

# Mobilise resident doctors against the BMA sellout deal with Starmer government

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The Resident Doctors Committee (RDC) of the British Medical Association (BMA) called off the four-day walkout due to begin Monday at the eleventh hour, based on an insulting “new offer” hashed out behind the scenes with the Starmer government.

The 50,000 resident doctors working across the National Health Service (NHS) must repudiate this intended sellout by the RDC leadership, headed by Dr. Jack Fletcher.

As a matter of principle, no offer should be used to call off mandated strike action before BMA members have been given time to scrutinise its contents and determine whether it meets their demands.

Instead, the RDC imposed its veto, sending a “Dear Doctor” email to members on Saturday evening containing only an outline of the offer, barely more than a day before strike action was due to begin.

The email states that the RDC “executive committee met today and decided that you will have your say on it and on our next steps”, adding that it would “consult over a short period”.

This is an attempt to bounce resident doctors into accepting a deal after RDC leaders spent a week “locked in talks with the Government on an almost daily basis”.

No updates were issued during this period regarding what they now claim was a shift in the government’s position from Wednesday onwards. Even based on the limited details contained in the email, the new offer in fact shows that the government has not moved on anything of substance.

On the core issues of pay restoration—with real wages still down by 21 percent compared to 2008—and resolving the unemployment crisis that has left 20,000 doctors locked out of specialty training posts, nothing has changed from the offer resident doctors rejected and which led to six days of strike action in April.

What the government could not impose through the direct threats of Prime Minister Keir Starmer, who

denounced strike action by resident doctors as “reckless”, the RDC leadership is now attempting to enact.

The “job package” dressed up by the RDC consists of “4,500 specialty training places over the next three years”. This is the same figure of repurposed jobs—not new posts—resident doctors rejected as wholly inadequate.

On pay, the “new offer” rubber-stamps this year’s sub-inflation pay award of 3.5 percent imposed by the Starmer government. It then claims that, in combination with other measures—termed as “nodal point reforms”—it “offers an average 6.6 percent pay uplift, fully delivered by April 2027”.

This miserly sum is presented as a victory because the government had previously insisted it would be spread over three years. The revised proposal now includes locally employed doctors (LEDs) on the nodal point structure and “potentially” less-than-full-time doctors (LTFT).

This falls well short of closing the gap created by the decline in real wages. Moreover, buried within the nodal point “reforms”—which provide for two pay rises each year, every year—is a shift towards performance-related pay. Pay progression will be “directly linked to competencies and productivity gains”, according to the draft contract.

“Productivity gains”, in the context of the Starmer government’s budget cuts disguised as “efficiency savings”, mean demanding more work from fewer staff. The NHS is already overwhelmed by chronic staff shortages, with resident doctors and other healthcare workers expected to plug ever-widening gaps in service provision.

The proposed deal was immediately condemned by resident doctors on the BMA’s X account:

- “6.6% over two years? 4.5k jobs won’t do much to tackle the potential 50k unemployed doctors. All masked

by a few exam fees being paid. Embarrassing to stop strikes for such a poor offer. What on earth are you doing, Jack?"

• "This is not what we voted you guys in for. Why waste all of our time with this when what we want is FPR (Full Pay Restoration)? You're diluting the message just like they did in 2016. VOTE NO."

*BMA announcement ending the strike action met a hostile response in the comments section*

Resident doctors should vote NO in an emphatic rejection of this sellout. But they must also demand the removal of Fletcher and the RDC executive and establish rank-and-file control over the struggle going forward.

This is not the first time the RDC has used bureaucratic methods to override the will of the membership. Last November, resident doctors rejected another rotten deal presented through a snap poll based on an ultimatum from then Health Secretary Wes Streeting. The same methods are being repeated under his successor, James Murray.

Murray has seized on the RDC's cave-in to repeat the government's denunciations of resident doctors, describing it as a "welcome development" that the BMA had "called off these unnecessary strikes". He made clear that government austerity remains intact, stating that "all the necessary funding is coming from existing budgets".

Fletcher spoke in response of demonstrating reliability to a government conducting a witch-hunt campaign against his own members. He declared, "we hold up our end of the bargain when the government shifts its position."

Fletcher and the RDC leadership moved to shut down the strike and push through the sellout deal after they were censured on Saturday at the RDC's annual policy conference by a motion supported by 63 percent of delegates. They were criticised "for lack of progress in ongoing negotiations with the Government, their repeated failure to provide updates to the membership and their inability to effectively utilise our mandate to strike."

The contempt shown demonstrates that attempts to hold the RDC bureaucracy accountable through conference motions alone are futile. What is required is the creation of democratic rank-and-file committees, accountable to resident doctors themselves. These committees can formulate non-negotiable demands to organise a struggle against the Starmer government independent of the union bureaucracy and wrest control from its allies in the RDC executive.

This means a complete reorientation of a dispute now spanning more than three years and 15 rounds of strike

action, which have been led down a dead end.

The RDC is blocking the type of struggle needed against the Starmer government. It accepts the entire framework of "affordability" imposed by a government committed to £17 billion in cuts, the destruction of 100,000 jobs, and the outsourcing of patient care and NHS infrastructure projects to the private sector so that corporations can rake in billions in profits.

The stakes could not be higher. Last week, the Royal College of Emergency Medicine (RCEM) published a report showing that 15,860 preventable deaths occurred in England in 2025 due to delays in A&E treatment—a tenfold increase from the 1,657 recorded in 2015. For patients waiting between eight and 12 hours, there is one additional death for every 72 patients.

These deaths are the result of a profound breakdown of the National Health Service: chronic bed shortages, collapsing staffing levels, and the inability to discharge medically fit patients because social care has been gutted by Conservative and Labour governments alike.

The NHS is being dismantled as part of a broader assault on public services to fund militarism and war. The Starmer government announced an additional £13 billion for military spending last week, while Defence Secretary John Healey resigned arguing that even larger increases—up to £18 billion—would be required.

None of this enjoys broad public support. An Ipsos poll found that the largest group of respondents—38 percent—opposed any reduction in public spending to fund rearmament.

As NHS FightBack has stated:

"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."

We urge all resident doctors opposing the sellout to contact NHS FightBack.



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