Briefly

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Examination fees: The Medical Council of Canada (MCC) has set its fees for 2012 examinations. The fees for 2012 are \$1365 for the Medical Council of Canada Evaluating Examination (up \$65 from 2011). The Qualifying Examination Part I will be \$900 (up \$120), while Part 2 will be \$2150 (up \$200). At its annual general meeting in Ottawa, the MCC also elected as its new president Dr. Trevor Theman, registrar of the College of Physicians and Surgeons of Alberta, for a one-year term. Theman said in a press release that the council's primary objective will be to implement recommendations "from the Assessment Review Task Force, which was set up in 2009 to review how medical regulatory authorities and other stakeholders use MCC examinations and provide recommendations for improved examination structure and process. The Task Force plans to issue its final report in October 2011 at the next Annual Meeting."

Fraudulent article: The journal *Anesthesia & Analgesia* has retracted an article — "Cardiopulmonary Bypass Priming Using a High Dose of a Balanced Hydroxyethyl Starch Versus an Albumin-Based Priming Strategy" by lead author Joachim Boldt of the Klinikum Ludiwgschaften in Germany (*Anesth Analg* 2009;109:1752-62) — on the grounds that it was fraudulent and its data fabricated. "Numerous representations in the manuscript are untrue. It is possible that the study was never performed at all. If the study were performed as reported, then that would represent a profound violation of research ethics, as there was no IRB [Institutional Review Board] approval or written informed consent," said journal Editor-in-Chief Dr. Steven L. Shafer in a press release (www.aeditor.org/NoticeofRetraction.pdf).

Obesity taxes and subsidies: Fruit and vegetable subsidies for low-income households and a tax on soft drinks and other caloric sweetened beverages are among measures recommended by an expert panel struck by the Heart and Stroke Foundation to review the effectiveness of using economic instruments to address obesity. The panel says in its report, *Economic Policy, Obesity and Health: A Scoping Review*, that the level of the tax on beverages should be tagged to the amount of caloric sweetener in the beverage, for example "10 cents per ounce of sweetener" (www.hsf.ca/research/images/PDF/hssc_epoh_finalrpt_july2010.pdf). Children and youths should be offered free fruits and vegetables at schools, while subsidies could be "delivered through grocery or debit cards. These cards can be connected with the Canada Revenue Agency for monitoring and reimbursement purposes." The soft drink tax would pay for the subsidies, the panel argued.

Drug harms: Alcohol is a far more harmful drug than cocaine, heroin and tobacco in terms of its impact on users and others, according to a crack British scientific panel. Measuring the effects of 20 drugs using 16 different criteria on a scale of 0–100, the United Kingdom's Independent Scientific Committee on Drugs found that alcohol was by far the most harmful (with a score of 72 out of 100), followed by heroin (55), crack cocaine (54), methamphetamine (33), cocaine (27), tobacco (26), amphetamine (23), cannabis (20), gamma-hydroxybutyrate (19), benzodiazepines (15), ketamine (15), methadone (14), mephedrone (14), butane (11), anabolic steroids (10), khat (9), ecstasy (9), lysergic acid diethylamide (7), buprenorphine (7) and mushrooms (6). The review measured nine criteria of harms to users, such as mortality, impairment of mental functioning and loss of relationships, as well as seven criteria of harms to others, ie., "injury, crime, environmental damage, family adversities, international damage, eco-

nomic cost and community" (www.thelancet.com/journals/lancet/article/PIIS0140-6736%2810%2961462-6/fulltext).

New residency positions: The government of Ontario has announced that it will create 75 new specialist residency positions within the province's medical schools over the next five years. "We've been steadily increasing the number of doctors in Ontario over the last six years — there are more now than ever before," Ontario Minister of Health and Long-Term Care Deb Matthews said in a press release (<http://news.ontario.ca/mohltc/en/2010/10/training-more-doctors-to-increase-access-to-care.html>). "With these new medical school spaces, we're making sure that more doctors can get the specialized training they need. This means Ontarians who need more complex care will get even better access to the health care system." The first of the postgraduate specialty training slots will be filled in 2011.

National dementia declaration: The 45 members of the United Kingdom's Dementia Action Alliance, which includes the department of health, has issued a national dementia declaration to improve care for the 750 000 Brits who are living with the disease. The declaration obliges members to set out "publicly what they intend to do by 2014 to transform quality of life for people with dementia and their family carers" (www.dementiaaction.org.uk/dementiaaction/info/3/national_dementia_declaration). It commits signatories to: "Ensuring that the work they do is planned and informed by the views of people with dementia and their carers and showing evidence for this; being an ambassador for the National Dementia Declaration and securing commitment from partners for the second phase of the Declaration; Reporting publicly on their progress against the plan they have set out to support delivery of the National Dementia Declaration; Work-

ing in partnership with other organisations to share knowledge about best practice in dementia; and Improving understanding about dementia.”

Hand-offs: The Illinois-based Joint Commission Center for Transforming Health Care reports that defective hand-offs occur 37% of the time when responsibility for a patient’s care is transferred from one caregiver to the next. In an update of its Hand-off Communications Project, which commenced in August 2009, and involves 10 hospitals and health systems voluntarily participating in an initiative designed to reduce the estimated 80% of serious medical errors that involve miscommunication, the commission said the defective hand-offs led to delays in treatment, inappropriate treatment and increased length of stay in the hospital. “Additionally, 21 percent of the time senders were dissatisfied with the quality of the hand-off. Using solutions targeted to the specific causes of an inadequate hand-off, participating organizations that fully implemented the solutions achieved an average 52 percent reduction in defective hand-offs” (www.centerfortransforminghealthcare.org/news/display.aspx?newsid=23). “Barriers to effective hand-offs experienced by receivers include incomplete information, lack of opportunity to discuss the hand-off, and no hand-off occurred. Senders identified too many delays, receiver not returning a call, or receiver being too busy to take a report as reasons for hand-off failures.”

US ballot measures: The state of California’s ballyhooed proposition to allow local government to regulate recreational marijuana use, including the imposition and collection of taxes, was defeated 54%–46% during the Nov. 2 mid-term elections. Meanwhile voters in Oregon, South Dakota and Arizona rejected propositions to legalize the use of medicinal marijuana. Among other measures that went down in flames, by an 80%–20% count, was the state of Colorado’s UFO Initiative 300, which would have

created an 11-person extraterrestrial affairs commission “to help ensure the health, safety, and cultural awareness of Denver residents and visitors in relation to potential encounters or interactions with extraterrestrial intelligent beings or their vehicles.”

CO₂ in clinical trials: Researchers conducting clinical trials could significantly reduce the United Kingdom’s National Health Service’s carbon footprint of 21 million tonnes per year, the National Institute for Health Research said while launching guidelines to reduce CO₂ emissions in randomized controlled trials. Among 19 recommendations were ones calling on researchers to develop efficient designs and avoid unnecessary data collection (www.nihr.ac.uk/files/NIHR_Carbon_Reduction_Guidelines.pdf). “Sensible” clinical trial monitoring recommendations included ones urging researchers to “focus on issues that are critical for the safety and wellbeing of study participants and the reliability of the results; avoid inefficient or ineffective monitoring practices, particularly those that require extensive travel to sites; use centralized, systematic methods to assess quality and identify issues; [and] site visits should be targeted to sites where there are concerns or a need for additional training.”

CIHR retirement: Canadian Institutes of Health Research Vice-President Research and Chief Scientific Officer Dr. Pierre Chartrand has announced that he will retire effective April 1, 2011. Chartrand, who served as the agency’s acting president during the recruitment period which resulted in the appointment of Dr. Alain Beaudet to the helm, joined CIHR in October 2006, after a stint as chief executive officer of the Institute for Research in Immunology and Cancer, and professor of pathology and cellular biology at the Université de Montréal’s faculty of medicine. Beaudet expressed regret at Chartrand’s departure. “On a personal level, I am extremely grateful for the advice he provided me over the years,

his unwavering dedication and loyalty, and finally, his humanity. I hope Pierre leaves CIHR with great satisfaction for what he accomplished for health research and for Canada. Pierre should be very proud of his outstanding contributions to CIHR and for demonstrating excellence in serving Canadians,” Beaudet said in a press release (www.cihr-irsc.gc.ca/e/24487.html).

Health care–associated infections: The United States Agency for Healthcare Research and Quality has announced that it will provide US\$34 million in grants and contracts to 22 projects aimed at reducing the incidence of health care–associated infections in hospitals and other health care facilities (www.ahrq.gov/qual/haify10.htm). Roughly two million such infections occur in hospitals annually, contributing to about 100 000 deaths, the agency said in a press release (www.ahrq.gov/news/press/pr2010/haify10pr.htm). “We know that infections can occur in any health care setting,” stated Dr. Carolyn M. Clancy, the agency’s director. “With these new projects, we can apply what has worked in reducing infections in hospitals to other settings and ultimately help patients feel confident they are in safe hands, regardless of where they receive care.”

Institute appointment: The Canadian Institutes of Health Research has appointed Dr. Jean L. Rouleau as scientific director of the Institute of Circulatory and Respiratory Health. Rouleau, currently dean of the Université de Montréal faculty of medicine, has been a member of the CIHR’s governing council since 2005. “I am pleased and excited about having been given this opportunity of contributing to the advancement of research in cardio-respiratory health in Canada, and to the attainment of the goals of the CIHR, the cornerstone of health research in Canada,” Rouleau said in a press release (www.cihr-irsc.gc.ca/e/42736.html). — Wayne Kondro, *CMAJ*

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