

31 July 2025

Tēnā koe

Submission to the People's Select Committee on the Equal Pay Amendment Bill

Introduction

Toi Mata Hauora (the Association of Salaried Medical Specialists) is the union and professional association of salaried senior doctors and dentists. We were formed in April 1989 to advocate and promote the industrial and professional interests of our members, many of whom are employed in the public healthcare system as medical and dental specialists, including physicians, surgeons, anaesthetists, psychiatrists, oncologists, radiologists, pathologists and paediatricians. We have over 6,000 members.

Toi Mata Hauora ASMS has a strong interest in ensuring Aotearoa New Zealand has a safe, high-quality, sustainable, and equitable health workforce that meets the needs of the population. Our members strive for these outcomes alongside nurses, social workers, clerical and administrative staff, resident medical officers, care and support workers, midwives, allied, scientific, and technical staff, as well as many others. A health and support services workforce that is over three-quarters women. Aotearoa New Zealand is facing entrenched medical and dental workforce shortages, high rates of burnout in the medical sector, and high demand for medical and dental practitioners globally. Only by valuing each part of the healthcare workforce and working together can these issues be resolved.

Toi Mata Hauora Opposes the Equal Pay Amendment Bill 2025

Toi Mata Hauora opposes the Equal Pay Amendment Bill 2025. This opposition arises from both the content of the bill and the manner in which it was introduced. The rationale for Toi Mata Hauora's recommendation is provided below.

The Equal Pay Amendment Bill

The Equal Pay Amendment Bill has:

- Extinguished 33 incomplete settlement cases.
- Increased the barriers to raising a new claim.
- Withdrawn maintenance of settled claims.
- Removed key levers in the struggle to remove and prevent discrimination, based on the sex of the employees, in the rates of remuneration of men and women.

The Equal Pay Amendment Bill 2025 overturns changes introduced by the earlier Equal Pay Amendment Bill 2020, which was passed under a Labour-NZ First-Green Coalition with National Party support. With the 2025 Amendment, the National-NZ First-Act government anticipates saving \$12.8 billion over the next four years. This \$12.8 billion is money being shifted from the pockets of

historically and currently underpaid workforces to provide tax breaks to businesses and landlords, as well as plug the government's failure to allocate resources to frontline services¹.

The process by which the Bill was introduced failed to consult the public and stakeholders, and in doing so undermined democratic ideals. The Bill was not listed on the initial plan for Parliament's week. Rather, the Bill was introduced late on Tuesday, 6th May under urgency, debated immediately through all stages, was not referred to Select Committee, and passed the House late on Wednesday, 7th May. There was not enough time to notify people of the imminent changes, let alone allow for meaningful feedback.

Aside from the obvious moral reasons for pay equity, the work that women do is critical for our communities and economic development. Historically, this work has not been fairly remunerated. Ensuring that people are fairly remunerated can increase productivity, improve household incomes, and help overcome persistent structural inequalities that limit not only individuals but also the economy as a whole. The failure to address the undervaluation of female-dominated workforces has had, and will continue to have, long-lasting impacts on household earning power, gendered poverty, occupational segregation, and health outcomes. These and many other societal and individual effects are amplified for those who exist at the intersections of gender-based discrimination and marginalised ethnic groups.

Equal Pay and Doctors

Toi Mata Hauora's 2023 salary survey shows that the workforce for Senior Medical Officers (SMOs), Medical Officers (MOs), and Dental Officers (DOs) is comprised of 3323 (57.2 per cent) male specialists and 2487 (42.8 per cent) female specialists. However, this historically male profession is changing. Between 2021 and 2024, there was a 1.4 per cent increase in male specialists compared with an 8.3 per cent increase in female specialists.² In the public healthcare system, women now outnumber men among doctors under the age of 30.³ In 2023, the Medical Council predicted that women would outnumber men on the Register of Doctors in 2025, based on current trends⁴.

The SMOs, MOs, and DOs are atypical of high-skill professions in New Zealand. In the public system, unionism is very high. In the collective agreement for members employed by Te Whatu Ora, minimum salary steps are specified at each level of experience, specialists increase a salary step with each year of experience (excluding exceptional circumstances or once they have hit the highest step), and there are provisions whereby member's receive their annual salary advancement on its due date when it falls during a period of approved parental leave. Based on this, it may be expected that the potential for a gendered pay gap would be limited.

¹ Sam Sachdeva, *Pay equity savings ploughed back into tax breaks, health, education and gas.* (Newsroom. 22 May 2025). https://newsroom.co.nz/2025/05/22/pay-equity-savings-ploughed-back-into-tax-breaks-health-education-and-gas/. Accessed 28 July 2025.

² Salary Survey of Senior Medical Officers and Medical and Dental Officers Employed by Te Whatu Ora 2023 (Association of Salaried Medical Specialists Toi Mata Hauora, 2024).

³ Isabelle Sin and Bronwyn Bruce-Brand, *Is the Pay of Medical Specialists in New Zealand Gender Biased?* (Motu Economic and Public Policy Research, 2019).

⁴ Medical Council of New Zealand, *Workforce Survey 2023* (Medical Council of New Zealand, 2023).

Research from Isabella Sin and Bronwyn Bruce-Brand used "individual-level data from the 2013 New Zealand Census combined with administrative income data from the tax system to estimate the gender gap in hourly pay for the population of medical specialists employed in the New Zealand public health system." The research showed that in the public healthcare system employment, female SMOs, MOs, and DOs earn on average 12.5 percent less when age, speciality, and hours worked are accounted for. The research's findings were consistent with female specialists being placed on lower salary steps or being less likely to receive payments beyond the collective agreement's minimums.

Conclusion

This example of SMOs, MOs, and DOs demonstrates that even when the characteristics of the individuals and their jobs are accounted for and the means of employment is highly skilled, highly unionised, and highly respected, the gendered pay gap remains a pervasive and entrenched issue. Given that the struggle to address equal pay remains unsuccessful for these workers, who have greater social leverage, it is regressive to blunt legislation that addresses the current and historical undervaluing of professions that lack the same advantage.

The 33 pay equity claims that were extinguished, the completed claims that will no longer be maintained, and the many claims that will never be made in the future (if the coalition government has its way), each represent feminised work that has been left unseen, uncounted, and undervalued by the market. According to Brooke van Velden, "the changes [she is] proposing will significantly reduce costs to the Crown." These costs will be reduced. They will be reduced at the expense of those already bearing the weight of society's care work. They will be reduced at the expense of undervalued professions. They will be reduced at the expense of women.

Nāku noa, nā

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⁵ Sin and Bruce-Brand, Is the Pay of Medical Specialists in New Zealand Gender Biased?

⁶ Sin and Bruce-Brand, Is the Pay of Medical Specialists in New Zealand Gender Biased?

⁷ 'Changes to Improve Pay Equity Process | Beehive.Govt.Nz', accessed 24 July 2025, https://www.beehive.govt.nz/release/changes-improve-pay-equity-process.