



# 2026 BARGAINING REPORT

## Confidential Report on STONZ 2026 CEA Offer

We are pleased to present members with an offer from Te Whatu Ora | Health NZ that we will be taking to a ratification vote. Please take the time to read through the summary, the offer analysis, and the terms of settlement.

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## Webinar and Resources

We will be running two webinars to discuss the details of the offer and answer members' questions on **Monday 20<sup>th</sup> April and Wednesday 22<sup>nd</sup> at 7pm**. Please email us any questions or comments you have about the offer to [communications@stonz.co.nz](mailto:communications@stonz.co.nz). We will collate them and answer them in the webinars and via fact sheets.

## Background to Bargaining

At STONZ, we believe there is no one-size-fits-all approach. Every specialty, every RMO level, and every hospital is unique.

STONZ's claims in this round of bargaining reflected not only the lived experiences of our team, but those of our wider membership. We are committed to advocating for working and training environments that are responsive to the realities RMOs face. They are tailored to support RMO's at every level, in every specialty, and in every hospital across Aotearoa.

In our previous negotiations, we raised concerns about the future direction of the workforce. We are now beginning to see the consequences, where the emphasis has shifted away from core hours and training opportunities.

We presented our claims in these negotiations, and urged Te Whatu Ora | Health NZ (and the government) to reflect carefully on the kind of health workforce they want to build—both now and into the future—and to consider the broader values that underpin that vision. STONZ is committed to creating a sustainable RMO workforce with great training opportunities, that ultimately delivers better health services for all New Zealanders.

Member surveys highlighted that clinical resourcing, remuneration, and access to training are key concerns for our membership. Key priorities outlined included:

- Remuneration Claims
- Interpretation and Compliance Claims
- Commitment to retain the escalated cross-cover and additional duty rates
- Reviewing outdated allowances and penalties
- Enhancing parental leave support for members

Our executive team—who are working and training within the system—led negotiations, sharing their own experiences and advocating for improvements that will better support everyone. Their lived experience informed every discussion and proposal.

Reaching this point has required significant time, commitment, and collaboration. We participated in several full days of face-to-face bargaining meetings, alongside online workshops and preparation sessions, to test ideas, refine priorities, and push for meaningful progress.

As RMOs, we understand the pressures of training, rostering, fatigue, and balancing learning with service delivery. That perspective has been central to the discussions—ensuring proposals are practical, relevant, and focused on real improvements to working and training conditions.



STONZ Bargaining team,  
December 2025



Kate & Jordan after meeting  
Hon Simeon Brown,  
March 2026



STONZ Bargaining team,  
January 2026

Thank you for the trust you place in your representatives. This work is driven by the shared goal of building a more sustainable, supportive system for everyone.

## Offer: Key elements

This offer is the result of 4+ months of bargaining and represents a significant investment into STONZ members' income and overall employment package.

The term of the proposed agreement is 26 months from 1 March 2026 – 30 April 2028.

The key elements of the proposed remuneration changes are:

### Key Pay Outcomes

- 2.5% salary increase from 2 March 2026
- 2.5% salary increase from 1 March 2027
- \$3,000 gross lump sum payment (LSP) (rated by FTE) for STONZ members at ratification.\*
- Reintroduction of the qualification-based exam progression from 1 March 2026 (NSI) including those members who became eligible during the term of the last CA (effective 1<sup>st</sup> March 2026). \*\*
- Guarantee that the enhanced additional duties and cross-cover rates will continue for at least the term of the CA.
- Removal of the first year House Officer Scale for those working a schedule 10 roster, which will mean an uplift in salaries.
- Added provisions of \$10,000 and \$15,000 for Relief categories for registrars who are at the top of the scale depending on category and step.
- Recognition of up to two years as a dental house officer carried over onto the registrar scale when stepping up to registrar and upon acceptance into a vocational training programme that requires both a medical and dental degree.

*\*Important note that the LSP is a one-off payment and if this offer is not accepted then the LSP will go from being a certainty to being a negotiable.*

*\*\*does not include backpay – but for those members who became eligible during the previous SECA they will increase effective 1<sup>st</sup> March 2026.*

### Leave, Wellbeing and Safe Work

- Inclusion of Waitangi and ANZAC days into the Public Holiday Off-Duty Day clause.
- Sick leave will now be debited on an hour-for-hour basis, with short, planned appointments (2-hours or less) excluded.
- Confirmation that RMOs need to be provided appropriate non-clinical administration time to complete employer mandated online training and modules including violence at work training. If it is identified that an RMO has not completed any required mandatory employment modules i.e., H&S modules, that time is coordinated so the RMO can complete these in work hours.
- Mileage when travelling for work purposes in your own vehicle; Clause will be updated to clarify that it includes the return trip.
- Clarified entitlement to access to safe parking or alternative transport for RMOs whose shifts start or end during the hours of darkness, e.g. those working long days/nights or on-call.

### **Parental Leave**

- Clarified and protected the use of sick leave for RMOs supporting a dependent partner recovering from a Caesarean Section (CS) or complications associated with birth.
- Stronger protections when returning from parental leave include the inclusion of 'On Call' in the list of after-hours shifts already including long days, weekends and nights that can be requested not be rostered to for the first month following return on PL (applicable to both primary and secondary caregivers).
- Clarified access to breastfeeding facilities and what should be provided.
- Ability to access procedural skill refreshers and return-to-work workshops which shall be reimbursable under CME (Clause 10.6 or 10.8).
- Expectation that RMO unit / services shall work with RMOs returning from parental leave to ensure a return-to-work plan is in place, which includes a reorientation session and access to peer support / clinical supervision.
- Agreement to working with HNZ to develop a guide to ensure better consistency of support and approach to RMOs going on, during and return from PL to ensure that the Best Practice Guidelines are being used and adhered to.

### **Training and Professional Support**

- Agreement that 'Senior Registrars' are those Registrars in a recognised Australasian vocational training programme (rather than those just in 'advanced training'). Other criteria remain the same.
- Expanded reimbursement of college and vocational registration fees for dual trainees.
- Updated House Officer grant to be available from PGY1 and can now also be used for personal computers / tablets, personal surgical / medical equipment or attendance at conferences. \*

*\*Note: House Officer grant can only be used for 'tech' in PGY2 onwards.*

### **Rostering, Runs and Engagement**

- Clearer consultation processes for run description changes over the December – January period.
- Commitment to national engagement via the STONZ National Engagement Forum (SNEF).
- National project to review on-call rostering and fatigue management.

### **Transfers and Relocation**

- Protection from nights, on-call and weekend duties the weekend before transfer.
- Storage costs up to 12 months will be covered where required.
- Introduced flexibility of when travel expenses can be paid to cover situations where a RMO may need to move prior to the end of a run.
- Agreement that extension to paid expenses may be paid when furniture remains in transit.

- Transfer grant increased to \$1,000.
- Accommodation allowances increased to \$80 (first 2 weeks) & \$65 (third and fourth week).
- Agreement to work together to ensure national consistency of transfer provisions in the future.

### **Consultation and Future Projects**

- New obligation to consult STONZ on outsourcing affecting RMOs and their training.
- Work together on the transition of GPEPI trainees into Health NZ during the agreement term.
- Review the future of the meals pilot.
- Project to review and better understand the Chief Resident role to inform future negotiations.

### **National Manual updates**

- Clarifying that insurance when transferring districts is fit for purpose by adding the words, “appropriate & reasonable” in the National Manual to define what insurance should be reimbursed.
- Clarify the intention that Fellows who are completing / who have recently completed training in an Australasian College and who are employed on the STONZ T&Cs are covered by all elements and entitlements as a Registrar.

## Bargaining analysis

The STONZ team believes that without protracted industrial action (i.e. significant strike action) this is the best offer that Te Whatu Ora | Health NZ can make under the current government settings.

In addition to Te Whatu Ora | Health NZ, the government policy settings mean that there are several parties involved including:

- Te Whatu Ora | Health NZ Chief Executive & Board
- Treasury
- The Public Service Commission (PSC)

We have also had to work to push past the [government workforce policy statement](#), and the [minister's letter of expectation](#).

The workforce statement covers a range of workforce matters including remuneration, negotiation of employment agreements, capacity and composition of the workforce, pay equity, diversity, data and information. And while the PSC outlined that it should not predetermine the outcome of bargaining with unions, it clearly set the parameters and influenced Te Whatu Ora | Health NZ's bargaining strategy and ability to move on any proposed settlements.

### **Certainty in uncertain times**

Right now, there is a lot of economic and political uncertainty. Internationally, there are events occurring beyond the control of our country but nevertheless place external pressures on the government and the broader public. The current New Zealand government also ceases to exist from November. The nature of the new one is uncertain. Just as uncertain is the next government's fiscal position and the state of the economy.

Faced with this our bargaining team has two options. One is to pursue a long-term bargaining strategy with the expectation that the political and economic environment might change in our favour. This carries the serious risk that it may not and would likely require prolonged industrial action and a significant period without a pay increase under a mandate that firmly excluded any back payment as part of an offer, a condition clearly communicated at the outset and consistently maintained throughout negotiations.

The other is to push as hard as possible in the current environment for the best deal we could get right now. We believe this offer represents the best deal we can negotiate without protracted industrial action.



The team has worked hard to get an offer on the table as effectively as possible. This offer represents no break in our CA and means that there would be no-time that our members are without an increase.

We have spent a lot of time considering what a 'suitable offer' might look like and throughout ensured that we were constantly reflecting on what members outlined as priorities in the surveys as well as direct feedback from queries, our delegates and challenges we were experiencing with HNZ.

We recognise this year brings significant uncertainty, particularly given the cost-of-living crisis and rising fuel prices, the full impact of which is still unfolding and that this year is an election year.

Our approach was to secure the best deal possible without a prolonged period of no pay rise or likely industrial action. Given the potential impact of extended industrial action on members, training, and the union, we believe accepting this offer is the best option. However, if members wish to pursue a more protracted bargaining strategy with uncertain outcomes, we will support that choice. The key priority is that members make this decision with a clear understanding of the risks and opportunities involved.

We have been closely watching other bargaining strategies and reviewing the settlements that have been reached. Holding out might achieve more but comes with risk and we believe that we have found the right balance between risk and reward with this offer.

Remuneration is just one element of negotiations and in addition to this, we have addressed a significant number of non-remuneration clauses which have been causing issues for members, and we believe will better support RMOs overall.

We believe we have secured the best offer that Te Whatu Ora | Health NZ can currently offer, and, on that basis, we are recommending it to members. If this offer is not supported by members, we need a firm commitment from you that you would be willing and able to take industrial action.

## Offer Analysis

For certain elements of the agreement, we have provided additional detail below as to why we advocated for their inclusion in the proposed new SECA.

### **Percentage increase across all scales**

At our last negotiations, STONZ and Te Whatu Ora | Health NZ undertook a significant piece of work to better understand how RMOs are paid, and what could be done to improve the transparency and accuracy of how RMOs are paid.

As a result, the rates underpinning the STONZ salary scales were reviewed and replaced with a more balanced and fairer model.

It was agreed that there is still more work to be done to ensure that RMOs are remunerated fairly for the hours worked, as the current system is still far too complex. However, it has been acknowledged that until there are significant changes made to payroll services, making any further changes would not be compatible with the current system.

This offer represents a 2.5% increase each year across the term, which will be applied to the base hourly rates that build the salary categories, for everyone.

### **Inclusion of a Lumpsum payment**

To further support our Remuneration claim, we were able to negotiate a lumpsum payment which is reflective of the timely process our team ran and is for all members, to help recognise the sustained contribution of RMOs in maintaining safe and efficient service delivery amidst ongoing vacancies, while supporting productivity, workforce stability, and the retention of doctors.

The lumpsum payment represents the equivalent of an additional one-off 2% for someone on registrar step 3, category C.

### **Enhanced additional duties and cross-cover rates**

Enhanced additional duty rates have now been in place for four years, and since COVID have become embedded and expected within the system.

Our view is that while post-COVID staffing volatility has stabilised, chronic gaps persist in rosters across many services. These gaps continue to place pressure on RMOs, making fair and competitive compensation for additional duties essential.

Whilst these rates have never been written into our collective agreement before, we have negotiated that the enhanced rates remain in place and are guaranteed for at least the next 26 months while we work with Te Whatu Ora | Health NZ over what a longer-term solution looks like.

### **Re-introduction of the non-service increment**

At the 2023/24 STONZ negotiations, a condition of being able to make the relevant changes to the Pay Scales, including the significant remuneration uplift, was the removal of the NSI.

Both parties supported the removal of the NSI due to the difficulties of administering the clause as well as the inequities it caused between RMOs of different specialties.

At the time, the HNZ negotiation team assured us the same conditions would apply in NZRDA bargaining and that the NSI absolutely had to be removed from both contracts, however, this was clearly not the case and has been a significant point of contention since the last negotiation and during this negotiation.

The non-service increment has been successfully reintroduced into our SECA and sits outside the total cost of this settlement, i.e., is in addition to all other negotiated outcomes. And for any member who became eligible during the period of the last SECA, they will be eligible for a step increase effective 1<sup>st</sup> March 2026.

### **Additional Duties – Senior Registrar recognition**

The change of wording in some College programmes has given rise to confusion around the term “advanced trainee”.

The recent arguments made by Te Whatu Ora | Health NZ, suggested that because some training programmes have different levels within their curriculum (e.g., ‘basic’, ‘advanced’) RMOs are not entitled to the additional rate until they reach the portion of training that the College has designated as ‘advanced’.

This has led to significant variation in implementation across districts. For example, some members, who were previously paid at a Senior rate, have been ‘reverted’ to non-Senior rates; members of the same speciality have been paid at different rates in different regions; and RMOs with less experience have received these rates over their colleagues.

STONZ has now negotiated that from the 1<sup>st</sup> of March 2026, a trainee on a recognised Australasian training programme who has passed their Part 1 Exam or equivalent and who is on Step 4 of the salary scale will be considered an “advanced trainee” in *terms of the SECA*.

Equity in the SECA is paramount, no trainee should be disadvantaged by wording that has different interpretations in different settings.

### **Better support for RMOs taking Parental Leave**

The 2025 STONZ Parental Leave Survey further reinforced the need for stronger, more consistent support for RMOs taking parental leave.

Following STONZ's 2021 survey, many RMOs continued to report unclear processes, limited flexibility, and insufficient support when balancing clinical duties with parenting upon returning to work.

From the 2025 survey, over 70% of respondents were not provided with a parental leave policy, and nearly 90% received no additional support during the application process. These findings highlight the importance of embedding clear entitlements and protections into the SECA to ensure RMOs are supported throughout their parental leave journey and not disadvantaged in their careers for becoming parents.

Through this SECA, we have secured both improvements to existing clauses and commitments from HNZ on further actions required. We believe these changes will make a meaningful difference for RMOs balancing work, training, and parenting. While there is still more to be done in this area, we remain committed to advocating for further improvements throughout the term of the SECA.

### **Transfer & Roster protection for RMOs moving between Districts**

When RMOs move between Districts, there is a lot of preparation required including arranging transportation of household affects, relocation of family pets, family members, including cleaning and vacating current accommodation.

Not all RMOs are able to make arrangements that line up exactly with the end of/start of the run so we have negotiated better flexibility for those RMOs who need to move for training. We also heard from RMOs that at the last changeover there were frustrations with insurance, storage, time off prior to moving as well as some allowances no longer being sufficient which have all be addressed in claims which we have managed to negotiate either in full or part which again continues to be a step in the right direction.

Also, now where an RMO transfers under the provision of clause 33.1, they shall not be rostered to any weekend, overnight on call or night duties in the 7 days immediately prior to the last day of work before the Transfer.

There is also acknowledgement from Te Whatu Ora | Health NZ that the way some RMOs work and move between districts does not always fit within the SECA. We have agreed that in some instances flexibility is required and will set up a small group where situations can be escalated to support quick and timely resolution for RMOs.

## Ongoing work with the RDSS

In addition to the settlement through bargaining, there is also an agreed workplan with the RDSS (Resident Doctors support service) that focuses on many of the long-standing challenges and frustrations within the system. These are things we can't necessarily solve by adding a new clause in the SECA – but we have a commitment from Te Whatu Ora | Health NZ to work on these in collaboration (with input from both unions).

This work includes but is not limited to:

- Process to **streamline transfer of CME and leave balances** between districts.
- Create minimum standards and resources that support a **more consistent Orientation experience** for RMOs across districts.
- **Expense management**, with direct payment of college fees, indemnity and relocation implemented including working to get costs such as College Fees, Exams, APC and indemnity cover paid directly so RMOs don't have to burden the cost. Work underway to look at Exam and BPAC fees next.
- Commitment to working on **improving the transfer of RMOs** between districts and again the cost burden associated with these moves.
- Develop best practice guidelines to **support RMOs ahead of key exams and protecting study leave provisions**.
- Commitment to **growing part-time working arrangements** for the RMO workforce.
- Exploring opportunities to **support RMOs' primary healthcare needs** when moving districts, such as working with GP practices to secure places for new RMOs arriving in a district or city.
- Working on the **pathway from RMO to SMO** and the **role of Fellows** and how they can be better supported as part of this journey.
- Supporting the RMO Pipeline to **build further capacity in vulnerable areas**.
- Working to identify **barriers that may delay RMO training progression** and supporting development of solutions.
- **Integration of Public Health and Rural Health Registrars** into Te Whatu Ora | Health NZ employment.
- Working on a **consistent orientation and education for RMO Units** and services which support RMOs.

This workplan is ongoing, and **STONZ is committed to working collaboratively** on these projects to improve the support provided to RMOs **throughout their journey from medical school to RMO right through to SMO**.

## Full terms of settlement

The following is the full terms of settlement for the offer. [The current CEA \(expired 29.02.2026\) is available for comparison here.](#)

# Health New Zealand | Te Whatu Ora and Specialty Trainees of New Zealand (STONZ) Resident Medical Officer (RMO) Collective Agreement

## Terms of Settlement – 1<sup>st</sup> March 2026

This document sets out all changes to the current collective agreement clauses that form part of the Health New Zealand | Te Whatu Ora offer for settlement. Where there is no proposed change, the current wording remains.

### Signatories

<b>9 April 2026</b>  <b>Angela Castle</b> <b>Principal IR Specialist</b> <b>Health NZ   Te Whatu Ora</b>	<b>Kate Clapperton-Rees</b> <b>Executive Director</b> <b>STONZ</b>	<b>Jordan Tewhaiti-Smith</b> <b>President</b> <b>STONZ</b>

CLAUSE	TITLE	DETAIL OF CHANGE	Explanation of change
<b>Administrative and Technical Matters</b>			
	Preamble:	Update preamble to include reference to STONZ National Engagement Forum (SNEF):	With the transition to Te Whatu Ora   Health NZ we saw a reduction in engagement.

		<p><b>Transition to Te Whatu Ora / Health New Zealand</b></p> <p><b>Constructive Engagement</b></p> <p>STONZ and Te Whatu Ora/Health New Zealand acknowledge the importance of, and commit to, ongoing communication and constructive engagement.</p> <p>The parties acknowledge the opportunities of a single national employer, but also acknowledge such a transition can create uncertainty for RMOs and for services.</p> <p><u>The parties are committed to engagement through the STONZ National Engagement Forum (SNEF) as a part of that commitment.</u></p> <p>As Te Whatu Ora/Health New Zealand continues to work to progress significant health system changes, the parties acknowledge their contractual and legal obligations around any proposed changes to how services are organised and RMOs are employed or deployed, including the requirements around the process for changes to run descriptions set out in clause 14.2.</p> <p>Further, the parties commit to continuing to engage and review the operation of the terms and conditions of this collective agreement during its term in good faith and to work</p>	<p>We sought to solidify commitment in SECA to ensure intention to productively engage remains clear to all parties through changes of personnel.</p>
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		together to continue to support the effective and efficient employment, deployment and allocation of RMOs in the New Zealand public health system, without undermining the quality and experience of training, or reducing support or employment entitlements.	
<b>1.1 (&amp; passim)</b>	Parties	Amend references from “Te Whatu Ora - Health New Zealand” to “Health New Zealand   Te Whatu Ora” and change “Te Whatu Ora” to “Health NZ” or “the employer” as appropriate for context.	Request from Te Whatu Ora   Health NZ to update.
<b>10.11</b>	Mileage	Update clause to clarify return trip. <b>10.11:</b> Where employees are required to use their own cars for the purposes of work (such as on-call components, or travel to satellite sites away from the primary workplace), the employer shall pay a <u>return trip for a private motor vehicle</u> mileage allowance at the standard IRD rate, subject to prior approval and conditions established by the employer. Any change to this rate shall be effective from the first pay period following the date of promulgation by the IRD.	Members have reported issues with districts refusing to pay for a return trip.  Claim was to clarify the intent of the clause and recommended an adjustment to the clause wording to clarify that return mileage is the expectation.



<p><b>12.1.5.a</b></p>	<p>Translation for new STONZ members</p>	<p>Update clause 12.1.6.a</p> <p>a. RMOS who become <u>bound by the terms and conditions</u> <del>STONZ members during the term of this agreement</del> shall translate to the category step in terms of years' service and hours of work as their previous employment agreement, except as specified in paragraph b below.</p>	<p>Confirms that RMOs must be able to be covered by the T&amp;Cs of our SECA as per employment law.</p>
<p><b>14.0</b></p>	<p>Run descriptions</p>	<p>Remove preamble.</p> <p><del>Notwithstanding the requirements set out in 14.1, the parties acknowledge that at the time of settlement, there were runs for which no current run description has been identified. The parties shall record these runs in writing within one month of the ratification of this Collective Agreement and agree to work to ensure run descriptions are formalised before the expiry of this agreement (or another agreed date).</del></p> <p><del>Until concluded, the parties agree that the requirements of the run will be those in effect for the 2017/18 training year, with variations put in place through the appropriate change processes.</del></p>	<p>No longer relevant as term of the SECA ended.</p> <p>Work is still underway with districts who do not have up to date (or any) run descriptions.</p>

<p><b>14.2.1.b</b></p>	<p>Run descriptions</p>	<p>Update clause to removed “wherever possible”</p> <p>(b) The proposal shall include a timelines of discussion and consultation on the proposal with RMOs affected by the change. A reasonable timeframe for the completion of <u>the</u> consultation process would be within two months and should avoid the mid-December to early-February period <del>wherever possible</del> (due to Christmas/New Year break and start of RMO training year).</p>	<p>It is not reasonable to run change processes through this period so sought to change this clause.</p>
<p><b>15.3</b></p>	<p>Additional Duties</p>	<p>Update Senior Registrar definition</p> <p>For the purpose of the additional duty rates stated, <u>from 1 March 2026</u>, Senior Registrars are those Registrars in a <u>recognised Australasian vocational</u> training programme who have passed their Part 1 exam or equivalent <u>for that vocational training programme</u>, and who are on Step 4 or higher on the Registrar scale. The entitlement to the Senior Registrar rate shall remain where a permanently employed qualifying RMO undertakes occasional duties as a directly-</p>	<p>Many training programmes have different levels within their curriculum (e.g., ‘basic’, ‘advanced’) RMOs are not entitled to the additional rate until they reach the portion of training that the College has designated as ‘advanced’.</p> <p>For some trainees this means not accessing the senior additional duty rates until their final year of training.</p> <p>This new definition means that as long as the other criteria is met, then as long as an RMO is on a recognised Australasian training programme then they will now be eligible.</p>

		engaged casual employee of another District.	
<b>38.0</b>	Physical Facilities	Where space is available, safe and secure parking close to the main entrance of the hospital for RMOs undertaking work during the hours of darkness. <u>For clarity, this includes RMOs whose shifts start or end during the hours of darkness, e.g. those working long days/nights or on-call.</u> Where space is not available the Employer must make appropriate alternative arrangements such as the provision of taxis.	This is a common issue for members, so we needed to be sure that this clause includes RMOs whose shifts start or end during the hours of darkness, e.g. those working acute duties/long days/nights.
<b>48.0</b>	Term of Agreement	Amend the term of the collective agreement.  The term of this agreement shall be from <u>1 March 2026 to 30 April 2028.</u>  The parties agree that they will commence bargaining for a replacement collective agreement in <u>November 2027.</u>	Term we have negotiated will run through to April 2028.
<b>Signatories</b>	STONZ President	Update STONZ President to: Dr Jordan Tewhaiti-Smith	
<b>Front page</b>	Agreement date	Update cover page to reflect agreement term.	
<b>Across document</b>	References to the employee	Update references in CA from he/she to "they" or "the RMO".	

<b>Across document</b>	References to MECA	Update references of “MECA” to “CA”.	
<b>Salary and wages</b>			
<b>12.1.2.c</b>	Calculating run category	Extend sunset expiry clause to six month post expiry of the collective agreement (31 October 2028).	<p>Since STONZ’s inception, both parties have worked toward improving transparency and accuracy in RMO remuneration. Following the Sapere report, the referred approach was a system that pays RMOs for actual hours worked, with penal rates applied where appropriate.</p> <p>However, implementing this system requires significant payroll technology upgrades by Te Whatu Ora   Health NZ. STONZ has accepted this limitation and agreed to an end date for the current arrangement, anticipating progress toward a new system. Te Whatu Ora   Health NZ has signalled that these upgrades remain a long-term goal (10 years).</p> <p>STONZ proposed removing the end date and revisiting remuneration changes once the necessary technology is in place. However, this was not something we were able to</p>

			achieve but have got a commitment to extend and following bargaining we will meet with HNZ again to make a plan around future state and how to get there.
<b>12.1.5</b>	Relief Category for Registrars at top of scale	<p>Change 12.1.5 to 12.1.5.1</p> <p>Add new sub clause 12.1.5.2 for top of scale registrars doing relief:</p> <p>Where the provision for an additional two steps would place the employee above the top of the Registrar scale an RMO who is on step 8 Category A or step 9 category B shall be paid Category A step 9 plus \$10,000 gross per annum and an RMO who is on step 9 Category A shall be paid an additional \$15,000 gross per annum. For clarity this provision is payable only for the time spent performing the relief/reliever role.</p>	There is currently no facility to pay Registrars who are at the top of their scale when they do Relief. So, we have added one.
<b>12.2</b>	Salary Scales	<p>Insert new salary scales as per APPENDIX 1</p> <p>2.5% salary increase across all salary scales from 2 March 2026.</p> <p>2.5% salary increase across all salary scales from 1 March 2027.</p>	<p>Increases as per TOS.</p> <p>Please see bargaining analysis earlier in the document for more detail on these elements.</p>

		Remove first year House Officer scale for those working a schedule 10 roster.	
<b>12.2</b>	House Officer salary scale	Update wording on House Officer Salary scale to say 'step' instead of 'year'.	Update to remain consistent with rest of the document.
<b>12.2.3</b>	Translation	Remove subclause.	No longer relevant.
<b>New clause 12.3.1</b>	Non-service Increment / exam step	Reintroduction of a performance (exam) based increment provided effective 1 March 2026. Clause attached as Appendix 2. Renumber rest of clauses. Those RMO's who met the criteria during the term of the previous CA, will be entitled to claim from 1 March 2026.	Please see bargaining analysis earlier in the document for more detail on these elements.
<b>2.0</b>	Definitions	Add new definition of Higher qualification <b>"Higher qualification"</b> - when used in reference to an employee means a qualification or an examination relevant to progression along the stepped training pathway to achieve a vocational scope of practice under HPCAA and/or granted by specialist body (college). Each higher qualification step relates to an <u>RMO</u> passing each of the examinations set by the specialist body (college) or such other qualifications as are recognised by the employer in the individual case.	Updated to change 'Registrar' to 'RMO' to reflect that many exams are now sat as a House Officer

<p><b>New sub clause in 12.3(12.4)</b></p>	<p>Placement in Salary Scales and Progression</p>	<p>Renumber clause 12.3 to 12.4 Change 12.4.2. to 12.4.2.1 New sub clause as part of current 12.3.2.2 Unless, where a vocational training programme requires both a medical qualification (MBChB or equivalent) and a dental qualification (BDS or equivalent), such as Oral and Maxillofacial Surgery and Oral Medicine, up to two years of hospital practice completed as a Dental House Officer shall be recognised as registrar service for the purposes of determining the registrar salary scale placement, once the RMO has been accepted into the vocational training programme.</p>	<p>Oral and Maxillofacial Surgery and Oral Medicine are specialties with unique training pathways requiring dual qualification and registration in Dentistry and Medicine. The second degree is self-funded by prospective trainees who also forgo full-time employment during this time.</p> <p>Prior to training, OMS and Oral Medicine trainees spend at least 2 years as 'Dental House Officers' with their dental degree. They begin employment with Te Whatu Ora   Health NZ fully registered to practice as a dentist with the Dental Council of New Zealand. They work as independent practitioners in clinics and the emergency department and take on-call responsibility afterhours for dental and/or maxillofacial presentations. Currently, these years are not recognised when calculating the salary step for OMS and Oral Medicine trainees entering vocational training – so we have negotiated that they will be.</p>
<p><b>12.8.1</b></p>	<p>Rural Hospital Allowance</p>	<p>Add a new box to include: <b>Hawkes Bay</b></p> <ul style="list-style-type: none"> <li>• Wairoa</li> </ul>	<p>Added.</p>

Leave			
<b>23.4.4</b>	Off duty day	<p>Update 23.4.4</p> <p>23.4.4 Off duty day</p> <p>Except where the provisions of 23.4.1 above apply, if a public holiday, <del>other than Waitangi Day and ANZAC Day</del>, falls on a rostered employee's off duty day (such off duty day not being a Saturday or a Sunday) the employee shall be granted an additional day's leave at a later date convenient to the employer. For clarity, a rostered employee is an RMO who is working a full rotating shift pattern where the salary category is determined in accordance with the clause 12.1.2(a).</p>	<p>Historically Waitangi and ANZAC were non-transferrable public holidays.</p> <p>In keeping with their change to Mondayised public holidays, we proposed removing their exclusion from 23.4.4. This change reflects that.</p>
<b>26.9.1</b>	Domestic sick leave	<p>Update 26.9.1</p> <p>It does not include absences during <del>or in connection with</del> the birth of an employee's child. Annual leave or parental leave should cover such a situation.</p>	
<b>New clause 26.15</b>	Sick leave	<p>Add new sub clause 26.15</p> <p><b>26.15</b> Sick leave is to be debited on an hour-for-hour basis, except that a pre-planned (non-urgent) medical appointment (two hours or less) shall not be debited against sick leave. Appointments will be planned wherever possible at times that minimise impact on service delivery.</p>	<p>RMOs report difficulty accessing time off for medical or health related appointments, which are currently unpaid under special leave provisions. This creates financial and logistical barriers.</p> <p>New clause to remedy this.</p>



Transfers			
<p><b>New clause</b> <b>6.11.4</b></p>	<p>Run allocations</p>	<p>Add new clause 6.11.4</p> <p>Where an RMO transfers under the provision of clause 33.1, they shall not be rostered to any weekend, overnight on call or night duties in the 7 days immediately prior to the last day of work before the Transfer.</p>	<p>It takes a lot of preparation to move districts, and we are aware of situations where RMOs are rostered to work the weekend before they start work at a new District on the Monday.</p> <p>This clause will better support RMOs having to move.</p>
<p><b>33.3</b></p>	<p>Removal of furniture and effects</p>	<p>Update first two paragraphs.</p> <p>“Costs incurred during the transfer of household effects will be reimbursed. <del>Any long-term storage costs will be considered on a case-by-case basis.</del> <u>Storage costs will be reimbursed for up to 12 months following the date of relocation, including storage at either the departure or arrival location.</u></p> <p>Expenses, including insurance and storage, incurred in the transfer of household effects to new locations (including household pets, contents of a freezer, telephone installation, and television aerials), <u>will be reimbursed.</u>”</p>	<p>There is currently ambiguity around what level of insurance should be reimbursed when RMOs relocate under Clause 33.</p> <p>This is the same for storage so this clause now clarifies what RMOs can claim.</p>
<p><b>33.4</b></p>	<p>Travel expenses</p>	<p>Update clause:</p> <p>33.4 Travel expenses</p> <p>Payment of expenses during travel to and on arrival at the new location, <u>will be reimbursed</u> on production of</p>	<p>When RMOs move between Districts, there is a lot of preparation required including arranging transportation of household affects, relocation of family pets, family members,</p>

		<p>receipts. This may include meals, travel and accommodation for up to seven days <u>either prior to departure, following on arrival, or a combination of both, not to exceed more than 7-days total.</u></p> <p>An extension may be sought if furniture <del>is delayed</del> <u>remains</u> in transit.</p>	<p>including cleaning and vacating current accommodation.</p> <p>Not all RMOs are able to make arrangements that line up exactly with the end of/start of the run.</p>
<b>33.5</b>	Accommodation allowance for an employee with a family (meals)	<p>Update meals and incidentals amount in the in table to be:</p> <p>For first two weeks: \$80 gross</p> <p>Third and fourth week \$65 gross</p>	<p>We proposed increasing the allowances payable under Clause 33.5 (meals and incidentals) and Clause 33.8 (transfer grant) to account for the fact that these are now being treated as taxable income by Te Whatu Ora   Health NZ following the Holiday's Act remediation project.</p> <p>This uplift ensures that RMOs are not left worse off because of the legislation.</p>
<b>33.8.1</b>	Transfer grant	Update amount of transfer grant to \$1,000 gross (from \$750).	As above.
<b>34.1.</b>	Travelling and relieving allowance	<p>Update clause as below, add new b, to become c</p> <p><del>34.1 Employees who are either:</del></p> <p>For employees:</p> <p>(a) who are travelling for approved work-related purposes; or</p> <p><u>(b) where it is included as part of the run description; or</u></p> <p><u>(c) performing an approved period of relieving duties which</u></p>	<p>We proposed adding "where required by the run description" to this clause to ensure RMOs who must travel as part of their job are covered for their costs and meals.</p>

		<p><u>requires them to stay at a location other than their normal place of residence for more than 14 consecutive nights may claim the following allowance / reimbursements:</u></p> <p>Add note under may claim the following allowance/reimbursements:</p> <p><u>Note: this does not preclude access to clause 10.11 (mileage where applicable)</u></p>	
<b>Other</b>			
<b>10.6</b>	Training related costs	<p>Additional subclause to be added as 10.6.4</p> <p>Renumber current 10.6.4 to 10.6.5</p> <p>10.6.4 Registrars on dual training pathways who have completed one training pathway and are covered by this collective agreement whilst completing their second and subsequent training pathway, shall be reimbursed for vocational scope registration and college fees for their completed pathway.</p>	<p>Currently, when dual trainees become vocationally registered in one scope and remain an RMO training in their other specialty, they are being disadvantaged by not being able to claim for their registration under the STONZ CA.</p> <p>We proposed a clause that brings the reimbursement entitlement of dual trainees into line with those of vocationally registered doctors working as an SMO and covered by the ASMS CA, specifically clause 21.2 Work-Related Expenses.</p>
<b>10.9</b>	House Officer Grant	<p>Update clause:</p> <p>10.9 In addition to 10.8, from <del>18 January 2021</del>, <u>1 March 2026</u>, House Officers <u>completing the MCNZ prevocational medical</u></p>	<p>Clause 10.9 was introduced to help House Officers support their career development as getting accepted onto training programmes is becoming more competitive.</p>

		<p><u>training programme</u> (including Senior House Officers) <del>in their second and subsequent year of service with the Employer</del> can access a grant on the following basis:</p> <p>10.9.1 Reimbursement to an additional maximum of \$500 per annum to support purchase of textbooks, subscriptions to journals, subscriptions to vocational education websites, <u>personal computers / tablets, personal surgical / medical equipment</u> or attendance at conferences. The purpose of this grant is to assist them in their acceptance onto a New Zealand or Australasian vocational training programme.</p> <p>10.9.2 Proposed expenditure for which reimbursement under this clause is sought should be discussed with the relevant educational supervisor or senior medical officer with an understanding of the entry requirements of the particular vocational programme and should be part of a House Officer’s documented career plan.</p> <p>10.9.3 The grant is portable between Districts</p>	<p>We have extended the scope of eligibility to PGY1s as well as removing the limitations of what this can be used for.</p>
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		<p>and may only be claimed in two successive years (i.e., a maximum of \$1,000 per House Officer over two years). Any unspent amount does not carry over when the RMO is appointed to a Registrar position, where the specific provision of 10.8.2 apply.</p> <p>10.9.4 <u>From the 1 March 2026</u>, the grant under this clause cannot be used to reimburse the purchase of IT equipment <del>or medical/ surgical equipment until the RMOs second year of service.</del></p>	
<p><b>New cl 36.0</b></p>	<p>Outsourcing</p>	<p>Add a new clause on outsourcing:</p> <p><b>36.0 Consultation on Outsourcing</b></p> <p>Te Whatu Ora   Health New Zealand will act in good faith and, in accordance with the Health Sector Code of Good Faith, will consult with STONZ on any proposal to outsource work that may impact RMOs’ training requirements. Where appropriate, early engagement with STONZ will occur to support formative discussions to inform proposals. Te Whatu Ora will provide STONZ with reasonable written notice of any proposed change, including the reasons for the</p>	<p>Since 2022 STONZ has been advocating for better awareness of the impact that sustained outsourcing has on RMOs and their training.</p> <p>We are now seeing significant outsourcing occurring, and there are plans to increase this further.</p> <p>STONZ want to ensure that RMO training is protected, and if outsourcing is to continue, we are kept up to date and can meaningfully engage and provide feedback before key decisions are made.</p>

		<p>proposal, subject to applicable confidentiality obligations.</p> <p>STONZ will be given a genuine opportunity to comment on any such outsourcing proposal and to provide feedback before any final decision is made.</p>	
<b>Appendices</b>			
<b>Appendix 5</b>	Health NZ provider attachments / runs	<p>Add new second bullet point:</p> <ul style="list-style-type: none"> <li>Other such placements could require working in non-HNZ settings (including but not limited to: GP or private hospital settings) for training opportunities.</li> </ul>	Recognises the move to have GPs employed by HNZ, and also the increasing number of RMOs working in clinical settings outside of hospitals.
<b>Appendix 6</b>	Best practice guidelines	<p>Update first bullet points under <b>Following Parental Leave</b></p> <ul style="list-style-type: none"> <li>Where requested, the RMO should not be rostered for any long days, weekends, nights <u>or on call</u> in their first month after returning from parental leave.</li> </ul> <p>Insert new bullet points under <b>Following Parental Leave</b></p> <ul style="list-style-type: none"> <li>RMO unit / service shall work with RMOs returning from parental leave to ensure a return-to-work plan is in place, which includes a reorientation session and access to peer support / clinical supervision.</li> <li>Procedural skill refreshers and return-</li> </ul>	<p>Following the recent Parental Leave survey and from feedback from members we wanted to make several changes.</p> <p>There is still lots more to be done, but this is another step in the right direction, and we thank our members who helped advocate for this and share their personal stories.</p>

		<p>to-work workshops shall be reimbursable under CME (Clause 10.6 or 10.8).</p> <ul style="list-style-type: none"> <li>Where the non-primary caregiver returns from parental leave and requests not to be rostered for long days, weekends, nights, or on-call duties during their first month back, the RMO Unit/Service will accommodate this request where practicable.</li> </ul> <p>Update bullet points under <b>breastfeeding section</b></p> <ul style="list-style-type: none"> <li><del>Ensuring appropriate facilities are provided in the workplace for an RMO who is breastfeeding and who wishes to breastfeed in the workplace and that these facilities are within a reasonable distance of the RMOs workplace i.e., accessible (and near acute services if applicable) with access to refrigeration facilities. Districts should ensure private, accessible, and hygienic breastfeeding facilities accessible to clinical areas and with access to refrigeration facilities are provided. This provision should extend to facilities where RMOs work in a location</del></li> </ul>	
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		<p><u>outside of Health NZ   Te Whatu Ora establishments i.e. Those on CBA and private hospital attachments or equivalent.</u></p> <ul style="list-style-type: none"> <li>• If the above <u>support cannot be provided, then the district will agree-work with the RMO to identify and agree on alternative arrangements. This may include, but is not limited to, partial or full reimbursement of a portable or wearable breast pump to enable RMOs to continue breastfeeding while working. The district has a responsibility to ensure RMOs are supported in balancing their clinical duties with their breastfeeding needs what other support may be provided including reimbursement (in part or in full) of a portable/wearable breast pump so RMOs can continue to breast feed and work.</u></li> </ul>	
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## Other provisions forming part of this settlement

### Lump Sum Payment

- A lump sum payment is being offered solely to support a timely settlement of this Collective Agreement and reflects the engagement that has taken place to date.
- The Lump Sum Payment of \$3,000 gross, pro rata by FTE is for all full time and part time RMOs who were members of STONZ as at the date of ratification.
- Note: The Lump Sum Payment for part-time employees will be based on their FTE at date of ratification.
- This payment is not applicable for those working as a locum, casual or short fixed-term (less than three months).
- Those STONZ members who are on parental leave will receive the lump sum payment on their return from parental leave. The amount will be calculated pro-rata on their returning FTE.

### Potential HNZ employment of GPEP 1 trainees

The parties acknowledge that GPEP1 Trainees will become employees of HNZ during the term of this Agreement. The parties further recognise that:

- These Registrars will be entitled to coverage under this Agreement where they are members of STONZ;
- Either party may initiate negotiations for a variation to this Agreement to ensure that the terms and conditions applying to this group are appropriate for their unique work arrangements; and
- Notwithstanding the above, the terms and conditions available to those affected by this clause will be no less favourable overall than those provided to trainees employed by RNZCGP as at the date on which their employment transfers.

### Enhanced Additional Duties rates

It is agreed that the enhanced additional duties payments, which were agreed outside of the CA and bargaining process will continue for the term of the collective agreement.

### Enhanced Cross Cover rates

It is agreed that the enhanced cross cover payments, which were agreed outside of the CA and bargaining process will continue for the term of the collective agreement.

### On-call

During the term of this Agreement, a project shall be undertaken via SNEF (STONZ National Engagement Forum) to examine on-call rosters and associated fatigue management. District input will be sought to identify best-practice approaches. Guiding principles will be developed and incorporated into the National Manual.

### Transfer provisions

It is agreed that, during the term of this agreement, further work will be undertaken to ensure consistent application of the transfer provisions in the CA across districts. As part of this work,

guiding principles will be developed, and a process established for STONZ to escalate issues to HNZ as they arise. To support this, a recurring meeting will be scheduled to oversee and monitor the application of the transfer provisions against the agreed guiding principles. Any outcomes agreed by this group will be communicated to districts for implementation.

The meeting group will include membership from:

- STONZ
- RDSS
- IR
- 2x RMO Managers (NI / SI)

### **Fellows**

From commencement of the CA (1 March 2026), Fellows are entitled to the provisions of the CA and the Senior Registrar additional duties rates (if they meet the criteria).

### **Project: Meals Pilot**

The parties agree to meet once bargaining has concluded to discuss the future of the meals pilot.

This discussion may include consideration of matters raised during bargaining, such as any transition period, joint communications, and the development of clear guidance and agreement regarding any future state.

### **Project: Review of Chief Resident role**

A project will be developed via SNEF to understand the role of Chief Resident. Key aspects of this project will include:

- Understanding the role and responsibilities
- Consideration around a standardised run description / components of it.
- Review and make recommendations how this role should be appointed and remunerated.

This project is to be completed by 30 April 2027.

## APPENDIX 1: SALARY SCALES

### 12.2.1 Registrars

The following scale shall apply from 2 March 2026:

Cat	Hours	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
F	40-44.9	97,672	102,213	106,764	111,305	115,846	121,524	127,203	132,881	138,560
E	45-49.9	109,163	114,247	119,320	124,394	129,478	135,823	142,168	148,512	154,857
D	50-54.9	123,533	129,273	135,023	140,763	146,514	153,689	160,874	168,059	175,234
C	55-59.9	140,763	147,313	153,863	160,402	166,952	175,142	183,321	191,501	199,691
B	60-64.9	158,004	165,353	172,702	180,052	187,401	196,585	205,769	214,953	224,137
A	65+	178,114	186,396	194,678	202,960	211,242	221,605	231,958	242,310	252,673

The following scale shall apply from 1 March 2027:

Cat	Hours	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
F	40-44.9	100,114	104,768	109,433	114,088	118,742	124,562	130,383	136,203	142,024
E	45-49.9	111,892	117,103	122,303	127,504	132,715	139,219	145,722	152,225	158,728
D	50-54.9	126,621	132,505	138,399	144,282	150,177	157,531	164,896	172,260	179,615
C	55-59.9	144,282	150,996	157,710	164,412	171,126	179,521	187,904	196,289	204,683
B	60-64.9	161,954	169,487	177,020	184,553	192,086	201,500	210,913	220,327	229,740
A	65+	182,567	191,056	199,545	208,034	216,523	227,145	237,757	248,368	258,990

### 12.2.2 House Officers (including Senior House Officers)

The following scale shall apply from 2 March 2026:

Cat	Hours	Step 1	Step 2	Step 3
F	40-44.9	84,040	88,591	93,132
E	45-49.9	93,931	99,005	104,089
D	50-54.9	106,293	112,033	117,783
C	55-59.9	121,124	127,674	134,214
B	60-64.9	135,956	143,305	150,655
A	65+	153,258	161,540	169,822

The following scale shall apply from 1 March 2027:

Cat	Hours	Step 1	Step 2	Step 3
F	40-44.9	86,141	90,806	95,460
E	45-49.9	96,279	101,480	106,691
D	50-54.9	108,950	114,834	120,728
C	55-59.9	124,152	130,866	137,569
B	60-64.9	139,355	146,888	154,421
A	65+	157,089	165,579	174,068

## **APPENDIX 2: Non-service increment / exam step**

12.3 Advancement within the scales shall be continuous subject to the following:

- 12.3.1 Where a registrar obtains a higher qualification the registrar is to proceed to the next step in the scale from the first day of the month following the date on which the qualification is granted, provided further that the registrar shall not be eligible for such an accelerated advancement any earlier than five completed years after graduation (that is after becoming entitled to provisional general scope of practice). Higher qualification is determined as per clause 2.0. This shall apply to only one higher qualification unless undertaking dual vocational registration in accordance with clause 12.3.3.
- 12.3.2 Where the relevant training programme allows a higher qualification to be obtained while the RMO is a House Officer, as a pre-requisite to acceptance, then the RMO shall be eligible for the increment provided in 12.3.1 when they are appointed to a Registrar role, and have completed five years' service post-graduation, provided that they have been accepted onto the relevant vocational training programme to which the qualification pertains or are continuing to work towards acceptance onto that programme.
- 12.3.3 The parties agree that registrars in dual vocational training programmes may access the non-service increment provided under clause 12.3.1 on more than one occasion where they obtain the specified qualifications in each respective vocational scope.
- 12.3.4 Where a registrar who is a dual trainee is already on step 9 of the Registrar scale, when they would qualify for the qualification-based increment in 12.3.1, 12.3.2 or 12.3.3 in respect of their second vocational scope, they shall, for the following year receive a one-off allowance of \$5,300, paid on a fortnightly basis in addition to their regular salary. For the purposes of this clause a dual trainee means a registrar who participates in two vocational training programmes that entitle registration in two vocational scopes of practice.
- 12.3.5 Thereafter advancement through the scale shall be continuous on the normal increment date.