**Provider Information Sheet**

**Community / Non-DHB Clinical Attachments**

*The following sets out the key information you will need to know whilst Resident Medical Officers (RMOs) are undertaking Community / Non-DHB Clinical attachments in your workplace.*

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| **KEY INFORMATION** |
| **Employment and Remuneration** | * The DHB remains the employer during the RMO’s clinical attachment and they are required to ensure they continue to follow the DHB’s prescribed process in relation to applications for leave, processing of claims, and normal reporting requirements for notification of absences. This will continue to be managed through the RMO Support Unit at the DHB.
* The RMO will be paid as per the DHB’s usual pay arrangements and the salary for the clinical attachment is prescribed by the run description.
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| **Work Eligibility** | * Prior to a RMO undertaking a clinical attachment within the Provider the DHB will ensure that they have:
* Medical Council of New Zealand registration and a current practising certificate
* Clearance through the DHB’s Pre-employment Screening Process
* Completed and passed a safety check conducted in accordance with the Vulnerable Children Act 2014 and the Vulnerable Children (Requirements for Safety Checks of Children’s Workers) Regulations 2015
* The DHB RMO Support Unit are responsible for monitoring whether the RMO is eligible to work. There are a two main reasons the RMO may not be able to work, either an expired Practising Certificate or an expired work permit.
* **Expired Practising Certificate**: All medical practitioners are required to hold a current and valid Practising Certificate. If the RMO is nearing a renewal date and has not submitted paperwork to MCNZ, the RMO Support Unit will contact you 2 weeks prior to inform you of the upcoming renewal date. Further updates will be sent closer to the deadline.
* If the RMO does not renew their Practising Certificate prior to this date, they must be removed from clinical duties immediately.
* Not holding a Practising Certificate means that the RMO is in breach of their employment obligations, and may be placed on unpaid leave until they are able to renew the certificate.
* **Expired Work Permit**: If the RMO is working in New Zealand on a work permit or other type of temporary visa and they are nearing expiry of their work permit, a member of the RMO Support Unit will contact you.
* If the work permit or visa is not renewed prior to the expiry date, the RMO is not able to undertake paid work in New Zealand and must be removed from all duties.
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| **Run Description and Roster** | * The roster template and work pattern that the RMO will work whilst on clinical attachment is detailed in the run description. You were provided with a copy of this with the Memorandum of Understanding (MoU).
* Run descriptions form part of the RMO’s terms and conditions of employment and these can-not be changed by the Provider. The process for changing run descriptions is set in the collective agreement that governs the terms and conditions of employment for RMOs. If you have any questions regarding the run description please direct these to the RMO Support Unit contact detailed in the key contacts section.
* The roster will be sent to RMOs by the RMO Support Unit 4 weeks prior to the commencement of the RMOs clinical attachment.
* The RMO may be required to work after hours duties at their employing DHB and these shifts will be indicated on their roster. Prior to publication, a copy of the roster will be provided to the Provider so that you are able to see which days the RMO has been rostered to after hours.
* If you have any questions regarding the roster please direct these to the RMO Support Unit contact detailed in the key contacts section.
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| **Rest Breaks and Meal Entitlement** | * You will be required to ensure that operational arrangements are in place to ensure that the RMO receives statutory meal and rest breaks.
* Rest breaks are for 10 minutes each for morning tea, afternoon tea or supper, where these occur during duty at the Provider.
* RMOs allocated to Non-DHB attachments have a 30 minute unpaid lunch break and are not required to be on duty during this time. Accordingly, no meal costs will be reimbursed to RMOs under their employment agreement because there is no requirement to be on duty over a meal period.
* You will be required to contact the RMO Support Unit in the unlikely event that the RMO is required to be on duty over their meal period so that this can be recorded. The DHB may seek additional information regarding the circumstances of such an occurrence which is outside the requirements set out in the run description.
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| **Work Related Expenses and Reimbursement of Training Costs** | * The RMO will be entitled to claim mileage and tolls for travel from the Provider to the hospital when rostered to an after-hours shift in the hospital.
* RMOs are also eligible for reimbursement of employment and training costs such as their practicing certificates and certain courses.
* All work related expense claims and reimbursements are to be submitted by the RMO to the RMO Support Unit at the DHB for processing.
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| **Planned Leave (Annual Leave, Medical Education Leave, STIL)** | * RMOs are entitled to a variety of types of planned leave during the year such as Annual Leave and Medical Education Leave.
* Leave must be applied for at least 14 days in advance of the commencement of leave. All leave requests need to be communicated via email to the RMO Support Unit at the DHB (see contacts below). RMO’s need to supply the leave dates and type of leave requested in the email. These requests will then be entered in the RMO Leave Kiosk on the RMO’s behalf on the first working day of receipt. All requests for leave will then be communicated with the key contact at the Provider for approval or decline.
* House Officers will be completing the clinical attachment as part of the MCNZ requirements of their prevocational training. A part of this requirement is to complete at least 10 weeks of a 13 week clinical attachment therefore no greater than 3 of the 13 weeks away from the attachment, including sick leave. It is unlikely therefore that a House Officer will take more than 3 weeks of leave during the clinical attachment.
* The RMO Support Unit will discuss any leave applications which are received for the period of their clinical attachment with the Provider and will confirm once approval is granted via the RMO Leave Kiosk notifications.
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| **Unplanned Leave / Absences** | * The RMO will have a dual reporting process to both the DHB and the Provider for notification of unplanned leave/absences such as sick leave or bereavement leave. This is so the leave is able to be captured on the DHB payroll system and deducted from the RMO’s leave balance.
* See key contacts listed below that have been provided to the RMOs for dual reporting requirements.
* If the RMO calls in sick before 7.30am, they have been asked to leave a voice message at the RMO Support Unit and the Provider once it opens.
* The RMO Support Unit will also inform the Provider of the RMO’s absence. If you do not receive confirmation from the RMO Support Unit, it is likely that they are unaware of the absence. If this occurs, please contact the designated RMO Support Unit contact detailed below to inform them of the absence. The RMO Support Unit will then enter the sick leave into the RMO Leave Kiosk for deduction through payroll.
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| **Provider / DHB Requirements** | * The RMO has been advised that they will be required to comply with all relevant policies of the Provider and wear any uniform and identification card provided at all times.
* As a DHB employee should an adverse event occur during a community clinical attachment the RMO has been advised that they will be required to follow the DHB’s prescribed reporting process, as well as undertaking any reporting requirements of the Provider.
* The Provider is required to provide the RMO with access to documentation relating to your respective policies, compliance guidelines and practices including general terms of access, health and safety policies and any specific terms of access, plus procedure manuals and equipment instructions as appropriate to their role.
* The Provider is required to provide suitable facilities for the RMO to see patients, including medical equipment.
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| **ePort and Supervision** | * House Officers will be required to complete certain learning activities during their clinical attachment, and record them via ePort.
* The Provider will nominate the Clinical Supervisor while the House Officer is working in the clinical attachment. The Clinical Supervisor at the Provider will liaise with the DHB Educational Supervisor where required regarding the RMO’s performance during the clinical attachment. The Clinical Supervisor will take responsibility for providing supervisory teaching and oversight as required by the Health Practitioners’ Competency Assurance Act.
* The Clinical Supervisor will meet with the House Officer during the clinical attachment to help them meet their MCNZ requirements.
* Further information regarding the Clinical Supervisor’s responsibilities is detailed in the run description and the MoU between the Provider and the DHB.
* If you have any queries about the ePort process, the RMO Support Unit at the DHB may be able to assist you. Please refer to the key contacts below for the contact details. Further information can also be obtained via the Medical Council of New Zealand website: [www.mcnz.org.nz](http://www.mcnz.org.nz)
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| **Health and Safety Induction Checklist**  | * You will be provided with a Health and Safety Induction Checklist to complete confirming that the RMO has received a Health and Safety induction to the workplace as part of their orientation with the Provider.
* The completed form needs to be returned to the key contact ay the DHB RMO Support Unit (see key contacts below) within the first week of the clinical attachment.
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| **Memorandum of Understanding**  | * The DHB and Provider have entered into a MoU to facilitate the clinical attachment. The RMO has been provided with an extract of the key obligations and commitments from the MoU prior to commencing the clinical attachment.
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| **KEY CONTACTS – DHB** |
| *DHBs can insert in this section any relevant key contact details within the DHB for the Community / Non DHB Provider.* |