

CWG: Emergency Medicine (EM) Training and Practice in Canada

*The Collaborative Working Group on the Future of Emergency Medicine:
LeBlanc C., Sinclair D., Abu-Laban R., Toth P., Holroyd B., Frank J., Eisener-Parsche P.*

Introduction

The situation created by several training routes in Canada has been the subject of discussion since the programs started in 1981 and 1982. The collaborative working group with two representatives from each of the CFCP, the RCPSC and CAEP, and dual certified chair representing all three organizations. Our dual training model was to be explored in addition to a human health resource dataset.

Methods

Assessment of the current situation for the two EM training programs and related geographically framed adjuncts was conducted using an environmental scan, interviews with key stakeholders and a literature review. Emergency Physician human health resources (HHR) were identified to delineate present and future needs in a survey tool for Emergency Department (ED) chiefs. Program efficiency and effectiveness was assessed using three survey tools for residents, practising physicians with certification and for non-certified physicians working in EM.

Results

Survey response rates were: ED Chiefs (39%, n=398), EM certified physicians (42%, n=3,536), EM residents (49%, n=513), and CCFP physicians working in EM (9%, n=2,924).

Most EPs felt prepared when starting their practice with RCPSC-EM at 94%, CCFP(EM) at 85% and CCFP at 68%. The HHR shortfall was striking at 478 currently, 1071 in 5 years and 1518 in 10 years estimated.

Limitations

Responses may not represent the actual satisfaction rate in EM in Canada. Our model for predicting the EP shortfall required some assumptions be made; these numbers may be slightly larger or smaller than the actual shortfall.

Conclusion

There is no interest currently at either college in developing a common residency. This work provides a call to action for both the CFPC and the RCPSC to collaborate in delineating the foundational skills required to be an EP. The CAEP must continue to advocate for EPs in promoting collaboration and alignment of training with intended practice.