Position Statement on Emergency Medicine Definitions
From the Canadian Association of Emergency Physicians
January, 2016

CAEP Definition of Emergency Medicine

Emergency medicine is a field of medical practice comprised of a unique set of competencies required for the timely evaluation, diagnosis, treatment and disposition of all patients with injury, illness and/or behavioural disorders requiring expeditious care, 24/7/365. These conditions are often undifferentiated and include, but are not limited to those that are life threatening, acute and urgent. This care is typically delivered within a hospital setting, however the purview of emergency medicine extends beyond the emergency department.*

* Other knowledge, skills, attitudes and activities relevant to emergency medicine include, but are not limited to awareness of and participation in:

- The coordination of patient care across multiple healthcare venues and providers
- Health care promotion and injury prevention
- Leadership and administration: leading interdisciplinary patient care teams, medical management, policies & procedures, emergency equipment & design, physician staffing, budgets, medical management
- Medical systems
  - Within the emergency department: including patient triage, throughput and discharge
  - External to the emergency department: including but not limited to pre-hospital transport & care and disaster planning & management
- Teaching relevant emergency medicine skills, knowledge and attitudes to other physician and non-physician health care providers
- Generation of emergency medicine knowledge through research and knowledge translation

CAEP Definition of an Emergency Physician

An emergency physician is a physician who is certified in emergency medicine by a recognized certifying body*. CAEP recognizes that historically many of its members are physicians who have practiced emergency medicine without formal training and certification. Many have been, and continue to be key contributors to developing emergency medicine and staffing emergency departments in Canada. CAEP acknowledges the contributions of these valued physicians and recognizes them as emergency physicians.

* Recognized certifying bodies in Canada are:
The Royal College of Physicians & Surgeons of Canada
The College of Family Physicians of Canada
(Emergency Physicians with equivalent non-Canadian training and certification are also recognized in Canada eg The American Board of Emergency Medicine)
CAEP Statement on the Importance of Emergency Medicine Certification in Canada

It is CAEP’s vision, that by 2020 emergency departments in Canada will be staffed by emergency physicians who are trained and certified in emergency medicine by a recognized certifying body.*

Toward that vision, provincial governments and Faculties of Medicine must urgently allocate resources to increase the numbers of emergency medicine postgraduate positions in recognized training programs so the Colleges are able to address the gap in human resources and training. Furthermore, physicians who have historically practiced emergency medicine without certification must be supported in their efforts to become certified.

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The Royal College of Physicians & Surgeons of Canada
The College of Family Physicians of Canada
(Emergency physicians with equivalent non-Canadian training and certification are also recognized in Canada eg The American Board of Emergency Medicine)

CAEP Statement on Emergency Medicine Specialists in Canada

Specialists in emergency medicine are crucial to the maintenance and advancement of quality emergency medicine in Canada. The Royal College of Physicians & Surgeons of Canada (Royal College) residency program is the single training program in Canada designed to produce designated specialists in emergency medicine*.

* Specialist designation by the Royal College of Physicians & Surgeons of Canada is only obtainable through successful completion of one of following:

- a RCPSC-accredited specialty residency training program OR
- specialty emergency medicine training by a program acceptable to the RCPSC and a period of appropriate emergency medicine practice at a high level as determined by a formalized RCPSC practice assessment and certification process
Background

Emergency Medicine (EM) emerged as a specialty with a unique body of medical knowledge and skills in North America in the 1970s. After considerable advocacy by pioneer emergency physician visionaries, Emergency Medicine was designated a medical specialty in Canada in 1981: the first fellowship certificates were granted by the Royal College of Physicians & Surgeons of Canada (Royal College or RCPS) in 1983\(^1\),\(^2\). Since that time, Canada has been internationally recognized as an EM leader due to its early establishment of the specialty and comprehensive RCPS residency training programs, which are currently five years in duration. Despite these successes, however, it has been a challenge to expand the number of residency training spots in Canada to provide adequate numbers of EM specialists for even the largest academic centers.

For over three decades, there has been a parallel route to emergency medicine certification in Canada, through the College of Family Physicians of Canada (CFPC). A Certificate of Special Competence in EM – CCFP (EM) is obtainable following certification in family practice by the CFPC. The CCFP (EM) examination may be written after completing either a year of specific emergency medicine training, or through practice eligibility, following demonstration and assessment of competency. (Beginning in 2015, the CFPC began awarding Certificates of Added Competence (CACs) in place of CCFP (EM) to denote special competence in EM). Although originally intended for family physicians who care for patients in the office, the hospital and the emergency department, the preponderance of physicians who complete this training and certification practice primarily emergency medicine, not family medicine. The reasons for this are multifactorial, but are at least in part related to the undersupply of Royal College training positions and RCPS-certified EPs. The reality is that many clinically and academically accomplished emergency physicians in Canada have been certified by this route. One novel CCFP (EM) program, offered by Dalhousie University in Saint John, New Brunswick warrants mention here; it is an integrated three year family medicine/emergency medicine program with content more heavily weighted to emergency medicine than the one year enhanced skills programs.

Pediatric Emergency Medicine (PEM) became a Royal College subspecialty in 2000. PEM specialists are certified through the Royal College after successful completion of a two year fellowship in pediatric emergency medicine, following Royal College residency training in either Pediatrics or Emergency Medicine.

There is another group of physicians who have no specific certification in emergency medicine, yet conduct their entire practice in Canadian emergency departments. Many of these physicians are highly respected clinically and academically, by their peers and inter-professional colleagues. Most of these physicians are certified as family physicians through the CFPC; others have no certification beyond an MD.

Furthermore, it is recognized that patient care in an emergency setting is included in the “Triple C” family practice curriculum as one component of *comprehensive clinical care* that is described by the CFPC\(^3\). Some family physicians conduct part or all of their practice in smaller emergency departments, particularly in rural settings. There is generally no additional emergency medicine training or certification required for this group. While many physicians in this setting become excellent clinicians and undertake continuous professional

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\(^{1}\) Walker DMC. History and development of the Royal College specialty of emergency medicine. Annals RCPSC 1987; 20(5):349-352.

\(^{2}\) Royal College of Physicians and Surgeons of Canada. Historical overview of specialties recognized by the Royal College of Physicians and Surgeons of Canada. 2012. Ref type: report

development to augment their skills and knowledge, their emergency medicine education is either self-directed or through individual regional courses. It is noteworthy that the CFPC (EM) enhanced skills program was originally developed for this type of practice.

The Canadian Association of Emergency Physicians (CAEP) was founded in 1978. CAEP is the national specialty society for emergency physicians in Canada. It is comprised of over 2200 members with representation from all of the above categories. CAEP’s mission is “to promote the interests of emergency physicians and the specialty of Emergency Medicine in Canada”. The fact that Canada is the only country in the world with two routes to emergency medicine certification, and that a large number of non-EM certified physicians deliver care in emergency departments has been the subject of discussion and debate by CAEP members for many years. Almost four decades later, there is still tension around the two different training routes and the lack of unified national standards for emergency medicine practice. There are ongoing requests for CAEP to resolve these issues, to address the related problem of shortages of certified emergency physicians from both Colleges, and to define appropriate emergency physician staffing for the various levels of emergency departments.

The CAEP Board of Directors (the CAEP Board) is committed to fulfill its mandate to provide leadership to address the heretofore undefined standards of training and certification for Canadian emergency physicians, definitions of emergency medicine specialization and to advocate for increased training positions in both emergency medicine postgraduate training programs. While the notion of combining the two training programs into a unified stream has been addressed by CAEP on at least two separate occasions (including a task force in 1998 and the Montreal Task Force in 2010), the concept has met with resistance, and to date, there has not been a consensus to either combine the two programs, or create a separate Canadian College of Emergency Medicine.

As a result, these concepts have been set aside by CAEP. In contradistinction, it is undeniable that there are insufficient training spots available in both existing training programs to produce enough certified emergency physicians to appropriately staff all Canadian emergency departments. While graduates of many other specialty training programs in Canada are unable to find employment, major emergency departments across the country are having difficulty hiring enough certified emergency physicians to handle their staffing needs. This worsening physician resource gap is currently being studied by a Collaborative Working Group on the Future of Emergency Medicine Training in Canada, a tripartite committee with representation from CAEP, the Royal College & the CFPC. Projected specialist physician requirements are also being considered in a series of Royal College Physician Employment Summits coordinated by the RCPSC; the most recent was held in Ottawa in November, 2015. CAEP maintains there ought to be enough graduates from both training programs, in the near future, to staff Canadian emergency departments with certified emergency physicians. With sufficient shift of resources to increase the availability of training positions by both Colleges, the need for a unified program would be moot.

In July, 2014, the CAEP Board embarked on a process designed to achieve consensus on definitions of emergency medicine and emergency physicians in Canada, as a concrete step to advance Canadian EM training and certification toward a more cohesive and coordinated future. Definitions of other international organizations

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were reviewed\textsuperscript{6,7,8,9}, followed by discussions and debates on Canadian definitions within the context of the current Canadian landscape. There was subsequent consultation with various CAEP and Canadian emergency medicine stakeholder groups. All feedback was taken into careful consideration and a consensus was achieved on all the statements and definitions listed herein.

The CAEP Board wishes to emphasize that the definitions, statements and vision put forth in this document are intended to serve as a springboard to address identified issues with Canadian emergency medicine training as of 2016. It is not the Board’s intention to disenfranchise any physician currently practicing emergency medicine in any Canadian emergency department, with or without certification. Rather, the focus is to encourage incremental changes in emergency department staffing moving forward and to support acquisition of certification, where realistically possible, by those without EM certification. While the Board acknowledges and respects the historical reality in which EM has developed in Canada over the past 40 years, it is CAEP’s clear vision that Canadians should expect to receive care in an ED from a physician with specific competencies appropriate for the practice setting, obtained through formal training and certification in emergency medicine. We urge all members to embrace and share in this vision, as it endeavors to move Canadian emergency medicine practice into the future, to ultimately optimize the care of our patients. We encourage non-EM certified physicians to consider pursuing certification, and certifying bodies to consider innovative ways to support these physicians in their pursuit to become certified. We encourage faculties of medicine and government funding bodies to provide sufficient resources to enable training programs and Colleges to meet the health human resource needs of emergency medicine care delivery in Canada. We acknowledge that the vision is lofty and will require a nationally coordinated effort amongst our members as well as certifying and funding bodies, yet remain optimistic all parties will rise to the challenge.

The CAEP Board thanks the CAEP head office staff who assisted with this ‘definitions and statements’ project, specifically Gisele Leger for her organizational help, and Vera Klein, the CAEP Executive Director. We also thank members of the stakeholder groups who reviewed the draft statements, and provided heartfelt input, (some of which was in direct opposition) including: the Royal College of Physicians & Surgeons EM Specialty Committee, the FRCP (EM) and CCFP (EM) postgraduate training Program Directors’ Groups, the CAEP representatives of the Collaborative Working Group on the Future of Emergency Medicine Training in Canada, the CAEP Public Affairs Committee, the CAEP Dual College/Dual Certification Working Group, and the Society of Rural Physicians of Canada.


\textsuperscript{7} American College of Emergency Physicians (ACEP) definition of emergency medicine, 2011. \url{https://www.acep.org/Clinical---Practice-Management/Definition-of-Emergency-Medicine/}


\textsuperscript{9} International Federation for Emergency Medicine (IFEM) definition of emergency medicine. \url{http://www.ifem.cc/about_IFEM.aspx}
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