



McGill

Faculty of
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McGill PGME Redeployment Measures

Exceptional times call for exceptional measures for residents working to care for our province's patients and support our health care system

In the context of the current COVID-19 pandemic, the Postgraduate Medical Education Office in collaboration with residency program directors, the Directors of Professional Services (DPS) and/or educational directors of each of our university-affiliated hospitals, will redeploy residents to services in urgent need. Those include emergency rooms, inpatient wards, ICUs, consultation services, and other services such as triage, testing, or potential vaccination units. This is being done to ensure that our health care system responds to an increase in the health care needs of Quebec's population in the face of the current outbreak of COVID-19.

Residents are licenced professional physicians with a duty to the public and must act in the public's best interests in times of urgent need.

Guiding principles of resident redeployment:

- Redeployment should not compromise patient care.
- Redeployment should not compromise resident wellness and wellbeing.
- Redeployment should occur in work environments free of intimidation and harassment.
- Redeployment should be for as short a period of time as is required to address services in urgent need.
- Redeployment should be undertaken in an organized and preplanned fashion – official communication regarding redeployment assignments must be communicated to residents from their program office 24 to 48 hours before redeployment. Site directors and/or rotation directors and/or supervisors (of where residents are rotating currently and of where residents are to be redeployed) must be informed within these same time frames.
 - Ideally, residents should acknowledge and accept in writing (email) their redeployment assignment.
- Redeployment should be undertaken in a collaborative fashion when dealing with off-service residents. Program directors hosting rotations for off-service residents must communicate with the program director of those residents to inform them that they can no longer supervise off-service residents. Ideally there should be a 24–48-hour time period to allow program directors to reorganize rotations for their residents.

- For example, radiology may have excess capacity due to a decrease in work volume and not enough clinical volume to train their own residents and therefore might decide to send back residents from other specialities (psychiatry, ophthalmology, etc.).
- Redeployment of residents should only be undertaken to services in urgent need in the context of our provincial health care system's response to the current COVID-19 pandemic. For example,
 - An internal medicine resident on a rheumatology elective might be reassigned to ICU or ER or other urgent services such as triage, testing, or potential vaccination units.
 - A first-year psychiatry resident might be reassigned to medical rotations such as emergency medicine or ER or other urgent services such as triage, testing, or potential vaccination units.
 - An anesthesia resident completing an elective might be reassigned to ICU or triage, testing, or potential vaccination units.
- Redeployment must be organized between the hospital administration (DPS and or educational directors of each of hospital (in consultation with department chiefs)) and PGME program directors.
- In the context of a pandemic, redeployment is mandatory for all residents as physicians (faculty and residents) are considered essential workers. There are some exceptions to this rule such as residents on academic or professionalism probation, on accommodation, with particular health related issues, etc. Program directors can contact the RRH if they have any questions.
- Ideally trainees should be redeployed to clinical settings that are reasonably suited to their level of training and speciality; however, but this might not be possible depending on work force needs. Moreover, redeployment can fall outside of the expected training requirements of a given speciality.
 - For example, psychiatry or anatomical pathology residents might be redeployed to COVID wards but should get suitable orientation and supervision (from faculty or another resident) and should ideally start redeployment on day shifts to get acquainted with clinical work to ensure safe patient care.
- Redeployment does not waive or diminish the continued responsibility of faculty to ensure timely resident supervision, teaching, and assessment. Program offices need to ensure that clinical activities associated with redeployment are duly assessed (using appropriate ITERS) and documented following PGME assessment guidelines. For example,
 - Redeployed residents in CBME-based programs should be able to ask faculty to complete EPAs when appropriate and feasible.
 - Redeployment assignments have specific goals and objectives and an assessment form that are uploaded on one45.
 - Residents are responsible for sending their main supervisor a redeployment assignment assessment form via one45 (self-send via TO DOs).
- Redeployment can entail changes to clinical rotations and/or training sites or both depending on urgent clinical need and workforce shortage.

- For example, an internal medicine resident on an elective rotation at the MUHC might be reassigned to ER or ICU at the MUHC or the JGH or SMH.
 - The program office, in consultation with the hospital and department, can eliminate a rotation or change a rotation to ensure that urgent needs are met.
- Clinical directors reserve the right to refuse deployed residents if they feel those residents might not have the adequate competences to safely treat the patients under their care.
- Redeployment can entail residents being required to stop a research rotation and engage in clinical work in services of urgent need.
 - For example, a resident on a six-month research elective can be called in to cover services in the ER, inpatient medical ward, ICU or triage, testing, or potential vaccination units.
- Redeployment is a necessary and exceptional measure – if disagreements regarding redeployment measures arise, the residency program office should consult with the PGME office.
- Redeployment measures cannot be forced on residents on scheduled leave (personal leave, sick leave, vacation, or study leave).
- Redeployment assignments are considered the resident's rotation; as such, absences must be documented, and the 75% rule of attendance must be respected.
- Redeployment can be refused by a resident, but in such a case the resident's absence might prolong their training and will not be counted towards their training.
- Redeployment measures must respect FMRQ contracts regarding the maximum number of work hours per day and maximum number of calls for a given period of time.
- Redeployment measures must respect residents on accommodation protocols from the office of student disabilities.