



POSTGRADUATE MEDICAL EDUCATION

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

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### **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](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 School of Medicine at Queen's University supports the principle that all registered postgraduate (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. The Chief of Staff, Vice-President Medical Affairs, or their counterparts at our affiliated hospitals will advise the Faculty of the relevant measures taken involving PG learners through the Associate Dean, Postgraduate 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 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**

#### **A. 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 documented by the program directors.

## B. Activities while on redeployment

The roles and performance of redeployed PG learners should be recorded and evaluated as separate from their regularly assigned rotation and activities. 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 a completed assessment of those activities. The form should be signed and forwarded to the learner's Program Director at the end of the service. *A sample assessment form will be circulated shortly.* 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.

## C. 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 arose. 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.

## D. 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:**

- **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).

- 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.

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.

## **E. Authority and Approval**

While it is understood that hospital administration 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 1-2 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 3, 4 and 5, the rotation coordinator and/or service chief, Program Director and Associate Dean, Postgraduate Medical Education, must be consulted prior to the decision being made.

#### **F. Resolution of Conflict**

Resolution of conflicts related to redeployment should be brought to the relevant University Department Chair, University Associate Dean (PGME), and Hospital Chief of Staff and Vice President Medical Affairs.

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.

Sincerely,

A handwritten signature in black ink, appearing to read "G. Ross Walker". The signature is fluid and cursive, with a long horizontal stroke at the end.

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Associate Dean, Postgraduate Medical Education