

Ward Walking Talking Points 2025

Headlines to hit on ward walks

Full Pay Restoration campaign:

We are coming back because our pay is still nowhere near 2008 levels. Strikes work; we are about one-third of the way to FPR, we need to hold this Government to account for the rest of the pay journey.

Exception Reporting:

Currently, we are in active negotiations on this issue, but have also announced a dispute with the government due to delays in agreeing the ER reforms. The government is aware that we want an enforceable set of changes to our contract and we will not accept further delays or we will reintroduce the rate card.

Get ballot ready:

Prep your portfolio, save money.

Residents should join the BMA and update details.

The government has told the independent pay review body (DDRB) to give resident doctors a 2.8% uplift for the 25/26 year. That is below current inflation levels of 3.5% RPI in December 2024. They are essentially recommending a pay cut.

Training Grade Nodal Pay Point	Current Pay/hr after uplift	With Gov. Recom. of 2.8%	Full Pay Restoration to 2008 levels*
FY1	£17.56	£18.05	£22.49
FY2	£20.14	£20.70	£25.81
CT1-2/ST1-2/SpR1-2	£23.93	£24.60	£30.66
CT3/ST3-5/SpR3-5	£29.64	£30.47	£37.98
ST6-8/SpR6-8	£33.77	£34.72	£43.27

*Would restore pay erosion calculated from 2008/09 – 2024/25 in 2025/26.

NB Hourly National Living Wage: £11.44 per hour (rising to £12.21 per hour from April 2025).

BMA residents

Last year, the Government promised us that there would be a journey to FPR.

Mr Streeting said “I think we need to see the road to fair pay as a journey” and that [he is] “angry about the way the junior doctors are treated in the NHS, and there is a lot we can do to change that.”

Let him put his money where his mouth is. We are expecting the DDRB recommendation to be released early in April 2025. If it is late or inadequate we will ballot for industrial action.

FAQ Responses

What's the plan?

Our previous dispute with the government saw an increase in pay and changes to exception reporting. Unfortunately, our pay is still on average 22.0% eroded compared to 2008 levels. If the DDRB (independent pay review body)'s report is delayed or doesn't make adequate progress towards FPR, we will open a new pay dispute with the Government.

When are we going back on strike?

The government's recommended offer of 2.8% will almost certainly be below inflation (RPI was 3.6% this month). If the DDRB doesn't come out with an acceptable recommendation that is above inflation and keeps us on the path to FPR by 2027, then we will enter a dispute with the Government. Of course, this is a moving situation that we are constantly evaluating. It may be that we have cause to enter a dispute earlier.

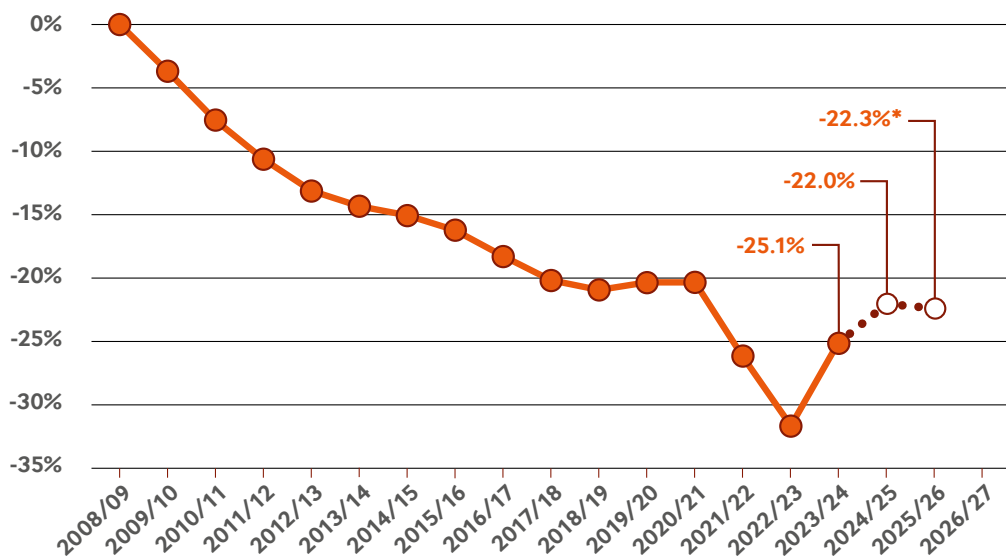
We only got part of the way to FPR last time, what will change now?

The government says that they gave us a 22% increase in pay, but it's still a real term pay cut compared to 2008; we are only about a third of the way to FPR and still earn around 20% lower than doctors were paid in 2008. We've shown that strikes work; we wouldn't have achieved these pay rises if strikes didn't have an impact on both the government's position and on the external pay review body.

We have lost momentum after the last strikes.

Our profession has shown that it can come together and deliver the most historic strikes in NHS history; we can do it again. Doctors value themselves now more than they did before the last dispute; there's still plenty wrong with our pay and conditions and if we fail to take action, nothing will change.

Resident doctors' change in basic pay in real terms since 2008/09, using RPI inflation



* Projected effect of the government's proposed 2.8% uplift.

BMA residents

Like with the last set of strikes, our power doesn't come from the top but from the membership - we remember how to strike, we still have a fight on our hands! Each of us needs to do our part - update BMA membership details, get your ARCP ready, save up.

There is no money in the Treasury for more of anything in the UK, we shouldn't be asking for more.

The Government has said over and over again that hard choices have to be made, but these choices are ones of political priority. Labour are trying to reform the NHS but how will they do that if they aren't valuing their employees and willing to make sufficient financial investment? Paying a wage that reflects our value is a critical part of that. We are not worth 20% less than doctors were in 2008. We are not expected to do 20% less work than doctors back then. Our daily job is not 20% easier. If anything, our working conditions are vastly worse.

Why don't you ask for a multi year pay deal?

In previous negotiations, the health secretary made it clear that multi year pay deals were a red line. That is, we asked for one with both governments and they both said no. With a new dispute, it'll be a fresh set of negotiations; coming back for another round shows that the government can choose to fight us or work with us. Multiyear pay deals will be revisited.

My registrars and consultants are anti-strike. They think the first strikes were good but now we're being greedy.

Resident doctors who are approaching the end of their training tend to have different pressures than foundation doctors, but it doesn't mean that it gets easier just because your salary goes up! Child care costs and pensions are a big worry for consultants and probably many registrars as well. We appreciate that; however, if your pay was restored to 2008 levels, it would considerably help in managing these costs.

Just because your pay went up after the last set of strikes, it doesn't mean doctors should stop standing up for themselves. Equally important: we have to stay united as a profession. You might be doing okay now, but what about your more junior colleagues? Our profession became complacent and we let our pay slowly erode over more than a decade. We've found our power and we cannot go back to that way of thinking or working. We must stand together. The BMA consultant and SAS committees have committed to full pay restoration. We expect them to also take further action this year if the DDRB recommendation is insufficient.

Do strikes work?

Yes! Over the last two years we've recovered, on average, 22% of our pay. Repeatedly through the dispute the Government said they wouldn't offer us more, or they won't even talk to us, and only strike action moved them to bring more to the table. It also influenced how much the pay review body was willing to recommend for the past two years.

What should members do to prepare for future industrial action?

- Ensure their portfolio is up to date
- Help more junior colleagues complete SLEs for their portfolio
- Prepare financially through saving/picking up locums on non-strike days
- Sign up for the BMA if not already a member
- Check and update your details at myaccount.bma.org.uk

