

# BMA obstructs resident doctors fight against Starmer government: Rank and file must take charge

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Resident doctors in England must take direct control of their struggle for pay restoration and to address the unemployment crisis gripping the National Health Service (NHS). This means opposing the leadership of the British Medical Association (BMA), which has vetoed their renewed strike mandate and is conducting closed-door talks with Labour government Health Secretary Wes Streeting.

The BMA leadership was handed a ballot mandate to extend strike action to August 2026 returning a 93 percent majority on a turn-out of 53 percent on February 2. This was in defiance of the vile campaign conducted by Streeting, acting as the attack dog for the Starmer government who denounced resident doctors—half of all medical staff in hospitals—as “holding the country to ransom.” Their fourteenth round of strike action since March 2023 in mid-December went ahead after an ultimatum by Streeting to end their dispute based on a last-minute deal was rejected.

The 83 percent rejection of Streeting’s offer in the online poll exposed the fact that the BMA Resident Doctors Committee (RDC) acted at the behest of the health secretary, not members. The last-minute offer contained no change on the 5.4 percent imposed in 2025—leaving pay erosion at 21 percent in real terms compared to 2008—and offered an insulting “expansion” of 4,000 speciality posts when 20,000 resident doctors had been locked out last year.

The RDC and its chair Dr. Jack Fletcher wanted a seal of members approval for their own acceptance of the surrender terms. This failed, and the bureaucratic suppression of the strike mandate by the BMA leaders takes this attempted sabotage to a new level.

Streeting’s attack on resident doctors met all the criteria of the anti-strike laws introduced by the Conservatives and maintained under the Starmer government: exposing the fact that it was aimed at essentially justifying a wider clampdown. BMA leaders are now trying to deliver the same aims by different means.

Fletcher, who has claimed Streeting is listening to resident

doctors stated immediately on the renewed strike mandate, “None of this means more strikes”. RDC deputy chair Dr. Arjan Singh Nagra told BBC’s Radio’s *Today* “There is no intention to go on strike... It is a negotiating tool, but we’ve got no intention of actually using it. I would say our relationship with government over the last few months has become increasingly positive.”

The *Guardian*, a staunch backer of Streeting, is trying to give traction to his fraud of a “fresh start.” But its own February 4 article citing those close to negotiations confirms that Streeting has conceded nothing.

There is no change on the imposed 5.4 percent last year—only a possible increase of 5 percent for 2026, by doubling the meagre 2.5 percent proposed for all NHS staff. It lauds Streeting’s potential fines for NHS Trusts failing to provide rest areas and hot food during overnight shifts. But this denial of basic provision is the product of decades of underfunding. Punitive fines against individual Trusts is not an answer to the fragmented system created to force hospitals to be “financially viable” through marketisation and providing more leeway to undermine the working conditions of NHS workers.

The BMA has “cautiously welcomed” the government’s *Medical Training (Prioritisation) Bill*, introduced in Parliament by Streeting earlier this month as “emergency legislation” to fix the jobs crisis. It is worse than a sticking plaster. It prioritises UK trained resident doctors, setting them against international medical graduates (IMGs), to justify the rationing of speciality training.

This is to promote Streeting’s 10 Year Plan for the NHS in England, which stipulates only 1,000 additional specialty training posts against the shortfall of tens of thousands last year and 60,000 applicants for just 12,743 posts in 2024 alone. The best BMA leaders can muster in response is a complaint that it does not go far enough.

Rather than demanding the large-scale expansion of training posts required and challenging the claim that this is

“unaffordable,” the BMA has accepted the framework of rationing as a partial solution. Voicing concern about the impact on some IMGs and proposing that those with significant experience be included in prioritisation, the BMA’s caveats serve only legitimises the central premise of the Bill instead of uniting doctors around the demand for a fully funded expansion to meet patient need.

The only solution to an obstructive union leadership and the Starmer government determined to entrench pay erosion, shrink the NHS workforce and demand more productivity is to assert rank-and-file control and to launch a broader fight for the NHS.

Doctors and NHS staff cannot allow their struggle to be confined within the limits set by the BMA leadership and other health service unions to defend their partnership with the Starmer government.

Streeting and Starmer are at war with NHS workers: tens of thousands of job cuts across Integrated Care Boards and NHS England—with the aim of slashing 100,000 jobs nationwide—alongside a mandated 2 percent “productivity” increase at the expense of staff conditions and patient services.

*Health Service Journal* editor Alastair McLellan reported that executives at a London acute trust “resolved to dismiss their entire resident doctor workforce, hire back a third of them and reconfigure pathways to give consultants and non-medical clinicians a greater role” This was not followed through, but he added: “the view... is not a fringe one. It is held at the highest levels of the service, where management see any settlement of the resident doctors dispute through higher pay, greater training numbers, and, to some degree, much-needed improvements to their working lives” as a “big mistake.”

Rank-and-file committees must be built in every hospital and department, democratic structures controlled by health workers themselves, uniting resident doctors with nurses, allied health professionals and support staff across the 1.4-million-strong NHS workforce. Their purpose must extend beyond isolated pay disputes to a common struggle to defend jobs, conditions and the survival of the NHS as a universal, publicly funded service.

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A resident doctor and supporter of NHS FightBack made this appeal:

“My colleagues and I have decisively re-manded strike action because our working lives are collapsing: dangerous workloads, real-terms pay cuts, and tens of thousands of doctors with no specialty training post to move into. There is a permanent atmosphere of anger on the wards—at unsafe staffing levels, falling standards of care, and at a union leadership that is colluding with the government to end the

dispute.

“I completely reject the government’s fast-track legislation to prioritise ‘home-grown’ graduates over International Medical Graduates. This racist, divisive tactic scapegoats migrants to distract from a government cutting hundreds of millions, demanding higher productivity and accelerating NHS privatisation.

“I know a colleague who left his family in India to build a life here, but now faces the humiliating prospect of emigrating again because UK jobs are being rationed. Dr Singh, deputy chair of the Resident Doctors’ Committee, not only praised the government’s ‘excellent bill’ but spearheaded further attacks on migrants by insisting it was ‘the bare minimum.’

Far from defending all doctors, the union bureaucracy works hand in glove with the government’s right-wing, anti-migrant agenda.

“The leadership of the BMA are also blocking industrial action, despite repeated, overwhelming strike mandates. Dr Singh even admitted they have ‘no intention of actually using it [current strike mandate],’ boasting of a warming relationship with government and urging settlements ‘without strike action’.

The union apparatus is our biggest obstacle. The only way forward is to take the struggle out of the hands of the bureaucracy, build democratically elected rank-and-file committees in every hospital, coordinate with other healthcare staff, and link our fight with colleagues internationally—from US nurses on strike to healthcare workers in Sri Lanka, Germany and Australia.

We are fighting for the future of the NHS. This is incompatible with Streeting’s privatisation and cuts. Billions are being squandered on a private sector making further inroads into patient care and diverted for war—that is really what is ‘unaffordable’. Resident doctors must turn our mandate into a unified, international fight for safe staffing and full pay restoration.”

**Doctors, contact NHS FightBack today to discuss the way forward**



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