2014: A Year of Change

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lowly but surely, governments around the world, including here at home, are taking an interest in wounds and the burden they place on our health-care systems. Even though this may be driven by "budget desperation," we as a wound community need to encourage this interest and create momentum for change.

In Canada we are ahead of the curve in innovation, yet we still need to ensure that the Canadian Association of Wound Care (CAWC) evolves to meet any challenges developing from this newfound interest.

Other national associations, some of which have existed for several decades, are using 2014 as a year for change. For example, the Australian Wound Management Association (AWMA) is considering changing their name to Wounds Australia.³ Change is evident on the industry side as well, with many companies consolidating (e.g., Healthpoint and Smith & Nephew;⁴ KCI and Systagenix⁵).

Upon celebrating our 20th anniversary this year, the CAWC also will be using 2014 as a year of transition. As one example, we will be changing our name from Canadian Association of Wound Care to Wounds Canada.

Some would suggest that these and other substantial changes are necessary steps in the evolution of our clinical specialty.⁶ In the past few years, for example, national approaches to the research and delivery of advanced wound care practices have changed, leading to the creation of centres of excellence around the globe, such as the Australian CRC,⁷ Welsh Wound Innovation Initiative⁸ and Bradford Wound Prevention & Treatment Healthcare Technology Co-operative.⁹ In Canada, all of the building blocks are falling

into place, and we feel that 2014 is the year of change and readiness for the CAWC as well, or, as we will soon be known, Wounds Canada.

As a community, let's not be passive! We need to continue to build momentum and exploit the interest of governments and politicians for the benefit of those living with wounds. This is not so much a call to action—as the wound care community is always energized around the needs of those with wounds—but rather a reminder to push that little bit harder on a door that is gradually opening more and more.

The CAWC will work to gain attention where it can, but we need our stakeholders to support us with an open heart—and more importantly with an open mind.

References

- 1. Queen D, Harding K. National approaches to wound treatment and prevention. Int Wound J. 2012;9:349.
- 2. Harding K, Queen D. Chronic wounds and their management and prevention is a significant public health issue. Int Wound J. 2010;7:125–6.
- 3. News and views. Int Wound J. 2013;10:120.
- 4. News and views. Int Wound J. 2013;10:621–2.
- 5. Queen D. The emergence of a clinical specialty in wound care. Int Wound J. 2010;7:3–4.
- 6. Harding K.'Woundology' an emerging clinical specialty. Int Wound J. 2008;5:597.
- 7. Prowse S, Upton Z. Wound management innovation cooperative research centre a new model for inter-disciplinary wound research. Int Wound J. 2012;9:111–4.
- 8. Queen D. A national approach to a healthcare epidemic. Int Wound J. 2013;10:241.
- Medilink UK [Internet]. England: Medilink UK. Press release, National centre for woundcare launched. 2013 Mar 13 [cited 2014 Jan 2]. Available from: www.medilinkuk. com/news/national-centre-woundcare-launched.