

# **Voluntary Bonding Scheme Terms and Conditions 2009**

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## **1. Registration of Interest**

You understand that a registration of interest is not an application for a place on the 2009 Voluntary Bonding Scheme (the Scheme). The purpose of the registration of interest process is to obtain contact details for potential applicants and to gauge the number of potential applicants.

A separate process to formally confirm your place on the Scheme will follow.

## **2. Scheme confirmation**

To be confirmed in the Scheme, you must:

- be a New Zealand citizen or permanent resident
- have completed your final year of study at an accredited New Zealand Training Institution (refer to the definition below) in or since 2005
- be registered or able to be registered with the Medical Council of New Zealand, Nursing Council of New Zealand, or Midwifery Council of New Zealand
- be working or intending to work in a hard-to-staff community or specialty for three to five years, as per the eligibility criteria for each occupation (see definitions below).

You understand that there are limited places on the Scheme.

The Scheme is a voluntary process and the Ministry of Health takes no responsibility for any employment decisions you may make based on the hard-to-staff areas defined by the Scheme.

No Voluntary Bonding payments will be made if you withdraw before three full years (36 months) have been completed on the Scheme in accordance with these terms and conditions.

You are responsible for notifying the Ministry of Health (or its nominated agent) of any change of address or other contact details.

## **3. Payments**

You are responsible for initiating the first claim for payment after three full years (36 months) have been completed on the Scheme in accordance with these terms and conditions.

You will only be eligible for payments if:

- you have been employed in a hard-to-staff community and/or specialty (refer to the definitions below) for three full years (36 months) in accordance with these terms and conditions
- you meet minimum full time equivalent (FTE) employment requirements (refer to the definition below) OR the required number of births for Lead Maternity Carer Midwives (see section 5b below)

- you have complied with the rules governing pauses and absences from the Scheme (refer to the rules below).

No payments will be made until you have submitted a declaration confirming that the terms and conditions of the Scheme have been met during the relevant bonding period. You will also provide a report from your employer and/or college as evidence of compliance with the terms and conditions of the Scheme during the relevant bonding period.

If you have a student loan, the Voluntary Bonding payment will be made against your student loan.

If you do not have a student loan, the Voluntary Bonding payment will be paid as a cash payment.

The annual bonding credits for each profession are:

	<i>Annual credit (gross)</i>	<i>Annual credit (after tax)</i>
<i>Doctors</i>	\$15,873	\$10,000 net
<i>Midwives</i>	\$5,224	\$3,500 net
<i>Nurses</i>	\$4,228	\$2,833 net

Amounts correct as per 22 February 2009.

Taxes are deducted from bonding rewards before they are paid. Rates may be subject to tax changes.

#### **4. Definition of a Graduate**

A graduate is defined as having completed the requirements of a training programme from the list of accredited institutions below in 2005, 2006, 2007 and 2008 so that the graduate is eligible for registration in the following year.

List of accredited training institutions:

##### **Medicine**

- University of Auckland
- University of Otago

##### **Nursing**

- Auckland University of Technology
- Christchurch Polytechnic Institute of Technology
- Eastern Institute of Technology
- Manukau Institute of Technology
- Massey University (Wellington and Palmerston North)
- Nelson Marlborough Institute of Technology

- Northland Polytechnic
- Otago Polytechnic
- Southern Institute of Technology
- Te Whare Wananga o Awanuiarangi
- UCOL Universal College of Learning
- Unitech New Zealand
- University of Auckland
- Waiariki Institute of Technology
- Waikato Institute of Technology
- Western Institute of Technology
- Whitireia Community Polytechnic

### **Midwifery**

- Otago Polytechnic
- Massey University (Wellington)
- Auckland University of Technology
- Christchurch Polytechnic Institute of Technology
- Waikato Institute of Technology

New Zealand citizens who are currently in overseas training institutions and who meet the registration requirements of the New Zealand Regulatory Authorities can be considered for the Scheme on a case by case basis.

### **Medical graduates**

Registration will be considered from:

- 2007 and 2008 graduates who will work in one of the hard-to-staff communities for doctors for up to two years then be accepted on, and be completing, a vocational training programme for one of the hard-to-staff specialties for doctors for the remainder of the three to five year bonding period.

Should the graduate complete their vocational training before the end of the bonding period, they must continue to work in a hard to staff specialty to be eligible for the remaining payments.

- 2005, 2006 and 2007 medical graduates who have entered into a vocational training programme for one of the hard-to-staff specialties for doctors and will work in one of the hard-to-staff communities for doctors for the next three to five years.

If there are places available on the Scheme, registrations from 2005, 2006 and 2007 graduates who have entered into a vocational training programme for one of the hard-to-staff specialties for doctors in other locations will be considered on a case-by-case basis.

The hard-to-staff communities for doctors are:

- Northland DHB
- Lakes DHB

- Tairāwhiti DHB
- Whanganui DHB
- Wairarapa DHB
- West Coast DHB
- Southland DHB
- Wairau Hospital
- Whakatane Hospital
- Thames Hospital

The hard-to-staff specialties for doctors (in any community) are:

- general practitioner
- general surgeon
- internal medicine physician
- psychiatry
- pathology
- rural hospital medicine

### **Midwifery graduates**

The hard-to-staff communities for midwives are:

- Northland DHB
- Dargaville
- Counties Manukau DHB
- Tairāwhiti DHB
- Taupo
- Whanganui DHB
- Wairarapa DHB
- Capital and Coast DHB
- Southland DHB
- West Coast DHB

### **Nursing graduates**

Registrations will be considered from 2005, 2006, 2007 and 2008 graduates who will work in one of the hard-to-staff communities for nurses for the next three to five years.

The hard-to-staff specialties for nurses are:

- theatre
- intensive care (ICU) or
- cardiothoracic.

It is acknowledged that a number of other medical specialities and professions face considerable difficulty in recruiting and retaining graduates. Therefore other specialities and/or professions for the Scheme may be considered as part of the review of the eligibility criteria.

## **5. Definition of full-time employment and criteria for Lead Maternity Carer (LMC) midwives**

The Scheme is only open to graduates who obtain permanent employment in a hard to staff location/speciality and Lead Maternity Carer (LMC) midwives who work in hard to staff communities.

### **a. For doctors, nurses, and DHB-employed midwives**

A minimum 0.6 FTE applies for all Scheme registrants. Graduates who undertake substantive or continuous locum work will not be eligible for the Scheme.

The responsibility for verifying that the full time employment requirements have been met will be the responsibility of the graduate.

Graduates will make declarations and provide a report from their employer before each bonding payment is made (see above).

### **b. For LMC midwives**

FTE requirements apply to DHB midwives only.

LMC midwives have a different set of criteria to meet, based on the number of births carried out each year. This will vary depending on whether you work in an urban or rural hard-to-staff area. Whether the hard-to-staff communities for midwives are classified as urban or rural is still being determined.

An LMC midwife working in a hard-to-staff community must undertake the following number of births annually to be eligible for the Scheme:

- LMC midwives working in hard-to-staff urban communities are required to undertake at least 20 births in their first postgraduate year of practice and at least 30 births for their second and subsequent years of practice.
- LMC midwives working in hard-to-staff rural communities are required to undertake at least 15 births in their first postgraduate year of practice, and at least 21 births for their second and subsequent years of practice.

These criteria have been developed to bring an LMC's workload as close as possible to the 0.6 FTE requirement for DHB midwives. The first postgraduate year of practice starts in the calendar year following your final year of study. If you are accepted into the Scheme, but are not in your first year of practice, you are required to carry out the specified number of births from the second year of practice.

The responsibility for verifying the number of births undertaken each year will be the responsibility of the graduate.

Graduates will make declarations and provide a report from their midwifery provider organisation before each bonding payment is made (see above).

## **6. Commencement date**

The commencement date of the Scheme for each graduate determines the date on which a graduate's period of service in the Scheme begins.

For graduates who have indicated in their registration of interest that they are already working in a hard-to-staff community and/or specialty, the period of service is backdated to 1 January 2009. If employment was commenced later than 1 January 2009, the date on which employment began will be regarded as the commencement date.

For graduates who have indicated in their registration of interest that they intend to shift into a hard-to-staff community and/or specialty, the commencement date is the date the graduate begins employment in a hard-to-staff community or specialty. Graduates must have secured such a position by 31 December 2009.

## **7. Pauses and breaks in the term of service**

An absence of up to 14 weeks in a 12 month period will not affect the time period a graduate needs to complete bonding requirements. Such an absence is known as a break. This means a graduate can take up to 14 weeks' absence in a 12 month period from their position in a hard-to-staff community and/or specialty without affecting their eligibility for bonding payments.

However, if the graduate still holds an employment agreement, any additional absence over 14 weeks will be deemed a pause in completing Scheme requirements.

Any time taken beyond 14 weeks away from the hard-to-staff community and/or specialty must be added to the term necessary to complete the bond, and no more than ten weeks may be added during the course of one year. No more than 50 weeks can be added to any bonding term. This allows a graduate a total of 24 weeks for purposes such as maternity leave and further training opportunities in any one year.

## **8. Moving between hard-to-staff communities and/or specialties**

The following criteria apply to graduates who wish to move between hard-to-staff communities and/or specialties.

*Moving between communities when only community criteria applies:*

- A graduate will be permitted to move between communities, provided they move to a community that is considered hard-to-staff at the time of the move. This criteria concerns doctors in their first two postgraduate years and midwives.

*Moving between communities when only specialty criteria applies:*



- A graduate in a hard-to-staff specialty will not be restricted as to the community in which they work, as long as they continue to work in the same specialty. This is because only the specialty in which they are working has been identified as hard-to-staff. This criteria concerns nurses, and doctors from their third postgraduate year.

#### *Moving between specialties:*

- Graduates are able to move between hard-to-staff specialties, as long as they move to a specialty considered hard-to-staff at the time of the move.

#### *Medical graduates:*

- With the exception of some 2009 entrants<sup>1</sup>, graduate doctors are required to fulfil both hard-to-staff community and specialty criteria. Medical graduates who enter the Scheme in 2009 will be permitted to enter specialties that were determined hard-to-staff at the time of their entry to the Scheme, not simply those that are determined as hard-to-staff in their third postgraduate year.

## **9. Working as a locum**

The following criteria apply to graduates who may consider working in a locum position during their term of service on the Scheme:

1. For the purposes of the Scheme, “additional duties” performed for the graduate’s employer are not considered locumming.
2. When applying for payments from the end of three years’ service, the graduate will be asked to confirm that they have not engaged in “substantive” locumming. The Ministry defines “substantive” locumming as being a period of six weeks or more.

## **10. Privacy statement**

Our registration of interest form requires users to give us personal information such as your email address, employment and general professional details. The Privacy Act 1993 requires us to tell you that we are collecting and using your personal information.

All of the information you provide in the registration form will be treated as personal information and will be used, stored and disclosed in accordance with the provisions of the Privacy Act 1993. Relevant provisions include:

- the information must be collected directly from you
- the information will only be used for the purpose for which it is collected
- you have the right to request a copy of the information and to request correction of the information.

The information will be kept confidential and will not be disclosed to any person except in connection with the purposes for which it is obtained, or by operation of

law.

By submitting the registration form, you are authorising the Ministry of Health to collect personal information about you. This information will be stored and used by the Ministry for purposes associated with the Scheme.

You have the right to contact the Ministry of Health to request access to and correction of any personal information held about you.

We suggest you print a copy of this statement for your records.