Dear Residents,

I am writing to provide an update on our redeployment activities. While there are no new updates in terms of process or guidelines, I thought it would be useful in the spirit of transparency to summarize some redeployment activities and related developments.

1. The Ministry of Health has directed hospitals to **plan for increased ICU capacity**. The hospitals must balance the need to create this capacity while also trying to maintain and in some cases increase clinical work to catch up from the first wave. Accordingly, we have established an ad hoc working group to monitor and plan for shifts in ICU needs. Thankfully the COVID volumes have plateaued and current redeployment seems to be adequate but the emergent variants create uncertainty so we will continue to meet weekly to address this evolving need. We are careful to identify those with adequate experience and competencies to be redeployed to critical care environments.

2. We also expect **ongoing stresses on inpatient medicine wards**, COVID and general. While the Department of Medicine has developed an internal redeployment strategy to redistribute residents from the 19 programs in the department (18 internal redeployments occurred for block 8 for example), we expect this will not be enough to meet demands in the next 3 blocks. I have met with our departmental Vice Chairs education and Department of Medicine Leadership and will continue to work with residents and programs to help with this stress to the extent possible.

3. The response to redeployment has been impressive and I thank each and every one of you who have stepped up. The following chart outlines the **redeployments done centrally by PGME since July 1** (not including those done within departments). While we attempt to distribute redeployment requests across programs and adhere to our established principles; the need to balance availability, competency profile, and clinical demands across services means that the impact will vary by department across different phases of the pandemic:
Vaccinations
We are aware that hospitals are resuming vaccination activities. Please inform PGME of BOTH doses when received so we can track and follow-up on any gaps. We have also solicited from program directors the names of residents who may not be prioritized in the current system within hospitals so we can follow-up with our hospital partners.

MCCQEII Requirements
Finally, I wish to acknowledge the PARO communication from yesterday indicating proposed changes to MCCQE2 requirements for licensure. Thanks to all who reached out to advocate for this important change - it will expand eligibility for Restricted Registration activities that may help to address COVID related fluctuations in some services. I will follow this closely and do what I can to expedite all RR applications from services and residents.

Thanks for the strong and solution-focused engagement. Please be sure to connect with your programs, PARO reps, our Postgraduate Wellness Office, or PGME with any and all concerns.

Sincerely,

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