



Principles for Redeployment of Residents and Fellows in Times of Exceptional Health System Need

Background

Ontario's Chief Medical Officer of Health is empowered to issue directives to health care professionals and health care entities such as hospitals to protect the health of Ontarians. See Section 77.7 (1) of the Health Protection and Promotion Act at http://www.elaws.gov.on.ca/html/statutes/english/elaws_statutes_90h07_e.htm

Under exceptional circumstances of clinical need as identified by Ministerial and/or Public Health Officials, many health care professionals may be redeployed to services in need such as hospital emergency rooms, ICUs, triage facilities, or to responsive facilities such as vaccination units and assessment clinics. The Postgraduate Medical Education Advisory Committee (PGMEAC) and the Fellowship Education Advisory Committee (FEAC) have endorsed the principle that all registered PG learners including residents and fellows are subject to these redeployment measures by virtue of their status in the hospitals.

Redeployment under such circumstances is the jurisdiction of the hospital administration, who are charged with providing care to the population. VPs Education or their counterparts at our affiliated hospitals will advise the Faculty of the relevant measures taken involving PG learners through the Hospital University Education Committee (HUEC) and to the relevant Vice Dean, Education.

In keeping with CPSO directives PG learners, as licensed professionals, have a duty to the public and may engage in activities deemed to be in the public interest even if the activities normally fall outside of the expected core duties of the individual practitioner. PG trainees, however, should never be forced against their will to engage in activities that would not be considered a reasonable competency set for a doctor at their level in their specialty.

Principles to Guide Redeployment Decisions

1. Duration

Redeployment will be for as short a period of time as is necessary to address the acute need. Redeployment will respect the employment provisions of the PARO-CAHO contract and allow flexibility at the discretion of the program director or site supervisor regarding individual absences due to the health emergency (personal illness or family care). In all cases, absences should be reported to and documented by the program directors.



2. Activities while on redeployment

The roles of redeployed PG learners should be recorded as separate from their regularly assigned rotation and activities. Ideally, the activities and performance will also be evaluated. Although impossible to guarantee at the outset of a redeployment, individuals **should not be required to extend their training program as a result of redeployment for short periods.** There may be individual cases that require consultations with the program directors, certifying Colleges and the PGME Office, so a formal record must be made of the service provided. This record will include, at a minimum, the name of a primary supervisor, time period, description of activities to be performed. If possible, consideration should be made to providing an assessment of the resident using a specific ITER. The form should be signed and forwarded to the learner's Program Director at the end of the service. *Please see attached sample of a generic ITER which could be used during this period.* Redeployment decisions made by the hospital administration may need to take into consideration the resident's seniority/level of training and any special expertise, i.e. more senior residents may be able to function more independently, ensuring that the overall team's ability to cope with the workload is increased.

3. Eligibility for redeployment

Any PG learner may be redeployed as per these principles. It is expected that redeployment by hospital administration will apply to those PG learners assigned to that hospital site at the time the need arises. Unless otherwise directed by the University, rotations between hospitals will occur as scheduled and PG Learners will be expected to provide service as required by the site. The University reserves the right to suspend or otherwise alter rotation changeovers (including date, duration and specific assignments of individuals or groups) in consultation with hospital partners.

4. Framework for redeployment decisions

The following order for redeployment is preferred:

- a. Learners **remain where they are currently** rotating (including any related call regardless of site).

Learners, regardless of home specialty, can be called upon to provide care in a manner or volume not normally encountered **within their current rotation.** Within this group, **redeployment should occur in this order of preference:**

- Learners currently on rotation in their home specialty should be redeployed first. Examples: Emergency Medicine residents on EM rotations participating in screening units operated by the ED, Medicine residents on CTU rotations redeployed to cover alternative wards, Pediatric residents on clinic rotations redeployed to flu clinics).



- Learners currently **on rotation in a specialty other than their own**, which is being called upon to provide care. (In consultation with their "home" program to ensure they are not needed elsewhere.) Example: Surgery residents doing an Emergency Medicine rotation being redeployed to an evening vaccination clinic operated by Emerg.

- b. Learners on **non-clinical experiences** are called back into clinical service.

Learners who are on research months or on non-call service within the affected institution can be called back to take call or engage in clinical activities.

- c. Learners **need to be called back to 'home' rotation.**

Learners in a given specialty can be asked to provide care in their home specialty while on another rotation. Example: Emergency Medicine resident on Psychiatry rotation being asked to redeploy to the Emergency Department to cover absences.

- d. Learners **need to be 'loaned' to other services.**

Learners who have the skillset and/or who have previously completed key prerequisite experiences, can be asked to shift their work to another service from that of their home discipline and their current service. This decision will be made by hospital leadership (Senior executive team in most cases led by the CMO) after due consideration of clinical needs and competency profile of learner groups and in consultation with education leads (rotation coordinators, university program directors). Example: A General Surgery resident who is on Plastic Surgery being called to provide call in the ICU.

- e. Learners need to be **sent to another facility.**

Learners may need to be redeployed to help address surge or other extraordinary circumstances across the network. Ideally this would only be done within specialty. Example: Anaesthesia residents rotating at a busy community site that has been repurposed as a screening facility can be redeployed to a trauma centre to address increased surgical volumes.

- f. Other PG learners on a voluntary basis.

Learners may volunteer to help in redeployment activities with consent of the university program/fellowship director and relevant hospital authorities.

5. Authority and Approval

While it is understood that hospital administration may redeploy any and all providers working in the institution to address urgent needs at their sole discretion, it is expected that the following consultations and collaborative decision-making will occur.



For levels a,b,c above, the site rotation coordinator(s) and/or clinical chief(s) **must** be consulted prior to the decision. The home university program director **must** be informed ASAP.

For level d, the rotation coordinator(s) and/or service chief(s) **must** be consulted and the home university program director should be consulted prior to the decision being made.

For level e, the home program director and the relevant Vice Dean Education **must** be involved in the decision.

6. Resolution of Conflict

The relevant hospital CEOs hold ultimate authority over redeployment decisions within hospitals; the Dean, Faculty of Medicine and relevant CEOs over redeployment between institutions. Conflicts related to redeployment should be brought ASAP to the relevant University Department Chair and Vice Dean and Hospital Chief Medical Officer and Vice President Education, who will collectively pursue a resolution.

Please note that a fellow or resident's participation in service **unrelated** to one's current training program is not mandatory. Section 77.7 (4) of the Health Protection and Promotion Act states that no health care professional can be compelled to provide services without consent. If a resident or fellow chooses not to participate in a redeployment assignment, and takes the time off during the pandemic period (other than sick or scheduled leave), he/she should be made aware that the absences may not count towards the credentialing of their education program, unless approved in advance.

If you have any questions regarding the above, please contact:
PGME.Redeployment@utoronto.ca