## **Faculty of Medicine**

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Dear Residents, Program Directors, Program Administrators and Department Heads,

There continues to be uncertainty and challenges as we all work together to respond to COVID-19 here in B.C. We would like to reiterate our continued gratitude to our residents for providing compassionate care to patients and their families through this challenging time. In addition, our programs have been working tirelessly to support, coordinate and plan at this very difficult time. As always, we are here to support you in person, via email, virtually, and through our posted <a href="Frequently Asked Questions">Frequently Asked Questions</a> for residents and fellows with respect to COVID-19.

There have been many questions related to resident redeployment. We have had multiple discussions with programs and Health Authorities regarding resident scheduling and deployment. There has been a PGME redeployment statement (available on the site above) highlighting the principles of safety, supervision, and clinical need. This has been endorsed by Resident Doctors of BC, HEABC, and UBC. PGME, Program Directors and Health Authority leadership are the points of contact. The purpose of this communication is to share further information in this area.

Many programs have already redeployed / adjusted schedules to support educational realities as well as clinical need in areas such as critical care, emergency medicine and acute inpatient wards. We must plan for a potential challenge of escalating clinical demands in this unprecedented situation. Hence, as a new block is about to begin, PGME is planning supporting programs and health authorities by collaboratively working together as clinical demands are changing. PGME is creating a virtual Resident Redeployment Hub. This is simply a formalization of the current mechanism of having Health Authorities work with PGME to identify programs / residents for redeployment as things change.

By the end of the week, programs will be contacted asking about the availability of residents for potential redeployment as appropriate. It is also recognized that many programs such as internal medicine, emergency medicine, anesthesia, critical care and public health have already fully deployed residents and that Family Medicine will require a unique approach given its geographic distribution.

Residents based at Children's will have their scheduling and deployments aligned with the institutional approach. This staged approach accounts for the escalating clinical needs and patient influx as a result of COVID-19. The response involves measures such as increasing age limit of patients and acceptance of patients from other health authorities.

There will be further communication by the end of this week.

Once again, thank you again for all of your efforts as we work as a community to respond to COVID-19.

Sincerely,

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