

FAQ MOH Medical Resident Redeployment Program

03/22/2022

Principles

- Residents, with appropriate supervision, can provide care outside their usual scope of care (including that of other health care professionals, i.e., assisting nurses and respiratory therapists).
- The CPSO and CMPA have confirmed that the new Orders allow appropriate protections for those undertaking this work.
- This work falls outside of the provisions of the PARO-CAHO Collective Agreement though it cannot interfere with a resident's regularly scheduled duties and should not negatively impact ability to meet their rotation educational objectives.
- The rate for the MRRP is \$50 dollars/hour, there is no maximum amount per resident set by the Government program and is applicable to the period from April 28th, 2021 to July 31st, 2021 (as of March 18th, 2022, the program has been extended until September 30th 2022).
- Funding is limited to extra shifts outside of regular work hours for which the resident is paid their salary and given training credit, even if it is redeployment to another service outside of usual residency training.

Terminology

- **Government Medical Resident Redeployment Program:** This recently announced Government program facilitates residents who have *CPSO Registration (license) for PGME to provide additional services (April 28th to July 31st, 2021*)*. *Extended until September 30, 2022
- **CPSO Registration for PGME:** This is the license/registration every resident must have as a minimum standard for a residency program, and all that is required to participate in the Government's Medical Resident Redeployment Program.
- **CPSO Restricted Registration and Independent Registration** entitled you to work additionally outside of the Government's Medical Resident Redeployment Program and require a resident to have specific CPSO licensing/registration.
- **University-redeployment:** When a resident was scheduled to be on one rotation for their training program who is redeployed by the University to a different rotation in order to meet service needs due to COVID.

Frequently Asked Questions & Answers

Eligible Dates of the Government Medical Resident Redeployment Program

Q: If I previously worked in a vaccine clinic, or provided other voluntary services, am I entitled to additional money for that work?

A: This Government program is only applicable as of April 28th; therefore, previous work is not eligible.

Applicable Locations

Q: Does this apply if I am at a community hospital which is an affiliated teaching hospital to the university?

A: Yes, it does.

Q: Are there any limitations on where you can work under the program? i.e. if you are a Toronto resident, could you travel to Ottawa to work under the program?

A: No limitations under the program, save for Ontario.

Q: Can you work and be covered at a hospital that is not affiliated with the university?

A: Yes, provided it is an Ontario hospital.

Q: Does this program apply if I work in vaccine clinics?

A: Work in vaccine clinics which are affiliated with an Ontario hospital are eligible, effective April 28th, provided it is not work scheduled as part of your current training rotation.

Q: If I do work in a non-hospital clinical environment, does this program apply?

A: No, this government program is restricted to work done in Ontario hospitals.

Implementation Questions

Q: Where can I sign up for this work?

A: Implementation details are still be worked out. If you are approached directly about opportunities, you are free to accept! We advise that in accepting you confirm that the work will be compensated under the *Medical Residents Redeployment Program* with the individual soliciting for volunteers before accepting any additional shifts/calls. If you are told it isn't, please do send a note to the PARO (paro@paroteam.ca) with all the details so we can follow up with you.

Q: How can we equitably promote opportunities to residents?

A: We suggest that all residents be made aware of the opportunities at that site, any minimum training requirements/demonstrated skills required by the hospital for the specific applications and available calls/shifts. These opportunities can then be distributed as fairly and equitably to the residents that meet the requirements as best possible.

In addition, we hope the existence of this Program may reduce the need for redeployment of residents from regular rotations and therefore may open additional opportunities for more residents to participate.

Q: Do I need my Program Director to approve my participation in this Program?

A: PARO recognizes and values the role of Program Directors in ensuring that residents are able to achieve the educational objectives of their training rotations. We value the expertise and responsibility of clinical educators to assess each resident's training progress. If a Program Director has concerns that an individual resident's ability to take on additional calls or shifts under this Program will impact that resident's ability to meet educational objectives, the Program Director and the resident should meet to discuss those concerns. Although this work is not subject to approval of your Program Director, we encourage residents to dialogue with their PD to ensure that you can undertake this work in a way that ensures you continue to meet your rotational educational objectives. MRRP participants should consider your own well-being and that of your patients.

Finally, we understand that there are some circumstances (at some locations) where Program Directors may want to provide post-call relief opportunities to their residents; in these instances, it would be important for expressed consent of the Program Director to be obtained prior to accepting that MRRP opportunity.

Maximum Duty Hours & the PARO-CAHO Collective Agreement

Q: I heard I can only provide 10 hours of this service a week. Is that correct?

A: No, the MRRP does not have a per resident cap in terms of hours that can be worked by a resident. The reference to 10 hours was included in a memo from government to hospitals and refers to the funding envelope available based on every resident in Ontario working 10 hours per week.

Q: Can residents undertake this work if it would put them in excess of the maximum duty hour provisions in the PARO-CAHO Collective Agreement?

A: The PARO CAHO Collective Agreement is not applicable to the work one undertakes in this Government Program. You should volunteer for this work when you can do it safely and when it doesn't interfere with your regular duties or your ability to meet your rotational educational objectives.

Q: Do you have to exceed call maximums under the PARO-CAHO Collective Agreement to be eligible for compensation under the MRRP?

A: No – you do not have to exceed call maximums under the PARO-CAHO Collective Agreement to be eligible.

Q: If I take up extra work overnight, am I entitled to be relieved of duties post-call?

A: No. As this is work you would be undertaking outside of the provisions of the PARO-CAHO Collective Agreement on your own time it does not relieve you of any duties/responsibilities for the rotation/service you are assigned to. Therefore, volunteering for this work should be done when you can do it safely and where it doesn't interfere with your regular duties.

Effective Dates

Q: Is there a specific effective date for this Program?

A: Yes, the identified date of applicability is April 28th, 2021 until September 30, 2022.

Q: For work that was done in April (before April 28th), can this apply?

A: The Government launched the program on April 28th and it did not apply it retroactively; therefore it only applies for the period starting April 28th.

Q: If residents volunteered for unfilled call shifts prior to the announcement of this redeployment program, but the call shift takes place after April 28th, are they eligible?

A: Shifts worked after April 28th, even if scheduled in advance of that date, are eligible. We advise that you confirm that the work will be compensated under the *Medical Residents Redeployment Program* with the individual soliciting for volunteers. If you are told it isn't, please do send a note to the PARO (paro@paroteam.ca) with all the details so we can follow up with you.

Scope of Practice

Q: Is there other work I can take on under this program?

A: The Government Order allows you to work outside your regular scope of practice; for example, if the hospital asks for additional help in covering nursing duties in the ICU, provided you have the required skills and experience you would be able to do that work under this program.

Specific Call/Shift Questions

Q: If I am asked to swap calls with another resident does that call qualify for this \$50 per hour payment?

A: No, it does not. However, if you are asked to take additional call to provide additional services, beyond what you are already scheduled to work for your rotation, it does qualify.

Q: If I volunteer to take a call or shift under the MRRP program, will I receive a call stipend in addition to the \$50/hour compensation?

A: No. If you are scheduled for call or an overnight shift as part of your current rotation that work continues to be compensated through your regular salary and call stipends.

If you are available outside of the specific requirement of your training program, or on vacation, then this hourly rate can be used by the hospital to hire you to do the work. This includes situations where a service has a hole in the call schedule and ask someone to volunteer to cover the call. Similarly, if you are asked to volunteer to cover extra call on the weekend or at night, then this program would apply.

Q: Can I do MRRP work on a University-redeployment rotation?

A: Currently, some Universities have redeployed residents to cope with the COVID surge and those residents continue to be compensated with the regular salary and call stipends under the PARO-CAHO Collective Agreement. However, PGME may specify the number of calls to be included in the *university-redeployment* rotation. Any additional calls on that rotation are eligible for compensation under the Government's *Medical Resident Redeployment Program*.

Similarly, if residents who are part of the rotation are asked to do cross-coverage not normally scheduled when residents are on that rotation, those cross-coverage calls are eligible under the MRRP. If residents, including internal medicine, who are not on CTU service and are on subspecialty rotations and assigned "COVID call", or any additional calls/work as a result of the pandemic (though it doesn't have to be directly providing COVID-care, just resulting from the surge due to COVID), those additional call are eligible for compensation under the MRRP.

As details are still being worked out by the hospitals, sometimes with PGME involvement, across the sites. Therefore, we advise that you confirm that the work will be compensated under the *Medical Residents Redeployment Program* when you are asked to provide these services with the individual soliciting for volunteers. If you are told it isn't, please do send a note to the PARO (paro@paroteam.ca) with all the details so we can follow up with you.

University Redeployment & MRRP

Q: I am a radiology resident, and I've been redeployed to internal medicine for this block. It is not a normal part of my training or residency requirements. Does that make me eligible for this funding?

A: Training rotations, even those which are through redeployment, continue to be compensated through regular salary and call stipends. However, if redeployed residents are asked and agree to take on additional calls/shift over and above what is scheduled for the rotation to help bridge coverage gaps, it would be eligible. We advise that you confirm that the work will be compensated under the *Medical Residents Redeployment Program* with the individual soliciting for volunteers before accepting any additional shifts/calls. If you are told it isn't, please do send a note to the PARO (paro@paroteam.ca) with all the details so we can follow up with you.

In addition, the existence of this MOH Medical Resident Redeployment Program may reduce the need for further rotation redeployment and open additional opportunities for more residents to participate.

If I am scheduled for cross coverage (i.e. respirology resident scheduled for some on service calls, but also asked to cross cover ICU) would that be eligible for the program?

Training rotations that are scheduled with cross coverage continue to be compensated through regular salary and call stipends. However, if residents are asked and agree to take on additional calls/shift over and above what is scheduled for the rotation to help bridge coverage gaps, those additional services would be eligible. We advise that you confirm that that additional work will be compensated under the *Medical Residents Redeployment Program* with the individual soliciting for volunteers before accepting any additional shifts/calls. If you are told it isn't, please do send a note to the PARO (paro@paroteam.ca) with all the details so we can follow up with you.

Other Licensing – RR & Independent Registration

Q: How is this \$50 an hour rate reconciled with what the ministry released April 10 of \$125 hour? If you have CPSO Restricted Registration you get \$120 and those without will be paid \$50?

A: Yes, the MOH is providing \$125 per hour for the *Restricted Registration Program*. Those participating in RR must go through the CPSO RR application process and must meet all the training and other requirements, as well as pay RR licensing fees. It is also worth noting that RR is subject to the maximum duty hours of the PARO-CAHO Collective Agreement and requires the support of your Program Director.

Q: For those with Independent Licenses who are billing OHIP are we still eligible for the \$50/hour?

A: No, the Government will pay each provider through one source of funds only. This is applicable to residents doing extra work who are not being paid to do the work under the RR Program or work as an independent practitioner paid through OHIP or other payment models.

Q: Is the extra pay only available if residents are doing call beyond the max frequency of 1:4? Or are they eligible for extra pay regardless of their call frequency, if they are volunteering for a shift that was not previously assigned to them?

A: Calls/shifts that are in addition to what is scheduled for the rotation you are on to help bridge coverage gaps can be eligible even if you are working fewer than the maximum duty hours. We advise that you confirm that the work will be compensated under the *Medical Residents Redeployment Program* with the individual soliciting for volunteers before accepting any additional shifts/calls. If you are told it isn't, please do send a note to the PARO (paro@paroteam.ca) with all the details so we can follow up with you.

Q: Why is this paid less than Restricted Registration?

A: The MRRP was created so that all residents could be eligible to help provide additional care required during the pandemic without paying to register for Restricted Registration license. Certainly, those residents who are eligible for RR can still apply for an RR license while participating in the MRRP in the interim (<https://restrictedregistrationontario.ca>). Please note that there can be a delay in obtaining an RR license due to the number of approvals required.