Guidelines for the Assignment and Removal of Trainees from Teaching Sites

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1. PRINCIPLES

A. Quality of Postgraduate Medical Programs

The prime responsibility of the Faculty of Medicine, University of Toronto, to its postgraduate medical trainees is to provide the highest quality of educational experience organized within the accreditation standards of the College of Family Physicians of Canada or the Royal College of Physicians and Surgeons of Canada. As clinical training is interdependent by discipline at each site, the high quality standard must be maintained across all programs, rotations and sites by balancing:

i) The clinical experience offered at different training sites
ii) The academic environment of teaching and research at those sites
iii) The manner in which an appropriate balance between service to patients and education is maintained at each site

B. Quality Maintenance and Control

It follows that University Departmental Chairs and Program Directors have a responsibility to implement internal reviews of programs and training sites and communicate those assessments to the appropriate hospital Clinical Department Heads and Presidents/Chief Executive Officers. This evaluation process must be consistent, open, and must not imperil a postgraduate medical trainee’s assessment. In addition, programs must take into consideration:

i) Educational needs and curricular requirements in all placement decisions
ii) A breadth of opportunities, particularly as it relates to envisioned future practice
iii) Rotation placement balanced with call coverage
2. **PROCEDURES FOR ASSIGNMENT OF POSTGRADUATE MEDICAL TRAINEES TO HOSPITALS AND OTHER INSTITUTIONS**

The Chair of a University Department, working in conjunction with the appropriate Residency Program Committee, is responsible for the assignment of postgraduate medical trainees to institutions in the Residency Training Program.

The following criteria will be taken into account when considering the assignment of the postgraduate medical trainee to a hospital or to another institution:

A. **In Selecting Hospitals**

   i) Demonstrated excellence of teaching and training as reported in rotation and teacher assessment

   ii) Involvement of faculty and postgraduate medical trainees in clinical and/or basic research and teaching

   iii) The balance between trainee service and the education received by them

   iv) The provision of a unique experience considered important for satisfactory training in a specialty. All postgraduate medical trainees may be required to rotate through such unique settings

B. **In Considering Postgraduate Medical Trainees**

   i) Providing postgraduate medical trainees with the best quality of training over the whole period of the Program. This may exclude certain hospitals from taking part in training rotations if the training experience at a particular hospital detracts from the overall quality of the Program.

   ii) Trainee preference of hospital. Effort will be made by the Director of the Program to provide a rotation through a preferred hospital at some time during the Program period provided that this is consistent with optimal training.

C. **Process for the Assignment/Removal of Postgraduate Medical Trainees**

Assignment and reassignment of a **SINGLE** trainee to a rotation or hospital does not need approval of the Postgraduate Dean, Postgraduate Medical Education.

However, when a Residency Program Committee recommends removal of **ALL** of its postgraduate trainees from a particular hospital or service, this recommendation will be submitted to the University Department Chair. If the Chair is in agreement with the removal recommendation, he/she will so inform the Dean and Postgraduate Dean, Postgraduate Medical Education who will communicate this decision with the appropriate faculty, hospital, and resident representatives as outlined in Section E.

If the Department Chair does not support the recommendations of the RPC, he/she will consult with relevant stakeholders (i.e. service chief, undergraduate and
postgraduate leaders, divisional chief) in consideration of the following:

i) The impact of such a removal upon all health science education programs within the hospital

ii) The reports of internal reviews and/or external reviews conducted by the program, hospital, or Faculty, or those conducted for accreditation purposes by institutions such as the Royal College of Physicians and Surgeons of Canada and the College of Family Physicians of Canada

iii) Resident site preference, resident re-location costs, additional time to transition to a new site

If, after the consultation, the Chair does not support the RPC recommendation, he/she will so advise the Postgraduate Dean, who will discuss with the Dean and proceed as outlined in Section E.

Removal of postgraduate medical trainees from a Program may have significant influence on patient care. Accordingly, unless urgent circumstances dictate otherwise, hospital coordinators, trainees and relevant staff will be given three months’ advance notice to make the necessary arrangements to ensure maintenance of the quality of patient care when postgraduate medical trainees are no longer present.

D. Reductions in a Hospital Setting

Circumstances may dictate the necessity for reductions in numbers of postgraduate medical trainees in a hospital setting. Under these circumstances, the Residency Program Committee will consult with the VP Education at the hospital site and recommend reductions, which are deemed by it to be in the best interest of learners and the Program as a whole.

E. Urgent Situations

Where urgent circumstances make the above procedures inadvisable or impossible, the Dean has the authority to immediately remove postgraduate medical trainees from the training site. The Communication of the decision will be undertaken by the Postgraduate Dean in coordination with the department Chair and Vice Chair, Education to: the hospital’s CEO, VP Education, Physician-in-Chief, and PARO.

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