

## 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. Health Protection and Promotion Act can be found [here](#).

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 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 postgraduate 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 PGME and Vice Dean Medical 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 required 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 for flexibility at the discretion of the program director or site supervisor regarding individual absences due to health emergency (personal illness or family care). In all cases, absences should be documented by the program directors.

#### 2. Activities while on redeployment

The roles and performance 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
- and ideally, a completed 5-point scale used to evaluate those activities.

The form should be signed and forwarded to the learner's Program Director at the end of the service. Redeployment decisions made by hospital administration may need to take into consideration of the resident's seniority/level of training and any special expertise.

### 3. Eligibility for redeployment

Any PG learner may be redeployed as per these principles. It is expected that redeployment by a hospital administration will apply to those PG learners assigned to the relevant sites 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 adhere to requirements for their service put in place by the institution they rotate to. The University reserves the right to eliminate or otherwise alter rotation changes (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:

1. Learners can **remain where they currently are** rotating.

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:**

- 1) **Learners currently on rotation in their home specialty** should be redeployed first. Examples: Emergency Medicine residents on EM rotations participating in screening units, Medicine residents on CTU rotations redeployed to cover alternative wards, Pediatric residents on clinic rotations redeployed to flu clinics).
  - 2) Learners currently **on rotation in a specialty other than their own**, 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.
2. Learners on **non-clinical experiences** should be 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.
  3. 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.

4. 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. Example: A General Surgery resident who is on Plastic Surgery being called to provide call in the ICU.

5. 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.

6. 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 administrative may redeploy any and all providers on service at the institution to address urgent needs, it is expected that the following consultations and collaborative decision-making will occur.

For levels 1-3 above, the rotation coordinator and/or service chief **must** be consulted prior to the decision. The home university program director **should** be informed ASAP.

For level 4, the rotation coordinator and/or service chief must be consulted and the home university program director should be consulted prior to the decision being made.

For level 5, the home program director and the relevant Vice Dean Education **must** be involved in the decision.

## 6. Resolution of Conflict

Resolution of conflicts related to redeployment should be brought to the relevant University Department Chair, University Vice Dean, and Hospital Chief Medical Officer and Vice Dean Medical Education.

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.

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