
Precis of the Task Force on the Future of Emergency Medicine in Canada (The Task Force, or TFFEM)

The TFFEM was born after a lengthy gestation but brought to life with the advent of COVID-19. A recurrent message that the Canadian Association of Emergency Physicians (CAEP) heard over the course of the pandemic is that we should seize the opportunity to reinvigorate ourselves and the systems in which we work. Various international EM societies, hearing similar calls, wrote short position papers imploring their health authorities and decision-makers to make long-overdue changes to allow emergency medicine to optimize its role in the healthcare system. Too often, however, the time horizons were short and the asks reiterations of previous positions, but with greater urgency.

Governments' responses to the pandemic have been variable, and inadequate in many jurisdictions. CAEP put out several excellent communiqués on multiple fronts, from PPE to drug shortages to a call for an integrated command and control system for national disasters. However, there remains doubt about future planning and preparation because low frequency events are quickly subordinated to the priorities of the day. As health systems prepare for a post-pandemic world, it is clear from the workforce and system capacity crises burning across Canada that we cannot just return to the old normal and expect different results. Governments need a framework for future partnerships with medical experts and CAEP needs a more systematic approach to its future work in these areas.

To be clear, the impetus for the Task Force may have been the pandemic, but its mandate is much broader in scope. To that point, if major disasters are infrequent, recurrent mini-disasters resulting from demand/capacity mismatches are the EM way of life. Daily and weekly surges in the ED, and the inability and/or unwillingness of our system to respond in an integrated fashion are symptomatic of a system that lacks readiness, responsiveness, and resilience. We need to stop talking about Emergency Departments (EDs) as discrete bricks-and-mortar entities and start talking about integrated systems of emergency care, based on a deeper analysis of events, recognizing evolving patterns and new models, so as to generate more meaningful and lasting recommendations.

Training and workforce issues have, historically, been a major emphasis for CAEP. A tripartite Collaborative Working Group report had predicted a shortage of over 1500 EPs by 2025. But nothing in our world changes as unpredictably as health human resources (HHR), and in some jurisdictions EP demand has been shrinking relative to supply. New EM grads in the US and certain Canadian metropolitan areas are entering a marketplace with multiple new challenges--EDs are closing, being repurposed (e.g., as Urgent Care Centres) and others (particularly in the US) staffed by non-EP providers, augmented by tele-health. What implications do these secular shifts have for emergency physicians in training?

The Task Force Report will begin with an overview, with the goal of articulating guiding principles (the "quadruple aim") and EM's overarching purpose within the health care sector. Subject to the extensive feedback we expect, the Task Force anticipates three broad areas of focus, which will encompass:

1. System Design, Integration Education and Workforce (DIEW)--will examine the ED's role within integrated networks of care and propose categories of EDs to guide the modeling of current and future workforce needs within those networks.
2. System Readiness, Responsiveness and Resilience (R3)—will look at how EM and the broader system are equipped to deal with daily ED surges, as well as more severe and protracted

stresses (disasters and pandemics). It will re-examine all aspects of Asplin’s (input-throughput, output) model, with a broader emphasis on social determinants of health. R3 will be examined from a provider perspective (training, wellness) as well, which directly impacts Section 1.

3. System Innovation and Secular Trends in Emergency Medicine (SYSTEM)-will look at selected major themes that are disrupting the status quo and will help shape the future of EM. These include research and QI, digital health, health equity, and environmental issues.

Three cross-cutting themes --leadership, citizenship, and scholarship-- will be embedded within the sections above.

There will be input from many recognized experts in EM, but the Task Force will seek input from all stakeholders within and beyond emergency medicine and, of course, the emergency physicians of the future: our residents and students. After all, this entire enterprise is predicated on the notion that we must continue to evolve and improve our systems for the benefit of the next generation of emergency physicians and the patients they serve.