

# Health Secretary Oral Statement on resident doctors

26.3.2026 - | Her Majesty's Revenue and Customs

## **The Health Secretary spoke in Parliament regarding a deal put to resident doctors.**

Thank you, Madame Deputy Speaker. And with your permission, I would like to make a statement on the proposed industrial action by resident doctors.

Yesterday evening, the BMA called its latest round of strikes for April the 7th to the 13th, immediately following the long Easter bank holiday weekend.

This announcement came just hours after its Resident Doctor Committee rejected a historic deal that would boost pay, create jobs, improve career prospects and put money back in the pockets of its members.

This was deeply disappointing after months of highly constructive and good-natured talks between the government and the leadership of the RDC.

In that context, the fact that the BMA's immediate response was to call such extensive strike action, rather than returning to the table speaks volumes about what we're up against.

And so, Madame Deputy Speaker, let me set out how we reached this regrettable position.

Since the start of this year the government has been holding extensive and intensive discussions with the BMA Resident Doctor Committee leadership, who themselves engaged in good faith.

I have spoken personally to or met with the chair several times and those engagements were, of course, on top of the near-daily dialogue his team held with officials from my department.

And together, we got further than many thought possible.

As a result of our discussions, a landmark deal was put to the full Resident Doctor Committee formally on March the 22nd and - based on our engagement with the BMA officers we were optimistic that it would be received positively, albeit I was aware of the officers' preference that this should be a deal over two years rather than three years, and that they had expected the independent DDRB recommendation to come out slightly higher than it did.

Regrettably, and despite the deal having been designed with and supported by the BMA leadership, the Committee itself rejected it yesterday.

Mr. Speaker, let me run through just what it is that the RDC has unilaterally rejected on behalf of the 81,337 resident doctors in this country.

The headlines of this deal are these:

- Reform of the pay structure, so resident doctors would benefit from more frequent pay rises at each stage of their training.
- Pay rises over three years baked in, linked to the independent DDRB recommendations, as requested by the BMA.

- Reimbursement of Royal College exam fees from April this year, which resident doctors currently pay out of pocket. For psychiatry this can be as much as £2,200, for paediatrics £2,300 and ophthalmologists £3,700.
- Contract reform for locally employed doctors to ensure they also benefit from greater job security, equal opportunities for pay progression and improved terms and conditions.
- And, up to 4,500 more specialty training places created over the next three years, including 1,000 for this year's applicants.

Alongside this deal, the government has just passed the Medical Training (Prioritisation) Act so that domestically trained resident doctors no longer compete on equal terms with overseas graduates for specialist jobs. This Act will reduce the competition ratio for jobs from almost four to one, down to almost two to one.

And this deal follows a 28.9% pay rise already delivered by this government.

As a result of the proposed package:

- Resident doctors would have seen an average pay rise of 4.9% this year.
- Starting pay for new graduates entering the profession this year would have been nearly £12,000 higher than four years ago.
- The lowest paid FY1s and FY2s would have seen a pay boost of at least 6.2% and 7.1% respectively this year.
- And there would be 1,000 more resident doctor jobs in a matter of days from this April.

Madame Deputy. Speaker, along with decisions on pay I've already taken, this package would have meant that this year alone resident doctors would have been on average 35.2% better off than four years ago.

There are not many, if any, professions in our country for which that is true.

The DDRB is 3.5%. This is significantly less than what is on offer as a result of pay structure reform.

The BMA has pointed to the war in Iran as reason to reject the deal. So let me spell out the consequences of what this country is facing. This country wants to see de-escalation, a swift resolution to the conflict, with a negotiated agreement that puts tough conditions on Iran and specifically its nuclear ambitions.

However, we are planning on the basis of a prolonged conflict, because that is the prudent thing to do. In that eventuality, there will be an impact on the economy and on the public finances. Were that to happen, a future offer to resident doctors will not look better than what is on offer today.

And the government's tolerance for costly and disruptive action that undermines a critical public service is fast diminishing.

I do not want resident doctors in three years' time to look back on this moment with regret as they turn down:

- Three years of guaranteed pay rises
- More money in their pockets through reimbursement of exam fees
- And more jobs

The BMA is choosing more strikes.

As a direct result of their decision, and despite our best efforts, resident doctors will be worse off.

Indeed, on the very day that 1,000 more specialty training places would have opened up for resident doctors with this deal, the BMA will be on strike demanding more job opportunities.

Let me turn to the impact on patients and the NHS.

Yesterday, the British Social Attitudes survey revealed that patient satisfaction has increased for the first time since before the Covid pandemic.

Dissatisfaction has seen the sharpest decline since 1998.

Patient satisfaction with access to GPs has gone from 60% when this government came to office, to more than 75% today.

Waiting lists are the lowest they have been for three years, 4-hour performance in A&E is the best for four years, and ambulances are arriving faster than they have for half a decade.

All of this has been achieved despite the BMA's strikes.

So I want to reassure patients, the NHS's recovery will continue.

In the most recent round of strikes, the NHS team pulled together and delivered 95% of planned elective activity. I am confident that we will see the same outstanding efforts if further action is taken.

But to the BMA, I would just say, we can achieve so much more, the improvements can be so much faster, if you take this deal and stop your strikes.

Strikes have a significant financial cost. Every penny spent on keeping the show on the road during strikes is a penny that cannot be spent on improving staff pay, working conditions, or better care for patients. And the impact on the other staff working in the NHS, who are left to pick up the pieces, is severely felt.

So I am asking the BMA's Resident Doctor Committee to reconsider.

I will meet again with their officers.

I am also repeating my offer to meet with the entire committee, who have thus far refused to meet me since I became the Secretary of State. Indeed, they are the only group of people I've offered to meet who have declined, which I find extraordinary in these circumstances.

The deal on the table shows what we can achieve when we work together. In contrast to my predecessors, I have shown good intent from the outset. I have listened to the complaints resident doctors have about their working lives. I agree with them. I want to work with them to improve their working conditions as we improve the NHS.

But the reality, Madame Deputy Speaker, when it comes to making a deal, is that it takes two to tango.

As we ask the BMA to reconsider, they have until next Thursday to do so before we have to call time on the extra jobs and the focus of the NHS and my department turns to minimising the disruption from this unnecessary and unwarranted strike action, which would also consume the money set aside for this deal.

But there will be a cost to the NHS, to staff, and to patients.

This was a historic opportunity - developed in tandem with the BMA leadership.

I urge the Committee to reconsider.

I urge the BMA to call off its industrial action.

And I commend this statement to the House.

<https://www.gov.uk/government/speeches/health-secretary-oral-statement-on-resident-doctors>