



<b>Policy Name</b>	<b>Principles of Redeployment of Residents and Fellows in Times of Exceptional Health System Need</b>
<b>Application/Scope</b>	<b>All Post Graduate Medical Education Programs</b>
<b>Approved (Date)</b>	March 20, 2020
<b>Review Date</b>	Two (2) years from approved date
<b>Revised (Date)</b>	March 26, 2020
<b>Approved By</b>	Dean, Max Rady College of Medicine

**1. Principles of Redeployment of Residents, Subspecialty Residents, Fellows and Internationally Visa Sponsored Trainees in Times of Exceptional Health System Need**

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. These services include but are not limited to hospital emergency rooms, ICUs, wards, triage facilities and assessment clinics. The Postgraduate Medical Education Executive Committee are supportive that all registered postgraduate medical education learners including residents, subspecialty residents, fellows and internationally visa sponsored trainees are subject to redeployment measures by virtue of their status in the health system.

**2. Redeployment**

Redeployment will be for the period of time necessary to address the acute need and will respect the employment provisions of the PARIM contract. There will be flexibility at the discretion of the Home Program Director, Site Director or Service Chief regarding individual absences due to the health emergency (personal illness or family illness). In all cases absences should be documented by the program.

**3. Activities While on Redeployment**

The roles and performance of redeployed postgraduate medical education learners will be recorded and evaluated separately from regularly assigned rotation activities. Postgraduate medical education learners should not be required to extend their training program as a result of redeployment for short periods. For longer durations consultation may be required with the Program Director(s), Medical Regulatory Authorities, and the CPGME office on whether there will be any impact to training time. Redeployment decisions need to take into consideration the resident’s seniority, level/stage of training and any special expertise ensuring the overall team’s ability to cope with the increased workload.

#### **4. Eligibility for Redeployment**

The principles of resident redeployment include patient safety, resident safety and resident supervision. Any postgraduate medical education learner may be redeployed as per these principles in the following order:

- A. Learners remain in their current rotation
  - a. Learners can be called upon to provide care in a manner of volume not normally encountered in their current rotation. Learners on rotation in their Home Program should be redeployed before learners on an off service program.
- B. Learners on non-clinical experiences
  - a. Learners on research months or on non-call service could be called back into clinical service.
- C. Learners need to be called back to their home rotation.
  - a. Learners on an off service rotation can be called back to provide care in their Home Program. E.g. Emergency Medicine resident on Psychiatry rotation can be asked to return to Emergency Medicine to cover absences.
- D. Learners need to be directed to other program/services
  - a. Learners who have the required competencies can be asked to shift their work to another service from their Home Program or current service. E.g. General Surgery resident who is on plastics being called to provide call in ICU.
- E. Learners need to be sent to another facility
  - a. Learners may need to be redeployed to other facilities in the health system to address extraordinary circumstances.
- F. Other postgraduate learners on a voluntary basis
  - a. Learners may volunteer to help in redeployment activities with consent of the University/Home Residency Program Director.

Certain clinical units, by the very nature of their acute patient care activities will have a more urgent requirement for resident/fellow redeployment in order to maintain safe patient care. Examples of such rotations include but are not limited to Critical Care, Emergency and Trauma. The overall redeployment plan and decisions for priority redeployment of the residents/fellows will be made by the Dean, Max Rady College of Medicine and the Chief Medical Officer, Shared Health.

#### **5. Authority and Approval**

While it is understood hospital administration may redeploy any and all providers on service at the institution to address urgent needs, it is expected the service chief/chief resident is consulted prior to the decision being made and the Home Residency Program Director is advised as soon as possible. The Home Residency Program Director needs to inform the Associate Dean, Postgraduate Medical Education as soon as possible.

#### **6. Resolution of Conflict**

Resolution of conflicts related to redeployment should be brought to the Home Residency Program Director, Department Head, Associate Dean, Postgraduate Medical Education and the Chief Medical Officer, Shared Health Manitoba.