

# The way forward for resident doctors: Unite all NHS workers against Starmer government

NHS FightBack  
9 June 2026

Around 50,000 resident doctors in England are set to mount a four-day walkout from June 15–19, their sixteenth round of strike action since March 2023. The strike marks the latest stage in a three-year struggle for pay restoration which began under the Tories but has intensified under Keir Starmer's Labour government.

Real-terms pay is still down by 21 percent compared to 2008, and this has become part of a broader struggle to reverse the acute shortage of specialty training places, leaving tens of thousands of doctors facing unemployment while National Health Service (NHS) staffing shortages deepen.

The strike was confirmed May 27 after talks between the British Medical Association (BMA) Resident Doctors Committee (RDC) and newly appointed Health Secretary James Murray broke down. Murray—drafted in from the Treasury following the resignation of Wes Streeting to enforce 'fiscal restraint'—immediately repeated the position that any movement on pay is 'unrealistic and unaffordable.'

That RDC Chair Jack Fletcher welcomed the change of health secretary as a potential 'change in approach' exposes the political bankruptcy of the BMA leadership. The BMA leadership's efforts are directed towards securing a backroom sellout with the Starmer government. The RDC declared it had given Murray 'time to settle into his role' and hoped that he would complete the 'unfinished work' left by Streeting.

## The dead-end strategy of the BMA

The resumption of strike action this month follows the consistent capitulation of the RDC to the government's terms. In January, Fletcher entered closed-door talks with Streeting, abandoning any demand for full pay restoration and accepting 4,500 repurposed specialty training posts. This was a betrayal of the 83 percent of members who had voted against those very terms when the government first posed them.

By March, the RDC was finalising a sellout deal that would have accepted the government-imposed 3.5 percent pay award for this year—another real-terms pay cut—despite a 93 percent mandate for strike action for full pay restoration.

The government, emboldened by the suspension of strikes, rejected even a face-saving compromise and forced the RDC to call action it had spent months trying to avoid.

The six-day stoppage in April, the longest, prompted Prime Minister Keir Starmer to denounce the strike as 'reckless' and to issue a 48-hour ultimatum demanding it be called off. He said that he spoke 'for the nation' in imposing the sub-inflation pay award while withdrawing 1,000 training places.

Streeting's resignation in order to mount a leadership bid against Starmer is based on a record that epitomises Labour's hostility to NHS workers. He repeatedly accused resident doctors of 'holding the country to ransom' while championing NHS 'reforms' based on austerity and privatisations.

The RDC has treated the political crisis engulfing Labour as a 'window of opportunity' for discussions with whichever Blairite figure emerges on top, instead of organising a united fight by resident doctors with all NHS workers to harness growing working-class opposition to Labour's pro-business and austerity policies.

Opposition is mounting to this constant demobilisation of the doctors' struggle. The RDC's May 15 update declaring 'good progress' and that 'talks continue', was met with disgust from the BMA membership. Resident doctors replied: 'seems like 'pay restoration' has gone out the window'; 'months of wasting time with negotiations with a government that won't budge yet won't call for strikes'; 'what a joke of a union you've become.'

## The normalisation of social murder

Resident doctors must direct this opposition into a broader political struggle to defend the NHS from being systematically dismantled. The UK COVID-19 Inquiry confirmed that the health service entered the pandemic already 'overstretched' and 'teetering on the brink of collapse', surviving only through the 'superhuman' efforts of healthcare workers. What was presented as a temporary crisis has since become the permanent condition.

More than 7 million patients are on waiting lists. An

estimated 15,860 patients in England now die unnecessarily each year due to excessive waits in Accident and Emergency departments. Analysis by the Royal College of Emergency Medicine found that over 300 deaths every week in 2025 were linked to long A&E delays—a tenfold increase from around 30 deaths a week a decade ago.

This is what the socialist Friedrich Engels defined in his writings in the mid-nineteenth century as 'social murder'—where society places the working class in conditions in which they 'inevitably meet a too early and an unnatural death'. The preventable deaths are the result of political decisions made in the interests of capitalism over decades, by Conservative and Labour governments alike.

Among doctors, burnout, PTSD and exhaustion are endemic. Nearly 30 percent are considering leaving medicine altogether. Four in 10 NHS organisations are now using nurses and other non-medical staff to cover doctors' rotas, exposing how 'efficiency savings' are used to disguise cuts, downgrade patient care and underpay staff acting above their grades.

The Starmer government's NHS 10-Year Plan deepens the assault on the health service. It demands £17 billion in annual 'efficiency savings', cuts up to 100,000 jobs, and outsources £2.5 billion of patient care to private providers each year. Between 250 and 300 Neighbourhood Health Centres will be built using a revival of the Private Finance Initiative—the model that previously left NHS hospitals with £80 billion in debt. NHS trusts are also prioritising private patients for revenue while public waiting lists grow.

The crisis of the NHS is inseparable from Labour's agenda of austerity and militarism. Restoring resident doctors' pay would cost £1.7 billion. The government insists this is 'unaffordable', while intending to increase military spending to 2.5 percent of GDP by 2027—an additional £13.4 billion annually—as a first instalment of raising it to 5 percent.

This will require a gutting of the NHS.

#### **BMA and health unions isolate resident doctors**

The BMA is isolating resident doctors. 36,000 Consultant doctors and 7,000 Specialist doctors have been balloted separately over strike action which started in May and does not close until early July. Resident doctors in Wales, Scotland and Northern Ireland have been tied to inferior settlements well short of pay restoration.

The other health unions—including Unite, Unison, the GMB and the Royal College of Nursing—are suffocating a unified fightback by NHS workers. In April, unnamed senior officials from other health unions in the NHS complained in a *Guardian* hit piece that the last strike by resident doctors was making it a 'harder sell' their own pay deals.

More than one million NHS staff employed under the Agenda for Change (AfC) pay system are facing a miserly

award of just 3.3 percent for this year. This covers most staff across the service, including nurses, midwives, paramedics, healthcare assistants, administrative staff, porters and support workers.

The cowardly attacks made anonymously by other health union officials against resident doctors exposes the depth of their collusion with the Starmer' government to enforce sub-inflation pay deals on their members while enabling the dismantling of the NHS under the guise of "reform."

#### **The way forward**

Resident doctors cannot be led down another cycle of isolated strikes and backroom negotiations. A new strategy is required, based on independent rank-and-file committees, democratically controlled and free from the bureaucracy.

Doctors, nurses, and all NHS staff must unite in a common struggle against austerity, privatisation, and war. The billions squandered on private profiteers and military expansion must be redirected into a fully funded public health service.

This fight must be linked to healthcare workers opposing intolerable conditions and striking in countries internationally, from France, Germany, the United States, Australia, and beyond. A global assault by governments and corporations can only be met with a unified international counter-offensive by the working class. NHS FightBack, part of the International Workers Alliance of Rank-and-File Committees, is building that leadership among health workers in the UK.

We urge all NHS workers to contact us and join the fight for a public health service based on socialist foundations.



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