April 20, 2020

Dear Colleagues,

In my previous messages related to the pandemic, I focused on our activities by way of advocacy and education, with the looming cancellation of our Annual Conference always in sight. I want to again acknowledge the tremendous work of CAEP’s staff in facilitating a manageable exit from our conference commitments, while simultaneously facilitating weekly Town Halls, meetings with government and the dissemination of our various position statements and media releases on our dedicated COVID Resource Centre.

When senior officials from the Minister of Health’s office are looking for guidance from a physician group, it is often CAEP they contact. When the House of Commons Committee on Health asked for presentations from Doctors on the COVID threat, they called upon the CMA and one national medical specialty society - CAEP. A day after releasing our statement on Rational Use of Medications (for intubation and ventilation), CAEP was again invited to meet with Health Canada to discuss the topic of drug shortages. As an organization, we punch well above our weight class, as we must during these times, for the sake of our patients and our members - nonetheless, not too shabby for an organization that was in its infancy when I began practicing medicine!

Since the COVID pandemic took root in March, CAEP has developed over a dozen position statements or media releases, often with very short turnaround times due to their urgency. While most members are aware of how to access them here, I wanted to give you a bit of insight into how they are developed. While a traditional position statement designed for publication in CJEM goes through a formal process of review and membership feedback, our COVID work is more akin to the functioning of an incident command center, where communication is central, time is of the essence and multiple skilled players play specific team roles - our Board, Executive, Public Affairs and Disaster Committee leads prominent among them. Our expanded COVID Academic Leaders discussion group gives us rapid access to a wide range of EM Physicians who may be directly or indirectly consulted on our various statements, from tertiary specialists to rural generalists. Drafts are ultimately vetted by a smaller review group chaired by me, finalized and then posted. But without the voices of our 2500 members to identify priority needs and the responsiveness of EM experts from across the country, none of this could happen. Stay tuned for recommendations regarding Aerosol Generating Procedures, CPR & PPE in a time of undersupply - a complex issue, but one of critical importance to our members - coming this week.

Now I have to ask for your help, because the 3-legged stool which supports CAEP’s operations is wobbling on only one leg. Without revenues from in-person CPD and Conference for
the foreseeable future, only membership fees keep us afloat and support essential member benefits, such as CJEM, along with urgent research requests, such as establishing a national EM COVID registry. I am asking all existing members, to consider donating part of their conference fees to CAEP or our EM Advancement (research) Fund here. If you were not registered for conference, you can donate here.

I also ask that you encourage your non-member colleagues to join our CAEP family here.

If you or your non-member colleagues need assistance contact Christina Bova, our Senior Manager of Membership and Public Affairs, here (613-523-3343 X17); she will make it easy for you.

I am tremendously proud to be an Emergency Physician and CAEP member at this extraordinary time - one that that has been described by the UN Secretary General as the most challenging crisis the world has faced since WW II. Despite the attendant stresses, our members continue to serve on the front lines, caring for Canadian citizens, and advising our governments on how best to battle the pandemic.

Please don’t hesitate to let us know where we can be of further assistance and thank you in advance for your support.

Sincerely,

Alecs Chochinov
CAEP President