

Appendix 5

Appendix 5: Non-DHB Provider Based Attachments/Runs

The parties acknowledge that training arrangements may be required or developed where an RMO undertakes a run or other 'attachment' in a workplace of a non-DHB service provider (the provider), while remaining a DHB employee. Currently the main example of such arrangements are Community-Based Attachments required by the Medical Council of New Zealand as part of general registration.

Where such arrangements are in place, the DHB will document the expectations between the DHB and the provider in a Memorandum of Understanding (MoU) covering at least the following matters:

- Accreditation and supervision of prevocational medical education delivery
- Responsibility for health and safety obligations including, but not limited to:
 - o Maintaining a safe working environment for the RMO consistent with statutory obligations under the Health and Safety at Work Act 2015
 - o Reporting of health and safety events affecting the RMO
 - o Co-operation with the DHB on the management of health and safety risks and policy
- Provision of suitable facilities and equipment to enable the RMO to see patients
- Authority and responsibility of the provider for matters of patient care, conduct of the provider's employees and contractors in relation to the RMO
- Maintaining compliance with the provisions of this MECA that are relevant to the organisation and delivery of care in the provider's particular setting
- Operational arrangements to ensure that the RMO receives statutory meal and rest breaks or appropriate compensation
- The DHB point of contact for the RMO on pastoral and/or administrative matters related to the attachment.

A copy of this MoU shall be provided to the RMO and to STONZ. Any matters that the DHB or provider consider are commercial in confidence may be deleted.

If such arrangements are not in place that cover any or all of these matters, the DHB will use best endeavours to put them in place during the term of this MECA.

Where there is a proposal to substantively change the MoU, the DHB will consult with STONZ.

Overview – Application

Acknowledges that training arrangements may be required or developed where an RMO undertakes a run or other 'attachment' in a workplace of a non-DHB service provider (the provider), while remaining a DHB employee. Where such arrangements are in place, the DHB will document the expectations between the DHB and the provider in a Memorandum of Understanding (MoU).

A copy of this MoU shall be provided to the RMO and to STONZ. Any matters that the DHB or provider consider are commercial in confidence may be deleted. If such arrangements are not in place that cover any or all of these matters, the DHB will use best endeavours to put them in place during the term of the 2020-2021 MECA. Where there is a proposal to substantively change the MoU, the DHB will consult with STONZ.

Frequently Asked Questions (FAQs)

1. If I am allocated to a Community/Non-DHB attachment and I have concerns about an employee's behaviour who do I escalate these to?
 - You are an employee of the DHB whilst allocated to a Community/Non-DHB attachment. In the first instance raise with the DHB for guidance and depending on the nature of the issue the Community/Non-DHB Provider may also become involved.

2. What documentation can I expect to receive in relation to the Community/Non-DHB attachment?
 - Roster and run description
 - Information Sheet
 - Health and safety checklist
 - Orientation
 - Copy of MoU section detailing Community/Non-DHB Provider and RMO responsibilities

3. What am I required to do if I am sick whilst working at the Community/Non-DHB clinical attachment?
 - The general expectation is that there will be a dual reporting process to both the DHB and the Community/Non-DHB Provider for notification of unplanned leave/absences such as sick leave or bereavement leave.
 - Refer to the RMO Information Sheet for Community/Non-DHB clinical attachments which will detail the reporting requirements and timelines for unplanned absences to ensure that you follow the correct DHB process.

4. Can I claim for meals whilst allocated to the Non-DHB clinical attachment?
 - In the first instance you should check the run description. Where it details in your run description that you are not required to be on duty over a recognised meal period, you are not entitled to a paid meal. There is no entitlement to the meal provision set out at clause 20.0 of the STONZ MECA because you are not required to be on duty over a meal period.
 - If you are required to be on duty over a meal period, whilst allocated to the Non-DHB clinical attachment, check with the RMO Support Unit what process is in place in regard to meals before commencing the attachment.
 - After reviewing the run description if you are still unsure whether you are required to be on duty over a meal period, then seek clarity from the RMO Support Unit before commencing the Non-DHB clinical attachment.

5. Can I claim for mileage and tolls whilst allocated to the Community/Non-DHB clinical attachment?
 - You may claim mileage and tolls for travel from the Community/Non-DHB Provider to the hospital when rostered to an after-hours shift in hospital.
 - Where the Community/Non-DHB Provider has multiple sites and you are required to travel between these to undertake duties as part of your clinical attachment, you are eligible to claim mileage.
 - Refer to the RMO Information Sheet for Community/Non-DHB clinical attachments to ensure you follow the correct DHB process for submission of claims for mileage/tolls.

Comparison STONZ and NZRDA MECAs

The following table sets out where there are differences between the STONZ and NZRDA MECAs. Where there is no difference between clauses no detail has been provided in the comparison table.

	STONZ MECA Appendix 5	NZRDA MECA
Appendix 5: Non-DHB Provider Based Attachments / Runs	Non-DHB Provider Based Attachments/Runs Appendix sets out that where such arrangements are in place, that the DHB will document the expectations between the DHB and the provider in a Memorandum of Understanding (MoU)	No corresponding clause in the NZRDA MECA

Forms, Templates and Other Resources

The following resources form part of Appendix 5: Non-DHB Provider Based Attachments/Runs of the Manual.

Resource	Comment
Template Memorandum of Understanding	An example Memorandum of Understanding template that can be used by DHBs to set out commitments/expectations between the DHB and Non-DHB Provider in relation to the attachment/run
Provider Information Sheet – Community/Non-DHB Attachment	An example Information Sheet for the Non-DHB Provider related to the RMOs terms and conditions of employment whilst on the attachment
RMO Information Sheet – Community/Non-DHB Attachment	An example Information Sheet setting out expectations and requirements for the RMO undertaking the Non-DHB attachment
Health and Safety Induction Checklist	An example checklist for the Non-DHB Provider to complete confirming that the RMO has received a Health and Safety induction to the workplace as part of their orientation with the Provider.