

# Resident doctors to strike, Starmer threatens—Time for a unified fightback to defend the NHS!

NHS FightBack  
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The UK's 50,000 resident doctors will strike again for six days from April 7, their 15th walkout since March 2023.

The strike was called by the Residential Doctors Committee (RDC) of the British Medical Association (BMA) after it emerged doctors would be awarded a measly 3.5 percent pay increase this year. Inflation is already 3.6 percent by the RPI measure and will rise sharply with the effects of the war on Iran.

This is not only an insult to resident doctors. It is an indictment of the course of action pursued by the RDC.

The RDC entered closed-door talks with the Labour government in January, having accepted Health Secretary Wes Streeting's terms for doing so. These were: abandoning any addition to the 5.4 percent pay uplift last year, which left pay 21 percent behind real terms 2008 levels, and discussing a paltry offer of 4,000 additional specialty training places—which were repurposed jobs not new ones.

Some 50,000 resident doctors are estimated to be out of a job this year.

The RDC's talks went against the expressed will of BMA members, who had voted 83 percent against these terms when Streeting posed them as an ultimatum last December. Resident doctors then renewed their mandate for strike action in February with a 93 percent majority.

## Where we are now

The union was in the process of finalising a deal with

Labour which would have accepted the 3.5 percent award and “up to” 4,500 additional specialty training places.

The offer claims pay rises of between 3.5 to 7.1 percent this year, including the 3.5 percent annual award, and of a minimum of 3.5 to 9.8 percent after three years—plus whatever annual increases are awarded. But this is achieved by creating additional pay progression points “linked to competencies and productivity gains.”

RDC Chair Dr. Jack Fletcher complained that the government had “moved the goalposts” in the last two weeks by insisting even this meagre offer be spread over three years, rather than by 2026/7 as it originally suggested.

In other words, talks have broken down not because of intransigence on the RDC's part but because the Labour government seized on its demobilisation of strike action to go on the offensive. This has deprived the union leaders of any chance of presenting the outcome as anything other than a sellout, forcing them to call strike action.

Given confidence by the RDC, Labour has revived its witch-hunt from last year, which declared the country was being “held to ransom” by resident doctors.

Streeting declared in Parliament that the BMA had a week to consider the “generous” offer or it would be withdrawn entirely. Prime Minister Keir Starmer used the pages of the right-wing *Times* this Tuesday to denounce the planned strike as “reckless” and warn the BMA that it had 48 hours to call it off and put the deal to its members, otherwise it would be withdrawn.

The only response Fletcher could muster to Labour's intimidation was to describe it as “not a realistic or

credible way of ending this dispute”. Still extending a hand to the government, he added that matters would nonetheless “end in the negotiating room.” This is good as raising the white flag, based on the miserable terms already outlined by the RDC.

The government is so bullish because it sees defeating the resident doctors as central to its wider war on the National Health Service (NHS), now facing an existential crisis. The real ransom demands are not made by resident doctors, but by Starmer’s Labour Party. They cry “unaffordable” to justify deepened cuts, outsourcing and privatisation—all mis-sold as “reforms.”

This includes: a cull of up to 100,000 jobs across Integrated Care Boards and hospitals; £2.5 billion worth of patient care outsourced to private providers; and the transfer of hospital treatment to community settings through the building of between 250–300 new Neighbourhood Health Centres, based on a revival of the Private Finance Initiative—a model that historically leeches billions to big business and left hospitals with an £80 billion debt.

Working with the Unison, Unite, GMB and the Royal College of Nursing trade union bureaucracies, who Streeting has praised for their “constructive” approach, the health secretary has driven year-on-year pay erosion to make NHS staff work more for less and lift productivity by 2 percent a year, as part of the 10-Year Plan to deliver annual cuts of £17 billion.

An NHS already on its knees cannot withstand the economic shock therapy of the Starmer government. The resident doctors’ strike must become a rallying point for a broader fightback, mobilising all their health service colleagues.

## The rank-and-file alternative

Such a struggle can only come from below—from resident doctors themselves—who have been obstructed by the RDC from waging a full fight for pay restoration and leading a broader counteroffensive of NHS workers against the government’s drive to dismantle the NHS.

The conduct of the dispute must be placed under the democratic control of the rank-and-file, ending all

closed-door negotiations with the Labour government, and building support for full pay restoration, continuous cost-of-living increases and full employment.

Resident doctors’ natural allies lie in the ranks of the 1.4 million-strong NHS workforce, with their own list of grievances against both the government and their own union officials. Rank-and-file committees throughout the health service can link up the fight across grades and departments as one unified force.

By mounting such a struggle, NHS workers would push back against the Starmer government’s assault on the working class at home and support for wars abroad, including the illegal US-led attack on Iran.

Labour’s threats against the resident doctors are ultimately aimed against all opposition to its agenda. It refuses to restore their pay at a cost of just £1.7 billion because it is scraping for every penny to fuel a planned increase in military spending to 2.5 percent of GDP by 2027, another £17.4 billion a year, and 5 percent of GDP after that.

Resident doctors and all NHS staff, widely respected in the working class, can give a lead to a movement demanding that the billions squandered on the private profiteers and the war machine be invested in public services savaged by years of austerity: including a fully funded public health service.

This must be done in opposition to all sections of the trade union bureaucracy, including the RDC, which seeks various partnerships with the Starmer government. A new leadership must be built among NHS workers. We appeal to those who agree to contact NHS FightBack today.



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