
All District Health Boards

5 April 2019

Melissa Dobbyn
Lead Advocate
NZ Resident Doctors' Association
PO Box 11 369
Ellerslie
AUCKLAND 1542

By email: Melissa@cns.org.nz

Dear Melissa

Re: Offer for Settlement of the DHBs/NZRDA RMO MECA

Attached please find the terms of settlement for a DHB/NZRDA Resident Medical Officers MECA. These offered changes relate to the lapsed MECA that expired on 28 February 2018. We will provide a full copy of the offered MECA by 5pm Wednesday, 10 April 2019.

The key features of the offer for settlement include:

- A 36-month term from 1 April 2019 to 31 March 2022
- Three salary increases over the term of the agreement:
 - 2.5% with effect from 1 April 2019; then
 - 3% with effect from 6 April 2020; then
 - 2% with effect from 5 April 2021
- A one-off lump sum of \$2,700 gross for Registrars and \$2,300 gross for House Officers shall be made to RMOs who are members of the NZRDA as at 1 April 2019, subject to the criteria outlined in the terms of settlement below.
- Amend the level of agreement for changes to run descriptions from the current requirement for 2/3 agreement from RMOs concerned to not greater than 1/3 disagreement of those concerned RMOs who participate in the process.
- In relation to clauses 6.6, 7.3, 13.4.4, 13.6.1, 13.6.2 and Schedule Ten, amend the decision making to rest with the affected RMOs

- Introduction of a process (in Schedule 9) to enable any concerns held by NZRDA about the potential impacts of a proposal to be reviewed prior to a final decision being made.
- Changes to the process for reviewing a run description and establishing the appropriate salary category for new or amended rosters has been revised to streamline and clarify these processes
- Schedule Ten is amended to allow for flexibility in the days during the week that rostered days off arising from weekend work may be taken
- Adjust the deduction rates in Schedule Ten for rostered days off (RDOs) to reflect the three salary increases

Several other changes in relation to annual leave, some technical matters and Schedule One (DHB specific provisions) are also proposed.

We ask that you put this offer to your members for ratification and we look forward to a positive outcome. Should we not receive confirmation of a positive ratification outcome by 30 April 2019 this offer is withdrawn.

Yours sincerely

Stephen Gray
DHB Advocate for RMO Bargaining

DHB offer to settle NZRDA RMO MECA Bargaining 2018/19 - Terms of Settlement

➤ **Clause 2**

Delete definition of "Hospital and Health Service"

➤ **Clause 6**

Replace 6.6 with the following:

Regional training programmes may be developed that involve an RMO rotating between hospitals and/or between DHBs or other employers. The rotations will be advised in accordance with clause 6.1 and agreed between the DHB(s) and the individual RMO. Where the employee is required to relocate to a different location for a period of time the provisions of Clause 29 shall apply.

➤ **Clause 7.**

Replace clause 7.3 with the following

Given the importance of education and training for RMOs, in so far as it is within the control of the DHB there will be no change to the manner in which these services are provided without consultation with the potentially affected RMOs.

➤ **Clause 8**

Clause 8.2 and 8.3

Increase to printed rates of:

- 2.5% with effect from 1 April 2019; and
- 3% with effect from the Monday, closest to 1 April 2020; and
- 2% with effect from the first Monday, closest 1 April 2021.

Amend clause 8.11

8.11 A Lump Sum Payment (LSP) of \$2,700 gross for Registrars and \$2,300 gross for House Officers shall be made to RDA members, effective from 1 April 2019.

The payment will be paid to RMOs who are members of the NZRDA at the date of ratification who have not already received a lump sum payment under the STONZ MECA. This will apply to NZRDA members who may also be members of STONZ.

*An RMO joining the NZRDA after the date of ratification will **not** be entitled to this LSP.*

The amount of the payment will be pro-rated as follows:

- Contracted FTE at effective date
- Service across DHBs during the 12 month period from 28 February 2018 – 1 April 2019, providing service is continuous (i.e. not broken by a period greater than 1 month)

The payment will not apply to employees who work on a casual only basis. The DHBs will endeavour to process the payment in the first pay period following formal ratification of the settlement.

Qualifying RMOs who are on approved leave without pay on the date of the payment shall be eligible to receive the payment on their return to work.

The LSP will only be paid if there is no further strike action.

➤ **Clause 10**

Clause 10.12 – Amend as follows

10.12 Changes to run descriptions.

10.12 Decision Making

Following the completion of the management of change process as detailed in overarching principles in Schedule 9, run descriptions shall be changed unless there is disagreement by more than one third (33.33%) of the RMO(s) concerned. For the purposes of this clause, “RMOs concerned” are those whom the change affects at the time it is implemented. The NZRDA will assist DHBs to encourage RMO participation in the change process. Unless agreed otherwise with the majority of concerned RMOs, the employer should facilitate a process where feedback can be provided anonymously. Generally, run change processes will not be initiated in November or December. Following agreement to a change, a copy of the new run description shall be forwarded to the NZRDA.

Delete clause 10.13

➤ **Clause 12**

Replace the current Clause 12 with the following:

12.0 REVIEW OF RUN DESCRIPTION/SALARY

The employer or the group of RMOs on a particular roster, or their representative, may seek a review of any element of the run description no more frequently than every three months but this may be earlier as detailed in clause 12.5.

12.1 *The review shall first be conducted at Unit level and in a collaborative manner. Before commencing the review the initiator shall advise the other parties in writing of their intention. Copies of such notification shall be forwarded to the NZRDA.*

12.2 *In the event that agreement cannot be reached, the RMOs may involve respective representatives.*

12.3 *In the event that the review at Unit level should fail to settle the matter, the matter shall be a dispute as that term is defined in clause 40 and shall be resolved in the manner set out in clause 40.*

12.4 **Salary Review Protocol:**

New roster or amended roster

12.4.1 *Where a new roster pattern or change to an existing roster has been agreed in accordance with clause 10.12, including to increase or decrease the number of RMOs, then an estimated appropriate salary category shall be established through the following process:-*

- (i) *The employer shall establish the expected average rostered hours, including ordinary hours if a non-rotating shift roster in accordance with clause 8.1.2, and thereby determine the salary category based on the new roster pattern.*
- (ii) *The employer shall provide their calculations to the NZRDA.*
- (iii) *Should the expected average hours, excluding unrostered hours, fall below the middle of the salary category band hours as identified in clause 8.2 then that salary category shall apply when the new or changed roster is implemented. For example if the average rostered hours are 57 then the salary category shall be a C.*
- (iv) *Should the expected average hours, excluding unrostered hours, be on or above the middle of the salary category band hours as identified in clause 8.2 then the category above the expected average hours shall apply when the new or changed roster is implemented. For example if the average rostered hours are 57.45 then the salary category shall be a B category.*
- (v) *If the employer considers that unrostered hours are likely to exceed 8 hours when a review is subsequently carried out in accordance with clause 12.4.2 below, then the employer will pay an additional salary category to that determined by either (iii) or (iv) above in the interim period.*
- (vi) *The salary category for a new roster or change to existing roster shall be confirmed by a review carried out in accordance with 12.4.2. The review shall commence within three months of the new or changed roster being implemented, and should focus on the unrostered hours.*

Verification of hours review

12.4.2 *Where either the employer or the group of RMOs on a particular roster, or their representative, consider that the salary category does not accurately reflect the hours required then they may initiate a review through the following process:*

- (i) *The initiator shall advise the other parties in writing of their decision to review the salary category for the run. Notification should be provided a minimum of fourteen days prior to any proposed commencement date.*
- (ii) *This notification shall propose:*
 - *The date of commencement of the review. Reviews shall not be undertaken in retrospect unless agreed between the parties.*
 - *The period of the run review. This period shall be representative of normal working conditions and shall not be less than 4 weeks and no longer than 6 weeks unless agreed otherwise by the parties*
 - *Run reviews should not overlap run changeovers*
 - *Confirmation as to whom the timesheets are to be sent and arrangements to ensure both the employer party and NZRDA receive copies at the same time. Timesheets will normally be forwarded to the employing DHB RMO unit unless the DHB specifies otherwise*
- (iii) *The non-initiating party shall raise any concerns regarding the notification within 7 days otherwise the review proceeds as per the notification.*
- (iv) *Upon receipt of notification of a review the DHB must supply the run description and published roster for the run to the NZRDA.*
- (v) *RMOs have an obligation to complete the timesheets in an accurate and timely manner.*

- (vi) *Assessment of timesheets shall be completed by both the employer party and the NZRDA. Assessments should be exchanged within three weeks of receipt of the last timesheet. This timeframe can be altered by agreement between the parties.*
- (vii) *Should the parties calculations not result in agreement of the salary category then both parties must identify the cause for the variation within three weeks from the date of exchange of assessment and supply it to the other party. If the cause for the variation in calculations is not supplied within this three week timeframe then the initiating party's calculated salary category is deemed confirmed.*
- (viii) *Any dispute over whether hours reported as worked are in fact required should acknowledge expected individual variation including experience and training of RMOs employed on a run (subject to the RMO being deemed competent level for his or her level). Hours worked should be accepted as hours required unless the employer can demonstrate good reason otherwise.*
- (ix) *If the cause for the variation in salary category is supplied and agreement to the correct salary category cannot be reached the matter shall be referred to the employer's human resource department and NZRDA for resolution. If this is unsuccessful the matter shall be an employment relations problem as that term is defined in clause 40 and shall be resolved in accordance with that clause.*
- (x) *Implementation of any alteration to salary category shall occur within two pay periods. Any required increases in the salary for the run description shall be backdated to when the change occurred that resulted in the change to average hours.*
- (xi) *Where no identified rationale for any increase if an increase in run category has been agreed then the increase shall be backdated to the commencement of the run in which the review took place but not earlier. Decreases in salary shall not be made retrospectively. Where the parties cannot agree on any identified rationale for the change that resulted in the increase in salary category then the matter should be resolved in accordance with clause (viii) above.*

➤ **Clause 13**

Delete Clause 13.4.3

Amend Clause 13.4.4 to read as follows:

13.4.4 Periods of normal rostered duty shall be continuous and except with the prior agreement of the DHB and the affected RMOs in accordance of 10.12, shall not be less than 8 hours.

Amend Clause 13.6 to read as follows:

13.6 Shift work rostering

13.6.1 Rosters involving shift work may only be operated on the following basis:

- a) night shifts only*
- b) full time in accident and emergency, intensive care, or*
- c) in other cases only by agreement with the affected RMOs in accordance with clause 10.12*

Note: For the purposes of this clause 'night shift' shall mean eight hours of rostered duty between 10.00pm and 8.00 am.

13.6.2 *Unless otherwise agreed with the affected RMOs in accordance with clause 10.12, on runs where shifts are being worked there shall be no more than 4 shift start times provided that where two shifts commence with ½ hour of each other to provide for handover this shall be deemed to be one shift start time.*

Add new subclause 13.6.3 as follows:

13.6.3 *No employee shall be required to change shifts (e.g. moving from day to night shift) more than once per week.*

➤ **Clause 14**

Delete the note in brackets at the end of subclause 14.8.4

➤ **Clause 20**

Amend Clause 20 to read as follows:

20.1 Entitlement

Employees shall be granted six weeks' annual leave in respect of each leave year to be paid in accordance with the Holidays Act 2003.

Amend Clause 20.2.5 to read follows:

20.2.5. *Where an employee resigns from a District Health Board to commence employment at another District Health Board as an RMO. The employer will notify the employee of the employee's entitlement to have their accrued annual leave, to the maximum of six weeks, credited to the annual leave balance at their new employer if the employee is commencing employment at next employer within one month of the final day of their employment.*

Should the employee agree to this option they will confirm their agreement and provide details of their next employer including date of their commencement. Should the employee not agree or fail to respond to the employer's notification within a timely period the employer will pay out the accrued annual leave on termination.

Failure by the employer to provide the written option of transferring one month prior to transfer will result in the accrued leave being transferred to the employee's new entitlement.

Delete clause 20.2.6

➤ **Clause 21.2**

Amend Clause 21.2 to read as follows:

21.1.2 *The length of service for the purposes of the said schedule means the aggregate period of service, whether continuous or intermittent, in the employment of a District Health Board (or its predecessor), the General Practice Training programme, as Community Medicine Registrars or a New Zealand University.*

➤ **Clause 28.8**

Amend Clause 28.8 to read as follows:

28.8 *Where Employees are required to use their own cars for the purposes of work, they shall be reimbursed by the employer in accordance with the IRD mileage rates, 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.*

➤ **Clause 46**

The term of the new collective agreement to be 36 months from 1 April 2019 to 31 March 2022.

➤ **Schedules**

Amend **Schedule One** as follows:

- Add "Except in relation to clause 13.2" immediately after Note
- Delete provision relating to Waikato DHB.

Amend **Schedule Nine** to read as follows:

Schedule Nine
Change Management

Overarching Principles

1. *Recognise that both RMOs and DHBs want change.*
2. *That change management will be most effective if there is a high-trust, constructive relationship at a national and local level.*
3. *There should be effective, honest and timely communication, in the spirit of "with us" not "to us" and communications to Resident Doctors should be flagged as being changes that affect them. Early engagement with the Resident Doctors and the RDA is key to this. Practically this would require an initial conversation with NZRDA officials to explain the change and drivers for the change and any sensitivities.*
4. *DHBs recognise NZRDA as representing Resident Doctors, and respect the doctors' right to involve the NZRDA, as they see fit. NZRDA may involve their local delegates.*
5. *There is a need to develop a safe environment for engagement at a local level.*
6. *NZRDA will be able to advise as to what factors will be needed to ensure this, as each change management situation will be different in terms of how safe the Resident Doctors feel to engage.*
7. *Make local meetings accessible to as many of the affected Resident Doctors who wish to attend by ensuring meetings are appropriately scheduled.*
8. *Every effort should be made to ensure that the change is welcomed including starting from a "why" and fully explaining the opportunity that presents itself.*
9. *If an alternate solution, an amendment to the original proposal, or a proposition which makes the proposal more attractive is raised, then those must be genuinely considered (following the "with us" not "to us" principle).*
10. *Speedy, quality resolution of issues.*
11. *Timely implementation of agreements reached.*

Review Process – applies to clauses 6.6, 7.3, 10.12, 13.4.4, 13.6.1, 13.6.2 and Schedule 10

1. *Should agreement not be reached for proposals relating to the above clauses then the following review process shall apply.*
2. *An internal reviewer shall be mutually agreed by the parties. Where the parties cannot agree, they will seek a nomination from the Chief Medical Officer of the DHB who may consult with the relevant College being the College directly relevant to the change being put forward. The CMO nominee shall be the reviewer.*
3. *The concerns that are preventing agreement may include but not be limited at least one of the following:*
 - *Fatigue and wellbeing for RMOs*
 - *Delivery of training and education opportunities to the RMOs*
 - *A drop in pay for the RMOs concerned or other diminishment of entitlements under the MECA*
 - *Negative impact on continuity of care*
 - *Maintenance of the medical team and the impacts on SMOs and other clinical staff*
4. *The review shall be concluded within 4 weeks of the appointment of a reviewer.*
5. *When evaluating the concerns, the reviewer will consider both the positive and negative impacts of the proposal on the quality of healthcare provided, including the following domains:*
 - *Safety*
 - *Timely access to care*
 - *Effectiveness*
 - *Efficiency*
 - *Equity*
 - *Patient / whanau engagement*
6. *The reviewer may determine the process provided that there is equal opportunity to respond to any representations made by the other party. The reviewer may meet with the parties or deal with the issues based on the written representations of the parties or a combination of both.*
7. *Without limiting the options, the reviewer may recommend that the proposal be trialled for a period of no longer than six months or make any other recommendations to the parties on how they might proceed.*
8. *Before taking any action on the recommendations of the reviewer, the parties will consult with one another.*
9. *The CEO of the DHB will consider the recommendations of the review and decide on implementation. Where the CEO of the DHB does not wish to comply with the recommendation then they will provide a written rationale for their decision to the RMOs concerned and the NZRDA.*

10. *If the NZRDA disagree with the decision of the CEO, they may elect to proceed to raise an employment relations problem pursuant to clause 40 and shall be resolved in accordance with that clause.*

Amend **Schedule Ten** to read as follows:

Schedule Ten

Safer Rosters

Note: where there is an inconsistency between the rostering provisions contained within this Schedule and the main body of the collective agreement, the provisions of this Schedule shall prevail.

The parties are seeking to improve rosters for those resident doctors on duty covering services 24/7, as a result of the fatigue and subsequent consequences to the doctor's health and safety and through them their patients. The two critical areas of concern are the current rostering practices of:

1. *12 consecutive days, and*
2. *7 consecutive night shifts.*

As a result there shall be no more than 10 consecutive days worked or 4 consecutive night shifts worked by employees on the rosters listed in this Schedule. All new rosters must ensure these two parameters are complied with.

In considering what change should look like, the following parameters have been taken into account:

1. *The number of days in a row, and over a fortnight, resident doctors should reasonably be expected to work, and conversely that the doctors will have off duty; and*
2. *That sufficient off duty time be provided so as to be meaningful and recuperative; and*
3. *The most efficient patterns of rostering for both the doctors on duty and the relievers covering during off duty time, with respect to service delivery and maintenance of team structures; and*
4. *Minimum training requirements⁽¹⁾ must not be compromised or risk the pipeline of SMO/GP production; and*
5. *Disruption to service delivery as a result of a new roster developed under these parameters shall only be assessed after the additional staffing required to cover as a result of RDOs has been identified.*

Rosters shall be developed and implemented as additional staff required to staff the rosters are employed or deployed.

¹ The parties are also advised to consider schedule 8 of the MECA with respect to implications for training.

The DHBs will take urgent steps to appoint the number of additional staff required to implement rosters. Given the increasing output from NZ medical schools and the provisions of clause 5.4, temporary employment agreements can be used for this purpose for non NZ Medical School graduates.

Principles around change

The parties agree to progress change consistent with the over-arching principles set out in Schedule 9.

Change process

- *A change proposal shall be in writing, clearly articulate the reasons for the proposed change, and include the relevant information behind the proposal*
- *The proposal shall include a timeline for discussion and consultation on the proposal with RMOs affected by the change. A reasonable timeframe for the completion of consultation process would be within two months and should avoid the November/December changeover period wherever possible.*
- *Where held, face-to-face meetings shall be scheduled to allow as many of the RMOs affected by the change to participate. Genuine consideration should be given to issues and alternate proposals arising from the consultation process.*
- *The aim of the consultation will be to achieve a consensus on the appropriate change. For the purpose of this clause, the parties understand the term 'consensus' to mean general agreement amongst those participating in the process.*

Escalation

The principle is that the resolution of any disagreement around a change proposal should be resolved as close to the affected service as possible and as quickly as possible.

If a consensus can't be reached through the change process, the DHB and the RMOs affected may agree to trial a 'best fit' change proposal for a defined period where this is practicable. If a trial is not agreed, then the proposal shall be escalated to appropriate DHB senior management and the NZRDA for further discussion and engagement. If this cannot resolve the outstanding issue(s), then the parties will seek mediation assistance, having regard to:

- *the impact of the change on the quality and safety of patient services;*
- *issues and concerns raised by RMOs through the consultation process, including any alternate change proposals;*
- *the impact of the proposed change on RMOs' work-life balance opportunities, including the extent of out-of-hours requirements;*
- *advice on the impact of the change, if any, on RMO training opportunities and having applied schedule 8.*

Unless otherwise agreed, the change process (including the escalation process) shall be completed within 6 months.

Limits on Consecutive Night Shifts and Minimum Recovery Time:

No more than 4 consecutive night duties comprising no longer than 10 hours shall be rostered.

Except as provided below, following 3 or more consecutive rostered night duties, a minimum break comprising the balance of the calendar day upon which the employee ceased the last night duty plus a further 2 calendar days must be provided.

A minimum break comprising the balance of the calendar day upon which the employee ceased the last night duty plus at least a further 1 calendar days must be provided:

- After 3 consecutive nights, where the service and the affected RMOs through the process in clause 10.12 agree that there are sufficient mitigations to address any fatigue risks associated with night shifts (refer to the agreed "Best Practice Guidelines: Recovery after a period on nights schedule 11).
- Following less than 3 consecutive night duties.

Notwithstanding the above, where 5 consecutive night shifts are operating as at 10 March 2017, or are subsequently agreed between the service and the affected RMOs through the process in clause 10.12, they may be rostered but only where these night shifts provide for rest and sleep during the shift to adequately reduce fatigue (refer to the agreed "Best practice guidelines: Recovery after a period on nights"). A minimum break comprising the balance of the calendar day upon which the employee ceased the last night duty plus a further 2 calendar days must be provided immediately following any such period of night duties.

Limit of Consecutive days worked:

No employee shall be required to work more than 10 consecutive days; and for each weekend day worked, the RMO shall have a weekday rostered off (RDO) in that fortnight as follows:

- a. Unless agreed to the contrary between the service and the affected RMOs through the process in clause 10.12, these weekday RDO(s) must be attached to an unrostered day;
- b. Where attaching RDOs to an unrostered day is not reasonable and practicable, 2 consecutive RDOs may fall during the week.

Consecutive weekends may be worked as follows:

- a. 2 weekends can be rostered to work in a row but no more than once every six consecutive weeks (5 by agreement between the service and the affected RMOs through the process in clause 10.12). The remaining 4 (3) weekends must be completely free from duties;
- b. Where the DHB has a 1:3 weekend provision contained in schedule 1, 2 weekends can be rostered to work in a row but no more than once every nine consecutive weeks (8 by agreement between the service and the affected RMOs through the process in clause 10.12). The remaining 7 (6) weekends must be completely free from duties.

Night shifts undertaken over the weekend shall not generate an entitlement to an RDO under this clause. Night shifts are covered by the minimum recovery time provision in this schedule.

Where a RMO does not work their rostered weekend duty the service and the RMO can agree to the RMO working a normal duty on the day(s) that was provided as a rostered day off (RDO).

No deduction shall be made, and the duty is not treated as an additional duty for the purpose of payment unless agreed otherwise by the DHB and the RMO.

Alternative Rostering Options

The service and affected RMOs may agree to an alternative to the Limits specified above worked provisions subject to the provisions of clause 10.12 and after review process in Schedule 9. Such alternative rosters shall be implemented when recruitment allows.

The alternative rostering arrangements must as a minimum:

- *Also meet the standard requirements in the body of the MECA including minimum breaks*
- *Ensure fatigue risks associated with the new roster arrangement are eliminated or it that is not possible minimised.*
- *There is a reasonable expectation that the DHB will capable of fully staffing such roster, including relievers with only the minimal use of cross-cover, additional duties etc.*
- *Ensure sufficient mitigations are in place to support RMO safety, wellbeing and delivery of care*

All such changes shall be notified to the NZRDA with a full explanation of why the RMOs and DHBs consider there are sufficient mitigations to address issues of safety, fatigue and well-being on the delivery of care.

Deduction for Rostered Days off in compensation for weekend days worked:

For each RDO Monday through Friday provided in compensation for a weekend day worked (but not the days provided under the minimum recovery time following night shifts), the following gross deduction from pay shall apply. For the sake of clarity, the day nights

commence and the day after they finish are not deemed to be RDOs.

RDO DEDUCTIONS													
2017-2018 MECA													
Urban DHBs													
House Officers				Registrars									
Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ 192.00	\$ 208.00	\$ 220.00	\$ 232.00	\$ 220.00	\$ 232.00	\$ 243.00	\$ 255.00	\$ 267.00	\$ 279.00	\$ 291.00	\$ 303.00	\$ 316.00	\$ 329.00
Non-Urban DHBs													
House Officers				Registrars									
Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ 200.00	\$ 216.00	\$ 229.00	\$ 241.00	\$ 229.00	\$ 241.00	\$ 253.00	\$ 265.00	\$ 278.00	\$ 290.00	\$ 302.00	\$ 315.00	\$ 328.00	\$ 342.00
WITH 2.5% INCREASE - 1 APRIL 2019													
Urban DHBs													
House Officers				Registrars									
Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ 197.00	\$ 213.00	\$ 226.00	\$ 238.00	\$ 226.00	\$ 238.00	\$ 249.00	\$ 261.00	\$ 274.00	\$ 286.00	\$ 298.00	\$ 311.00	\$ 324.00	\$ 337.00
Non-Urban DHBs													
House Officers				Registrars									
Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ 205.00	\$ 221.00	\$ 235.00	\$ 247.00	\$ 235.00	\$ 247.00	\$ 259.00	\$ 272.00	\$ 285.00	\$ 297.00	\$ 310.00	\$ 323.00	\$ 336.00	\$ 351.00
WITH 3% INCREASE - 6 APRIL 2020													
Urban DHBs													
House Officers				Registrars									
Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ 203.00	\$ 219.00	\$ 233.00	\$ 245.00	\$ 233.00	\$ 245.00	\$ 256.00	\$ 269.00	\$ 282.00	\$ 295.00	\$ 307.00	\$ 320.00	\$ 334.00	\$ 347.00
Non-Urban DHBs													
House Officers				Registrars									
Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ 211.00	\$ 228.00	\$ 242.00	\$ 254.00	\$ 242.00	\$ 254.00	\$ 267.00	\$ 280.00	\$ 294.00	\$ 306.00	\$ 319.00	\$ 333.00	\$ 346.00	\$ 362.00
WITH 2% INCREASE - 5 APRIL 2021													
Urban DHBs													
House Officers				Registrars									
Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ 207.00	\$ 223.00	\$ 238.00	\$ 250.00	\$ 238.00	\$ 250.00	\$ 261.00	\$ 274.00	\$ 288.00	\$ 301.00	\$ 313.00	\$ 326.00	\$ 341.00	\$ 354.00
Non-Urban DHBs													
House Officers				Registrars									
Year 1	Year 2	Year 3	Year 4	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10
\$ 215.00	\$ 233.00	\$ 247.00	\$ 259.00	\$ 247.00	\$ 259.00	\$ 272.00	\$ 286.00	\$ 300.00	\$ 312.00	\$ 325.00	\$ 340.00	\$ 353.00	\$ 369.00

Northland	House Officer	Paediatrics
	Registrar	Paediatrics Medicine
Waitemata	House Officer	O&G (NSH)
		General Medicine include ADU (NSH)
		Medical Specialties (NSH)
		Orthopaedics (NSH)
		General surgical/Urology (NSH)
		General Medicine (Waitakere)
		Medical Specialties (Waitakere)
	Registrar	General Medicine include ADU (NSH)
		Medical Specialties (NSH)
		General Surgery (NSH)
		Orthopaedics (NSH)
		Paediatrics (Summer) (Waitakere)
		General Medicine (Waitakere)
		Medical Specialties (Waitakere)
O&G (NSH)		
Auckland	House Officer	ORL/Neurology/Neurosurgery
		Orthopaedics/Urology
		General Surgery/Vascular Surgery
		Paediatrics
		Cardiology/CTSU
		General Medicine/OPH/Mental Health
		Medical Specialties
		O&G
		Ophthalmology
	Registrar	Neonates
		Orthopaedics
		General Surgery
		Cardiology
		Regional ORL
		General Medicine
		Medical Specialties
		O&G
		Paediatric Orthopaedics
		Paediatrics
Counties Manukau	House Officer	Paediatrics (Winter)
		Manukau Super Clinic
		Plastics & Orthopaedic Hand
		General Medicine & Medical Subspecialties
		General Surgery
		Orthopaedics
		O&G
	Registrar	Plastics & Orthopaedic Hand
		Orthopaedics
		General Surgery
		O&G

		Paediatrics
		General Medicine
		Medical Specialties
Waikato	House Officer	General Medicine
		Medical Specialties
		General Surgery
		Surgical Specialties (including Orthopaedics)
		Paediatrics
	Registrar	O&G
		Orthopaedics
		General Surgery
		General Medicine
		Medical Specialties
Lakes	House Officer	Paediatrics
		Medical
		Surgical
	Registrar	Paediatrics & O&G
Bay of Plenty	House Officer	General Medicine
		Medical/Surgical & Orthopaedic (Whakatane)
	SHO/Registrar	Medical/Surgical & Orthopaedic (Tauranga)
		Paediatrics (Tauranga)
	Registrar	O&G (Tauranga)
Hawkes Bay	House Officer	Surgical & Orthopaedics (Tauranga)
		Medical (Tauranga)
	Registrar	General
		O&G
Taranaki	House Officer	Medical
		O&G
	Registrar	Orthopaedics
		Surgical
MidCentral	House Officer	Medical/Surgical/Psych and Orthopaedic
		Medical
		Surgical
	Registrar	O&G
		Paediatrics
Whanganui	House Officer	General
Wairarapa	House Officer/Registrar	General
Hutt Valley	House Officer	Medical
		Surgical (incl. Orthopaedics and Plastics)
	Registrar	Medical
		Surgical
		Orthopaedic
		Paediatrics
		O&G

Capital and Coast	House Officer	Medicine 1 + 2
		Surgical 1 + 2
		Kenepuru (Medical and Surgical)
		O&G
		Paediatrics Medical and Surgical (SHO/HO)
	Registrar	Orthopaedics
		General/Vascular Surgery
		Cardiology
		Medical Sub-specialties
		Medicine 1 + 2
		Kenepuru
		Surgical Sub-specialties (Neurosurgery and Cardiothoracic)
		O&G
Nelson Marlborough	House Officer	Wairau
		Nelson
	Registrar	Medicine
Canterbury	House Officer	Paediatrics
		Acute surgery
		Duty Surgery 1 + 2
		Duty Medicine 1 + 2
		Acute Medicine 1 & 2
		O&G
		Burwood Hospital incl. OPH
		Orthopaedics
		Ashburton (HO/Reg)
	Medical Specialties	
	Registrar	Surgical (incl. acute, duty and subspecialties)
		Orthopaedics
		Medical (incl. acute, duty and subspecialties).
Paediatrics		
West Coast	House Officer/Registrar	Rural Health Medicine and General
South Canterbury	House Officer	General
Southern	House Officer	Paediatrics (Dunedin)
		O&G (Dunedin)
		Medical (incl. specialties)(Dunedin)
		Surgical (incl. specialties)(Dunedin)
		Medical (Invercargill)
		Surgical (Invercargill)
	Registrar	Medical (Invercargill)
		Paediatrics (incl. SHOs) (Invercargill)
		Medical (Dunedin)
		Orthopaedics (Dunedin)
		General Surgery (Dunedin)
		General Surgery (Invercargill)
		Orthopaedics (Invercargill)
O&G (Dunedin)		