

# Oppose sellout of resident doctors by the BMA: for a unified struggle of NHS workers against Starmer government

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12 August 2025

The fight by resident doctors for pay restoration is threatened with a sellout. This can only be prevented if they take their struggle out of the hands of the British Medical Association (BMA) leaders and turn to the working class in a political fight to defend the National Health Service (NHS) against the Starmer government.

The first phase of resident doctors' strike action—five days of stoppages across England ending July 30—was followed by talks between BMA Resident Doctors Committee (RDC) co-chairs Dr. Ross Nieuwoudt and Dr. Melissa Ryan, and Labour's Health Secretary Wes Streeting on August 5.

Streeting had already publicly ruled out reopening the 5.4 percent pay award for resident doctors for 2025-6, just 1 percent above RPI inflation. This makes his “journey to pay restoration” meaningless—real-terms pay for resident doctors remains more than 20 percent lower than in 2008.

On the final day of the strike, Streeting denounced the resident doctors' action as “a war” against the government they could not win and branded it “unreasonable” and “reckless,” claiming to be defending the NHS recovery against doctors' disruption. This is while the Labour government presides over a burgeoning waiting list disaster and has exploited it to outsource more patient treatment funded by the NHS to profit hungry private providers.

At no point did Nieuwoudt or Ryan mount any defence of their members against Streeting's smears, describing it as merely “political rhetoric” and maintaining that the government constituting the gravest threat to the NHS should “put it first”.

In a BMA press release, they claimed the meeting with Streeting had been “constructive” and “achieved a greater understanding”, speaking of negotiating on “non-pay items” and throwing in the caveat that “there has to be

movement on pay”.

This month, one-third of resident doctors completing their first two years of training (FY1 and FY2) were unable to secure jobs, with 30,000 doctors chasing just 10,000 specialty training places.

The idea that Streeting will seriously address the unemployment of doctors is risible. He has been tone deaf to the concerns raised by residents doctors in the strike that systemic pay erosion and over stretched staff has fuelled an exodus from the NHS. His operating principle is to use the crisis caused by underfunding to impose further cuts repackaged as “efficiency savings,” and squeeze more productivity from exhausted staff.

Talks with Streeting have been described by the BMA as a “window of opportunity” to rule out any further strike action for the summer period, while the RDC attempt to cobble together a sellout they can put a face-saving spin on.

Streeting's attack on resident doctors is not about avoiding disruption to patients, but outlawing defiance of the Labour government as it presses ahead with the dismantling of the NHS.

The RDC leaders refuse to challenge this “reform” agenda, allowing Starmer's attack dog and darling of the right-wing media to pose as the guardian of a public health service. Streeting claimed that the strike was not legitimate on the grounds that it did not have the backing of a majority of resident doctors in the BMA, implying that the anti-strike laws brought in by the Conservative government were insufficient. The 90 percent majority on a 55 percent turnout of around 50,000 resident doctor BMA members surpassed both the 50 percent turnout and the 40 percent overall majority thresholds.

The hypocrisy is staggering as Streeting scraped back into Parliament in the 2024 General Election in his Iford

North constituency with just over 33 percent of votes cast (15,647) and just 20 percent of the registered electorate, barely fending off independent candidate Leanne Mohamad, who stood as an independent in protest at Labour's defence of Israel's genocide in Gaza. A government which has colluded with the war crimes against the Palestinians, including flattening nearly every hospital in Gaza, is not in any position to preach about safeguarding the NHS for the sick and vulnerable in Britain.

The RDC also failed to challenge Labour's "unaffordable" mantra. The BMA estimates the cost of 29 percent pay restoration at £1.73 billion (dropping to £920 million after tax revenues returned to the Treasury is taken into account), which is just 0.5 percent of the NHS budget of £190.8 billion this year. This is a fraction of the billions handed to the military and tax concessions to big business. The Starmer government is increasing military spending to 2.5 percent of GDP—£13.4 billion extra annually from 2027, on the way to 5 percent.

Resident doctors (formerly junior doctors) are paying the price for the refusal of their left talking leaders to make any challenge to Labour's pro-business, warmongering agenda. Between 2023 and 2024, they staged 44 days of strikes. But when Labour took office, the then BMA's Junior Doctors Committee (JDC) rushed to accept a 22.3 percent deal over two years, well short of the 35 percent needed for pay restoration. Streeting's offer was just 1 percent higher than the Tories', yet the JDC parroted Labour's claim this was a "journey to pay restoration."

This only compares favourably to the rock bottom below inflation deals which other health union leaders helped enforce to demobilise the mass strike wave in the NHS between 2022-4. Streeting has therefore denounced resident doctors as ingrates compared to the other NHS workers who have not taken strike action against a lower pay award this year of 3.6 percent.

The reality is nurses, paramedics and other key groups of the 1 million plus workforce would already be in open revolt if their rejection of the 3.6 percent had not been constrained to non-binding consultation ballots by Unite, GMB and the Royal College of Nursing. The Royal College of Midwives (RCM) has also recorded overwhelming rejections—81.9 percent in England, 83.5 percent in Wales, 77.7 percent in Northern Ireland—only for the union's leadership to announce they would not move to a formal strike ballot.

This is all the more damning as the RCM press release

states "Terms and conditions in the workplace—too few staff, crumbling estates and the inability to provide adequate safe care to women and families—are also a significant factor in midwives' and maternity support workers' disillusionment with the NHS." But RCM's General Secretary, Gill Walton stated that Streeting had recognised that "more needs to change."

Streeting has accused resident doctor of "undermining the entire trade union movement", signalling his reliance on the apparatus of union officialdom to smother the grievances of the workers they claim to represent in alliance with government.

This bureaucratic suppression must be defeated. The right to strike must be defended, and resident doctors must link up with other NHS staff to wage a united fight against the divisions spread by all the health trade unions, demanding that formal strike ballots be organised to prepare action.

Resident doctors should demand the RDC leaders respect the mandate for pay restoration or be immediately stood down. They should be no further negotiations which exclude this basic demand, and all closed-door talks should be ended with direct oversight by the rank-and-file.

The fight for a liveable wage and safe working conditions for health workers is inseparable from the fight to defend the NHS. Labour's "recovery plan" is a recovery for private health corporations, not for patients or staff. Its commitment to increased military spending and corporate giveaways shows exactly whose interests it serves.

The only viable way forward is the adoption of a socialist perspective, breaking the grip of the financial oligarchy over society and expropriating the wealth of the major corporations and banks to pour billions into public health, housing and education.

NHS FightBack, established by the Socialist Equality Party and affiliated with the International Workers Alliance of Rank-and-File Committees, is fighting to build this leadership across the health sector. Get involved today!



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