

General Principles for the Reassignment of Residents in Times of Exceptional Health System Need

Questions on this document or to arrange consultation on potential re-assignment should be directed to:

Dr. Robert Anderson, Associate Dean, PGME – adpge@nosm.ca and Jennifer Fawcett, Senior Director, PGME – jfawcett@nosm.ca

Background

Residents are a critical resource in addressing public health emergencies, which are not limited to infectious disease outbreaks, but can also result from natural disasters, accidents and conflict. With dual roles as healthcare providers and as trainees, residents are uniquely situated to participate in emergency preparedness and the mobilization of the response.

Residents in Ontario provide service under the auspices of a Collective Agreement between PARO and CAHO. The Agreement sets parameters around duties, renumeration, leave, work hours, and other conditions of employment. Though PARO may not strictly enforce the Agreement during a public health emergency, individual residents should not be compelled to work to the detriment of patient or personal safety.

General Principles for NOSM Residents

- 1. All residents must be provided with personal protective equipment (PPE) in clinical settings equivalent to staff in those clinics or the hospitals.
- 2. Residents may be permitted to be absent for self-isolation, if unwell, or for personal support such as family care related matters related to an outbreak.
- 3. Residents' involvement should follow the Council of Ontario Universities (COU) **Guidelines** for Residents Involvement in a Public Health Emergency.
- 4. Residents should not generally be excluded from participating during emergency and crisis situations. An integral part of their health care training is to provide medical care in the event of emergencies, outbreaks or unforeseen events and should be involved with care delivery and administrative decision making where applicable.



Principles to Guide Reassignment Decisions For Residents

Background

The Postgraduate Medical Education Office is endorsing in principle that all registered PGME residents are subject to reassignment measures as required and deemed appropriate to their level of training. By virtue of their status as licensed health care professionals in general medicine, residents provide a valued health care service, for which they are paid a salary to work in clinics and hospitals.

Reassignment under such circumstances is the jurisdiction of the health care institutions who are charged with providing care to the population. VPs of Academic Affairs or their counterparts at our affiliated hospitals/clinical sites will advise NOSM of the relevant measures taken involving PGME residents through consultation with the relevant 1) Residency Program Director 2) Associate Dean, PGME and/or the Vice Dean Academic depending upon the categorization below under 4. Framework for reassignment decisions.

In keeping with the Ontario Resident and Public Health Preparedness Guidelines, PGME residents, as licensed medical professionals, have a duty to the public and may engage in activities that fall outside of their typical training requirements for their program of study. In the interest of public good and safety, residents may be deployed to service various healthcare areas that will not go beyond their level of training. PGME trainees have the right to refuse unsafe work and will not be mandated to engage in activities that would not be considered a reasonable competency set for a physician at their level in their specialty.

Principles

1. Duration

Reassignment will be for as short a period of time as is necessary to address the acute need. Reassignment will respect the employment provisions of the PARO-CAHO contract and allow flexibility at the discretion of the program director or site supervisor (in consultation with the program director) regarding individual absences due to the health emergency (personal illness or family care). In all cases, absences need to be documented by the program administrators.

2. Activities while on reassignment

The roles and performance of reassigned PGME residents should be recorded and evaluated as separate from their regularly assigned rotation and activities. Although impossible to guarantee at the outset of a reassignment, individuals *should not* be required to extend their training program as a result of reassignment 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 scale used to evaluate those activities. A generic In-Training Assessment/Evaluation tool is available by program request to pge.evalandassess@nosm.ca. The form will be made available on Elentra instructions and will be sent to residents to trigger the evaluation process. Reassignment decisions made by the hospital administration may need to take into consideration the resident's seniority/level of training and any special expertise, e.g. more senior residents may be able to function more independently, ensuring that the overall team's ability to cope with the workload is increased.

3. Eligibility for reassignment

Any PGME learner may be reassigned as per these principles and approval processes. Approved medical accommodations will be adhered to and factored in all decisions. It is expected that reassignment will apply to those PGME residents assigned to the relevant sites at the time the need arose. Programs need to give consideration for a fair process to select residents to meet additional care requirements. NOSM reserves the right to eliminate or otherwise alter rotation changes (including date, duration and specific assignments of individuals or groups) in consultation with clinical partners.

4. Framework for reassignment decisions during state of declared emergency

The following order for reassignment is preferred. NOTE approval levels are described in the table below in 5. Authority and Approval.

Reassignment Decision Level	Must be consulted	Must Approve
1: Residents are on a schedule rotation that has not changed.		Lead Preceptor
Residents, 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, reassignment should occur in this order of preference:		
Residents currently on rotation in their home specialty should be reassigned first.		
Examples: Emergency Medicine PGY3 EM residents on EM rotations participating in screening units, Internal Medicine residents on CTU rotations reassigned to cover alternative wards, Pediatric residents on clinic rotations reassigned to flu clinics.		
Residents 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		

General Principles for the Reassignment for Residents in times of Exceptional Health System Need – March 18, 2020



Reassignment Decision Level	Must be consulted	Must Approve
ensure they are not needed elsewhere.)	Must be consulted	Must Approve
Example: Surgery residents doing an ER rotation being reassigned to an evening clinic operated by Emerg.		
2: Residents on non-clinical experiences could be called back into clinical service.	Lead rotation preceptor	NOSM Program Director
Residents 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: Residents need to be called back to 'home' rotation in home-base site.	Lead rotation preceptors	NOSM Program Director
Residents 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: Residents are needed on other services.	Lead rotation preceptors	NOSM Program Director
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 discipline and their current service.		
Example: An Internal Medicine being called to provide call in the ICU.		
5: Residents could be useful in another community.	NOSM Program Director	Associate PGME Dean
Residents in the same discipline may need to be reassigned to help address surge or other extraordinary circumstances across Northern Ontario, provided all screening measures for travel and illness quarantine are already cleared.		
Residents and communities would need to be in agreement on all such arrangements and residents are not		

General Principles for the Reassignment for Residents in times of Exceptional Health System Need – March 18, 2020



Reassignment Decision Level	Must be consulted	Must Approve
obliged to travel outside of their residency home base.		
6: Other PGME residents on a voluntary basis .		NOSM Program Director
Residents may volunteer to help in reassignment activities with consent of the program director and relevant hospital authorities.		Site authority

5. 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 as outlined in the above table.

6. Resolution of Conflict

Resolution of conflicts related to reassignment should be brought to the Associate PGME Dean, the Vice Dean Academic NOSM and the relevant Academic Affairs leadership of the site.

Please note that a resident's participation in service *unrelated* to their current training program is not mandatory. If a resident chooses not to participate in a reassignment, and instead 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.

7. Travel and Accommodations

For those residents reassigned outside their home community, travel and food expenses will be covered as per the NOSM travel allowances. Accommodations will be organized and expenses covered for those residents reassigned outside their home community. Accommodations appropriate for self-isolation will be provided if this scenario arises. Submission of reimbursement claims is due within 90 days of completion of the reassignment.