

Dr. Aimee Kernick CCFP(EM)
Chair, Rural and Small Urban Section
Canadian Association of Emergency Physicians
509 - 350 Sparks Street
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October 21, 2020

Re: Board of Examinations and Certification's (BEC) changes to the Examination of Added Competence in EM Practice-Eligible Candidate Criteria in December of 2019

Dear BEC, CFPC Executive Director, President and Board of Directors,

We are the Rural and Small Urban Section of the Canadian Association of Emergency Physicians (CAEP). Our mission is to illuminate the issues unique and relevant to emergency care in small urban and rural communities, and advocate on behalf of the communities and providers with regards to these issues.

Over the last few months, we have heard countless stories from our colleagues about the impacts of the changes to the CCFP-EM Exam Eligibility Criteria for the Practice Eligible route. The impacts are beyond educational, as the changes are career- and life-altering for many physicians. We have significant concerns about these changes. While we understand the intention may not have been to exclude rural physicians, the new criteria create several barriers and unintended consequences. Refer to Appendix A for comments from physician colleagues illustrating the effect of these changes on future exam candidates.

The change that has caused the most concern amongst our members is the stipulation that "advanced imaging" must be present on site. Many rural emergency departments that meet all of the other criteria for the Practice Eligible Route simply do not have the health human resources or funding to facilitate this. Regional centers may have access to CT scanners and formal ultrasound, but access to MRIs in Canada is highly limited. When considering the practice eligible route intention, it is problematic to limit applicants to the urban centers with access to advanced imaging. Not only does the change disproportionately disadvantage our membership, but it does not achieve the goal of identifying practitioners who are providing high acuity care. Access to advanced imaging has no correlation to the acuity of patients being treated in a facility, or the quality of care that the patients receive. Rather, clinicians who practice without the benefit of direct access to these advanced tools must rely more on their clinical assessment when diagnosing and managing patients.

Moreover, these rurally exclusive changes are detrimental to the building of a future workforce of rural physicians. With many communities no longer eligible to meet the new criteria, our early career colleagues are likely to be further deterred from beginning their careers in rural

communities desperately in need of more physicians. The eligibility changes also exacerbate the misconception that rural emergency physicians are less skilled and inferior to their urban counterparts. This is destructive to the necessary collaborative practice between our geographically linked rural and urban sites, and ultimately to patient care.

We urge you to consider the consequences of these criteria and make changes that are inclusive of the many skilled rural emergency physicians. We strongly recommend the following:

Recommendations

1. CFPC directs the BEC to revert to the prior eligibility criteria immediately.
2. CFPC engages with the multiple stakeholders who are affected by this change including their First-Five Years in Practice Committees, SRPC, Canadian Armed Forces, and CAEP.
3. BEC does not make changes to exam eligibility without broader member input or CFPC board review.
4. CFPC be transparent in the decision-making process and share the rationale for the exam eligibility changes with the CFPC membership.
5. CFPC publicly disclose the Terms of Reference of the BEC members.
6. CFPC reviews the lack of committee membership that reflects rural and practice eligible route physicians.
7. CFPC/BEC rescind the 'special authority' (sole discretion and final decision) granted to the BEC to decide on requests for special consideration and have a fair and transparent process that is equal for all applying for the examination.
8. CFPC to consider apologizing to those personally affected by the eligibility changes over the past year.

Our section is available for consultation in the review process and hope the BEC will work collaboratively with CAEP and the SRPC in finding a solution that will put members first, so that they can concentrate on putting patients first.

This letter is endorsed by the CAEP President on behalf of the CAEP Board of Directors.



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CC: CAEP President, SRPC President.

Rural and Small Urban Section Members

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Dr. Sean Moore MD, FRCPC
Dr. Tania Sullivan, MD, CCFP(EM)
Dr. Taylor Lougheed, MSc(HQ) CCFP(EM)(SEM)

Appendix A

“It is still disheartening to see an urban focus be made so clear and it is disappointing to see such changes being made unilaterally without the appropriate considerations or communications. As a younger physician who is three years into clinical practice, I hope this issue doesn't set the tone for the rest of my career.”

“I was equally disappointed when I checked this recently and even called CFPC to double check requirements regarding on-site CT/MRI. Looks like all hours must be achieved at a site with “advanced imaging”. This change apparently went into effect last year without any announcement that I’m aware of.”

“My concern is that the argument for holding back advanced imaging from rural/remote sites is “you don’t have CCFP-EM docs to interpret findings”. But now with the new requirements, how will we get CCFP-EM certification without advanced imaging? It just doesn’t make sense.”

“I do hope that SRPC can do something about this. It’s going to hurt recruitment of new grads who want to gain experience at smaller sites.”

“I’m a PGY-2 FM finishing in March ... I’d prefer rural work as a way to get my hours to work towards CCFP-EM. Then I saw this soon after and realized that basically my only option is to go for the PGY-3 programs.”

“Many of the larger hospitals with advanced imaging won’t hire newer docs for emerg without the CCFP-EM, but now you can’t get it without being at a larger hospital or doing the extra residency year. It’s the old “how can I get experience if no one will hire me without experience?” Catch-22.”

“So instead of being able to enter the full time workforce in March, I’m going to be locuming for a few months until I start a PGY-3 year (not a sure thing; there’s only enough spots for 2/3 of applicants) and will be a resident for yet another year before I’m available to work in a rural hospital. It’s frustrating.”

“Most frustrating for me is their choices in the drop down menu for the application. I have worked in a rural hospital (ct scanner was added after my arrival 10 years ago) but they don’t have rural FM on the drop down so I put Family medicine with obs since 2008. I started to work at another hospital nearby since 2019 only doing ER.”

“This will end my work in any ER without CT/MRI. ER specific certification is becoming necessary to work in ER across Canada, and I can’t afford to work in an ER where it won’t count for ‘real ER experience’ to write the exam”.

“So they sent me a non eligible email on Thursday. I wasn’t qualified to do the exam as I hadn’t been working ER for long enough. No request to clarify my application.”

“...Rural FM is almost always EM included- and why would I apply if I wasn’t doing ER all this time... Unfortunately I don’t think CFPC understands or cares to understand Rural very well.”