Chief Resident Town Hall
This past Tuesday afternoon there was a Town Hall meeting attended by Chief Residents from many training programs. A variety of topics was discussed, including resident redeployment, certification exams and resident vacation during pandemic. The meeting lasted just over an hour and there were many other issues raised that we were not able to get to in that time-frame.

I will address some of the outstanding questions in this update. PGME will also collate the remaining questions and circulate with responses early next week. A second Town Hall is scheduled for the week of April 20th.

The meetings are limited to the Chiefs simply because it is not feasible for me to hold a virtual meeting with hundreds of trainees. I am hoping that resident groups will communicate with the Chief Residents to submit questions or concerns and that the details of Town Hall discussions will be conveyed back to the program and trainees.

Resident Redeployment
The process of redeployment has begun in accordance with the guidelines set out in the March 19 Principles for Resident Redeployment document that was circulated and is now posted on the PGME website.

In brief, programs submit requests for redeployed residents to ZEOC and PGME. Program Directors are then consulted to determine how many residents can be made available and the type of assignment that is appropriate based on a number of factors, including skill set. Each resident is then approached by the Program Director for discussion and once a decision is confirmed the receiving program is asked to be in touch with the home program and the resident.

One of the principles articulated in the Calgary redeployment document is that there is still a requirement for resident evaluation. The receiving program is expected to complete assessments of resident performance and to forward these to the home program at the completion of the block.

Redeployment is intended to last no more than a single block. As you are already aware, the JCC established that vacation is not possible during a redeployed experience.

The areas of greatest clinical need at the moment are Critical Care and MTU. Estimates of the number of residents required in the ICU’s are based on surge planning and anticipated rise in number of ventilated patients throughout the city over the course of the next several months.
Critical Care summarized their data at the request of the Program Directors. The document is also posted to the PGME website—see *DCCM COVID Physician Surge Summary*.

**Certification Examinations**
There was considerable discussion about the exam process at Town Hall meeting. The plan from the perspective of CFPC is unchanged from previous and is as described in previous updates.

The RCPS circulated a memo earlier today with updated information regarding the proposed timing and format of the delayed spring exams. I can address this further at next Town Hall or by email to crystal.boisselle@ucalgary.ca if there are urgent questions prior to our next meeting.

**CBD ROLLOUT**
I received a fair number of questions about the impact of the pandemic on the 2020 launch of programs scheduled to begin CBD curricula.

Dr. Kelly Millar circulated a survey to the relevant Program Directors to solicit input in terms of anticipated challenges. The RCPS will be asking for similar information from each PGME office and CBD Lead. We are well aware of the challenges for programs already functioning in a CBME mode, and those scheduled to launch whose preparatory work has been disrupted.

This feedback will be communicated to RCPS. With respect to the 2020 launch, the College is in the process of gathering stakeholder input and has not yet made a decision. I anticipate this will happen in the next 2–3 weeks.

**HOUSING FOR RESIDENTS DURING PANDEMIC**
All health care workers are understandably concerned about the risk of exposure to Covid-19. For some, there is added concern about the possibility of transmitting this infection to family in the household.

PGME is in the process of determining whether alternate, temporary housing can be made available to residents who have concerns about family exposure. We have identified some hotels that may be willing to house residents at a reduced rate for health care workers. Some administrative details still need to be finalized. I anticipate being able to provide specific information about these accommodations over the coming weekend or early next week.

**THIS WEEKEND**
This is the start of a long weekend and I hope you will all be able to take at least a portion of it to rest and spend time with your families (either virtually or in person)

Lisa Welikovitch MD FRCP
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