

The Multiple Paths to a Career in Emergency Medicine

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Having only been established as a separate specialty in Canada in June 1980, Canada is one of the only countries in the world with two routes of Emergency Medicine (EM) training.¹ Canadian medical school graduates can pursue either a five-year dedicated EM Residency Program administered by the Royal College of Physicians and Surgeons of Canada (RCPS), or a one-year EM Certificate Program in addition to the two-year Family Medicine Residency administered by the Canadian College of Family Physicians (CCFP).

In British Columbia, Vancouver General Hospital is currently the only hospital which exclusively hires Fellows of the Royal College of Physicians of Canada (FRCPC) EM graduates, while other urban EM departments are currently staffed by both CCFP-EM and FRCPC-EM graduates. In contrast, many rural emergency departments in British Columbia are staffed by Family Medicine physicians with no formal subspecialty training.²

As the Canadian Association of Emergency Physicians continues to engage with both the CCFP-EM and the FRCPC-EM programs to advance the vision of a unified EM training program in Canada, currently interested medical students are still faced with a difficult decision between the two programs.³ We met with University of British Columbia's (UBC) FRCPC-EM Residency Program director, Dr. Brian Chung, and the Co-Director of the CCFP-EM Residency Program, Dr. Brian Lahiffe, to explain to us some of the differences between the two programs, and provide our readers interested in Emergency Medicine with some advice in choosing the program that is right for them.

Both program directors agree that neither program is on the whole superior to the other and that both are capable of producing excellent EM physicians and distinguished leaders, educators, and researchers within the field.^{4,5} According to Dr. Chung, the programs are designed "to fill different niches within Emergency Medicine" and that there are unique advantages and disadvantages to both.⁴ Dr. Lahiffe states that he personally chose to pursue the CCFP-EM route because of the "flexibility it offers in terms of what you could do long-term."⁵ He explains that he enjoys both Family Medicine as well as Emergency Medicine and that he feels EM "is one of these careers where one of the risks is burnout, especially when you get older," and that "having the ability to stay in medicine and do family practice, or retraining for another designation is a fantastic way to go in terms of giving more career options."⁵ And while the majority

of CCFP-EM doctors practice EM exclusively, he suggested that for students who are exclusively interested in Emergency Medicine, the FRCPC-EM program might be a better option.^{5,6}

Compared to the twelve-month condensed training of the CCFP-EM program, the FRCPC-EM program begins with a broad based post graduate year (PGY-1), similar to the old-fashioned rotating internship, followed by four years of EM-directed training. Graduates of the FRCPC-EM program are expected to have completed a research project, and are provided with dedicated time to pursue a subspecialty interest in emergency medicine. Additionally, residents are expected to lead small-group classes and be involved with the education of junior residents as well as medical students. According to Dr. Chung, these are some of the built-in requirements of the five-year residency program that "would make graduates be more prepared to assume the role of an emergency medicine specialist," and perhaps reflect the "initial intent of the Royal College Program [to] create academicians who would then stay and practice in an academic urban centre."⁴

In terms of advice to medical students interested in EM as a career, both directors agree that the most important thing is to shadow.^{4,5} "The best advice is to try and shadow an Emergency Physician" says Dr. Chung, "because it is the best way to get to know what we actually do [and decide] whether you are going to be happy doing it on a day-to-day basis."⁴ Dr. Lahiffe echoed this sentiment stating that students should "start doing some shadowing, get to know some EM docs, ask them questions."⁵ As for research, Dr. Chung explained that it is not necessary, but would definitely help distinguish an applicant.⁴ Dr. Lahiffe agreed, stating that "if you have the opportunity and interest to do research you should do it."⁵ Ultimately, the most important thing is to "make an informed decision and be happy."⁵

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The Rural Medicine Conundrum: Steps in the Right Direction, and the Difficult Road Ahead

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The global shortage of rural physicians is one that hits home for many people living in rural and remote areas of British Columbia. An aging Canadian population requiring more care, coupled with many rural physicians retiring, has put stress on healthcare systems which are already stretched to their limit. The result has been physician shortages in communities such as Burns Lake and Fort St. James, the latter having to temporarily close its hospital emergency room in March 2012, because while it previously had five physicians working in the town, it now only has one.

At the root of the problem is the recruitment and retention of physicians to rural areas, especially those who can be considered “generalists.” According to the Society of Rural Physicians of Canada, “with subspecialists and high technology of large cities distant, country doctors (...) require a broad spectrum of clinical skills.”¹

For many years, federal and provincial governments have offered incentives to encourage physicians to practice in rural areas.¹ These have included student debt relief for new graduates who decide to practice rurally,² mandating that international medical graduates complete a return of service contract in a rural area after completing residency,³ and providing improved payment and practice models.²

There are also programs in place to support existing rural physicians, since the demands of rural practice can sometimes make it difficult to take time off from work and can lead to burnout. In British Columbia, locum placement programs allow for rural family physicians and specialists to take time off from their practices for vacations, continuing medical education, or for personal reasons.

Motivated by research demonstrating that medical students who come from rural areas are more likely to return to rural and remote areas to practice,^{4,5} governments and medical schools have turned their focus to students to address the problem. The process of cultivating rural physicians has been termed the ‘rural pipeline,’⁶ and involves providing rural high school students with exposure to careers in medicine, recruiting, and admitting rural

students to medical schools, and providing adequate exposure to rural practice opportunities during medical training.

As such, a number of Canadian medical schools have developed high school outreach programs. According to the Schulich School of Medicine, “early exposure to the practice of medicine can help influence students career plans, ultimately increasing their chance of successfully entering medical school.”⁷ Secondary school students are taught how to deliver babies using a simulator, learn to read x-rays, and practice applying casts. At Memorial University, the MedQuest high school outreach program may be one of the reasons why greater than 30 percent of its medical students hail from small towns, compared to only 11 percent of students at other Canadian schools.⁸

Peter Newbery, a family physician in Hazelton, British Columbia, and a pioneer in the efforts to increase rural physicians in Canada, tells the UBCMJ that one way that Canadian schools are aiming to increase the number of rural medical applicants is by broadening the socioeconomic distribution of medical students. He explains that traditionally medical schools have admitted students who engage in time-consuming and sometimes expensive extracurricular activities that help distinguish them as well-rounded applicants. Schools have since realized that they may have been, in turn, rejecting a First Nations student whose summer holidays had been spent on a fishing boat so that his or her family could feed themselves for the next year. He says that medical schools are therefore broadening their approach to selections so that they “value those students who may not have the high profile achievements but who have been doing equally significant things.”

In British Columbia and other provinces, rural training programs are popping up as “satellite campuses” of a number of medical schools. The Northern Ontario School of Medicine has main campuses in Thunder Bay and Sudbury with multiple teaching sites distributed across Northern Ontario. Memorial University’s Family Medicine Residency Program has another site in Goose Bay, Labrador, allowing residents the option to do a considerable chunk of their training up North. Dr. Geoff Payne, the Assistant Dean for Education and Research of the University of British Columbia’s Northern Medical Program, says that there is very much the belief that,

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