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New England journal endorses institute's proposals for FDA

The United States faces a "mounting public health crisis in drug safety, and definitive action must be taken" to revitalise the Food and Drug Administration, said Jeffrey Drazen, editor of the *New England Journal of Medicine* in an editorial that was also signed by two of the journal's senior editors.

The FDA has been politicised, and "this trend must be stopped," says the editorial, which was published online on 9 October (www.nejm.org, doi: 10.1056/NEJMe068237). The FDA's decisions about the nation's drug supply "should be based solely on scientific evidence."

The FDA has "critical issues of financing, transparency, and independence," the editorial says. A report by the Institute of Medicine released last month calling for major changes to the FDA (*BMJ* 2006;333:673) "is a critical starting point, and we urge Congress to implement its recommendations and give them the highest priorities."

It would be better if the funding of the FDA's Center for Drug Evaluation and Research came from general appropriations and if some of the fees paid by drug companies were used for post-marketing surveillance, the institute's report said.

Janice Hopkins Tanne *New York*

Doctors call for end to unsafe shifts

The Royal College of Physicians has come up with what it claims is a safer and less tiring shift system for junior doctors. It could replace the current pattern of two 13 hour shifts in a day adopted by most NHS trusts, if the government approves it and individual trusts agree.

The new rotas were introduced to comply with the European Working Time Directive in 2004, under which junior doctors can work no more than 56 hours a week. They can work up to 13 hours a day but then have to have an 11 hour break.

Guide calls for better treatment of atrial fibrillation

Patients with an irregular pulse should undergo electrocardiography to improve the detection of atrial fibrillation, recommends a new guideline for the NHS in England. And patients with atrial fibrillation should be treated with antithrombotic drugs after formal risk assessment, to reduce the risk of preventable strokes associated with the condition, it says.

The guideline says it is important that atrial fibrillation—the commonest cardiac arrhythmia—is diagnosed early, because people with it have a one in 20 chance of stroke.

It was drawn for the National Institute for Health and Clinical Excellence, which advises on use of treatments in the NHS in England.

Michael Rudolf, a consultant physician at Ealing Hospital, London, and chairman of the guideline development group, said, "Atrial fibrillation is a really common disorder. The prevalence doubles for every decade of ageing, affecting about 10% of people in their 80s. Every patient admitted to hospital with a stroke and atrial fibrillation represents a lost opportunity to prevent a stroke."

Susan Mayor *London*

Atrial Fibrillation: National Clinical Guideline for Management in Primary and Secondary Care is available at www.rcplondon.ac.uk.

As a result many trusts have organised doctors' shifts to include a run of seven nights, each of 13 hours, usually from 9 pm until 10 am. The day shift, also of 13 hours, runs from 9 am to 10 pm.

Instead of the current shift pattern the college suggests having three shifts in a day: 7 am to 4 pm, 3 pm to midnight, and 11 pm to 8 am.

The proposed shift rota works best where a cell of 10 doctors is working the rota and to work effectively would require an additional 600 junior doctors.

Lynn Eaton *London*

The report is available at www.rcplondon.ac.uk.

GMC will fight to retain its role in medical education

A leading figure at the General Medical Council has indicated that it will fight to retain its key role in medical education.

England's chief medical officer, Liam Donaldson, said in his report in July that the GMC should lose its educational role and that responsibility for regulation of medical schools and undergraduate curriculums should go to the Postgraduate Medical Education and Training Board (*BMJ* 2006;333:163).

Speaking last week at a

meeting of senior figures in patient safety organised by the law firm Bevan Brittan, the GMC's director of strategy and planning, Paul Buckley, said that the body saw its education remit "as fundamental to its role in regulation."

"Education is absolutely crucial. We think that there is a real problem with this particular proposal. You would begin to dilute accountability and make it less clear who is in control of the register," he said.

He told the meeting that the GMC should be involved "from day one [of doctors' training] till the day they stop practising."

Michael Day *London*

Good Doctors, Safer Patients is

available at www.dh.gov.uk/cmo.

New York plans to restrict trans fats in restaurants

New York city, which banned smoking in restaurants three years ago, now wants its restaurants sector—the largest in the United States—to reduce the content of trans fats in its meals. It wants the amount in each serving to be reduced to 0.5 g per serving within the next 18 months.

A second proposal calls for restaurants with standard menus to post information on energy content of items they serve on their menus or menu boards by March 2007.

Restaurant meals are a major source of artificial trans fats (trans fatty acids), the city's Department of Health and Mental Hygiene says. A single fast food meal may contain more than 10 g of trans fats, whereas the recommended level is less than 0.5 g per serving.

Dietary trans fats are found in partially hydrogenated vegetable oils that have been chemically modified. When fried such oils last longer than other oils, and they increase the shelf life of baked goods. They are found in many fried foods, baked foods, margarines, vegetable shortening, and salad dressings.

Janice Hopkins Tanne *New York*

The proposals are available at www.nyc.gov/health.