

pay parity The same pay for the same job across different employers/workplaces

pay relativity the relationship between pay rates for various roles/work

Gap between the average earnings of women compared with men
gender pay gap

Same pay for the same job (no differential based on gender) **equal pay**

pay equity The same pay for work of equal value

The same rights and opportunities **gender equality**

Pay and employment equity Pay, conditions, experiences in the workplace and access to jobs at all levels are not affected by gender



March 2021

MERAS has filed in the Authority over GPs as potential comparator

MERAS has filed in the Employment Relations Authority over the DHBs' decision to unilaterally exclude GPs as a potential comparator in the process to resolve our pay equity claim.

MERAS has claimed that the DHBs' action breached our Terms of Reference by vetoing which occupations can be considered as comparators. We have asked the Authority to order the DHBs to consider GPs as a potential comparator and to direct them to attend mediation with MERAS.

In our evidence, we have reinforced that GPs have been used as a comparator for midwives since the 1990 Nurses Amendment Act and subsequent Maternity Benefits Tribunal 1993. We also provided evidence from the College of Midwives High Court Action on behalf of LMCs in 2016.

We acknowledged that it can be difficult for those outside the midwifery profession to see that the role of general practitioners is comparable to that of midwives. We suggested that this difficulty is a product of patriarchal attitudes that have for a very long time pervaded society.

Public opinion surveys regularly put doctors at the top of the list of the most respected professions, while midwives are often pilloried in the media. Therefore, it is not surprising that doctors, in the eyes of the general public, are considered to be worth more, which is reflected in their pay.

On the other hand, midwives themselves see the logic of comparability between these professions. A MERAS survey of 70 DHB-employed midwives used the criteria for selecting comparators agreed by the DHBs Pay Equity process.

The midwives put employed general practitioners and resident medical officers (specifically Year 2 Ob registrars) at the top of the list. They also included DHB-employed dentists and veterinarians.

These potential comparators were identified by MERAS early on in the process. However, we agreed to drop registrars as a potential comparator because they are still in training.

Our case concluded with: "In evaluating whether a pay differential is due to discrimination based on gender, we have to consider the possibility of unconscious bias associated with societal attitudes, particularly those with a deep-seated historical basis. We cannot allow this bias to enter into our choice of comparators."

Further stage of work assessment underway

Meanwhile, work is underway on another round of work assessment to validate the original assessment process. This is set down for the end of April and early May.

The original process was undertaken in August last year by two separate assessment committees of union and DHB panellists who were allocated a number of different roles to assess across both the Nurses claim and the Midwives claim.

The original assessment tool used has a 1-5 scale on 12 factors covering skills, responsibilities and work demands. This meant it was often difficult to distinguish between scores for different roles, including both the claimant and comparator roles.

We agreed to redo a sample of the midwifery roles and comparator roles using a tool called EJE (Equitable Job Evaluation) that has the same factors, but allows for finer differentiation on the skills and knowledge factors.

Work is progressing on remuneration of midwives and the comparators we have used so far. This will be useful when we get to the negotiation phase.

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Caroline Conroy Co-leader (Midwifery)