

Turning Advocacy Into Action

As I reflect on this past year, it is clear that Canadian emergency medicine remains at a critical inflection point. Our system continues to operate under extraordinary strain — stretching the limits of what emergency departments, providers, and patients can bear. Yet even as these pressures persist, CAEP has leaned forward — not simply identifying the challenges, but actively driving solutions. This year has been about moving beyond advocacy into the essential, often difficult, work of system redesign.

The release of the EM:POWER report provided a national blueprint — but over the past year, EM:POWER has become far more than a document. Through ongoing engagement with policy-makers and health system partners, CAEP has positioned itself at the centre of critical discussions on how to rebuild and stabilize emergency care across Canada. These conversations have shifted from theoretical debate to focused, collaborative action.

The formal launch of the Canadian Emergency Department Research Network (CEDRN) has further strengthened emergency medicine's ability to generate evidence, evaluate change, and inform policy. In an era where system reform demands both urgency and data, CEDRN's pan-Canadian research infrastructure has positioned Canadian emergency medicine at the forefront of innovation and implementation science — advancing our role as a learning health system.

CAEP has remained deeply engaged in addressing key workforce priorities — including position statements on pregnancy and parental leave, advanced-career emergency physicians, and safe virtual care integration. Early work is also underway on a national workforce survey, designed to provide insight into the current landscape and guide future workforce planning. These issues are central to both patient care and long-term system sustainability. In addition, the increasingly diverse and active Public Affairs Committee has played an important role in supporting public awareness, media engagement, and advocacy efforts that amplify CAEP's voice on these and other system issues.



Our commitments to Equity, Diversity, and Inclusion continue to move from aspiration to embedded practice — reflected in Board leadership, committee work, and organizational policies. CAEP remains committed to leading with principle and courage as we support an inclusive and representative emergency medicine community.

This year also saw Canadian emergency medicine take an expanded role internationally, as we welcomed colleagues from around the world to Canada for the International Conference on Emergency Medicine (ICEM). The conference brought together clinicians, educators, researchers, and leaders from across the globe. Hosting ICEM was not only an opportunity to showcase Canadian emergency medicine — it was a chance to connect across borders, share solutions, and confront common challenges together. The future of our specialty depends on how well we collaborate — not only within our own systems, but across the global EM community. Despite our differences, we remain united by a common mission: to deliver timely, compassionate, and effective care to patients in need, wherever and whoever they may be.

Above all, the enduring strength of CAEP lies in its members — your skill, resilience, and commitment to patients continue to anchor this profession through extraordinary times. I know how deeply challenging and rewarding this work can be. Thank you for the work you do, and for being part of this community.

I am deeply grateful to the CAEP Board, our exceptional Head Office team, and to Lynn Garrow for her steady leadership and tireless dedication to our organization. It has been an honour to serve as your President during this pivotal year. Together, we are advancing meaningful change for our patients, our profession, and our system.

With gratitude,
Aimee Kernick, MD CCFP-EM
CAEP President

