



Redeployment Steps | Actions for Hospitals

1. All **clinical services** should identify Residents and/or Fellows who are either underutilized and/or providing non-essential services, who can be included in a 'redeployment pool'. This information should be shared with the local designated hospital authority (VP Education, COM, etc) and the university Program Director.
2. The **designated hospital authority** should maintain a list of 'immediately redeployable' Residents and/or Fellows.
3. **Clinical services** that have or anticipate increased needs for coverage should declare that to senior hospital leadership (Vice President Education, CMO, Department Chief). Needs should indicate the general rationale for the need (absences, increased patient demand, etc), the desired skill level (junior, senior, specific specialties), and the staffing nature of the need (on call only, daily coverage, surge only, etc).
4. The **hospital** should establish a process and structure to assist the senior leader to work within the redeployment principle framework, including the 'immediately redeployable' pool, to match available providers to identified needs as appropriate within the institution.
5. If the hospital is unable to address all needs using the above process and wishes to pursue option 'd' (re-assigning Residents and/or Fellows across hospitals) the **designated hospital authority** should contact the university department Chair (if there is a desired specialty of Residents and/or Fellows required) or the Associate Dean, PGME to formally make a request through Lindsey.fechtig@utoronto.ca. The **PGME office** will maintain a repository of redeployed Residents and/or Fellows and identified needs.
6. Decisions about re-assigning Residents and/or Fellows across sites will require approval by the Associate Dean, PGME, in consultation with the involved sites and academic Chair(s) and Program Director(s).

Redeployment Steps | Actions for Residency Programs

1. All **residency programs** should identify Residents and/or Fellows who are currently on, or scheduled to be on, rotations that have markedly reduced workload (for example due to clinic closures, surgery restrictions...), who can be included in a centralized 'redeployment pool'. This should include the specialty and level and unique skillsets (intensive care or ED experience, etc).
2. The Program Director, in consultation with the Vice-Chair Education and Chair, should inform the Associate Dean, PGME, through Lindsey.fechtig@utoronto.ca.
3. The PGME office will maintain a repository of available Residents and/or Fellows.