

Australian doctors' union shuts down industrial action after three-day NSW strike

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Officials from the Australian Salaried Medical Officers Federation (ASMOF) responded to widespread participation in the first statewide strike by New South Wales (NSW) public hospital doctors in decades, by pledging to suppress any further industrial action.

From Tuesday to Thursday, the doctors walked out and held large rallies in Sydney and elsewhere in the state. In a long-running dispute, they are opposing a pay rise offer of just 10.5 percent over three years from the state Labor government of Premier Chris Minns.

The doctors are paid on average 30 percent less than their colleagues elsewhere in the country. As with public sector health workers nationwide, they are on the frontlines of a breakdown of the public hospitals, characterised by bed shortages, major wait times for patients, understaffing and overwork.

ASMOF never intended for the strike to go ahead in the first place. Behind the backs of doctors, it entered into late night meetings with the Minns government on Monday night. ASMOF officials, having publicly expressed support for a 30 percent wage rise, offered to cancel the strike in return for an “interim” pay rise of 10 percent.

The stoppage only proceeded because the Minns government is determined to inflict a defeat on the doctors, as a precedent for attacks on any section of public sector workers that takes up a struggle against a wage cap of around 3 percent per annum, amid an ongoing cost-of-living crisis.

With nothing having changed in terms of the government intransigence, ASMOF on Friday signalled again that it too is determined to impose such a defeat. The ASMOF officials pledged to suspend all industrial action for three months, in a show of “good faith” to a government that has threatened doctors who took part in the strike with disciplinary action.

ASMOF extended the strike ban to public sector psychiatrists, who have been locked in a similar pay dispute. Earlier this year, the union orchestrated a mass resignation stunt, falsely claiming the threat of such an action alone would force concessions from the Minns government. When

that failed, ASMOF left psychiatrists to their own devices, either to resign as individuals, or remain with inadequate pay and conditions.

At the same time, ASMOF is promoting the Industrial Relations Commission (IRC), as an “independent umpire,” that will hopefully address the pay demands of health workers. In reality, the IRC is an arm of the state, dedicated to enforcing the austerity agenda of the government and big business.

The NSW Labor government is moving rapidly to capitalise on ASMOF’s shutdown of the doctors’ action. It is calling for the IRC to “arbitrate” the doctors’ dispute at hearings beginning on Monday. Such an arbitrated outcome would inevitably be within the framework of the government pay cap, or thereabouts.

The rapidity of ASMOF’s betrayal of the strike demonstrates the urgent need for doctors to take matters into their own hands. That means forming rank-and-file committees, controlled by doctors themselves, to develop the widest democratic discussion, and to plan a genuine campaign of political and industrial action. Such action must involve a unified struggle with the psychiatrists, nurses, midwives and other health workers, all of whom are being kept separate by the unions.

Above all, this is a political fight. ASMOF has aided not only the state Labor administration, but also the federal Labor government and the Liberal-National opposition. Amid a crisis federal election, the last thing these parties of big business want is a movement of the working class against the austerity agenda that will be deepened federally, whichever party takes office.

In opposition to the pro-capitalist program of ASMOF and the corporatised bureaucrats who control it, a socialist perspective is needed, aimed at ending the subordination of public health, education and other essential social services to the dictates of the billionaires and the banks.

During the strike, WSWs reporters spoke to a number of participating doctors.

A junior doctor who joined the demonstration at John

Hunter Hospital in Newcastle said, “We’re watching NSW haemorrhage junior doctors and registrars to all the other states because the conditions and pay are just way better. This isn’t all about pay, it’s really a rostering and safe-work hours dispute and is aimed at trying to retain staff.”

Pointing to the intense workload pressures, she said, “I saw a lot of my doctors crying during our term because we just didn’t have the energy to provide the care that we wanted to.

“We’re feeling burnt out and overwhelmed and sometimes, when a nurse asks us a question, we snap. And this pressure extends into your personal life. My relationship with my partner suffered, my faith suffered and I gained a stack of weight because I was so tired and couldn’t exercise,” she said.

Another doctor explained that the loss of staff specialists was undermining the public health system and opening the way for increased privatisation.

“If specialists move to other states, we won’t have a properly trained system here. We’ll be looking at getting doctors from elsewhere, overseas potentially, but that takes time. In the meantime, the system will become unworkable,” he said.

“Lots of non-clinical work is done in the public health system, to innovate, to make things better and teach people. This doesn’t happen in the private sector because there’s no money in it. If we want to make healthcare better for everybody in the future, we need to fund these things.”

A psychiatrist who joined the striking doctors at St George Hospital condemned the worsening conditions. “We are being asked in this state to deliver considerably less than the best practice care in public hospital psychiatry,” she said. “No one asks a heart specialist to give lesser care. This is creating a real moral injury for staff. It’s going against all our values.”

Another psychiatrist who joined the Liverpool Hospital protest said, “We’re at the end of the road and no one in the government is listening. We’re the lowest paying state in the country and there’s no support for ongoing education.”

She explained how inadequate staffing levels impacted on trainee psychiatrists. “I didn’t get the proper weekly supervision but it’s a requirement to get one-hour supervision. I’ve had three different supervisors in the last two weeks.

“In NSW the psychiatry registrar after hours is based in the emergency department and so when you’re on a night shift you often have nine patients waiting to be seen by you. And if the nurse is sick, you are on your own. One medical director took over psychiatric patients and was supervising 20 patients—the cap is usually about 10—which she did for about four weeks and was also doing medical directives,”

she said.

A doctor from Royal Prince Alfred Hospital who joined the ministry of health protest on Tuesday said: “We’ve put up with this for far too long, but now we’re finally standing up. It takes a lot for doctors to strike but we’re exhausted. Some of us are even beyond burn out. You tell yourself you’ll get a day off and try to recover and then you’ll be ok, but some people are doing this for years on end and it has real health consequences for you and your patients.

“The letters we got threatening to report us to AHPRA [the medical regulator],” she continued, “left me feeling sick with rage. How angry does this government want us to be?

“The public just isn’t aware of what we are dealing with so our decision to strike is really a call for help.”

A specialist obstetrician from the Children’s Hospital at Westmead also joined the ministry of health protest. “The conditions we face don’t allow us to provide proper standards of multidisciplinary care for the children with specific complex problems,” she said.

“As specialists there are no defined conditions of work when you’re on call. We can come in weekends and nights, which we are not paid for. It all just comes out of our existing total salaries. This is not an acceptable way to run a health service.

“The narrative presented by the health minister is all about wages, but we are here today because the entire service is crumbling. This is a much deeper and profound problem, which the government wants to ignore.”

Another specialist obstetrician from the same hospital denounced the threats to report strikers to AHPRA. “A lot of us are here because of these bullying letters,” she said.

“The government’s hostile attitude towards us shows their attitude towards the public and public health. If this is what the government thinks, then public health is in deep trouble,” she added.

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