

Scottish Resident doctor pay evidence for 2025/26

February 2025



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1 Approach to Resident doctor pay - 2025-26

The pay and contract agreement BMA SRDC (Scottish resident doctors committee) reached with the Scottish Government for 2023/24ⁱ included direct pay negotiations each year for 2024/25-2026/27. Resident doctors in Scotland will therefore not participate in the DDRB process at least until 2027/28, unlike some other branches of practice in Scotland and the UK. This is reflected in the Scottish Government remit letter to the DDRB for the 2025-26 pay round, which re-stated the commitment to the pay and contract agreement, in not seeking a recommendation for Resident Doctors in Scotland.

Direct pay negotiations with the Scottish Government have proven to be a viable path towards our aims of pay restoration for resident doctors in Scotland.

In future direct negotiations with the Scottish Government, BMA SRDC will look to resolve the significant remaining pay erosion Resident doctors have experienced since 2008/09, within the remaining two years of the agreement – by 2026/27. This is the stated shared aim of the BMA and the Scottish Government.

2 2024/25 negotiated pay offer

Direct pay negotiations for Resident doctors started much later than expected for 2024/25. However, whilst the delay was disappointing, direct pay negotiations between the BMA SRDC and the Scottish Government proceeded in good faith and delivered an agreement on Scottish Resident doctor pay for 2024/25. In a consultative vote, eligible BMA Resident doctor members voted 98.2% to accept the pay deal, with a turnout of 61.4%

The negotiated and accepted Scottish Resident doctors pay deal for 2024/25ⁱⁱⁱ represented a cumulative pay uplift of 11% for all Resident doctors in Scotland, applied to base salaries and banding. The pay deal comprised of the following:

- An initial uplift of 8.5% from 01 April 2024.
- A further uplift of 2.3% from 01 October 2024, applied to the revised April payscale.

The pay deal reached for 2024/5 delivered a further step towards restoring Resident doctor pay in Scotland, building on the previous 12.4% pay uplift achieved in 2023/24 which had already begun to reverse the trend of pay erosion.

The graph below [Table 1] illustrates this, showing that the above inflation pay uplifts of 2023/24 and 2024/25 have begun to reverse the real terms pay decline and have almost halved levels of pay erosion when compared to 2008/09 levels. This still means that significant progress is still required; for FY resident doctors, in the illustrative example below (figure 1), pay erosion remains at -15.3% when compared to 2008/09 levels.

ⁱ [bma-scotland-pay-offer-jds-and-dit-7-july-2023.pdf](#)

ⁱⁱ [Pay offer for resident doctors working in Scotland](#)

ⁱⁱⁱ [resident-doctors-and-dentist-in-training-pay-offer-202425_final-and-for-web.pdf](#)

2.1 Real terms pay for Scottish Resident doctors between 2008/09 and 2024/25

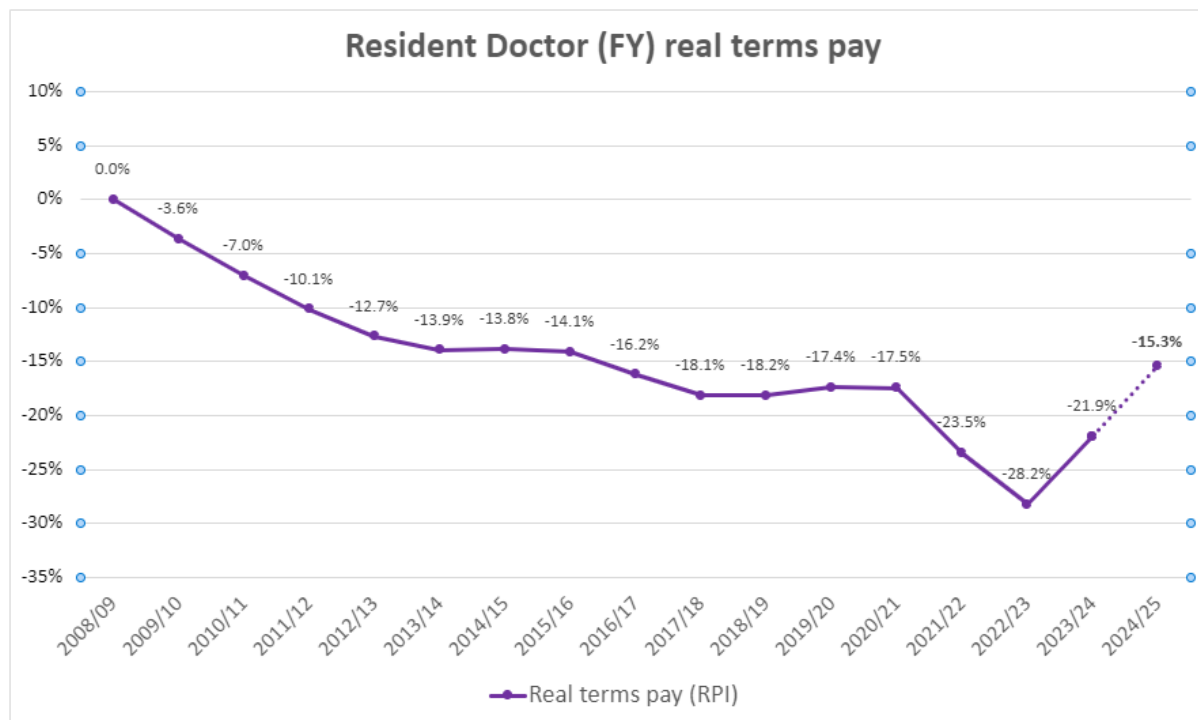


Figure 1: Real terms pay for Resident doctors in Scotland between 2008/09 and 2024/25. The value for 2024/25 is estimated based on OBR forecasts for RPI inflation to April 2025.

3 BMA Scottish resident doctors committee (SRDC)

There are two further years of the pay and contract framework agreement reached in 2023/24, which committed Government to working with the BMA to restore Resident doctor pay and to prevent pay erosion from recurring in the future.

BMA SRDC will be holding Government accountable in 2025's direct pay negotiations to ensure Resident doctor pay will be restored back to 2008/09 levels. This will require agreeing pay uplifts substantial enough to deliver on the shared aim of pay restoration for Resident doctors in Scotland for the next two years - 2025/26 and 2026/27.

There are interlinked components to the framework agreement of last year, to enable a path to achieve pay restoration, and to prevent erosion of pay for Resident doctors recurring in the future. In addition to in-year pay negotiations, the agreement to 2026/27 requires negotiation to agree a new pay review mechanism, along with renegotiation of the 2002 Resident doctor contract.

Whilst discussions on a new pay review mechanism have yet to start, BMA SRDC have agreed with the Scottish Government a set of principles for the new process which must deliver fair remuneration and recognise the value of Resident doctors whilst preventing any pay erosion recurring in the future.

The principles for contract reform have also been agreed, with the overall shared aim to deliver a modernised, fit for purpose contract that meets the needs of current and future Resident doctors in Scotland. Preliminary discussions paused during pay negotiations in 2024, however we expect to pick up and re-start discussions at pace, with formal contract negotiations with Scottish Government and employer representatives scheduled from January 2025. The renegotiation of the 2002 contract is an important part of the deal reached in 2023/24 and therefore continued progress is required to maintain the confidence of Scottish Resident doctors and to make the NHS in Scotland an internationally competitive place to work and train.

4 Resident doctor workforce, recruitment and retention

High and worsening rates of burnout and fatigue for Resident doctors continue to be evident^{iv} reflecting the pressures of an overstretched workforce, with excessive workloads, amid existing and widespread staff shortages. BMA Scotland has continued to highlight the increasing medical workforce challenges facing the NHS and widespread vacancies across Scotland^v.

The reality of the NHS staffing crisis in Scotland as it continues to struggle with vacancies and rota gaps is that this ultimately impacts on the welfare of Resident doctors, as well as the quality and consistency of their education and training. As recognised by the Audit Scotland report 2024^{vi}, staff shortages are a significant cost to the NHS – both financially and to the quality and continuity of patient care – shown by an increasingly heavy reliance on recruitment of external locums. For smaller and more rural health board areas, recruitment challenges and continued high use of agency and bank staff continue to be prevalent^{vii}. In Scotland, 2023/24 saw an 8% increase on bank and agency spend for medical and dental staff from the previous year - a total of £129.6 million^{viii}. Spending on agency staff is higher than before the pandemic, remaining over 45% higher in real terms than five years ago.^{ix}

The BMA continues to stress the need to more adequately deal with short term vacancy gaps and underfilled rotas across the system, to prioritise the safety and wellbeing of doctors, and therefore for patients. Discussions continue between BMA Scotland, the Scottish Government and NHS Scotland employer representatives on the attractiveness of medical locum staff bank rates, and the consistency of their application, across NHS Boards in Scotland.

Resident doctor concerns on the role and deployment of Anaesthesia Associates (AAs) and Physician Associates (PAs) in NHS Scotland to plug medical vacancies, in the persistent absence of proper medical workforce planning, continues to be highlighted to Scottish Government and stakeholders. Real concerns remain around the impact of these roles on

^{iv} [National Training Survey 2024 Results](#)

^v [Medical workforce heatmaps for Scotland](#)

^{vi} [NHS in Scotland 2024: Finance and performance | Audit Scotland](#)

^{vii} [NHS in Scotland 2024: Finance and performance](#)

^{viii} <https://turasdata.nes.nhs.scot/data-and-reports/official-workforce-statistics/all-official-statistics-publications/03-september-2024-workforce/dashboards/nhs-scotland-workforce/?pageid=12370>

^{ix} [NHS in Scotland 2024: Finance and performance](#)

Resident doctor training, with the loss of vital opportunities to gain experience necessary for progression instead being provided to PA/AAs. These concerns are heightened by any expansion in terms of remit and numbers of MAPs (Medical Associate Professions) in the NHS in Scotland. BMA Scotland has set out clear policy position^x that there needs to be clarity and evidenced assurances around scope of practice, and before any further recruitment of these roles in Scotland. As such, BMA have pressed the Scottish Government for a pause in the recruitment and expansion of MAPs, and for the findings of independent reviews, including the UK-wide review being led by Professor Leng^{xi}, to inform any further deployment of these roles across the NHS in Scotland.

The GMC's *State of Medical Education and Practice 2024*^{xii} report highlights the challenges faced by Resident doctors in terms of workforce stability and career progression. The failure in workforce planning by the Scottish Government, as well across the UK, has resulted in severe bottlenecks, along the medical training pathway. BMA SRDC continues to stress to the Scottish Government the need for an urgent review of workforce planning processes, to ensure that current and predicted future workforce needs are met. Applications to specialty training for training programmes commencing August 2025 have again reached unprecedented record levels – an increase of 29.7% on the number of applications and 60.60% on applications submitted - with applicants rapidly making more applications in a bid to secure a training programme place. Future increased funding and expansion of postgraduate training posts are required to meet the growing demand for training, to reduce the current unprecedented competition ratios for available posts, and to ensure recruitment and retention of the future doctor workforce in Scotland.

A future workforce plan in Scotland must prioritise the protection of training time for resident doctors, to prevent doctors being solely used for service provision and to support training progression. As part of this, BMA SRDC continues to stress the need for the Scottish Government to uphold their commitment^{xiii} to implement in full the educational approval of rota process agreed to in 2021, which to-date remains a commitment not yet met. In committing to this, as part of the Scottish Government's Expert Working Group recommendations for improving doctor wellbeing and minimising fatigue^{xiv}, there is a recognition of its importance for doctors and for patients that must now lead to action and change.

^x [BMA Scotland publishes full position on AAs/PAs](#)

^{xi} [BMA responds to Lords debate on physician associate roles - BMA media centre - BMA](#)

^{xii} [The state of medical education and practice in the UK - GMC](#)

^{xiii} [Improving working conditions for junior doctors - gov.scot](#)

^{xiv} [3. EWG programme of work - Junior doctors - 48-hour maximum working week \(without averaging\): expert working group report - gov.scot](#)