

Resident doctors strike to go ahead after Labour government opposes pay increase

“Doctors are not only striking for themselves, but for the future of the NHS, including all its staff and patients”

NHS FightBack
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The announcement of five days of strikes from November 14 by resident doctors in England marks a new stage in the confrontation between National Health Service (NHS) workers and the Starmer government.

The months-long talks between the British Medical Association (BMA) and Health Secretary Wes Streeting broke down this week exposing what these negotiations always were—an attempt to buy time, dissipate rank-and-file anger, and stall further action after the five-day strike in July. The union sat on a live strike mandate for months, allowing momentum to ebb while Streeting repeatedly declared that “there is no new money” for doctors’ pay or training.

This follows an overwhelming 97 percent vote by first-year resident doctors (F1s) for strike action over unemployment and collapsing conditions in addition to the existing strike mandate of 90 percent over pay restoration.

The BMA has narrowed its demands to as “little as £1 an hour”, retreating from full pay restoration to a drawn-out, multi-year “path” that accepts the framework of austerity. Even this token demand provoked hysterical opposition from Streeting and the Labour government, fearful that any concession before the November 26 budget would be read by the financial markets as weakness. Streeting has resorted to open threats, warning that even his token “non-pay” offers would be withdrawn if the strike went ahead. Resident doctors pay remains 20 percent lower in real terms than in 2008 and more than 20,000 doctors have been locked out of specialty training this year alone. Streeting’s 10-year NHS “reform” plan—based on public-private partnerships and “efficiency savings”—is a blueprint for deeper outsourcing and cuts.

NHS FightBack—established by the Socialist Equality Party—has issued a statement calling for the resident doctors action to become the spearhead of a unified fightback of the 1.4 million NHS workforce: opposing the attempted sellout by the BMA and all the other health union leaders blocking action against de facto pay cuts and backdoor privatisation. This is the basis of the NHS FightBack Zoom meeting on November 18 *“Defeat Starmer-Streeting budget cuts and privatisation! For a united fightback by NHS workers!”*

To build for this meeting and encourage the widest discussion the *World Socialist Web Site* (WSWS) is publishing the following interview with a resident doctor (RD) about the issues posed in their upcoming strike.

WSWS: What is the mood among resident doctors, and how has the breakdown of the talks affected how doctors view the government and the BMA leadership?

RD: The vote for strike action for pay and training posts represents our deep frustration and disillusionment. It takes place after two and a half year of struggle for pay restoration, during which resident doctors—who make up around half of all doctors in the NHS—have already taken nearly 50 days of strike action.

We feel a profound sense of betrayal and exhaustion, not only toward the government but also toward the BMA leadership that has allowed this dispute to drag on for months on end. The breakdown in negotiations has reinforced widespread distrust in the government, which is accelerating the austerity measures of successive Labour and Tory governments and the privatisation of the NHS.

Streeting has pledged to wage “war” on us, so the recent ballot where 97 percent of first year doctors voted to strike demonstrates the strong determination amongst doctors to fight back.

WSWS: What is day-to-day life like as a new doctor?

RD: Day to day life as a new doctor is tough. I am contracted to work an average of 47 hours a week, including 7.15 hours of out of hour shifts. It’s entirely normal to work overtime, every day, on top of this. Shockingly, my contract stipulates that I can be made to work up to 72 hours in a single week. I often feel I don’t have time to have a break. This constant fatigue is not safe for us, or our patients.

Chronic staff shortages are overwhelming. I heard that in my hospital, doctors work below minimum staffing levels for more than half the time. On one occasion, there were no doctors scheduled on my ward at all, so a colleague was called in from their day off. On an average day though, we still have to stay extra to ensure the essential aspects of patient care are met.

We are meant to be learning from our seniors, but their own workloads often prevent them from teaching or supervising. This is unsurprising considering the findings of the BMJ [British Medical Journal] that: “in some parts of the NHS, as many as 1 in 3 consultant posts lie vacant.”

On my ward, there is only one regular consultant for 30 patients, the other being a locum. We didn’t have a registrar (doctor in specialty

training) until September, and even now, with only one, juniors are frequently left to run the ward alone. My F1 colleagues and I have had to manage acutely unwell patients, end-of-life care, and complex discharges—often for the first time—with little to no support.

Night shifts are particularly unsafe. One first year doctor can be responsible for five wards, including those with complex sick patients such as those with stroke or heart attacks. An F2 (second year resident doctor) or above, then covers all the other medical wards. There is only one medical registrar to look to for help.

These conditions stretch everyone beyond capacity and inevitably compromise patient safety. The impact on patient care is heartbreaking. In early September – even before the pressures of winter – I saw patients lined along corridors in the emergency department, left without dignified care. One patient had soiled herself because no staff were available to help her to the toilet, and it was hours before anyone could attend to her.

Having worked across other hospitals as a medical student, and hearing my colleagues experiences, I can see these issues aren't isolated to my hospital or my profession. Chronic understaffing, burnout, and intolerable working conditions are the case throughout the NHS workforce.

WSWS: Before the F1 doctors ballot, Streeting threatened resident doctors that he would withdraw even minimal “non-pay” offers if industrial action proceeds. How have doctors reacted?

RD: The government treats us with contempt. Streeting wrote to F1s to try to stop us striking, by shifting blame to previous governments for the bottlenecks in training places, whilst offering no credible solutions of his own. His 10-year health plan offers only 1,000 additional training places over the next three years, despite over 20,000 doctors have been locked out of training this year alone.

Streeting's rhetoric has repeatedly singled doctors out as holding the NHS “to ransom”. It is all healthcare workers who have been held to ransom by years of austerity.

Streeting's real aims are clear when examining the details of his 10 year plan. It paves the way for further privatisation, workforce contraction, and developing public private partnerships for neighbourhood health centres. While claiming there is “no new money” for doctors or workforce growth, his plan opens doors for more private providers to fill the gaps.

The UK is severely under-doctored per head of population, compared to comparable countries. Yet while successive governments have expanded medical school places, they have failed to increase training posts and consultant/GP jobs in proportion. From 2016 to 2024, applications for specialty training programmes rose by 174 percent, but training posts increased by only 6.4 percent.

Streeting's plan effectively locks doctors out of a career while outsourcing NHS services to private companies. His plan doesn't rebuild the health service, but restructures it along market lines, where a debilitated NHS becomes increasingly reliant on private providers.

WSWS: The BMA sat on a strike mandate for months. What message does this send to the government and other workers?

RD: The BMA's handling of the pay dispute has been disappointing. From the outset, the government made clear there would be no additional funding for resident doctors, yet the BMA continued to engage in talks with Streeting. We had a strike mandate from way back in the summer,

but they wasted this momentum.

They could have utilised the strength of the July strikes to organise further strikes. They could have rallied doctors in Scotland, Wales and Northern Ireland. They could have built solidarity across the wider NHS workforce. Instead of escalating action when public support and doctor engagement were high, the BMA delayed for months—allowing the movement to lose energy.

After 13 rounds of strikes, doctors still remain 21 percent worse off than 2008.

WSWS: What do you make of Streeting claims that other NHS workers are “working constructively with the government as opposed to resident doctors?”

RD: Doctors are not only striking for themselves, but for the future of the NHS, including all its staff and patients.

Streeting admits that the NHS is in “critical condition”, but what he omits is that the NHS has been deprived of billions of pounds by successive governments. The NHS would have received an additional £423 billion if the average growth in spending continued since 2009.

This systematic underfunding has gone hand in hand with a wider attack on the NHS—acceleration of privatisation, creation of subsidiary companies that worsen pay and conditions, and shrinking the workforce. This government has only fuelled this drive, pressing ahead with outsourcing a million NHS treatments annually to private providers and axing 12,000 jobs with the dissolution of NHS England. In our hospital, the whole of the pathology department has been outsourced to a private provider this year, and hundreds of administrative staff have been made redundant.

Restoring pay for resident doctors would cost just £1.73 billion, but it's clear that the governments priorities lie elsewhere. Starmer is pledging to increase military spending by at least £13.4 billion more a year, and hand out billions in tax relief to big businesses.

Healthcare staff are on the frontline and are seeing the implementation of this plan, which is why we are striking. Nurses, midwives and paramedics have already clearly rejected the de facto pay cut for this year of 3.6 percent, the problem is that their union leaders made the ballots consultative and non-binding and are blocking any fight against Streeting.

WSWS: Many doctors believe pay erosion, unemployment, and unsafe working conditions are deliberate tools to drive staff out of the NHS and expand private provision. Is this the case?

RD: Yes, that seems like the unfortunate reality, a deliberate strategy to push doctors out of the NHS and open the door to greater privatisation.

Only a few months into being a doctor, I already find myself questioning whether I can continue this profession long-term. Many of my colleagues are making plans to work less than full-time, work in private healthcare, work abroad, or leave medicine completely. A report by the General Medical Council found that a third of doctors are looking to leave the UK medical profession! There are even doctors driving for Uber or working in bars and it shows the desperation across the workforce. The *Lancet* warned that the way this is going, by 2048 there could be as many as 11,000 consultant doctor posts unfilled.

WSWS: Streeting has repeatedly lied that the strikes are not supported by resident doctors and questioned their legitimacy even though the mandates surpass the threshold of anti-strike laws, what do you think about these threats to justify a further clampdown?

RD: Withholding NHS workers' right to strike would mark a complete overturn of basic democratic rights. It sets a dangerous precedent for further sweeping dictatorial measures against those who speak out.

The Tories have already prepared this legislation and [leader] Kemi Badenoch said she would ban industrial action by doctors. Streeting's rhetoric is turning further and further towards this. He described our recent action in July as "needless" and "damaging", and has not engaged with any of our demands.

WSWS: What can be done to protect the NHS as a publicly owned, publicly funded service?

RD: The approach from the government offers no solution for resident doctors, the wider NHS workforce, or the public who depend on NHS services. Labour is focussing on appeasing the markets, and allowing private profit in the NHS, we have to make our focus the defence of our healthcare system. The BMA has shown it offers no alternative and I fully support a rank and file organisation of doctors and among all NHS colleagues so that we take up this fight as a unified force.

The immense threats we're facing require a counteraction—one that the BMA has failed to build. We have to demand that the billions that are wasted on war and private profit be redirected to fund the public health service.



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