

ANNUAL BUSINESS MEETING
CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS

APRIL 3rd, 1984

VANCOUVER, B.C.

Executive Members Present: Dr. P. Lane
Dr. T. Sosnowski
Dr. R. Gerace
Dr. S. Glazer
Dr. M. Yake
Dr. M. Tétreault

1. Approval of Agenda

The agenda circulated was approved with the following additions for item 8: New business:

- 1- Specialty status in P.Q.
- 2- Smoking in CAEP meetings
- 3- Members at large

Motion by Dr. Mann, seconded by Dr. Schragge.

2. Approval of Minutes

The minutes of the meeting of June 29, 1983 in Toronto were approved as circulated on a motion by Dr. Robson, seconded by Dr. Schragge.

3. Business Arising from the Minutes

3.1 Certification.

Dr. Lane reported that there were 59 successful candidates in the first Royal College Certification Examinations in Emergency Medicine. He congratulated these successful persons and noted that their names and those of successful candidates at the College of Family Physicians Certificate of special competence in Emergency Medicine exams would be published in the CAEP Review. Dr. Steiner raised the point of extending practice eligibility to all physicians who entered full time practice of Emergency Medicine before the publication of the Royal College guidelines for practice eligibility. Dr. Lane reported that CAEP had written

7. Working Group Reports

- Citizen CPR
- Pre-hospital care
- Drinking and Driving
- Seatbelt/Helmet Legislation
- Trauma

8. New Business

9. Adjournment

AGENDA

CAEP ANNUAL BUSINESS MEETING - APRIL 3rd, 1984.

VANCOUVER, B.C.

1. Approval of Agenda
2. Approval of Minutes
3. Business Arising from Minutes
 - 3.1 Certification
 - 3.2 Padiatric Section
 - 3.3 Trauma Association of Canada
 - 3.4 C.M.A. - Disarmament resolution
 - "Statements on Emergency Medicine"
4. President's Report
 - Charitable status/Research Fund
 - P.S.A. Spots
 - Canada Health Act
 - CAEP/ACEP/CSA-UK Meeting
 - "Future directions"
5. Membership and Treasurer's Report
6. Committee Reports
 - Policy and Standards
 - Education
 - Pre-hospital care
 - Publications
 - Constitution and By-laws
 - Resident
 - Program
 - Nominating

a letter to Dr. J. Duff of the Speciality Committee requesting an extension of eligibility to all physicians who entered full time Emergency practice before July 1982.

Dr. G. Powell assured us that this would be brought up at the next meeting of the Speciality Committee.

3.2 Paediatric Section

Dr. Lane stated that the terms of reference of this section are still to be laid down, but that basically the aim of the section are the same as those of CAEP itself. The issues seen as confronting the section were stated as being:

- 1- The role of a certificate of competence in pediatric emergency medicine for emergency physicians and pediatricians.
- 2- The position of CAEP in pediatric emergency medicine.

Dr. Tennenbein then extended an invitation to all interested members present to meet with him in the coming days.

3.3 Trauma Association of Canada

Dr. Lane reported on the founding of the Trauma Association of Canada. He stated that membership is available to full time emergency physicians in Canada. He encouraged as many of CAEP's members as possible to join in this association. One of the goals in the coming year is to publish a directory of persons involved in Trauma and Accident research in Canada.

3.4 C.M.A.

- 1- CAEP motion on nuclear disarmament.

It was reported that general council had passed an amended motion on nuclear disarmament that basically reaffirmed previous CMA position that there is no possible medical response to nuclear war.

- 2- CMA statements on Emergency Medicine.

Dr. Lane commented on the council on medical education's statements on Emergency Medicine. He stated the executive's intention of lobbying the CMA to redefine their position on this.

4. President's Report

4.1 Charitable status

Dr. Lane reported that our Association had obtained charitable status during the past year. He outlined how this would be usefull to promote research in our specialty.

4.2 P.S.A. spots

Dr. Sosnowski gave a historical perspective on how these spots were made available to us then played one about the use of helmets for motorcycle riders. The members approved of this spot. Dr. Sosnowski then discussed how these were to be distributed throughtout the country. He will also thank Dr. D. Perry for his very valuable contribution for the spots.

4.3 Canada Health Act

Dr. Lane reported on how it was felt necessary for the executive to prepare a brief on the Canada Health Act, mainly because as proposed, the Act excluded pre-hospital and ambulance care as insured services and this was felt to be a serious impediment to the development of ALS Systems. It was felt that our presentation was usefull and well received. Our brief will be published in a coming issue of the CAEP Review.

4.4 CAEP/ACEP/CSA-UK Meeting

Dr. Lane reported on preparations for an International Meeting on Emergency and Trauma Care to be held in the UK and sponsored by the Casualty Surgeons Association of the UK. It will be held in 1985.

4.5 Future directions

The president then addressed the future directions of the Association. He first commented on the survey on priorities as published in the CAEP Review, commenting that there were two major groups of issues: those concerning mainly policy issues and those dealing with the economics of Emergency Medicine. The policy issues would be referred to policy groups such as our sections, whereas economic issues would more likely be addressed more as a process of exchange of information between our members.

4.6 Research Committee

Dr. Lane announced the formation of an ad-hoc committee for looking at issues and/or problems surrounding research in emergency medicine in Canada.

4.7 Litigation

Dr. Lane commented on the process of litigation between CAEP, himself and Ontario Medicine he explained how the Review, himself and thus the organization were maligned by a story printed in Ontario Medicine.

5. Membership and Treasurer's Report

Dr. Yake circulated a written summary on CAEP's present membership and financial status. He summarised the highlights of these 2 documents.

Membership: Current paid membership is at 374. Membership dues shall be kept at the same level for the coming year. Dr. Yake once again encouraged current members lobbying their colleagues into renewing their membership or in joining our association.

Treasurer: Dr. Yake presented a written statement of receipts and disbursements for the year ended September 30, 1983, along with a balance sheet as at September 30, 1983. He commented that the year 1982 was blank because this reflected into our new non-profit tax status.

The membership report was accepted on a motion by Dr. Mann, seconded by Dr. Steiner.

The treasurer's report was approved on a motion by Dr. Maynard, seconded by Dr. Robson.

6. Committee Reports

6.1 Policy and standards

This report had been previously published in the CAEP review.

6.2 Education

Dr. J. Maynard reported that the last year was a quiet one for the Education Committee. The major focus of the Committee was once again the evaluation and granting of course credits. The Committee received 10 applications for 148 hours of Category 1 credit hours and they granted 139.5. This represented a decline of 6 applications and 39 credits hours from the previous year.

Dr. Maynard urged all course directors to write directly to the editor of the CAEP review in order to ensure publication of notices of their meetings and courses in the review.

Results of the medical education survey were then reported. The goal of this survey was to indicate to us the degree of Emergency Medicine training at both the undergraduate and "pre-licensure" levels of training in medical schools in Canada. Dr. Maynard then commented on the variability of training throughout the country and the need for standardisation of training in different medical schools.

The report was accepted on a motion by Dr. Ahuja, seconded by Dr. Dickinson.

6.3 Pre-hospital Care

Dr. Johnston then reported on the activities of the Pre-hospital care Committee. He stated that the committee's major thrust in the past year was preparing a position paper on pre-hospital care. This is to be discussed later in the meeting. (7.1). He then outlined other activities of the Pre-hospital Care Committee such as the collection of reference papers on pre-hospital care in Canada and collecting of different protocols in use throughout the country. Finally he suggested that the committee look into the content of training programs in Emergency Medical Services in Canada.

The report was accepted on a motion by Dr. Mann, seconded by Dr. Robson.

6.4 Publications

Dr. Lane reported on the activities of the Publications Committee. He reported that the CAEP review was going well financially, that advertising revenue was steadily increasing. He once again issued a plea to membership for more articles. Dr. Lane then explained the reasons for changing printers for the Review and concluded his report by inviting members to give himself and the editorial board as much feedback as possible during the coming year.

The report was accepted.

6.5 Constitution and by-laws

The President then commented on the proposed amendments to the by-laws of the association, which had been previously published and circulated. He noted the major changes, the most important being the creation of sections within the organisation. In this manner the Standing Committees of CAEP would be in place mainly to see to the business aspects of running the association, whereas sections would be groupings of members with common interests. Dr. Lane then outlined the process of changes to the by-laws.

A motion for adoption was put forth by Dr. Jones seconded by Dr. Schragge.

Dr. Wood then remarked that the preamble was in error as to the date of adoption of the previous by-laws. Dr. Lane pointed out that this was a typographic error and would be corrected. Dr. Wood then proposed the following amendment:

"That article 6.106 regarding the description of the member at large of the executive which reads; "... He shall not normally be a resident of a province which is the residence of any of the officers, as defined in section 6.3. ... be amended leaving out the word normally".

Seconded by Dr. Shindman.

After discussion the amendment was voted upon and defeated
For: 21. Against: 23.

Dr. Robson then proposed, seconded by Dr. Stewart that "Article 7.7 be amended by adding to the 4th line the word "special" so that article 7.7 would now read: "The by-laws of the Corporation may be repealed or amended by by-law enacted by a majority of the Officers at a meeting of the Executive and sanctioned by an affirmative vote of at least two-thirds (2/3) of the members at a special meeting duly called for the purpose of considering the said by-law..."

Amendment carried.

Discussion then ensued on the proposed by-laws, and amongst other questions it was pointed out that section chairmen do not have to be members of the association.

The proposed by-laws were adopted. The vote was: 30 For, 7 against and 7 abstentions.

6.6 Resident's Committee

Dr. Foxford then reported on the activities of the resident's Committee his report is appended to these minutes.

Report approved on a motion by Dr. Mann, seconded by Dr. Schragge.

6.7 Program Committee

Dr. Glazer reported on the present meeting and stated that he was well pleased with the success of the Vancouver Meeting, he expressed the hope that further meetings would be as successful and offered his cooperation to future meeting directors.

Dr. Malawski then reported on progress of the Meeting in Ottawa next year. She announced that it would be held in the new Westin Hotel which is very well suited to this purpose. The scientific program is taking shape and promises to be very interesting.

Dr Lane then proposed a vote of thanks to Dr Glazer for his superb work on this meeting.
Carried.

6.8 Nominating

Dr Gerace then reported that he had circulated as per our bylaws the following slate for the executive of the association for next year:

President:	Dr. Terry Sosnowski
President Elect:	Dr. Sheldon Glazer
Past-President:	Dr. Peter Lane
Secretary:	Dr. Michel Tétreault
Treasurer:	Dr. Trevor Gilkinson
Member at large:	Dr. Jan Ahuja

Nominations were then received from the floor. The only nomination from the floor was that of Dr. R. Scharf as a member-at-large. On a motion by Dr. Gerace seconded by Dr. Tétreault, nominations were closed. A vote was held as to the positions of member-at-large the result was :

Dr. Scharf	21
Dr. Ahuja	11

Dr. Scharf elected as member-at-large.
The executive for the coming year was then accepted by the members in attendance.

The chairmen of the various committees and sections are appointed by the Executive and approved by the membership. Dr. Gerace then submitted for approval the following nominations:

Recommendations for Standing Committees

MEMBERSHIP	TREVOR GILKINSON, M.D.
CONSTITUTION & BY LAWS	DAVID WALKER, M.D.
ANNUAL MEETING	ANNA MALAWSKI, M.D.
PUBLICATIONS	PERTER LANE, M.D.
EDUCATION	JOHN MAYNARD, M.D.
STANDARDS	DEREK JONES, M.D.
RESEARCH	GREGORY POWELL, M.D.
NOMINATING	PETER LANE, M.D.
RESEARCH FUND	ROCCO GERACE, M.D.

Recommendations for Sections

TRAUMA	PETER LANE, M.D.
PRE-HOSPITAL CARE	BOB JOHNSTONE, M.D.
PEDIATRICS	MILTON TENENBEIN, M.D.
RESIDENTS	PAULINE HEAD, M.D.

On a motion by Dr. Glazer seconded by Dr. Mann these nominations were ratified by the membership.

7. Working group reports

7.1 Citizen CPR:

Dr. Schragge reported on his working group's activities and proposed, seconded by Dr. Stewart the following position paper:

C.A.E.P. POSITION PAPER ON CITIZEN C.P.R. TRAINING

Preamble:

Citizen C.P.R. training refers to the process of educating the general population in the cognitive and psychomotor skills of artificial ventilation and external cardiac massage. These skills include the knowledge of coronary disease risk factors, recognition and response to cardiac emergencies, and physical training in cardiopulmonary resuscitation introduction. It has been demonstrated that the morbidity and mortality of cardiac arrest victims can be significantly reduced in communities where a large portion of the population has been educated in the techniques of C.P.R. 1,2,3. The methodology used in planning the training programs for those large numbers of citizens must be coordinated through a variety of different training organizations, and emergency physicians must be involved in supporting the development of appropriate training in their respective communities and in Canada as a whole. Emphasis must be placed on making C.P.R. training programs easily accessible both geographically and financially to as many Canadians as possible. Also, considerable emphasis must be placed on periodic retesting and retraining in the cognitive and psychomotor skills of C.P.R. so that those initially trained in the skills may retain them at optimum levels.

Resolution:

Whereas it has been well documented that the prompt administration of effective C.P.R. to victims of cardiac arrest has a positive effect on the outcome for such individuals and whereas the chance for prompt administration of effective

C.P.R. increases with the number of bystanders trained in this procedure, therefore be it resolved that:

- (i) C.A.E.P. endorse the fundamental principle that basic cardiac life support training be provided to the maximum number of citizens in every Canadian community.
- (ii) C.A.E.P. recognize the standards of basic cardiac life support training as established by the Canadian Heart Foundation.
- (iii) C.A.E.P. members actively involve themselves in leadership roles on the appropriate cardiac care committees, nationally, provincially, and within their own communities.
- (iv) C.A.E.P. endorse the inclusion of C.P.R. training and certification in the curricula of all Canadian medical and allied health care training programs.
- (v) C.A.E.P. endorse the principle of periodic re-training and reassessment in the cognitive and psychomotor skills of basic cardiac life support.
- (vi) C.A.E.P. encourage and promote the development of scientific research in the area of cardiopulmonary resuscitation.

Carried.

7.2 Pre-hospital care

Dr. Johnstone then reported on the working group on pre-hospital care and put forth, seconded by Dr. Mann the following position paper:(Appendix).

7.3 Drinking and Driving

Dr. F. Baillie then submitted the following position paper on drinking and driving, seconded by Dr. Robson.(Appendix).
Carried.

7.4 Seat-belt/Helmet legislation

Dr. Kirkpatrick then put forth, seconded by Dr. Wood the following position paper on seat-belt legislation

object: Position Paper on the use of seat belts.

Whereas, it has been conclusively shown that the safest way to travel in a motor vehicle is in a properly adjusted seat belt harness, and whereas, at present no Canadian Province has a law requiring the use of seat belts in school buses, be it resolved that C.A.E.P. urge appropriate Government Officials to make the installation of seat belts mandatory in school buses, and to make their use mandatory.

Carried.

7.5 Trauma

Dr. McLellan reported on areas of concern of his working groupe on trauma. They were mainly in the areas of re-search, prevention, categorisation of hospitals and CAEP's input into this categorisation and finally education where the main concern was the issue of ACLS and ATLS courses being continuing medical education courses and not, as is often understood, certifications.

8. New Business

8.1 Specialty status in Québec

It was moved by Dr. Robson, seconded by Dr. Johnstone that:
" The general assembly of CAEP mandate the executive to pursue the recognition of specialty status for Emergency Physicians in the Province of Québec."
Carried.

8.2 Smoking

It was moved by Dr. Wood, seconded by Dr. Vicas that:
" There be no smoking in any room where a CAEP meeting is taking place, be it a business or scientific meeting."

CARRIED

8.3 Member-at-large

It was moved by Dr. Jones seconded by Dr. Scharf that:
" The executive bring to the bylaws committee that the executive be expanded to include 2 members-at-large, the second to represent affiliate members."

For: 7

Against: 16

Defeated.

9. Adjournment: The meeting was adjourned at 21:40 hrs.

APPENDIX 1

RESIDENT'S COMMITTEE REPORT
TO ANNUAL CAEP BUSINESS MEETING

APRIL 3, 1984

VANCOUVER

1. C.A.E.P.'s Resident's Committee

Today held it's longest meeting ever with 19 present, including two interested persons in programs. This is greater than one-half of all CAEP residents in Canada. Elections were held with program representatives from each program elected and our new Vice-chairman is Dr. David Williams from Ottawa and our new Chairman is Dr. Pauline Head from Calgary.

2. A liaison with CAIR was attempted this year but efforts were only recently unsuccessful. Further attempts at having them provide and manpower study will be pursued in the coming year.
3. We have made attempts to establish standardization of various programs content. A meeting of directors and representatives is upcoming.
4. Suggestions are being forwarded to the CAEP Executive and program directors as of the quantity and of nature of research fostered through residency programs.
5. Encouraging members to join the Trauma Society as resident members.
6. The elective bank is alive and well. We still need submissions though.
7. Finally I would like to thank the members of the CAEP Executive for their help in the past 2 years. It has been a real pleasure serving on this committee.

Thank you.

Respectfully submitted,

Robert Foxford, M.D.
Chairman
Residents Committee