

STONZ National Manual

Section 2. General Information

This section provides an overview of the RMO lifecycle, how RMO Support is structured in DHBs and commonly used terms and acronyms within the health environment.

Resident Medical Officers (RMOs)

An RMO is a person who has graduated from Medical School as a qualified doctor and is undergoing further training to become fully qualified in an identified (MCNZ mandated) vocational scope of practice.

The term “Resident” comes from the doctors being “resident” in the hospitals, ie, on site as opposed to Senior Medical Officers who are usually on call and not actually on site, particularly outside ordinary hours.

RMO Lifecycle

An individual who wants to train as a doctor in New Zealand will need to study at and graduate from a Medical School – Auckland and Otago University have medical schools. To graduate from Medical School they will undertake six years of study with the final year being a Trainee Intern (TI) year, which is made up of clinical attachments at hospitals. At the completion of their TI year, they will be able to apply to DHBs within New Zealand for employment as an RMO.

A RMOs first appointment will be a first year house officer position (post graduate year 1 – PGY1) referred to as a House Officer (HO). Their second year is known as a second year house officer position (post graduate year 2 – PGY2) and they continue to be referred to as HOs. From their 3rd year they are referred to as Senior House Officers (SHOs).

As a first year, the HO is registered within the provisional general scope of practice. The first year consists of four rotations, these attachments are required to be accredited by MCNZ through the ePort system and the HO must satisfactorily complete these prior to applying for General Scope.

At the end of their PGY1 year, if all requirements have been met the HO can apply for general scope of practice. There will still be an endorsement on the HOs practicing certificate, this is that the HO is required to work in accredited attachments.

From their second year onwards, RMOs will start to think about which vocational pathway they would like to follow, ie, the medical speciality in which they would like to specialise and “graduate” from, eg, Paediatrics (children) or Orthopaedics (bones).

From the end of their second year, once the endorsement is removed from their practising certificate they may apply for and be offered a Registrar position. This is the beginning of their pathway to their chosen speciality. If a HO is not successful in obtaining a Registrar position, they will continue as a HO, eg, as a PGY3, PGY4.

Generally speaking when a HO is appointed to a Registrar post, they enter a specialty training programme which will be of five or more years’ duration. They will need to gain membership of the specialty college concerned and to start working towards satisfying the requirements for the specialist qualification, which includes acquiring clinical skills and in-depth knowledge in the specialty and passing examinations set by the college.

In some specialities such as Surgery there may also be non-training Registrar positions, for which the RMO may not be a member of a training programme.

The RMO lifecycle is depicted diagrammatically in [Appendix 1](#).

RMO Runs / Rotations

A run or rotation is the period of time where an RMO is allocated to a Service/Department. House Officer rotations are three month’s duration, e.g, a first year HO will have four, three-month rotations in a training year. Registrar rotations are generally six months, with some programmes having 2, 3 or 4 month attachments.

Allocations

Allocations are completed on an annual basis and will comprise a set of four HO runs which make up a one-year allocation of training attachments, ie, there are four runs put together as separate rotations that make up a full run block or module. Each DHB will record the annual allocations for each RMO which will normally have a unique identifier assigned.

For PGY 1 runs they will be assigned an MCNZ number and MCNZ will track these runs as part of the MCNZ DHB accreditation process.

Examples of run blocks or modules are as follows;

Example 1

Run Block Code	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
MM1	GEN MED	GEN SURG	GERI	ORTHO
MM2	ORTHO	GEN MED	GEN SURG	GERI

Example 2

1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
H MED 6	H ORTH 2	H REHAB 1	H MED 1
W MED 5	K AT&R 2	W SURG 2	W MED 2
H MED 3	H PLAS 1	M ORTH	H MED 6

Annual Recruitment Cycle

Each DHB conducts an annual recruitment process for posts in their DHB based on a national timetable which is detailed on the Kiwi Health Jobs website at the following link;

<https://www.kiwihealthjobs.com/rmo/annual-recruitment-cycles>

RMOs have continuous employment and each DHB runs a process to obtain run preferences and allocate RMOs for the coming training year. Allocations will generally be released in September/October of each year.

PGY1 HOs are allocated to sets of 4 runs which meet their training needs for the provisional registration year.

PGY2-4 HOs nominate their run preferences and are then allocated to runs through a manual matching process which aims to optimise allocations to preferred runs on an equitable basis across all the HOs involved.

For Registrars, the allocation to training positions is done directly by the college and notified to the DHB or done by clinicians within the DHB who represent the college. The allocation to non-training positions is done by DHB representatives usually clinically led.

RMO Support Unit

RMO administrative support may be provided through a centralised Unit or through separate RMO Support roles which are based in individual Services and report to that Service. In some cases, RMO Support activities are part of other administrative positions.

The role of the RMO Support Unit or RMO Support person is to provide advisory and administrative support to the DHB's Services and RMOs. They act as a key contact point for RMOs and the Service(s), work closely with Payroll and liaise with RMO Support and external organisations

The RMO Support partners closely with the Service to provide advice and guidance on all RMO employment related matters.

The role may include (but is not limited to):

- Being a “one stop shop” for RMOs;
- Providing first level advice to Services on the STONZ MECA;
- Roster management;
- Distributing starter packs;
- Administration of DHB orientation;
- Sourcing cover;
- Processing leave applications and claims;
- Holding a resource of all RMO forms and letters (eg, leave, claims, resignations, personal details);
- Checking practising certificates, ACLS and registration status;
- Handling general enquiries;
- Recruiting RMOs.

In most instances the DHB line managers carry final authority for;

- Managing RMOs - the Clinical Directors and Service Managers of each Service are the managers of the RMOs;
- RMO performance management;
- Activities which require Service specific decisions, e.g., contingency planning to cover an RMO absence where cover cannot be found by the RMO Support (a Service responsibility);
- Activities that have budgetary implications beyond “normal business”, e.g. approving locum hire for Planned Leave (a Service responsibility);
- Dealing with complex or interpretation issues associated with the DHB MECAs (an ER/HR responsibility).

Points of Contact

Each DHB will have agreed communication channels and delegated authority. For example in many DHBs;

1. The RMO Support maintains a list of the contact names and numbers for each Service and support within the Service where this is not provided by the RMO Unit.
2. The Service contact person/people must have the delegated authority or procedures in place to allow them to fulfil their RMO related responsibilities.

Commonly Used Terms and Acronyms

Titles and Positions	
Advanced Trainee	A Senior Registrar who has been accepted into the advanced training programme by the relevant specialty College
Basic Trainee	In training programme to become a specialist
SET Surgical Trainee (SET)	In training programme to become a surgical specialist
Business / Service Manager	Manages the non clinical aspects of a Service
Clinical Director / Head	Consultant responsible for the clinical aspects of the Service
Clinical Leader	Consultant in charge of the Clinical Directors / Heads
Duty Manager	Manages the daily operation of the hospital. Is also on call after hours for RMO coverage / replacement matters
College Supervisor / Supervisor of Training	Vocationally registered SMO who is a College representative and responsible for the supervision of RMOs on a vocational training programme
Educational Supervisor	A Council appointed vocationally registered doctor who has oversight of the overall educational experience of a group of PGY1 and/or PGY2 doctors as part of the intern training programme. Previously referred to as an 'intern supervisor'.
Fellow	RMO in fellowship year of training (ie, final year prior to full consultant). Term may also be used for RMOs carrying out research
HO	House Officer – RMO usually in their first two years following graduation from Medical School
HS	House Surgeon = House Officer
IMG	International Medical Graduate. A doctor whose primary medical qualification was gained in an overseas (non New Zealand) medical school.
Locum	Doctor who is not an employee of the DHB who undertakes casual duties
MO	Medical Officer– similar to Fellow
PGY1	Postgraduate year 1 (House Officer)
PGY2	Postgraduate year 2 (House Officer)
NZ REX Doctor	Doctor trained overseas who has passed the NZ REX exam and is now eligible to practice in NZ
Registrar	RMO usually from their 3rd year following graduation from Medical School, following being a HO for two years – usually on a vocational (specialty training) pathway
RMO	Resident Medical Officer = House Officers, Senior House Officers & Registrars
SHO	Senior House Officer – usually in their 3 rd and 4 th years following graduation

SMO	Senior Medical Officer/Consultant/Specialist
TI	Trainee Intern – Final year student at Medical School – undertakes clinical attachments at hospitals

Organisations and Colleges	
BPAC	Bpacnz – an independent not for profit organisation whose role is to deliver educational and continuing professional development programmes to medical practitioners and other health professional groups throughout NZ.
DHB	District Health Board
CICM	College of Intensive Care Medicine
ACD	Australasian College of Dermatologists
ACEM	Australian College of Emergency Medicine
ANZCA	Australian and New Zealand College of Anaesthetists
RANZCOG	Royal Australian and New Zealand College of Obstetricians and Gynaecologists
RACP	Royal College of Physicians
RACDS	Royal Australasian College of Dental Surgery
RACS	Royal College of Surgeons
RANZCO	Royal Australian and New Zealand College of Ophthalmologists
RANZCP	Royal Australian and New Zealand College of Psychiatry
RNZCGP	Royal New Zealand College of General Practitioners
RNZCR	Royal Australian and New Zealand College of Radiology
RCPA	Royal College of Pathologists Australasia
HWNZ	Health Workforce New Zealand
MCNZ	Medical Council of New Zealand
NZMA	NZ Medical Association
NZRDA	NZ Resident Doctors Association
STONZ	Specialty Trainees of New Zealand

Specific RMO Related Terms	
Category run (MCNZ)	Refers to level of supervision for the MCNZ (can be an A, B, C or D). Note: these are not pay categories
CFS	National Contract for Service for locum engagement
CBA	Community Based Attachment
CME	Continuing Medical Education (entitlements set out at clause 10.8.2)
e-Port	The national e-portfolio programme which records and tracks skills and knowledge acquired by new doctors during their first two years of medical practice.
Long day	A long day is hours worked in excess of 10 hours - 0800-2200 or similar
MECA	Multi-Employer Collective Agreement
Medical Education Leave (MEL)	Leave for study, exams, courses and conferences
Night	2200-0800 or similar
Normal day	0800-1600 or similar
NZRDA MECA	20 DHB and NZ Resident Doctors' Association Multi Employer Collective Agreement dated 17 May 2021 to 31 March 2024
PES	Pre-Employment Screening
Protected training time	Contractual obligation for medical learning – a minimum number of hours rostered duty per week set aside for the purpose of medical learning not directly derived from clinical work
Resignation	Is being used in this Manual to mean when a RMO leaves a DHB to go and work for another DHB or to pursue other work or personal interests. For the Auckland and Wellington DHBs this describes movement to and from the region
Run	Duration for which RMOs are allocated to positions
Run category (pay)	The run category determines the rate of pay for the run. The category is determined by the expected average weekly hours of work (can be an A, B, C, D, E or F) as determined by the formula set out in the MECA
Run description	Is in the nature of Job Description and describes the work on the run, with specified add-ons
SNEF	DHB and STONZ National Engagement Forum
STIL	Statutory holiday in lieu
STONZ MECA	20 DHB and Specialties of New Zealand Multi Employer Collective Agreement dated 14 December 2020 to 13 December 2023
TOIL	Time off in lieu

Hospital / Service Related Terms	
Please note that these terms may not be used at all DHBs	
ACLS	Advanced Cardiac Life Support – all doctors should have a current certificate
Admitting	Patients are moved to a ward. Admitting can be from ED/EM/ECC, APU/SSU, Pre Admit Clinic
PC (also known as APC)	Practising Certificate (issued by the MCNZ) – all doctors must have one. Please note that MECA refers to annual practising certificates
APU	Assessment and Planning Unit (for people who are only go to stay in hospital less than 48 hours) – see also SSU
APLS	Advanced Paediatric Life Support
Call day	Day which the team is on admitting. Can also be called On Take or On Call day
CCU	Coronary Care Unit
CPR	Cardiopulmonary Resuscitation
CTSU	Cardiothoracic Surgical Unit
DCCM	Department of Critical Care Medicine
ED/EM/ECC	Emergency Department/Emergency Medicine/Emergency Care Centre
EMST	Early Management of Severe Trauma. A course for ED/Surgical/Orthopaedics
ENT	Ear, Nose and Throat
ER	Employee Relations / Employment Relations (cover all employment agreement matters and legal employment issues)
HR	Human Resources
ICU	Intensive Care Unit
ID	Infectious Diseases
NICU	Neonatal Intensive Care Unit
O&G	Obstetrics and Gynaecology
OHS	Occupational Health and Safety (Occ Health – DHB)
OPH	Older People's Health
ORL	Otorhinolaryngology
OT	Operating Theatre
PHO	Primary Healthcare Organisation
PICU	Paediatric Intensive Care Unit
Post acutes	Review of patients who were admitted the day before

PRE A	Pre Admission
Pre admit clinic	For review of patients prior to surgery (usually happens day before)
RC	Responsibility Code = the budget code
Service	Department
SSU	Short Stay Unit (for people who are only go to stay in hospital less than 48 hours) – see also APU
Ward round	Consultant led review of patients on the ward

Medical Terminology	
Cardiology	Heart
Cardiothoracic	Organs inside the thorax – heart and lungs
Dermatology	Skin
Endocrinology	Hormones, chemical balance
Gastroenterology	Digestive tract, stomach and intestines
Gynaecology	Female reproductive system
Haematology	Blood
Neonatal	Babies
Neurology	Brain and nervous system
Obstetrics	Pregnancy and birth
Oncology	Cancer
Ophthalmology	Eyes
Orthopaedics	Bones
Otorhinolaryngology	Ear, nose and throat (ENT)
Paediatrics	Children
Palliative Care	Care and support of critically ill – usually terminally ill
Pathology	Post mortems; diseased tissues – diagnostic - laboratory
Radiology	X rays - diagnostic
Renal / Nephrology	Kidney
Respiratory	Lungs
Urology	Urinary system
Vascular	Arteries and veins

Appendix 1 – RMO Lifecycle:

Medical School



HOUSE OFFICER – 1ST YEAR

PGY1 (includes NZREX)



HOUSE OFFICER – 2ND YEAR – PGY2

SENIOR HOUSE OFFICER – YEARS 3 AND 4 - PGY3 & 4



REGISTRAR

(VOCATIONAL TRAINING PATHWAYS)

(examples only and not all specialties)

