the importance of advocacy in improving system development, patient care and the quality of our working environment.

Therefore, I was most gratified to read the January 2009 issue of *CJEM* and, more particularly, the residents' corner article,[1] in which the author promotes that advocacy be engrained into the role of every emergency physician. I obviously agree and believe that current training programs could do more to provide residents with the necessary tools to be effective advocates for our specialty and our concerns.[2,3]

Just as residents are now taught the fundamentals of good clinical research and are expected to complete a research project during their training, so too should they be provided with the opportunity to get involved in an advocacy initiative.

Yes, research is important, but, at the end of the day, somebody has to be available to synthesize and promote the central messages of that body of research to health policy experts, health ministers, opposition health critics and the press. I have never yet met a health minister who has ever read *CJEM* or the *Annals of Emergency Medicine*.

Since forming the Canadian Association of Emergency Physicians (CAEP) Public Affairs Committee a few short years ago, I have come to realize that it is a bit of a thankless job. Hours are spent monitoring the press reports on emergency services; responding, where appropriate, with letters to the editor or with media interviews; attending countless meetings with government officials, politicians and allied health groups; and lecturing at every possible opportunity on the need for direct advocacy, only to read in the latest membership survey that we have not been doing enough.

Still, there is tremendous personal satisfaction in knowing that we have indeed made a quiet difference. For example, despite the public statements and political posturing by various provincial governments in the past several years, I can assure you that they privately confess to knowing full well that overcrowding will not be solved until there has been a restitution of adequate bed capacity. CAEP's Stop the Waiting campaign has therefore, in my estimation, played a hugely successful role in changing the language and the paradigm of overcrowding. Now, if only we could control the health care budget.

Residents can incorporate advocacy into their residency experience and realize early benefits in their career development by playing an active role in shaping meaningful and lasting public health policy.[4,5] So, rather than waiting until residency is over, I would encourage residents to join their more senior colleagues on CAEP's Public Affairs Committee in our efforts to promote a better emergency health system. Please feel free to contact me directly at drummond@ripnet.com.

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References

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2. Bandiera G. Emergency medicine health advocacy: foundations for training and practice. CJEM 2003;5:336-42.
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Erratum

In the January 2009 issue, there was a typing error in the abstract for the article entitled "Validity of the Canadian Paediatric Triage and Acuity Scale in a tertiary care hospital." The first sentence of the conclusion should read, "This computerized version of PaedCTAS demonstrates a strong association with admission to hospital, admission to PICU and LOS in the ED."

Reference

1. Gravel J, Manzano S, Arsenault, M. Validity of the Canadian Paediatric Triage and Acuity Scale in a tertiary care hospital. CJEM 2009;11:23-8.