



## UBC PGME GUIDELINES ON RESIDENT REDEPLOYMENT

March 16, 2020

As is the case in medicine, often circumstances arise in which professionals must work together in order to best serve our society. The current situation with COVID-19 may be such a disruptive circumstance. At UBC, in the past, events such as wildfires and SARS are other examples.

With respect to resident scheduling, this is the purview of Programs (Program Directors and Committees). Where normal rotations are impacted (decreased Elective surgeries and ambulatory clinics; increased clinical demand in other settings), programs can reschedule rotations based on clinical and educational needs.

The principles of resident redeployment include patient safety, resident safety, and resident supervision. Guided by these principles, circumstances of resident redeployment may include:

- limiting resident travel to rotations / electives
- resident rotations being adjusted to support services where residents have been asked to self-isolate or who are on sick leave
- residents being redeployed on rotations to reflect clinical realities (eg cancellation of ORs / clinics and increased critical care or inpatient demands); in this circumstance, redeployment must be to rotations: (1) that are adequately supervised and (2) whose demands on residents are commensurate with expected resident competencies.

The PGME supervision and safety policies must be (as always) adhered to. It should also be noted that residents are Educational registrants of the CPSBC.

Redeployment will be for short periods of time and will respect the employment provisions of the HEABC – Resident Doctors of BC contract and allow flexibility at the discretion of the program director or site supervisor regarding absences due to the pandemic (personal illness or family care). In all cases, absences should be documented with the program directors.

**Residents should *not* be required to extend their training program as a result of this redeployment for short periods. There may be individual cases that require consultations with the Colleges and the PGME Office for clarity, so please ensure that a formal record is made of the service provided.**

It should also be acknowledged that many of our residents are maximally engaged in patient care already.