

THE CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS

NEWSLETTER NO. 5

EMERGENCY CARE 80 A GREAT SUCCESS

CAEP's recently completed First Annual Scientific Assembly in Vancouver, B.C. proved a remarkable success. Held at the scenic Bayshore Inn overlooking English Bay, the meeting was attended by almost 300 participants about half of whom were physicians. Also attending the meeting were a number of Emergency Nurses from both British Columbia and other provinces. The nucleus of a National Association of Emergency Nurses was formed.

The scientific sessions included presentations from pre-eminent American and Canadian physicians. Topics included head injuries, pulmonary emergencies, pre-hospital care, medical-legal aspects and many others. In addition a series of small and very practically oriented workshops were conducted and were well received.

A small number of original research papers were presented on both clinical and educational topics. This proved quite a popular item and plans for subsequent meetings will allow more time for this segment of the timetable.

The business meeting of CAEP held April 17th proved to be the largest collection ever of Canadian Emergency Physicians. Highlights included debates on revisions to CAEP's Constitution and the ever thorny issue of Accreditation and Certification of Emergency Medicine in Canada. The new Executive was also elected for 1980 - 81. (See enclosed minutes and reports of the meeting).

Truly CAEP's First Annual Scientific Assembly was quite a success. Its organizing committee headed by Dr. Al Scholtz deserve a great deal

of credit. Plans are now being made for the Second Annual Scientific assembly to be held in Montreal at the Hotel Meridien in September 1981. Dr. Wayne Smith of Montreal's Royal Victoria Hospital is chairing the Program Committee. They have a tough act to follow!

RESIDENTS' CORNER

At the Annual CAEP meeting in Vancouver the Resident Committee held a roundtable discussion chaired by Dr. Peter Lane. At the meeting it was decided to form a committee made up of several residents presently attending Canadian Emergency Medicine Programs. Dr. Paul Assad accepted the post of chairperson for the upcoming year.

The goals for 1980 are:

- 1) to encourage residents to join CAEP in their junior year and to become active members in the Association.
- 2) to promote communication between the different residency training programs and CAEP.
- 3) to study the content of Emergency Medicine at the undergraduate level and to encourage interest in Emergency Medicine at this level.

An annual meeting of the residents will be promoted by the Committee for 1980.

For further information please contact
Dr. P. Assad
355 Jeanne Mance
Apt. 1112E
Montreal, P.Q.
H2X 3P7

NEWSLETTER TO CHANGE

The CAEP Newsletter will be changing format within the next few months. We hope to move to a larger and more professional format. In the new newsletter there will be room for articles of interest to Emergency Physicians, a regular column such as "Quotes from the President" and "Residents' Corner" etc., letters to the editor as well as news of the Association. Depending on the response of you our readers we may well expand further to have some scientific reviews and articles appear.

We need your input to the Newsletter. If you have ideas or suggestions about the format, content, name etc. of the new Newsletter please contact us. In addition, if you have a short article or a letter to the editor that you think are of interest to other members of the Association send them to the address below:

CAEP NEWSLETTER
c/o Dr. Peter Lane
2-53 MacLaren Street
Ottawa, Ontario
K2P 0K3

NOTICE BOARD

Meetings to Note:

International Emergency Care Meeting
April 1981, Brighton, U.K.,
sponsored by the section of
Casualty Surgeons, Royal College of
Surgeons the U.K. contact:

Dr. C. Neal
Emergency Department
U of A Hospital
Edmonton, Alberta
T6G 2B7

NOTICE BOARD

Meetings to Note:

CAEP Second Annual Scientific
Assembly, October 12 to 16, 1981
Hotel Meridien
Montreal, P.Q.;
RESERVE THE DATES

POSITIONS WANTED

Experienced Emergency Room
Physician with training in
Pediatrics, available to start
July 1, 1980. Contact:

Dr. Roy Marokus
Apt. 1062
9943 Millar Road
Dallas, Texas U.S.A. 75238
or
Phone (214) 343-0177

E.D. DIRECTORS

Have you got a position available?
CAEP is starting a placement
information service. In each
issue of the Newsletter a
POSITIONS AVAILABLE column will
notify CAEP members of new job
opportunities. This is to be
offered as a service to our
members. For further information
contact:

Dr. Peter Lane
Secretary, CAEP
2-53 MacLaren Street
Ottawa, Ontario
K2P 0K3

"ATTENTION CME COURSE DIRECTORS"

CAEP now requires that active members
engage in continuing medical education

in order to maintain their membership standing. Course directors may apply for approval as Category I CME credits to:

Dr. C. Neal
Emergency Department
U. of A. Hospital
Edmonton, Alta.
T6G 2B7

Constitution
& Bylaws - Dr. V. Wood
Membership - Dr. R. Gerace
Resident - Dr. P. Assad
Pre-hospital
Care - Dr. L. Vertesi
Accreditation - Dr. D. Walker

CAEP EXECUTIVE 1980-81

President - Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ontario
K7L 3H6

Vice-Pres. - Dr. G. Powell
Emergency Services
Foothills Hospital
Calgary, Alta.

Secretary - Dr. P. Lane
2-53 MacLaren Street
Ottawa, Ontario
K2P 0K3

Treasurer & - Dr. R. Gerace
Chairman
Membership
Committee
Dept. of Emergency Medicine
Victoria Hospital
391 South Street
London, Ontario
N6A 4G5

Past Pres. - Dr. A. Scholtz
5726 Angus Drive
Vancouver, B.C.
V6M 3N8

Chairpersons
of
Committees
CME - Dr. C. Neal

FROM THE PRESIDENT

The past few months have been very exciting for C.A.E.P. The scientific meeting in Vancouver was a resounding success and next year's meeting in Montreal will be, I believe, even better.

There have been interesting developments in the area of recognition of Emergency Medicine. As you know, the Conjoint Committee recommended a Conjoint Board of both Colleges, overseeing one or other College, that would accredit programmes and offer certification to training and practice eligible candidates.

However, each College has since then separately recognized Emergency Medicine as a specialty, and we gather, plan to individually proceed with training and certification processes.

C.A.E.P. feels this schism would be very bad for Emergency Medicine. A two-tiered system would evolve, and any hope for uniform standards of training, certification and practice would be dashed. We are, therefore, continuing to exert influence on the two colleges, in the knowledge, at least, that both recognize Emergency Medicine as a specialty, and presumably, appreciate the importance of appropriate development.

FROM THE PRESIDENT (Continued)

In other areas, we are going to be discussing a "new deal" for Canadian Emergency Physicians and A.C.E.P.; finalising a straightforward continuing medical education system; participating in federal studies in Emergency Care and Pre-Hospital Care, and planning a more active role in the area of the economics of Emergency Medicine and the Emergency Physician. I feel this latter area is of great importance and hope that C.A.E.P. can assume a leadership role regarding working conditions and reimbursement for Emergency Physicians.

The Executive continues to remain very busy and trust we can rely on your continuing input and support in these critical moments in the development of our specialty.



David Walker, M.D.
PRESIDENT

MEMBERSHIP REPORT

Despite strong representation in the Association from across the country, there continues to be a great deal of confusion regarding membership and year-end of the Association. I will briefly try to clarify the situation.

At the Founding Meeting of the Association in the fall of 1978, the Founding Membership Fee was set at \$50.00. This membership fee, regardless of when paid, was to cover the period of October 1 - September 30, 1979.

MEMBERSHIP REPORT (Continued)

As knowledge of the Association became more wide-spread, more members joined the Association; several of them toward the middle part of 1979. The intention of the founding membership fee was to cover dues only for the period October '78 to September '79.

At the Annual Meeting in Toronto in 1979, the fee schedule was restructured, allowing for different categories. The majority of us fit into the first two categories, that is Active and Associate. The fees for these are \$100.00 and \$50.00 respectively. A number of members did not realize that a fee was due in the Fall of 1979, resulting in several non-paid memberships. A letter was recently sent to these members reminding them that their fee was due. This again resulted in some confusion amongst the membership regarding their status. However, a large proportion of these members have remitted the appropriate fee.

The entire membership will again be receiving a notice for fees due in the Fall of this year. This will follow the distribution of the Fall Newsletter. Should any members have any questions regarding their membership status, or request further information regarding this fee structure, I would be more than pleased to answer these questions.

The momentum and progress of the Association depends entirely on a strong support of emergency physicians across the country. I would like to thank those physicians who are continuing their membership in the Association for their support. Having seen the interest and developments in Emergency Medicine during the past month as described in this Newsletter, I would encourage all those members who have not yet renewed their membership to do so at their earliest convenience.

Rocco Gerace, M.D.
Chair, Membership Committee

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

PRESIDENT
Dr. A. Scholtz
5726 Angus Dr.
Vancouver, B.C. V6M 3N8
(604) 266-4403

Mailing Address
c/o Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6

VICE PRESIDENT
Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6
(613) 549-6576

CANADIAN ASSOCIATION OF EMERGENCY PHYSICIANS SECOND ANNUAL BUSINESS MEETING HELD AT THE BAYSHORE INN, VANCOUVER, B.C. WEDNESDAY, APRIL 16, 1980 AT 1710 HRS.

SECRETARY-TREASURER
Dr. G. Powell
Emergency Services
Foothills Hospital
Calgary, Alta. T2N 2T9
(403) 270-1635

The second annual business meeting of the Canadian Association of Emergency Physicians was held at the above time and place with 104 members present.

PAST PRESIDENT
Dr. D. Psutka
Hamilton General Hospital
237 Barton St. E.
Hamilton, Ont. L8L 2X2
(416) 527-0271, Ext. 368

1. APPROVAL OF THE MINUTES OF THE PREVIOUS MEETING

It was moved by Peter Lane, seconded by David Hunt that the minutes of the previous meeting be approved as circulated. It was passed unanimously.

CHAIRPERSON, CME
Dr. C. Neal
Emergency Department
U. of A. Hospital
112th St. & 83rd Ave.
Edmonton, Alta. T6G 2B7
(403) 432-8822

2. REPORT FROM THE EXECUTIVE

a) President's Report which is attached.

b) The Vice-President's Report - This was deferred to the reports of the standing committees on certification.

CHAIRPERSON, CONST. & BYLAWS
Dr. V. Wood
3580 Puget Dr.
Vancouver, B.C. V6L 2T7
(604) 734-1963

c) Secretary Treasurer's Report - Dr. Powell stated the following:

CHAIRPERSON, MEMBERSHIP
Dr. R. Gerace
Dept. of Emerg. Medicine
Victoria Hospital
391 South St.
London, Ont. N6A 4G5
(519) 432-2352

i) Currently we have an income of approximately \$19,000, expenditures of approximately \$4,000 with the current balance of \$15,000 (including \$5,000 which is in short term deposit). He also stated we had instituted a slightly new form of book-keeping to be more explicit about expenditure categories. Covered with the financial matters was the issue of incorporation. It was reported that we have incorporated for the purpose of limiting the liability of the Executive with regard to running national meetings, etc. This process is now complete. We are the Canadian Emergency Physicians Management Ltd. Negotiations are in process with tax lawyers to decide the best method of handling the income generated from short term deposits and the transferring of funds to the corporation. It is noted that the President, Vice-President and

CHAIRPERSON, RESIDENT COMMITTEE
Dr. P. Lane
Emergency Dept.
Ottawa General Hospital
43 Bruyere St.
Ottawa, Ont.
(613) 231-2030

Secretary each hold one share which will be automatically transferred from the outgoing president to the new Secretary each year. Shares are worth 10¢ a piece and we have been incorporated as a federal company.

Dr. Powell reported that it was the intention to have the books audited subsequent to the final advice from the lawyer about the financial relationship between the Association and the Company. It was moved by Dr. Ahuja and seconded by Dr. Smith that the financial report be tabled until the audit process was complete, at which time it would be presented to the Executive, and sent out to the membership. This was carried unanimously.

3. REPORT FROM THE STANDING COMMITTEES

- a) Continuing Medical Education - Chairperson:
Dr. C. Neal

Report appended. It was noted that there had been considerable work on the part of Dr. Wayne Smith - translation of the necessary documents in French.

- b) Constitution & Bylaws - report appended.
Chairperson: Dr. V. Wood

A written summary is included. It is worth noting that the Constitution & Bylaws Committee with Dr. V. Wood as Chairman will be meeting on an ongoing basis to make further changes in the constitution of bylaws. This will be circulated prior to the next annual general meeting for ratification by the membership. There was also considerable discussion regarding active membership and voting privileges. It was the general feeling of the group that active membership and voting privileges should be limited to physicians with "career orientation towards Emergency Medicine". The Executive were asked to state their position on this issue and all felt that it should be an organization for the purpose of furthering Emergency Medicine in general; with particular emphasis on the career Emergency physician and patient needs.

c) Membership - Chairperson: Dr. R. Gerace

Once again, the Chairman's report is appended. It is also noted that the logo is still being considered for development and that the word processor is almost ready to go. Dr. Peter Ransford, Director of the Emergency Services Commission in B.C. has been suggested by the Executive to be nominated as an honorary member. He will be presented with a plaque at the annual banquet.

d) Resident Committee - Chairperson: Dr. Peter Lane, report appended.

e) Convention

i) Al Scholtz reported that the 1980 convention which we are currently attending has greater than 250 registrants of which half are M.D.'s and we should make profits between \$15,000-\$23,000 to be divided with the nurses.

ii) 1981 in Montreal - reported by Dr. Wayne Smith, will be on Oct. 12-16, 1981. They will be in 2 days of ACLS followed by 3 days of clinical meetings. It will be held at the Hotel Meridien in Montreal.

f) Certification Committee - Dr. David Walker

A manpower study was conducted by telephone throughout the country and a summary sheet is appended. He also sent a letter to the medical schools requesting information regarding their teaching in Emergency Medicine for the medical students. There was an overwhelming response which has yet to be tabulated. The 1975 Federal Study on Emergency Services in Canada is being updated. We had been asked for some involvement in this area. Dr. Walker and Dr. Lane will meet with David Martin.

There was discussion regarding current proposals of both Colleges regarding certification. We will continue dialogue with both organizations. More information should be available by June 30, 1980.

g) Nominating Committee - Dr. Dennis Psutka,
Past President.

The following nominations are put forward,
noting that the President becomes the past
President automatically.

For President - Dr. David Walker
Vice President - Dr. Greg Powell
Secretary - Dr. Peter Lane

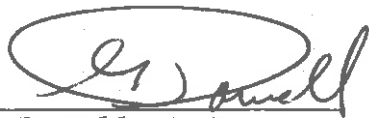
There were no further nominations and those
individuals were elected. The new Executive
noted that Al Scholtz and Dennis Psutka had
done a great deal for this organization since
its inception and we offered them a very
hearty vote of thanks for their involvement
over the past two years.

The Standing Committees will remain as they
are except the Resident Committee.

The Chairperson for C.M.E. - Dr. C. Neal
" " " Constitution & Bylaws-Dr.V.Wood
" " " Membership & Treasurer-
" " " Resident Committee-Dr. P. Assad
Dr.R.Gerace

The meeting was declared adjourned at 1915 hrs.

Respectfully submitted,



G. Powell, M.D.
Secretary-Treasurer, CAEP
1979-80.

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

Past President

Dr. D. Psutka - Hamilton

President

Dr. A. Sholtz - Vancouver

Vice President

Dr. D. Walker - Kingston

Secretary-Treasurer

Dr. G. Powell - Calgary

Emergency Medicine

Hotel Dieu Hospital

Kingston, Ontario K7L 3H6

613-546-1227

C.M.E. COMMITTEE REPORT.

COMMITTEE MEMBERS.

Chair- Dr. C. Neal.

Dr. G. Powell.

Dr. J. Davidson.

Dr. J. Lafleur.

Dr. M. Ferguson.

Dr. R. Burns.

Dr. L. Fulton.

Dr. A. Erickson. (co-opted to handle any requests from Quebec for Category 1.)

The Committee has met once on a formal basis since September and all other meetings have been on an informal basis between members.

1. Regional Representatives have been appointed to look after Category 1 applications. These people are also watching the literature for meetings that look as though they may be relevant to Emergency Physicians and sending out the application forms and other information. Applications when complete are being returned to to the Regional Representative for approval.

Regional Reps are

Dr. M. Ferguson-Maritimes and Newfoundland,
Dr. A. Erickson-Quebec,
Dr. L. Fulton-Ontario,
Dr. J. LaFleur-British Columbia,
Dr. R. Burns. } Prairie Provinces.
Dr. C. Neal. }

2. Category 1. The following conferences have so far been approved for Category 1.
Emergency Medicine, Calgary 1980.
Clinical Electrocardiography 1980. at all four locations.

Emergency Care 1980-Vancouver.
Interphase 1980-Montreal.
Orangeville Day in Emergency Medicine.

PENDING.

Emergency Medicine, Toronto Western Hospital.

A number of other requests for application forms have been received and these have been sent out but no further news has been heard to date.

The Committee would again like to remind members that they should use all their powers of persuasion to get programme directors to apply for C.A.E.P Category 1 Credit.

I would like to thank Dr. W. Smith for obtaining translations of the relevant material into French and these are being re-typed and duplicated at the moment. The application forms have not been translated into French but at the time the expense involved seemed to be uneconomical.

A.C.E.P.

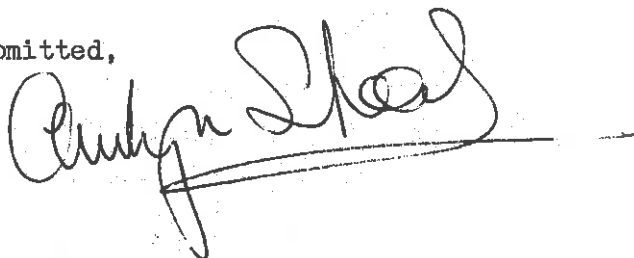
Correspondence with A.C.E.P. has seemed to die a dearth, and other than a repeated offer of help from Elouise Jordan no further information has been received. The meeting held in Atlanta with Jo Waeckerle and Elouise Jordan and further correspondence with Dale Palko seemed to hold out a lot of promise of future co-operation, but this promise is as yet unfulfilled. It was therefore decided that we should go ahead on our own with the awarding of Category 1 Credits as any further delay in instituting these seemed to be unwarranted.

CATEGORIES.

It is hoped that now we seem to have Category 1 Credits launched that we can look at dividing the Credits into further divisions so that people can obtain credit for other activities, i.e. teaching, publications etc.. This will be discussed at the next meeting of the CME Committee and the decision submitted to the Executive for approval.

Forms for completing Credits will be available and should be returned at the time of renewal of membership.

Submitted,

A handwritten signature in cursive script, appearing to read "Audrey Sheal", written over a horizontal line.

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

PRESIDENT
Dr. A. Scholtz
5726 Angus Dr.
Vancouver, B.C. V6M 3N8
(604) 266-4403

Mailing Address
c/o Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6

VICE PRESIDENT
Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6
(613) 549-6576

SECRETARY-TREASURER
Dr. G. Powell
Emergency Services
Foothills Hospital
Calgary, Alta. T2N 2T9
(403) 270-1635

PAST PRESIDENT
Dr. D. Psutka
Hamilton General Hospital
237 Barton St. E.
Hamilton, Ont. L8L 2X2
(416) 527-0271, Ext. 368

CHAIRPERSON, CME
Dr. C. Neal
Emergency Department
U. of A. Hospital
112th St. & 83rd Ave.
Edmonton, Alta. T6G 2B7
(403) 432-8822

CHAIRPERSON, CONST. & BYLAWS
Dr. V. Wood
3580 Puget Dr.
Vancouver, B.C. V6L 2T7
(604) 734-1963

CHAIRPERSON, MEMBERSHIP
Dr. R. Gerace
Dept. of Emerg. Medicine
Victoria Hospital
391 South St.
London, Ont. N6A 4G5
(519) 432-2352

CHAIRPERSON, RESIDENT COMMITTEE
Dr. P. Lane
Emergency Dept.
Ottawa General Hospital
43 Bruyere St.
Ottawa, Ont.
(613) 231-2030

PRESIDENTS REPORT

On September 12, 1978, the C.A.E.P. was founded. As your president I am delighted to say that your organization is active, visible, solvent and becoming highly influential. Your executive is cohesive, enthusiastic and has been dedicated to the founding aims of our organization.

At this our first scientific meeting it is appropriate to assess how well we are meeting the objectives of our association.

- 1) To study and recommend standards of Emergency medical care in Canada.

During the last year we have released three position papers on -

- (a) Staffing of Emergency Departments
- (b) Certification in Emergency Departments
- (c) Patient Transfer Guidelines.

At the present time Dr. Walker is participating on the Federal Study on Emergency Services with the Dept. of Health and Welfare. Dr. P. Lane will assist in presenting further position papers.

- 2) To foster research and education in the field of Emergency Medicine.

Dr. W. Smith is chairing the Thursday noon scientific papers session.

Our first scientific meeting has been well received with representatives from across the nation.

Dr. Walker has written an excellent paper on Emergency Medicine The Unsanctioned Specialty. He has offered it for publication in the Journal of Canadian College of Family Physicians. He has also sent a letter to all Medical School Deans and all Medical School Undergraduate Society Presidents encouraging them to have both undergraduate and post graduate teaching in Emergency Medicine.

We encourage the growth of emergency medicine residents at minimum 88 graduates from the five Canadian programmes. None of these residencies are presently recognized by either the Royal College of Physicians and Surgeons or the College of Family Practice of Canada.

Our committee on C.M.E. approves meetings suitable for emergency physicians and lists them in our newsletter to members.

- 3) To promote co-ordination of community, provincial and national emergency care facilities and personnel.
 - (a) We have held executive meetings in four Canadian cities inviting local members to attend.
 - (b) We encourage and foster the formation of provincial organizations of emergency physicians.
 - (c) We have helped the Canadian Association of Ambulance Attendants in their founding.
 - (d) We invited the Emergency Nurses to our first meeting so that they may also form a national organization.

- 4) To provide representation for Canadian Physicians engaged in the practice of Emergency Medicine.
 - (a) We have sent a representative to the Conjoint Committee on Emergency Medicine.
 - (b) Dr. Walker has submitted and will represent us on the Royal College Study on Manpower.
 - (c) We expect soon to be an affiliate organization of the C.M.A. giving us both representation on their council and a listing in the annual review of organizations.
 - (d) We have offered to conduct an ACLS course during this fall's C.M.A. meeting.

Your executive has met since the last executive meeting on the following times;

Toronto September 25, 1979
Vancouver November 15, 1979
Winnipeg December 12, 1979
Calgary February 23, 1980

It has been a pleasure and an honour to have been able to serve on such an active, useful and successful organization.

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

PRESIDENT
Dr. A. Scholtz
5726 Angus Dr.
Vancouver, B.C. V6M 3N8
(604) 266-4403

Mailing Address
c/o Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6

VICE PRESIDENT
Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6
(613) 549-6576

REPORT BY CONSTITUTION AND BYLAWS COMMITTEE

Chairman - Dr. V. Wood

SECRETARY-TREASURER
Dr. G. Powell
Emergency Services
Foothills Hospital
Calgary, Alta. T2N 2T9
(403) 270-1635

PAST PRESIDENT
Dr. D. Psutka
Hamilton General Hospital
237 Barton St. E.
Hamilton, Ont. L8L 2X2
(416) 527-0271, Ext. 368

CHAIRPERSON, CME
Dr. C. Neal
Emergency Department
U. of A. Hospital
112th St. & 83rd Ave.
Edmonton, Alta. T6G 2B7
(403) 432-8822

CHAIRPERSON, CONST. & BYLAWS
Dr. V. Wood
3580 Puget Dr.
Vancouver, B.C. V6L 2T7
(604) 734-1963

CHAIRPERSON, MEMBERSHIP
Dr. R. Gerace
Dept. of Emerg. Medicine
Victoria Hospital
391 South St.
London, Ont. N6A 4G5
(519) 432-2352

CHAIRPERSON, RESIDENT COMMITTEE
Dr. P. Lane
Emergency Dept.
Ottawa General Hospital
43 Bruyere St.
Ottawa, Ont.
(613) 231-2030

Since the CAEP Annual Meeting in Toronto in September 1979 there has been considerable work on a new Constitution and Bylaws. The Chairman has received significant input from Rocco Gerace, Peter Lane, and David Walker as well as Association members at the recent Annual Meeting in Vancouver.

The new Constitution and Bylaws should be ready for general membership review by June 1980. This should allow for ample time for membership input prior to adoption of the new Constitution and Bylaws in Montreal in the Fall of 1981.

Here is a sketch of the proposed way CAEP will function. The affairs of the Association will be managed by a six man Executive each having an equal vote. The Executive will be voted in by the Association members present at each Annual Meeting. The Executive will meet at least three times annually and will receive advice from the Chairman of eight Standing Committees and other Committee Chairmen as appointed by the Executive.

No provision has been made to ensure regional representation. Theoretically, all six members of the Executive could be from one area if at any Annual Meeting Association members from one area showed up in substantial numbers and desired to pack the Executive with their regional representatives.

I have included a table outlining the proposed membership categories with their respective dues, rights and obligations. Note that physicians not practicing in Canada are eligible for active member status. Note also, that all Executive positions will be filled by active members only.

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PRESIDENT

Dr. A. Scholtz
5726 Angus Dr.
Vancouver, B.C. V6M 3N8
(604) 266-4403

Page 2

Mailing Address
c/o Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6

VICE PRESIDENT

Dr. D. Walker
Emergency Medicine
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Physicians practicing Emergency Medicine part-time (less than 80% of their professional time) will not be allowed to serve on the Executive nor will they be able to vote at the Annual Meeting. Incidentally, beginning with the Annual Meeting in the Fall of 1981 in Montreal, the Annual Meeting will be held every Fall in various Canadian locations.

I welcome your suggestions and criticism.

MEMBERSHIP CATEGORY	QUALIFICATIONS	ANNUAL DUES (Presently)	C.M.E. (Hrs/3 yrs)	MAY VOTE AT ANNUAL MEETING	MAY SIT ON EXECUTIVE	COMMITTEES	
						MAY CHAIR	MAY SIT ON
Active	Licensed physician engaged in practice, teaching or administration of Emergency Medicine for Greater than 80% of their professional time.	\$ 100.00	Category I - 60 Category I & II - 150	Yes	Yes	Yes	Yes
Affiliate	Physician interested and /or involved in Emergency Medicine.	\$ 50.00	Category I - 30 Category I & II - 75	No	No	No	Yes
Honorary	Those who have rendered outstanding service in the Field of Emergency Medicine.	None	None	No	No	No	Yes
Resident	Physicians engaged in post-graduate training in Emergency Medicine.	\$ 25.00	None	Yes	No	Yes	Yes
Student	Medical students interested in Emergency Medicine.	\$ 10.00 Proposed	None	No	No	No	Yes

8 STANDING COMMITTEES:

1. Membership
2. Continuing Medical Education
3. Annual Scientific Program
4. Policy and Standards
5. Constitution and Bylaws
6. Nomination
7. Resident
8. Pre-hospital Care

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

PRESIDENT
Dr. A. Scholtz
5726 Angus Dr.
Vancouver, B.C. V6M 3N8
(604) 266-4403

Mailing Address
c/o Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6

VICE PRESIDENT
Dr. D. Walker
Emergency Medicine
Hotel Dieu Hospital
Kingston, Ont. K7L 3H6
(613) 549-6576

SECRETARY-TREASURER
Dr. G. Powell
Emergency Services
Foothills Hospital
Calgary, Alta. T2N 2T9
(403) 270-1635

PAST PRESIDENT
Dr. D. Psutka
Hamilton General Hospital
237 Barton St. E.
Hamilton, Ont. L8L 2X2
(416) 527-0271, Ext. 368

CHAIRPERSON, CME
Dr. C. Neal
Emergency Department
U. of A. Hospital
112th St. & 83rd Ave.
Edmonton, Alta. T6G 2B7
(403) 432-8822

CHAIRPERSON, CONST. & BYLAWS
Dr. V. Wood
3580 Puget Dr.
Vancouver, B.C. V6L 2T7
(604) 734-1963

CHAIRPERSON, MEMBERSHIP
Dr. R. Gerace
Dept. of Emerg. Medicine
Victoria Hospital
391 South St.
London, Ont. N6A 4G5
(519) 432-2352

CHAIRPERSON, RESIDENT COMMITTEE
Dr. P. Lane
Emergency Dept.
Ottawa General Hospital
43 Bruyere St.
Ottawa, Ont.
(613) 231-2030


RESIDENT'S COMMITTEE REPORT

The committee started the year with a number of disadvantages. There were less than ten resident members of CAEP, the Chairperson was not a resident, and there were no terms of reference nor budget. However, over the course of the year, many of these problems have been overcome. At present, all five Canadian programmes are represented, with a total of over 25 resident members. A good meeting was held during the course of this CAEP meeting and a broad range of issues were discussed regarding the future of the committee. Plans were drawn up to have a four or five member steering committee, with both junior and senior residents represented. Plans were also laid for communicating more regularly with residents on issues of concern to them, likely through a newsletter. Similarly a desire was expressed to have greater input into the planning of the 1981 Scientific Programme, hopefully to encourage resident presentations.

The committee makes two recommendations to the Executive:

1. That Dr. Paul Assad be the next Chairperson of the Resident Committee for 1980-81.
2. That the Chairperson of the Resident Committee should always be a resident.

Respectfully submitted,


Peter L. Lane

