

Improved Offer for a new Medical Officers (NTPS) Enterprise Agreement

Details of overall offer

1. Term of Agreement

It is proposed the new agreement (the agreement) will have a 4-year term that will provide Medical Officers with job certainty and secure terms and conditions over this period.

2. Salary and allowance increases

In addition to the improved salaries under a new simplified salary spine, providing this offer is accepted when put to the vote, it will provide headline salary increases of **2.7% pa in the first two years, followed by 3% pa in the final 2 years**, to be applied as follows:

- 2.7% commencing from 12 March 2026
- 2.7% (up 0.2% from original offer) from the first full pay period commencing on or after 1 January 2027
- 3.0% (up 0.5% from original offer) from the first full pay period commencing on or after 1 January 2028
- 3.0% (up 0.5% from original offer) from the first full pay period commencing on or after 1 January 2029

This provides a total headline salary increase of 11.4%, or approximately 11.9% compounding over the term of the agreement.

Allowances under the Agreement that are currently adjusted with the Darwin Consumer Price Index (CPI) will continue to increase in line with current provisions; those that increase in line with the Agreement, will continue to increase by the respective annual percentages; and allowances which are not currently adjustable (e.g. NT Allowance) will remain at their current rates.

Payment of salary and allowance increases (including back payments that might apply) shall only be payable to Medical Officers who are employed on the date of commencement of the new agreement.

3. Simplified salary spine

A simplified salary spine (**Attachment A**) was discussed during the negotiation meetings. It **groups similar roles** such as Vocational Rural Generalist Trainee, and Registrars, **to better align the years of service** to equivalent classifications, and **provides transitional increases commencing from 12 March 2026**.

This simplified salary spine was based on and recognises ASMOF's original proposal, and provides transitional **increases that would range from between 7.17% to 14.16% for most Registrars**. It further takes into consideration feedback provided at the meeting of 10 December 2025 and provides transitional **increases of 5.31% or 10.62% for Senior Rural Generalist and Senior Rural Medical Practitioners**, rather than them having to wait 12 months to commence progression through these increments.

The transitional increases would be applied from 12 March 2026 and be in addition to headline salary increases (e.g. 14.16% plus 2.7% for the first year for some Registrars). Attachments A and B outline the details of the immediate transition provisions, as well as the longer term benefits of these improvements for all Medical Officers.

These increased salary rates and new increment points will also count for superannuation purposes; will increase hourly rates for overtime/penalty payments; and increase allowances that are based on a percentage of salary.

Additionally, the **simplified salary spine removes the salary progression barriers** and provides:

- Automatic salary progression of **Staff Specialists to Senior Staff Specialist**; and
- Automatic salary progression **throughout the Rural/Senior Rural Medical Practitioner Classifications**.

These enhancements were discussed with ASMOF at the meeting 10 December 2025 where it was advised that the cost of the improved salary spine would need to be offset with respect to the above salary increases, to remain within the Wages Policy.

The proposed salary spine **provides equity across the salaries through all craft groups, recognises years of equivalent service and qualifications, and more importantly, the recent Australian Health Practitioner Regulation Agency (AHPRA) recognition of Rural Generalists as Specialists**.

While the transitional improvements and new salary increments available under the proposed simplified salary spine will set an equitable salary basis for all Medical Officers. Additional allowances that are currently in place for the specific groups will continue to apply.

Harmonisation and simplification of similar type allowances

To reduce the administrative burden in processing allowances, and **to assist Medical Officers with a better understanding of their entitlements the following existing allowances are to be combined:**

4. **Regional and Remote Attraction Allowance** (paid fortnightly) and *Regional and Remote Retention Payment* (lump sum) – for Staff / Senior Staff Specialist and Rural Medical Practitioners.

After 12 months continuous service, the above two payments will be combined and become one fortnightly allowance – *Regional and Remote Attraction and Retention Allowance*.

A transition provision would be included to provide the combined fortnightly payment to commence once Medical Officers received their next lump sum retention payment. This will then benefit Medical Officers by receiving the payments fortnightly rather than waiting for 12 month lump sums.

5. **Rural Allowances** – these are the same amounts and will be combined for Senior Staff Specialist and Senior Rural Medical Practitioner.

The processing efficiencies of these improvements are acknowledged as contributing to offset the overall cost of this package.

Service delivery improvements

6. Restrictive duty trial

To improve and contemporise the restrictive duty provisions to support the operational and clinical requirement of the Department of Health and Medical Officers, it is proposed to conduct **a trial of alternative restrictive duty models, in consultation with ASMOF**. This trial will record current restrictive duty work practices against the proposed models.

The trial is to be conducted within 12 months of the commencement of the agreement. Should there be any agreed outcomes/ recommendations, the Commissioner may give effect through a Determination (as agreed to by the parties).

7. Extended hours benefit payment

Payment of this allowance is to be extended to include the following Medical Officer classifications:

- Rural Medical Practitioner
- Senior Rural Medical Practitioner
- Rural Generalist
- Senior Rural Generalist

This improvement is designed to support the regular rostering of Medical Officers and to provide extended ordinary hours coverage from 0800 to 2200 hours seven days per week.

8. Revenue Activity Incentive Payment – Rural Medical Practitioners

This incentive payment is to be extended to Senior Rural Generalist Trainees.

Additionally, as part of the Medicare reforms, under the Commonwealth Strengthening Medicare Agenda, the Department of Health commits to work with ASMOF to consider any changes that may affect this payment. Should there be any agreed outcomes/ recommendations, the Commissioner may give effect through a Determination (as agreed to by the parties).

9. Clinical Support Time

Clinical support time provisions will be improved to include Senior Medical Officers such as Senior Rural Medical Practitioner, Chief Rural Medical Practitioner and Senior Rural Generalist.

Streamline and improve operational and administrative processes

Improvements in processing the following terms and conditions of employment have been identified, which will also provide some efficiencies to contribute to offset the overall cost of this package:

10. **Automatic Salary progression** – After 12 months full time service, automatic salary progression to next pay point within the rate of pay scale for the Medical Officers classification, subject to any classification progression requirements. New provisions will also detail the increment deferral provisions where there may be identified performance issues.
11. Territory wide hospital employment of **Vocational Rural Generalist Trainee, Rural Generalist and Senior Rural Generalist** if operationally required.
12. Progressive accrual of **additional recreation leave at 5 and 10 years' of service** – Medical Officers will be able to view and access their additional recreation leave entitlement as it accrues. This will also benefit Medical Offices by not having to wait for the additional annual credit, and will also reduce the administrative burden of manually managing this entitlement.

A transitional provision will provide that any additional recreation leave accrued as at the commencement of the agreement will be credited to eligible Medical Officer leave balances (i.e. on a pro-rata basis).

Improved leave provisions

New or improved leave provisions will be made to a number of clauses in the agreement consistent with the Northern Territory Public Sector 2025 – 2029 Enterprise Agreement. As discussed during the negotiation meetings these are summarised below:

13. **Personal leave to cover medical attendance** – Personal leave provisions will be improved to allow Medical Officers to provide certificates of attendance for medical appointments, for themselves, or to support and immediate family or household member (which will count as personal leave with documentary evidence), including for health issues other than just for an illness or injury (e.g. for preventative care).
14. **Compassionate leave** – This clause has been improved to allow access to compassionate leave provisions during a period of recreation leave (i.e. recredit of recreation leave).
15. **Attendance at Approved Employee Assistance Providers** – The new agreement will clarify that attendance at approved Employee Assistance Providers, including reasonable traveling time, will be granted without deduction of any leave entitlements.
16. Existing **Blood Donor Leave** will be improved to allow time for donating blood plasma.
17. **NEW - Organ Donor Leave** – The Chief Executive Officer will have the ability to approve a recredit of leave for employees to donate a kidney or part of a liver, up to an equivalent amount received in

payment from the Federal Government's Supporting a Living Donor Program (based on a period of absence of up to 18 weeks).

18. **Leave to Engage in Voluntary Emergency Management Activities** – The current provisions will be improved in relation to volunteering for emergency management activities, and include leave may be taken for prevention, preparation, response or recovery purposes.
19. **Improved parental leave provision** – A new provision will be included to provide that Medical Officers will be able to request to opt out of night shifts in the third trimester of their pregnancy. Requests will be favourably considered subject to operational requirements.
20. **Advanced Recreation Leave – Det 1058 of 2024** – The provisions of Determination 1058 of 2024 will be included into the new Agreement, which provides for Medical Officers (excluding Specialists and other Senior Medical Officers) to receive up to a maximum of 4 weeks recreation leave in advance, during their first year of employment.
21. **Mandatory day off when moving between towns** – A new provision will include a break of 24 hours (or other reasonable period, depending on distance/location and mode of travel) for moving between towns, where Medical Officers are required to move to take up mandatory rotations. This will assist with time required for travel, moving into their new premises and preparing for their next shift.
22. **Disability and diversity** - A new clause committing to support and accommodate a diverse and inclusive workplace which values the identities, skills and capabilities of all people including those with a disability, from culturally and linguistically diverse background, and senior people.
23. **Improved access to flexible work arrangements** – The 'Flexible Work – General Principles and Requirements' provisions will be improved to provide that requests for flexible work arrangements will be considered favourably and on a case-by-case basis, subject to the reasonable business grounds set out in the current Agreement. Further, it will provide that each 'work from home' request will be considered on its merits with no predetermined frequency on when an employee can work from home.

Improvements to Professional Development Leave

24. To further improve and harmonise conditions, provide greater equity across the craft groups, and encourage previous Medical Officer to return to the Territory, professional development provisions will be improved to include:
 - **5 days exam leave for Vocational Rural Generalist Trainees (RGT 1 to SRGT 2)**, consistent with Registrars and Senior Registrars;
 - **Up to two years of leave may be accrued for Medical Officers** with approval from their manager, once the reason for the carry over and intended purpose for the deferred leave is provided; and
 - **Reinstatement of 50% of unused professional development leave after a period of interrupted employment of up to two years**, to encourage Medical Officers to return to the Territory.

Strengthen safe and healthy work environment

25. Consistent with the *Work Health and Safety (National Uniform Legislation) Act 2011*, improved measures will be included for all parties to:
 - Take reasonable and practical steps to prevent and address psychosocial risks in the workplace.
 - Support the establishment of committees and/or workgroups including health and safety representatives.
 - Ensure reasonable rest breaks are made available when working in extreme heat.
26. Improvements to **fatigue related provisions** will include:
 - **A minimum 48-hour break for Medical Officers on completing a run of night shifts**, before commencing their next day shift.

- **Rosters to support, as far as practicable, a maximum of 12 consecutive days** to be worked by Medical Officers.

Inclusion of Determinations and By-laws

27. **Long service leave provisions** contained in By-law 8; and Determinations for the **Community Language Allowance** improvements; **Advanced Recreation Leave during first year of employment**, and grandparented NT Allowance rates, will be incorporated into the agreement.

Compliance with the Fair Work Act 2009 / NTPS Modern Award 2016

28. Updated or new clauses to reflect recent changes to the *Fair Work Act 2009* include Management of Change, Dispute Settling Procedures, Individual Flexibility Arrangements, Casual employment (Employee Choice Pathway), Right to Disconnect and Fixed Period employment.
29. A new clause will be included to provide 'Workplace Delegate Rights' will be in accordance with clause 24A of the Northern Territory Public Sector Enterprise Award 2016.

Clarification on the application of current conditions of employment

30. Several clauses in the current agreement are to be updated to provide a better understanding and consistent application of the terms and conditions of employment, including:
- **Attraction and retention allowance – Correctional Centres**
 - **Sabbatical leave for Senior and Rural Medical Officers**
 - **Excess travel time for travelling to remote communities**
 - **Office bearer and representative leave**
31. Determination 1149 of 2004 relating to fixed period employment and terms and conditions for Staff / Senior Staff Specialists will be reissued to remove the restrictive wording contained in the determination. It is proposed to omit '*...may only be performed for a fixed period...*' and replace with '*...may be performed for a fixed period...*' allowing these groups to be employed on an ongoing basis if and when required.

Employer efficiencies

32. Accident allowance – it is proposed to remove this unused clause as other leave, such as personal leave or workers compensation, is available.
33. Unused provision in the meal allowance clause to be removed relating to obtaining three course meal from a canteen, cafeteria or dining room controlled by the Department of Health.

Simplified salary spine - Proposed

ATTACHMENT A

Levels / Classifications / Mapping				Salary commencing FFPP on or after 01.01.25 \$p.a.	Salary rates effective 12.03.26 \$ p.a.	Salary commencing FFPP on or after 01.01.27 \$ p.a.	Salary commencing FFPP on or after 01.01.28 \$ p.a.	Salary commencing FFPP on or after 01.01.29 \$ p.a.	
Grouping	Classification	Intern / Resident MO / Hospital MO / Senior Hospital MO							
MO1	Intern	INTERN		90 150	92 584	95 084	97 937	100 875	
MO2	Resident Yr 1	RES Yr 1		102 781	105 556	108 406	111 658	115 008	
MO3	Resident Yr 2	RES Yr 2		109 661	112 622	115 663	119 133	122 707	
MO4	Resident Yr 3	RES Yr 3		116 306	119 446	122 671	126 351	130 142	
MO5	Resident Yr 4, HMO1	RES Yr 4 - HMO1		122 264	125 565	128 955	132 824	136 809	
MO6	Hospital Medical Officer Yr 2	HMO2		125 719	129 113	132 599	136 577	140 674	
MO7	Hospital Medical Officer Yr 3	HMO3		134 332	137 959	141 684	145 935	150 313	
MO8	Hospital Medical Officer Yr 4	HMO4		143 533	147 408	151 388	155 930	160 608	
MO9	Hospital Medical Officer Yr 5	HMO5		153 362	157 503	161 756	166 609	171 607	
MO10	Hospital Medical Officer Yr 6	HMO6		163 871	168 296	172 840	178 025	183 366	
MO11	Hospital Medical Officer Yr 7	HMO7		175 104	179 832	184 687	190 228	195 935	
MO12	Senior Hospital Medical Officer Year 1	SHMO1		179 454	184 299	189 275	194 953	200 802	
MO13	Senior Hospital Medical Officer Year 2	SHMO2		185 256	190 258	195 395	201 257	207 295	
Grouping	Classification	Registrar	Vocational Rural Generalist Trainee	Transition Salary immediately prior to 11/03/26* increase	Salary rates effective 12.03.26 \$ p.a.	Salary commencing FFPP on or after 01.01.27 \$ p.a.	Salary commencing FFPP on or after 01.01.28 \$ p.a.	Salary commencing FFPP on or after 01.01.29 \$ p.a.	
VT1	Registrar Yr 1	REG Yr 1	RGT1	122 264	125 565	128 955	132 824	136 809	
VT2	Registrar Yr 2	REG Yr 2 *	RGT2	137 601	141 316	145 132	149 486	153 971	
VT3	Registrar Yr 3	REG Yr 3 *	RGT3	153 195	157 331	161 579	166 426	171 419	
VT4	Registrar Yr 4	REG Yr 4 *	RGT4	159 322	163 624	168 042	173 083	178 275	
VT5	Registrar Yr 5	REG Yr 5 *		161 754	166 121	170 606	175 724	180 996	
VT6	Registrar Yr 6	REG Yr 6 *	↓	164 185	168 618	173 171	178 366	183 717	
VT7	Senior Registrar 1	SNR REG 1	SRGT 1	166 617	171 116	175 736	181 008	186 438	
VT8	Senior Registrar 2	SNR REG 2	SRGT 2	182 143	187 061	192 112	197 875	203 811	
Grouping	Classification	Specialist Senior Staff Specialist	Rural Generalist Senior Rural Generalist	Rural Medical Practitioner (RMP) / Senior RMP / Rural Medical Administrator	Salary commencing FFPP on or after 01.01.25 \$p.a.	Salary rates effective 12.03.26 \$ p.a.	Salary commencing FFPP on or after 01.01.27 \$ p.a.	Salary commencing FFPP on or after 01.01.28 \$ p.a.	Salary commencing FFPP on or after 01.01.29 \$ p.a.
FEL	Fellow				197 760	203 100	208 584	214 842	221 287
SMO1	Specialist 1	SMO1.1	RG1	RL3.3	213 380	219 141	225 058	231 810	238 764
SMO2	Specialist 2	SMO1.2	RG2	RL3.4	222 924	228 943	235 124	242 178	249 443
SMO3	Specialist 3	SMO1.3	RG3	RL3.5	232 468	238 745	245 191	252 547	260 123
SMO4	Specialist 4	SMO1.4	RG4	RL4.1	242 013	248 547	255 258	262 916	270 803
SMO5	Specialist 5	SMO1.5	SRG1	RL4.2	251 554	258 346	265 321	273 281	281 479
SMO6	Specialist 6	SMO1.6	SRG2	RL4.3	261 100	268 150	275 390	283 652	292 162
SMO7	Senior Specialist 1	SMO2.1	SRG3	RL4.4	270 033	277 324	284 812	293 356	302 157
SMO8	Senior Specialist 2	SMO2.2	SRG4 (NEW)^	RL4.5 (NEW)^	284 367	292 045	299 930	308 928	318 196
SMO9	Senior Specialist 3	SMO2.3	SRG5 (NEW)^	RL4.6 (previous RL5)	298 705	306 770	315 053	324 505	334 240

*/^ Refer to clause 19 Salaries for the Simplified Salary Spine and Transition Provisions for these classifications

Transitional provisions for simplified salary spine - Medical Officer Enterprise Agreement

A simplified salary spine (attachment A) was presented and discussed during the negotiation meetings, grouping similar roles such as Vocational Rural Generalist Trainee and Registrar which also better aligns the year of service to equivalent classifications, providing some transitional increases from the commencement of the agreement.

These transitional increases would range from between 7.17% to 14.16% for REG Yr 2 – REG Yr 6), providing an immediate increase of between \$9 447 to \$19 005 to current salary rates, prior to the headline salary increases being applied.

Senior Rural Generalist and Senior Rural Medical Practitioners could receive a transitional increase of 5.04% (being \$14 334) or 10.62% (being \$28 672), depending on their years of service at the current most senior level of these classifications as follows:

A Senior Rural Generalist (SRG) level 3 (\$270 033 pa) with:

- a) between 12 months and 24 months service at the SRG3 level (as at the date of commencement of the agreement), would transition to a new SRG4 increment, which is equivalent to the current SMO2.2 level (\$284 367 pa); or
- b) more than 24 months service at the SRG3 level (as at the date of commencement of the agreement), could transition to a new SRG5 increment, which is equivalent to the current SMO2.3 level (\$298 705 pa).

and

A Senior Rural Medical Practitioner (SRMP) RL 4.4 (\$270 033) with:

- a) between 12 months and 24 months service at the RL4.4 level (as at the date of commencement of the agreement) could transition to a new RL 4.5 increment, which is equivalent to the current SMO2.2 level (\$284 367); or
- b) more than 24 months service at the RL4.4 level (as at the date of commencement of the agreement), could transition to the RL5 increment, which is equivalent to the current SMO2.3 level (\$298 705 pa).

Any Medical Officer moving up to the equivalent SMO2.2 level would then be eligible to progress to the SMO2.3 in accordance with annual increment provisions, after 12 months at that level.

These transitional increases would be applied from 12 March 2026 and be in addition headline salary increases (e.g. 2.7% for the first year).

Medical Officers who do not receive an immediate transition increase on commencement of the agreement may receive the improved salary spine rates during the term of the agreement. For example:

- a) A Registrar Year 1 will receive the headline salary increase of 2.7% on commencement of the agreement, and when due for their annual increment progression will benefit from the improved spine providing an increase of 7.37% to the current Registrar year 2 pay rate (plus the headline salary increase that applies to the rate of 2.7% in the first year).

They will then benefit from annual increments in future years, with spine increases of 14.16% to the Registrar Year 3; 13.49% to Registrar Year 4; 10.25% for Registrar Year 5; and 7.17% for Registrar Year 6.

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- b) Residents and Hospital Medical Officers who commence accredited speciality training, or are placed in equivalent unaccredited Registrar or Rural Registrar roles, will also benefit from the improved spine similar to the above.

REGISTRAR - TRANSITION TO NEW VOCATIONAL TRAINEE GROUPING

NEW - Proposed Vocational Trainee (VT) Level	Registrar	Current salary rate 01/01/2025	Salary rate on transition (prior to salary increase)	Difference	
				p.a.	% ↑
VT1	Registrar Yr 1	\$122,264	\$122,264		
VT2	Registrar Yr 2	\$128,154	\$137,601	\$9,447	7.37%
VT3	Registrar Yr 3	\$134,190	\$153,195	\$19,005	14.16%
VT4	Registrar Yr 4	\$140,378	\$159,322	\$18,944	13.49%
VT5	Registrar Yr 5	\$146,712	\$161,754	\$15,042	10.25%
VT6	Registrar Yr 6	\$153,195	\$164,185	\$10,990	7.17%
VT7	Senior Registrar 1	\$166,617	\$166,617		
VT8	Senior Registrar 2	\$182,143	\$182,143		

SENIOR RURAL GENERALIST - TRANSITION TO NEW SPECIALIST MEDICAL OFFICER GROUPING

NEW - Proposed Specialist Medical Officer (SMO) Level	Senior Rural Generalist	Salary rate on transition (prior to salary increase)	Difference p.a.		Transition salary points for SRG3:
			p.a.	% ↑	
SMO7	SRG3	\$270,033			- less than 12 months full time equivalent service
SMO8	SRG4 (NEW)	\$284,367	\$14,334	5.31%	- 12 to 24 months full time service
SMO9	SRG5 (NEW)	\$298,705	\$28,672	10.62%	- 24 months or more full time service

SENIOR RURAL MEDICAL PRACTITIONER - TRANSITION TO NEW SPECIALIST MEDICAL OFFICER GROUPING

NEW - Proposed Specialist Medical Officer (SMO) Level	Senior Rural Medical Practitioner Rural Medical Administrator	Salary rate on transition (prior to salary increase)	Difference p.a.		Transition salary points for RL4.4:
			p.a.	% ↑	
SMO7	RL4.4	\$270,033			- less than 12 months full time equivalent service
SMO8	RL4.5 (NEW)	\$284,367	\$14,334	5.31%	- 12 to 24 months full time service
SMO9	RL5	\$298,705	\$28,672	10.62%	- 24 months or more full time service