

mula to predict maximum heart rate in obese people as $200 - (0.5 \times \text{age})$.

REFERENCE

1. Warburton D, Nicol C, Bredin S. Prescribing exercise as preventative therapy. *CMAJ* 2006;174:961-74.

DOI:10.1503/cmaj.080217

Table 1 in the review by Le Foll and George¹ should have listed the number of pieces of gum for initial treatment of tobacco dependence as 12–16 pieces daily (2 or 4 mg polacrilex gum) and up to 20–24 pieces daily for breakthrough cravings and withdrawal symptoms. Table 1 should have also listed nicotine inhaler use as 6–12 puffs per day instead of 4–6.

REFERENCE

1. Le Foll B, George TP. Treatment of tobacco dependence: integrating recent progress into practice. *CMAJ* 2007;177:1373-80.

DOI:10.1503/cmaj.080218

A News article in the Jan. 29, 2008, issue about the lack of pharmacological training contains some inaccuracies in the information attributed to the Royal College of Physicians and Surgeons of Canada.¹ Clinical pharmacology, as a discipline, is not a required course at the postgraduate level. It is a 2-year subspecialty program that is offered by 4 of Canada's 17 medical schools. Residents who complete the program now

receive an “attestation” (confirmation of completion), but beginning in the fall of 2008, the college will begin a national certification examination for the subspecialty.

It should also be noted that only doctors who are Fellows of the Royal College participate in its mandatory maintenance of certification program.

CMAJ regrets these errors and apologizes for any inconvenience they may have caused.

REFERENCE

1. Young H. Lack of pharmacological training causes overuse and misuse of drugs. *CMAJ* 2008;178:276.

DOI:10.1503/cmaj.080246