



Position statement on advanced career emergency physicians

Rodrick Lim^{1,12} · Riyad B. Abu-Laban² · Rafiq Andani³ · Brittany Cameron⁴ · Jim Christenson² · Si-Cheng Dai⁵ · Zumil Damji^{6,13} · Sara Gray⁷ · Constance LeBlanc⁸ · Jill McEwen² · Judy Morris⁹ · James Stempien¹⁰ · Louise Rang¹¹ · Douglas Sinclair⁸ · Leadership and Wellness Committees, Canadian Association of Emergency Physicians

Received: 18 December 2024 / Accepted: 3 January 2025 / Published online: 13 February 2025

© The Author(s), under exclusive licence to the Canadian Association of Emergency Physicians (CAEP)/ Association Canadienne de Médecine d'Urgence (ACMU) 2025

Emergency medicine is tasked with the delivery of immediate and life-saving care to patients facing health crises, and frequently functions as a gateway to the entire health-care system. Emergency physicians in the advanced stage of their career bring not only a wealth of clinical experience and diagnostic acumen but also a rich repository of leadership skills, including communication, crisis management, and institutional wisdom. Moreover, with the current critical human resources shortage in emergency medicine, the value of their continued participation in the workforce is even more pronounced.

As physicians age, the physiologic changes and physical demands of clinical emergency medicine, shift work and resulting circadian disharmony, with increasing patient volumes, can be especially challenging. This has resulted in individual Canadian emergency medicine groups establishing approaches or adaptations based on the principle that mitigating these challenges can help promote career longevity [1]. By providing advanced career emergency

physicians work flexibility, a pathway can be ensured to strategically support their continued workforce engagement, thereby extending their career longevity and impact, while acknowledging and celebrating their contribution to the field of emergency medicine [3].

Many industries adapt roles in the workplace after a specified age or number of years of service, including first-responders and pilots [4, 6]. The American College of Emergency Physicians recommends workload modifications for physicians in their “pre-retirement years [2],” but does not explicitly define this term. It is also important to acknowledge that the timing of “advanced career” may be individual. Career spans can vary depending on factors other than age, including gender [5], health status, and disability.

Emergency groups may need to incorporate a flexible and context-specific approach to optimally define “advanced career.” The definition of advanced career emergency physicians should rest with individual groups. Reaching agreement on how to define this category requires dedicated group

✉ Rodrick Lim
Rod.Lim@lhsc.on.ca

¹ Department of Paediatrics, Schulich School of Medicine & Dentistry, University of Western Ontario, London, ON, Canada

² Department of Emergency Medicine, University of British Columbia, Vancouver, BC, Canada

³ Department of Family Medicine, Max Rady College of Medicine, University of Manitoba, Winnipeg, MB, Canada

⁴ Department of Emergency Medicine, Michael Garron Hospital, Toronto, ON, Canada

⁵ Faculty of Health Sciences, Michael G. DeGroote School of Medicine, McMaster University, Hamilton, ON, Canada

⁶ Queens University, Kingston, ON, Canada

⁷ Division of Emergency Medicine and the Interdepartmental Division of Critical Care, St. Michael's Hospital, University of Toronto, Toronto, ON, Canada

⁸ Department of Emergency Medicine, Dalhousie University, Halifax, NS, Canada

⁹ Department of Family and Emergency Medicine, University of Montréal, Montréal, QC, Canada

¹⁰ Department of Emergency Medicine, University of Saskatchewan, Saskatoon, SK, Canada

¹¹ Department of Emergency Medicine, Queen's University, Kingston, ON, Canada

¹² Children's Hospital at London Health Sciences Centre, London, ON, Canada

¹³ Department of Emergency Medicine, Brockville General Hospital, Brockville, ON, Canada

discussions. Factors to consider may include group demographics, local scheduling practices, shift differentials, and shift/site variety. Some options for this definition are age (eg. age over 55), years of practice (eg. at least 15–20 years) or a combination metric (eg. age + years of practice ≥ 70).

Advocacy by the Canadian Association of Emergency Physicians (CAEP) for clinical work adaptations for various groups is underpinned by several important principles, including equity, wellness, and respect. In relation to this statement, providing flexibility in clinical work for advanced career emergency physicians not only acknowledges the significant contributions they have made in Emergency Medicine but also represents a critical component of addressing the human resources shortage in a manner that is both sustainable for them and beneficial to individual groups, patients, and the healthcare system overall.

CAEP recommends emergency physician groups establish a policy to support the clinical work of advanced career emergency physicians, to ensure continued participation of these valued and experienced colleagues in the workforce, while supporting the principles of physician wellness and safe patient care. Physician groups should work together to design and implement policies based on the following adaptations wherever possible and according to the conditions of each group. These policies should take into consideration work burdens on non-advanced career physicians, resources available, shift coverage demands, and the unique needs of individual advanced career physicians:

Shift scheduling

- option for advanced career emergency physicians to opt out of night shifts and shifts associated with significant disruption of circadian rhythm;
- consider scheduling additional time off for recovery after night shifts for those who continue to work night shifts.

Shift acuity and complexity

- option for advanced career emergency physicians to opt out of shifts identified as high acuity or resuscitation intensive.

Shift duration

- shortening the duration of shifts and schedule fewer consecutive clinical shifts wherever possible;
- consideration of the creation of a formal “split shift” pool to support EPs interested in working half shifts.

Strategies to mitigate group consequences of these adaptations, to achieve satisfaction for group members of all career stages, which may include

- more weekend day shifts in lieu of overnight and/or late evening shifts;
- adjustments in the value/remuneration of resuscitation and complex acuity shifts;
- individual education plans to ensure resuscitation skills and knowledge are maintained by physicians who opt out of high acuity or resuscitation practice.

Consider recognizing exceptional career contributions.

Declarations

Conflict of interest There are no conflicts of interest to declare from the authors.

References

1. Abu-Laban RB, Rose NG, Migneault D, Fukushima E, Walker KE, McEwen J. Clinical adaptations for advanced career emergency physicians: an approach to support practice transition. *Can J Emerg Med*. 2023;25(12):931–4.
2. American College of Emergency Physicians. Considerations for emergency physicians in pre-retirement years [Internet]. 2009. <https://www.acep.org/patient-care/policy-statements/considerations-for-emergency-physicians-in-pre-retirement-years>. Accessed 25 Mar 2024
3. Binder W, Abrahams CO, Fox JM, Nestor E, Baird J. The age-old question: thematic analysis of focus groups on physician experiences of aging in emergency medicine. *JACEP Open*. 2021;2:e12499. <https://doi.org/10.1002/emp2.12499>.
4. Canadian HR Reporter. <https://www.hrreporter.com/opinion/canadian-hr-law/how-old-is-too-old-to-be-a-pilot/297777>. Accessed Mar 6, 2024
5. Gettel CJ, Courtney DM, Agrawal P, et al. Emergency medicine physician workforce attrition differences by age and gender. *Acad Emerg Med*. 2023;30:1092–100. <https://doi.org/10.1111/acem.14764>.
6. Ontario Government. <https://news.ontario.ca/en/release/18179/ontario-allows-retirement-of-firefighters-at-60>. Accessed 5 Feb 2025.

Springer Nature or its licensor (e.g. a society or other partner) holds exclusive rights to this article under a publishing agreement with the author(s) or other rightsholder(s); author self-archiving of the accepted manuscript version of this article is solely governed by the terms of such publishing agreement and applicable law.