

Australia: NSW doctors oppose meagre Labor government pay offer

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In a series of online “town hall” meetings held over the past month by the Australian Salaried Medical Officers Federation (ASMOF), public sector doctors in New South Wales (NSW) have expressed strong opposition to the latest miserly pay offer from the state Labor government.

But while many doctors want to reject the deal and resume industrial action, ASMOF is adopting a “neutral” position, continuing to enforce a strike ban and seeking to subordinate the physicians’ struggle to still-unscheduled arbitration in the Industrial Relations Commission (IRC).

The Labor government’s “new” proposed deal consists of a 3 percent “interim” pay increase, backdated to July 1, 2024, and a further 3 percent “interim” increase, backdated to July 1 this year. These nominal wage rises would fall far short of what is needed to keep up with the soaring cost of living, let alone recoup past losses that have resulted in NSW doctors earning on average 30 percent less than their interstate counterparts.

The offer would do nothing to address the increasingly difficult working conditions doctors confront, which, as much as wages, motivated them to strike in April, for the first time since 1998. Like health workers across Australia, doctors are on the frontlines of a breakdown of public hospitals and healthcare, characterised by bed shortages, lack of resources, understaffing and overwork. Medical staff are being driven to the point of burnout, while patients face growing wait times in emergency departments and dangerous delays for diagnosis and surgery.

The latest government offer is described as “interim” because it does not prevent ASMOF pursuing further claims on wages and conditions through arbitration. But the meagre offer comes with a major restriction: It is conditional on doctors committing not to take any industrial action until the arbitration is complete, which is unlikely to be earlier than next year.

According to ASMOF, Labor has refused to guarantee that “accepting the offer would not be used by the government to argue against [additional] backpay,” a clear sign that it intends to make precisely that argument to the IRC.

In other words, what is now being offered is effectively the same pay deal—but for two years instead of three—that doctors overwhelmingly rejected in March, leading to their historic three-day strike. The only difference now is that, in an attempt

to push the government’s hated offer through, the ASMOF bureaucracy is promoting illusions that the state-controlled IRC will defy Labor’s intransigent position on public-sector wages and unilaterally award a bigger bounty at some unspecified time in the future.

A doctor who attended one of the meetings told the *World Socialist Web Site*, “most doctors are unimpressed with the offer.” He said there was a strong sentiment among attendees that it would be “crazy to give away our one bargaining chip,” the possibility of further strikes. Doctors felt that “the fact that this is what the government is demanding means they’ve recognised that’s their weakness,” he said.

In a poll conducted during that meeting, more than three quarters of doctors present voted to reject the offer and resume industrial action. This was despite comments from ASMOF officials, the doctor noted, “who were saying ‘yeah, why wouldn’t we take the money and go through the IRC?’”

ASMOF’s continual promotion of the IRC as an independent umpire that will deliver a favourable result is a fraud. It is aimed at diverting the attention of doctors, psychiatrists and other workers from what they are really up against—a state Labor government that is intensely hostile to the demands of workers throughout the public sector for decent pay and conditions.

The IRC is an arm of the state, tasked with enforcing this austerity agenda. Workers can win nothing through appeals to this bosses’ court. In addition to its record of rubber-stamping one attack on public sector workers’ pay and conditions after another, the tribunal has repeatedly declared industrial action illegal, including the doctors’ strike itself.

ASMOF and all other unions completely accept and agree with the framework of the IRC and the draconian industrial relations law it enforces, relying on it as a pretext to divide workers up, workplace by workplace and profession by profession.

Drawing on the experiences of other health workers in the recent past, the doctor said: “Doctors are scheduled for arbitration later this year, but that’s not locked in. Nurses have taken over a year for their case to be looked at by the IRC.”

The parallels are notable. In October last year, after two statewide strikes, the NSW Nurses and Midwives Association

(NSWNMA) leadership agreed to a 3 percent “interim” pay rise for public sector nurses and midwives. At the same time, the NSWNMA announced a six-week strike ban.

This transparent attempt to shut down the struggle of health workers was unsuccessful, and the union was compelled to call a third strike. But in January, the NSWNMA bureaucracy agreed to terminate all industrial action until the IRC heard the union’s “special case” for Award reform. With the hearings still at least a month away, this ban remains in effect, and nurses and midwives will soon be asked to vote on yet another “interim offer,” under conditions where they have been stripped of any right to oppose it through industrial action.

The doctor also referred to the situation confronting public sector psychiatrists, who in January were encouraged by ASMOF to resign *en masse*. The union falsely claimed this would pressure the government to meet their demands for higher wages and increased staffing, without the need for strikes or other action.

As the WSWS warned, the resignation plan was a political dead end, substituting individual acts of protest for an industrial fight and isolating psychiatrists from other doctors and health workers. Six months later, the dispute remains mired in the IRC.

The doctor explained, “When doctors went on strike it delayed the IRC hearings for psychiatrists, that was why further strikes were called off until the decision on psychiatrists.” In other words, because the same union is involved in both disputes, the IRC delayed the psychiatrists’ hearings, effectively punishing them for the doctors’ strike.

The ASMOF bureaucracy not only accepted the IRC’s draconian act, but used it as a pretext to set doctors against psychiatrists and shut down any further industrial action by both sections of the workforce.

The WSWS understands that other meetings in the series featured similar hostility to the pay offer and strike ban, both in terms of the votes and the comments of doctors participating.

At one meeting, an attendee said the no-strike deal would amount to “handicapping ourselves,” while others expressed distrust of the IRC and pointed to it being a tool of the government. Others raised that the fight for decent wages and conditions was not just about improving the lives and livelihoods of doctors, but about the defence of public health more broadly.

Following the meetings, ASMOF announced on August 6 it would delay putting the offer to a membership-wide ballot, clearly anxious to avoid a strong vote against accepting the deal and in favour of further strikes and other industrial action. To cover over this motive, the ASMOF bureaucracy claimed it was a “strategic decision ... as we anticipate the outcome of the psychiatry arbitration may be announced soon.”

The meetings revealed the growing gulf between the sentiments of doctors, who want to fight for better wages and conditions, and the ASMOF leadership, which, like the other

health union bureaucracies, serves to enforce the cuts demanded by governments and big business.

Doctors and psychiatrists must reject the fraud promoted by ASMOF, that their demands can be won through legal manoeuvring in the IRC, or through appeals to the state Labor government, which is carrying out a further assault on the already crumbling public health system, and all of its employees.

Defeating this will require a unified struggle with the psychiatrists, nurses, midwives and other health and public sector workers, all of whom are confronting the same attack on wages and conditions by the Labor government. This is impossible behind the leadership of ASMOF or any other union, whose *modus operandi* is to keep workers divided and isolated.

This means health workers need to take matters into their own hands. Rank-and-file committees must be built in every hospital and health facility to facilitate the widest democratic discussion, and to plan a genuine campaign of political and industrial action. A turn must be made to health workers in other states across Australia who face similar attacks.

The struggle for real improvements to wages and conditions for doctors, psychiatrists and other health workers is inseparable from the fight for a high-quality public health system. Through rank-and-file committees, health professionals can make a powerful appeal to the broadest layers of the working class, to join the fight against the chronic underfunding and staff shortages responsible for the appalling conditions and dangerous delays confronting patients.

Above all, workers must recognise that they are engaged in a political fight. The NSW Labor government’s policy is in line with the broader austerity agenda of the federal Labor government, which is being imposed across the country. To fight against this a socialist perspective is needed, aimed at ending the subordination of public health, education and other essential social services to the dictates of corporate profits.



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