Introducing “Notes from a Resident Doctor”: exposing conditions inside Britain’s National Health Service

NHS FightBack
19 August 2026

A resident doctor at a National Health Service (NHS) hospital trust in England has begun a regular diary for NHS FightBack exposing conditions in frontline care. Published since February, the diary entries on Facebook and X have been followed by thousands of NHS workers.

The Socialist Equality Party (SEP) launched NHS FightBack in 2013 to build rank-and-file opposition to the dismantling of the NHS. Successive Conservative and Labour governments have imposed massive cuts and privatisation.

“Notes from a Resident Doctor” aims to break the wall of silence erected by the Labour government, hospital management and health union bureaucrats by exposing conditions inside the NHS: burnout, unsafe staffing levels, and substandard care that threatens patient safety.

Critically, the diary reflects a determined commitment to turning colleagues’ anger into political organisation, not despair.

So far, these first-hand dispatches have covered: working night shifts, chronic understaffing, conditions facing international medical graduates, and the British Medical Association’s (BMA) recent sellout of doctors’ three-year pay restoration fight.

Health workers have responded by sharing their own experiences and views.

Replying to an entry about surgical rotation, one wrote: “It’s absolutely failing. You’re a number. They’ll get shot of you without breaking a sweat.” On the BMA’s sellout deal, another commented: “Just the BMA performing their treasonous duty to the establishment, and PALANTIR, et al.” (US tech giant Palantir has just signed a £330 million deal with the Labour government to supply a Federated Data Platform to the NHS. Palantir has provided data analytics and targeting support to enable Israel’s Gaza genocide and the US bombing of Iran.)

BMA sellout

The most widely shared entry, on July 10, dea betrayal of doctors’ three-year fight for pay restoration. BMA Resident Doctors Committee (RDC) chair Jack Fletcher cancelled a four-day strike with little more than 24 hours’ notice and then pushed through a deal that abandoned doctors’ key demands.

Our resident doctor wrote:

“When we—the 93 percent—voted for renewed action, RDC chair Jack Fletcher said he was not seeking full pay restoration ‘in one go’. He called the government’s 4,500 repurposed posts, and the divisive prioritisation bill, ‘progress’…

…Pay remains below 2008 levels and restoration has been abandoned. The 4,500 training posts begin with just 250 placements in 2027, while 20,000 doctors were shut out of posts in 2025. Pay is tied to productivity: more work with fewer doctors.”

The anti-migrant offensive

On March 28 “Notes from a Resident Doctor” replied to the Medical Training (Prioritisation) Act and the BMA’s collusion with its right-wing, anti-migrant agenda. It prioritises UK graduates over IMGs for specialty training. IMGs are experienced doctors who have gained their medical degree in another country and completed extensive exams to work in the UK.

Our resident doctor explained:

“The RDC has gone further than the government bill, inserting a clause demanding five years’ NHS experience for a non-prioritised doctor to be reprioritised. This measure was rammed through without consultation… and justified as ‘fair to other groups.’”

The diary cites the experience of a doctor from India who spent thousands of pounds and many years building a life in Britain, only to be pushed to the bottom of the list for specialty training. Another, who finally has a job, remains on a three-

month contract that may not be extended. A third is planning to leave for Australia.

Forty-two percent of NHS doctors are IMGs. The service would collapse without them. The BMA's endorsement of prioritisation attacks the entire medical workforce, dividing doctors along national lines when international unity is the precondition for a successful struggle to defend public health.

Life on the ward

A diary entry on February 24 describes a weekend ward round:

"A typical 12.5-hour weekend shift for me now means a marathon ward round of around 50 patients, which can finish as late as 5pm. We have one registrar and one junior to cover the whole of general surgery. Reviews must therefore be hurried: rapid checks, triage of emergencies, and routine tasks deferred. There is often no time for full examinations, medication reconciliation and checking bloods."

An entry from March 20 described frontline care on night shift:

"Night shifts are the worst staffed shift. Sometimes one resident doctor for around 70 patients… This system creates impossible choices. Due to exhaustion, it is unsafe to continue. The thought of stopping is even worse, because there's no one else."

That entry cited the "Swiss cheese model" of patient safety—the idea that multiple protective layers prevent errors from reaching patients—and shows how it has been dismantled:

"Years of cuts to staffing, beds, and services mean that the NHS is stripped bare of these protective layers. The system is so hollowed out that serious mistakes happen daily and are even normalised."

Delays in treating patients attending Accident and Emergency departments in England led to 15,860 preventable deaths in 2025 – a tenfold increase since 2015. The NHS waiting list exceeds 7 million. Chronic understaffing is a major contributing factor.

But instead of training thousands of doctors who are seeking specialty placement, the government is proceeding with a Ten-Year Plan to impose £17 billion in "efficiency savings" and further privatisation.

An NHS colleague wrote beneath one diary entry, "I can't help thinking there's a massive conspiracy to abandon funding the NHS altogether." Health workers are starting to grasp that the funding crisis has been engineered to pave the way for sweeping privatisation.

The way forward

The diary entries have revealed three key issues:

• Conditions inside the NHS are far worse than the official picture. Missed reviews, unsafe discharges and registrars working 72-hour shifts (on call) to evade working-time rules are the daily reality.

• The same Labour government denouncing pay restoration as "unaffordable" is pouring billions into military spending, while embedding private companies at the heart of NHS planning.

• The BMA leadership is part of the problem. It does not merely fail to fight; it suppresses struggle, collaborates with anti-immigrant legislation, and presents sellouts as victories.

The crisis is a product of capitalism, a system generating immense wealth for a tiny minority while starving public health.

The dismantling of the NHS is part of a global assault on public healthcare. The fightback must correspondingly be international. The working class in the NHS is already international; its struggle must be too.

Rank-and-file committees must be built in every hospital to unify NHS workers across all grades and professions. As our resident doctor wrote in their first diary entry: "The solution must come from below: we have to unite to fight for a healthcare system that places its staff and patients above profits."

The hundreds of shares, likes, and comments from health workers replying to "Notes from a Resident Doctor" show the hunger for honest discussion that official channels suppress.

NHS FightBack encourages health workers to send their own frontline reports to add to the diary. Help us expose what is happening inside the health service, break the isolation staff feel in their own hospitals and departments, and help build the necessary political fightback against the Labour government's destruction of the NHS.

Complete the NHS FightBack survey of doctors and sign up to NHS FightBack's newsletter.