



PROCEDURAL MEMO

Redeployment of Postgraduate Learners Across University of Toronto Affiliated Sites

Background

As articulated in the pre-circulated document, [Principles for Redeployment](#), the programs and sites have been working hard to identify both anticipated gaps in physician workforce and potential capacity within programs to redeploy underutilized residents and fellows. The following steps have been completed:

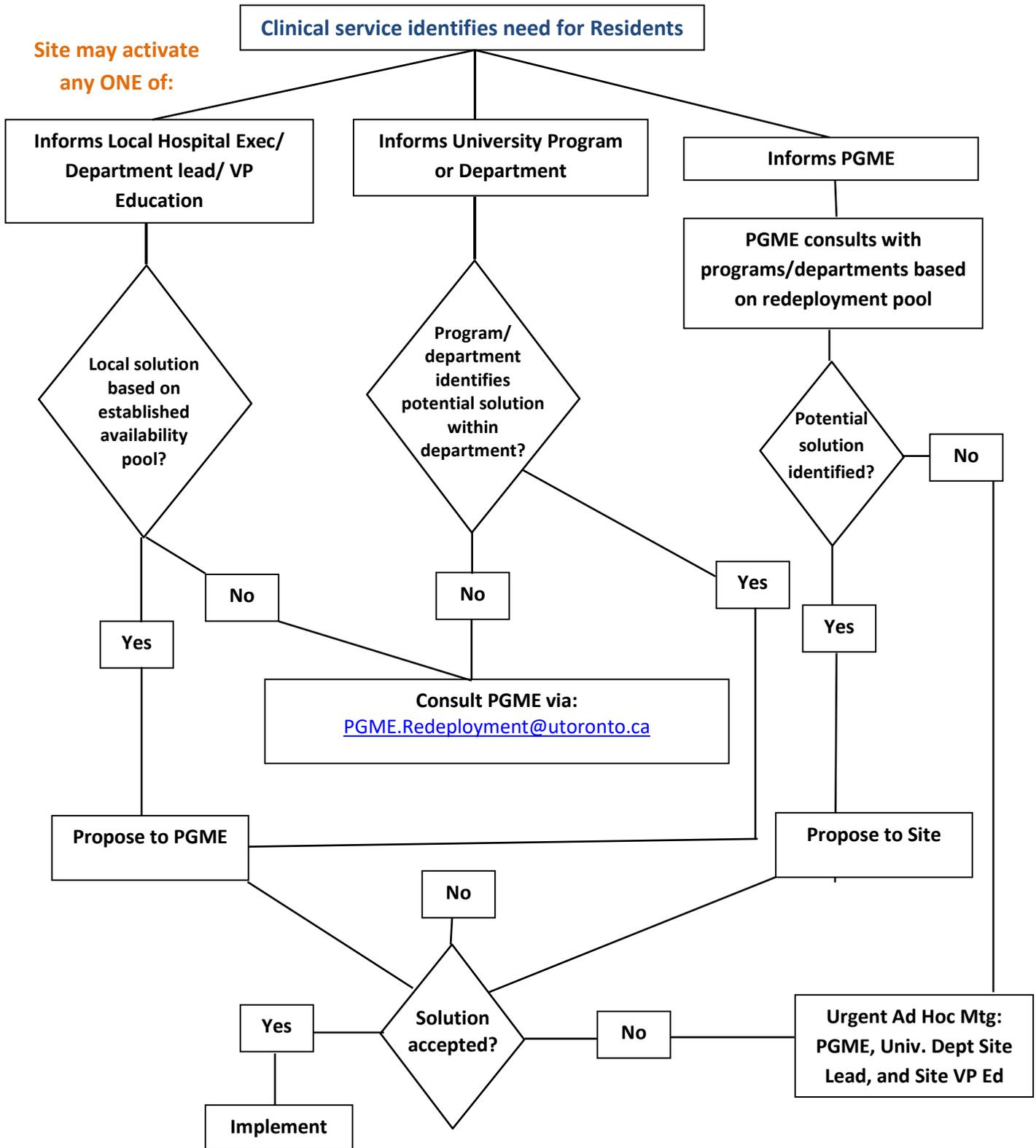
1. Programs and departments have re-arranged rotation schedules for blocks 11-13 to right-size resident assignments to anticipated service requirements. These re-assignments have been documented in POWER. A topline report of previous and current assignments will be provided by PGME to reflect the changes and impacts on all sites.
2. Programs and departments have identified residents who remain available, after step 1, to be redeployed to other services and/or sites to fill need. The details of this pool of residents will be kept with PGME.
3. Site leads have worked with services to identify some redeployment opportunities for residents based at their sites and also undertaken some re-assignments for upcoming blocks. These should be communicated to the University program director, and logged in POWER.
4. Sites, to varying degrees of detail, have also done an inventory of clinical services who feel that they may have residents who are likely to be underutilized in the next three blocks, after the above steps have been taken.

Current State

A number of re-assignments have occurred in anticipation of service and educational shifts for the next three blocks. Both PGME and the sites have inventories of residents who could be redeployed to fill emerging needs.

Next Steps

The algorithm on the following page has been designed to align with the principles document and reflect a proposal to collaboratively manage re-deployment as the pandemic evolves.



Notes: 1. Although a collaborative approach is expected, ultimately a) the Dean, Faculty of Medicine has authority over resident assignment to sites and b) the hospital CEO has ultimate authority over health workforce assignments within sites.
 2. It is expected that decisions will be consistent with the principles of redeployment document to the extent possible.
 3. Residents must be consulted prior to implementation; efforts will be made to protect academic continuity and equity.
 4. No resident will be compelled to provide service where recommendations for safe provision cannot be upheld (including training) and program directors must advise on appropriate scope of practice if outside the core discipline