

THE CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS L'ASSOCIATION CANADIENNE DES MEDECINS D'URGENCE

N E W S L E T T E R

PREAMBLE

In this first newsletter I would like to bring you up to date on the work done to this point in the development of the Canadian Association of Emergency Physicians, provide you with some information on matters of ongoing interest and make some announcements about future plans.

The OBJECTIVES of the Association, founded in September 1978 are:

1. To study and recommend standards of Emergency Medical Care in Canada.
2. To foster research and education in the field of Emergency Medicine.
3. To promote coordination of community, provincial and national emergency care facilities and personnel.
4. To provide representation for Canadian physicians engaged in the practice of Emergency Medicine.

MEMBERSHIP

Paid up membership to date exceeds 200 members. These founding members of the Association are to be found in every Province of Canada. The attempts of the executive to reach all those who work in Emergency Medicine have included articles in the Canadian Journal of Surgery, La Vie Medicale, notification of the Emergency Medicine Sections of Provincial Medical Associations, correspondence with both the College of Family Practice and the Royal College of Physicians and Surgeons, gathering of mailing lists from Provincial Medical Societies and the American College of Emergency Physicians, and by word of mouth. We are still attempting to have an article printed by the Canadian Medical Association Journal and barring this will take out a large advertisement in that journal.

FIRST ANNUAL MEETING

The First Annual Meeting of the Association will be held coincident with the Ontario Casualty Care Conference at the Skyline Hotel, Toronto September 23 - 26 th, 1979. There will be an open executive meeting on Sunday, September 23 at 14:00 hours when further discussion will be held on most of the areas discussed in this newsletter. The annual general business meeting of the Association will then be held on Monday, September 24th at 17:00 hours and will be followed by dinner. The details of this meeting will be sent to you in good time. There will not be a scientific meeting held at this conference.

The Executive Committee meeting on the 23rd of September will consist of discussion and reports from the following committees:

- A. The Membership and Credentials Committee
- B. The Program Committee for the 1980 Conference
- C. The Continuing Medical Education Committee
- D. The Standards Committee.

These committees at present are working hard on C.A.E.P. positions on a number of important issues and it is expected that the Executive Committee draft of these position papers will be circulated to all members in August for consideration. Further changes in these positions will be welcomed and entertained at the Executive Meeting and will then be presented to the membership at the Business Meeting for ratification the following night.

I wish to emphasize that in our attempts to represent the Association in these most important deliberations, particularly regarding certification of emergency physicians, that input from as many members as possible will be most useful. The Executive Committee can not be truly representative unless as broad based as possible input is obtained.

1980 MEETING

The Vice-President, Dr. Al Scholtz, has undertaken the organization of this meeting. It will be called the Annual Scientific Meeting of the Canadian Association of Emergency Physicians. Its cosponsors will be the Canadian Association of Emergency Physicians, the B.C. Nurses Association and the B.C. Chapter of A.C.E.P. It will be held in Vancouver, and the dates will be around April 23-25th. It will be a full three day conference and the format will include lectures to occupy two to three hours a day with the rest of the time being devoted to workshops. It is hoped that we will obtain two or three key note speakers from the specialty fields, but other than this all speakers will be emergency room physicians.

1980 MEETING

Suggestions so far received for workshops include: the management of the pulmonary patient, arrhythmias, cardiac drugs, infectious diseases in the Emergency Department, regional anaesthesia, hypothermia.

It is planned that both a Basic C.P.R. and an Advanced Cardiac Life Support Course will be offered in conjunction with the conference.

Any suggestions for speakers or format would be gratefully received, and I would ask that you forward them to the Vice-President, Dr. Albert Scholtz. This can be done through the Secretary's office.

It was felt critical to the development of the Association, that within two years of being founded that our annual meeting should stand alone and comprise both the most authoritative scientific content available in Canada and also allow for an extensive business meeting to continue our work in those key areas of training and certification, standards etc.

COMMITTEES

The Executive Committee has formed four standing committees, the Chairman of each of which was appointed from the executive:

A. MEMBERSHIP AND CREDENTIALS COMMITTEE

Chairman - Dr. R. Gerace,
Victoria Hospital,
London, Ontario.

The purposes of this committee are:

1. Statistical analysis of membership.
2. Categorization of membership.
3. Approval of membership.

The goal of this committee will be to attempt to obtain a definite figure regarding the number of full time emergency room physicians in Canada, an idea regarding who would be practice eligible to write a Canadian examination and also to determine the number of part time people working in Emergency Medicine.

COMMITTEES

B. PROGRAM COMMITTEE

Chairman - Dr. Albert Scholtz,
Vancouver

The Purpose, to organize the 1980 conference as mentioned above.

C. CONTINUING MEDICAL EDUCATION COMMITTEE

Chairman - Dr. Carolyn Neal,
Hamilton

The Purpose, to look into the requirements regarding continuing medical education of other organizations, such as ACEP, CCFP, AMA and to discuss the requirements that should be set by the Association with regards to active and affiliate membership.

D. STANDARDS COMMITTEE

Chairman - Dr. David Walker,
Kingston

The Purpose, to draw up standards that the Association considers should be implemented in Emergency Departments with regard to aspects of patient care, training programs, audit, staffing of Emergency Departments by physicians, transfer guidelines.

POSITION PAPERS

The Executive has discussed the draft of the position paper on "Recommended Guidelines for Physicians Staffing an Emergency Department". This has reached its final draft prior to the 1979 annual meeting.

The Executive Committee is still working on the following position papers and they will be circulated to all members of the Association in late summer in preparation for subsequent changes and then, ratification at the 1979 annual meeting to be held in Toronto. These position papers include:

1. Training and certification of emergency physicians with a particularly important section on practice eligibility.
2. Transfer guidelines representing the Association's position on Emergency patient transfers between hospitals.
3. Audit in the Emergency Department.
4. Disaster planning and the emergency physician.

CERTIFICATION

This is no doubt the area that concerns the Association the most and was one of the driving forces behind the development of the Association. As you all know by now the Royal College of Physicians and Surgeons and the College of Family Practice have set up the Joint Specialty Committee to look into the certification of emergency physicians. At the present time they have examined a number of matters pertinent to this, particularly guidelines for training programs and subsequent certification of trainees in Emergency Medicine. While it is yet too early to judge their final recommendations it would be fair to say at this point that the most controversial area they face is that of the practice eligible physician. At present, the position of the Committee seems to be that any certification envisaged by either training eligible or practice eligible emergency physicians would be contingent upon prior certification by one of the two colleges. This presents great difficulty for those who are in training programs that are not Family Practice programs or do not lead to eligibility to write the certification examination in Family Practice, and more particularly to those who have been working in Emergency Medicine for some years but are not certified by either college. An additional difficulty is that the College of Family Practice does not regard work in Emergency Medicine as contributing towards eligibility for their certification examination.

The thrust of the Association's position paper to be ratified this September must clearly be to overcome this deceived discrepancy in the colleges' view of what constitutes practice eligibility. Members of the Executive Committee are awaiting an invitation to present their views to this Joint Specialty Committee and the membership should be advised that we will do this as soon as possible. It may be of interest to the members to know that the Joint Specialty Committee is made up of four representatives of the Royal College and four representatives of the College of Family Practice and indirect input into this Committee can be helpfully made by members and by the executive since Drs. Eugene Dagnone and Greg Powell are representatives of the College of Family Practice and Dr. Kerry Ferguson is a representative of the Royal College. All three of these physicians are emergency physicians.

As you can see, there are major stumbling blocks but with wide spread input from the membership and a succinct, well thought out and well argued position from the executive it is anticipated that this critical advance in the development of Emergency Medicine will be achieved in the foreseeable future. Again, I would like to stress that membership input to this particular area is critical and that the Association must speak for emergency physicians across the country in order to derive the authority needed to make this representation feasible.

PROVINCIAL BUY LINES

The executive would like to include in each regular newsletter a short article from selected members, each representing the activities of a certain province in the area of Emergency Medicine. The following are replies to this request from a few of those provinces.

1.

NEW BRUNSWICK

From Dr. R. Scharf, St. John General

In New Brunswick there are four full time emergency physicians. They are Dr. Karen Colder, St. John General; Dr. Jane Findlater, Dr. E. Chalmers Hospital, Fredericton; Dr. Derek Jones, St. John General; and Dr. Robert Scharf, St. John General.

Full time emergency doctors started here on a continuing basis in 1976 with the three St. John physicians. There have been a group of general practitioners doing the remaining calls. The three full time emergency physicians see about sixty percent of all patients out of an annual attendance of about 50,000 patients. There will shortly be a fourth member. A twelve hour shift is used with alternate weeks off.

The Fredericton Hospital has one full time emergency physician as worker - Director. Dr. Findlater is the second to occupy this post- She is a graduate of the Royal Victoria Emergency Medicine Residency Program.

St. John's Hospital in St. John has at times had a full time emergency physician in the Emergency Department but not at present.

The vast bulk of all emergency service work is done by general practitioners, volunteers in St. John and varying between volunteer or compulsory to hospital staff members in other cities. The largest emergency service in Moncton is manned by general practitioners. New Brunswick is sparsely settled and the lack of any major large city has prevented any highly organized paramedical service from being considered. The nurses, as in any rural area, do many services which allow the physicians to see more patients. Interns are available on a scheduled basis only at the St. John General. The emphasis is totally on patient care in all areas and offices and clerical services are at a minimum.

2.

BRITISH COLUMBIA

From Dr. A.P. Scholtz, St. Paul's Hospital.

In 1973 the first group of emergency physicians met and formed the British Columbia Emergency Physicians Association with G.B. Ryder as President. Since then it has operated on a budget composed of the \$100.00 initiation fee of new members and has been limited to full time emergency physicians. In the last three years its role has been primarily related to economic issues and relationships with the Section of General Practice in the B.C. Medical Association. The present executive is H. Parkin, D. Hunt, and J. Maynard. Mailing address: Apt 201-204 Blue Mountain St., Coquitlam B.C. V3K 4H1.

In 1976 the B.C. Chapter of the A.C.E.P. was formed under the presidency of Dr. K. Kristjanson. He has been promoting all other activities related to Emergency Medicine particularly Post Graduate Education. One successful 5 day limited enrollment Post Graduate Course for career Emergency Physicians has been held. There are either 3 or 4 meetings with good attendance and held in association with B.C.E.P.A. including speakers on clinical topics every year. The annual chapter fee has been \$50.00 and membership is open to all who fulfill A.C.E.P. requirements. Present membership is forty-one. The executive consists of Dr. Vic Wood, Dr. William Lange, and Dr. Chris Rumball. The mailing address is c/o Dr. Vic Wood, 3580 Puget Drive, Vancouver, B.C. V6L 2T7.

There have been several discussions by the Emergency Physicians regarding the organization of an emergency section in the B.C. Medical Association. However, a majority of members are still satisfied with the present representation on the Economics Committee of the Section of General Practice. Provincial organization does not provide funds to subsidize the various sections and Emergency Physicians have not felt the need to set up another new organization. Although eleven full time Emergency Physicians work in university hospitals, none of them have university appointments. Two meetings have been held with the previous Dean of Medicine but there has been no agreement under whose auspices the division or department of Emergency Medicine should be organized. In spite of this two successful Post Graduate Courses were held under the U.B.C. Department of Continuing Education and there is extensive teaching of 3rd and 4th year medical students by Emergency Physicians.

2.

BRITISH COLUMBIA - Cont'd

In B.C. there are fifteen hospitals over 200 bed size, twenty-six between 75 and 199, and the other fifty-five are even smaller. The following hospitals are staffed only by full time Emergency Physicians: Vancouver General, Royal Columbian - New Westminster, Royal Jubilee - Victoria, Victoria General and Burnaby General. Burnaby General and St. Paul's - Vancouver, have over half of their shifts covered by Emergency Physicians. The following hospitals have a minority of full time Emergency Physicians: Lions Gate - North Vancouver (2), Kamloops (2), St. Vincent's (1), Shaughnessy (1), and Mt. St. Joseph (1) - Vancouver. All other hospitals and shifts in B.C. are covered by part time Emergency Physicians of varying degrees of involvement.

All Emergency Physicians in B.C. are on a fee for service basis except for the initial members of the Victoria Emergency group. All the metropolitan hospitals have had little turnover or openings in the last three years. General practitioners who are presently doing emergency shifts are generally reluctant to give them up.

Emergency Physicians have been active in teaching and coordinating the Paramedic Programme in B.C. The Provincial Coordinator of this programme is Dr. Les Vertesi who works at the Royal Columbian Hospital in New Westminster. So far thirty-three paramedics have been trained and licensed to do such procedures as endotracheal intubation, intravenous therapy and drug administration. By next summer fifty-one paramedics will be available to man paramedic ambulances in the greater Vancouver and Victoria area.

We look forward to developing advance cardiac life support courses in B.C. under Dr. Paul Zickler, and hosting the 1980 C.A.E.P. meeting in Vancouver.

3.

ALBERTA

From Dr. J.M. Davidson, University of Alberta Hospital

The main development in the Province of Alberta in the field of Emergency Medicine, apart from the establishment of the Canadian Association of Emergency Physicians, has been the founding, in September, 1978, of an Emergency Physicians Section of the Alberta Medical Association. Prior to this, Emergency Physicians were included in the Association with Family Physicians. The Emergency Physicians group has been looking very hard at the fee schedules for Emergency Physicians and will be submitting recommendations to the Alberta Medical Association this month.

3.

ALBERTA - Cont'd

Up to now, Emergency Physicians have been allowed to bill approximately half the amount a General Practitioner would bill for a similar service performed in his office. The A.M.A. is also examining the position at the University of Alberta Hospital, Edmonton. This is the only Emergency Department in the Province with full-time salaried Emergency Physicians. All other Emergency Rooms are staffed by full-time physicians who bill on a fee per item of service basis. In the field of education, the Calgary group of Emergency Physicians had a seminar on Emergency Medicine in February with workshops on techniques. This was well attended and appeared to be generally well appreciated by those who attended it. The University of Alberta Hospital and the Royal Alexandra Hospital, Edmonton, are considering expanding their Emergency staff in the near future and would be interested to have applications from any Emergency Physicians.

4.

ONTARIO

From Dr. Rocco Gerace, Victoria Hospital, London

Emergency Medicine within the Province of Ontario has become, and continues to be, a very active discipline. The Section on Emergency Medicine of the Ontario Medical Association has served as a strong voice for physicians practicing Emergency Medicine in the province. Included among its activities in the past year have been the development of guidelines for Emergency Department staffing and audit, and disaster planning. These guidelines are currently under review by the Ontario Medical Association.

In regards to education, the Section will again act as a co-sponsor of the annual Ontario Assembly of Emergency Care to be held in Toronto, September 23-26, 1979 at the Skyline Hotel.

Having previously approved the standards for BCLS, the Section in 1978 adopted the standards of the Canadian Heart Foundation for ACLS. They were subsequently approved by the OMA. Members of the Section have been very active in the teaching and development of the programs in BCLS and ACLS. The first ACLS Provider and ACLS Instructor Courses to be completed in Canada were carried out in London under the direction of Dr. K. Ferguson. Members of the Section are represented on both the National ECC Faculty of the Canadian Heart Foundation and the Provincial Faculty of the Ontario Heart Foundation.

4.

ONTARIO - Cont'd

At the OMA-CMA Conjoint Annual Meeting this year, which is being held in Toronto, the Section will present a Basic Cardiac Life Support Provider Course on June 20th and a Scientific Session on June 21st.

Other important activities have included the appearance of Section executive members as expert witnesses at Coroner's inquests, membership on assessment teams of the College of Physicians and Surgeons of Ontario reviewing pre-hospital emergency care programs, and membership on OMA and Ontario Ministry of Health committees examining various aspects of Emergency Medical Care.

The Ontario Chapter of A.C.E.P. also remains active in supporting educational programs in Emergency Medicine by sponsoring CME programs throughout the province.

In order to continue the momentum and progress being made in the development of Emergency Medicine in Canada over the past several years, we look forward to active participation in the Canadian Association of Emergency Physicians.

POSITIONS AVAILABLE

Royal Columbian, New Westminster, B.C.:

- 1) Summer locum in Emergency
- 2) Full time position starting September

Apply, including curriculum vitae, to:
Dr. Steven Day,
Royal Columbian Hospital,
330 East Columbian St., New Westminster, V3L 3W7

All members wishing to publicize jobs available or physicians available may do so by sending information to the Secretary for inclusion in the newsletter.

David Walker

David M.C. Walker, M.D., F.R.C.P. (C)
Secretary-Treasurer
Canadian Association of Emergency
Physicians

mailing address:
Emergency Room Medicine,
Hotel Dieu Hospital,
Kingston Ontario K7L 3H6