Faculty of Medicine

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Dear Program Directors and Program Administrators,

As a result of the COVID-19 pandemic, we are all facing challenges and clinical demands are escalating. During these unprecedented times, urgent clinical needs are expected to continue to rise as a result of COVID patient influx, increasing acuity of COVID patients, needs of non-COVID patients and /or the sudden unavailability of physicians. The ED, Critical Care Units and Acute in-patient units (both COVID and non-COIVD) are where the demand for members of the healthcare team are the greatest.

UBC has created a **Resident Redeployment Hub (RRH)** which will work collaboratively with Programs and the Health Authorities on behalf of and for us all. The RRH has the mandate to redeploy residents to areas of greatest need, balancing the needs of residents, programs, and clinical institutions – across programs and Health Authorities.

The RRH will reach out to all program directors to ask them to provide details for residents in their program. Some important points:

- There has already been redeployment of some residents to units (first wave).
- For this second wave of redeployment, RRH will ask for resident availabilities from April 6 May 30.
- Residents in ICU, CCU, ER, or the acute inpatient wards during blocks 11 or 12 are to be excluded from this
 list.
- It is important for RRH to be aware of residents that are *asymptomatic* who are either in isolation or are part of a healthy backup cohort.
- Residents who do not reside in the Lower Mainland are to be excluded from this list.
- Residents who are on remediation or have the status of probation are to be excluded from this list.

Please supply the following on the attached spread sheet:

- Updated resident contact information (email and cell phone), current training site, past training sites, and if they have worked in an ICU before.
- Resident's availability for the next 2 blocks— when providing availability, RRH will ask program directors to organize their workforce in such a way as to create a healthy cohort backup.
- If in isolation or part of a healthy backup cohort, please indicate when the resident will be available for redeployment.
- Indicate priority for redeployment:
- 1 = Currently not engaged with clinical care due to service disruptions/unavailability of rotation
- 2 = Currently not required to fulfill "essential" service functions of current rotations (i.e. supernumerary resident compliment)
- **3** = Residents on "non-essential" rotations (i.e. *not* on acute care inpatient, ED or critical care unit)
- 4 = Overwhelming patient surge which would necessitate physicians to work outside of their normal competencies in order to serve British Colombians

How will RRH organize redeployment?

• Those residents available will be assigned to a given clinical unit which is in acute need with consideration given to that resident's specialty, past training experience, and level of training.

- RRH may not necessarily redeploy every available resident provided by program directors; some will remain
 in their current rotations or may be redeployed as part of a healthy backup cohort (if not on an active clinical
 rotation).
- RRH will inform program directors and program offices of where their residents have been redeployed.

How are redeployment requests made?

• Health Authorities will make their requests directly to PGME and should not approach program directors (PDs), chief residents, or individual residents with their requests.

Might this redeployment strategy change?

• In the certain likelihood of the continued increase in COVID-19 cases in our hospitals, it may be necessary to request further workforce supplementation with the collaboration, guidance, and authorization of the Programs, Health Authorities and Provincial Health Officer.

We would like to acknowledge everyone for your exceptional contributions to our community during this pandemic.

Sincerely,

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