process. Under reforms approved last year (*CMAJ* 2006;175:236), IMGs were eligible to participate in the first iteration but in a separate competition from CMGs, except in Manitoba and Quebec, where all are put into the same competition hopper.

Essentially, the revisions created a CaRMS-run match for IMGs, although not all provinces participated and several set their own eligibility criteria.

Still, the revisions attracted a record number of IMG applicants. Some 1486 competed in the first iteration, and an additional 160 applied for the second. There were 2000 CMGs in the match.

After both iterations, 298 IMGs were matched through the CaRMS process, while 59 others were matched through various provincial processes, for a total of 357, compared with 111 in 2006.

Some 1976 CMGs found residencies through the CaRMS match, with 85% of those finding a spot at 1 of the top 3 programs of their choice in terms of location, and 90% finding a top 3 preferred discipline. Specifics regarding the 36 unmatched specialty residencies were unavailable as of *CMAJ*'s press deadline (Apr. 27). Some 33 CMGs were matched in the United States this year, compared with 34 last year.

The 24 unmatched CMGs and 1289 unmatched IMGs are eligible to be chosen for the 144 remaining vacancies before the July 1 starting date for residencies.

Banner expects most of the 2 dozen CMGs will find spots. "But they're not all in jurisdictions that they will be available to fill. But there will be some tidying up and there will be a few people who find themselves in positions on July 1st."

Post-match vacancies are usually, but not always filled, Banner added. "It depends on the province. Some will be scrambles. Some won't be filled."

Overall, the CaRMS match and other matching processes in other provinces (Alberta, Saskatchewan, Nova Scotia and Quebec) will result in a record 2337 graduates commencing residencies on July 1, Banner said. "That bodes well for the continuing growth of the medical community in our country." — Wayne Kondro, *CMAJ*

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US proposes more stringent conflict-of-interest rules

The US Food and Drug Administration (FDA) has moved to stave-off a political firestorm by proposing new conflict of interest rules that would limit the ability of medical experts with financial interests in pharmaceutical companies to sit on the agency's influential scientific advisory committees.

The proposed rules would prohibit physicians or scientists (and, by extension, their immediate families and employers) who have over $50 000 in financial ties to a company over the previous 12 months from participating on a panel reviewing one of that company's products. Medical experts who have received less than $50 000 in the previous year could participate in the discussion but would not be allowed to vote.

Several grey areas remain unresolved. Waivers, which the FDA has routinely issued in the past, would still be allowed for experts with under $50 000 in financial ties, if the "need for the individual's services outweighs the potential for a conflict of interest created by the financial interest involved." Financial ties would include things such as stocks, research grants, licensing revenues and consulting or speaking fees. Grants from a pharmaceutical firm to an academic researcher's home institution would be reviewed by the FDA to determine whether they should also be included.

By contrast, Canada has no hard rules governing exemptions or waivers. Experts with conflicts are allowed to sit on panels without a formal waiver process. But conflicts are publicly declared and Health Canada says panel chairs can place limits on an individual's involvement. It's long been argued that Canada needs such a degree of latitude because of its limited pool of available experts.

The new US rules are the product of a year-long internal review of the FDA's Advisory Committee Meeting system, which the agency uses to garner expert advice on scientific issues surrounding drugs (*CMAJ* 2006;175[1]:23-4). Typically, about 20% of the 35–40 new drugs approved by the FDA each year are subject to external panel review. Advice provided by the FDA's 16 drug committees and 32 other advisory panels is not binding. But the agency has rarely deviated from their recommendations.

The FDA struck the review in response to a raft of Congressional bills now working their way through the US legislative process, and widespread criticism that the agency's credibility had been compromised. The impetus for change became all but inexorable last September when a committee convened by the highly influential National Academies (a Congressionally chartered scientific advisory body comprised of the Institute of Medicine, the National Academy of Sciences, the National Academy of Engineering and the National Research Council, and charged with advising the government on science and health policy issues) released a report, *The Future of Drug Safety*, that recommended an overhaul of the agency's structure, management and "culture." One recommendation called on the FDA to limit conflicts of interest by requiring "a substantial majority [i.e, 60%] of the members of each advisory committee be free of significant financial involvement with companies whose interests may be affected by the committee's decision."

"FDA's credibility is its most crucial asset," the report noted, adding that controversies over the independence of advisory committee members "have cast a shadow on the trustworthiness of the scientific advice received by the agency."

FDA Acting Deputy Commissioner for Policy Dr. Randall Lutter stated in a press release that the new conflict guidelines will make the advisory committee process "more rigorous and transparent so that the public has confidence in the integrity of the recommendations made by its advisory committees."

But Centre for Science in the Public Interest's Director of Integrity in Science Merrill Goozner says that while the changes "are a start," they fall well short of either a complete ban or introducing the sort of cultural changes recommended by the Institute of Medicine.

"The Institute of Medicine said there was a cultural problem at the FDA, in which, rather than seeing themselves as being there to protect the public from unsafe or effective drugs, they're there to help the industry bring new

drugs to market. That's really not their statutory responsibility."

Goozner added that a complete prohibition against conflicted medical experts would "be a signal that they understand that there is both a public perception, and an internal problem, about the culture of the FDA."

The FDA hopes to issue final guidelines "as soon as possible," says agency spokesperson Heidi Rebello. — Wayne Kondro, *CMAJ*

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News@ a glance

Transplant tourism: In a bid to curb the growing incidence of organ trafficking, now estimated at 10% of global transplantation practices, the World Health Organization has unveiled a blueprint of acceptable principles and standards for cell, tissue and organ donation and transplantation. "If all countries agree on a

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common approach, and stop commercial exploitation, then access will be more equitable and we will have fewer health tragedies," Coordinator of the Clinical Procedures team in the WHO's Department of Essential Health Technologies Dr. Luc Noel said following the Mar. 30 release of the blueprint at the second Global Consultation on Transplantation.

Progress report: The Wait Time Alliance of the Canadian Medical Association issued its spring report card on provincial efforts to meet wait-time benchmarks established for 5 priority areas designated in the 2004 federal—provincial health care accord. The Alliance elevated its grades for both hip replacement and cataract surgery from a C (last November) to a B (Apr. 19). But knee replacements (formerly assessed in tandem with hip replacements) continued to receive a C grade, as did magnetic resonance imaging. B grades were also issued to CT and cancer care, while sight restoration and cardiac card (bypass grafting only) were the only areas to rate an A grade.

Prescribing powers: Alberta pharmacists have officially been given the legislative authority to initiate new prescriptions under certain circumstances (*CMAJ* 2006;175:463-4). The regulations allow pharmacists to alter the dose, formulation and regimen of a drug; renew prescriptions; substitute another drug for a prescribed Schedule 1 drug; administer flu travel vaccines; and assess patients and prescribe without necessarily obtaining physician authorization. — Wayne Kondro, *CMAJ*

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