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PGME Position Paper on Physician Extender Program

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| Office of Accountability: | Faculty of Medicine & Dentistry |
| Office of Administrative Responsibility: | Postgraduate Medical Education |
| Approver: | Postgraduate Medical Education Council Faculty Chairs Committee |
| Scope: | All Residents |
| Classification: | Residency Training |

The Physician Extender Program was developed to fill gaps for in-house patient care for acute clinical care services which are not filled by resident call schedules. Under the terms of the program the extender must be actively registered in an accredited training program and have met the criteria below. Physician extenders are always under the supervision of the most responsible physician designated for that clinical service.

Criteria

- Be on the Provisional Register, Postgraduate Training of the College of Physicians & Surgeons of Alberta.
- Have successfully completed a minimum of 18 months postgraduate training.
- Have a letter of support from the Program Director indicating the candidate's satisfactory performance and good standing in their residency training program. This letter must be renewed annually.
- Have obtained the Licentiate of the Medical Council of Canada (LMCC).
- Work under supervision at all times.
- The after-hours coverage as part of the educational experience, taken together with shifts as an Extender, must not breach the PARA agreement.
- Residents on leave of absence are not entitled to physician extender privileges

The PARA agreement states that for each 28 day block, in-house call is on a one-in-four (1:4) basis, 7 in-house calls for 27-30 days on service. Therefore the maximum number of in-house calls (combination of calls and extender shifts) is 7 per block. In-house calls and extender shifts shall not be scheduled on two (2) consecutive days. No resident can do in-house call and extender shifts on any portion of more than two (2) weekends out of any four (4) weekends.

The PARA agreement states that for each 28 day block, home call is on a one-in-three (1:3) basis, 9 home calls for 27-30 days on service. For residents taking home call in their program, the combination of calls and extender shifts must be in line with section 14.06 of the PARA agreement under combined call. Home calls and extender shifts shall not be scheduled on two (2) consecutive days. No resident can do home call and extender shifts on any portion of more than two (2) weekends out of any four (4) weekends.

8 home call: 1 in-house extender shift
7 home call: 2 in-house extender shifts
6 home call: 2 in-house extender shifts
5 home call: 3 in-house extender shifts
4 home call: 4 in-house extender shifts
3 home call: 4 in-house extender shifts
2 home call: 5 in-house extender shifts
1 home call: 6 in-house extender shifts
0 home call: 7 in-house extender shifts

In no case should any resident work more than 7 in-house physician extender shifts in any block.

The above rules also apply to residents in the Clinical Investigator program and on research rotations.

Professional Responsibility

Residents are expected to exercise good professional practices, be accountable for their choices and make themselves available only for extender shifts that do not interfere with the responsibilities of their residency program in terms of regular daily duties, call duties and attendance at academic half-day. Residents are expected to show up for work well rested and patient care must never be subjected to fatigued residents engaging inappropriately in extender activity. Residents must also balance their need for rest, recreation and well-being when considering their extender activity.

It is expected that residents will make good decisions regarding their work-life balance; in addition, program directors will be provided with data on all residents who engage in the extender program for the purposes of monitoring. It is expected that if a resident is not performing well in residency or breaks the PARA rules regarding frequency of total call activity including extender shifts then privileges to continue extender activity will be removed. Chief residents must complete call schedules adequately in advance of the start of a block to facilitate planning other activities including extender activity.

Alberta Health Services has agreed to work on improving coordination of acute care schedules to reduce assignment errors and PARA violations. Residents should be aware that when acting in a physician extender capacity they fall under the bylaws for medical staff with respect to complaint management recognizing they are not acting in a resident capacity.