Resident Doctors Support Service

Vision – To support the efficient delivery of a well, well-trained workforce for today and into the future

Te Kāwanatanga o Aotearoa
New Zealand Government

Health New Zealand
Te Whatu Ora

How the RDSS works to support the vision

The purpose of RDSS is to support the wellbeing, professional development and integration of Resident Medical Officers (RMOs) into the Aotearoa New Zealand healthcare system.

This is done through collaboration and partnership with clinicians, operational leads, unions, colleges to optimise the RMO experience

The goals and objectives will change and adapt as RMOs identify what works best for them and priorities change.

To make sure each new process or system we develop is effective, applicable and relevant to RMOs, RMO units and the health care system, our aims include:

Values-driven decision making – care/compassion
Nationally consistent and clear processes
Equity at the centre (raising the bar)
Cultural safety all the time
Ensuring RMO wellbeing and training are taken into consideration when planning services

Welcome to Health NZ

An Overview of Leave, Expenses & Other Important Matters

November 2025

Health New Zealand
Te Whatu Ora

Haere mai! Welcome!

Agenda

- Some background information
- Prior to commencing you should have….
- Prevocational medical training
- Run allocations
- Rosters
- Leave
- Flexible working options
- Expenses
- Medical indemnity insurance
- Payroll
- Wellbeing and support
- Q&A

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Some background information

- Prior to September 2021 – **20 District Health Boards (DHBs)** – own governance structures, rules and ways of working
- September 2021 – **DHBs disestablished** and merged into an interim Health New Zealand organisation
- Pae Ora (Healthy Futures) Act 2022
    - Effective 01 July 2022 Te Whatu Ora - Health NZ was established **to lead the operation of the health system** and design and deliver health services
        - 90,000 employees under one employer
    - Established **Te Aka Whai Ora** - The Māori Health Authority (now disestablished)
    - Established a Public Health Agency to **provide national leadership** on public health
    - A number of requirements including development of strategies and plans
        - The New Zealand Health Plan 2024 – 2027 (New Zealand Health Plan – Health New Zealand | Te Whatu Ora)
            - A three year plan for the delivery of publicly funded services by Health NZ

Some background information

- Health NZ is a **very** complex organisation
  - Approx 90,000 people employed at Health NZ and funds services for another 160,000 in community settings
  - Moving away from 20 DHB system
  - Lots of moving parts
  - Undergoing transformational change – work continues as change occurs
  - Filled with fantastic people who want the best for our patients

Prior to commencing you should have.....

- ✓ Returned offers of employment and accompanying paperwork
- ✓ Completion and submission of MCNZ registration paperwork
- ✓ Arranged for your furniture to be relocated
- ✓ Where appropriate, booked travel to new location
- ✓ Secured a home at the new location

You should have received or will shortly receive:

- ? Your orientation programme
- ? Your run allocations for 2026 training year

Questions to your local RMO Unit

Prevocational medical training

- Minimum **two year** training programme
- **Administered by local districts**, mandated by Council
- Aims to ensure Interns (House Officers) **further develop their clinical and professional skills** gained at medical school
- Interns will be **supervised by Clinical Supervisors and Prevocational Educational Supervisors** (PES)
- Interns and Clinical Supervisors will **meet regularly** throughout the quarter, or more frequently if needed
- Interns and their PES will **meet each quarter**, or more frequently if needed
- **Use of an eportfolio** ('eport') to reflect, collate and store information
- Clinical Supervisors and PES will have some access to eport content

Prevocational medical training

- First year requirements – **Working towards General Registration**
  - Satisfactory **completion of 4 accredited clinical attachments** (runs) at a minimum of 10 weeks worked per run
  - **Substantively attain** the learning outcomes outlined in the 14 learning activities of the curriculum
  - **Achieve CORE / ACLS** – certificate to be uploaded into eport
  - Completion of a **Professional Development Plan** (PDP) outlining goals for the next year
  - **Be recommended** for registration in a general scope of practice by the local Advisory Panel

- Second year requirements – **Working towards endorsement removal**
  - Satisfactory **completion of 4 accredited clinical attachments** (runs) at a minimum of 10 weeks worked per run
  - Completion of a **Community Based Attachment** (CBA)
  - **Substantively attain** the learning outcomes outlined in the 14 learning activities of the curriculum
  - Completed the **Multi Source Feedback** (MSF) programme
  - **Demonstrated progress** with completing their goals in their PDP
  - **PES to recommend removal** of endorsement

Prevocational medical training

- Questions?
  - Eport questions – your local RMO Unit or the Prevocational Team at Council prevocationalmailbox@mcnz.org.nz
  - Programme questions – your local RMO Unit, your Clinical Supervisor, your PES, Prevocational – PGY1/PGY2 training requirements | Medical Council or Microsoft Word - Prevocational Medical Training Intern Guide - updated August 2022.docx
  - 'I'm having difficulty with…..' – your Clinical Supervisor, your PES, the DCT, your local RMO Unit, your team, the ward Charge Nurse Manager, your Service Manager……..

Run allocations

General

- All Interns **must work in Council accredited runs**
- The run an Intern has been allocated to will often then **dictate the after hours roster** they will be working in
- **Requests to swap** a run should be made as early as possible and well in advance of the roster being published
- Should **Health NZ request an Intern to swap** a run there is a process that should be followed

First year Interns

- Runs are usually allocated to first year Interns on the basis of ensuring they **experience broad exposure** to general medical and surgical situations
- Not all House Officer runs are suitable for first year Interns to work in
- **Run swaps may be possible** but there may be restrictions

Run allocations

Second year Interns

- Districts will usually **seek Intern run preferences** for the next training year and will allocate based on this information
- Second year Interns may be allocated to a **Reliever position** for one quarter
- Some runs at second year level may be **six months in length**
- Where these exist, second year Interns may request to work in **sub speciality runs**
- **Run swaps** are more likely to be possible depending on availability

Rosters

- How to read and where to find these will be covered during orientation
- **Published 28 days** ahead of the period of the roster
- **Calling in sick** or due to another unexpected reason – steps will be outlined during orientation
- **Shift swaps** – usually permissible but may have some initial restrictions
- **Additional duties** – depending on the hospital, there may be some initial restrictions. Special rates apply
- **Cross cover** – Monday to Friday ordinary hours. Some initial restrictions may apply
- **Working later than stated finish time** – usually included in 'unrostered hours' portion of salary category data in run description
- **Nights** – Interns will usually commence working nights after the completion of 6 months. Provision for earlier in some cases

Run Category

- The 'category' of a run is considered when **determining an RMO's salary**
- Run categories are based on **average hours worked**
- To determine the run category, the following is considered:
  - **Basic ordinary hours** - *40 hours per week*
  - If the roster includes any **Rostered Days Off** (RDOs) Monday to Friday that are not sleep recovery days – *shown as a deduction*
  - What hours are rostered **outside of ordinary hours** – *long days, weekends and nights*
  - What '**unrostered' hours** are usually worked – *starting early or finishing late*
- Unrostered hours are determined using a salary review
- Once the category is known, the salary will be determined using the year of the RMO and the category
- House Officers will increase to the next year on their anniversary date stopping at year 3

Average Working Hours	Per Week
Basic hours (Mon-Fri)	40.00
Rostered Days Off Hours	A deduction
Rostered additional hours (inc. nights, weekends & long days)	Average after hours per week
Unrostered hours	Starting early / finishing late
Total hours per week	
Category	

Average Working Hours	Per Week
Basic hours (Mon-Fri)	40.00
Rostered Days Off Hours	-2.58
Rostered additional hours (inc. nights, weekends & long days)	12.25
Unrostered hours	2.50
Total hours per week	**52.17**
Category	D

Category	Hours	Year 1	Year 2
F	40 – 44.9		
E	45 – 49.9		
D	50 – 54.9	$XXXXXX	
C	55 – 59.9		
B	60 – 64.9		
A	65+		

Relievers paid 2 categories above

Leave

General

- **Types of leave** - Annual, sick, bereavement, time off in lieu (alternate holiday), family violence, parental, special, jury service, medical education, conference, employment relations, union, college or Council related
- Different application processes at each district and so will be covered during orientation
- Planned leave is usually **covered by a Reliever**
- Once approved, the leave **cannot be revoked** by Health NZ
- Some leave balances can usually be located in the local district HRIS system
- Leave **balances are transferred from district** to district when an RMO transfers to another location

Leave abutting weekends

- When an RMO is **on leave on the days immediately before or after a weekend**, they cannot be required to work the weekend (some slight differences between the collectives)
- Slight difference when rostered to nights over a weekend
- Some exclusions to this which will be covered during orientation
- Does not apply for time in lieu (alternate holiday)

Leave

Annual leave

- **30 days** per year
- Commence work with **0 hours and 'accrue' time each fortnight** to a maximum of 30 days being awarded on the anniversary date less any annual leave already taken
- May take '**advance' leave** ie when the balance is in negative
- Health NZ is required to provide details of the outcome of any annual leave application within **two weeks** of the application
- Entitled to annual leave to attend medical school graduation

Sick leave

- Difference in entitlement across both Collective Agreements
- For use when **unwell or injured**
- Can be used in the event an RMO has to stay at home and look after a member of the household who is a dependent (STONZ) or becomes dependent (NZRDA)
- **Medical certificate may be required** on third day
- Specific requirements around time off relating to **COVID**

Leave

Time in lieu (alternate holiday)

- Awarded when an RMO works or is on call on a public holiday
- Can elect to take a day as time in lieu providing specific notice provided and RMO has considered the employers view as to when it is convenient
- Leave abutting weekends rule does not apply

Medical education leave

- Some differences entitlement across both Collective Agreements
- MEL is most commonly applied for from second year onwards
- How to apply for medical education leave will be covered during orientation

Other leave

- Please check with your local RMO Unit

Flexible working options

Several options including:

- Taking a long period of time off
- Less than full time

Requesting a long period of time off

- Plan and make your request **well ahead of time**
- Consider the **impact on your training** – long periods of time off will elongate the expected duration
- Check in with your RMO Unit
- **Make a formal request** using the district process

Less than full time

- Plan and make your request **well ahead of time**
- Consider the **impact on your training** - due to the reduction in worked hours, you may need to spend longer in the programme
- Check in with your RMO Unit
- **Make a formal request** using the district process

Expenses

General

- A **wide variety of entitlement** around expenses
- General items include APC renewal fees, MCNZ registration fee (PGY1s only), InPractice, college fees, Te Ora – Māori Medical Practitioners Association membership fees (up to $300), medical indemnity insurance and for those eligible; relocations, medical education costs plus others

Key points when making a claim

- How to make a claim and where to find the form to complete will be discussed at orientation
- In most cases, your district will require an **invoice and receipt** for each item being claimed. EFTPOS receipts are not acceptable
- Please **submit the claim early**
- Take a **structured approach** if there are numerous items (number each, order the items etc)
- Check with your local RMO Unit if you have any questions

Medical indemnity insurance

- Is also known as **professional indemnity insurance**
- **Provides protection** to medical professionals (and other workgroups) against claims of negligence, errors or omissions in their professional services
- Is **a condition of employment** when working for Health NZ
- **Group schemes** – some districts have a scheme with a / some providers where the cost of the annual subscription is paid direct by Health NZ
- **Individual** – some RMOs choose to manage their insurance independent and so will arrange cover and payment, and then seek reimbursement
- Main providers are MPS and NZMII
  - Medical Protection New Zealand
  - NZMII
- Check with your local RMO Unit about their group schemes

Payroll

Payslips

- How to read your payslips and where to find these will be covered during orientation
- Annual leave balances will usually be found on your payslip
- If there is an error in your pay, check in with the RMO Unit

Making changes

- Most Payrolls will have a generic address for use
- Check in with your RMO Unit

Wellbeing and support

There are multiple ways of seeking help depending on your need and these will be covered during your orientation

People support

- Supporters **can be found amongst many whom you will be working** with including Clinical Supervisors, Registrars, other House Officers, Clinical Directors, the CMO, other ward staff, the RMO Unit, team, your PES, the Director of Clinical Training, your union rep.....
- **Regular check ins with your PES** are vital as they will be able to assist you to navigate issues
- The RMO Unit is able to adjust your roster as needed

System support

- Health NZ recognises the importance of supporting staff to be well and have dedicated teams with an interest in wellbeing
    - RDSS has a **Wellbeing Lead** who is a driving force leading work in this space
    - **Kaimahi Hauora Hub** – Stress First Aid, Stress First Aid Peer to Peer Support Programme, The Well-Being Index, Workplace Guidelines for Family Violence, Mental Health Pack, Parents and Carers Pack

Wellbeing and support

System support cont

- **Health and Safety at Work Hub**
  - Violence and Aggression at Work, Hazardous Substances, Safety Alerts
- **Kaimahi Welfare Support**
  - Financial Support, Advice, Temporary Housing, Emotional Wellbeing Support

Employee Assistance Programme – Southern Cross Mental Health

- 0800 735 343 or https://www.raisementalhealth.co.nz/ or get the Raise app
- Completely confidential and free sessions
- Counselling for self or immediate family (in person / on line)
- Rongoa Māori Services
- Legal Assistance
- Finance Assistance
- Professional Supervision

Q&A