

Resident doctor appeals for a unified fightback against Starmer government threats

“We are striking in defence of patients, staff and the NHS itself”

Our correspondent

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NHS FightBack spoke with a resident doctor in London, Sophie, about the upcoming six-day strike which begins on April 7, across the National Health Service (NHS) in England by 50,000 members of the British Medical Association (BMA).

This marks the fifteenth strike since March 2023 in the battle for pay restoration, with wages in real terms 20 percent lower than in 2008. Last year’s action also raised demands to tackle the jobs crisis facing tens of thousands of resident doctors, who make up half of all NHS medical staff.

The strike opposes a 3.5 percent pay award for this year confirmed by the Labour government—below RPI inflation standing at 3.6 percent and expected to rise sharply due to the war on Iran.

Doctors have also faced down threats from Prime Minister Keir Starmer demanding they suspend the action and vote on the connected deal drawn up in closed door talks between the BMA resident doctors committee (RDC), led by Dr. Jack Fletcher, and Health Secretary Wes Streeting.

Streeting’s “generous offer”—in addition to real terms pay cut—is a new contract tying progression through the pay scales with “productivity gains” claiming an average increase this year of 4.9 percent. An additional 4,500 speciality posts over three years has been touted as “progress” when 50,000 resident doctors face unemployment this year.

On Thursday, Starmer confirmed that 1,000 additional speciality posts had been withdrawn for this year following the ending of his 48-hour ultimatum to suspend the action and vote on the deal.

As NHS FightBack stated, the RDC had no mandate for a deal which abandons resident doctors core demands. Fletcher withdrew from talks last Wednesday after the government confirmed that the time span for pay progression would be spread over three years rather than implemented in 2026/27.

Fletcher insists there is still a pathway to a settlement with a government using coercion and threats and mounting a media witch-hunt smearing resident doctors are “reckless” and “absurd”.

NHS FightBack asked resident doctor Sophie to respond.

Why are you striking?

Sophie: I will be striking next week as part of our long running struggle for improved pay, training jobs, and working conditions. Despite the government and media witch hunt against doctors, we overwhelmingly rejected Wes Streeting’s ultimatum last December and re?mandated strike action by 93 percent, reflecting the depth of anger over the danger to our careers.

Above all, I’m striking in defence of patients, staff and the NHS itself, which has been brought to its knees after decades of cuts and privatisation by Labour and Tory governments.

The Starmer government’s NHS 10-Year Plan proposes cuts of £17 billion a year. The very existence of the NHS is under threat. This cannot be solved by leaving BMA leaders to negotiate “reforms” behind closed doors. Only the independent struggle of the rank-and-file can defeat a government that places profit above public health.

What are the main issues in dispute?

Sophie: I’ll break it down.

Pay: After five years’ intensive medical training, racking up thousands of pounds in student loans, a first-year doctor (F1) only earns around £17.56 an hour. This is 21 percent lower than the equivalent in 2008—£22.67 an hour. The government’s offer of a 3.5 percent “pay rise” is a slap in the face.

Training bottleneck: Streeting’s claim to provide up to 4500 additional training jobs over the next three years is negligible given the scale of the unemployment crisis. 20,000 doctors were already left out of jobs last year, and thousands more will be this year. The additional posts are not new jobs but repurposed from existing roles.

Streeting’s recent Medical Training (Prioritisation) Act also explicitly demotes International Medical Graduates (IMGs) from being eligible for a training job. This is a deliberate policy of division scapegoating migrant doctors instead of solving the staffing shortfall.

This rationing of jobs is imposed when doctors are desperately needed—hospitals operate beyond capacity, waiting lists stretch for years, and corridor care is the norm.

Working conditions and patient safety: What we experience on shift is a collapsing system. Understaffing is routine across doctors, nurses, health care assistants and allied professions. In 2024, NHS staff did unpaid overtime equivalent to roughly 49,000 full-time posts! It is no wonder that 30 percent of staff report that they are “often” or “always” burnt out.

Most resident doctors are contracted to work the legal maximum—averaging 48 hours a week. We must sometimes work up to 72 hours in a single week.

As a newly qualified doctor, I have been forced to manage critically ill patients with little to no senior support. There is almost no time for supervised learning as my seniors are overwhelmed. We are not there to be trained as doctors, but to be overworked by an understaffed system.

The result is dangerous standards of care, and harm caused to us and our patients. The shocking fact is that long waits were associated with over 16,000 excess patient deaths in 2024, up 20 percent from 2023! More than half of emergency department clinical leads reported that their departments are unsafe; 88 percent said overcrowding was a daily occurrence.

Underlying this is the government’s attack on the progressive principles the NHS represents—a high-quality public health service, free at the point of use, available to all. This is a decision by the ruling class to reverse the social gains won by workers over the last century—pay, secure employment and universal care. In the eyes of the elite, the NHS is one of the last remaining pillars of nationalised provision that must be toppled to give way to private profit.

Are there conditions for a unified fightback?

Sophie: The 3.5 percent “offer” has been met with fury across the profession—it covers trainees, senior doctors and GPs alike. Consultants and Specialty, Associate specialist and Specialist (SAS) doctors have suffered around a quarter real-terms pay erosion since 2008. Working conditions have deteriorated, with longer hours, worse overtime rates, and shrinking career opportunities. According to the General Medical Council, almost a quarter of doctors took time off due to stress.

Seeing my consultants taking on immense stress and responsibility with no respite fills me with dread for my future. Under the current system, we will be exploited throughout our careers with demands for increased productivity for ever decreasing pay. Many consultants have advised me to quit medicine.

The scale of anger is demonstrated by the BMA now balloting 43,000 consultants and specialists on joining resident doctors in industrial action, which would be a historic first. Prior to this, 99 percent of GPs in England rejected the government’s contract changes.

The Department of Health and Social Care has responded with the same old lie that doctors are “overpaid” and pay restoration is “unaffordable,” even as ministers continue to increase military

spending.

The explosion of anger among doctors needs to be the catalyst for a unified movement of the 1.4 million NHS workforce. Pay has declined across NHS professions by an average of 10 percent since 2011.

But unity will not be delivered by BMA officials that confine struggles to separated negotiations. The ballot of specialists and consultants does not begin until next month and closes on July 6. Even after strikes were announced, Resident Doctor Committee chair, Jack Fletcher, pleaded with Streeting to continue talks in “good faith” as they “remain open to *any* improved offer”! This strategy has produced betrayals and inferior deals in Wales and Scotland. The heads of the trade unions have consistently worked with ministers to betray their membership.

The task is to build coordinated movement, independent of the union bureaucrats that blocks this at every turn. We must take the struggle into our own hands. The rank-and-file must come together, based on what medics and our colleagues in all NHS professions confront—pay erosion, understaffing, and privatisation of the health service.

This is inseparable from a broader political struggle against austerity and war, where we have a government refusing pay restoration which would cost just £1.7 billion because it is diverting everything towards war—another £17.4 billion a year.

Resident doctors and the wider NHS workforce must unite to lead a movement demanding that the billions squandered on private profiteers and the war machine be redirected to staff, beds, training posts and patient care.

Sophie has been writing a regular diary for the NHS FightBack Facebook page to expose the appalling conditions faced by resident doctors and their grievances which have not been addressed by the BMA. We encourage readers to follow her diary, share with your colleagues and contribute. You can read the diary via this link. Help lift the lid and show it’s the Starmer government who are the real culprits threatening the NHS. Subscribe to our newsletter. Take part in building a rank-and-file movement of health workers globally against austerity and war to defend public health.



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