

BMA settlement for resident doctors in Scotland: pay restoration deferred and a joint struggle to defend NHS blocked

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17 February 2026

The announcement by the British Medical Association (BMA) Scotland that resident doctors have voted to accept its revised pay deal with the Scottish National Party (SNP) government has been hailed as a vindication of its strategy on pay restoration.

The result of the online ballot between January 26 and February 10 recorded a 97 percent majority in favour on a 62 percent turnout of around 5,000 resident doctors in the National Health Service (NHS). For the Scottish Resident Doctors Committee (SRDC), chaired by Dr. Chris Smith, the result is being presented as “a vote of confidence.”

This should be the cause for a frank assessment by resident doctors over the claim their position has been strengthened.

Four years after the BMA launched its pay restoration campaign, resident doctors in Scotland will still be 6.2 percent worse off in real terms than in 2008 by the end of the two-year contract in 2027. A demand for full restoration has been reduced to an open-ended aspiration—a “credible roadmap” towards parity at some unspecified future date.

Strike action has been cancelled twice to cement the BMA’s partnership with the SNP government: first in summer 2023 and again last month. Each time, the SRDC intervened to prevent the development of an independent struggle and confine the dispute within parameters acceptable to the government.

The pay restoration demand reflected mounting anger over more than a decade of pay erosion as the demands of the job increased and in response to criminal neglect of public health in the COVID-19 pandemic which prioritised corporate profits. Since 2008, inflation and below-inflation settlements have slashed real earnings, exacerbating staffing shortages and burnout. In Scotland, as elsewhere, the demand for full restoration resonated widely and was framed as essential to retaining doctors in the NHS.

From the outset, however, the BMA’s strategy was limited to containment based on lobbying devolved and Westminster governments to accept a phased programme of increases.

In practice, the core demand for restoration has been sacrificed to maintain cosy relations with the Holyrood

government. Most critically, what has been presented as a narrow pay dispute—supposedly to be resolved through trade union pressure—has been separated from the central task facing health workers: mobilising against the existential threat to the future of the NHS itself, posed by cuts, outsourcing and the ongoing erosion of pay across the entire workforce.

The BMA’s divide and rule agenda

Smith states that the pay settlement shows the shared commitment between the BMA and SNP to ensuring Scotland is the “best place in the UK to train and work”.

This insular and nationalist outlook speaks is bankrupt. The situation is indeed worse elsewhere, with pay erosion at 16 percent in Wales, 20.8 percent Northern Ireland and 21 percent in England. But the answer is not to champion a competitive advantage in a race to the bottom. The NHS is a UK-wide service employing 1.4 million whose survival depends on a unified struggle against pay erosion, understaffing and privatisation.

Resident doctors everywhere have seen their demand for pay restoration thwarted because the BMA opposed any UK-wide action isolating strikes and in the case of Scotland ensuring there were none.

The revised deal emerged from closed-door talks between the SRDC and SNP Health Minister Neil Grey and was announced only days before a four-day strike due was due to start on January 13. BMA members were denied even the right to assess whether it met their demands.

This is now a set pattern. In summer 2023, the SRDC invoked a “credible roadmap” to justify cancelling planned strike action in favour of a two-year deal that left pay erosion at 17 percent entering the current dispute.

Last December, resident doctors delivered a 92 percent mandate for strike action against an 8 percent two-year deal which all the leaders of the other health unions pushed through.

Rather than broaden the struggle to include nurses, paramedics and support staff faced with the same derisory offer, the SRDC instead embraced the SNP government imposing this attack. Smith declared on January 26 in a blog post, “Instead of being out on picket lines and protesting in front of parliament, we have been working to ensure you, our members, are informed and empowered to give the final verdict on the offer the Scottish Government ultimately put forward.”

Repackaging of the rejected deal

The revised deal was the Trojan horse for repackaging the 8 percent two years deal already rejected by resident doctors. It required attaching what the SRDC called “a separate package of contractual reform.” By moving doctors up their pay point a year earlier, headline increases of 9.9 percent in 2025–26 and 9.4 percent in 2026–27 were generated by the SRDC.

These figures were presented as evidence of an “additional £149 million investment” by the Scottish government. Citing the supposed largesse of the SNP government obscures its role in outsourcing and back door privatisation within Scotland’s NHS, and far more broadly in the £2–3 billion annually bled out from public services into corporate profits.

Incremental pay increases delivered through contractual reform will be followed up by demands for increased workloads, flexibility and other concessions. When resident doctors sought to raise the acute shortage of training posts and growing unemployment among qualified doctors, the SRDC leadership brushed the issue aside.

In a widely circulated video in December, Smith was compelled to deflect calls to link pay demands with tackling the shortage of jobs. In the SRDC press release announcing the deal, he devoted a single line to an “exploding” crisis of unemployment among doctors, promising further updates in a future blog post. Last June, a BMA Scotland survey found that seven in 10 resident doctors reported concerns about unemployment with 27 percent unsuccessful in applying for speciality training.

An unprecedented phenomenon in the history of the NHS—a burgeoning crisis of qualified doctors unable to secure posts—is relegated to a secondary issue. This alone cuts through the hype that the pay deal has secured the future of Scottish resident doctors.

Parallels in England

The conduct of the SRDC mirrors that of the leaders of the

Resident Doctors Committee in England. Since January they have been ensconced in prolonged closed-door talks with Labour Health Secretary Wes Streeting, having vetoed the mandate for renewed strike action against the Starmer government which has branded resident doctors a public enemy. They are cosyng up to Streeting and indicating the acceptance of minor add-ons regarding pay and training places to engineer a sellout.

In both cases, the BMA leadership are the chief obstacle to waging a collective struggle by acting on behalf of governments hostile to resident doctors core demands and imposing NHS undermining fiscal restraints.

Building a movement from below

The central task facing resident doctors is to overcome the division of their struggle across the UK and to break from the BMA’s collaboration with the SNP in Holyrood and Labour in Westminster. A serious fight—over pay, jobs and the survival of the NHS requires a movement from below, democratically organised by health workers themselves.

NHS FightBack calls for the establishment of rank-and-file committees in every hospital and department—democratically controlled by resident doctors, nurses, allied health professionals and support staff across the NHS workforce. Such committees would coordinate action across regions and professions, link pay demands with the defence of staffing levels and patient safety, and challenge the diversion of public funds into privatisation and militarisation.

The struggle developing among health workers forms part of a broader international movement. Across Europe, America and beyond hundreds of thousands of doctors, nurses and health workers are on the front line of opposing similar attacks on pay and conditions as governments impose austerity, subordinate health care to profit while escalating military spending. We encourage resident doctors and all NHS workers in Scotland who want to take their place in this global struggle to contact NHS FightBack.



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