

Reject BMA leaders' sell-out of resident doctors: for a rank-and file fightback to unite NHS workers against Starmer!

NHS FightBack
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The British Medical Association (BMA) Resident Doctors Committee (RDC) emailed thousands of resident doctors Wednesday with a contemptible “offer” from Labour Health Secretary Wes Streeting—barely a week before the next phase of strike action by 50,000 members is due to start with a five-day walk-out in England from December 17.

Acting at Streeting’s behest, the BMA has launched a three-day online poll between December 12–15 to decide whether action should be suspended, with a further referendum on the terms which, if accepted, would amount to a complete sellout of the struggle.

This insulting offer must be rejected.

Streeting has not moved an inch to address the core demands of resident doctors in England who make up half of all hospital doctors in the National Health Service (NHS). Pay restoration, secure training opportunities, and stable jobs for new graduates are ignored. Instead, resident doctors are presented with a fob-off: a promise to “ensure consistent implementation” of existing contractual entitlements; funding of mandatory Royal College membership, portfolio and exam fees; and an expansion of specialty training posts to 4,000 over three years.

Even this supposed expansion is a fraud. These are not additional posts, but repurposed positions taken from locally employed doctors (LEDs)—while 20,000 applicants were shut out this year alone.

The offer also includes divisive legislative changes to “prioritise” UK graduates over international medical graduates, which the BMA does not oppose. Its purpose is to pit doctor against doctor and fracture unity.

Streeting demands the BMA cancel December’s strike, put the offer to a vote, abandon the re-ballot to renew strike action, and accept that nothing will be delivered unless strikes are stood down immediately: surrender first, discuss later.

The RDC has fully complied with Streeting, using the snap poll to try and nix mandated action and ram through a sellout. This is a shameful effort to cover for their own capitulation by claiming member consent. RDC chair Dr. Jack Fletcher admits the deal “does not increase the overall number of doctors in England and does nothing to restore pay for doctors,” the main

issues in the dispute!

This is combined with a PR job for the government claiming it “has been forced to recognise the scale of the problems and to respond with measures on training numbers and prioritisation.”

The BMA leaders’ actions are a propaganda gift to Streeting, who since the last walk-out in November has ratcheted up his slandering of resident doctors, recently calling their action a “cynical attempt to wreck Christmas” and “juvenile delinquency.” NHS England chief Sir Jim Mackey meanwhile accused doctors of being “cruel and calculated.” This coordinated vilification aims to criminalise strikes and blame NHS workers for a crisis created by decades of underfunding.

A resident doctor in Wales described systemic failures on their twilight shift: “Nobody told me who was on my team, there was no handover. You are simultaneously clerking patients and ward cover. There are no triage nurses, so bloods are also your responsibility. I had to see a patient on the ward because they were acutely unwell and manage this with calling my registrar.

“I assure you, I cannot wreck Christmas any more than austerity has, can and will. Every bloody Christmas, the NHS is wrecked and we just find new scapegoats to blame it on, pretending austerity doesn’t exist.”

Their experience exposes who is really wrecking the NHS, but the RDC has refused to call out Streeting for the Labour government’s dismantling and privatisation agenda, dressed up as “reforms”: the reason the resistance of resident doctors has been targeted.

RDC silent over Streeting holding the NHS to ransom

Streeting, the bought-and-paid-for representative of the private healthcare lobby, has been allowed to grotesquely present himself as leading “NHS recovery” because the RDC refuses to identify the Starmer government’s ransom demands

for what they are. Along with the other health union leaders, they are prepared to work within the pro-market restructuring agenda.

The NHS is collapsing. Patients wait in corridors, millions languish on lists, and life-saving procedures are delayed. The 1.4 million-strong workforce faces declining pay, mounting pressure, and mass job cuts. Labour has used the waiting list crisis to launch a fresh wave of outsourcing starting in January, handing £2.5 billion to private providers for an extra million treatments a year.

Chancellor Rachel Reeves confirmed in the budget that as part of its “10 Year Health Plan” for the NHS, 250 new Neighbourhood Health Centres will be constructed by repurposing current estate and new building carried out in partnership with the private sector, waving away objections this is a revival of Private Finance Initiative schemes which saddled NHS bodies with £80 billion-plus debts as profits were leeches by contractors.

On top of this, a new drug-pricing agreement—accepted under pressure from the US—will drain another £1-3 billion from the NHS over the next three years and lead to over 15,000 deaths per year as the NHS is left with a further shortfall in its budget.

Yet doctors are smeared as “unreasonable”. Full pay restoration for resident doctors—which would cost just £1.7 billion—is denounced as “unaffordable”.

Break the pattern of isolation and sabotage by the BMA

Not only must the sellout deal be rejected, the snap poll underscores the need to transfer power to the rank-and-file away from the unaccountable BMA apparatus aiding and abetting the Starmer government.

Resident doctors demonstrated extraordinary determination last month. Thousands of newly qualified doctors joined the stoppage, demanding full pay restoration, secure training pathways, stable jobs, and an end to unsafe workloads. An overwhelming 97 percent of first-year doctors voted to strike in October over the jobs crisis.

This was a de facto indictment of the BMA bureaucracy, which allowed the Tory government to impose inferior contracts in 2016 and then worked with the Starmer government last year to push through another sell-out, claiming the 22.3 percent two-year pay deal—far short of the 35 percent needed—was part of the “journey to pay restoration”, echoing the lies of Streeting.

The latest attempt to suspend December’s strike is part of this pattern. The action is set to be the 14th round since March 2023 and the second major stoppage in two months, after the BMA shut down strikes this summer despite a 90 percent mandate—strengthening Streeting’s hand. Labour insists the

below-inflation 5.4 percent 2025–26 award is “final,” leaving junior doctors 21 percent worse off than in 2008.

While Streeting and Mackey coordinate a sweeping offensive, the union restricts action and pleads for talks. It also has kept the struggle in England separate from Scotland, Wales and Northern Ireland; no attempt has been made to unite doctors with nurses, paramedics, radiographers, porters or support staff.

Other unions—RCN, Unison, Unite and GMB—won praise from Streeting for being “constructive” because they blocked action against a 3.6 percent below-inflation deal rejected by hundreds of thousands of NHS workers in consultative ballots.

The way forward

The unions’ strategy of isolation and capitulation helps to prop up a Starmer government which is widely despised. It governs for the banks, private health corporations and the wealthy. Streeting is being groomed as a possible successor as Prime Minister precisely because of his ruthlessness against the NHS and egged on not only by the right-wing media but the *Guardian* to show his “mettle” against resident doctors.

But doctors have immense public support. Their fight is not a narrow pay issue but part of a broader political confrontation. It can become a rallying point for all NHS workers against the Starmer government as it accelerates the dismantling of the health service for the benefit of private profiteers.

Moreover, the strike can spearhead a wider working-class struggle upholding the right to take industrial action, stopping job cuts, reversing pay erosion and unsafe workloads. Such a fight requires naming the real opponent: the Labour government and the state apparatus enforcing austerity and expanding military spending at the expense of public services.

The way forward is the formation of independent rank-and-file committees in every hospital and department—organisations controlled by workers, not union bureaucrats. These must coordinate action across the NHS and link the fight for pay restoration with the fight for the NHS as a universal, publicly funded health service and against the squandering of billions on private profiteers and the war machine.

We urge doctors and health workers to contact NHS FightBack.



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