



Understanding the gender pay gap for midwives

The Human Rights Tribunal of Ontario has issued concrete and specific orders to the Ontario government to end discrimination in its compensation setting practices with respect to midwives.

As a brief summary, the tribunal has ordered government to implement the following:

- 20% retroactive pay back to 2011
- A joint study conducted by a pay equity expert to determine additional adjustments that may be owing to midwives from 2014 to present
- \$7,500 to each eligible midwife for injury to dignity, feelings and self-respect
- Measures to prevent future discrimination for all midwives, including a gender-based analysis of the Ministry of Health's midwifery compensation policies and practices
- Expert compensation studies to be concluded on a regular basis

In 2010, a government-funded report found midwifery compensation was undervalued by at least 20% and recommended an immediate 20% equity adjustment. The community health centre (CHC) family physician is the male comparator used for the purpose of midwifery pay equity analysis in the 2010 report. The government dismissed the recommendation at the time. In its decision, the tribunal orders the 20% equity adjustment, effectively a 'down payment', and orders government to conduct a gender-based analysis to determine, and pay, the actual gap for midwives.

When government first brought midwives into the health system in 1994, they used the CHC family physician as a comparator. At the time, government accepted that an entry level midwife was positioned just above the top salary of a senior nurse and the highest compensation level for a midwife was positioned within \$3,000.00 or approximately 90% of the base salary of the entry level CHC family physician salary (liability decision, para 29).

Today, midwives earn between \$82,080 and \$106,920, and CHC family physicians earn between \$191,717 and \$221,193.

In the decision, the tribunal states that both CHC family physicians and obstetricians are appropriate male comparators for midwifery work because they allow for an analysis of

midwifery (work historically associated with women) against medicine (work historically associated with men) to ensure compensation is set without stereotype or prejudice.

A pay equity analysis typically compares work associated with women against work associated with men across four measures: skill, effort, responsibility and working conditions. The particular pay equity analysis used to determine midwifery compensation is referred to as a 'proxy' comparison. Proxy comparisons are needed when you have an entire sector of female-dominated workers (in other words, you can't look *within* the sector but rather compare against a historically male dominated sector to find the bias). The proxy sector does not need to be doing *exactly* the same kind of work, but work that is 'comparable'.

Initial calculations show that lost compensation for a midwife who has been working since 2011 is about \$186,000. Lost compensation is the amount the tribunal is ordering the government to calculate and to pay out to midwives.

Ontario midwives are publicly funded primary health-care providers who are specialists in providing around-the-clock, on-call care for clients throughout pregnancy, labour and birth and the first six weeks after birth. Midwives follow clients/patients between community and hospital, depending on the needs of the client. Like most physicians, most midwives are also independent contractors, and as such they do not fall under the protection of the *Pay Equity Act*, as employees do. To seek redress for gender discrimination, the Association of Ontario Midwives filed an application to the Human Rights Tribunal of Ontario in 2013.