



Update 6 – October 2019

Glenda Alexander, NZNO
Associate Industrial Services
Manager and NZNO Pay Equity
Process Co-ordinator



This update is to provide more information about the progress of our Pay Equity Claim.

Work assessment interviews for the NZNO/DHB Pay Equity claim process commenced on 1 October. These will involve 214 nursing roles 55 midwifery roles.

In our last update (August) and in Kai Tiaki Nursing New Zealand (16 September) we indicated work on our claim is progressing despite the complexity of the task. So far feedback from those being interviewed is positive.

We would remind participating members of the value of reading through the questionnaire received as part of the “pack” sent by the DHB contact. It might be tempting to use the opportunity to discuss the twin issue of safe staffing (and yes this is relevant under the ‘conditions of work’ factor, but it’s important to think about and focus on the more general concepts of how the conditions of work impact in terms of the gender influence.

Are there conditions in the context of nursing work that can be compared with conditions of work in a predominantly male workforce that should be raised? I suspect that in most industries there will be short staffing and safety issues arising, so think a bit more broadly about where nursing is practised and how that compares to other occupations – for example, shift work and the inability to go off site for breaks.

Information from the interviews from around the country will be summarised into role profiles for each of the roles interviewed, e.g. Registered Nurse Critical Care/Emergency etc. The first cut of summary role profiles will be done by externally

contracted masters level researchers who will analyse the data collected on each of the roles for consistent themes and responses. This is so no bias is introduced to this part of the process. The first cut of summary role profiles will then be reassessed, checked and put forward to the next stage which is the Work Assessment Process.

Work Assessment Process

All work assessors are trained in the process and the assessment committee is made up of both union and DHB representatives who are the independent assessors. It’s the committee’s job to assess the information contained in the summary profile, not anecdotal information. Assessors will consider whether there is enough job information provided and then work to achieve a consensus on a factor level. Every assessment decision is being documented, including the rationale for the decision. Consistent committee practices are observed with checking for consistency of scoring. Identification and engagement with suitable comparators is also being progressed. The criteria for comparators for our claim are that:

- the qualifications, skill level and years of training/education are comparable
- the occupation is predominantly now or historically a male occupation
- a reasonable sample is available
- work and remuneration information is available, e.g. covered by a collective agreement.

Whether the occupation is a regulated workforce could be useful as is whether the workforce/ occupation employer and employees are willing to participate as a comparator.

We are working towards having the comparators identified and job holder interviews with those comparators started before the Christmas holidays.



Once the comparator information is collected and assessed in the same way as our job holder information, the process moves on to collating the remuneration information of the claimants (us) and the comparators for analysis and interpretation. This will identify any undervaluation of the work based on gender.

The parties will conclude the extent of any pay inequity that exists and will begin negotiations on how the pay inequity will be addressed. We see this occurring in early 2020.

More on timing

As we indicated during our recent NZNO AGM/Conference presentation ([available at our pay equity page](#)) this process is complex. We must take the time to get it right and include mechanisms for maintaining the settlement once agreed.

Addressing Pay Equity was committed to by the

The nursing and midwifery bipartite oversight groups

Nurses

Julie Pritchard
Mark Baldwin
Geraldine Kirkwood
Karen Marshall
Leonie Metcalf

Midwives

Sue McNabb
Joanna Ramsay

In this and following updates, we thought we'd profile some of the representatives on the nursing and midwifery bipartite oversight groups.

Mark Baldwin



Mark is a trained mental health nurse who has worked: in adult acute inpatient and adult intensive care; as a research nurse; as a psychiatric district nurse; as a clinical nurse specialist; and in community mental health team posts around the UK and in

New Zealand.

Mark passed as a nurse practitioner in 2013 and his NP work with PACT began in December 2014. He has been Chair of Nurse Practitioners NZ group since 2016.

Mark was co-opted onto the Pay Equity claim process for his specialist knowledge of nurse practitioners. As a father of twin daughters Mark is often made aware of the need for gender equality.

current Government as part of its work plan and election promises and NZNO secured an effective date for settlement: of 31 December 2019 during the last DHB MECA bargaining. Even if the Pay Equity work is delayed, all increased wages and benefits will apply from that date.

While NZNO is doing a lot of other work in the Equal Pay space, we will be ensuring that the funding for our Pay Equity settlement is not compromised. The funding will come from Treasury and not from existing Government budgets. That means it will essentially be new funding and not funding that others will be competing for.

More information about the Pay Equity claim is available on the [Pay Equity page](#) of the NZNO website. Please keep your questions coming to dhbpayequity@nzno.org.nz.

Read our updated [Pay Equity FAQ](#) document.

Sue McNabb



Sue has been a midwife for nearly 27 years, and trained as a registered nursing prior to that.

She is currently working as a Core (hospital based) midwife in a Secondary Maternity Unit in Blenheim. She works across the floor each shift between antenatal, birth suite and

postnatal. The unit is an emergency department style one, meaning women can also present without warning.

The skills and responsibilities required of a midwife as an autonomous practitioner are not reflected in our National MECA and have never been fully acknowledged. Sue is therefore interested in being involved with the Pay Equity project as a midwife and NZNO delegate.

