical pharmacology, and later in the Faculty of Pharmaceutical Medicine from its foundation in 1989. Nigel later described this period of 23 years as "the golden age of clinical pharmacology in industry".

He commented later on how industry clinical pharmacologists at the time were somewhat looked down on by their academic counterparts, which he felt was a false dichotomy in the role of clinical pharmacology. Personally, he always actively engaged with academic clinical pharmacology and

strove to increase links – through for instance, placement of industry training fellows within academic units, the creation of the Glaxo Chair of Clinical Pharmacology at Liverpool, and later with Morris Brown, the establishment of what became the very innovative ABPI scheme for industry part funding of medics at registrar level to work across academia, industry and the NHS. He was a director of the BPS from 1993-6, and made a life fellow in 2011.

Nigel moved to the Medicines Control Agency (now MHRA) in 1998, working in patient safety and in licensing reviews. While at the MCA, he piloted a scheme of revalidation for medics often no longer in clinical practice, long before it was compulsory. He was very keen on staff development for both medical and non-medical staff and many peoples' careers progressed under his guidance. He retired from the MHRA in 2006, and then was clinical director in the clinical trials coordinating centre and honorary professor at the University of Hertfordshire.

Nigel was always lively and engaging, open with his advice and help, and he influenced the lives and careers of many, including myself. His vision of clinical pharmacology was a broad continuum from laboratory to patient and into policy, where the science, drawn from many disciplines, was the prime driver, and where industry, academia, clinicians, patients and policy makers all had key roles to play to ultimately improve safe and effective use of medicines. He was a great colleague and mentor, a humble and generous man, and we and the clinical pharmacology community miss him.

All at the BPS, together with his former colleagues, would like to offer condolences to his family and friends.

Professor Tom Walley CBE MD FRCP FMedSci HonFBPhS