MEMORIAL UNIVERSITY

Faculty of Medicine

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

Overview

This document was adapted from the University of Toronto's document entitled "Principles for Redeployment of Residents and Fellows in Times of Exceptional Health System Need".

Newfoundland and Labrador'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 Newfoundlanders and Labradorians as outlined in Section 33.(3) of the *Public Health Protection and Promotion Act*.

Under exceptional circumstances of clinical need as identified by the Minister of Health and Community Services and the Chief Medical Officer of Health, many health care professionals may be redeployed to services in need such as hospital emergency rooms, intensive care units (ICUs), triage facilities, or to responsive facilities such as vaccination units and assessment clinics. The Postgraduate Medical Education (PGME) Committee has endorsed the principle that all residents in the Faculty of Medicine (FoM) are subject to these redeployment measures by virtue of their status in the hospitals.

Redeployment under such circumstances is the jurisdiction of the Regional Health Authorities (RHAs), who are charged with providing care to the population. The Vice President (VP), Medical Services, of the Regional Health Authorities will consult with and advise the FoM of the relevant measures being taken involving residents through the Associate Dean, PGME.

Residents are licensed professionals of the College of Physicians and Surgeons of Newfoundland and Labrador and 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. Residents, 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.

Scope

All residency programs in the FoM at Memorial University of Newfoundland (Memorial).

Approved by the PGME Committee

April 2, 2020

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

Principles

1.0 Duration

1.1 Redeployment will be for as short a period of time as necessary to address the acute need. Redeployment will respect the employment provisions of the Professional Association of Residents of Newfoundland and Labrador (PARNL) contract and allow flexibility at the discretion of the Program Director and Chief of Service 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 resident's Program Director.

2.0 Activities while on deployment

2.1 The roles of redeployed residents should be recorded as separate from their regularly assigned rotation/training experience and activities. **Ideally, the performance of a resident completing activities during a redeployment will be assessed.**

2.2 Although impossible to guarantee at the outset of a redeployment, residents 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; therefore, a formal record must be made of the service provided for all redeployed residents. This record will include, at a minimum, the name of a primary supervisor, time period, a description of activities performed and if at all possible, an assessment of the resident's performance during the service.

2.2.1 If possible, consideration should be made to providing the resident with an assessment of their performance as per the methods of assessment utilized by the resident's home specialty. The assessment should be signed and forwarded to the resident's Program Director/designate at the end of the service.

2.3 Redeployment decisions made by the VP, Medical Services, of the RHAs in consultation with the Program Directors and Associate Dean, PGME, should take

Approved by the PGME Committee
April 2, 2020

into consideration the resident's seniority/level of training and any special expertise the resident may have (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).

2.4 Redeployment decisions must take into consideration any *resident accommodations* that have been previously approved by the Associate Dean, PGME.

3.0 Eligibility for redeployment

3.1 Any resident may be redeployed as per the principles outlined in this document. It is expected that redeployment by the RHAs will apply to those residents assigned to the particular RHA site(s) at the time the need arises as per the framework outlined in **Section 4.0**. Unless otherwise directed by the PGME office, non-hospital rotations/training experiences will occur as scheduled and residents will be expected to provide service as required by the site.

3.2 The PGME office reserves the right to suspend or otherwise alter rotation/training experience changeovers (including date, duration and specific assignments of individuals or groups) in consultation with the VP, Medical Services of the RHAs.

4.0 Framework for redeployment decisions

4.1 The **following order for redeployment is preferred**:

4.1.1 **Residents remain at the site where they are currently rotating** (including any related call regardless of site).

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

4.1.2.1 Residents currently completing a rotation/training experience in their home specialty should be redeployed first. Examples: Emergency Medicine residents on Emergency Medicine rotations/training experiences participating in screening units operated by the Emergency Department; Medicine residents on Clinical Teaching Unit (CTU) rotations redeployed to cover alternative wards; Pediatric residents on clinic rotations redeployed to flu clinics.

4.1.2.2 Learners currently completing a rotation/training experience in a specialty other than their own, which is being called upon to provide care. Consultation with their home residency Program Director is required to ensure they are not needed elsewhere. Example: Surgery residents doing an Emergency Medicine rotation/training experience being redeployed to an evening vaccination clinic operated by the Emergency Department.

4.1.3 Residents completing non-clinical experiences are called back into clinical service.

4.1.3.1 Learners who are on research rotations/training experiences or on non-call service within the affected RHA site(s) can be called back to take call or engage in clinical activities.

4.1.4 Residents need to be called back to home specialty.

4.1.4.1 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/training experience being asked to redeploy to the Emergency Department to cover absences.

4.1.5 Residents need to be 'loaned' to other services.

4.1.5.1 Residents 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 specialty and their current service. This decision will be made by the VP, Medical Services of the RHA after due consideration of clinical needs and the competency profile of resident groups and in consultation with the applicable Program Directors and Associate Dean, PGME. Example: A General Surgery resident who is on Plastic Surgery being called to provide call in the ICU.

4.1.6 Residents need to be sent to another facility.

4.1.6.1 Learners may need to be redeployed to help address surge or other extraordinary circumstances across other *regular teaching sites* in an affected RHA. Ideally, this would only be done within the specialty and residents would stay in the community where they are on service (e.g. St. John's). Example: Anesthesia 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.

4.1.7 Other Residents on a voluntary basis.

4.1.7.1 Residents may volunteer to help in redeployment activities with the consent of the Program Director, Associate Dean, PGME, and the VP, Medical Services of the RHA.

5.0 Authority and Approval

5.1 While it is understood that VP, Medical Services of the RHA may redeploy any and all providers working in the affected RHA site(s) to address urgent needs at their sole discretion, it is expected that consultations and collaborative decision-making will occur with FoM educational leadership including the applicable Program Directors, Associate Dean, PGME, and when appropriate, the applicable Disciple Chairs.

6.0 Resolution of Conflict

6.1 Conflicts related to redeployment should be brought immediately to the relevant Dean of Medicine/Vice Dean of Medicine and the RHA CEO, who will collectively pursue a resolution.

6.2 Please note that a resident's participation in service unrelated to one's current training program is not mandatory. If a resident chooses not to participate in a redeployment assignment and takes the time off during the pandemic period (other than sick or scheduled leave), they should be made aware that the absences may not count towards the credentialing of their education program, unless approved in advance.