STONZ SECA – FAQs

Effective 14th of February 2024 to 28th of February 2026.

The below are questions received directly from Members. If your question is not answered here, please email support@stonz.co.nz

General Questions

Seeing as the MECA expired in December, is there any backpay till December or lump sum?
The offer from Te Whatu Ora if ratified would be effective from the 26th of February 2024, so there is no back pay offered as part of this deal back to December. This was raised as part of negotiations but to get the increases we have negotiated; the offer on the table is to be effective from February. We believe this is in part due to budget, and the capacity of payroll departments to actually action this. Some other unions who have negotiated a backpay or LSP are waiting up to 6months for this to be implemented. Regarding LSPs, these are usually only used to acknowledge a significant period 6/12+ months where a collective was expired. Since our SECA expired mid-December, it has only been approx. 2.5 months expired and we were not able to negotiate a LSP for this period. It was an option we considered, but it would have meant taking away from the overall increase going forward for base salaries.
What is the benefit of a 2year deal?
We see this deal as being imperfect, but a step in the right direction for the RMO workforce. This is a first step offer that, if accepted by members, puts us in a strong position in our next round of bargaining as current disparities would continue to be ironed out, and pay complexity further reduced. The two-year term of the agreement means that the next round of bargaining and collective agreement expiry would take place early in the year of the next general election. This would significantly increase our leverage over our position in 2023/24 to strongly move the whole workforce forward together in the next bargaining round.
What % Increases have other unions negotiated for their members? How does this compare to CPI?
The consumers price index (CPI) is a measure of inflation for New Zealand households. It records changes in the price of goods and services. It influences interest rates and is used to calculate changes to benefit payments. This pay deal for STONZ members, while we appreciate there is still more work to do, delivers pay increases of approximately 18% (compounded across 2 years) for our members. Based on STONZ membership survey data 97% of members will receive a pay rise and 90% will receive a pay rise of 14% or higher and the total quantum of the deal is approx. 3-4 times the investment of our previous deal. We have attempted to be as transparent as possible about what this deal means for those members on Category E & F.

Since our last negotiations in December 2021, according to Stats NZ the annual percentage change has been between 5.9, increasing up to 7.3 in June 2022, with the current CPI as of December 2023 recorded as 4.7. Ref Stats NZ Website.

Using the reserve bank calculator, we believe the total percentage change in inflation since our last negotiations in 2021 and now is approx. 12.2%. Ref RBNZ.

In November 2023, Stats NZ reported that Wage cost inflation, as measured by the labour cost index (LCI), was 4.3 percent in the year to the September 2023 quarter. Salary and wage rates for the public sector increased 5.4 percent annually, the highest rate since the series began in the December 1992 quarter. This compares with 4.2 percent in the year to the June 2023 quarter.

So, despite the large increase in inflation, we are not seeing wages across workforces, both public and private getting anywhere near this. Generally, increases to other healthcare workforces have been based on the PSPA (Public Sector Pay Adjustment) framework endorsed by Ministers following engagement with the CTU (Council of Trade Unions). This delivered a $4k increase in salary rates in year 1 and a further 3% increase in year two. In percentage terms this was focused on delivering more to the lower paid.

What is Pay Equity and why is it a separate process?

Pay equity is a process to address historic sex-based undervaluation of predominantly female workforces. There is a statutory negotiation process for resolving pay equity claims that is separate from collective bargaining. Outcomes of pay equity are intended to correct sex-based pay inequities, not address cost of living or recruitment and retention issues, which are the focus of Collective agreement bargaining.

For those members returning from Parental leave, the rate at which Annual Leave is valued is very low – can you advise why this has not changed as part of the new proposal?

The rate at which Annual leave is paid, is based on your previous 52 weeks average earnings, so for those who take a long period of time off work, most commonly our members who take parental leave it means when you come back to work and want to take leave, the value of that annual leave is practically nothing.

We have attempted to get Te Whatu Ora via several avenues, including negotiations to change this. Te Whatu Ora are currently acting as per the Holidays Act legislation and have advised that they will not be making any changes to how annual leave is calculated for returning RMOs until they have to by law. They have also advised us, that when they do implement a change, they want to ensure that it is equally applied across all workforces employed by them.

The last Government established a Holidays Act taskforce to reassess the Act, address challenges, and propose some changes. The taskforce's recommendations have now been accepted by the NZ Government, but our understanding is that a bill is still underway so, while they are not in place yet, we hope they could be on the not-too-distant horizon.

Introduction of the Rural Hospital Allowance

Can you outline the reasons for change rather than keep the non-urban scale?

The aim was to get something agreed, as we have been discussing this for years with no traction. We acknowledge it is currently imperfect, and we hope that districts will put pressure on Te Whatu Ora as well as the Colleges to ensure that their hospitals are correctly categorised in order to attract clinicians.

An allowance of 5% of base salary shall be paid to RMOs who are employed by Te Whatu Ora under this agreement at one of the following rural hospitals:

Te Tai Tokerau/Northland • Dargaville • Kaitaia • Kawakawa (Bay of Islands)	Waikato • Taumarunui • Te Kuiti • Thames • Tokoroa
Lakes • Taupo	Taranaki • Hawera
MidCentral • Dannevirke	Canterbury • Kaikoura • Ashburton
West Coast • Greymouth (Grey Base) • Westport (Buller Hospital)	Southern • Queenstown (Lakes)

Wairoa Hospital (Hawke's Bay district) is not listed under the rural category- will this be added?

Wairoa Hospital is currently listed as a Level 2 New Zealand hospital accredited for training. We have raised this with Te Whatu Ora, they have since confirmed that they have a CBA at Wairoa (Cat D, PGY2) and this year a Rural Medicine Registrar (Cat F). The intent is that these runs would also qualify for the allowance so if this deal is ratified, we will agree a variation to include Wairoa.

If there are employees of Te Whatu Ora working at other sites, owned by Te Whatu Ora we will seek a variation to include these and have had provisional agreement from Te Whatu Ora to amend as necessary.

It seems unfair to state that "57% of respondents felt that the urban/non-urban scales were no longer relevant" and therefore cut the urban & non-urban pay difference because there will be a greater proportion of respondents to that survey living and working in urban centres (purely based on numbers in urban centres) hence a bias towards those people (getting paid less) stating that it isn't relevant?

Members have told us that the current urban and non-urban scales are not reflective of the change in where people live and how RMOs serve our communities across Aotearoa.

We acknowledge that using this statistic may not have been illustrative of what we are trying to achieve overall, which is the aim is to increase base salaries for all RMOs regardless of where we work, and then create an allowance for rural hospitals.

Even with the removal of the non-urban scales, most RMOs will still be better off with the pay deal we have negotiated e.g.

- Non-Urban Non-Shift Year 5 Category D would be **$14,330 better off** in the first year.
- Non-Urban Non-Shift Year 6 Category C would be **$21,080 better off** in the first year.
- Non-Urban, Non-Shift Year 1 Category E would be **$10,190 better off** in the first year.

These gains include the loss of the non-urban loading or those in redesignated hospitals. Anyone moving to one of the 'Rural' hospitals as part of the new clause will also see a 5% allowance applied on-top of base salary. For someone working a C Category, step 3, an additional 5% roughly equates to $7,266 and is more than the previous rural loading which was only 4%.

I am concerned that reducing incentive for non-urban work force could create staffing problems.

The aim was to get something agreed to better support the smaller Rural hospitals, as we have been discussing this for years with no traction. We acknowledge it is currently imperfect, and we hope that districts will put pressure on Te Whatu Ora as well as the Colleges to ensure that their hospitals are correctly categorised in order to attract clinicians.

It is also important to differentiate 'rural' and 'hard to staff''. Te Whatu Ora wants their hospitals to be fully staffed and outside of negotiations will be discussing what constitutes 'hard to staff' as often it could be specialty based rather than per hospital or region, some of the biggest vacancy rates are within departments in urban centres so we are encouraging Te Whatu Ora to be creative and flexible when developing strategies to support recruitment and retention across all areas.

How was the rural allowance was decided on?

Up until now, the districts and Te Whatu Ora have been unwilling to have the conversation at all. We hear regularly from members about the inequities of the current system. E.g., how are Thames, Tokoroa and Kaikoura for example considered Urban but Tauranga is non-Urban.

Both STONZ and Te Whatu Ora know there is still more work to do on this model. So, to get something across the table, we have agreed that the hospitals that are currently accredited by the RANZCGP Rural Medicine division as a level 2 & 3 hospital where Te Whatu Ora employees work was our base line starting point.

Run Reviews

What is the likelihood that districts will go on a run review rampage, to reduce the amount of payment to STONZ members, seeing as part of this offer is that more is paid out at the higher scales?

We believe that RMOs should be paid for the work they do, and we want hours of work reflected as accurately as possible in Run Reviews. We have been advocating for the past few years for Te Whatu Ora to invest in updating and reviewing Run Descriptions – but the reality is that they don't have the time or resources, and many are currently out of date and have not been reviewed for many years.

Given the inability to even respond to our requests for Run Descriptions, we do not think that there will be a rush to prioritise this by Te Whatu Ora. Where Run Descriptions are reviewed properly, consulted on, and using the Run Review Framework we have seen good outcomes. If there are instances of districts not following the process or trying to short-cut or get around paying our members correctly then please let us know as there are rules and guidelines that are clearly outlined, and our expectation is that they are complied with and are happy to challenge any district that is not.

Removal of Non-Service Increment

With the removal of the non-service increment, will registrars who have already been granted this remain on their current step, or will they drop back a step?

I.e. I am currently Step 6 but if I had not passed my exam, I would be Step 5. Do I retain step 6 or am I moved back down a step?

In the example above, you would retain step 6. If you have received a NSI in the past and obtained an advancement in the salary scale because of that, you will retain that step.

The dollar value of the non-service increment has been re invested to increase all RMOs pay. Whilst the non-service increment is a good incentive and reward for RMO progression it was also a driver of inequity.

RMO training pathways do not have a consistent step or exam on which to fairly base this non-service increment. The non-service increment is also inconsistently applied by Districts and often applied late, incorrectly or not at all. This drives uncertainty for RMOs, as it is often not clear if they are correctly being awarded the non-incremental step.

Individual RMOs will translate onto the new scales in accordance with the following:

Registrars

Registrar step in previous scale 12.2.1, 12.2.2, 12.2.3 or 12.2.4	Translation	Registrar step in new scale 12.2.1	Notes
Year 1	→	Step 1	
Year 2	→	Step 2	
Year 3	→	Step 3	
Year 4	→	Step 4	
Year 5	→	Step 5	
Year 6	→	Step 6	* Registrars not in a training programme cannot progress further (cl.12.3.3)
Year 7	→	Step 7	* Registrars not in a training programme cannot progress further (cl.12.3.3)
Year 8	→	Step 8	
Year 9	→	Step 9	
Year 10	→		

Note: *For those RMOs who are already eligible for the NSI under the current agreement but haven't had it applied due to payroll/delays within Te Whatu Ora, you will still be eligible to receive this.*

With the move to one salary scale, do we stay on the step that we are currently on, and when do we next move up a step.
You will retain your current step and continue to progress up the scale. Unless you are a non-trainee, then you cannot progress past Year 5. RMOs employed by the employer at the date this collective agreement comes into force shall retain their existing anniversary date for pay progression purposes. Where a Registrar who has been held on step 5 (or on step 6 or 7 for those following translation to the new scale) is accepted into a training programme that satisfies the requirements of 12.3.3 then, at the date of that acceptance, you will progress to the next step in the scale where you have been on step 5 (or step 6 or 7) for 12 months or more. This move shall reset your anniversary date for future progression. Data from MCNZ & Te Whatu Ora shows that by PGY4 half the cohort of RMOs have entered a vocational training programme. This increases to nearly 80% by PGY8 (this usually equates to step 5/6 of the Registrar scale). This reflects why we agreed the vocational training bar should sit at R5 (HO3 + R5 = PGY8). The current STONZ SECA has a bar at Year 7, and the steps after that are only available for trainees.

Stepping back to a House Officer position as part of a training programme

As someone who is in this exact position (Registrar then stepped back to ICU then anaesthesia SHO) - if the SECA is approved, will we be back-paid for the time since the SECA expired and we were still in SHO roles?
It would depend on if the step-down was a formal requirement of the training programme. If the CEA is ratified by members, there would be no back pay to recognise time an RMO had to step down in the past. If you are currently in a SHO position as part of having to step down as part of your training, then effective 26th February we would expect your salary to be increased back up to a Registrar salary. And for anyone stepping down in the future, as long as it is a formal requirement to do so, you would be covered by this clause.

Change to common Anniversary date for Clause 10.8.2

What is the impact of moving of the training aids anniversary date from December to January?
The current common anniversary for 10.8.2 is the 10th of December which was when STONZ first MECA came into force and aligned with what was the start of the RMO Year. Funds under 10.8.2 are paid for the year ahead e.g., if you become eligible for this funding on the 10th of December 2023 you would have been given a balance of $2000 to use for the upcoming year. With the change to January, in the example above through the transition you would get a portion of the fund for the time you remain an employee, e.g., the $300 to cover December 2024 – January 2025 but would not receive the remainder for the time that you are no longer employed. You will still have the full $2000 that you should have received in December 2023. For final year trainees who finish in January, most were able to still access the $2000 which rolled over in the previous December – however with the change to the training year we think it is reasonable to align this and will save districts from pro-rating any amount for trainees who are only have a couple of months of employment as an RMO left (December to January in current SECA).

New Salary Scale

With the removal of the shift roster scale - will we still get paid two categories above hours worked for being shift roster? E.g. I'm currently paid step 6 C category (2 above my hours), does that mean I will be category C on the new scale? I.e. I will go from $133,000 to $166,000?
Yes, the two categories above for shift rosters and minimum category (for ED & ICU) still apply. If your Run Description outlines this currently, we would not expect any change.
After step 9 will there be any pay progression for further years?
This is correct, the scale has been compressed to 9 steps, with a significant increase to base salaries for 90% of our membership. We acknowledge that there will be members who remain on the higher steps and not complete training in a linear way. However, those members who are currently on step 10 and moved to step 9 will still receive a pay increase of between 7% for Category E, 20% for Category D, 22% for Category C & A, and 23% for Category B. For F Category members, your current salary will be grandfathered until the time that the new scale catches up. Data from Te Whatu Ora shows that the median time to obtain vocational scope across all specialties is 9-11 years (only paediatric surgery is longer). Vocational Training is completed by PGY11 across most programmes = HO3 + R8; so, the scale of 9 steps accommodates the majority of trainees. Rather than spreading the budget out across more steps we have attempted to balance the increments throughout the scale which means even with a shorter scale, cumulative salary received overtime on this new scale is still higher than if we had a longer scale, but drip in smaller rises over a longer period of time. Our salary scale currently has 14 steps including House Officer and Registrar steps. A long salary scale has pros and cons, and it is important to consider these critically. The reality is it is the distribution of pay that is the most important part for the finances of the employees. When thinking about salary scale length and yearly pay rises consider two extreme scenarios. A workforce that gets at 20% pay rise between years 1 and 2 then 1% for the next 13 years or a workforce that get 1% for the first 13 years and 20% in the final year. Whilst they both reach the same end point in the same number of steps the first workforce will have a 19% greater pay for 12 years. This workforce would have greater savings, lower mortgages, greater cashflow as they have been given their pay rise early in their progression and been paid more over the 14-year period. If you take the time to critique our current salary scale with a calculator looking at yearly pay rises you will note this is non-linear with some big and some small progressions between years. We have again improved this, with a more linear progression in our new salary scale. Loss of a step of a salary does not necessarily mean the workforce is being paid less or missing a pay rise. The quantum of pay lost in the 10th registrar and 4th house officer step has been reinvested in earlier steps and used in the rebasing for antisocial hours as above. Therefore, RMOs have access to this pay earlier and therefore are financially better off rather than being drip fed smaller pay rises over a longer period. We recognise at STONZ that training and progressing RMOs is taking too long and affecting the pipeline. Reducing the length of the salary scale is in line with our direction that RMOs are selected and progressed in training over a shorter period of time.

In the current system, an RMO could jump from PGY4 House Officer to Registrar Step 2. With the new offer from PGY2 or 3 you would go to Registrar Step 1 only?

We were keen to ensure that people keep progressing and rewarding moving up to work as a registrar. We expect most people to go from PGY2/3 to registrar. We know that some do require additional time as House Officers such as completing compulsory SHO runs, and this is why we have also agreed an SHO project to ensure these positions are being used appropriately.

When assessing what Registrar Step to start someone new on we expect prior experience should be considered (such as previous registrar jobs overseas or those who are on a Max-fax pathway and have trained as dentist and as well as a doctor).

How do the hourly rates compare to other workforces now?

The impact on the pay equity settlement of Nurses had a significant impact on the relativity on our salaries, with a first-year nurse earning more than a first year RMO.

This impact was why the focus of our negotiations was on remuneration. And we hope you would have seen our media articles and the pressure we put on Te Whatu Ora and the government on this comparison in the lead up to negotiations.

With the negotiated increase this sees the hourly rates for a first year House Officer increase to $35.50, and in February 2025 increase again to $37 which puts us again more in alignment with our nursing colleagues.

The challenge we have at negotiations is the comparison that is applied to our contracts and the argument that we are not comparing apples with apples. E.g., Te Whatu Ora argues that RMOs also receive benefit in other ways compared to other workforces such as more AL, MEL, Meals, parental leave benefits, training aids, the that nurses cap out after 7 years and that RMOs have a career path towards specialists and the future earning that includes, where most nurses do not. While we have arguments to counter them (and did), it is very difficult to argue that overall, our packages are the same and therefore as RMOs we have to consider what has a $ attached outside of our base salaries when we are at the negotiating table.

We know there is more work to do in order to re-establish the differential for RMOs, but given the significant investment required to get us to this point through the rebasing model, we see this deal as a first step in moving towards that.

How does this salary increase compare to Australia?

Similar to the comparison to Nurses, comparing salaries to Australia is quite difficult and unlike NZ, Australian trainees have to pay for all their own expenses (which we estimate to be approx. $20k on average each year), although Australian tax is applied differently as well which further complicates a direct comparison.

We challenged Te Whatu Ora on this, and the data they provided shows a small number of RMOs leaving for Australia, which doesn't correlate with the anecdotes we hear. We hope that this increase will bring the differences closer together.

What does this deal look like in percentage terms?

For those who attended the webinars we discussed these tables in depth as well as the compression of the salary scale. If you didn't manage to get to one of the webinars, we would encourage you to watch the recording as we hope that will provide the answers to any questions you may have.

The below tables refer to the first increase only – in February 2025 there is an additional increase for all members.

As a % Non-Shift Rosters

Noting, for anyone who is a current member where there is a negative percentage, your current salary will be preserved and we have provided more information about how this works in our full report provided to members as part of the ratification process.

Also, noting that even with the compression of the scale, those on Step 10 & Step 4 of the scale will still receive increases.

Urban Non-Shift

Cat	Hours	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
F	40-44.9	3%	3%	4%	4%	4%	-7%	-6%	-5%	-5%	-8%
E	45-49.9	15%	15%	15%	16%	16%	4%	5%	5%	6%	2%
D	50-54.9	15%	15%	15%	15%	15%	17%	18%	19%	20%	15%
C	55-59.9	17%	17%	17%	17%	17%	19%	20%	21%	21%	17%
B	60-64.9	19%	19%	19%	19%	19%	20%	21%	22%	23%	18%
A	65+	19%	19%	19%	19%	19%	20%	21%	22%	23%	18%

		House Officer		Senior House Officer	
Cat	Hours	Year 1	Year 2	Year 3	Year 4
F	40-44.9	13%	11%	12%	7%
E	45-49.9	15%	13%	13%	8%
D	50-54.9	14%	12%	13%	7%
C	55-59.9	16%	14%	14%	9%
B	60-64.9	17%	15%	16%	10%
A	65+	17%	15%	15%	10%

As a % Shift Rosters

Urban Shift

Cat	Hours	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
F	40-44.9	11%	11%	11%	11%	11%	-2%	-1%	-1%	0%	-4%
E	45-49.9	24%	24%	24%	23%	23%	9%	10%	11%	11%	7%
D	50-54.9	22%	22%	22%	22%	22%	23%	24%	25%	25%	20%
C	55-59.9	24%	24%	23%	23%	23%	24%	25%	26%	27%	22%
B	60-64.9	25%	25%	25%	24%	24%	25%	26%	27%	28%	23%
A	65+	24%	24%	24%	24%	24%	25%	26%	26%	27%	22%

		House Officer		Senior House Officer	
Cat	Hours	Year 1	Year 2	Year 3	Year 4
F	40-44.9	18%	16%	17%	11%
E	45-49.9	20%	17%	18%	12%
D	50-54.9	18%	16%	17%	11%
C	55-59.9	20%	18%	18%	12%
B	60-64.9	21%	19%	19%	13%
A	65+	20%	18%	18%	12%

As a % Non-Urban, Non-Shift

Cat	Hours	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
F	40-44.9	-0.2%	0.0%	0.2%	0.3%	0.5%	-10.2%	-9.4%	-8.7%	-8.2%	-11.6%
E	45-49.9	11.0%	11.3%	11.6%	11.7%	12.0%	0.0%	1.0%	1.8%	2.3%	-1.4%
D	50-54.9	10.9%	11.0%	11.3%	11.3%	11.5%	12.7%	13.8%	14.8%	15.4%	11.2%
C	55-59.9	12.9%	13.0%	13.2%	13.2%	13.4%	14.5%	15.7%	16.5%	17.2%	12.8%
B	60-64.9	14.5%	14.7%	14.7%	14.7%	14.9%	16.1%	17.1%	18.0%	18.6%	14.2%
A	65+	14.5%	14.5%	14.6%	14.7%	14.7%	15.8%	16.9%	17.7%	18.3%	13.9%

		House Officer		Senior House Officer	
Cat	Hours	Year 1	Year 2	Year 3	Year 4
F	40-44.9	5.0%	3.9%	4.5%	-0.2%
E	45-49.9	7.5%	6.0%	6.6%	1.9%
D	50-54.9	7.9%	6.4%	6.9%	1.9%
C	55-59.9	10.5%	8.9%	9.1%	4.3%
B	60-64.9	12.6%	10.9%	11.1%	6.0%
A	65+	13.1%	11.2%	11.4%	6.2%

As a % Non-Urban Shift

Cat	Hours	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
F	40-44.9	7.2%	7.1%	7.0%	6.9%	6.8%	-5.6%	-4.9%	-4.3%	-4.0%	-7.7%
E	45-49.9	19.2%	19.2%	19.1%	19.0%	18.9%	5.1%	5.9%	6.6%	7.0%	2.9%
D	50-54.9	18.1%	17.8%	17.7%	17.6%	17.5%	18.5%	19.4%	20.2%	20.7%	16.0%
C	55-59.9	19.3%	19.2%	19.0%	18.9%	18.8%	19.8%	20.7%	21.5%	22.0%	17.3%
B	60-64.9	20.5%	20.2%	20.1%	19.9%	19.7%	20.8%	21.8%	22.5%	22.9%	18.2%
A	65+	19.7%	19.5%	19.3%	19.1%	19.0%	20.0%	20.9%	21.7%	22.1%	17.4%

		House Officer		Senior House Officer	
Cat	Hours	Year 1	Year 2	Year 3	Year 4
F	40-44.9	14.2%	12.1%	12.4%	7.1%
E	45-49.9	15.4%	13.3%	13.5%	8.2%
D	50-54.9	14.2%	12.2%	12.4%	7.0%
C	55-59.9	15.6%	13.5%	13.5%	8.2%
B	60-64.9	16.6%	14.5%	14.7%	9.2%
A	65+	16.1%	13.9%	13.9%	8.5%

Note: For shift rosters the 2 Category above clause still applies and minimum Category C for ED's and ICU.

House Officer Salary Scales

Will current STONZ House Officers working a Schedule 10 Roster have their rates grandfathered?
Yes – if moving to the new scale would result in a drop in salary, you will remain on your current salary until you move Run.
In the proposed document the scales for SHO only go to pgy3 whereas in previous MECA it goes to pgy4. Is this an oversight or is the pgy4 SHO rate being removed.
As part of the new salary scales, PGY4 salary step has been removed.
Why is there a lesser scale and associated salary for RMOs working a 10/4 Roster in PGY1?
STONZ formed out of the desire for RMOs to move away from 10/4 rosters and we have always stated that RMOs should be remunerated appropriately given the higher hours that we work. And if an RMO does work less, then in principle we feel that they should therefore receive a lesser salary.

Cap at Step 5 on the Registrar Scale for Non-Trainees

I am a non-training Registrar but am already on Step 6 of the Registrar scale, what happens to my salary step under this proposal?
Where a Non-Training Registrar has translated above the new step 5 threshold set out in 12.3.3, they shall retain their salary step but shall not be eligible to progress further through the scale until they start vocational training.
I am in a specialty that can take a long time and is very competitive to get onto training. What is the rationale for the cap being moved from step 7 to step 5?
Data from MCNZ & Te Whatu Ora shows that by PGY4 (Registrar step 2/3) half the cohort of RMOs have entered a vocational training programme. This increases to nearly 80% by PGY8. – this reflects why we agreed the vocational training bar should sit at R5 (HO3 + R5 = PGY8). We absolutely acknowledge though that there are some specialties that take longer to get onto, and that RMOs have different experiences and it is not a linear journey for everyone. We have members of our executive team who have been in similar situations. Where to place the cap, as well as when discussing the length of the scale has obvious pros and cons and we have attempted to consider these critically.

We have tried to answer these questions as accurately as possible and to the best of our knowledge and interpretation of the offer. For any specific questions, please email support@stonz.co.nz