

BMA narrowly pushes through sellout of resident doctors on behalf of Starmer government

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The British Medical Association (BMA) announced Monday evening that its deal with the Starmer government to end the dispute with resident doctors in England over pay restoration and the deepening jobs crisis in the National Health Service (NHS) had been accepted.

Results from the BMA's online referendum show the deal scraped through by a narrow margin of 53 percent off a turnout of 57 percent. Jack Fletcher, chair of the BMA Resident Doctors Committee (RDC), made no acknowledgement that 47 percent of resident doctors—around 15,000 BMA members—rejected the deal.

Instead, Fletcher portrayed the vote as a ringing endorsement, “Resident doctors have spoken. They have decided that the current offer is sufficient to continue on the road to pay restoration, and sufficient to address the absurd lack of jobs in the NHS. The strikes will now end.”

But the RDC's deal was unchanged in all essentials from the one that collapsed in March, when the Starmer government walked away from talks and imposed a risible 3.5 percent pay uplift for this year. Labour's settlement abandoned any pretence of pay restoration, with resident doctors' wages down by 21 percent in real terms since 2008.

Resident doctors answered the government's attack by launching six days of strike action in April.

The government has relied on the RDC, through closed-door talks with Health Secretary James Murray, to repackage this settlement and present it as a “new offer”. In a flagrant act of strike-breaking, the RDC vetoed a four-day strike that was due to start June 16, cancelling it with little more than 24 hours' notice. The

RDC sent a “Dear Doctor” email informing them the strike had been called off, accompanied by carefully selected “highlights” aimed at selling the agreement.

The RDC accepted Labour's 3.5 percent pay award, dressing it up as part of an overhaul of resident doctors' contracts based on enhanced pay progression tied to productivity demands, producing a still paltry headline increase of just 6.6 percent by April 2027.

Fletcher's claim that the agreement addresses the “absurd lack of jobs in the NHS” is fraudulent. The much-publicised promise of 4,500 additional specialty training posts over three years had already been announced, starting with a pitiful 250 placements next year. Around 20,000 resident doctors were locked out of training posts last year.

Throughout the dispute, the RDC has waged a war of attrition—not against the Starmer government, but against its own members. It has worked to wear down resistance, refusing to challenge the government's lying declarations that doctors' demands are “unaffordable” and “unreasonable.” Its cringing adaptation was summed up by the RDC's plea for “a credible offer”.

Last December, Wes Streeting, then Health Secretary, issued an ultimatum to the RDC, demanding it ballot members on the government's rotten proposal that offered nothing on pay. In place of expanding specialty training places, Labour introduced legislation prioritising UK graduates over international medical graduates (IMGs), a disgraceful and divisive anti-immigrant measure. This was overwhelmingly rejected by 93 percent of resident doctors off a 53 turnout.

Throughout the latest referendum (June 18-26), the RDC mounted a browbeating campaign to secure a Yes

vote. Opposition by doctors to Labour's tokenistic jobs package and a sub-inflation and productivity-linked pay deal was denounced by the RDC as "misinformation."

For Fletcher, the yes vote is mission accomplished. He declared: "These strikes did not need to happen. We spent far too long at loggerheads with the Government when a solution in everyone's interest was waiting for us: more jobs for doctors, better pay for doctors, and a better-staffed NHS secured for patients well into the future." None of this is true.

The NHS is on its knees. Neither the government nor the BMA have responded to this month's call for "urgent action" by the Royal College of Emergency Medicine over the preventable deaths of 15,860 people in emergency departments caused by delays in treatment, a near tenfold increase in a decade

Labour has claimed success in reducing patient waiting lists by 400,000 –leaving 7.2 million patients still stranded! There is mounting evidence that Labour's reductions are due not to increased treatment but to "administrative clean-ups", with trusts paid £33 per "removal", including of those who went private, did not respond to follow-ups, or who died. The government is speeding up back-door privatisation with plans agreed in January 2025 to outsource an extra one million NHS treatments a year to the private sector, on top of 10 percent already outsourced by 2023.

Labour has established a partnership with 15 major corporations including private hospital chains Spire Healthcare and Circle Health, outsourcing giants Sodexo and ISS, and pharmaceutical multinationals Pfizer, AstraZeneca and GSK. These corporations now enjoy privileged access to NHS planning, funding and service delivery, embedding private profiteers at the heart of public healthcare and institutionalising privatisation as public money is diverted into corporate hands while NHS services face cuts and closures.

Without a rank-and-file rebellion by doctors against the RDC, a sellout was inevitable. That is the central lesson from the dispute. Doctors showed their willingness to fight, but their struggle was undermined by the absence of an organised opposition to the BMA's partnership with the government.

NHS FightBack called for a No vote on the BMA's deal and a unified campaign by the entire NHS workforce to defeat the government's attacks. Labour's mantra that there is "no money" for NHS

patients and staff must be rejected. Billions must be diverted from military spending and tax cuts for the rich for a fully funded NHS.

The BMA's deal with the government has come at a critical time for the government. With Starmer's premiership deeply reviled, the Parliamentary Labour Party—led by the Blairites—is moving to install Andy Burnham, who has pledged to slash welfare and uphold Labour's fiscal rules, while funnelling billions more to rearmament and war.

The conditions for a unified fight could not be more favourable, but the BMA—alongside its partner health union bureaucrats in the Royal College of Nursing, Unison and the GMB—is pursuing a deliberate policy of divide and rule.

The BMA is currently balloting 43,000 consultants and Specialist, Associate Specialist and Specialty (SAS) doctors over strike action against this year's derisory 3.5 percent pay award, with voting ending on July 6. Like resident doctors, they confront similar levels of pay erosion and unsafe workloads. In Northern Ireland last Friday, thousands of consultants and SAS doctors took strike action together for the first time, followed on Monday by resident doctors walking out over the same below-inflation award.

The fight for genuine pay restoration and jobs must be enjoined with a broader political struggle independent of the union bureaucracy and in direct opposition to the Labour government to demand 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 encourage all resident doctors opposed to the sellout to make contact with NHS FightBack and take part in our survey to help inform and organise the necessary fightback.



To contact the WSWs and the Socialist Equality Party visit:

[wsws.org/contact](https://www.wsws.org/contact)