



COLLABORATIVE WORKING GROUP ON THE FUTURE OF EMERGENCY MEDICINE CANADA:

Findings and Data Access Opportunities

Rural Emergency Services Research Symposium


Riyad B. Abu-Laban MD, MHSc
Research Director, UBC Department of Emergency Medicine

June 7, 2018




2013 – 2016
The Collaborative Working Group on the Future of
Emergency Medicine in Canada (CWG-EM)

A trilateral partnership:




ROYAL COLLEGE
OF PHYSICIANS AND SURGEONS OF CANADA

↔



THE COLLEGE OF
FAMILY PHYSICIANS
OF CANADA
LE COLLÈGE DES
MÉDECINS DE FAMILLE
DU CANADA



CAEP | ACMU

THE CWG-EM MEMBERS

Chair
Doug Sinclair, MD, CCFP(EM), FRCPC

CAEP Members
Riyad B. Abu-Laban, MD, MHSc, DABEM, FRCPC
Peter Toth, MD, MSc, CCFP(EM)

CFPC Members
Constance LeBlanc, MD, CCFP(EM), MA(Ed), CCPE
Pamela Eisener-Parsche, MD, CCFP, FCFP, CCPE

Royal College Members
Jason R. Frank, MD, MA(Ed), FRCPC
Brian Holroyd, MD, MBA, FCFP, FACEP, FRCPC



CWG-EM ROLES & RESPONSIBILITIES

1. Perform an assessment of the current situation for the two EM training programs and related local/provincial/territorial adjuncts.
2. Identify challenges regarding emergency physician HHR, and the education and training of future emergency physicians relating to the evolution of EM and the needs of Canadians.
3. Assess program efficiency and effectiveness in meeting its training objectives, the broader impact of the advancement of EM and the provision of high quality emergency medical care.
4. Identify and recommend areas where collaboration between the two EM training programs would be beneficial to optimize the use of education resources and/or maximize the program benefits.
5. Identify and recommend areas where adapting the makeup and design of one or both EM training programs would optimize the use of educational resources and/or maximize the program benefits.



EMERGENCY MEDICINE TRAINING AND PRACTICE IN CANADA:

Celebrating the Past & Evolving for the Future

Executive Summary & Full Report Available At:
www.caep.ca



NATIONAL SURVEYS ON EM TRAINING AND HHR NEEDS:

CCFP(EM) and FRCPC-EM certified physicians (n=3,536)

Emergency Department Chiefs (n=398)

CCFP(EM) and FRCPC-EM Residents (n=513)

CCFP certified physicians with interest or activity in EM (n=2,924)

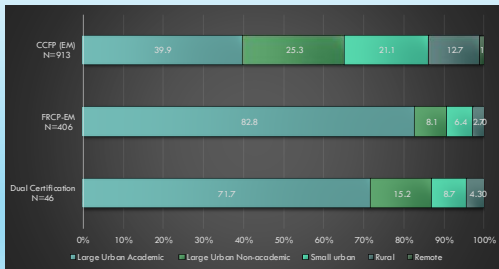
FINDINGS & DATA ACCESS OPPORTUNITIES

DEMOGRAPHICS OF RESPONDENTS

		Invited Participants	Survey Response Rate	Mean Age (years)	Gender Breakdown	Mean Year of Most Recent Certification
Physicians with EM certification	CCFP(EM)	2693	34.5%	44	65.6% Male 34.4% Female	2004
	FRCP-EM	843	49.0%	43	66.3% Male 33.7% Female	2003
	Dual Certificants	-	-	57	88.6% Male 11.4% Female	1994
EM Residents	CCFP(EM)	134	49.3%	31	62.1% Male 37.9% Female	-
	FRCP-EM	379	49.3%	30	55.9% Male 44.1% Female	-
CCFP (non-EM) Physicians		2924	9.0%	42	63.2% Male 36.8% Female	-
ED Chiefs		398	38.9%	-	-	-

CERTIFIED EP SETTING PROFILE:

ED settings of physicians with an EM certification

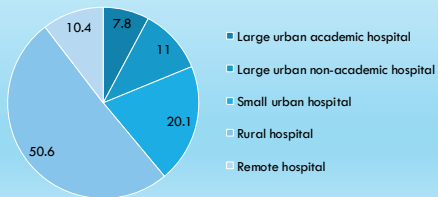


CERTIFIED EP PRACTICE PROFILE:

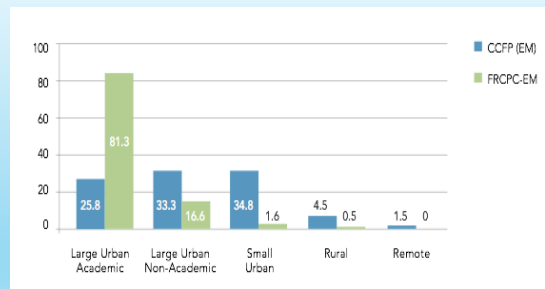
Clinical Practice Distribution		Large Urban Academic	Large Urban Non-Academic	Small Urban	Rural	Remote
CCFP (EM)	Emergency Medicine	91%	89%	82%	75%	59%
	Family Medicine	3%	4%	9%	18%	36%
	Critical Care	1%	1%	0%	2%	2%
	Sports Medicine	0%	1%	0%	1%	0%
	Trauma Care	1%	1%	1%	0%	1%
	Other	4%	5%	8%	5%	3%
FRCP-EM	Emergency Medicine	91%	87%	84%	66%	-
	Family Medicine	0%	0%	2%	17%	-
	Critical Care	3%	2%	2%	0%	-
	Sports Medicine	1%	1%	0%	11%	-
	Trauma Care	1%	1%	0%	0%	-
	Other	4%	9%	12%	6%	-

CCFP CERTIFICATION PRACTICE PROFILE:

ED settings of physicians practicing EM with a CCFP certification



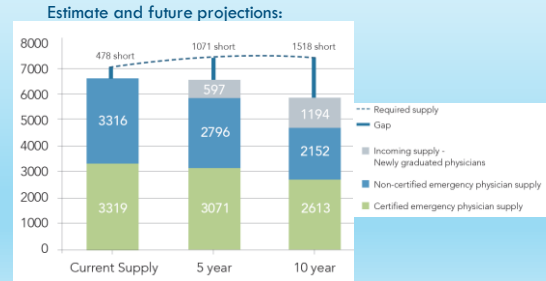
RESIDENTS DESIRED PRACTICE SETTING PROFILE:



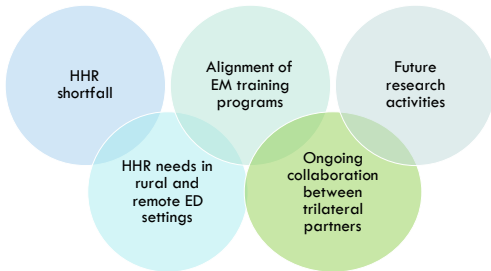
STAFFING & COVERAGE SHORTFALL:

Large Urban Academic	<ul style="list-style-type: none"> • 38.9% indicated staffing needs were not fully covered • On average, 11.3 hours coverage/day/ED short
Large Urban Non-Academic	<ul style="list-style-type: none"> • 45.0% indicated staffing needs were not fully covered • On average, 15.4 hours coverage/day/ED short
Small Urban	<ul style="list-style-type: none"> • 50.0% indicated staffing needs were not fully covered • On average, 5.5 hours coverage/day/ED short
Rural	<ul style="list-style-type: none"> • 41.7% indicated staffing needs were not fully covered • On average, 6.4 hours coverage/day/ED short
Remote	<ul style="list-style-type: none"> • 62.5% indicated staffing needs were not fully covered • On average, 5.2 hours coverage/day/ED short

NATIONAL EP SHORTFALL:



CWG-EM VISION AND RECOMMENDATIONS



RECOMMENDATIONS: FUTURE RESEARCH

- Results of the CWG-EM National Survey of EM represent a significant collective resource for the Trilateral Partners and the Canadian EM community both today and in the future.
- Ensure the trilateral partners or the EM research community has access to the CWG-EM data for future research initiatives.

Figure 23: Examples of future research use of CWG-EM data

Trends and practice patterns	Examination of outcomes data from the CCFPIEM) and FRPC-EM residency programs. What is the pattern of practice after 5 years? 10 years? Are there differences with respect to training and practice? Do these trends align with the goals of each EM program?
Resource utilization models	Assessment of resource utilization by graduates from each program: Are there similarities? Are there differences?
Career planning	Assessment of extent to which trainees have ambiguity in career planning.
Changes in career paths	Assessment of change in the ultimate final career path of trainees over the course of and subsequent to their training.
Alignment of training and practice	Assessment of the degree to which the goals of the CCFPIEM) and FRPC-EM program are in or out of sync with the ultimate practice patterns of their graduates.
Future practice profiles of graduates	Assessment of secular trends and changes regarding the practice profiles of graduates from the CCFPIEM) and FRPC-EM programs.
Measuring attitudes and perspectives	Assessment of differences in attitudes and perspectives between resident trainees and graduates of the CCFPIEM) and FRPC-EM programs.
HHR Projections	Completion of a more robust and detailed HHR projection, based on plans/expectations of residents and practice pattern differences between the CCFPIEM) and FRPC-EM programs.

CONCLUSIONS:

- The CWG-EM recommendations represent a collective vision for the future based on an exhaustive process that included findings from the first comprehensive survey of the entire Canadian EM community.
- The CWG-EM report and its recommendations represent an important contribution to the improvement of national EM care by facilitating meaningful changes to EM training and practice.
- Results of the CWG-EM National Survey of EM represent a significant collective resource for future research & may be of relevance to the priority research questions arising from the 2018 British Columbia Rural Emergency Services Research Symposium.
- For some elements, data previously gathered by the UBC Department of Emergency Medicine is potentially more granular and detailed.