

# Striking junior doctor in Wales: “Staff morale is low, and people are leaving, and we can’t sustain that. We need better pay and better staffing.”

**Our reporters**  
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WSWS reporters spoke to striking junior doctors protesting outside the Welsh Assembly (Senedd) in Cardiff on Tuesday, during the second day of a three-day strike against the Labour Party-run government.

**Rachel**, who works in Sexual and Reproductive Health, said, “We’ve come today because obviously the Welsh Government have made a commitment to full pay restoration then offered us the worst pay in the UK. We need something better. We’ve got a workforce crisis and a cost-of-living crisis and it needs to change, and that’s why we are all here today.”

Responding to efforts by the Labour-led Welsh administration to justify low pay for junior doctors, Rachel said, “It’s quite a convenient deflection back to Westminster, and at the end of the day, health is devolved here, and they’ve got money to spend on lots of other things, like 20-mile-an-hour zones, like bombs, so it’s just a convenient deflection, really.

“It’s really evident at times that we don’t have enough people like nurses, healthcare assistants and doctors. The workload is growing and growing, and we’ve got an aging population so there are no fewer people coming through the door. But we have less staff because they don’t stick around. They leave healthcare or move countries or for another sector where the conditions are better.

“We’ve ever-growing wait list times, and it’s not due to the junior doctors’ strike. That was already an issue. We’ve seen people, especially in gynecology, that have been waiting like four years for the treatment that they need.”

**Ceri** who works in Obstetrics and Gynecology said,

“We had a PPE crisis when we were set up to work in plastic aprons and expected not to contract any viruses.

“Patients are less safe than they have been previously. Trying to look after more patients with fewer staff will inevitably be an issue for patient safety”.

A general medicine doctor who came to support her colleagues explained, “I’m here today to support my colleagues to get the pay restoration all of us deserve. I qualified back in 2010, and it’s a very different environment from when I started as a junior doctor. Taking into account the changes in the cost of living, the different expectations of what we as doctors have to do, our training, etc. All of that does add up financially. We are only asking for a slight increase to be able to do our job.

“Just the travel costs to get to the job [means] that we have to spend nearly a grand alone on GMC [General Medical Council] registrations, our indemnity insurance, and the costs of staying up to date through courses and taking exams... all of these things add up. As a working mum as well, there are childcare costs. I love what I do and having returned to Wales where I grew up, but it’s increasingly unviable.

“The workload is quite intense. Compared to 2010, the number of patients in hospital at one time is quite significant, even outside of winter pressures, even in summertime. We have a lot of issues such as lack of movement into the community, lack of social care available to patients who need that support to go home and although there is a lot of attention on the front door, the back door at this stage is one of the biggest issues that hasn’t been addressed.

“They [the government] are looking to turn care private, but that means people will have to choose between care and being able to feed themselves.”

**Hannah** works in accident and emergency (A&E). She said, “We need to value the NHS and make sure we’re investing in it for the future; otherwise, we’re not going to have an NHS going forward. Staff morale is low, and people are leaving, and we can’t sustain that. We need better pay and better staffing.

“Routine appointments that have been postponed because of COVID--where urgent care had to be a priority--all the time that people have had to wait for these routine appointments, they are also at a breaking point and have to then seek urgent care. There is such a high demand in the A&E department and there is not the staff to be able to manage that. As a consequence, people are coming in a lot sicker.

“If we had more preventative measures and managed people as outpatients better then we probably wouldn’t have so many people so unwell and in dire straits coming into us.”

**Zoe** said, “The working conditions are in free fall. So many people have left. There is no enticement for them to come back. If we carry on like this, it’s going to get worse and worse.

“During COVID, we could accept that we were working during a crisis and conditions would be lower, and everything would be busier, and being burnt out from that was inevitable, but that has continued, and we feel like we are still working twice as hard as we can sustain. This is why people leave and take career breaks and in years to come we are not going to have the supply of doctors that we need.

“We thought we had the help of the government, but we don’t. Strike action is the last resort. It’s not what anybody wants to have to do, but we’ve held out as long as we can and we can’t work in such unsafe environments anymore.”

**Kate**, a doctor in Pediatrics, said, “We’ve reached a breaking point. There are so many gaps in the rota from sickness because people are working beyond their capabilities and we are working twice as hard to fill those gaps, and it leads to burnout. It’s not sustainable. It’s a health system for everybody, no matter where they come from or what their need is, and we need to be able to value that.”



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