

Briefing

Health New Zealand
Te Whatu Ora

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Potential Legislative Changes

Due to MO:	1 May 2025	Reference	HNZ00086713
To:	Hon Simeon Brown, Minister of Health		
From:	Jason Powell, Acting National Director - Planning, Funding & Outcomes		
Copy to:			
Security level:	Restricted	Priority	Urgent
Consulted			
Action sought			
Agree to the recommendations		Action required by	
		6 May 2025	
Contact for further discussion (if required)			
Name	Position	Phone	1st contact
Mark Powell	Group Manager, Funding Systems Planning, Funding & Outcomes	s 9(2)(a)	x
Jason Power	Acting National Director Planning, Funding & Outcomes	s 9(2)(a)	
Attachments			
Appendix 1:	Key messages to support the proposed changes to the Equal Pay Act (1972)		
Appendix 2:	Summary of Health NZ employed pay equity settlements		
Appendix 3:	(proposed) New eligibility criteria for a pay equity claim		
Appendix 4:	Summary of funded Health sector pay equity claims		
Appendix 5:	Example of the operation of the proposed change to the Act introducing a hierarchy of comparators		

Appendix 6: Summary of care and support pay rates overtime and rates paid to other Health sector workforces

Appendix 7: s 9(2)(f)(iv)

Purpose

1. The Minister for Workplace Relations and Safety, Hon Brooke van Velden is proposing changes to the Equal Pay Act 1972 (the Act) to address complexities and uncertainty arising out of the current legislation, and to ensure that claims made under the Act address genuine undervaluation of workforces based on gender.
2. This briefing provides information on the potential implications across the health sector arising from proposed changes. s 9(2)(f)(iv)

Summary

3. The proposed changes to the Equal Pay Act 1972 retain a statutory pay equity framework, and the requirement for employers and unions to work together to remove any sex-based undervaluation of a female dominated workforce
4. The expectation is that the proposed changes to the Act will pass through all three stages of the House on 6 May 2025 under urgency.
5. Key messages have been developed by the Ministry of Business Innovation and Employment (MBIE) to support the proposed changes (Appendix 1). We will work with central Agencies and your office to further develop and target these messages to the health sector.
6. s 9(2)(f)(iv), s 9(2)(g)(i)
7. The proposed changes mean that the three pay equity claims for care and support workers will not progress and the July 2022 care and support worker claim will not be determined by the Employment Relations Authority. New pay equity claims covering care and support workers cannot be made before 1 July 2027 (being 10 years from the 2017 care and support workers Terranova settlement).
8. s 9(2)(f)(iv), s 9(2)(g)(i)
- 9.
- 10.

11. s 9(2)(f)(iv), s 9(2)(g)(i)

Recommendations

Health New Zealand | Te Whatu Ora recommends that you:

a) Note the Minister for Workplace Relations and Safety, Hon Brooke van Velden is proposing changes to the Equal Pay Act (1972)	Noted
b) Note our assessment of the potential implications of the proposed changes to the Equal Pay Act (1972) set out in this briefing	Yes/No
c) Agree to share this briefing with Minister van Velden to assist in communications	Yes/No

Hon Simeon Brown, Minister of Health

Date:

Jason Power

Acting National Director, Planning, Funding and Outcomes

Health New Zealand | Te Whatu Ora

Date:

Background

The Equal Pay Act (1972)

12. In 2020 the Equal Pay Act 1972 (the Act) was amended to establish a legal framework for the settlement of pay equity claims outside of the judicial system. In summary the amendments:
- a) codified pay equity principles established in tandem with the 2017 settlement of the legal claim that care and support work was undervalued because it was mainly performed by women (the Terranova settlement)
 - b) require employers and unions to work together to remove any sex-based undervaluation of a female dominated workforce identified through workforce and remuneration assessments with a comparable male dominated workforce (or a comparable female dominated workforce that has a pay equity settlement).
13. ^{s 9(2)(h)}
14. The May 2024 pay equity reset reinforced the responsibilities of employers and employees to meet the requirements of the Act.

The proposed key changes to the Act

15. Minister van Velden is proposing changes to the Act to address complexities and uncertainty arising out of the current legislation, and to ensure that claims made under the Act address genuine undervaluation of workforces based on gender.
16. In summary, the proposed changes retain a statutory pay equity framework, and the requirement for employers and unions to work together to remove any sex-based undervaluation of a female-dominated workforce.

17.	The proposed changes:	Why? (key benefits)
	a) tighten eligibility criteria	to ensure that a claim has merit and to reduce the complexity of managing claims covering multiple workforces
	b) introduce a hierarchy of comparators	to ensure that comparisons are more relevant and robust and are within a similar business or the same industry/sector
	c) limit the use of settled claims as comparators to claims settled under the new Act	to ensure the benefits of the proposed changes are realised in current claims
	d) provide for settlements to be phased in over three years	to reduce the immediate and potentially significant financial implications to employers of a pay equity settlement

e) remove the requirement for a review period	to manage ongoing pay equity costs the same way as all other cost pressures, including wage cost pressures
f) introduce a 10-year period before a further claim may be raised	to ensure that claims made under the Act are due to actual undervaluation/pay equity issues having re-emerged (as distinct from short-term labour market dynamics such as changes in the supply or demand for services)

18. The proposed changes will become public knowledge following the introduction of the Bill to the House on 6 May 2025.
19. The expectation is that the proposed changes to the Act will pass through all three stages of the House on 6 May 2025 under urgency.
20. The enactment of the proposed changes:
 - a) will extinguish all existing pay equity claims and require unions to submit new claims to meet the new eligibility requirements
 - b) will extinguish any current claim made to the Employment Relations Authority (ERA) to fix remuneration pay rates free of any sex-based undervaluation (the ERA will remain the dispute resolution body)
 - c) s 9(2)(f)(iv)

Potential Health sector implications

21. s 9(2)(f)(iv), s 9(2)(g)(i)

22. We will work with central Agencies and your office to further develop and target the key messages developed by the Ministry of Business Innovation and Employment (MBIE) to support the proposed changes to the Act.

Health NZ employed workforces

- s 9(2)(f)(iv), s 9(2)(g)(i)

23. Health NZ has settled all pay equity claims for the workforce it employs with effective dates between June 2022 and November 2023 with 20% rate increases. A summary of these settlements is set out in Appendix 2.
24. Because all employed Health NZ pay equity claims have been settled the proposed changes to the Act s 9(2)(f)(iv), s 9(2)(g)(i)
25. s 9(2)(f)(iv), s 9(2)(g)(i)

Health NZ funded workforces

s 9(2)(f)(iv), s 9(2)(g)(i)

26. Most funded Health sector employers employ clinically registered workforces that have employment options across a range of services and service providers, including Health NZ. s 9(2)(f)(iv), s 9(2)(g)
s 9(2)(f)(iv), s 9(2)(g)(i)

27. The funded health sector (of which Health NZ is the lead funding agency) is subject to 14 pay equity claims, none of which have progressed to settlement. All 14 claims will need to be resubmitted under the new Act and meet the new eligibility criteria.

28. s 9(2)(f)(iv), s 9(2)(g)(i)

- 29.

30. s 9(2)(f)(iv), s 9(2)(g)(i)

31. A summary of the funded health sector pay equity claims is attached as Appendix 4.
An example of the operation of the proposed change to the Act introducing a hierarchy of comparators is attached as Appendix 5.

s 9(2)(f)(iv), s 9(2)(g)(i)

32. s 9(2)(f)(iv), s 9(2)(g)(i)

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s 9(2)(f)(iv), s 9(2)(g)(i)

37. The proposed changes to the Act will:

- a) increase certainty that pay equity settlements reflect pay differences arising from actual sex-based undervaluation (as opposed to other factors)
- b) allow pay equity costs to be phased over a three-year period
- c) ensure ongoing pay equity concerns are addressed as a normal business consideration in the same way as all other employment issues, including other wage cost pressures.

38. s 9(2)(f)(iv), s 9(2)(g)(i)

39.

40.

s 9(2)(f)(iv), s 9(2)(g)(i)

41.

Potential implications for existing health funded sector pay equity claims

The three Care and Support pay equity claims

42. The 2020 amendments to the Act deemed that the 2017 Terranova settlement was a pay equity settlement.

43. s 9(2)(h)

44. In July 2022, November 2023 and March 2024, the unions made pay equity claims covering an estimated 80% of the estimated 65,000 care and support workforce.

45. s 9(2)(f)(iv)

46.

47. The proposed changes to the Act will:

- a) extinguish all care and support pay equity claims including the claim before the ERA
- b) mean that the unions will not be able to make a care and support pay equity claim until 1 July 2027, 10 years after the 2017 Terranova settlement
- c) remove uncertainty across the employers and address their concerns about meeting the cost of a pay equity settlement.

48. The employers have consistently sought additional funding to increase care and support pay rates claiming that current funding levels are not sufficient to appropriately remunerate the workforce.

49. s 9(2)(f)(iv), s 9(2)(g)(i)

50. A summary of care and support pay rates overtime, the rates sought by the unions in the ERA, and rates paid to other health workforces is attached in Appendix 6.

51. We intend to meet with the peak bodies and lead employer representatives to discuss the changes to the Act following the enactment of the (proposed) changes to the Act.

The Primary Birthing Unit and the two Plunket pay equity claims

52. The Primary Birthing Unit pay equity claim covers about 125 midwives employed by 10 private sector maternity providers, the Plunket nurses claim covers about 820 nurses, and the Plunket administration claim covers about 80 workers.
53. ^{s 9(2)(f)(iv)}
- 54.
55. The proposed changes to the Act will mean that the unions will need to submit new pay equity claims covering these workforces, new comparators will need to be identified, and new workforce and remuneration assessment completed.
56. We consider that there is a potential risk that it will be challenging for the unions and employers to meet the proposed new criteria for identifying a comparator (noting that comparable Health NZ employed workforces with existing pay equity settlements are not valid comparators under the proposed changes to the Act).
57. Our assessment is that these two employers are likely to seek additional funding to support wage increases.

The remaining eight pay equity claims

58. The remaining eight pay equity claims ^{s 9(2)(f)(iv)} cover:
- a) nurses working across Hospice services, GP Practices, Aged Care services and Sexual Wellbeing services
 - b) administration workforces across GP Practices
 - c) Front line Managers & Coordinators across Mental Health and Aged Care services
 - d) Phlebotomists across the three private sector laboratory providers.

59. ^{s 9(2)(f)(iv), s 9(2)(g)(i)}

Next steps

60. We will keep you informed of any potential health sector risks arising from the (potential) changes to the Act through the weekly report and/or briefings as appropriate.

Appendix 1: Key messages to support the proposed changes to the Act

s 9(2)(g)(i)

Proactively Released

s 9(2)(g)(i)

Lines for Minister Brown (Health) and Stanford (Education)

s 9(2)(g)(i)

s 9(2)(g)(i)

Pay equity reactive Q+As

General

What are some ways the current process was not working as intended?

- Claims have been able to progress without strong evidence of undervaluation, there have been very broad claims where it is difficult to tell whether differences in pay are due to sex-based discrimination or other factors, and review clauses in some settlements have sought to consider factors that are not connected to whether sex-based discrimination had returned (e.g. the Consumer Price Index).

Would Kristine Bartlett have been able to raise a claim under the amended Act?

- Kristine Bartlett would have been able to raise a claim under the amended Act if the claim met the new requirements.
- This case was settled a long time ago and I want to reassure people that the Government is committed to a process to raise and resolve pay equity claims.
- Care and support workers will be able to raise a new claim in 2027, if they meet the new requirements.

How are the changes to the Act different to the pay equity reset that was announced last year?

- The pay equity reset in 2024 disestablished the pay equity taskforce, as the system had matured to a point where the same level of governance support from the taskforce was not required.
- No changes to legislation were made in 2024.

What steps will employees and their unions need to take when raising a new claim?

- When raising a pay equity claim, unions must provide evidence to demonstrate how the employees who are covered by the claim all do work that is the same or substantially similar and that the claim has merit.

Current claims

What happens with the teachers' claim/care and support workers' claim?

- These claims will be discontinued once the Act is in force.
- The teachers' claim is a multi-employer claim that covers around 74,000 school teachers and principals employed in state and state-integrated schools, around 4000 kindergarten teachers and around 16,000 teachers in the private early childhood education workforce.

- There are currently three claims covering care and support workers in the funded sector, covering nearly 65,000 workers.
- The Public Service Commission and Treasury are working with the Ministry of Education and Health New Zealand to ensure they are ready to implement the new regime in relation to any claims that are raised once the Bill is passed.

What happens to existing settlements now that review clauses are no longer

- Existing settlements will remain, however any review clauses in them or incorporated into employment agreements will become unenforceable.
- Settled claims can be re-raised 10 years after settlement, if they meet the new requirements.
- The short timeframe of the review cycle required under the current Act makes it difficult to determine whether any differences in pay are due to pay equity issues having re-emerged, or to short-term labour market dynamics such as changes in the supply or demand for services.

The current claims have involved huge amounts of work and resource over a number of years, why not allow current claims to progress and apply the changes only to new claims?

- To give people clarity on the system we need one process for raising and resolving pay equity claims.
- It is important that everyone is on the same playing field from the start, rather than allowing for two systems to operate at the same time for a period.

What happens to claims that have been filed at the Authority but not yet determined?

- These claims will be discontinued once the amended Act is in force. Those employees can raise a new claim if they meet the Act's new requirements for raising a claim.

Policy detail

What will be needed to have a claim accepted under the amended Act?

- Claims will be required to have 'merit'; that means:
 - workforces that make a claim will have to been 70 percent female for at least 10 years
 - the work must have been historically undervalued and continues to be.
- The threshold is higher than the current Act, which just requires the workforce to be currently 60 per cent female.

Won't removing the review clauses mean under-valuation comes back again?

- The short three-year timeframe of the review cycle made it difficult to determine whether any differences in pay were due to pay equity issues having re-emerged, or

to short-term labour market dynamics like the supply or demand for services or workforce changes.

- In some settlements review clauses have included factors to consider such as the Consumers Price Index that may not have been connected to a return of sex-based undervaluation.
- Claims can be re-raised 10 years after settlement if there are future pay equity concerns.
- Applying a 10-year limit before a claim can be re-raised will better enable parties to determine whether any concerns about pay reflect a re-emergence of sex-based undervaluation or are due to other market factors.

When can a settled claim be re-raised?

- Settled claims can only be re-raised after 10 years, if the new claim meets the new requirements.

Will existing pay equity settlements need to be renegotiated?

- Existing pay equity settlements will remain in place and will not need to be renegotiated.

What happens to review clauses in existing settlements?

Review clauses in existing settlements and employment agreements will become unenforceable. Settled claims can be re-raised 10 years after the settlement, if the new claim meets the new requirements.

Why was the decision made to apply the changes to current claims?

- It is important we have one system operating to provide clarity for employers and employees and to ensure there is one process for all claims.
- I consider that it is important that everyone is on the same playing field from the start, rather than allowing for two systems to operate at the same time for a period.

Fiscals and legal (draft)

How much money was set aside for settling existing claims?

- This is Budget sensitive.
- What I can say is that pay equity claims have been concentrated in the public sector and costs to the Crown have become significant.
- An example is that the costs to the Government of settlements to date total \$1.78 billion per year.
- The changes to the Act will reduce the cost of unsettled claims in both the public and funded sectors, as the pay equity process will focus on addressing any sex-based discrimination rather than also picking up non-sex-based factors.

How much money will these changes save the Government?

- It is important to ensure that the process to raise and resolve pay equity claims is robust.
- There are significant costs involved with pay equity settlements which can involve large workforces.

- [if asked for specific \$ amounts]
 - I can't comment on this as it is budget sensitive.

Is this simply a cost-cutting exercise?

- Changes are being made to ensure the pay equity process is workable and sustainable.
- There will be a better process for parties to use to assess whether there is sex-based undervaluation when working through a pay equity claim.

Proactively Released

Appendix 2: Summary of Health NZ employed pay equity settlements

1. The table below summarises the Health NZ employed pay equity settlements.

Workforce	Sector	Employers	No of Workers	estimated		Settlement Date	Key Outcomes	Unions
				% of female Employees	Settlement Costs (\$M pa)			
Nursing	Public	Health NZ	approx. 30,000	90%	s 9(2)(f)(iv)	29/06/2023	s 9(2)(f)(iv)	NZNO and PSA
Midwifery	Public	Health NZ	approx. 1,500	99%		19/10/2023		MERAS and NZNO
Allied, Scientific, and Technical	Public	Health NZ	approx. 15,000	80%		3/11/2023		PSA and APEX
Librarians and Interpreters	Public	Health NZ	approx. 100	80%		7/11/2023		PSA
Clerical and Admin	Public	20 DHBs	approx. 10,000	95%		7/06/2022		PSA

Appendix 3: (proposed) New eligibility criteria for a pay equity claim

1. The table below compares the current and the proposed new eligibility criteria for a pay equity claim.

Current eligibility criteria	(proposed) New eligibility criteria
A pay equity claim is arguable if—	Claims will be required to have 'merit'; that means:
(a) the claim relates to work that is or was predominantly performed by female employees; and	(a) the claim relates to work that is or was predominantly performed by female employees; and
(b) it is arguable that the work is currently undervalued or has historically been undervalued .	(b) the work must have been historically undervalued and continues to be
For the purposes of this Act, work is or was predominantly performed by female employees if it is work that is currently, or that was historically, performed by a workforce of which approximately 60% or more members are female .	Workforces that make a claim will have to been 70 percent female for at least 10 years

Appendix 4: Summary of funded Health sector pay equity claims

1. We do not have sufficient data to estimate the cost to all funded sector employers of settling all current pay equity claims. The table below sets out our best cost estimates.

Workforce	Sector	Number of:		Estimated potential costs (\$M per annum)
		Employers	workers	
Care and Support	Support Services (3 claims)	900	65,500	s 9(2)(f)(iv)
Nurses	Plunket	1	820	
	Hospice	28	TBC	
	GP/Urgent Care Practices	500	TBC	
	Aged Residential Care	8	TBC	
	Home & Community Support	3	TBC	
	Sexual Wellbeing	1	TBC	
Midwives	Birth units	12	125	
Administration	Plunket	1	81	
	GP/Urgent Care Practices	500	TBC	
Allied Health	Phlebotomists	1	180	
Front line Managers & Coordinators	Mental Health Home & Community	8	TBC	
Total noting some employers have 2 claims		1,462	66,706	

Appendix 5: Example of the operation of the proposed change to the Act introducing a hierarchy of comparators

1. The proposed changes to the Act include:
 - a) introducing a hierarchy of comparators to ensure that comparisons are more relevant and robust and are within a similar business or the same industry/sector
 - b) limiting the use of settled claims as comparators to claims settled under the new Act.
2. This means that the comparators must be:
 - a) within a similar business or the same industry/sector
 - b) work performed by males that requires the same or substantially similar skills and experience, responsibilities, working conditions and the work requires the same or substantially similar degrees of effort; **or alternatively**
 - c) comparators that perform work that has previously been the subject of a pay equity settlement under the (proposed) newly amended Act).
3. This means that the Health NZ employed pay equity settlements are not valid comparators under the proposed changes to the Act because the settlements were reached before the enactment of the (proposed) changes to the Act.
4. s 9(2)(f)(iv), s 9(2)(g)(i)
5. For example.
 - (i) A union raises a pay equity claim covering nurses working in general practice.
 - (ii) The employer determines the claim has merit and over 70% of the nurses covered by the claim are female.
 - (iii) The union and employers work together to identify suitable comparators.
 - (iv) The parties identify that there are no:
 - male dominated roles that require the same or substantially similar skills and experience, responsibilities, working conditions or degree of effort within general practice
 - comparators that perform work that has previously been the subject of a pay equity settlement under the Act within the Health sector
 - (v) The parties identify the claim is not capable of being settled (and therefore is not a valid pay equity claim under the proposed changes to the Act).

Appendix 6: Summary of care and support pay rates overtime and rates paid to other Health sector workforces

Care and support rates

1. In 2012, E tū made a legal claim on behalf of Kristine Bartlett that care and support work was undervalued because it was mainly performed by women. The Employment Court agreed that the Equal Pay Act 1972 (Act) allowed the claim to be tested in court.
2. In 2015, the Government decided to resolve the case out of the courts through tripartite negotiations between employers, unions and the Crown. The resultant 2017 Terranova settlement:
 - a) increased care and support wage rates between 15 and 50% at a cost of to the Crown of \$2.048 billion over the five-year settlement term (1 July 2017 to 30 June 2022)
 - b) prohibited care and support workers from making a further pay equity claim over the five-year settlement term
 - c) was implemented in 2017 through bespoke legislation pending amendments to the Act.

Care and support rates overtime

3. The table below compares the care and support base rates with the current rates sourced from the January/February 2025 data collection and the rates sought by the unions at the ERA.

Delivered through the Terranova settlement			s 9(2)(f)(iv)	s 6(c), s 9(2)(f)(iv)
qualifications	1 July 2017	1 July 2022		
• nil (entry)	\$39,634	\$46,914		
• NZQA L2	\$41,720	\$50,189		
• NZQA L3	\$43,806	\$54,570		
• 12 years' service	\$46,935	\$56,739		
• NZQA L4	\$49,021	\$58,930		

Health sector rates

4. The table below compares the care and support base rates and the rates sought at the ERA with a selection of health sector roles.
s 6(c), s 9(2)(f)(iv)

Rates sought in funded Health sector pay equity claims

5. s 9(2)(f)(iv), s 9(2)(g)(i)

s 9(2)(f)(iv)

7. The Health NZ Allied pay equity settlement established a new pay scale for laboratory scientists and applied a translation mechanism to move Health NZ employed scientists onto the new scale.

s 9(2)(f)(iv)

s 9(2)(f)(iv)

Proactively Released

s 9(2)(f)(iv)

Proactively Released

s 9(2)(f)(iv)

Proactively Released

Table setting out each of the Health NZ and funded sector workforces listed in the briefing, and what they have been paid over time before and after pay equity settlement

Refer to Appendix 6 & 7 of the updated briefing dated 5 May 2024.

Steps in the pay equity process currently, compared with the potential future process

There are no proposed changes to the steps in the pay equity process. However, there is a significant change to the eligibility criteria and the introduction of a hierarchy of comparators.

A pay equity claim will still follow the same process of determining whether a claim meets the criteria:

- a. Assessing the Claim
 - The employer must assess whether the claim is valid—i.e., whether it meets the legal threshold to proceed (the new criteria ensures that a claim has merit (rather than 'light touch arguability') and reduces the complexity of managing claims covering multiple workforces).
- b. Comparing work
 - Assessment is conducted to compare work in question with male dominated roles (or roles that are free of gender-based discrimination) that require similar skills, responsibilities, effort, and working conditions.
 - This includes gathering evidence and undertaking job evaluations.
S9(2)(g)(i)
and are within a similar business or the same industry/sector ie Fisheries and Customs Officers can't be used with health claims. Roles free of gender-based discrimination prior to the amendment to the Act).
- c. Determining Pay Equity
 - If undervaluation is found, the parties negotiate a pay equity rate that reflects the value of the work compared to appropriate male comparators.
- d. Settle the claim

Example of a non-health comparator used in a settled health pay equity claim

Fishery officers have been used as a comparator in the DHB Allied and Technical, nurses, DHB administration and clerical claims.

Corrections officers have been used as a comparator in the nurses, and DHB administration and clerical claim.

Fishery and Correction officers were also used as comparators for the 1 July 2022 care and support worker claim. Customs Officers were also used for the claim.

How much the Government contributed to pay equity settlements to provider operating in the health sector

2017 Care and Support Workers – \$2.048 billion over five years (For Health noting Disability Support Services was part of Vote Health until 1 July 2022).

2018 Care and Support Workers (Mental Health and Addiction) care and support worker settlement extension - \$173.5 million over five years (backdated to 1 July 2017)

2022 Care and Support Workers LCI adjust as part of 2017 Settlement - Cabinet approved funding of \$38.629 million to meet the cost of LCI wage adjustments as part of the 2017 settlement (Funding was for all government agencies including ACC, MSD, OT).

**** Note the figures include appropriations for all government agencies including MSD (Disability Support Services) though Health had the largest increase in appropriation.*

Social work

In October 2022 the Government funded the social worker pay equity settlement for five employers in the NGO sector and then agreed to extended funding to the rest of employers of social workers in November 2022.

In 2023/24 Health received \$106.95 over four years to support the settlement and the extension.

**** The pay equity settlement for social worker was led by Organa Tamariki*

Status of the 14 funded sector pay equity claims led by Health NZ / similar line on status of any Health NZ pay equity claims (assuming it will just be a reference to the potential review of the clerical / administration workforce)

A3's are attached which shows the current status.

Summary of funded health sector pay equity claims for non-nursing workforces as at 1 May 2025

	Support Workers	Administration workers	Allied Health workers	Other non-nursing workforces
Overview	3 claims <ul style="list-style-type: none"> 1 July 2022 - 15 employers, ~17,400 workers, 3 unions (PSA, NZNO, E tū) 21 Nov 2023 - 167 employers, number of workers TBC 4 unions (PSA, NZNO, E tū, NUPE) 22 Mar 2024 - 114 employers, number of workers TBC 3 unions (PSA, NZNO, E tū) Sector (sector supports more than 150000 people) <ul style="list-style-type: none"> ~ 800 employers, ~65,000 worker 8 funding agencies 	2 claims (1) Plunket <ul style="list-style-type: none"> 5 October 2023 – single employer, single union (NZNO) ~80 workers in 3 roles s 9(2)(f)(iv) more than 113,000 supported each year (2) General Practice/Urgent Care/ PHO <ul style="list-style-type: none"> 7 December 2023 ~500 employers (~950 GP practices of which ~150 are rural) single union (NZNO) unknown number of workers 2 funding agencies (Health NZ and ACC) 	1 claim (phlebotomists) <ul style="list-style-type: none"> 25 November 2024 - 1 single employer, single union (NZNO), ~180 workers in 1 role claim covers members of 2 other unions (APEX and FIRST) 1 funding agency (Health NZ) estimated costs ~ TBD 	2 claims (1) Frontline Co-ordinators <ul style="list-style-type: none"> 15 September 2022 - 8 employers, ~1,200 workers, 2 unions (PSA, E tū) 8 funding agencies (2) Primary Birthing Units <ul style="list-style-type: none"> 15 September 2022, 12 employers, single union (MERAS), ~125 midwives and those doing similar <u>work in 4 roles</u> 1 funding agency (Health NZ) s 9(2)(j)
Current status	<ul style="list-style-type: none"> unions applied to ERA to fix rates for July 2022 claim on 13 June 2024. Employers/unions attended mediation 19 November 2024. ERA will consider application 25 May 2025 Health NZ implementing Guiding Principles [CAB-24-MIN-0169] <ul style="list-style-type: none"> s 9(2)(g)(i) s 9(2)(g)(i) 	(1) Plunket - employers/unions <ul style="list-style-type: none"> completed work assessments and factor scoring commenced comparator role factor scoring engaged remuneration specialist to advise on remuneration analysis of sex-based undervaluation (2) General Practice/Urgent Care/ PHO <ul style="list-style-type: none"> employers/unions progressing through statutory notification proceedings (arguability not yet determined) s 9(2)(g)(i) 	<ul style="list-style-type: none"> employer <ul style="list-style-type: none"> has notified the other 2 unions is considering arguability, decision to be made before 30 January 2025 Health NZ has advised central agencies 	(1) Frontline Co-ordinators <ul style="list-style-type: none"> s 9(2)(g)(i) (2) Primary Birthing Units - employers/unions <ul style="list-style-type: none"> s 9(2)(g)(i)
Next steps	<ul style="list-style-type: none"> s 9(2)(g)(i) finalise advice on estimates of various approaches to Joint Ministers 	(1) Plunket <ul style="list-style-type: none"> draft Cabinet paper on claim oversight strategy (2) General Practice/Urgent Care/ PHO <ul style="list-style-type: none"> await advice from employers formally advise central agencies and ACC draft Cabinet paper on claim oversight strategy 	<ul style="list-style-type: none"> employer to advise decision on arguability s 9(2)(f)(iv) 	(1) Frontline Co-ordinators <ul style="list-style-type: none"> employers/unions to progress claim (2) Primary Birthing Units - employers/unions <ul style="list-style-type: none"> Health NZ to draft claim oversight strategy Cabinet paper
Risks			<ul style="list-style-type: none"> s 9(2)(g)(i) 	(1) Frontline Co-ordinators <ul style="list-style-type: none"> this claim presents as an internal relativity claim (2) Primary Birthing Units - employers/unions <ul style="list-style-type: none"> there is a risk of unrealistic expectations across this claim (back pay, lump sums)

Summary of funded health sector pay equity claims for nursing workforces as at 1 May 2025

	Plunket	Hospice	GP/Urgent care/PHO	Sexual Wellbeing	ARC	Home & Community
Overview	<ul style="list-style-type: none">5 October 2023 – single employer, single union (NZNO)~820 workers in 6 job titless 9(2)(i)Over 113,000 people receive services pa	<ul style="list-style-type: none">30 November 2023 – 28 employers, single union (NZNO)number of workers to be confirmed across<ul style="list-style-type: none">3 nursing roles1 HCA roleestimated costs - to be determined (TBD)	<ul style="list-style-type: none">7 December 2023 ~500 employers, single union (NZNO) ~3,500 workersestimated costs ~\$50 million pa Sector <ul style="list-style-type: none">~ 950 GP practices (of which ~190 are rural)47 urgent care clinics30 PHOs2 funding agencies (Health NZ and ACC)	<ul style="list-style-type: none">25 November 2024 – single employer, single union (NZNO)number of workers to be confirmed across:<ul style="list-style-type: none">3 nursing roles2 administration roles1 community roleestimated costs - TBD	<ul style="list-style-type: none">4 December 2024 – representative claim<ul style="list-style-type: none">8 employers (85 facilities)single union (NZNO)number of workers to be confirmed across 6 nursing rolesestimated costs - TBDsector<ul style="list-style-type: none">~370 employers	<ul style="list-style-type: none">16 December 2024 – 3 employers, single union (NZNO)number of workers to be confirmed across:<ul style="list-style-type: none">5 nursing roles2 administration roles1 allied roleestimated costs - TBD
Current status	<ul style="list-style-type: none">employers/unions:<ul style="list-style-type: none">completed work assessments/scoringcommenced comparator scoringsettled new collective at 29/11/24 mediation (subject to ratification)<ul style="list-style-type: none">3.2% rate increasecommitment to quickly progress pay equity	<ul style="list-style-type: none">employers/unions:<ul style="list-style-type: none">completed work assessments/scoringcommenced comparator scoring	<ul style="list-style-type: none">employers/unions to complete statutory notification proceedings (arguability not yet determined)s 9(2)(g)(i)	<ul style="list-style-type: none">employer has not yet actively engaged with Health NZ	<ul style="list-style-type: none">employers considering the claim (arguability not yet determined)	<ul style="list-style-type: none">employers considering the claim (arguability not yet determined)
Next steps	<ul style="list-style-type: none">employers/unions to determine level of undervaluations 9(2)(g)(i)	<ul style="list-style-type: none">employers/unions to determine level of undervaluations 9(2)(g)(i)	<ul style="list-style-type: none">await advice from employersformally advise central agencies and ACC (after receiving advice from employers)s 9(2)(g)(i)	<ul style="list-style-type: none">await advice from employers	<ul style="list-style-type: none">await advice from employerss 9(2)(g)(i)	<ul style="list-style-type: none">await advice from employers
Risks	<ul style="list-style-type: none">s 9(2)(g)(i)	<ul style="list-style-type: none">s 9(2)(g)(i)	<ul style="list-style-type: none">s 9(2)(g)(i)	<ul style="list-style-type: none">too early to assess	<ul style="list-style-type: none">too early to assess	<ul style="list-style-type: none">too early to assess