

New Zealand junior doctors hold 25-hour nationwide strike

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On May 7, 2,500 junior doctors who work in New Zealand's public hospitals walked out for 25 hours after rejecting the latest pay offer from Health NZ-Te Whatu Ora. It was the first nationwide strike by junior doctors in five years.

The doctors who are members of the Resident Doctors' Association (NZRDA) work across the country and in every specialty, ranging from those just out of medical school to those about to become specialists.

The NZRDA issued the strike notice saying pay bargaining had reached an impasse. A second, two-day, strike is planned for May 16.

Health NZ is seeking to cut pay for some doctors while raising salaries for others. It has reportedly offered most a pay rise of about 20 percent—although it is unclear whether this is spread over one year, two, or three. The NZRDA said the offer included “unacceptable” pay cuts of up to 12 percent or a pay freeze for nearly 600 registrars, including a “pay cut for general practice trainee positions of up to \$13,000.”

The union said doctors working in radiation, oncology, psychiatry and public health in particular would miss out on any increase. The offer would also lower the cap on salary progressions and remove an extra step in the salary scale once a registrar passes their first specialist training exam.

A rival union, the Specialty Trainees of New Zealand (STONZ), which has 2,000 members, signed a two-year contract earlier this year, which reportedly has better rates of pay than what NZRDA members have been offered.

NZRDA national secretary Deborah Powell said the pay cuts would exacerbate the healthcare staffing crisis. There are 500 unfilled resident doctor vacancies and another 600 senior doctor vacancies.

Pickets were set up at many major hospitals around the country. According to Radio NZ (RNZ), about 50 people picketed Waikato Hospital in Hamilton, and a similar number in Wellington, both attracting considerable support from passing motorists.

A doctor on strike in Dunedin highlighted the shortage of senior doctors, which meant that the local hospital could no longer train junior cancer doctors.

Christchurch Hospital emergency doctor Savannah Adams told RNZ the strikers were also demanding safer hours. “Currently junior doctors are expected to work two, at least, 15-hour shifts in a row on weekends, and then sort of work the week either side of that, so I think we are really wanting to support our front-line staff here and give them a reason to stay,” she said.

According to RNZ, the cost of junior doctors doing extra hours to plug shortages skyrocketed to more than \$70 million last year, double what it was in 2022?23.

Finance Minister Nicola Willis absurdly told RNZ that the government was not involved in the junior doctors' dispute, even though it determines the health system's budget.

Health NZ recently ordered hospitals to take “emergency measures” to cut spending by a total of \$105 million by July. This is part of the far-right National Party-led government's savage austerity program, which includes spending cuts of \$1.5 billion a year across the public service, and a projected 7,500 job cuts.

The public health system crisis was highlighted by a recent report by the senior doctors' union, the Association of Salaried Medical Specialists (ASMS), which said more than a third of adults are not getting the healthcare they need.

The number of patients waiting longer than four months for specialist care was six times higher in

September last year than in July 2019. About 1.75 million people were missing out on dental care, while 329,000 adults and 55,000 children were not getting the treatment they needed for addiction or mental health issues.

The ASMS report said the number of people turning up to hospital emergency departments has grown by 22 percent in the nine years to 2023. The proportion arriving with immediately or potentially life-threatening conditions has grown from half to two-thirds.

Those with enough money can skip the public waiting list entirely and pay for treatment in private hospitals. In the two-tier health system, more than 20 percent of services are private. Over 1.4 million people, just under a third of the population have private health insurance. In 2021, \$1.5 billion was paid out in claims, highlighting increased reliance on the private system, particularly for non-urgent surgeries.

The crisis is one in which the trade unions are entirely complicit. Over decades they have collaborated with successive governments to enforce spending and staffing cuts and impose sell-out contract deals. From 2018, the Labour-led government was confronted by a series of strikes by nurses, doctors, medical laboratory staff and midwives. These were systematically sold out by the unions, which have always kept the struggles of health workers isolated from each other and from the wider working class.

In 2019, junior doctors held five strikes seeking to prevent clawbacks to long-standing terms and conditions. The NZRDA was not fighting to improve pay and conditions but purportedly focused on retaining the “status quo” for doctors. The existing contract had limits on how many days, how many night shifts, and how many hours could be worked in a row. In negotiations, the union signalled it was willing to alter existing “safer hours” provisions to allow more “flexible” rostering.

The previous 2017 settlement had seen some minor improvements in shifts and hours, but these were effectively paid for by doctors through salary deductions for rostered days off.

The NZRDA, like all the other unions, is run by a parasitic layer whose class interests are directly opposed to those of the workers they claim to represent. In 2018 it was reported that Powell, the union’s

national secretary and chief advocate was paid \$927,000 a year.

The various healthcare unions, including Apex (a union for allied and technical healthcare workers of which Powell is also the national secretary), the New Zealand Nurses Organisation, STONZ, the Midwifery Employee Representation and Advisory Service (MERAS) and ASMS have refused to organise a combined campaign against cuts that are impacting the entire workforce and the wellbeing of patients.

Meanwhile the Public Service Association and E t?, are suppressing any fight against thousands of public sector job cuts and hundreds of layoffs in the media industry. The teacher unions are doing nothing to oppose draconian cuts to school lunches for hundreds of thousands of children or to demand in-school protections against the ongoing spread of COVID-19.

Nor have any of the unions opposed the government’s plan to divert billions of dollars from public services in order to expand prisons and build up the military, as it supports the eruption of US imperialism in the Middle East, against Russia and the build-up to war against China.

Any genuine fight by workers to defend pay and conditions in hospitals requires a rebellion against the unions and the creation of new organisations of struggle: independent rank-and-file committees controlled by workers themselves. These would need to coordinate joint industrial and political action by workers throughout the health sector, the schools, the broader public service, and private factories, in opposition to the government and the entire political establishment.

Such a struggle requires a new political perspective: the fight for a workers’ government and socialist policies, focused on addressing urgent human needs, not on preparing for war and further enriching the tiny super-wealthy elite.



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