

Resident doctors speak from the picket line at Portsmouth and Southampton hospitals: “You can’t expect people to do more for less.”

Our reporters
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World Socialist Web Site reporters spoke to resident doctors on the picket line at Queen Alexandra Hospital in Portsmouth and Southampton University Hospital about why they are striking against the Starmer Labour government. The doctors, who are demanding a 29 percent pay increase after years of pay cuts, completed a five-day national strike on Wednesday.

Resident doctors, are qualified medical practitioners engaged in postgraduate training or employed in non-training posts.

Portsmouth

At Queen Alexandra Hospital, **Jo** said, “I think pay restoration is about being valued and about doctors feeling undervalued. We know that we have a number of threats on our careers and on our progression, the most basic of which is pay. We’ve seen our pay drop by 21 percent now since 2008.”

“We’re not working 21 percent less hard than we were in 2008. The patients that we’re seeing are sicker, they’re older and you can see that in terms of the occupation, the number of beds in hospitals, that’s absolutely at creaking point. None of us want to be on strike. We all do the job because we love the job. We’ve all trained very hard, trained for a long time at university to do this job. I’m an anaesthetist. I love treating my patients. I want to be there.”

“If we don’t take action, if we don’t try and appeal to the public and to the government to improve our pay and improve our working conditions, people will continue to leave by the tens of thousands to international markets. And there will be no one here to treat your grandmother, your father, your son, your child.”

In response to a WSWS reporter noting that the Labour government claims there is no money for National Health Service (NHS) pay, while they’re spending billions on war and enriching the financial elite, Jo replied, “How the government chooses to spend its money is political. And you’re right.

There’s an issue when a government says there’s no money for X, but there is for Y.

“Our job here is about advocating for doctors... There is money. We’ve seen that there is money. You’ve described that there is money. And it’s very important that we are paid fairly because otherwise the ramifications are significant for the entire health service.”

Jo agreed that the doctors’ fight was part of defending the entire National Health Service from cuts saying, “I can’t do my job, for example, as an anaesthetist without a surgeon, without my ODPs [Operating Department Practitioners], without my scrub nurses, without the nurses on the wards and the HCA’s [Healthcare Assistant] on the wards who get the patients ready for theatre. We’re all in this together.

“The way the doctors’ pay works is we have our own contracts, our separate contracts, we’re not on Agenda for Change. So that’s why we end up negotiating separately... There’s a broader fight and I know that the nurses, for example, are expecting a significant result in their indicative ballot, more power to them.”

Alex, who is going into his fourth year as a doctor following graduation, said, “We shouldn’t look at this as a pay offer as such, it should be looked at as an investment as well. Any money that the government puts towards us now is investing in British doctors or doctors currently in the country, staying in the country. We know at the moment, with our current pay conditions and work conditions, that the grasses are greener in other countries. We are seeing doctors leaving for Australia. Not all of us will, but there is a significant incentive to go over.”

Regarding the low pay deal that the British Medical Association (BMA) accepted last year from the incoming Labour government to end months of industrial action, Alexander said, “I think the offer that we received last year, we accepted on a good faith understanding that the government would continue to work in successive years for our idea of full pay restoration. We’ve never said it needs to be in one go, we’re happy to work towards it over a number of years. And that is why we accepted the offer to put the strikes at bed.”

“We had a pay rise at that point, which we were happy with, but there was an understanding that we would continue to work towards our full pay restoration over the coming years. And unfortunately, this year, the offer that was available from the government and the DDRB [Doctors’ and Dentists’ Review Body] fell short of that.

“I don’t know any doctor who would not support anyone else in the NHS standing up for their pay and standing up for their right to strike. I think it’s hard that we are doctors, we have our own contract, whereas everyone else in the NHS is on their own pay scale. So, we can’t advocate on their behalf, but we will definitely support them if and when they ballot for action.”

In response to the WSWS reporter explaining that the Labour government was seeking £9 billion worth of efficiency savings in the NHS, with many Trusts cutting jobs, including Portsmouth where 585 are to go, **Jo** replied that the Trusts have “been told to do more with less money. And that’s not a new thing. It’s just they’ve been squashed and squashed and squashed for years now, and there comes a breaking point.

“All this comes from the government. You can’t expect people to do more for less. And if people are sitting there laying off hundreds of staff, how do you expect to increase productivity with fewer staff? Yes, it looks better on your headline wage bill to outsource people, but the costs go up. It ends up being more expensive to outsource things to private companies than it does to keep them in-house.”

Jo pointed out the dangerous implications of the government insisting that elective work still go ahead during the strike. “The head of the NHS said to Trusts that only in exceptional circumstances during this industrial action should they be cancelling any elective work. That puts them in a very difficult position, because how are they going to run elective work safely with no residents [doctors]? And yet they’ve got pressure from on high to do that. They haven’t got the resources to do that. It’s gross mismanagement from the government.”

Southampton

Nye, an F2 doctor in his second year of medical training, was on the picket line at Southampton University Hospital. He said, “I come from a family with three generations of doctors. My grandfather was a doctor, my mother was a doctor, and I’m a doctor. Although we were paid much more in 2008, which is the reason people are going on strike, it is for a myriad of reasons. It includes, for instance, that I’m about to be moved from Southampton to Belfast, which is quite far away, essentially because we do not have enough jobs.

“There’s going to be more unemployment this year than I think any other year, especially at my level. So, a lot of people

at my stage are not getting jobs. And obviously, if you’re saving up to be unemployed next year or to be underemployed, pay restoration makes a big difference to that.

“I have a number of friends who are doing extremely well at school. I think classically doctors come in the top 15 percent of A-level results. Obviously, we graduate when we must be 24, 23 at the lowest. I graduated when I was 25 because I did a couple of undergrads, or I did an undergraduate before postgraduate medicine. So, we graduate a lot later than everyone else. And I think compared to a postgraduate salary, it’s under the norm.

“Considering that you might be realistically comparing someone who did a medical degree to someone who did three years of undergraduate, plus one year of a master’s degree, we do two more years than that. I don’t have the numbers off the top of my head, but the salary is still significantly less. I don’t think that would be an issue were it not for also the fact that we have a huge amount of unemployment. We get moved around the country.

“We have exam fees that are exorbitant. I’ve just paid £1,600 for an exam preparation course. That’s before the exam cost of £1,000 for PACES. I have two £500 exams on top of that, merely to progress into the next stage of training.”

Rob was for a united struggle by doctors and nurses to defend pay and conditions. “I think my colleagues in nursing and physiotherapy and all of the other HCAs, they don’t get paid what they’re worth either, and they should be out here striking as well.”

Alex also supported a joint struggle by NHS workers saying, “I think I speak on behalf of most colleagues when I say that doctors would support other colleagues in the NHS standing up for what they’re worth, striking.”

“I think this is a no-brainer that part of the whole of the NHS has been unvalued for years, successive pay cuts, real-terms pay cuts. And I think whilst we’re in a privileged position where we’ve been able to organise strike action, obviously we would support other unions in balloting their members. I think the RCN [Royal College of Nursing] at the moment are just hinting that they’ll reject the offer. I think if they do then it will go to a ballot. I think doctors will be very much behind them and support them.”



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