



Te Kaunihera Rata
o Aotearoa

**Medical Council
of New Zealand**

DEFINITION OF A COMMUNITY-BASED ATTACHMENT

August 2019

By the end of 2020 intern year, every intern will be required to complete one clinical attachment in a community-based setting over the course of the intern training programme. Council approved a staged transition working towards 100% compliance by November 2021. Training providers will need to demonstrate progress towards this goal during the transition period.

Completing a clinical attachment in a community setting will familiarise interns with the delivery of health care outside the hospital setting.

A community-based clinical attachment must meet the following criteria:

- The clinical attachment is community-focused and provides for direct contact with patients or public health services.
- The community-based clinical attachment provides opportunity for the community management of medical illness and/or mental health, which may include early detection of disease, population health, and acute and chronic care management.
- The community-based clinical attachment familiarises interns with the delivery of health care outside the hospital setting, including an understanding of the interface between primary and secondary care and the wider health care network.

A community-based clinical attachment may be located in more than one practice setting over the course of the attachment, spanning both the community and hospital settings. Applications will be considered on a case by case basis providing:

- the intent and quality of the clinical attachment is ensured; and
- that the work the intern is undertaking has a direct relationship or link across the community and hospital settings proposed in the CBA; and
- the value of the overall experience includes developing and maintaining the patient/doctor relationship throughout the patient journey and continuity of care across clinical environments; and
- there are nominated clinical supervisors for the attachment who can oversee the learning and development of the intern across both practice settings.

Community-based clinical attachments can take place in a wide variety of settings, including but not limited to general practice, urgent care, community mental health, hospice and public health. This may include rural and regional locations, and settings that provide experience in the provision of health care to Māori.

A community-based clinical attachment should include provision for the intern to access the weekly formal education sessions delivered by the training provider. If this is not practicable, alternative arrangements for formal education need to be put in place.

Community-based clinical attachments will not usually include an attachment based only in a hospital setting, with the exception of rural hospitals that have been accredited for rural hospital vocational training and that are run predominately by doctors registered in the vocational scopes of general practice or rural hospital medicine.