

# Junior doctors in England set to strike for three days from March 13

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Up to 50,000 junior doctors in England are set to strike for three days from March 13 in a new wave of struggle by health workers against the Sunak government.

The strike is in opposition to a two percent pay award for 2022/3. The de facto pay cut is even lower than the pay award of around 4 percent for National Health Service workers made by the Conservative government, which prompted strike action by nurses and ambulance workers ongoing since last December, and more recently by physiotherapists.

The British Medical Association (BMA) representing around 48,000 junior doctors received its highest ever turnout of 77 percent and a vote for strike action of 98 percent.

Were industrial action to go ahead, it would be only the second time in its 74 year history that the BMA has sanctioned walkouts. The smaller Hospital Consultants and Specialists Association (HCSA) received a 97 percent majority for strike action on a turnout of over 74 percent from its 900 junior doctor members. This would be its first strike since its founding in 1948.

The BMA and HCSA have cited a decline in real term wages for junior doctors of more than a quarter since 2008. As with nurses, ambulance workers and physiotherapists, junior doctors are highlighting unsafe staffing levels and the exhaustion of frontline staff due to underfunding.

A junior doctor told the *Independent* that nursing staff-to-patient ratios in Intensive Care Units which should be one-to-one were one-to-two: “We don’t have the minimum staffing level which is deemed to be safe for patients”.

Another junior doctor told the *Press Association*, “The whole system is at breaking point and I don’t think patients are safe anymore.

“We’re seeing a lot of situations where we’re so understaffed that we actually feel like we’re putting multiple people in danger.”

This demonstrates the rank hypocrisy of the government claiming its Strikes Bill legislation aimed at effectively outlawing strikes by health workers and other key workers, by demanding Minimum Services Levels during industrial action, is for “safety”.

The BMA and HCSA, along with the Royal College of Nursing (RCN) and Trades Union Congress (TUC) affiliated health unions—including the largest, Unison, Unite and the GMB—have organised no collective action in the current pay struggles. They are focussed on appeals to Prime Minister Rishi Sunak.

This is only to justify their stalling of action and prevention of the unified fightback by NHS workers demanded by the rank-and-file.

The BMA confirmed receiving the mandate for the 72-hour strike last Monday but delayed a confirmation of the strike dates, while the HCSA initially stated their action would only cover March 15. It was only on February 24 that the three days of action from March 13 were confirmed by both unions, with the British Dental Association announcing hospital dental trainees would be taking part.

A BMA press release explained how desperate attempts to arrange meetings with Health Secretary Steve Barclay had been ignored.

The co-chairs of the BMA junior doctors’ committee, Dr. Rob Laurenson and Dr. Vivek Trivedi, stated, “We have tried, since last summer, to get each Health Secretary we have had, round the negotiating table. We have written many times and even as late as yesterday we were hopeful Steve Barclay would recognise the need to meet with us to find a workable solution that could have averted this strike.”

The confirmation last Monday of strike action by up to 50,000 junior doctors, around 40 percent of medical staff in hospitals, was a major factor in the announcement made the same day by the Sunak government to begin direct talks with the RCN. Its aim is to secure a deal with the RCN and prevent having to confront a unified offensive by NHS workers.

RCN leader Pat Cullen had spent the past weeks publicly rowing back from the mandated demand of RPI + five percent (19 percent) and agreeing to talks without any preconditions. The RCN went over the heads of its members to cancel the largest action to date, a 48-hour continuous stoppage in England beginning March 1. Nurses were only informed after the RCN produced a joint statement with the Department of Health and Social Care on the framework of talks on the government's terms, including pay restraint and "productivity enhancing reforms."

This was met with widespread opposition from nurses.

The government has refused to reopen talks on the 2022/3 award and its recommendation to the pay review body for public sector workers including nurses for this upcoming year is just 3.5 percent.

On Friday, the *Guardian* reported, "Ministers have been given the freedom to talk to unions about pay settlements that could include backdated or one-off payments as ways to end the escalating series of public sector strikes. But Downing Street says it is critical unions agree to call off planned industrial action before talks can begin, as the Royal College of Nursing (RCN) did on Tuesday."

The heads of the other health unions are eager to be included in talks. Unison General Secretary Christina McAnea, with around 500,000 members in the NHS, criticised a "pick and mix solution", insisting five unions were engaged in the dispute.

Rachel Harrison, the national secretary of the GMB, stated, "Choosing to speak to one union and not others won't stop the strikes and could make a bad situation much worse."

What the health union bureaucracy wants is a *co-ordinated sell-out* not a fightback. The GMB, Unison and Unite continue to carve up action, with strikes held on separate days in different areas. The GMB and Unite are organising strike action among ambulance workers

on March 6 and March 20 at different services while Unison announced last Friday further action by 32,000 NHS worker members, including ambulance workers, on March 8.

Unison and Unite pushed through acceptance of a pay deal with the Scottish government for 2022/3 worth on average just 7.5 percent, which was then enforced on health workers across NHS Scotland. The GMB, RCN and Royal College of Midwives, whose members rejected the deal, refused to call action on live mandates. This allowed the bureaucracy to enter back room negotiations bringing forward a pay deal for the upcoming year (2023/4), which has produced proposals for a pay award worth on average 6.5 percent.

Junior doctors have experience with BMA sell-outs: the union's betrayal of a national strike mounted in 2016 over new contracts ended with inferior pay and conditions agreed. This included a reduction in unsocial hours for weekend work and ending automatic pay progression, contributing to the dire situation junior doctors now face.

All NHS workers are confronted with the need to establish rank-and-file committees to unify their action against the divisions and behind-closed-doors dealings organised from above by the union bureaucracy.

This counteroffensive must be linked to a broader political struggle not only against the Tory government but its de facto ally the Labour Party. Sir Keir Starmer has come out against calls for "restoration pay claims" by NHS workers and is complicit in the policy of "living with COVID" which has seen all public health protections scrapped. While Starmer claims there is no money to fund NHS workers' pay claims, he is committed to vastly increasing arms expenditure to wage NATO's war in Ukraine against Russia.



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