

New Zealand senior doctors vote for national strike

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Some 5,500 senior doctors in New Zealand's public hospitals will strike nationwide on May 1 over pay and workforce shortages. Members of the Association of Salaried Medical Specialists (ASMS) voted, with 86 percent in favour, for the union's first 24-hour strike since it was established in 1989.

The strike is part of a growing rebellion by health workers internationally against attacks by capitalist governments, led by the US Trump administration, on public health services. In Australia a wave of strikes and protests has recently been held by doctors, nurses and psychiatrists, only to be isolated and shut down by the respective trade unions.

ASMS executive director Sarah Dalton told media the union has been in bargaining with Health NZ Te Whatu Ora since last August, and the employers had not moved "an inch." Hospital specialists are seeking a 12 percent pay rise but are being offered a paltry 1 to 1.5 percent—a pay cut. Data released by Stats NZ on April 17 showed inflation was 2.5 percent for the year to March, rising from 2.2 percent in December.

Dalton said that one of the sticking points was that Resident Medical Officers (RMOs), or junior doctors, received a pay settlement following industrial action last year, which meant pay rates had become "unbalanced." Doctors who had completed training and were ready to take up their first specialist appointment faced a pay drop. "It is important that specialists earn more than the doctors they are required to train and supervise," Dalton said.

The first ever strikes by senior doctors in September 2023 were limited by the ASMS to three stoppages for two to four hours each. Under the then Labour government's public sector pay "restraint" policy, the specialists had either no pay increase, or below-inflation pay rises, since 2020. The ASMS entered mediated talks after the second stoppage and eventually reached a publicly undisclosed settlement.

A Health NZ spokesman said if the May 1 strike goes ahead it could see 4,300 elective surgeries or appointments cancelled. Between 3,000 and 4,300 radiology procedures could also be postponed. Health Minister Simeon Brown declared: "This isn't how we fix the health system. It's a decision that will hurt patients."

A war of words has erupted between Brown and the ASMS. Brown accused the union of using patients as "bargaining chips." He demanded the ASMS get back to the negotiating table, accusing the union of putting "politics ahead of patients" and making waiting lists even worse.

The charge was met with a furious response from Northland emergency doctor Gary Payinda who dismissed the remark as "reprehensible." He told Radio NZ (RNZ) striking was "the one thing we can do to address chronic doctor under-staffing and intentional nurse under-staffing." Payinda said: "I had an unsuccessful resuscitation on a trauma patient last night. What has he [Brown] done in the past 24 hours?"

Dalton retorted that patients are "a sacrificial lamb to our under-staffed health service every single day. If [Health NZ] Te Whatu Ora invested in the doctors and other health workers we needed, we wouldn't be having to take this action." She noted the senior doctor vacancy rate is 12 percent and some hospitals have vacancy rates as high as 45 percent.

Dalton also challenged claims by Brown that doctors were paid an average salary of \$NZ343,500. "I've had a deluge of emails from our members saying if they earned that much money there would be no strike action," she said. The average salary is closer to \$240,000 a year.

The forthcoming strike is only the latest in a rising struggle of medical workers against underfunding, under-staffing, low pay and sweeping austerity in the public health system under governments of all stripes, intensified by the current far-right National Party-NZ First-ACT

Party coalition.

More than 30,000 nurses, healthcare assistants and midwives took part in an eight-hour nationwide strike on December 3, followed by a series of four-hour strikes over the next 10 days. Health NZ once again offered an effective pay cut, a 1.5 percent rise over two years. While this dispute drags on in the hands of the NZ Nurses Organisation (NZNO), 900 medical laboratory workers in the privatised blood testing service have struck twice since February over low pay and unsustainable workloads.

Deep cuts are being imposed on the run-down hospital system that has been starved of funding for decades. Last year Health NZ slashed more than 560 so-called “back office” jobs. This week the agency reported more than 2,400 positions are now on the line, with about half currently vacant. Last year, Health NZ’s expected deficit for 2024-25 was \$1.1 billion, and change was needed to “live within budget,” then chief executive Margie Apa declared.

Hospitals have imposed unofficial hiring freezes to meet cost-saving targets. The entire hospital network is already in crisis.

Last year it was reported that Rotorua Hospital’s Emergency Department had just 12 senior doctors, most of them part-time. Conditions were so dire that patients were being sent back to the emergency department from other wards.

Hospitals in Gisborne and Nelson are, according to staff, on the brink of collapse. A group of 30 doctors wrote to the government last month, warning that about 40 percent of senior positions in Gisborne were vacant, meaning general medical wards could have to close for several days per week. They told RNZ it was “demoralising” to ask for help, only to be told “there is no crisis.”

Hundreds of Nelson residents protested on April 12 over concerns about staffing at the hospital and the impact on patients. Nelson has the worst wait times in the country for first specialist assessments. Out of 7,297 people waiting for an assessment or elective surgery, 4,120 are waiting longer than the recommended four-month timeframe.

Oncology nurse Amanda Field who has worked at Nelson Hospital for 25 years told RNZ the shortages, rundown buildings and lack of bed space is the worst she’s ever seen, but staff were told there wasn’t “money in the bucket” for upgrades or changes. With persistent staffing shortages, which included no medical registrar for

a period, “nurses are working on the floor with a toilet that might not flush or they can’t wash their hands in one room because the sink doesn’t work.”

Brown was appointed to the health portfolio in January to eviscerate the public system and prepare large chunks for privatisation. He immediately directed Health NZ to outsource 10,579 procedures by the end of June and will divert \$50 million to private companies under the scheme, further entrenching the country’s two-tier healthcare system.

This is taking place amid a vast increase to military spending, to integrate New Zealand into US imperialist war plans targeting China. A recent Defence Capability Plan will nearly double military spending from just over 1 percent to 2 percent of GDP in 8 years. At least \$NZ12 billion in new spending, which is supported by the opposition Labour Party, will be paid for by an even greater assault on public services.

The unions, which have mobilised no fight to save jobs in the health sector or anywhere else, are isolating the pay disputes from each other as they prepare to impose a series of sell-outs. In nearly five months since the pre-Christmas nurses’ strikes, the NZNO has been totally silent on the dispute. The bureaucracy is clearly deeply concerned about how to contain widespread anger among members.

The full-frontal assault on public health requires a unified fight by all sections of the workforce, supported by the wider working class, against austerity and militarism. Such a struggle is vehemently opposed by the union apparatus, whose well-paid bureaucrats are enforcing the government’s agenda.

The Socialist Equality Group (NZ) warns that to carry forward their struggle doctors, nurses, lab workers and administration staff must take matters into their own hands. What is needed is to establish a network of rank-and-file committees to lead a unified struggle against the continuing evisceration of jobs, wages and conditions, and to stop the destruction of the public health system.



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