

# For a unified struggle of resident doctors and NHS workers against Starmer's austerity and privatisation

**NHS FightBack**  
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Resident doctors in England are currently being balloted by the British Medical Association (BMA) for a renewed strike mandate in their fight against the Starmer government over pay restoration and a deepening unemployment crisis in the National Health Service (NHS). The vote closes on February 2.

A resounding Yes vote is essential. But experience has demonstrated that this struggle cannot be entrusted to the BMA Resident Doctors Committee (RDC). If resident doctors are to win, the fight must be taken out of the hands of the BMA officials and placed under the democratic control of the rank-and-file, linked to a broader mobilisation of the working class against austerity, privatisation, and war.

The Starmer government is driving the NHS toward collapse: enforcing real terms pay cuts, expanding outsourcing, reviving failed Private Finance Initiative (PFI) schemes, and diverting state spending towards the military build-up. The defence of the NHS is inseparable from a political struggle against these priorities. That struggle requires organisation, clarity, and leadership from below.

In December, resident doctors completed their fourteenth round of strike action since March 2023. This was after voting by 83 percent to reject a last-minute “offer” put to them by BMA leaders in an online ballot, over a deal doctors slammed as insulting.

The proposals were delivered as an ultimatum by Labour's Health Secretary Wes Streeting. There was no change on the 5.4 percent award imposed for 2025, leaving pay erosion in real terms compared to 2008 at 21 percent. His response to the jobs crisis which saw 20,000 doctors locked out of speciality training last year was to expand the number of posts to 4,000. Even this was spread over three years and based on repurposed jobs rather than new positions.

RDC chair Dr. Jack Fletcher's reaction exposed the purpose of the ballot for the BMA bureaucracy: to stage a climbdown and offload responsibility onto the rank and file. He claimed that the government was “finally understanding

the frustrations of resident doctors,” and pledged to Streeting in a letter to work in a “constructive spirit” to find a settlement that would “take strike action off the table for years to come.”

New talks began this week, but no one will be taken in by the health secretary's claim to be starting 2026 “with a clean slate” after his branding resident doctors “moaning minnies” responsible for “juvenile delinquency” and “holding the country to ransom.”

The risk posed to resident doctors is the continued isolation and containment of their struggle; conditions exist for this to be overcome but they must be acted upon. Anger is widespread across the NHS, and opposition to austerity and attacks on democratic rights by the Starmer government is growing. But these opportunities can only be seized by breaking decisively with the BMA's divisive strategy.

The BMA has blocked unified action across the NHS by resident doctors, promoting multi-year deals in Scotland, Wales, and Northern Ireland that have led the fight for pay restoration down a dead end.

In Scotland, around 5,000 resident doctors are set to mount a four-day national strike from January 13, after returning a 92 percent mandate on a 58 percent turnout in December. The BMA called off a three-day strike set for July 2023 claiming that a two-year deal of 17.5 percent between 2022-24 marked a commitment to “credible progress” on pay restoration when pay erosion stood at 28.5 percent. With an 11 percent uplift in 2025 pay erosion currently stands at 17 percent in real terms compared to 2008, and the Scottish National Party government has declared that only 4.25 percent for this year and 3.75 for 2026-7 is affordable.

In Wales, a new contract with the Labour-led Welsh Assembly was hailed in December by BMA leaders as a “landmark” agreement when it delivered only a 5.4 percent increase this year and left pay erosion standing at 16.1 percent in real terms. The BMA has stated, “We believe this is the limit of what we can achieve without entering a trade

dispute and undertaking industrial action.” The contract makes no mention of specialty training bottlenecks, leaving thousands of newly qualified doctors facing unemployment.

In Northern Ireland, a similar pattern prevails, the BMA welcomed a 5.4 percent uplift for 2025–26 even after acknowledging that resident doctors face 20.8 percent pay erosion compared to 2008.

Across all constituent parts of the UK, the message is the same: austerity is being extended, not ended. Cost-cutting is rebranded as “efficiency savings” but serves the same ends: thousands of jobs losses and increased workloads.

Industrial models of productivity are being transferred to hospital settings, reducing the complex tasks of caring for patients to assembly-line type work and bringing the inevitable decline in the standard of treatment. Staff are at breaking point: the 2024 NHS staff survey reported that 42 percent of medical and dental staff experience work-related stress and 30 percent felt burnt out because of their work.

The BMA leadership has refused to challenge head-on the Starmer government’s narrative of “unaffordability” on pay restoration. Instead, it presents minor advances as proof that resident doctors are being “valued”. The reality is that claims there is no money are part of a strategy to block career progression, deepen the training bottleneck and effectively deskill the workforce, forcing fewer staff to do more for less pay.

There is no shortage of money when it comes to funnelling billions into outsourcing contracts, the revival of PFI under long-term infrastructure plans, and military spending. The estimated £1.7 billion required to establish pay restoration for resident doctors in England denounced as “unreasonable” by the Starmer government is a drop in the ocean compared to the projected £800 billion by 2040 needed to meet Labour’s NATO target of 5 percent of GDP.

The defence of the NHS is incompatible with this agenda. Resident doctors, nurses, and all NHS staff enjoy the respect of millions and can mobilise mass working-class opposition to austerity and war against the culprits responsible for driving the public health service to ruin.

But doing so requires the formation of rank-and-file committees, independent of the union bureaucracy, to take democratic control of the struggle. Such committees must be based on unity across grades, professions, and regions, countering the divisions imposed from above by the leaders of all the health unions. This is the perspective advanced by NHS Fightback.

Recent experience with staff on Agenda for Change demonstrates the stakes. In England, an award of just 3.6 percent was imposed last year on nurses, healthcare assistants, and support workers, despite mass rejection in consultative ballots organised by Unite, Unison, GMB, and

the Royal College of Nursing. Streeter denounces resident doctors, but he has praised other health unions for their “responsible” role because they helped enforce the substandard pay award by restricting voting to a non-binding ballot preventing strike action.

This playbook of the bureaucracy and its “constructive engagement” with the Starmer government must be thrown out by organised opposition from below to end the downward spiral. NHS workers are lined up for an even lower pay settlement this year of just 2.6 percent, even as an estimated 170,000 NHS staff in England are scraping the National Minimum Wage. This is not a temporary aberration but the outcome of years of collaboration between governments and union leaders.

The dismantling of the NHS can only be stopped through a conscious political struggle in its defence. That means demanding the redirection of vast resources away from private profiteers and the war machine and into a fully funded, publicly run health service.

The struggle of resident doctors is part of an international fight by healthcare workers opposing intolerable conditions, striking in countries from France, Germany, and the US to New Zealand, Australia and Sri Lanka. A global assault by governments and corporations can only be met with a unified, international counteroffensive in the working class.

NHS FightBack, as part of the International Workers Alliance of Rank-and File Committees, is fighting to build a new leadership among health workers in the UK. We urge all NHS workers, doctors, nurses and staff in every grade to contact us and join the fight for a public health service based on socialist foundations.



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