

Dear Service Chiefs, Program Directors, Residents and Fellows,

Redeployment is in full swing. The Resident Redeployment Hub (redeployment.pgme@mcgill.ca) is cataloguing available residents and redeploying residents to service chiefs who request resident reinforcement. The Resident Redeployment (RRH) will be asking program directors to update resident availability on a regular basis to ensure that our list is up to date.

Residents are engaged members of our medical community and are committed to helping with frontline efforts to manage the impact of the COVID-19 pandemic on patients and our health system.

PGME is committed to ensuring that resident redeployment occurs in an organized fashion and that the workloads of residents are managed in a reasonable manner that remains mindful of their wellness. Given the current demands of COVID-19 on our health care system, it is crucial we ensure that redeployed residents caring for sick patients are well enough to do so for the next four to eight weeks.

To ensure this, PGME wishes to remind everyone **that the FMRQ contract remains in full effect and rules pertaining to the maximum number of workhours in a given day and number of consecutive workdays or night shifts remains in place.**

Resident redeployment, however, is not organized with the same time frames or occurring under the same work environment realities (managing a pandemic) that formed the basis of the FMRQ contract. PGME wishes to ensure that residents are redeployed to engage in unprecedented health care needs but not at the cost of resident wellness and the downstream impact of fatigue on patient care.

For these reasons, the following guidelines apply to all deployed residents and fellows:

- Residents will be redeployed 1–2 weeks at a time to a given clinical unit (ideally two weeks, but at a minimum of one week) to get acquainted with the clinical environment and become an effective member of the care team.
- Faculty need to check in with their redeployed residents to learn how they are coping on the unit and with the ongoing changes in workload.
- Residents must have access to proper PPE.
- Redeployed residents must NOT work for more than five consecutive workdays in a two-week block (day, evening or night).
- Residents must not only be reassigned night shifts, but also day and evening shifts – the start of two consecutive shifts should be distanced by 24 hours (16 hours must be rare)
- PGME is engaged in ensuring residents are redeployed to clinical settings that are in acute need and thus have redeployed faculty on the care team as well.
- Redeployed residents must never work in-house for more than eight hours (plus handover) – longer work shifts must be extremely exceptional.

- Redeployed residents are expected to be available throughout their entire redeployment period; they are not expected to cover calls in their subspecialty during redeployment.
- If a resident gets a borderline or unsatisfactory evaluation on their redeployment experience, they will be removed from the redeployment roster.
- If a program tells us a resident is available for redeployment for a block of time, RRH expects that the resident's program office has contacted the service where the resident was slated to rotate before the pandemic (and that this was not an essential service such as ICU, ER, WARD, CCU, etc.) and informed them that the program office is redeploying the resident to essential services.
- These measures are subject to change as the situation evolves.

The impact of this pandemic is very challenging for everyone in our clinical and training environments; PGME is working in tight collaboration with program directors, hospital leadership, and service chiefs and wants to ensure residents provide patient care in this extraordinary time, within a training environment that respects workload and workhours that allow residents to be effective and safe physicians.