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GENERAL FRAMEWORK TO GUIDE APPLICATION OF MINISTRY OF HEALTH'S MEDICAL RESIDENT REDEPLOYMENT PLAN (MRRP)

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INTRODUCTION

The below framework on application of the Ministry of Health's Medical Resident Redeployment Plan (MRRP) has been approved by the Toronto Academic Health Science Network (TAHSN) Education Committee and supported to be applied consistently by all TAHSN hospitals.

FRAMEWORK

TAHSN hospitals have agreed to leverage MRRP with this framework:

1. **The MRRP should be applied for these reasons and functions only:**
   a) Re-deployment of residents that was triggered by a COVID-related cause (e.g. resident HHR shortage caused by COVID-exposure or illness or due to excess numbers of patients on service due to the COVID surge)
   b) Departments where critical clinical work is at risk due to COVID-related HHR shortages or COVID-related increased clinical demand.
   c) Only for critical clinical functions as determined by the Hospital Chief (e.g. clinical work on inpatient unit, OR, Emergency Department).
   d) Residents will receive the MRRP only if they volunteer to participate in after-hour call coverage or a day-shift or a weekly re-deployment.

2. **The following persons are eligible to volunteer for MRRP*:**
   a) All clinically eligible residents as determined by the University Program and the hospitals.
   b) "Back-up" residents who are being re-deployed because of a COVID-related illness/exposure, provided they were not already on the existing call schedule as part of the normal call process.
   Back-up residents who are not actually called into the hospital or who take calls from home without coming into the hospital are not eligible to be paid with MRRP funds. It is expected that residents with remediation and/or accommodation plans in place that limit duty hours or involve added supervisory or curricular requirements would not participate in the MRRP

3. **Hospitals will verify, audit, and document:** Verification, audit, and documentation is the responsibility of the hospital with specific oversight by the Chief Resident, Postgraduate Site Director, or Hospital Chief.

4. **Remuneration will be done in a timely manner by hospitals wherever possible:** Hospitals will make their best effort to remunerate residents in a timely manner.

5. **MRRP hours do not count towards individual call maximum, but PARO maximum call can be exceeded**: Residents can exceed the PARO maximum call by undertaking MRRP activities, but MRRP activities do NOT count towards the determination of an individual resident's call maximum for the purposes of scheduling within their program. (i.e. a resident can be asked to maximize their call within their rotation under the PARO agreement even if they are doing MRRP work outside of the program and even if the combined work exceeds the PARO maximum if the resident is agreeable).

6. **MRRP-related work is separate from residency training requirements:** The clinical work of a resident during an MRRP-related shift cannot count towards their residency training requirements.

7. **Redeploy residents at current hospital where possible:** Residents should be redeployed for the call shift at their current hospital site, and only moved to another site in extraordinary circumstances.