

Canada's emergency medicine shortfall

Canada has a shortfall of 478 emergency physicians, a figure projected to rise to 1518 by 2025 unless the problem is addressed, according to a report from the Collaborative Working Group on the Future of Emergency Medicine in Canada.

The working group was established in 2013. It's comprised of seven physicians appointed by The College of Family Physicians of Canada, The Royal College of Physicians and Surgeons of Canada and the Canadian Association of Emergency Physicians.

"The emergency department remains an important locus of activity for the provision of emergency care, and is a first point of assessment and treatment for those who are acutely ill and require admission to hospital," Dr. Francine Lemire, executive director and CEO of the College of Family Physicians of Canada, said in an email. "Given this, shortage of qualified personnel could have a negative impact on access to emergency care. This could potentially impact on rates of morbidity and mortality."

According to the report, 40% of emergency departments in large urban centres have staffing needs that aren't fully covered. The problem is worse in remote areas, where 62.5% of departments report staffing issues. This shortage has the potential to become even worse if annual patient volume continue to increase as anticipated by the majority of chiefs of emergency departments, states the report.

The working group recommended expanding the number of emergency medicine residency training slots as "necessary to address the large current and projected future shortfall of certified emergency physicians in Canada." The report suggests collaboration between the College of Family Physicians of Canada, The Royal College of Physicians and Surgeons of Canada and the Canadian Association of



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About 40% of urban emergency departments and 62.5% of remote departments report staffing shortfalls.

Emergency Physicians to "consider the right balance of physicians needed to fill this deficit, and advocate for growth in the programs as defined by the types of graduates needed for a variety of [emergency department] settings."

While it is important to address the personnel shortage, "we need to look at broader issues, including system approaches that impact [emergency departments]," according to Lemire. "There is emerging evidence that transformation in primary care/family practice ... can reduce the number of [emergency department] visits. Similarly, a robust home care system and alternate living arrangements for seniors could help reduce the number of chronically ill patients visiting [emergency departments]."

The report also recommends that The College of Family Physicians and The Royal College "make specific and meaningful changes to collaborate" on issues related to their emergency med-

icine residency training programs. This should include distinguishing the goals of the programs and highlighting distinctions, as well as working toward the common goal of clinical competence for every resident.

"As the discipline of [emergency medicine] continues to evolve and the emergency care needs of the Canadian public become increasingly complex, in part due to an expanding and aging population, the [emergency medicine] community must continue to maintain high expectations for training in and practice of competent care in all emergency settings," concludes the report. — Roger Collier, *CMAJ*

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For another perspective on the shortage of emergency physicians [read this blog](#) from two Canadians completing training the United States and longing to come home.