

## UK Junior Doctors Committee Full Pay Restoration Campaign (England)

Phase 2: Bank and Build Strategy

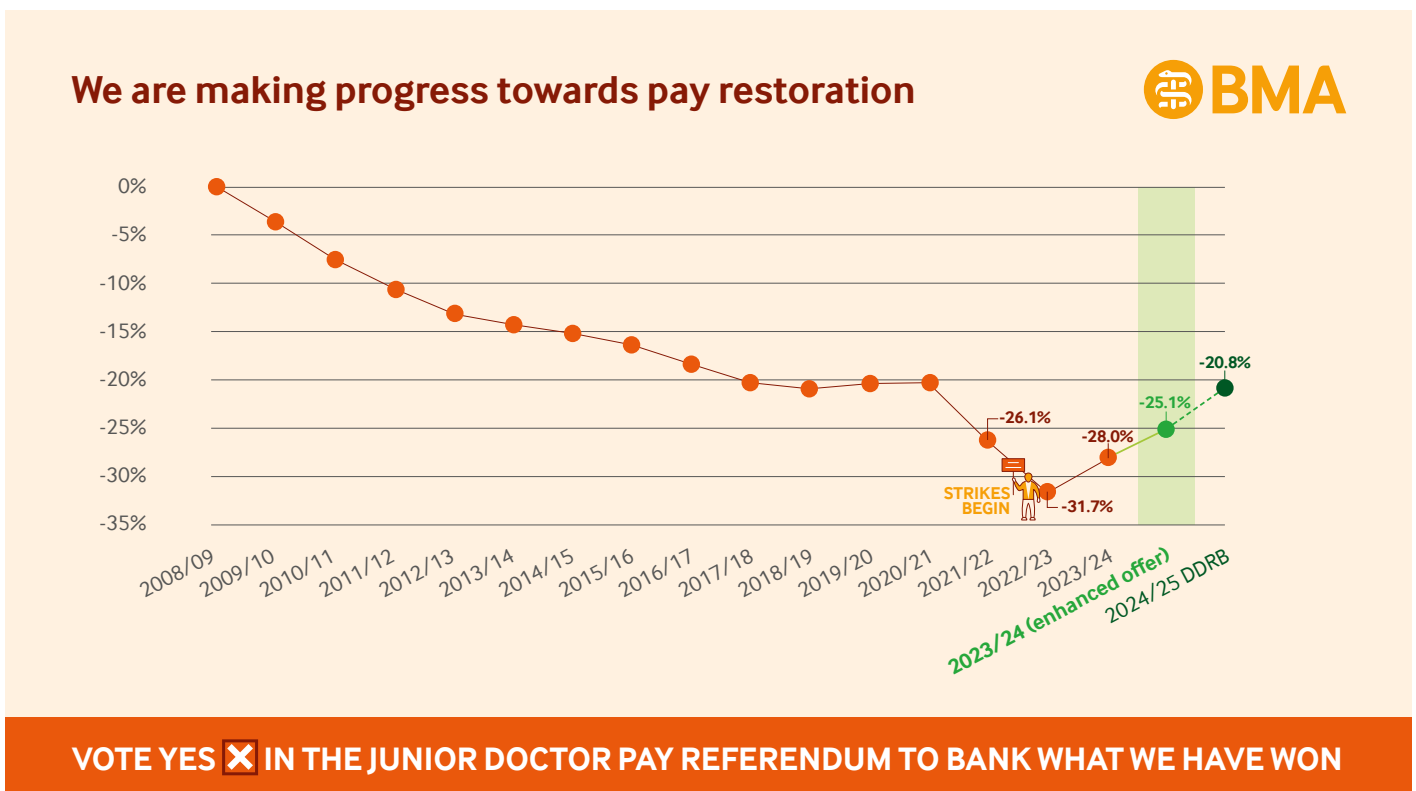


## Introduction and context

This strategy document lays out the UK Junior (soon to be Resident) Doctors Committee's (RDC) strategy for the second phase of the campaign for Full Pay Restoration (FPR), should members vote to accept the current Government offer as an initial step in our journey. This strategy is based upon a 'bank and build' approach.

If the current offer from the Government is accepted, the pay erosion suffered by resident doctors will have gone from **31.7%** at its worst to **20.8%** (using the Retail Price Index measure of inflation).

This alters the value required to restore our pay to 2008 levels from **46.4%** at its worst to **26.26%** if the offer is accepted.



This strategy will be adopted in full should the current offer be accepted by the membership via a referendum. We share this with members now to show you the journey ahead should you vote to accept.

## What is a 'bank and build' strategy?

'Bank and build' is an industrial strategy used by unions to lock in progress either while pursuing an ambitious industrial objective or defending a previously obtained win that their employers may seek to reverse.

In both these scenarios, the union is likely to require industrial action that is sustained and escalated. Escalated and sustained industrial action can have an impact on individual members' finances and can lead to attrition and disengagement from the campaign.

Learning from the best practice of similarly strong unions, the second phase of our campaign will require an even stronger workplace organising capacity, and for doctors to engage actively with the campaign to maximise our leverage. We will need to find ways to ensure our colleagues remain engaged, to develop strategies to identify those

facing financial difficulties, and defend those that are under pressure from employers, managers, and trainers, to ensure maximal strike participation is maintained. No doctor will be left behind.

A bank and build approach can maximise members' collective power. It also safeguards momentum and mitigates the risk of strike burnout. Both are crucial in maintaining the critical mass required for strong and effective industrial action.

Your unprecedented strike action has led to the improvements we have seen on pay, both in the offer currently on the table and the DDRB recommendations of the last two years. Despite striking for a record 44 days, we have not seen the levels of strike attrition amongst doctors that other unions usually see. However, we must remain mindful of the risk of attrition as experienced by other unions in the past. To ensure we remain resistant to this, we must be prepared to reinforce your local activists' network in every hospital and every department – whether starting conversations with other doctors, ward walks, organising picket lines, or attending rallies. A good bank and build strategy should begin before meaningful losses in strike participation, to ensure that each time we return, we start from a solid foundation.

## So, if we do decide to bank, how do we then build?

The period for building is actually very short – perhaps as little as 8 or 9 months.

For us to build and replenish what our campaign has expended, we will need to adopt a similar approach and level of activity as we saw in the months prior to winning our initial record-breaking ballot in February 2023.

This will entail:

- Identifying, recruiting if necessary, and training pay activists to take charge at local and regional levels to increase our workplace power.
- Enabling fresh mapping, charting, and organising across rotations.
- Assisting representatives and activists to run workplace events, e.g. pizza and pay meetings, to re-engage those who may have stepped back from striking.
- Walking the wards both to disseminate information and recruit new activists.
- Reinvigorating local strike WhatsApp groups to prompt discussion and campaign innovations.
- Finding new ways to engage and discuss workplace issues with colleagues.
- Empowering reps, activists, and members to undertake these activities by:
  - Giving them bespoke training and local BMA staff support.
  - Affording them regular contact with national officers, strategy information, and the right campaign materials.
  - Equipping them with the tools to communicate with each other and their local members.

## What are our asks for 2025/26 to avoid a new dispute and potential strike action?

If the offer is accepted, we will set thresholds. If these are not met, a new dispute will be triggered in April 2025, which could lead to further industrial action. The thresholds are broken down into two core areas:

### 1. Pay uplift value

We remain 20.8% below the Retail Price Index (RPI) measure of inflation since 2008. BMA policy set in 2022 demands our pay be fully restored by the end of the 2027/28 pay round.

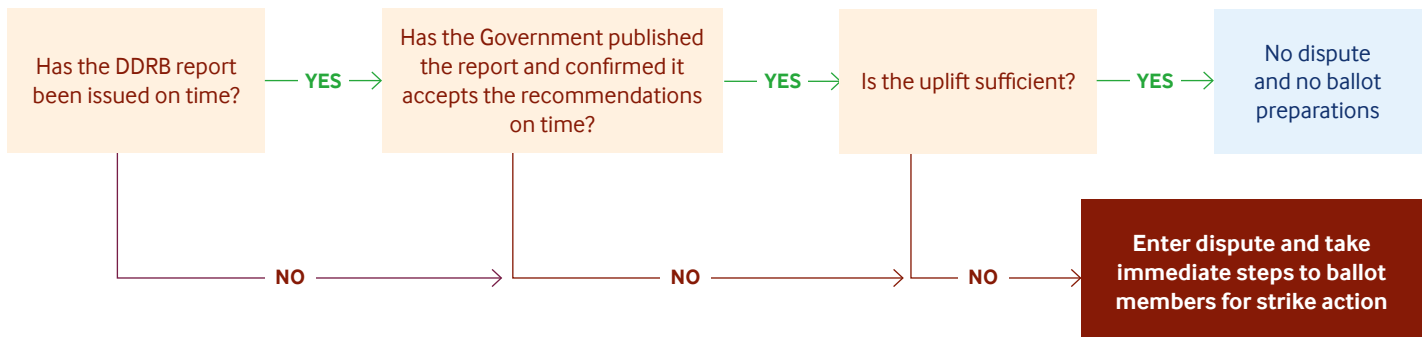
Your Resident Doctors Committee will assess whether there is sufficient progress towards this goal each year. If there is insufficient progress, we will enter a renewed dispute and ballot members for industrial action.

### 2. Pay uplift issued in a timely manner

- a. DDRB pay recommendation to be issued to the Government no later than 5 April 2025, *and*
- b. Government to publish the DDRB report and confirm its acceptance of the recommendations in full no later than 30 April 2025.

We attach a copy of our letter to the DDRB ready to be submitted for consideration. As you can see, we have been explicit as to what is required to avoid a new dispute.

The flow diagram below lays out the broad decision-making process your BMA Resident Doctors Committee will undertake in April 2025.



Separate and in addition to the above thresholds, we will assess the review into rotational training, to which the Government has committed within current offer. Should we deem the material outputs for resident doctors to be inadequate or unacceptable, the Committee will also consider entering a renewed dispute and taking steps to ballot our members on industrial action.

## Where can I find more information on the offer?

You can access the full details of the Government's current offer at [bma.org.uk/jdoffer](https://bma.org.uk/jdoffer).

We also have a frequently asked questions page at [bma.org.uk/jdofferfaqs](https://bma.org.uk/jdofferfaqs).

If you have questions that remain unanswered, do not hesitate to get in touch with your regional representatives who can help you further.

## Appendix

BMA House  
Tavistock Square  
London, WC1H 9JP

# BMA

### FAO: Doctors' and Dentists' Pay Review Body

To whom it may concern

## BMA UK Resident Doctors' Committee – Submission to Doctors and Dentists Pay Review Body (DDRB)

We write in advance of your deliberations and considerations upon the pay uplift recommendations you will be issuing relating to resident doctors in England for 2025/26.

Over the years, we have presented a wealth of evidence both to the review body and publicly as to the state of resident doctors' pay in England, and what is needed to restore our pay in real terms to 2008 levels.

At the time of writing, we remain 20.8% below the Retail Price Index (RPI) measure of inflation since 2008.

Our members set policy in 2022 that demands our pay be fully restored by the end of the 2027/28 pay round.


We will be assessing each year whether there is sufficient progress towards this goal to restore faith in the DDRB. If there is insufficient progress, we will re-enter dispute and ballot our members for industrial action if required.

Further, we call upon the DDRB to issue its recommendations for 2025/26 to government on time, and no later than 5 April 2025.

For the avoidance of doubt, we will not allow our journey to full pay restoration to be delayed, and therefore should the pay recommendations arrive late or fall short of our expectations to continue our journey to full pay restoration at an acceptable pace, we will be duty bound to trigger a formal dispute and take immediate steps to ballot our members on industrial action.

We eagerly await your report and recommendations.

Yours faithfully,



**Dr Robert Laurenson**  
BMA UK Resident Doctors' Committee,  
Co-chair



**Dr Vivek Trivedi**  
BMA UK Resident Doctors' Committee,  
Co-chair



