



TEMERTY FACULTY OF MEDICINE UNIVERSITY OF TORONTO

TERMS OF REFERENCE

PGME Learner Emergency Redeployment Sub-Committee (HUEC)

Authority:

The PGME Learner Emergency Redeployment Sub-Committee is advisory to HUEC with respect to resident and fellow redeployment in emergency situations such as pandemics.

Mandate:

To respond to emergency situations resulting in HHR crisis requiring possible **redeployment** with this group focused on resident/fellows (after referred to as '**LEARNERS**')

Redeployment Principles:

- Effort should be made in learner redeployment to reduce overall disruption to the learner's training and life.
- Wherever possible voluntary redeployment will occur before non-voluntary.
- Redeployment activities with payment (such as provincial payment programs eg MRRP) should be considered before mandatory un-paid redeployment.
- Efforts will be made to organize and plan learner redeployment with both learners, and relevant learner representatives and leaders (eg PARO) in order to preserve learner wellness and honour learner personal choice, whenever possible.
- Redeployment activities should be of the shortest-term possible with a view to minimizing impact to educational progress/training and wellbeing.
- Learner redeployment should occur in hospital sites within the GTA with the most objective need to ensure patient safety and health care system continuity.
- Learner redeployment should only involve those with sufficient experience and training, with appropriate preparation to competently perform the clinical work in such a manner that they maintain personal safety and patient safety. In general, competency will be assessed by the Postgraduate Site Director or Program Director.
 - [Professional Responsibilities in Medical Education](#)
- Residency Program Director or delegate (for residents), or Fellowship Director or supervisor (for fellows) must approve the redeployment (voluntary or not) of an individual learner.
- Every effort should be made in learner redeployment to avert the risks of failure to progress in training as well as extension of training due to disruption or loss of core training.
 - Competencies achieved while redeployed will be considered as applicable and transferrable for rotations where those competencies are relevant
- Learner redeployment should be considered in tandem and coordination with other Health Human Resources (HHR) strategies including utilization of restricted registration residents and faculty redeployment.
- Efforts should be made to ensure learners remain at their current site before considering redeployment to a new site. See Appendix 1.

Membership:

- Associate Dean, PGME (*co-Chair*)
- TASHNe Lead (*co-Chair*)
- Vice Chair Education, Department of Medicine
- Program Director, Critical Care Medicine
- Program Director, Anesthesia
- PARO Representatives x2
- Chair, Fellowship Education Advisory Committee
- Clinical Fellow Representatives x2 (one Canadian and one international fellow)
- Vice Chair Education, DFCM
- TAHSNe reps from full affiliate (2), associate affiliate and community affiliate sites
- Others TBC

Guests may be invited to present and contribute to committee discussions, at the direction of the co-Chairs.

Administration: Administrative support is provided by the Executive Assistant to the Associate Dean, PGME.

Schedule: The committee meets on an ad-hoc basis at the call of the co-Chairs.

DEFINITIONS:

Learner = residents and/or fellows

Appendix 1 - Steps for Non-Voluntary Redeployment (March 2020 BN):

A. Learners remain where they are currently rotating (including any related call regardless of site).

- o 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:
 - a. Learners currently on rotation in their home specialty should be redeployed first. Examples: Emergency Medicine residents on EM rotations participating in screening units operated by the ED, Medicine residents on CTU rotations redeployed to cover alternative wards, Pediatric residents on clinic rotations redeployed to flu clinics).
 - b. 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.

B. Learners on non-clinical experiences are called back into clinical service.

- o 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.

C. Learners need to be called back to 'home' rotation.

- o 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 assist other services.

- o 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. This decision will be made by hospital leadership (Senior executive team in most cases led by the CMO) after due consideration of clinical needs and competency profile of learner groups and in consultation with education leads (rotation coordinators, university program directors). Example: A General Surgery resident who is on Plastic Surgery being called to provide call in the ICU.

E. Learners going to another facility.

- o 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. Other PG learners on a voluntary basis.

- o Learners may volunteer to help in redeployment activities with consent of the university program/fellowship director and relevant hospital authorities.