

## Postgraduate Medical Education Advisory Committee (PGMEAC)

### SPECIAL MEETING

Thursday, January 6, 2022

12:00 – 1:30 pm

Via Zoom

## MINUTES

### Attendees:

Adelle Atkinson, Mary Bell, Stacey Bernstein, Andrea Bezjak, Paolo Campisi, Savannah Clancey, Susan Done, Michele Farrugia, Rachel Fleming, Meredith Giuliani (**chair**), Jeannette Goguen, Karl Iglar, Jacqueline James, Arno Kumagai, Mojgan Hodaie, Stu Murdoch, Victoria Reedman, Giovanna Sirianni, Adrienne Tan, Eric You-Ten, Caroline Abrahams, Natali Chin, Lindsey Fechtig, Alison Freeland, Charlie Guiang, Anne Matlow, Maureen Morris, Laura Leigh Murgaski, Linda Probyn, Shannon Spencer, Lisa St. Amant, Paolo Campisi, Risa Freeman, Arno Kumagai, Athsham Niazi, Linda Probyn, May Tsao, George Yousef, Janet Bodley, Anne Davies (*for Dr. Lawrence Erlick*), Juliet D'Souza, Rob Gardin, Melissa Kennedy Hynes, Tony Pignatiello (*for Dr. Patricia Houston*), Violetta Sochka, Michelle Kassis, Ari Zaretsky

**Recorder:** Andrew McLeod (*for Charlene Sturge*)

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### 1. Welcome

The special meeting of the PGMEAC was called to order at 12:02 pm. The chair welcomed everyone and acknowledged the effort made by all in attendance to gather on short notice.

### 2. Context setting

A process for redeployment was established early on in the pandemic that involved the identification of residents for block-based redeployment. The needs of this current wave are driven more by absences of staffing and less by expansion of patient volumes at the current time. Prior to the Christmas break, Program Directors were asked to identify 2-week deployment blocks for Block 8 (January 17 - February 13, 2022) rather than a full 4-week assignment. Based on recent discussions, 2-week deployments may not be the only need; there is an increase in shorter and episodic need for backup in various services. Given all the differences with this latest wave, it was decided that now was a good time to revisit the redeployment principles and engage the PGMEAC group to revise the process.

### 3. Medical Resident Redeployment Program (MRRP)

M. Morris provided a brief overview of the Medical Resident Redeployment Program. Key points included:

- MRRP is a voluntary program established by MOH in Spring 2021 to allow residents to contribute to the pandemic response outside of their residency program for extra pay. Program has been extended to March 31, 2022.
- MRRP allows residents without a restricted registration license to be redeployed under appropriate and applicable supervision within a hospital setting in support of the hospital's

COVID-19 response, over and above the existing duties of the resident's residency program.

- All work undertaken by residents under MRRP must be arranged at the hospital level who will employ/contract residents for these services.
- Residents redeployed under MRRP are paid \$50/hour (note normal salary deductions apply)
- Work done under MRRP is not counted towards residency, does not count towards establishing PARO maximum call frequency and is not evaluable.
- Feedback from the meeting was this program was likely underutilized in 2021 and advocacy and awareness were needed at the current time.

The Restricted Registration Program (RRP) was also reviewed to clarify the difference between the two programs. Key points included:

- Restricted Registration is a certificate issued by the CPSO allowing senior residents with a postgraduate license to practice under supervision, outside of their residency training requirements, for remuneration.
- Residents must apply to the RRP and then to CPSO to obtain an Restricted Registration Certificate to allow them to provide clinical service for pay outside of their training program
- Eligibility, application process and approval process: <https://restrictedregistrationontario.ca/>
- All work undertaken by residents under RRP must be arranged at the hospital level who will employ/contract residents for these services.
- The Ministry of Health will pay \$125 per hour for RR shifts to cover COVID related activity. Remuneration payment terms are determined directly between the resident and the hospital/healthcare site.

#### **4. Childcare / family status accommodations**

Dr. Tony Pignatiello, Associate Dean Learner Affairs, confirmed that the Office of Learner Affairs is available to assist learners on matters of childcare/family status accommodations. The Office is compiling a resource document on how to access resources. Any learners requiring resource information or accommodation, including mask fit exceptions, can be directed to the Office of Learner Affairs via email: [ola.reception@utoronto.ca](mailto:ola.reception@utoronto.ca).

#### **5. N95 mask fit testing**

PGME can track mask fit testing through registration. The majority of residents have valid mask fit testing. There is a small number of residents that have provided PGME with evidence of a fit test; PGME is following up with those residents. There is a small number of residents with mask fit exceptions. A communication will be sent to PDs about residents with exceptions for awareness and so they can work with those individuals around their clinical activities and to ensure appropriate planning is in place.

PGME is trying to ascertain if there any residents who do not have access to N95 PPEs. PGME will contact all PDs to determine if any individuals are affected by this issue.

S. Bernstein reported that the MD Program has been working on procurement of N95s for Clerks and is happy to assist at the Postgraduate level on process.

It was noted that the 3M 1870 is the Ontario sourced N95 mask, which fits about 80% of people when fit tested. Many hospitals are moving towards having these available; they are reportedly more comfortable and can be worn longer. The OMA confirmed yesterday that requirement for mask fit

testing has been removed for the 3M N95 1870+ but not for other models.

## 6. Review of Redeployment Principles

The Resident Redeployment Process (March 2020 – June 2021) briefing note was pre-circulated and the section on Framework for Redeployment Decisions was reviewed at the meeting.

The following order for redeployment is outlined in the briefing note and remains the preferred decision order for redeployment:

- a) Learners remain where they are currently rotating (including any related call regardless of site).
- b) Learners on non-clinical experiences are called back into clinical service.
- c) 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. For example, 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. Example: A General Surgery resident who is on Plastic Surgery being called to provide call in the ICU.
- e) 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) Learners may volunteer to help in redeployment activities with consent of the university program/fellowship director and relevant hospital authorities.

The majority of the meeting discussion centred around redeployment issues and implementation. The key discussion points included:

- Call coverage is a persistent and growing issue for many Programs and Hospital sites with the Omicron variant.
- MRRP has been complex and very confusing for residents.
- There has been much variation across the province with the use and interpretation of MRRP.
- There is a need to ensure consistency between Hospitals and Sites; this will help to ensure a fair and transparent process.
- Resident participation in the MRRP must be volunteer based. Q&A resources are available on the [PARO website](#).
- Residents feel the use of MRRP has been underutilized and inequitable; they are feeling burnt out and undercompensated for the work they are doing.
- It was agreed that communication and involvement of residents should be a top priority. However, it was acknowledged this is very difficult to do given rapidly changing circumstances.
- The issue of MRRP hospital eligibility was raised and whether Community Hospitals are eligible. It was confirmed that the program targets 51 hospitals across Ontario and does not differentiate type of hospital.
- A. Zaretsky suggested that given the current context, perhaps a week-by-week availability list of local hospital residents that can be re-deployed and then a second tier of residents that can be re-deployed to another hospital is needed. In both cases, the Program Directors would be responsible to inform the VP Eds of each hospital of the availability list.
- Victoria Reedman (PARO rep) provided the following suggestions on how to better support

residents:

1. Ask residents for their consent before making any redeployment decisions about them or before adding back up calls.
2. When residents are activated or redeployed, check in on them in terms of their wellness. Consider offering future vacation days to be used at some point in the year when the cases are not so high and the hospitals not so overwhelmed. Do everything to use the MRRP to compensate them and communicate this to them at every opportunity.
3. Reach out to attendings to cover increased service needs.
4. Signs of appreciation are really important. Funding to cover food/coffee/etc. would be appreciated. Centrally offering everyone personal days. Recognizing the toll this has taken on them and thanking them.

**ACTION:** A. Zaretsky (TAHSNe co-chair) will take MRRP forward to the TAHSNe group for further discussion. An urgent meeting of the TAHSNe will be called January 7 2022 to discuss MRRP and redeployment recommendations.

### **7. Weekly meeting representation**

The Chair confirmed that weekly PGMEAC Redeployment Huddles will be arranged and anyone in attendance is invited to join. A follow up email with weekly meeting dates and times will be circulated.