

## CAEP: What your dues do

The CAEP activities are growing as fast as membership, and this article provides a snapshot of our organization, taken largely from the minutes of the February 2002 CAEP Board meeting (all 31 pages).

### Publications

Last year, a portion of CAEP's reserve fund was used to fund the Paediatric CTAS document (\$22 000) and *Drug Therapy for Emergency Physicians* (\$22 000). The latter, a \$30 spiral-bound handbook, was edited by Dr. Joel Lexchin with expert support from many CAEP members. The Board is developing a marketing plan for the book, and hopes to produce an electronic version aimed at Palm Pilot users.

Now that *CJEM* has gone to 6 issues per year, Grant Innes has developed and submitted the journal's application for indexing in MEDLINE. Impressively, for the second consecutive year, *CJEM* received a \$23 000 Heritage Canada grant, which will help defray publication costs.

The Board's greatest controversy was around the issue of French-language publication in *CJEM*. Many feel that *CJEM* should publish in French as well as English. French is one of our two official languages, and we have an important ongoing partnership with AMUQ (Association des médecins d'urgence du Québec). On the other hand, English seems to be the language of science, and the reality is that many *CJEM* readers, especially those outside Canada, would not be able to read French-language

articles — potentially reducing the impact of the journal and the exposure of the article. In response to a proposal from the AMUQ Board, Grant Innes proposed that *CJEM* launch a French language section, much like the former Canadian Perspectives section in the *Journal of Emergency Medicine*. However, the Board rejected this proposal, feeling it was more likely to lead to "ghettoization" of French articles in the back of the journal. After much discussion, the Board agreed that *CJEM* should publish French-language articles with English abstracts, providing that manuscripts submitted in French receive the same level of peer review as English manuscripts.

### Annual conferences

CAEP 2002, in Hamilton, Ont., was a great success, drawing over 600 registrants. Next year's meeting will be in Winnipeg, followed by Montreal (2004), Edmonton (2005), Halifax (2006) and Victoria (2007). The Halifax 2006 meeting will be held in conjunction with the 11th International Conference in Emergency Medicine.

### CME

CME is the most active CAEP Committee. There are two ongoing Roadshows: "Plugs and Drugs" and the "AIME Airway" Roadshow. In addition, CAEP will continue to run CME in the Sun (Mexico) and CME in the Snow. Four new Roadshows are in development and expected to begin late in 2002 or early in 2003: Stroke,

Toxicology, EM Ultrasound and Disaster Medicine.

### Committees

The Disaster Committee is working on bioterrorism and disaster preparedness projects. The Provincial Liaison Committee is drafting a position paper on emergency physician staffing and on the ability of Canadian EDs to provide a stretcher, nurse and physician to examine ill patients who require urgent care.

Dr. Pat Croskerry will chair a new CAEP committee on medical errors and patient safety (cognitive error), and the Standards Committee presented a plan for handling CAEP's clinical practice guidelines. While there is need to develop new guidelines, there is also need to review the 26 existing ones. CAEP intends to work with other organizations on joint guidelines and to package and disseminate standards for maximum impact.

The Advocacy Committee has been productive. Late in 2001, they compiled a submission to the Romanow Commission, detailing Canada's emergency medicine needs. The CAEP Romanow submission may be viewed online at caep.ca. Finally, Andrew Affleck agreed to oversee the development of a CAEP national position statement on ED overcrowding. This statement will likely focus on the humanitarian needs of admitted patients held for prolonged times in the ED and on patients' rights to appropriate emergency care access — most impor-

tantly, that EDs should be capable of providing a stretcher, nurse and physician for all CTAS Levels I, II and III patients.

### Research

The CAEP Research Consortium, based in Edmonton, is currently running a multicentre pneumonia study. The CAEP's annual abstract competition was highly successful, with over 120 abstracts submitted to this year's competition. Brian Rowe is leading a collaboration of several Canadian researchers in an attempt to develop a National Centre of Excellence in Emergency Medicine.

### CEDIS

The Canadian Emergency Department Information System (CEDIS) group has developed and published a standard national data set for Canadian EDs, which will help assure that Canadian EDs gather similar information as they evolve toward an electronic future. More recently, they have been working on a standard set of ED presenting complaints to help define emergency case mix groups, and a common system of ED discharge diagnoses based on the ICD-10 system.

### Manpower survey

Canadian EDs need an updated emergency physician manpower study to help determine future ED staffing and residency training requirements. The CAEP Research Consortium will probably take the lead in developing and carrying out a scientifically valid study to guide future lobbying efforts.

### National Specialty Society

The Board viewed a presentation, by Dr. Lalonde (from the Society of Obstetricians and Gynaecologists of Canada), inviting CAEP to join the "National Specialty Society," an initiative to coordinate Canada's 3-dozen specialty societies. The proposed society would represent 24 000 physicians and would be based on specialized practice rather than specialty certification. The Board agreed to participate in the process and will send a Board member to the August NSS planning meeting.

### Physician assistants

The Board considered a proposal by Dr. Jung, from the Canadian Armed Forces, to include Physician Assistants (PAs) in the Canadian Medical Association Conjoint Accreditation process. There is a pool of well quali-

fied individuals in the Canadian military that could conceivably enter the civilian work force and supplement ED staff during severe nursing shortages. PA accreditation is required by both the Canadian military, which currently trains PAs based on existing US standards, and for civilian practice. The CAEP Board agreed to write a letter of support to the CMA.

### Board composition

CAEP Board members represent the wide Canadian diversity of geography, culture, ED size and physician level of training. The Board reviewed its representation and recommended new members for various positions. Dr. François Bélanger was identified as the Board's nominee for the next CAEP President. Assuming this nomination is accepted by the membership, Dr. Bélanger will begin his 2-year term after the April Annual General Meeting, succeeding Dr. Doug Sinclair.

### Jim Thompson, MD

Past CAEP Board member

The CAEP Board meets 3 times a year to define programs and priorities. This is a brief report from the Minutes of the Feb. 15-17, 2002, meeting in Ottawa, Ontario.

Letters will be considered for publication if they relate to topics of interest to emergency physicians in urban, rural, community or academic settings. Letters responding to a previously published *CJEM* article should reach *CJEM* head office in Vancouver (see masthead for details) within 6 weeks of the article's publication. Letters should be limited to 400 words and 5 references. For reasons of space, letters may be edited for brevity and clarity.