Letter to BMA Resident Doctors Committee

12.4.2026 - | Her Majesty's Revenue and Customs

A letter from Health and Social Care Secretary Wes Streeting to the BMA Resident Doctors Committee.

Dear Resident Doctors Committee,

I will not try and hide my disappointment and frustration about your latest rush to strike action. Deliberately timed after the Easter holidays to cause the most inconvenience to your colleagues and maximum disruption to the NHS, it was both unnecessary and unreasonable. Thanks to the heroic efforts of other staff, to whom we all owe a debt of gratitude, the health service has again coped admirably but we should not pretend your decision has not come at a cost to patients, your colleagues and the taxpayer.

Despite your ongoing strike action and the constant threats of more, my door will always remain open to attempting to resolve this dispute in the interests of resident doctors, patients and the NHS. This damaging cycle of industrial unrest can only be ended around the negotiating table, not on the picket line.

Since the start of the year, my team and I were engaged in lengthy and detailed discussions with your officers which both sides viewed as constructive and conducted in good faith. It has therefore been particularly disheartening to see those same officers now publicly criticise the deal they agreed to and entirely misrepresent the Government’s actions.

As a result, I think it is time for you to accept my much-repeated invitation to meet the full BMA Resident Doctors Committee to discuss the deal you rejected without offering a counterproposal and refused to put to your members. Given your stated desire for dialogue, it continues to surprise me that you have consistently rejected the opportunity, and I hope you will not do so again. I will of course meet with your officers in addition to this.

Most of the deal remains on the table but I must be upfront with you about the element that can no longer be delivered. The financial and operational impact of your latest strikes has made it impossible for us to bring forward 1,000 of the 4,500 extra training places to this year. This is not a threat. It is not a punishment. It is not a choice I have made. It is the reality of the operational and financial situation we now find ourselves in, as I and my team were repeatedly clear would be the case to your officers from the outset.

A six-day strike costs the NHS hundreds of millions of pounds – money that would have been far better spent on patient care, workforce expansion, and modernisation. Funds diverted into covering shifts and managing disruption cannot at the same time be invested in creating new training posts. They depend on NHS providers being able to absorb the financial and operational pressures of launching new recruitment rounds and would have needed to open for applications this month. Your strike action has made this operationally impractical and financially unaffordable.

Nonetheless, the Government still commenced emergency legislation to prioritise UK graduates for training places without using it as leverage in negotiations, addressing an issue which you have campaigned on. This is already dramatically reducing competition for training places by almost half. That is not the behaviour of a government unwilling to listen.

However, it is nonsensical to think that you can reject a deal, impose financial pressures and

operational disruption on the NHS, and that the Government will then still be able to deliver the same offer. If you choose to go ahead with further strikes in the months to come, there will again be financial and operational consequences on the NHS which could make other aspects of the deal currently still on the table unaffordable and undeliverable.

There is, of course, an alternative path. Put an end to your damaging cycle of strikes and put the deal to your members. The deal would have significantly increased your members' pay (the lowest paid FY1 and FY2 doctors would have seen a boost of at least 6.2% and 7.1% respectively this year), covered the costs of their mandatory exams, improved their working conditions and boosted their career prospects and progression. It addressed the legitimate concerns and priorities you raised in months of negotiations with my officials.

I believed your officers felt the same, which is why I have been so surprised and disappointed by their recent public accusations that the Government 'moved the goalposts' at the last minute. I want to take this opportunity to set the record straight. That is categorically untrue.

Whilst I appreciate the preference of your officers was that nodal point reform should be implemented over two years, rather than three, the Government was clear from the outset that we expected any deal to be over a three-year period, and you agreed to enter negotiations on that basis. The Heads of Terms that were shared with your officers as far back as February 17th – which outlined the parameters that guided our talks and shaped the final offer we agreed upon with your officers – explicitly stated the following:

> HMG suggests an overall scope for agreement which includes:
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> Pay – A multi-year agreement, which is likely to cover the financial years 2026-27, 2027-28 and 2028-29 (including handling of DDRB).
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> Nodal Point Reform – Options to revise the pay structure to improve retention and unlock productivity over the course of the next three years.

I also appreciate the recommendation of the DDRB Pay Review Body was slightly lower than your officers expected, though it should be recognised the recommendation was above the affordability figure given in DHSC's evidence to the DDRB. That is what can happen with an independent pay setting mechanism, and I strongly suspect you would not have been complaining of goalposts being moved if the DDRB recommendation had been higher than your expectation, especially in the context of the significant above inflation pay rises that the DDRB has recently awarded resident doctors. There was risk for both sides on whether it came out lower or higher than we expected but we jointly agreed on it being the best way forward – and the government accepted the recommendation.

The deal is not everything you want but it is what the country can afford. I do not pretend to have solved all the problems facing your profession after fourteen years of mismanagement under the previous government in less than two years as the Secretary of State for Health and Social Care. In return, I am asking you to stop pretending that this government can sort out everything for everyone everywhere all at once.

You are hugely important and valued members of our team, but you are not the only staff working in the NHS. I have a responsibility to you, but I also have a responsibility to the 1.5 million people who work in our health service, many of whom will never in their careers earn as much as the lowest paid doctor and none of whom have had a 28.9% pay rise over the last three years. Furthermore, this

government is also investing in other vital public services and public sector workers, even with the difficult economic circumstances we face internationally and domestically.

We can get Britain and the NHS through these challenging times but that is going to require some give and take from everyone, including the BMA. I am asking you to be reasonable and realistic about what the country, the health service and the taxpayer can afford at this time. We are taking the NHS from the greatest crisis in its history, turning it round and making it fit for the future. Your unwillingness to compromise not only puts the NHS's recovery in needless jeopardy, but you also risk playing into the hands of those who do not share our steadfast commitment to a universal, publicly funded health service free at the point of use.

I would ask you to take a step back and look again at what this government has already done for resident doctors and what more the deal on the table would do for your members. It would be the start, not the end, of the journey. We can move from our current at best transactional and at worst adversarial relationship to one of cooperation and shared endeavour, which would be better for resident doctors, patients and the NHS.

A good first step would be to accept my formal request to meet with your full committee as soon as possible after these current strikes end to discuss the offer on the table and how we can usher in a new era of industrial peace.

Yours Sincerely,

RT HON WES STREETING MP

https://www.gov.uk/government/news/letter-to-bma-resident-doctors-committee