



POSTGRADUATE MEDICAL EDUCATION UPDATE Week of January 22nd, 2021

1. Vaccination Update:

- Until this week when supply began to decrease the London area was receiving ~ 5000 doses/week (about 40% of those doses are deployed to Southwest Public Health, and Huron-Perth, with ~ 3000 available for LHSC)
- Pfizer vaccine supply has been temporarily delayed across Canada (the world actually) as Pfizer expands their manufacturing facility/capability – this will decrease by ~ 50% the doses that Canada receives per week over the next several weeks.
- How many people need to be vaccinated in our area? – LongTermCare staff/residents: (~ 12,000 → 24,000 doses) and LHSC has ~ 15,000 staff (→ 30,000 doses) (so.....lots).
- LHSC Agriplex has vaccinated ~ 250 postgraduate learners with their first dose – so with close to a thousand PG residents and fellow the majority have not yet received a first dose.

Second doses for those who have received their first is being delayed to between 21 to 42 days, this is per MOH. The priority remains to complete the LongTermCare staff and residents, our Priority 1 group (ICU, Medicine and Emergency) followed by Priority 2, etc.

A PGME Newsletter was sent to residents and fellows on Monday the 18th with updated information regarding vaccination.

2. Life and Limb:

The Regional Alert for Life and Limb was lifted on January 21st. Note: the change to OneNumber/Life and Limb as of Jan. 26th includes that:

- **All Services will maintain or institute an MRP to MRP conversation to review One Number calls and accept any transfers from the region.**
- **Note: *This should not be delegated to fellows or residents at any level of training. Given the constraints on inpatient capacity this level of decision maker is being involved. It is recognized this is a change for some services so the implementation for this recommendation is Tuesday Jan 26th at 0800 to enable those services that rely on residents or fellows to receive call to transition their current process.***
- This will be implemented on January 26th, and for some Departments/Programs will mean a change in practice, as well as notification of faculty regarding their role. In addition switchboard will be required to change the call list.
- The complete notice is appended.

3. COFM Update:

- 'Principles of Resident Service during a Pandemic' approved at COFM on Jan. 21st 2021, and appended for information.

4. CPSO and MCC Part II update:

- CPSO is considering a temporary change to licensure for individuals who have completed certification (passed CFPC or Royal College training and examinations) but have not had the opportunity to take the MCC Part II examination. In Ontario this is currently ~ 650 physicians who are practicing with the temporary 'covid' license that requires minimal supervision but completion of MCC II in order to have independent licensure. The cancellation in examinations over the fall, and the ongoing delay is estimated to affect an additional 1500 residents by July.
- The proposal is to provide an exemption for MCC II for these physicians. (This is similar to a policy that Nova Scotia recently adopted). The Ontario Postgraduate Deans uniformly endorse this, and will be providing a letter to CPSO in support. Council meeting is scheduled for March 3rd – 4th.
- There have been no further updates from MCC re: scheduling or exam dates at this time.

5. Safe Ride Home – this LHSC initiative will provide a ride home (Chequer cab or Voyago) to residents or fellows who are fatigued after an overnight shift and worried about safe driving. This will be implemented the week of February 8th (which is Resident Awareness Week).

LHSC NOTICE re: Life/Limb and One Number

On November 16, 2020 LHSC instituted a Regional Alert with closure to the acceptance of all patients except those who are life or limb to address LHSC's outbreak situation.

Based on analysis of the One Number calls that compared the regional referral activity between November 16 2020 to January 8 2021 to the previous year, it was recommended by the Pandemic Clinical Operations group and decided by the Pandemic Response Committee (PRC) that the Regional Alert be lifted today Jan 21st to ensure LHSC is able to continue to support the needs of our patients within our region.

To support this decision, the following recommendations were also approved by PRC:

- The One Number calls will be reviewed weekly by Access and Flow for the next eight weeks to determine if there is an upward trend in the number of Critically Ill, Emergent, Urgent or Non-Urgent referrals who require transfer to LHSC within the region.
- **All Services will maintain or institute an MRP to MRP conversation to review One Number calls and accept any transfers from the region.**
 - **Note:** *This should not be delegated to fellows or residents at any level of training. Given the constraints on inpatient capacity this level of decision maker is being involved. It is recognized this is a change for some services so the implementation for this recommendation is Tuesday Jan 26th at 0800 to enable those services that rely on residents or fellows to receive call to transition their current process.*
- Receiving MRP will work with Access and Flow regarding capacity within LHSC for the acceptance of patients
- Physician Leaders (Chair Chiefs or Division / Site Chiefs) will be contacted by the MRP if there is any concern or issue regarding accepting the transfer (e.g., bed availability)

The clinical operations group recommendations were supported by a number of medical leaders as members of Clinical Operations (Dr. Christie MacDonald, Dr. Jim Calvin, Dr. Emil Schemitsch, Dr. Chandlee Dickey, Dr. Ram Singh, Dr. Wael Haddara and Dr. Lois Champion). Everyone recognizes the shift to all conversations being MRP to MRP will represent a change in process and workload for some of our services but given our current situation thought it was the best way forward.

Principles of Resident Service during a Pandemic

Approved by COFM PG Deans January 21st 2021

Residents have remained present in most learning environments throughout this pandemic, albeit with altered roles and assignments. Accordingly, a 'principles of engagement' document, rather than a 'return scorecard' is recommended to support ongoing and appropriate integration of resident service and education. Residents, as employees of the hospitals, they are training under the PARO/CAHO contract, licensed professionals, registered learners, and are thereby unique from other learners in the system. The nature of the residents' status influences the role they play during the pandemic.

- Attention must be paid to the balance between service and education. While there will be times when service needs predominate, every effort should be made to preserve educational value and mitigate negative impacts on education for any individual resident over time.
- The education of trainees must be balanced with respect for provincial pandemic measures, the maintenance of PPE supply in hospitals, and the risk of exposure of trainees. These factors should not have a negative impact on training or extend training. Efforts should be made to offer alternative learning opportunities or environments to preserve academic integrity.
- Residents must be provided with appropriate PPE at all times as determined by local procedures. Regardless of how stable the PPE supply is or seems to be at hospital clinical training sites, efforts to avoid unnecessary PPE usage must continue.
- It is appropriate for Junior and Senior residents to continue in all learning environments during COVID-19. Efforts should be made to minimize the number of trainees participating in the care of patients testing positive for Covid-19 or who are suspected to be positive in order to preserve PPE and manage risk.
- The MRP continues to have the ultimate responsibility to decide which trainees are in the learning environment.
- When necessary to minimize risk or preserve PPE, access to specific opportunities for trainees should be limited and guided by the level of case complexity relative to stage of training.
- PGME offices to liaise with Occupational Health and hospital leadership at each teaching site for creating a process to ensure appropriate training in Infection prevention and control, specifically indications for PPE, and appropriate donning and doffing procedures.
- Each institution should have redeployment principles, developed in collaboration with hospitals/training sites that are transparent and fair. Principles of accommodation specifically address the concerns presented by COVID-19 .

