



CAEP

PRESIDENT'S NEWSLETTER

Vol. 1, No. 3

On September 24th and 25th your executive met in Toronto, in conjunction with the meetings of the Royal College of Physicians and Surgeons. This was a most lively meeting, attended by many of CAEP's charter members and past presidents. What I will describe is a review of items discussed at this meeting. Please consider the issues brought forward and get back to the executive with your input.

MANPOWER

The CAEP Manpower Survey has been completed. The second phase is a specialist survey undertaken in conjunction with the RCPS and the CMA. What we are doing is a validation of the existing CMA databank. As I indicated in previous newsletters, this is particularly important for emergency medicine since we are a newly-defined discipline and must make every effort to define our present situation and our future needs. The next few years will see battle lines drawn between physicians and government over numbers of post-graduate training positions. In this fracas we will also see different specialties confronting each other over these same diminishing numbers of training positions. Thanks to David Walker and his committee, we plan to be prepared. In this regard, CAEP will be funding a meeting of this committee in January.

CONJOINT COMMITTEE ON POST-GRADUATE FAMILY PRACTICE TRAINING

CAEP has offered its input into this committee which was recommended by the recent Cox report. This committee will attempt to co-ordinate development of Family Practice and specialty training programs. In particular, the committee will look at core training common to a number of disciplines and specific training in areas of major disciplines which could be eligible for some credit toward the training requirements of the RCPS or the CFPC.

CMA GENERAL COUNCIL MEETING

The CMA has collected data showing that compulsory blood alcohol testing is applied with varying degrees from province to province. CAEP has had major input into the introduction of this legislation last year and we follow with interest and concern the application of this legislation. The CMA passed several resolutions regarding drinking and driving and substance abuse and driving.

Letters are being sent to the federal Minister of Justice supporting the stance of the CMA on compulsory blood alcohol testing.

Dr. Jan Ahuja, our representative to the meeting, has asked our members to bring forward areas of concern, either individually or through our committees, so that resolutions pertaining to Emergency Medicine be presented as resolutions to General Council at the next meeting.

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MEMBERSHIP LISTS

A list of members and their addresses will be sent to the membership every two years to facilitate communication within our organization.

SEAT BELT LEGISLATION

CAEP has recently communicated our concerns regarding the lack of seat belt legislation in Alberta to the Premier and selected members of Cabinet.

CMA. ACCREDITATION SECRETARIAT

It was decided, on the proposal of Dr. Sosnowski, to support the Secretariat of the CMA Sub-committee on Accreditation of Pre-hospital Care Training Programs. We will be contributing \$1.00 per member per year.

COMMITTEE REPORTS

Reports from the Sections of Trauma, Pre-hospital Care, Paediatrics and Residents were presented and reviewed. The Pre-hospital Care Section will be headed by Dr. Martin Friedberg of Sunnybrook Hospital in Toronto. The Paediatric Section will be led by Dr. Marilyn Li of the Children's Hospital of Eastern Ontario in Ottawa. Dr. Li is currently involved in the development of a Paediatric Emergency Fellowship.

The Drinking and Driving, Seatbelt and Helmet, CPR, and Public Relations Committees have been amalgamated into a Public Education Committee. All Sections and Committees will be requested to submit semi-annual reports and the chairmen to attend Executive meetings when requested.

PUBLICATIONS - CAEP REVIEW

Dr. Lane presented a report outlining the possibilities for the future of the CAEP Review. He discussed one option of joining the Society of Critical Care Medicine in a joint publication. The other options are to join the Archives or remain as we are. Dr. Lane undertook the task of preparing a discussion of the alternatives to be presented to the general membership for discussion. A final decision will be made in January 1987. The response to the last questionnaire has been meager. Now that we have another option, we hope that the membership will let us know their preference. In any event, we plan to keep the institution of a President's Newsletter or similar publication.

TOXICOLOGY PRECEPTORSHIP

Dr. Vicas has organized a toxicology preceptorship which will be sponsored by Dupont. CAEP will assist with further funding if alternate funding cannot be arranged through grants from the RCPS or CFPC. Further information on this preceptorship will be forthcoming in the CAEP Review.

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CONJOINT TAC/CAEP DISASTER COMMITTEE

The Conjoint TAC/CAEP Disaster Committee has drafted a proposal for a Spring 1987 meeting on disaster planning to be held in Toronto. Further information will be forthcoming in the mail.

ROYAL COLLEGE COUNCIL MEETING SEPTEMBER 20, 21, 1986

At a meeting for representatives of the specialties on September 21, 1986, it was revealed that the Council of the Royal College of Physicians and Surgeons has struck a committee to review the specialty of Emergency Medicine. This committee will be chaired by Dr. John Ruedy of Vancouver and will review the credentialing, training requirements, accreditation, and certification of Emergency Medicine. This review is slated to begin in 1988.

This is the first time that the Royal College has undertaken a comprehensive review of one of the specialties and it may be the start of a continuing trend. Apparently there have been some concerns raised within the Council regarding the credentialing and examination procedures in the specialty. Some members have even suggested that Emergency Medicine be accredited under a new pilot program called, "Accreditation without Certification". This is a program where certain specialties, such as Critical Care Medicine, would be accredited without examination provided the applicant had obtained Royal College certification in Medicine, Surgery, Paediatrics, or Anaesthesia, and completed an accredited training program in the field.

Obviously there is some concern among FRCP certified emergency physicians regarding the future of the specialty. The day before the CAEP Executive meeting, the Residency Directors met to discuss ways of improving and standardizing the post-graduate training programs. The discussions ranged from role definition to core content and educational objectives. The Specialty Committee also met to discuss their approach to the establishment of this committee.

At the CAEP Executive Meeting, submissions were heard concerning the future of CAEP and the formation of a specialty society. At the present time, CAEP represents all full-time emergency physicians; FRCP, CFPC(EM), CFPC, and non-certified. We also function as the specialty society for Emergency Medicine at the RCPS meetings. Clearly there is a pressing need for a more uniform voice to be presented to the Royal College on behalf of our FRCP certified members.

At the present time almost half of our membership is Royal College certified. The options for future directions are multiple and varied.

1. We could create a specialty section with CAEP.
2. We could create a separate entity that would have no ties to CAEP.
3. We could create some liaison between the two.

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ROYAL COLLEGE COUNCIL MEETING SEPTEMBER 20, 21, 1986 (Cont'd)

Obviously if half of CAEP's membership leaves to form the specialty society, CAEP may have some problems acting as the voice of Emergency Medicine in Canada.

To explore these issues, CAEP has struck a committee of past-presidents and current executive members to explore the options in the establishment of a Specialty Society in Emergency Medicine. Dr. Rocco Gerace is the Chairman and the committee will be meeting in early December to finalize their proposals. I urge all of our members to consider the implications and forward their suggestions to Dr. Gerace at:

Department of Emergency Medicine
Victoria Hospital
375 South Street
London, Ontario N6A 4G5 (519) 667-6538

The future of CAEP is in our hands. Please get involved.

Sheldon Glazer, MD CM, FRCPC
Past-President

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