



Pandemic/Disaster Committee  
Concerns and Recommendations

**Tenets:**

1. Resident physicians recognize safety concerns as being more important than compensation concerns.<sup>1</sup>
2. Duty of care is a reciprocal obligation; the responsibility of doctors to provide medical care does not exist in isolation. Resident physicians place themselves at risk to care for their patients and society should attempt to protect resident physicians and minimize the risk to which they are exposed in performing their duties. Resident physicians retain the right to refuse provision of care if reasonable safety precautions have not been provided; these precautions include, but are not limited to, vaccines, treatments, and properly-fitted protective equipment.
3. Resident physicians' moral and ethical obligations do not rest solely with their patients; other obligations may supersede a resident physician's duty to patient care. For example, a resident physician may be a pregnant mother or parent and thus owe a duty of care and responsibility to children and family. Resident physicians should be free to prioritize their moral and ethical duties.

**Concerns:**

1. The health of resident physicians and their immediate families is of paramount concern with special attention necessary for those who are at increased risk including resident physicians who are themselves or have immediate family members who are pregnant, have serious chronic illness, are immuno-suppressed, or are in situations where they are single parents or both parents are health-care workers.
2. Resident physicians should have appropriate access to vaccines, treatments, properly-fitted protective devices, and other safety measures equivalent to that available to attending physicians, nurses, and other health-care colleagues.
3. Resident physicians are used where they are most effective – in the delivery of patient care and not in the management of administrative duties.

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<sup>1</sup> In terms of crisis coverage, resident physician life and long-term disability insurance currently applies as follows:

- Resident physicians are covered should they provide pandemic or disaster service.
- Resident physicians are covered for death or injury caused by an act of terrorism.
- Resident physicians are covered for death or injury caused by an act of god (tornado, earthquake, lightning strike, etc.).
- Resident physicians are not covered for death or injury caused by an act of war or received while performing military service.
- Resident physicians are not covered if they are imprisoned or go to jail.



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4. Resident physicians and other health-care providers receive appropriate direction with respect to their roles and duties prior to any pandemic or other crisis situation.
5. Resident physicians receive timely and thorough information during a pandemic or other crisis situation.
6. Resident physicians are adequately compensated for their service during pandemics and other crisis situations.
7. The legal risks incurred by resident physicians in pandemic or other crisis situations are mitigated; this mitigation includes, but is not limited to, ensuring appropriate licensure and medical-legal coverage.
8. The transportation necessary for resident physicians to provide medical care at multiple sites may be limited or compromised in pandemic/disaster situations; the ability to maintain quality patient care in the event of such limitations should be maximized.
9. The impact of excessive work hours on patient care and safety and resident physician safety is properly managed and mitigated.
10. The question of how pandemic service will apply toward residency credit and impact the length of residency is addressed.

**Recommendations:**

1. Resident physicians are able to volunteer during pandemics or other crises.
2. If resident physicians are requested for altered service, they have the ability to refuse service if they or their immediate families are at high risk for complications arising from infection or disaster, including, but not limited to the following:
  - a. sickness or infection
  - b. serious chronic illness
  - c. immune suppression
  - d. pregnancy
  - e. single parenthood or a situation where both partners are health-care providers and one is already volunteering for pandemic/disaster service
3. If resident physicians continue to provide health care during a pandemic or disaster situation, they and their immediate families receive the same access to preventative measures, vaccines, treatments, and any necessary, properly-fitted, protective equipment as other frontline health-care workers.
4. Resident physicians who contract a pandemic illness be provided with alternate living arrangements in the event that returning home would place their families at risk of contracting the same illness.



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5. All deployment of resident physicians should be directed and approved by that resident's program director or designate; guidelines for where and how resident physicians may be used during a pandemic or disaster should be developed; contract-regulated work-hours should be recognized; resident physicians should have input at all stages of development of such guidelines.
6. Supervision of resident physicians should be the responsibility of the appropriate department or division service chief. The level of supervision will vary according to the level of training, and will follow the guidelines of the Postgraduate Medical Education's supervision policy and the College of Physicians and Surgeons of Alberta. All residents will be able to function only within the scope of their level of training.
7. Resident physicians are tasked with appropriate patient care duties, minimizing administrative functions to those that are required for achieving credentials.
8. Alberta Health Services and the Ministry of Alberta Health and Wellness address the funding implications associated with an altered training timeline and ensure that the salaries of resident physicians whose training is delayed due to a pandemic or other crisis event progress in accordance with salary timelines in place at the inception of the pandemic until such time as the residents' credentialing requirements are fulfilled.
9. The Ministry of Alberta Health and Wellness and Postgraduate Medical Education ensure the capacity constraints on medical education allow for extended training made necessary by a crisis situation.
10. Postgraduate Medical Education along with the Royal College of Physicians and Surgeons of Canadian and the College of Family Physicians of Canada should ensure that resident physicians serving in pandemic or disaster situations receive as much credit towards their residency education as possible; the amount of credit recommended to the credentialing colleges for pandemic service is to be determined on an individual basis by a resident's program director. The type of pandemic service assigned to willing resident physicians should take into account a resident's remaining credentialing requirements to maximize the chance that the service can be credited toward their training
11. The Professional Association of Residents of Alberta (PARA) is able to act as an intermediary between Alberta Health Services, Postgraduate Medical Education and resident physicians; PARA disseminates information to resident physicians very quickly via email and is able to provide two-way communication between resident physicians and other health organizations in crisis situations.
12. Alberta Health Services in conjunction with Postgraduate Medical Education offers crisis training drills and seminars for resident physicians and other staff.



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13. Areas in which potential transportation limitations may affect care must be identified and plans to mitigate these limitations be developed; plans should include provisions to facilitate secure resident physician travel between sites in the event that transportation is hampered and/or alternate coverage strategies in the event that resident physicians or other health-care providers are unable to move between sites. For example, if public transit services are normally relied upon by residents for transportation, but are suspended during a pandemic, then an alternate means of transportation between hospital sites should be arranged.

**For further information, contact:**

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