

cutting the ties: 30 years of autonomous midwifery



JILL OVENS MERAS CO-LEADER (INDUSTRIAL)

Saturday, 22 August, marked the 30th anniversary of the Nurses Amendment Act 1990, providing statutory recognition for midwives as "safe and competent practitioners in their own right." In addition, midwives won the statutory right to prescribe drugs, order and interpret diagnostic tests, and train without prior nursing qualifications.

Nevertheless, for the next 30 years DHB-employed midwives continued to be paid on the same pay scales as nurses. That changed on 1 August 2020 when all MERAS members received a pay increase taking the top of the core midwives scale to \$78,353 a year, and midwifery graduates who are

MERAS members will start on step 2 of the pay scale on \$59,222 a year from now.

To symbolise this break from the nurses'-led pay scales, MERAS has given every member a pair of scissors.

However, there is more work to do. Although midwives practise autonomously, in much the same way as doctors, we are arguing through the Midwifery Pay Equity process that midwives are undervalued partly because the midwifery model of practice is based on 'inherent or natural abilities' of women that are not accounted for in midwives' pay.

We are also pointing to the method of wage fixing by the DHBs that has tied midwives' pay into that of nurses, another women-dominated profession that suffers from gender-based undervaluation.

MERAS SETS OUT PRIORITIES IN 'COVID ELECTION'

At the Labour Party's election campaign launch in early August Prime Minister Jacinda Ardern called the 2020 Election a "Covid Election". Within a fortnight the Election was delayed to 17 October due to the new Covid outbreak.

Covid-19 highlighted strengths in our nation's ability to respond to a major health emergency. The Government's prompt introduction of the wage subsidy and business support also helped many families.

However, it is clear that our health system remains vulnerable to Covid outbreaks, and as a consequence the vulnerability of our economy, particularly in relation to unemployment.

MERAS is actively involved in the Council of Trade Unions' campaign to re-elect a progressive government and the MERAS National Representatives Council has endorsed our campaign to elect a Labour-Greens Government.

MERAS is calling on the Government to assign some of the money being put into upskilling workers displaced by Covid-19 into financially supporting university students in areas of national shortage, including midwives. The first instinct of successive Governments in the face of shortages in midwifery, nursing and teaching has been to recruit internationally trained professionals, rather than investing in "growing our own".

In the past, university students going into teaching were paid generous "studentships" and were bonded on employment as a



Christchurch midwife Tumanako Stone-Howard celebrates midwifery at a picket during the MERAS struggle for recognition in DHB-employed midwives' pay that resulted in last month's extra pay rise.

teacher. MERAS has called for financial support for midwifery students through the Midwifery Accord with an expanded Voluntary Bonding scheme.

Other priorities endorsed by the NRC for our Election campaign are as follows:

MATERNITY PRIORITIES

- **Pay Equity** - conclude the pay equity process for employed midwives
- **Prioritise women's health** - adequate funding of all maternity services, support for new families including extension and improvement of paid parental leave, wrap-around services for vulnerable women and their babies, community breastfeeding initiatives
- **Funding to support upgrade of maternity facilities** and provision of publicly funded primary birthing centres where needed
- **Review of the model and funding of DHB contracted-out maternity services and facilities.**

BROADER SOCIETAL PRIORITIES

- **Community health and wellbeing** - a focus on whānau and the value of human friendship, as opposed to an emphasis on economic growth
- **Prioritise people and our planet** - tackle climate change, biodiversity, waste reduction, clean air, clean water
- **Reprioritise investment** - invest in health, education, affordable housing, and services for women and their families such as those services that address family violence
- **Reorganise work** - living wage, support and retraining for workers displaced by impact of Covid-19
- **Reset our economy sustainably** - e.g. local manufacturing to secure supply chain for essential products such as PPE and pharmaceuticals, food resilience.

WORK ASSESSMENT UNDERTAKEN IN PAY EQUITY CLAIM

Assessment of the work performed by selected male comparators and the work performed by midwives was undertaken in August despite a dispute with the DHBs and the Ministry of Health over their exclusion of one of the agreed potential comparators.

That matter is in the hands of our lawyer. However, we agreed to go ahead with analysing the data we have to date for both the Nurses Pay Equity claim and the Midwifery claim in a marathon effort

involving 44 summary profiles of roles based on interviews conducted so far.

The MERAS team, Elizabeth Winterbee, Karen Gray, Caroline Conroy and Jill Ovens, spent more than a week fully dedicated to the process.

The work assessment involved scoring gender neutral factors such as emotional demands, interpersonal skills, services to people, and working conditions to establish the undervaluation of midwives' work as a result of gender discrimination.

Interviews with participants in male-dominated or historically male-dominated occupations continued during the March-April Covid lockdown, but not without difficulty. Some had to be conducted by Zoom or similar technology.

An issue during Covid was that many of the potential male comparators are also in essential services, so they were pre-occupied with the Covid response. Seven different occupational groups have been used as midwifery comparators so far.

As with the data from the midwives' interviews, data from the completed comparator interviews was collated into summary profiles which were validated by those with knowledge of the roles.

We chose comparators in occupations that were of a reasonable size, and where we could access information about their remuneration so preferably unionised with a collective agreement. They needed to have similar skills and qualifications, including entry requirements and number of years to be fully qualified.

At each step of the process we have been careful to avoid the perception of bias and role-holder advocacy. We worked with the DHBs' team to come up with a robust assessment process based on evidence and because of Covid restrictions, the process was adapted to be held by Zoom.

The College of Midwives has been providing valuable advice on our pay equity claim, including expert evidence the College collected for the 2015 High Court case and subsequent fair remuneration processes for LMC or community midwives.

The final phase in the process is to negotiate and conclude the settlement of the claim. At this stage we will consider the evidence we have gathered to determine whether there is undervaluation of midwives, and whether this was due to gender discrimination. If so, new rates of pay will be negotiated and backdated to 31 December 2019. ■



MERAS lawyer may be next union MP in Parliament

The unexpected resignation of Auckland Central MP Nikki Kaye put a spotlight on the contest between Helen White, MERAS lawyer, and Chloe Swarbrick, who is a Green MP and highly placed on the Green Party List.

It was a closely contested election in 2017 with Helen only 1500 votes behind National's Nikki Kaye. With the resignation of Kaye, the race for the electorate is wide open, so Helen has a good chance of winning in October.

Helen has previously worked for the EPMU as a lawyer and will be one of the few union MPs should she be elected. She understands the issues for employed midwives, having represented MERAS in our DHBs MECA facilitation, and our successful challenge of the St George's public holidays policy.

Chloe came to public attention with her high profile bid for the Auckland Mayoralty in 2016 and her campaign for cannabis law reform. Chloe also has a good understanding of midwifery issues. ■



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