

Oppose BMA's planned sellout of UK junior doctors' fight: For a joint struggle across the NHS

Tony Robson
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Thousands of junior doctors in the British Medical Association (BMA) ended six days of strike action across the National Health Service (NHS) in England at 7am on January 9. The BMA junior doctors committee (JDC) is set to ballot 47,000 junior doctors over renewed strike action ahead of the current mandate expiring on February 29.

Junior doctors should vote to continue strike action in their fight to reverse 15 years of de facto pay cuts and secure a 35 percent pay rise to restore lost earnings.

The lessons of the fight waged since March last year must be drawn. There has been no lack of determination by junior doctors in this fight, but it has been led by the JDC down a blind alley, with repeated appeals for the Conservative government to do the right thing. There are now moves to sacrifice the core pay demand.

A new axis of struggle is required to unify the fight with doctors and health workers across the NHS against the Tories and their de facto Labour allies.

There have been 34 days of strike action taken by junior doctors spread over 10 separate stoppages since the dispute started, based on two overwhelming mandates of 98 percent. However, as junior doctors walked out in the escalation of their action, it was the JDC which offered a climbdown, not the Conservative government.

On the first day of the strike last Wednesday, Vivek Trivedi, co-chair of the JDC, set out how the pay demand could be diluted to appease the government, telling the BBC, "We're not even saying it has to happen in one year... We are very happy to look over deals that would span a number of years."

The current impasse in the dispute, as it is described in the media, is a result of the fact there are three sides involved:

- The Tory government which will not budge over its opposition to restoring pay to the pre-austerity levels of 2008.
- The JDC working to accommodate the government and develop an exit strategy based on a sellout.

- The junior doctors fighting to reverse decades of declining wages and to defend the NHS against understaffing and the collapse of patient care.

The six-day strike went ahead because the JDC recognised it would have lost all credibility by accepting the pitiful 3 percent offered by Health Secretary Victoria Atkins on top of the 8.8 percent imposed for 2023-4, still amounting to another real terms pay cut.

In the hands of the JDC the dispute will be run into the ground and militant opposition sidelined, unless junior doctors take charge of their fight. The longest strike action in the 75-year history of the NHS over the past week was relegated to the lowest profile imaginable by the JDC leadership. Picketing at hospitals was severely limited and there was neither a national demonstration nor regional rallies held between the BMA and junior doctors in the Hospital Consultants and Specialist Association (HSCA).

This isolation was reinforced by the directive that pickets were not to speak to the media, with all communications limited to the JDC insisting the strike was the result of the Tory government prolonging a dispute it was prepared to end, so its capitulation terms faced no public dissent from junior doctors.

The bureaucratic clampdown is the sole reason the government could try and mount a further witch-hunt against junior doctors, based on an obscene claim that it stood on the side of patient care and reducing NHS waiting lists!

Even within the confines of the official COVID Inquiry, Prime Minister Rishi Sunak has become known as Dr Death for his part in the policy of social murder that saw more than 230,000 lives claimed by the pandemic in the UK. The resurgence of COVID with the JN.1 strain has been facilitated by the ditching all mitigation measures, adding to the winter crisis on the public health service due to respiratory illnesses and compounded by the gutting of social care.

The government has driven 7.7 million people onto the

NHS waiting lists, the highest number since records began in 2007.

The concessions offered by the JDC have only emboldened the government. Atkins made clear to parliament Monday—the day before the six-day strike ended—that no negotiations would proceed without strike action being taken off the agenda, and again denounced the 35 percent pay demand as “unaffordable.”

Trivedi’s response was to roll over, stating, “Until the Government is willing to negotiate with us we’re not able to unilaterally do that. So we won’t be calling for strike action unless and if we need to, but there is a real future where we don’t have to call for strike action ever again, if we are to come to an agreement.”

With the JDC hoisting the white flag, its only concern is that the government’s belligerence is preventing a rotten sell-out deal being imposed on junior doctors and a recognition of its role as the chief instrument for ending strike action for years to come.

As the NHS FightBack stated during the previous three-day strike by junior doctors in December, the government is on the front foot solely because of the sabotage by the BMA of action by tens of thousands of consultants and specialists. Overwhelming mandates for strikes have been vetoed by the BMA in order to ballot on slightly revised government offers.

The Sunak government’s vilification of the pay demand of junior doctors as “unreasonable” depends entirely on the close working relationship forged with all the other health unions through the “resolution” of pay settlement across the NHS. This enabled a raft of below inflation deals to be rammed through to end the strike wave across the health service running from late 2022 into last year. The betrayal of the nurses by the RCN union set a staggeringly low benchmark of just 5 percent, as its leadership also ditched an original 19 percent pay restoration claim.

The Tory government would face a completely different balance of forces without the union apparatus that holds the million-plus NHS workforce in a state of division.

The junior doctors struggle must become a spearhead for a unified fightback. The strike wave of NHS workers was a political challenge to the government’s exploitation of the “goodwill” of health professionals to carry a health system crippled by underfunding on their backs. But workers then faced organisations dominated by bureaucracies which quash all class solidarity and militancy to work with the government responsible for this catastrophe.

Junior doctors should demand the resumption of strike action under the existing mandate to unify their fight in England with that of their 3,000 co-workers in Wales who are set to strike for three days from January 15. The JDC is

keeping these common struggles separate because action in Wales is taking place against the Labour-run devolved government’s offer of just 5 percent. Predictably, it is citing the budgetary restraints of Tory central government.

If junior doctors believe Labour would act any differently if in government, they only need look at the comments from Shadow Health Minister Wes Streeting.

From the onset of the dispute, he described the pay restoration demand as “not a policy Labour will be able to afford” and demanded greater “efficiency”, including longer hours, from NHS workers instead. He declared in a series of broadsides in the pages of the Tory press that “we are not going to have a something for nothing culture with Labour” and “I’m not prepared to pour money into a black hole” while “holding the door open” for the private sector. He openly advocates for a privatised or semi-privatised healthcare model, citing the health system of Singapore as superior to the NHS.

The Tory government has denounced the junior doctors’ pay claim as “unaffordable”, based upon its assessment that it would cost £2 billion to fund. Yet it squandered £4 billion on unusable PPE for health and social care workers in the first year of the pandemic! Between 2020-22 over 2,000 health and social care workers died from COVID in England and Wales. The stench of pandemic profiteering from the private sector and the government still lingers in the Baroness Mone scandal, but without a reckoning.

Funding decent pay in the NHS is deemed impossible while billions are lavished on tax concessions to big business and ploughed into military spending for the proxy NATO war in Ukraine against Russia and the British military build-up to support the Israeli state in its genocide against the Palestinians—an agenda which Labour fully shares.

The defence of the NHS and a cost-of-living increase for its entire workforce is incompatible with a financial and corporate oligarchy at war with society in its criminal pursuit of profit. It requires a frontal challenge based on a socialist perspective, fought for by the unification of all public health workers through the development of a network of rank-and-file committees.



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