UNIVERSITY OF ALBERTA

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PGME Involvement of Postgraduate Medical Education Trainees in Mass Casualty Events and Epidemics Policy

Office of Accountability:	Faculty of Medicine & Dentistry (FoMD)
Office of Administrative Responsibility:	Postgraduate Medical Education (PGME)
Approvers:	Faculty of Medicine & Dentistry (FoMD) Alberta Health Services (AHS) Professional Association of Resident Physicians of Alberta (PARA)
Classification:	Safety and Wellness
Scope:	Compliance with this policy extends to all members of the PGME community.

Overview

The empowered authorities as defined in Alberta's Public Health Act may issue directives to health care professionals and health care entities such as hospitals to protect the health of Albertans. Under exceptional circumstances of clinical need, health care professionals may be redeployed to services in need such as hospital emergency rooms, intensive care units, triage facilities, responsive facilities such as vaccination units and assessment clinics, or other areas as deemed necessary.

The Faculty of Medicine & Dentistry at the University of Alberta has endorsed the principle that all registered Postgraduate Medical Education trainees, including resident physicians and fellows, are subject to these redeployment measures by virtue of their status in the hospitals. Redeployment under circumstances that maintain the scope of education is the jurisdiction of the health authority in collaboration with the Postgraduate Medical Education (PGME) offices and Residency and Fellowship Program Directors, or in the event of a public health emergency as declared under the Public Health Act, may be more directive under the powers granted by the Act.

In keeping with the College of Physician and Surgeons of Alberta (CPSA) directives, resident physicians and fellows, as licensed professionals, 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. Postgraduate medical education trainees, 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.

In addition to this background information, the need for a policy in this area is enshrined in the General Standards of Accreditation for Institutions with Residency Programs set by the Canadian Residency Accreditation Consortium (CanRAC) where the following institutional accreditation standards apply:

4.1.3.5 There is an effective plan for management of resident involvement in extraordinary circumstances (e.g., mass casualty events and epidemics).

Purpose

The purpose of this policy is to outline the principles behind the redeployment of postgraduate medical education trainees in extraordinary circumstances including mass casualty events and epidemics.

POLICY

The following principles behind the redeployment of postgraduate medical education trainees in mass casualty events and epidemics apply:

1. DURATION
   Redeployment will be for as short a period of time as is necessary to address the acute need. In the case of residents, redeployment will respect the employment provisions of the Resident Physician Agreement and allow flexibility at the discretion of the Residency Program Director or site supervisor regarding individual absences due to a health emergency (personal illness or family care). In all cases, absences should be documented by the Residency or Fellowship Program Directors.

2. ACTIVITIES WHILE ON REDEPLOYMENT
   The roles and performance of redeployed postgraduate medical education trainees should be recorded and evaluated as separate from their regularly assigned rotation and activities. Although impossible to guarantee at the outset of a redeployment, individuals should not be required to extend their training program as a result of redeployment for short periods. In the case of residents, there may be individual cases that require consultations with the Residency Program Directors, accreditation colleges such as the Royal College of Physicians and Surgeons of Canada or College of Family Physicians of Canada, 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 brief assessment of those activities. This applies to all resident physicians, regardless of whether they are in Competency Based programs or time based programs as redeployed duties may not be consistent with Entrustable Professional Activities from that resident physician's residency program. Redeployment decisions made by the hospital administration may need to take into consideration the resident physician's seniority/level of training and any special expertise (i.e. more senior resident physicians may be able to function more independently, ensuring that the overall team's ability to cope with the workload is increased).

3. ELIGIBILITY FOR REDEPLOYMENT

Any postgraduate medical education learner may be redeployed as per these principles. The Faculty of Medicine and Dentistry (through the Postgraduate Medical Education office) will establish a process to identify postgraduate medical education trainees who are suitable for redeployment. Unless otherwise directed by FOMD, scheduled rotations between hospitals will occur as planned. The Faculty of Medicine and Dentistry reserves the right to eliminate or otherwise alter redeployment (including date, duration and specific assignments of individuals or groups) in consultation with health authority partners.

4. FRAMEWORK FOR REDEPLOYMENT DECISIONS

The following order for redeployment is preferred:

a. Trainees could remain where they are currently rotating.
Trainees, regardless of home specialty, can be called upon to provide care in a manner or volume not normally encountered within their current rotation, including call. Within this group, redeployment should occur in this order of preference:
   i. Trainees currently on rotation in their home specialty should be redeployed first within the rotation.(Examples: Emergency Medicine resident physicians on EM rotations participating in screening activities, Medicine resident physicians on CTU rotations redeployed to cover alternative wards, Pediatric resident physicians on clinic rotations redeployed to flu clinics).
   ii. Trainees currently on rotation in a specialty other than their own, who are being called upon to provide care. In consultation with their "home" program to ensure they are not needed elsewhere. (Example: Surgery resident physicians doing an Emergency Medicine rotation being redeployed to a triage clinic operated by Emergency Medicine).

b. Trainees on non-clinical experiences could be called back into clinical service.
Trainees who are on research months or on non-call service within the affected institution can be called upon to take call or engage in clinical activities.

c. Trainees could be called back to their 'home' rotation.
Trainees in a given specialty can be asked to provide care in their home specialty while on another rotation. (Example: Emergency Medicine resident physician on Psychiatry rotation being asked to redeploy to the Emergency Department to cover absences.)

d. Trainees could be 'loaned' to other services.
Trainees who have the skillset, as determined by the home Program Director, 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: A General Surgery resident physician who is on Plastic Surgery being called to provide call in the ICU.)

e. Trainees could be sent to another facility.
Trainees may need to be redeployed to help address surge or other extraordinary circumstances across the network. Ideally this would only be done within the specialty. (Example: Anesthesiology resident physicians rotating at a busy community site that has been repurposed as a screening facility can be redeployed to a trauma center to address increased surgical volumes.)

f. Other postgraduate medical education trainees could participate on a voluntary basis.
Trainees, such as those on vacation, may volunteer to help in redeployment activities with consent of the Residency or Fellowship Program Director and the Acute Care Coverage program.

5. AUTHORITY AND APPROVAL
   While it is understood that health authority administrators 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. For all levels of redeployment listed above (a-f), AHS Acute Care Coverage will collaborate with the PGME office in determining placements. The rotation coordinator (where applicable) and Residency or Fellowship Program Director will also be consulted.

6. RESOLUTION OF CONFLICT
   Resolution of conflicts related to redeployment should be brought to the relevant Department Chair, Associate Dean, PGME, and Facility Medical Director. A fellow or resident physician's participation in service unrelated to their current training program is not mandatory. No health care professional can be compelled to provide services without consent. If a resident physician or fellow chooses not to participate in a redeployment assignment the trainee will complete the assigned rotations in the training program.

DEFINITIONS

There are no definitions for this document.

RELATED RESOURCES

Attached is the agreement between Alberta Health Services, the University of Alberta, the University of Calgary, and the Professional Associate of Resident Physicians of Alberta - "Principles for Redeployment of Resident Physicians and Fellows in Time of Exceptional Health System Need" - that serves as the basis for this PGME policy.

March 19, 2020

Principles for Redeployment of Resident Physicians and Fellows in Times of Exceptional Health System Need

Background

Alberta'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 Albertans.

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 such as hospital emergency rooms, ICUs, triage facilities, or to responsive facilities such as vaccination units and assessment clinics. The Faculty of Medicine & Dentistry at the University of Alberta and the Cumming School of Medicine at the University of Calgary have endorsed the principle that all registered postgraduate (PG) learners including resident physicians and fellows are subject to these redeployment measures by virtue of their status in the hospitals.

Redeployment under circumstances that maintain the scope of education is the jurisdiction of Alberta Heath Services in collaboration with the Postgraduate Medical Education (PGME) offices and Program Directors, or in the event of a public health emergency as declared under the *Public Health Act*, may be more directive under the powers granted by the *Act*.

In keeping with CPSA directives PG learners, as licensed professionals, 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. PG trainees, 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.

Principles to Guide Redeployment Decisions

1. **Duration**

Redeployment will be for as short a period of time as is necessary to address the acute need. Redeployment will respect the employment provisions of the Resident Physician Agreement and allow flexibility at the discretion of the program director or site supervisor regarding individual absences due to the health emergency (personal illness or family care). In all cases, absences should be documented by the program directors.

2. **Activities while on redeployment**

The roles and performance of redeployed PG learners should be recorded and evaluated as separate from their regularly assigned rotation and activities. Although impossible to guarantee at the outset of a redeployment, individuals ***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, so a formal record must 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 brief assessment of those activities. The form should be signed and forwarded to the learner's Program Director at the end of the service. We will produce such a form for your use but you may use one of your design. This applies to all resident physicians, regardless of whether they are in Competency Based programs or time based programs as redeployed duties may not be consistent with EPAs from that resident physician's program. Redeployment decisions made by the hospital administration may need to take into consideration the resident physician's seniority/level of training and any special expertise (i.e. more senior resident physicians may be able to function more independently, ensuring that the overall team's ability to cope with the workload is increased).

3. **Eligibility for redeployment**

Any PG learner may be redeployed as per these principles. Each university will establish its own internal process to identify learners who are suitable for redeployment. Unless otherwise directed by the University, scheduled rotations between hospitals will occur as planned. The University reserves the right to eliminate or otherwise alter redeployment (including date, duration and specific assignments of individuals or groups) in consultation with hospital partners.

4. **Framework for redeployment decisions**

The following order for redeployment is preferred:

a. Learners can **remain where they currently are** rotating.

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

- Learners **currently on rotation in their home specialty** should be redeployed first within the rotation.(Examples: Emergency Medicine resident physicians on EM rotations participating in screening activities, Medicine resident physicians on CTU rotations redeployed to cover alternative wards, Pediatric resident physicians on clinic rotations redeployed to flu clinics).

- Learners **currently on rotation in a specialty other than their own**, who are being called upon to provide care. In consultation with their "home" program to ensure they are not needed elsewhere. (Example: Surgery resident physicians doing an Emergency Medicine rotation being redeployed to a triage clinic operated by Emergency Medicine).

b. Learners on **non-clinical experiences** should be called back into clinical service.

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**.

Learners in a given specialty can be asked to provide care in their home specialty while on another rotation. (Example: Emergency Medicine resident physician on Psychiatry rotation being asked to redeploy to the Emergency Department to cover absences.)

d. Learners **need to be 'loaned' to other services.**

Learners who have the skillset, as determined by the home Program Director, 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: A General Surgery resident physician who is on Plastic Surgery being called to provide call in the ICU.)

e. Learners need to be **sent to another facility**.

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: Anesthesiology resident physicians 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.

Learners, such as those on vacation or research blocks, may volunteer to help in redeployment activities with consent of the university program/fellowship director and the Acute Care Coverage program.

5. **Authority and Approval**

While it is understood that hospital administrators 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.

For all levels of redeployment listed above (a-f), AHS Acute Care Coverage will collaborate with the PGME office in determining placements. The rotation coordinator and Program Director will also be consulted.

6. **Resolution of Conflict**

Resolution of conflicts related to redeployment should be brought to the relevant University Department Chair, Faculty Associate Dean, PGME and Facility Medical Director.

Please note that a fellow or resident physician's participation in service ***unrelated*** to one's current training program is not mandatory. No health care professional can be compelled to provide services without consent. If a resident physician or fellow chooses not to participate in a redeployment assignment the trainee will complete the assigned rotations in the training program.

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