

Reject BMA Scotland's sellout deal: For a united fight by resident doctors and NHS workers

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Resident doctors in Scotland should vote "No" to the divisive package cobbled together between the Scottish National Party (SNP) government and leaders of the British Medical Association Scotland, after they vetoed a four-day strike due to start January 13.

The cancelled action, which would have been the first doctors' strike in Scotland this century, had overwhelming backing from resident doctors—a 92 percent strike mandate.

Had it gone forward, it would have strengthened the long-running dispute between resident doctors in England and the Keir Starmer's Labour government in Westminster. It would have opened a new front in the struggle for pay restoration as an integral part of defending a well-funded, fully staffed National Health Service (NHS) and social care system.

More is needed than a "No" vote, however. To take forward any struggle, resident doctors, around 7,000 of whom work in Scotland, are posed with taking control of their own dispute.

The decision to cancel the strike last Friday breaches the basic principle that members have the right to vote on any agreement before mandated action is called off. The BMA had not even confirmed a date for the ballot at the time of this writing; its January 9 press release stated that a consultative vote "will open in the coming weeks."

Dr. Chris Smith, Chair of the Scottish Resident Doctors Committee (SRDC), claimed the package "faithfully delivers on the deal we made with the Scottish Government nearly three years ago" and "continues the progress made to reverse the pay erosion resident doctors have suffered since 2008".

The SRDC is recommending a deal worked out behind closed doors with SNP Health Secretary Neil Grey and using the delay in the vote to sow confusion and division

among resident doctors.

This is a reprise of the role BMA leaders played in 2023 when pay erosion stood at 28.2 percent compared to 2008. Then, a three-day strike was vetoed in the Summer based on a two-year deal which left resident doctors short by 17 percent coming into the present dispute.

Now they insist that resident doctors accept a deal which still leaves them 11.6 percent worse off in 2025-26 and 6.2 percent in 2026-27, as part of a "credible road map".

The SNP government press release made clear that the SRDC is recommending the original derisory pay offer—rejected by resident doctors—of just 4.25 percent for 2025-6 and 3.75 percent for 2026-7, "alongside a separate package of contractual reform."

The "contractual reform" is a recipe for divide and rule. It impacts resident doctors differently depending on their pay points but is presented as averaging out at 9.9 percent in 2025-26 and 9.4 percent in 2026-27—in reality varying between 8-12 percent each year depending on pay point.

These increases are only arrived at by bumping doctors up the existing pay scales earlier than would otherwise happen.

Resident doctors in Scotland are essentially being offered, through contract manipulation, a limited recovery of losses since 2008. But this comes at the expense of a much-needed unified struggle alongside their colleagues across the UK for full pay restoration and the defence of the NHS against cuts and privatisation.

BMA leaders have undermined this struggle by pursuing separate campaigns in the constituent parts of the UK, divorced from opposition to Labour's wider wrecking operation in the health service, and isolated from struggles by other NHS workers.

The other health union leaders share full responsibility

for this. The SNP government has been able to point to the fact that its substandard two-year deal of 8 percent for other NHS workers was accepted across the board because the real-terms pay cut encountered no resistance from union officialdom.

Unite claimed it was the “best negotiable deal” while Unison, the largest union in the Scottish NHS, with 60,000 members, declared health workers were “reaping the reward of better pay processes.” Both unions used the argument that Scottish NHS workers had received better settlements than in England and elsewhere in the UK, exposing their entirely divisive role.

This is also the line of the BMA, with Dr. Smith claiming the deal is a step towards “achieving our shared ambition with the Scottish Government, of making Scotland the best place in the UK for doctors to train and work.”

The union bureaucracy has presented the SNP government as a more progressive alternative to Westminster, first under the Tories and now the Labour government. In fact, it shares the agenda of pro-market restructuring of the NHS and every public service. The difference is the SNP’s greater willingness to involve the union bureaucracy as partners in preventing industrial action—as strikes took place across every other part of the NHS in the UK between 2022-4.

BMA Scotland itself published the results of a survey in 2025 that showed 29 percent of people had used private health care in the past two years, revealing “a divide in Scotland between those who can afford private healthcare and those languishing on NHS waiting lists.”

Recent figures from Public Health Scotland report that 70,000 people have been waiting for treatment for over 12 months. Only 43 percent of those currently on the waiting list will be seen within the government’s target time of 12 weeks. 5,262 people have been waiting for outpatient treatment for over two years.

Figures from Public Health Scotland in 2024 underscore how cutting waiting lists is being used to justify increased outsourcing to the private sector, with the number of Scottish patients treated in non-NHS facilities reaching a five-year high in 2023–24. More than 7,200 inpatients and day patients and 3,700 outpatients were sent to private hospitals and other non-NHS providers, with sharp year-on-year increases.

The SRDC has made great play of the fact that its deal with the SNP government involves an “additional investment” of £149 million. But a report released in December by the Association for Public Service

Excellence showed that outsourcing is bleeding between £2 billion and £3 billion a year from Scotland’s public services—funnelling public money into the profits of corporate shareholders and private equity firms.

With over £16 billion annually spent on external suppliers, a significant portion is extracted as profit. The care sector is highlighted as a stark example: 79 percent of care home places are now privately run and more than 20 percent of income is “leaking” to corporate owners.

Rejecting the deal cooked up between the SRDC and the SNP government is the first step toward resident doctors in Scotland going on the offensive against the private interests and government underfunding pulling apart the health service. And it will strengthen the resolve of resident doctors in England as they re-ballot for strike action against attempts by the BMA to push through a sellout deal with the Starmer government.

Both struggles can be the signal a fightback against the substandard deals in Wales and Northern Ireland.

Mounting such a unified struggle, which the BMA leadership opposes, will require new centres of democratic organisation among resident doctors: rank-and-file committees. These committees can draw strength from the ongoing fight of tens of thousands of nurses in New York and strikes by doctors in France and Spain (where a national strike involving up to 175,000 is taking place this week), confronting the same issues. They can turn the resident doctors’ struggle into the spearhead of a movement to secure the billions necessary for a modern health and social care service.

This is the perspective advanced by NHS FightBack. We urge all resident doctors and NHS staff seeking to oppose the rout being led by the union bureaucracy to make contact.



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