

# UK nurses vote to strike again on last day of Junior Doctors' four-day action

## Health workers must defeat sabotage by union bureaucracy

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14 April 2023

Hundreds of thousands of Royal College of Nursing (RCN) members have rejected a below inflation pay offer, after a ballot on the agreement closed on Friday.

The RCN leadership under General Secretary Pat Cullen did everything possible to foist a rotten sell-out pay deal on nurses, with a campaign of bullying, censoring and an attempt to criminalise opposition of its members.

In the RCN's ballot members threw out (by a majority of 54 percent to 46 percent) a paltry one-off 4 percent payment, and a 5 percent consolidated pay award for 2023-24 that leaves most nurses around £4,400 worse off in real terms than in 2008. The rejected deal was less than half the RPI rate of inflation, which rose to 13.8 percent for February. The RCN has called a further 48-hour walkout from 8pm on April 30 to 8pm on May 2, involving NHS nurses in emergency departments, intensive care, cancer and other wards.

The nurse rejection of the deal and support for further strikes came on the last day of a four-day strike by around 50,000 junior doctors in the British Medical Association (BMA) and Hospital Consultants and Specialists Association (HCSA). Doctors are fighting for a substantial pay increase, after having their pay held down by pay freezes and below inflation deals since 2008.

Members of Unison, Unite and other health unions are voting on same deal in separate ballots.

The Unison members ballot result was a victory for the bureaucracy. Announced Friday, there was a 74 percent vote to accept on a low 53 percent turnout (152,329 votes cast). Unison members are among the lowest paid in the NHS workforce, including some nurses, paramedics, 999 call handlers, midwives, security guards and cleaners.

The Unison deal sees nurses and paramedics awarded a one-off payment of just 2 percent of their salary, plus an insulting COVID recovery bonus of 4 percent for the current financial year and 5 percent for the year after. Unison Head of Health Sara Gorton said, "this was the best that could be achieved through negotiation".

The central issue facing nurses, junior doctors and all health workers is to make a political and organisation reckoning with a union bureaucracy working as a fifth column of the Conservative government in imposing the cost of the capitalist crisis on the backs of the working class.

This is true even when the bureaucracy advances itself as a "left" faction.

An article published Tuesday in the Labourite *New Statesman* magazine, "Is the BMA silencing striking junior doctors?" noted,

"Medics on picket lines are declining interviews and telling journalists that only union reps can speak."

A BMA spokesperson confirmed "that the union is asking junior doctors who aren't union reps not to 'speculate about areas or topics they are not fully versed in'— like union policy, the pay dispute and negotiation strategy."

The magazine was told by "a senior BMA source that the union has been making 'loads' of strategic changes since its last round of junior doctors' strikes in 2015 and 2016, which were unsuccessful (and ended up with a controversial contract imposed by the government). These changes have included 'lessons learned from our strategy in talking to media and communicating with our members'".

WSWS reporting teams have had a similar experience on BMA picket lines.

The edict silencing junior doctors is noteworthy as the leadership of the junior doctors within the BMA around the Broad Left and Doctors' Vote groups are defined as of the Corbynite "left". This new leadership won all key positions in the union following the betrayal by the BMA of the months' long strike by junior doctors in 2016. Yet this new leadership is silencing the rank-and-file members, as if 2016 was a case of "loose lips sinking ships."

What this in fact does is give the "left" freedom to manoeuvre, without anyone raising the awkward fact that the BMA is hostile to the junior doctor's struggle and their fellow NHS workers are facing sabotage and betrayal that can only be fought through an open rebellion.

The junior doctors only represent around a third of the overall 177,000 membership of the BMA. Even more critically, other unions represent more than a million workers in the NHS, including the RCN, which boasts that it is "world's largest nursing union and professional body" with half a million registered nurses, midwives, health care assistants and nursing students; and Unison with nearly half a million members employed in the NHS and in organisations providing NHS services.

The BMA Junior Doctors' leadership is insulating these bureaucracies from political criticism and challenge.

Preventing discussion on "union policy, the pay dispute and negotiation strategy" notwithstanding, this "strategy" is for a limited escalation in strike action with the stated intention of securing a better deal for junior doctors, while doing nothing to build solidarity throughout the NHS and the wider working class. No serious struggle can be mounted on such a basis. Junior Doctors leader Dr. Anjan Singh has already said that that strikes can be called off if the

government increases junior doctors pay by just £5 an hour to £19 an hour and further concessions will inevitably follow.

In a press release issued last Friday, three days before the strike, “BMA asks: ‘Is the Health Secretary really serious about ending the junior doctors’ pay dispute and suspending next week’s strikes?’”, the co-chairs of the BMA junior doctors committee, Dr. Vivek Trivedi and Dr. Rob Laursen, were reported as saying, “Even at this late stage we stand ready to consider any offer the Minister tables - which, if credible, could mean the strike action being suspended - and we urge him to do so.”

The 35 percent pay raise needed to restore junior doctors’ to the 2008 level would cost the government an estimated £2 billion, but the Tories will only fund mammoth multi-hundred billion pound bailouts for the banks and the corporations and the cost of Britain’s involvement in NATO’s war against Russia.

Yet the BMA Junior Doctors’ leadership is as infatuated with securing a supposed “compromise” with a Tory government waging war against the working class as any other section of the union bureaucracy. Its “left” credentials will have a shorter shelf life than those of their mentor Corbyn because they too refuse to wage all-out war against the right-wing in the unions and the Tory government.

The struggle of nurses and doctors and other NHS workers must involve the entire working class. A defeat of the nurses and junior doctors would allow the government to finalise its longstanding goal of the privatization of the NHS. This is the agenda of ruling elites throughout the world who have declared above inflation pay rises for all workers, in the words of Tory Health Secretary Steve Barclay as “unaffordable”.

Junior doctors, nurses and other health workers must turn to the formation of their own rank-and-file committees, operating independently of the union leaderships and take forward a unified struggle for decent pay, working conditions and the protection of the NHS. NHS FightBack, the Socialist Equality Party, the *World Socialist Web Site* and the International Workers Alliance of Rank-and-File Committees will provide every assistance in this battle. **Contact us today and link up with likeminded workers to stop this sellout!**

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**Corey Briffa**, an F1 junior doctor at Croydon University Hospital, told WSWS reporters, “The strike is about the fact that doctors over the last 15 years have had a real-terms pay cut of over 26 percent. That equates to working about three months a year for free. We’re also here because our pay cut means we’re haemorrhaging doctors.

“Doctors are leaving to go to other countries like Australia. I’ve had two emails in the last couple of hours asking me to get my CV ready to go to Australia. We want to retain our doctors so that when we’re in hospital we have safe staffing levels, so that it’s safe for patients.

“Where money goes is a political choice, and the money has not been heading towards the NHS. It hasn’t been used to fund the thing that’s most important to the NHS in keeping patients safe, and that’s its staff. There is a shortage of 50,000 nurses in the UK, a shortage of over 9,000 doctors. If you don’t have staff, you don’t have an NHS that runs properly. I think it is a policy.

“Doctors in general are graduating university with over £100,000 of debt. They won’t pay that off. If they go through all their training, by the end of that they will have paid back over £300,000. So just having that additional burden on doctors, as well as the increase in the cost of living, is huge. People really are making the decision between whether they can heat their home or whether they can eat. At the forefront of our minds when we’re coming to see a patient should be that patient,

it shouldn’t be at the back of my mind how am I going to afford to live?”

“It’s affecting everyone, not just doctors, up and down this country. I support everyone asking for fair pay. The only way forward is for people to realise that the money should be going in their pockets so that they can afford to live. And that will boost the economy. This whole idea that to keep inflation down we need to keep workers’ pay down is nonsense. I’d support anyone who wants to go out and fight for fair pay, because we should be able to live and live comfortably.

“We have to talk to colleagues, stay on the picket line and stay strong. We [junior doctors] had a 98 percent strike mandate, the biggest that any union in the UK has had. We will win this fight.

**Stefan**, on the picket line at Milton Keynes Hospital, said, “I’m a junior doctor and I’ve been working as in different hospitals around the area for the past six years. The junior doctors strike is about pay restoration. Because of the cost of living crisis and rising inflation and degradation of the pay by the government over the past 13 years, our pay has gone down in relative terms by 26 percent. So the strike action is demanding the government to do something about that, to improve retention of doctors who are currently leaving to go to other countries for more pay. And to help reverse the NHS staffing crisis across all healthcare specialties.

“Since I started work, I’ve seen staffing levels get tighter and tighter and being able to provide good healthcare and good care for our patients, getting harder and harder because the workforce is burnt out. That’s not just doctors. That’s nurses as well, and there’s just not enough staffing or finance to do what we need to do, which is we want. To be looking after patients.

“Housing costs are going up. The price for petrol to commute. I live an hour away and I have to drive here every day. That cost has gone up and up. The cost of my bills is going up. I know colleagues who are having to move further from the hospital, which reduces their overall quality of life, because that’s the easiest way they’ve got to pay for stuff. People face a difficult decision between coming to work or doing childcare because the costs are too high.

“Healthcare professions wouldn’t go on strike unless it was safe, and that’s evident by the fact that our consultant colleagues are covering the gaps we’ve left. They’ve stepped up to do that and the trust have made adequate plans to allow for that.

“Rather than funding the NHS properly, they’re just going to ban us from striking and protesting about what the problems are in the NHS. It shows a lack of foresight by the government into appreciating the welfare of the staff that they employ in the public sector.”



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