

BMA deepen collaboration with UK Labour Health Secretary after resident doctors strike against insulting pay/jobs offer

NHS FightBack
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On Monday, resident doctors in the National Health Service (NHS) in England ended their fourteenth round of strike action since March 2023 with the Labour government of Keir Starmer refusing to concede the central demands of full pay restoration and job security. Tens of thousands of British Medical Association (BMA) members took part in the five-day strike, underscoring the depth of opposition to continued real terms pay and job crisis.

Health Secretary Wes Streeting's eleventh-hour proposals to avert the strike was rejected by an 83 percent majority in an on-line ballot organised by BMA. They provided nothing of substance. Instead, they were based only on a pledge to "ensure consistent implementation" of existing contractual entitlements; funding of Royal College membership, portfolio and exam fees, a bogus "expansion" of training posts through the relabelling of existing locally employed doctor (LED) roles; and divisive emergency measures pitting UK graduates against international medical graduates (IMGs)—was overwhelmingly rejected.

That the BMA leadership even put this offer exposed its readiness to comply with Streeting's ultimatum. On the picket lines resident doctors described the offer as insulting and cynical ploy and pushed back against Streeting's attempt to scapegoat them for the Winter flu crisis, explaining the NHS confronted a crisis all year round because of cuts.

The BMA Resident Doctors Committee (RDC), led by Dr Jack Fletcher, has repeatedly signalled its willingness to "work with" Streeting to find a "credible offer." This relationship was laid bare in Streeting's recent letter to the BMA declaring, "I am keen to hit the reset button on my relationship with Jack and the RDC if we can end this dispute."

Resident doctors are balloting on a mandate to extend the strike action for six months. Streeting launched another venomous attack on resident doctors during the recent walk-out which he denounced as "self-indulgent, irresponsible and dangerous".

Despite this Fletcher claimed a change "in tone" and a "constructive" approach at the last-minute talks with Streeting which failed to avert the stoppage. After resident doctors threw out the proposals, he repeated that Starmer government was

"finally understanding the frustrations of resident doctors". In a letter to Streeting he promised to work in "a constructive spirit" to find a solution which "would take strike action off the table for years to come."

This is consistent with the BMA's record—from accepting Jeremy Hunt's 2016 inferior junior doctors' contract to agreeing in 2024 to a Labour deal that fell far short of full pay restoration after months of strikes.

Systematic isolation of resident doctors

It is time to end the isolation of resident doctors by the RDC. Only 16 official picket sites were authorised across roughly 700 hospitals in England, deliberately minimising visibility and participation. BMA guidance explicitly forbids doctors from attending other pickets, insisting that "you may only picket your own place of work." No effort has been made to unify struggles of resident doctors across the NHS in England, Wales, Scotland and Northern Ireland, nor to mount a joint fight with consultants, who remain around 26 percent behind in pay. Welsh resident doctors were instead channelled into a separate contract referendum modelled on the concessions of the 2016 sell-out in England.

The RDC has also worked to sever resident doctors' struggle from that of all NHS workers, whose pay and conditions have also been eroded over decades. Its guidance explicitly bars non-disputing staff from joining picket lines, policing solidarity: "hospital staff who are not included in the dispute should not join or form any part of an official picket line."

On IMGs, the BMA leadership has echoed the government's promotion of nationalism. Proposals to "prioritise" UK graduates over IMGs is to spread division while maintaining the scarcity of speciality places. When Streeting says "the barriers have been legal ones," he means such drastic legislation would require overruling laws that protect migrants' rights. The BMA has never considered defending these

doctors' against this.

The same divide-and-rule logic is applied to physician assistants (PAs) who were introduced by the Conservatives as a low-cost substitute for doctors amid chronic staff shortages. PAs – many experienced clinicians – were expanded without proper regulation or safe integration, as exposed by the Leng review. Today they face job insecurity while being targeted by the BMA, which has fuelled resentment rather than uniting them with doctors around shared demands for training, pay progression and safe staffing.

The issues at stake are fundamental:

- Pay erosion – Resident doctors are around 21 percent worse off in real terms than in 2008; full pay restoration requires an uplift of around 26 percent. The government's offer—limited to a 1 percent increase—is a slap in the face to doctors working rotas that routinely breach legal limits on hours and rest.

- Specialty training bottlenecks—under mounting public pressure to address the workforce crisis, the Conservative government expanded medical school places but failed to create a corresponding number of specialty training posts. The result is a severe bottleneck, with thousands of graduates competing for a shrinking pool of jobs. Applications for specialty training rose by 174 percent between 2016 and 2024, while training posts increased by just 6.4 percent. Streeting's pledge of 4000 "new" training posts simply reshuffles existing LED positions, delivering net zero jobs for the 20,000 doctors without a training post this year alone.

deepens the crisis, speeds up privatisation while imposing annual 2 percent "productivity" targets. This is an agenda of dismantling the NHS: fewer staff, higher workloads, and worsening standards of care.

The NHS is under-doctored, with 3.2–3.3 doctors per 1,000 people compared to an EU average of 3.9–4.0. Yet by next year, some 50,000 fully qualified doctors will be ready to work with no jobs available. Tens of thousands are blocked from progression and pushed into insecure locum work, emigration, or the private sector, while the NHS lacks the doctors, consultants and GPs required to reduce the 7.4 million-strong waiting list.

Expanding training alone will not resolve this; the bottleneck merely shifts upstream. The *Lancet* warns that up to 11,000 consultant posts could be unfilled by 2048—a reality the BMA refuses to confront.

This is not mismanagement but strategy: to intensify competition, drive down conditions, and extract more labour from fewer staff. Less-qualified workers will be pushed beyond their competencies undermining patient safety.

The Starmer government is outsourcing £2.5 billion to private providers and reviving Private Finance Initiative (PFI) and Public–Private Partnership (PPP) schemes that funnel public funds into private profit. The National Audit Office estimates that nearly £200 billion in PFI and PF2 liabilities remain, extending into the 2040s.

Doctors routinely work to the Working Time Directive limit, often performing unpaid overtime, with some registrars enduring 72-hour stretches. Corridor care is routine, with more than 1,700 patients a day waiting over 12 hours in emergency departments. Structural attacks are accelerating: With the announced abolition of NHS England with 12,000 jobs cut, and a further 18,000 eliminated across Integrated Care Boards, with over 100,000 cuts anticipated – met with silence from the health unions.

The Starmer–Streeting government, backed by the union apparatus, is enforcing an agenda on behalf of the oligarchy: austerity, market expansion and hikes in military spending. Starmer's denunciation of resident doctors strikes as "reckless" is to lay the groundwork for authoritarian measures against all industrial action to be used against every worker.

The way forward

The BMA leadership is clinging to its failed strategy of collaboration with Streeting.

The lesson is clear: the BMA defends its bureaucratic ties to the state, not the interests of doctors, healthcare workers or patients. The crisis can be resolved only through the independent organisation of the rank and file:

- Build democratically elected rank-and-file committees in every hospital
- Unite resident doctors with consultants, nurses, allied professionals and support staff
- Oppose anti-migrant and divisive legislation
- Link nationally and internationally through NHS FightBack and the International Workers Alliance of Rank-and-File Committees

Only a new industrial and political strategy against the Starmer government to mobilise the working class can take the struggle forward—uniting the fight for pay and jobs with the defence of the NHS as a universal public service against the government's pro-market offensive.

If you are ready to organise, form a rank-and-file committee in your workplace and contact NHS FightBack. The future of the NHS depends on building democratic working-class power now.



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Socialist Equality Party visit:

wsws.org/contact