Canadian Association of Emergency Physicians
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Briefing Note

Integrating Internationally Trained Emergency Physicians to Strengthen Canada's Emergency Care System

Prepared by: Canadian Association of Emergency Physicians (CAEP)

For: House of Commons Standing Committee on Health (HESA)

Study: Impact of Immigration Policy on Healthcare and Barriers to Integrating Internationally Trained Professionals

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Executive Summary

Canada's emergency care system is under unprecedented strain and has been for quite some time. Emergency departments (EDs) across the country are the safety net of the healthcare system, yet the supply of emergency physicians has not kept pace with population growth, aging demographics, and the increasing acuity and volume of patient presentations.

The Canadian Association of Emergency Physicians (CAEP) has identified the need for a sustainable national emergency medicine (EM) workforce plan since 2015. The findings of the 2024 EM:POWER (Emergency Medicine: Professional Organization Workforce Evaluation and Reform) report reaffirm that Canada does not have enough trained emergency physicians, and that existing capacity is unevenly distributed. ***Physician resource planning must follow clinical services planning, which must follow patient/population needs, i.e. Form must follow function.***

CAEP supports efforts to address workforce shortages through the integration of internationally educated healthcare professionals (IEHPs). However, this must occur within a coordinated national framework that ensures:

- Competency equivalence based on standards established by the Royal College of Physicians and Surgeons of Canada (RCPSC) and the College of Family Physicians of Canada (CFPC).
- Fair and transparent pathways for assessment, training, and licensing; and
- Equitable distribution of emergency physicians across regions, avoiding concentration in major urban centres and addressing chronic gaps in rural and remote areas.

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Background

Emergency departments (EDs) are the “front door” of Canada’s healthcare system and, in many communities, the only source of 24/7 care. Their capacity to deliver timely, safe, and high-quality services depends on a stable, well-trained, and equitably distributed workforce.

CAEP’s EM:POWER (2024) report confirms critical emergency physician shortages across all provinces and territories. Rural, northern, and smaller urban areas face the greatest challenges, leading to ED closures, long wait times, and risks to patient safety. Canada requires an estimated 1,500–2,000 additional emergency physicians over the next decade to stabilize access.

Emergency medicine is a dual-certification specialty—through the College of Family Physicians of Canada (CFPC) and the Royal College of Physicians and Surgeons of Canada (RCPSC)—which complicates workforce planning and equivalency assessments, particularly for internationally trained physicians.

Internationally trained physicians with emergency medicine experience represent a valuable potential resource, but integration must align with Canadian competency standards. CAEP supports a coordinated, competency-based national assessment process—aligned with Competence by Design (RCPSC) and Practice Ready Assessment (CFPC)—to ensure safe, fair, and timely licensure.

Workforce distribution remains inequitable, with most certified emergency physicians concentrated in large urban centres. CAEP recommends a national distributed deployment strategy that expands domestic training capacity and supports qualified international graduates through targeted incentives, mentorship, professional development, and telemedicine supports to strengthen emergency care access in high-need regions.

Insights from CAEP’s EM:POWER Report (2024)

EM:POWER—a national analysis of the emergency medicine workforce and system reform—identified three pillars relevant to this study:

- People: Ensuring a sufficient, sustainable, and well-supported EM workforce.
- Practice: Standardizing training, credentialing, and continuing education.
- Place: Achieving equitable access to emergency care across Canada.

Key findings relevant to HESA’s study:

- There is a critical shortage of emergency physicians, predicted to worsen without national coordination.

- Equitable access to emergency care requires deliberate workforce planning that distributes talent across regions.

CAEP Recommendations to the Standing Committee

- Develop a national workforce strategy with strong federal input using a standardized approach to data, measurement, integration, and prediction.
- Establish a coordinated national plan to forecast, train, and integrate emergency physicians based on current and projected needs.
- Include federal investment in EM residency expansion, rural training sites, and recruitment supports.
- Create a Streamlined, Competency-Based Pathway for Internationally Trained EM Physicians
- In collaboration with the RCPSC, CFPC, and provincial regulators, develop standardized, transparent criteria for assessing equivalence.
- Fund national “bridging” programs that align international training with Canadian EM competencies.
- Support practice readiness assessments tailored to emergency medicine.
- Ensure equitable distribution of the EM workforce.
- Offer incentives (financial, educational, and professional) for practice in underserved areas.
- Support well-integrated hybrid virtual care models

Federal, provincial, and territorial governments should collaborate across jurisdictions and engage CAEP as a subject matter expert in national advisory bodies on emergency physician resource planning and international physician integration

Conclusion

Canada’s emergency care system cannot function without an adequate, competent, and equitably distributed emergency medicine workforce. The integration of internationally trained physicians is part of the solution—but it must be deliberate, standards-based, and aligned with national workforce planning.

CAEP’s EM:POWER initiative provides a clear framework to guide this integration responsibly. The need for emergency physicians has been documented for over a decade, and the evidence now demands coordinated action.

A balanced approach—one that respects patient safety, supports internationally trained professionals, and ensures equitable access to care for all Canadians—is essential to sustain emergency services and uphold public trust.

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To view the EM:POWER Report visit: https://caep.ca/empower-2/

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