

Guidelines for the Assignment and Removal of Trainees from Teaching Sites

PROPOSED CHANGES FROM PGMEAC MEMBERS (November 5, 2018)

Editorial revisions in entire document:

- *Change PAIRO to PARO.*
 - *Change Vice Dean, Postgraduate Medical Education to Associate Dean, Postgraduate Medical Education or designate*
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2. Procedures for Assignment of Postgraduate Medical Trainees to hospital and other Institutions

Paragraph 1: “The Chair of a University Department, working in conjunction with the appropriate Residency Program Committee, is responsible for the assignment of postgraduate medical trainees to institutions in the Residency Training Program.”

- *It is not clear how Community hospitals can become involved and be considered if they do not have a full residency program? Many community hospitals are not formally part of a specific residency training program. Residents come through mostly electives, but some are core as well. Community hospitals do not sit on or participate in the residency program committees. Most of the faculties for these committees, along with the chairs are from the downtown hospitals.*

A. In selecting hospitals

Section 2 A i): “Demonstrated excellence in teaching and training as reported in rotation and teacher assessment”.

- *We believe this is biased towards large academic centers as the smaller community hospitals do not have the numbers that academic centers do for rotation and teacher assessment.*

Section 2 A ii): “Involvement of faculty and postgraduate medical trainees in clinical and/or basic research and teaching.”

- *We believe this is biased towards academic centers as community hospitals or smaller academic hospitals may not be involved in any basic research (due to the resources required for basic research) and clinical research may be limited.*

Section 2 A iv): “*the provision of a unique experience considered important for satisfactory training in a specialty*. All postgraduate medical trainees may be required to rotate through such unique settings”.

- *What is considered to be “the provision of a unique experience considered important for satisfactory training in a specialty”? Should hospital/department volume and the diversity of the patient population count as providing a unique experience? A more expanded definition of unique experience would be appreciated.*

B. In considering postgraduate medical trainees

Section 2 B i): second sentence“.....This may exclude certain hospitals from taking part in training rotations if the training experience at a particular hospital detracts from the overall quality of the Program”.

- *What does this mean exactly? Suggest that this be more defined as this is ambiguous.*

Section 2 B ii): “Trainee preference of hospital. Effort will be made by the director of the program to provide a rotation through a preferred hospital at some time during the Program period provided that this is consistent with optimal training.”

- *This again presents a bias towards the TAHSN hospitals, which house the academies. Residents will have preferences towards organizations that they are already familiar with and the issue of MTD funding could also bias decisions. Again a clearer explanation of “a preferred hospital” would be appreciated.*

C. Process for the assignment/removal of postgraduate medical trainees

Paragraph 2: “However, when a Residency Program Committee recommends removal of ALL of its postgraduate trainees from a particular hospital or service, this recommendation will be submitted to the university Department Chair. If the Chair is in agreement with the removal recommendation, he/she will so inform the Dean and Vice-Dean, Postgraduate Medical Education who will communicate this decision with the appropriate faculty, hospital, and resident representatives as outlined in Section E.”

- *Might just tighten up this language. We might have a single resident on a service and need to move them for any number of reasons. It seems as though according to this wording, the policy would apply, which I think is not the intent here.*

Paragraph 3: *Recommended additions in re what Department Chair will consider in making a decision on re-assignment/removal of trainees:*

- *Add language that articulates resident preferences will be considered for a reassignment, as it is for initial assignment under section B.*
- *Include reimbursement for reasonable costs associated with reassignment of residents to other cities. For example, residents based at a DME site such as Barrie who are reassigned to Toronto may incur costs associated with accommodation, moving, finding child care, etc. These residents should also be provided the time necessary to facilitate their move and transition to a new site.*

Paragraph 5: “Removal of postgraduate medical trainees from a Program may have significant influence on patient care. Accordingly, unless [urgent] circumstances dictate otherwise, hospital coordinators and relevant staff will be given **three months** advance notice to make the necessary arrangements to ensure maintenance of the quality of patient care when postgraduate medical trainees are no longer present.”

- *Maybe some examples here about **urgent** – specifically referencing intimidation or harassment or unsafe learning/clinical environment or insufficient supervision. This could also go in section E.*
- *Recommend adding that affected trainees will also be provided with the same three months' notice.*

D. Reductions in a Setting of Excellence

“Circumstances may dictate the necessity for reductions in numbers of postgraduate medical trainees in a setting of excellence. Under these circumstances, the Residency Program Committee will recommend reductions that are deemed by it to be in the best interest of learners and the Program as a whole.”

- *Recommend deleting this section entirely. The first paragraph of Section C states “Assignment and reassignment of any trainee to a rotation or hospital does not need the approval of the Vice Dean...II. This wording should cover the simple process of a program reducing the number of PG trainees – regardless of the type of site.*

E. Urgent situations:

“Where urgent circumstances make the above procedures inadvisable or impossible, the Dean has the authority to determine the assignment of postgraduate medical trainees and will communicate his/her decision to the hospital CEO, VP Education, PAIRO, Physician-in-Chief, or appropriate designate.”

- *The current wording does not express the urgency, only stating that the Dean or designate has the authority to override the removal process set out in #2. Suggest re-wording that in these urgent situations, “....the Dean has the authority to **immediately remove** postgraduate medical trainees from a training site and will communicate his/her decision.....”*
- *Very supportive of including the current language regarding urgent situations. When the safety of a trainee is in question, the trainee must be allowed to leave the training site as soon as possible.*