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Practice nurse pay talks soon to resume: separate pay equity process adding complexity



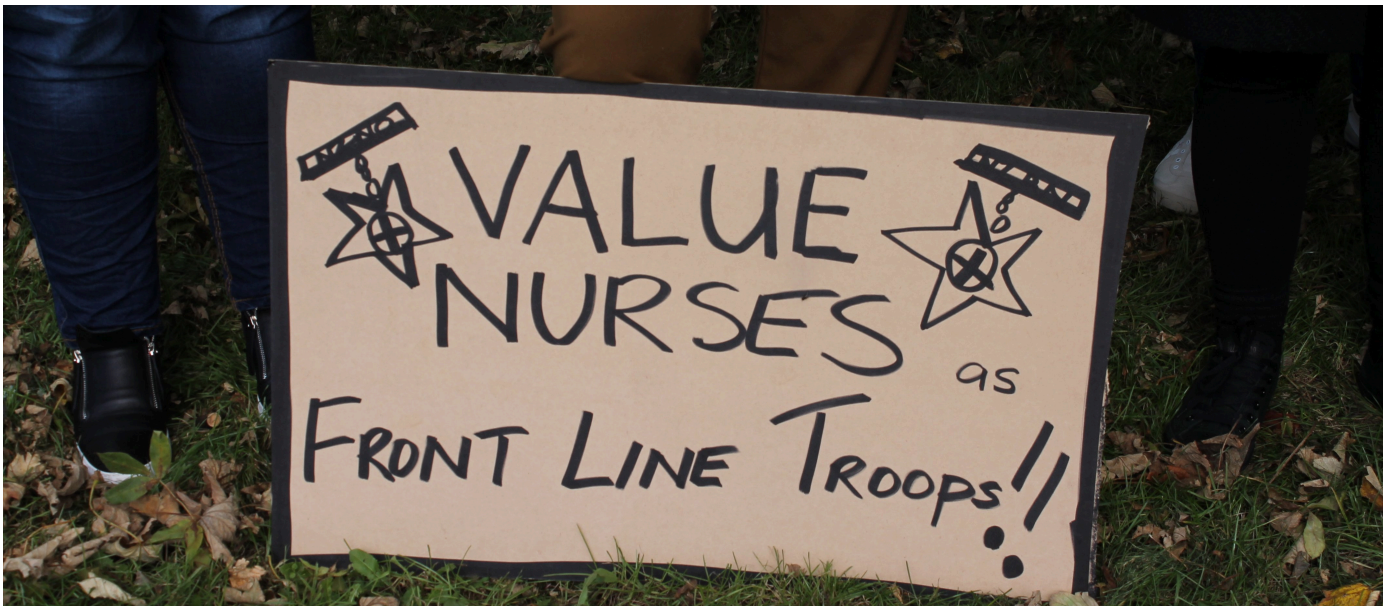
Fiona Cassie

fcassie@nzdoctor.co.nz

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3 minutes to Read



Pay bargaining is due to start again shortly for the country's largest practice contract nurse pay deal with the gap with hospital nurses now "almost 20 per cent" [Image: Supplied]

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The country's biggest practice nurse contract talks will be resuming shortly with uncertainty being caused by the separate, but related, pay equity claim process.

General practice representatives and the nurses' union NZNO are due to meet this Friday for an initial planning day before bargaining gets underway to renew the NZNO Primary Health Care MECA [multi-employer collective agreement] which expires on 30 June 2024.

It was only last August, after two years of negotiations and strikes, that practice nurses party to the PHC MECA accepted an offer falling far short of pay parity with nurses in the public hospital sector.

The "carrot" for ratifying the deal, that covers around 3500 nurses and administrators at more than 500 general practices across the country, was NZNO lodging a pay equity claim on their behalf which the union did in December.

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Employers readying

The upcoming pay talks “have to be shorter” than the last pay round’s protracted talks which were “challengingly slow for everybody, most of all the nurses”, says Matt Prestwood, general manager people and culture for ProCare.

ProCare’s PCBC (Primary Care Bargaining Collaborative) is one of the employer representatives to the MECA bargaining.

The complications will come from the different funding processes impacting on bargaining, including capitation and the impact of incorporating **last year’s ongoing pay disparity funding** into the capitation formula, Mr Prestwood says.

But, also, what agreement there is on how the separate, but related, pay equity process would work in tandem with the MECA bargaining process. “As you can’t have one trip up the other.”

“I think the pay equity claim is the element that could potentially be the most disruptive to the other processes,” Mr Prestwood says. Particularly as the pay equity process was not timebound with some current claims going for “two and a half years and counting”.

“If people are putting too many eggs in that pay equity basket - as to what that is going to result in, who’s going to fund it and where is that money going to come from – it could really adversely impact the other negotiation streams.”

Affordability an issue

Mark Liddle, chief executive of the General Practice Owners Association, which in the last bargaining round represented more than 300 practices, agrees that the bargaining faces unknowns.

While the PHC MECA bargaining and primary care pay equity claim are separate processes, he says, “obviously the nurses will be mindful of both in their approach to the MECA”.

“Also, there is just the whole uncertainty over the affordability of anything at the moment.” Mr Liddle says.

While GenPro has calculated the likely cost pressure formula figure used to guide the sector’s annual capitation and fee increases “there are rumours rattling around to expect much less than that, but nothing confirmed yet”.

“From an employer perspective I think it is going to boil down to doing the best we can for the nursing workforce within general practices while equally recognising affordability and the viability of the practices themselves”.

With the primary care pay equity claim potentially taking years not months, he says: “I expect it would make sense to look at a shorter MECA in the interim while we wait to see what all the other moving parts produce.”

Nurses meetings underway

The NZNO MECA and pay equity spokesperson was unavailable for comment today.

The NZNO campaign website says that pre-bargaining claim meetings are underway across the country this week to allow general practice and urgent care members covered by the PHC MECA to have their say.

The campaign bargaining page points to the success of Te Whatu Ora-employed nurses last year winning their historic pay equity campaign leading to there now being an “almost 20 per cent” gap between primary care and public hospital nurses which was “simply inequitable”.

“It took years of campaigning, going on strike during collective agreement bargaining and growing the membership, but they [Te Whatu Ora nurses] eventually won,” says the website, which adds it will take “similar efforts and extra Government funding” to win pay equity in primary care.

“...this year’s Primary Health Care MECA negotiations, as well as our pay equity claim, is about ensuring equal pay for nurses everywhere, regardless of the part of the health system you work in.”

Pay gap widened

Last year’s MECA pay deal, supported by \$31 million in government pay disparities funding, introduced a new step 7 to the basic pay scale boosting the top of the pay scale to \$43.42 an hour.

But the agreement fell short of the goal of pay parity with Te Whatu Ora nurses on the equivalent pay step who now, following the hospital nurses’ final pay equity and cost of living increases, earn \$51.16 an hour.

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