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"COMPLETELY UNREASONABLE"

THE POSSIBLE IMPACT OF THE BMA RESIDENT DOCTOR COMMITTEE'S PROPOSED INDUSTRIAL ACTION

A Policy Exchange Research Note

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Policy Exchange

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Endorsement

"This powerful new analysis from Policy Exchange demonstrates the scale of disruption that industrial action from the BMA may cause in the coming days and months. This is in nobody's interest, particularly patients who will be the ones who bear the brunt of the disruption once more. The Government risks further alienating the wider NHS workforce and public sector if they cave in – on pay, on student loans or other exceptional terms. Nurses and other health professionals, teachers, police officers and others will ask why they're being treated differently from resident doctors. As Labour changes the law to make it easier for unions to call strikes, this sort of action will only become more likely."

The Rt Hon Victoria Atkins MP

Former Secretary of State for Health and Social Care

Executive Summary

Following a ballot of its membership, The British Medical Association's Resident Doctors Committee (BMA RDC, formerly junior doctor's committee) have announced a "full walkout" of its membership for five consecutive days beginning 25th July (7am), ending 30th July 2025.

The BMA RDC co-chairs state that "without a credible offer to keep us on the path to restore our pay, we have no choice but to call strikes".[1] The current mandate was secured on a turnout of 55% and will last until January 2026. Only a third of the total 77,000 resident doctors (RDs) working in the NHS in England voted in favour of industrial action.[2]

Were strikes to take place later this month, they would commence just ten months after the BMA RDC membership voted to end their previous dispute with the Government, having accepted a deal whereby the average pay of a resident doctor would increase by 22.3% over two years.[3] Strikes would take place meanwhile just two months after The Review Body on Doctors' and Dentists' Remuneration (DDRB) recommended a further 4% pay increase (and a consolidated uplift of £750) for resident doctors (RDs) in England, Wales and Northern Ireland.[4]

The Health Secretary has responded to the possibility of strikes by stating that the BMA's approach has been "completely unreasonable".[5] His frustration is apparent, having prioritised the settlement of the Government's dispute with the BMA's (then) junior doctor's committee upon entering office in July 2024.[6]

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[1] https://www.bma.org.uk/bma-media-centre/resident-doctors-announce-strike-action-in-england. The term 'resident doctor' was officially adopted by the BMA on 18th September 2024, replacing the previous terms 'junior doctor', 'registrar' and 'specialty doctor'. The RDC was renamed at this time accordingly.
[2] https://www.thetimes.com/uk/healthcare/article/nhs-waiting-list-doctor-strikes-drrcf7jkj
[3] https://www.bma.org.uk/bma-media-centre/junior-doctors-in-england-vote-to-accept-pay-offer
[4] https://assets.publishing.service.gov.uk/media/682f3674b33f68eaba9539c9/DDRB_53rd_Report_2025.pdf
[5] https://www.thetimes.com/uk/healthcare/article/junior-doctors-announce-five-day-strike-from-july-25-90q9z2msd
[6] https://policyexchange.org.uk/publication/mission-critical/

Whilst talks between the Health Secretary and BMA RDC have taken place with the aim of averting industrial action, as it stands, it cannot be presumed the strikes will be called off.

Were doctors to withdraw their labour, this would be the first national strike by a healthcare union under a Labour Government since the Winter of Discontent in 1979, when David Ennals was Secretary of State for Social Services.

This briefing focuses on the possible impact of strikes announced by the BMA RDC upon patients – both across the five days which have been announced so far in July 2025 – and over the remainder of the period the BMA RDC have a mandate (until January 2026.)

Policy Exchange analysis calculates that:

- Proposed strikes from the BMA RDC in July 2025 alone could impact (either through cancellation or deferral) 242,820 appointments across the NHS in England (inpatient, outpatient, community, mental health and general practice).
- Were strikes to occur until January 2026 at similar rates as those which took place between 2023-4, it is plausible over 2 million appointments across the NHS could be impacted.
- Strikes could reduce inpatient activity for July 2025 overall by 4.5% and outpatient activity by 8.7%, increasing median waiting times and threatening the ability for NHS England to meet its Spring 2026 target for 65% of patient 'pathways' to be completed within the 18-week constitutional target – as well as the Prime Minister's pledge to reach the constitutional standard (92%) by the next election.
- If NHS Trusts were to spend similar amounts on 'consultant cover' in July 2025 (as was the case between March-April 2023), the total cost in England could be £17.5 million each day.
- That would total £87.46 million over the course of proposed strikes in July and more than £367.46 million over the course of 2025 overall.

Context

The British Medical Association Resident Doctors Committee (BMA RDC) have announced a "full walkout" of its membership for five consecutive days beginning on 25th July (7am) and ending on 30th July 2025, including the withdrawal of RDs working in emergency care as well as across GP and community settings.[7] The BMA RDC state that "without a credible offer to keep us on the path to restore our pay, we have no choice but to call strikes".[8]

The announcement comes just ten months after the BMA RDC membership voted to accept a pay deal from the Government worth 22.3% (on average) concluding a sustained period of industrial action under the previous Government which forced the cancellation or deferral of more than 1.4 million appointments across acute, community and mental health trusts and costing taxpayers 'around £3 billion'.[9]

In May 2025, the Government accepted recommendations from the Review Body on Doctors' and Dentists' Remuneration (DDRB) to give all resident doctors (RDs, previously called junior doctors) an average pay rise of 5.4% this year, the highest across the public sector.[10] Citing the late publication of the DDRBs recommendations, the BMA RDC balloted its membership for industrial action in late May 2025.

[7] https://www.bma.org.uk/our-campaigns/resident-doctor-campaigns/pay-in-england/pay-restoration-for-resident-doctors-in-england. The term 'resident doctor' was officially adopted by the BMA on 18th September 2024, replacing the previous terms 'junior doctor' and 'registrar' and 'specialty doctor'.

[8] https://www.bma.org.uk/bma-media-centre/resident-doctors-announce-strike-action-in-england

[9] The figure is drawn from an estimate from NHS Confederation: https://www.nhsconfed.org/news/compromise-between-politicians-and-junior-doctors-could-avert-major-disruption-nhs#:~:text=Industrial%20action%20has%20had%20a%20huge%20impact%20on%20the%20NHS%20over%20the%20last%2018%20months%2C%20leading%20to%201.4%20million%20appointments%20and%20operations%20being%20cancelled%20at%20an%20estimated%20cost%20to%20the%20health%20service%20of%20around%20%C2%A33%20billion. This included eleven rounds of industrial action over eighteen months from March 2023 to July 2024. A complete list of the dates impacted can be found in the Appendix.

[10] https://www.gov.uk/government/publications/bma-resident-doctor-ballot-outcome/bma-resident-doctor-ballot-outcome

Were doctors to withdraw their labour, this would be the first national strike by a healthcare union under a Labour Government since the Winter of Discontent in 1979, when David Ennals was Secretary of State for Social Services.

The Health Secretary has responded robustly to the announcement, stating that: "*No trade union in British history has seen its members receive a 28.9 per cent pay rise only to immediately respond with strikes… This is completely unreasonable*".[11]

He has been joined by other senior healthcare leaders. Daniel Elkeles, Chief Executive of NHS Providers (which represents NHS trusts) has said this industrial action would be "*totally unfair to patients whose care will be cancelled at such short notice… It shows a lack of respect for colleagues…who received lower pay rises and will now have to cover resident doctors' work.*"[12] Danny Mortimer of NHS Employers (which negotiates pay deals with healthcare unions) described: "*Resident doctors voting for more industrial action after the largest series of pay awards in the public sector…a troubling development*."[13]

A number of commentators meanwhile who were sympathetic to both the ask (and the means) by which the BMA had undertaken strikes under the previous Government have been less sympathetic of their most recent announcement. Polly Toynbee, writing in *The Guardian*, notes "*this time the BMA may have overreached*."[14] James O'Brien, presenter on LBC, has called the demands "*wrong to the point of offensive*".[15]

This response owes partially to the scale of the ask and the nature of the strike action proposed amidst the wider fiscal and political context within which the BMA RDC make their demands.

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[11] https://www.thetimes.com/uk/healthcare/article/junior-doctors-announce-five-day-strike-from-july-25-90q9z2msd
[12] https://nhsproviders.org/news/strikes-at-short-notice-will-be-harmful-and-totally-unfair-to-patients
[13] https://www.nhsemployers.org/news/new-resident-doctor-strikes-last-thing-nhs-leaders-want
[14] https://www.theguardian.com/commentisfree/2025/jul/11/doctors-strike-threatens-swamp-nhs-turnaround-bma-overreached?utm_term=Autofeed&CMP=bsky_gu&utm_medium=&utm_source=Bluesky#Echobox=1752219162
[15] https://x.com/LBC/status/1944704923800633380

The Significance of Industrial Action in July

- The scheduled window to plan and mitigate the impact of strikes will be challenging for the NHS to manage. As has been the experience with previous waves of industrial action, planned care (i.e. consultations and procedures relating to the 'waiting list') are certain to be cancelled or deferred, with urgent and emergency care prioritised. Likely warm temperatures at the end of July are associated with an increase in the admission of frail elderly.

- The timing of these proposed strikes is also scheduled to coincide with the beginning of school summer holidays when hospital consultants, as well as GP partners (i.e. the most senior doctors working across the NHS) are likely to have leave scheduled.

- Announcing strikes just two weeks in advance puts significant pressure on senior leadership to make adequate preparations, including the planning of rotas. Most consultants are required to give at least six weeks' notice for the duty roster, for example. Such short notice will make it harder (and, ultimately, more expensive) for hospitals to cover shifts.

- Planning will certainly be more difficult in instances where RDs choose not disclose their intention to withdraw their labour. As one BMA representative puts it, RDs are "under no obligation to inform your employer of your intention to strike or not."[16] This is something that the Health Secretary has described as "unconscionable".[17]

'Strike Attrition'

- The BMA RDC will also be hoping that resident doctors (RDs) are more likely to withdraw their labour during late July given these dates fall after

[16] https://www.reddit.com/r/doctorsUK/comments/1luvdko/comment/n20zjv0/?utm_source=share&utm_medium=web3x&utm_name=web3xcss&utm_term=1&utm_content=share_button
[17] https://www.itv.com/news/2025-07-14/wes-streeting-bmas-plan-for-resident-doctor-strike-is-unconscionable

RDs will have completed their Annual Review of Competence Progression (ARCP), but before they begin their next rotation in August.[18]

- The BMA have been proactively encouraging GP registrars (who are also RDs) not attend work at their GP practice on strike days.[19] The BMA's advice to GP registrars is as follows: "You should not see patients on strike days, nor should you perform administrative work (e.g. reviewing bloods tests and other non-patient facing clinical tasks). Our advice is to not attend your practice at all on strike days."[20]

- These factors are significant because of the rates of 'strike attrition' that were seen in the most recent waves of strikes back in 2024. Looking at Fig. 1 below, the trend line demonstrates a decline over time in the number of staff who were recorded as absent as a result of strikes by NHS England.

- Moreover, support for strikes *amongst* RDs is less widespread than a year ago. Less than a third of the 77,000 RDs working in the NHS voted in favour of industrial action in the most recent ballot.[21]

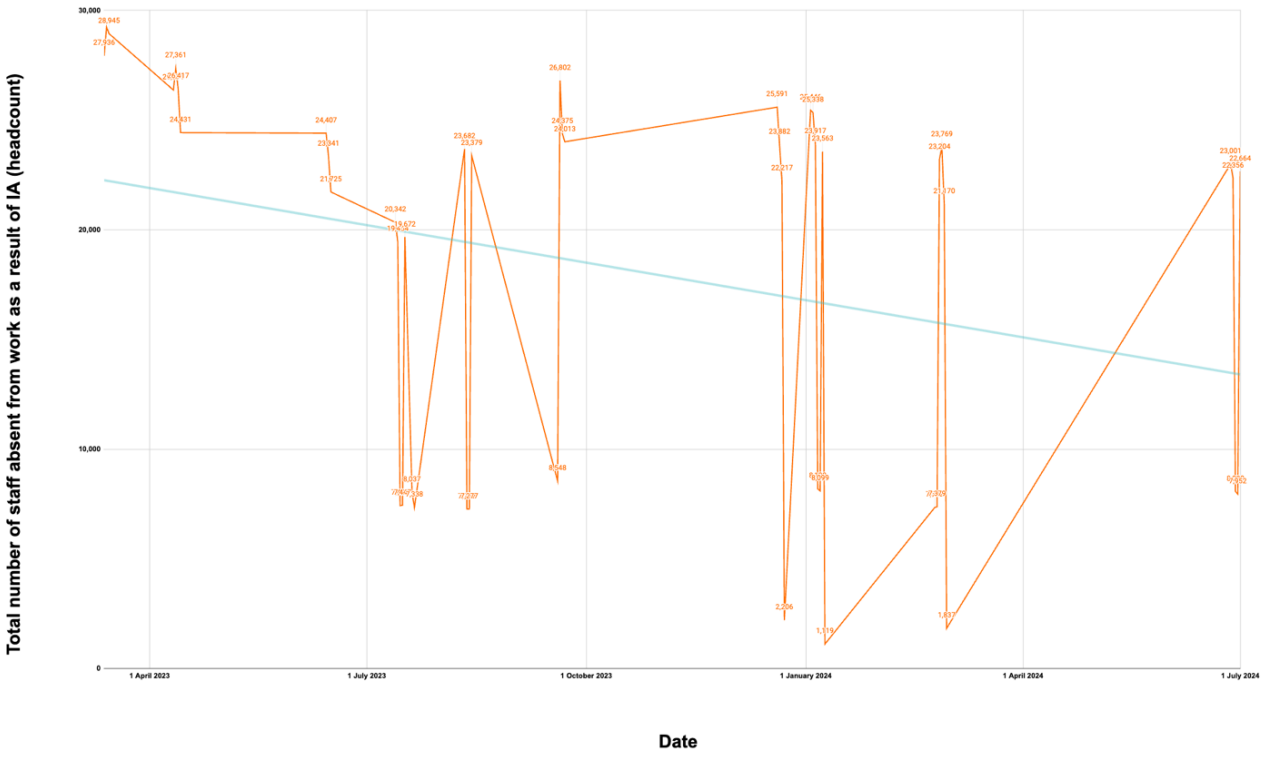
- The BMA RDC mandate for strike action was secured on a turnout of 55% (from 53,766 eligible members), with 90% of those who voted, voting 'yes'.[22] Turnout was significantly lower – more than 20% less than the mandate secured by (then) junior doctors in February 2023. (See Fig. 2 below). Overall, less than one in three RDs has voted for strikes, given the latest data reveals there were 77,287 RDs working in England in February 2025.[23]

- We should also note that public support for industrial action by RDs appears to have waned in recent months. Based on the latest polling, just one in five members of the public are now in support of strikes. According

[18] https://www.hee.nhs.uk/our-work/annual-review-competency-progression
[19] https://www.bma.org.uk/our-campaigns/resident-doctor-campaigns/pay-in-england/resident-doctors-guide-to-industrial-action-in-england/striking-as-a-gp-registrar
[20] https://www.bma.org.uk/our-campaigns/resident-doctor-campaigns/pay-in-england/resident-doctors-guide-to-industrial-action-in-england/striking-as-a-gp-registrar
[21] https://www.thetimes.com/uk/healthcare/article/nhs-waiting-list-doctor-strikes-drrcf7jkj
[22] https://www.bma.org.uk/news-and-opinion/resident-doctors-vote-yes-to-strike
[23] https://digital.nhs.uk/data-and-information/publications/statistical/nhs-workforce-statistics/february-2025

to Ipsos, approval by voters for strikes has halved from 52% a year ago to just 26%.[24]

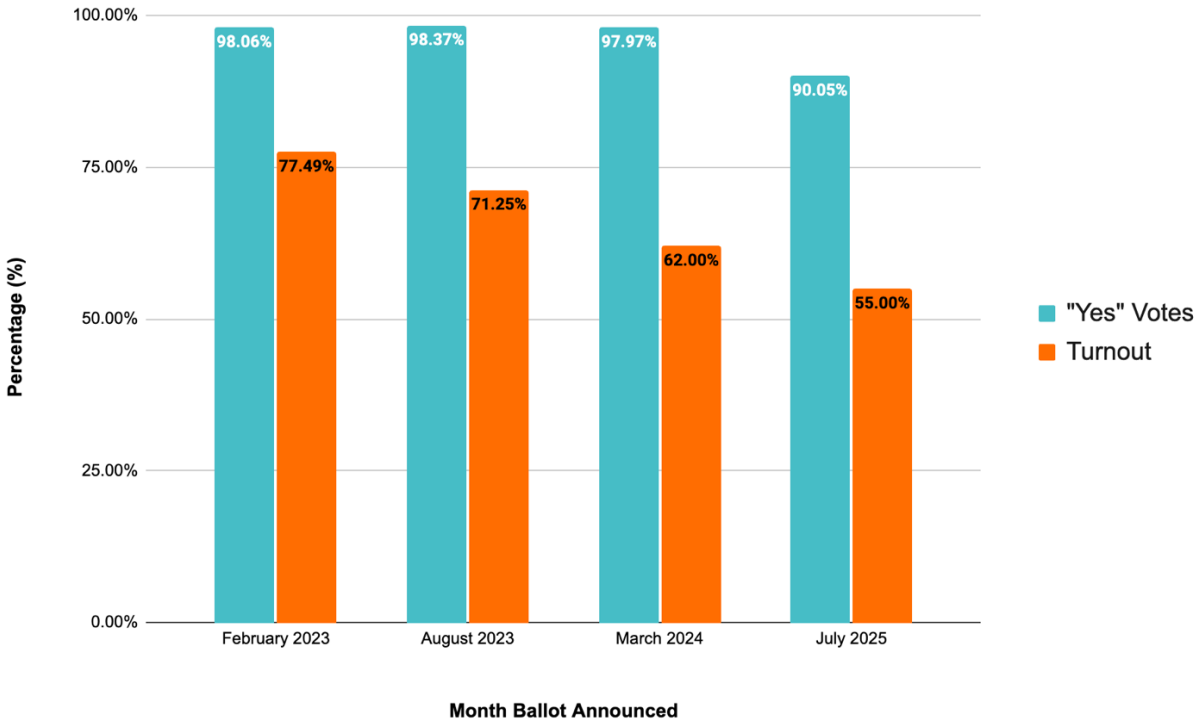
Figure 1 – Total number of staff absent from work as a result of Industrial Action (headcount) for the period of action 07:00 (Day) to 06:59, 13 March 2023-1 July 2024



Source: Policy Exchange analysis of NHS England, Industrial Action in the NHS, https://www.england.nhs.uk/publication/preparedness-for-potential-industrial-action-in-the-nhs/#heading-3

[24] https://www.theguardian.com/uk-news/2025/jul/12/public-support-for-resident-doctors-strikes-collapses-ahead-of-fresh-industrial-action

Figure 2 – Turnout and Proportion of Those Voting 'Yes' at Most Recent Ballots for Industrial Action, BMA (then) junior doctor's committee (JDC) and resident doctor committee (RDC)



Source: British Medical Association

The Fragility of Public Finances

- The broader political context has had a defining role in how the Government have responded thus far to the threat of strikes, given the possibility of widespread industrial action across healthcare unions – and the potential cumulative impact upon the nation's finances as a result.
- An indicative ballot of 345,000 members of the Royal College of Nursing (RCN) is currently under way to decide whether the RCN will ballot for strike action over pay.[25] Ministers will be keen to avoid pay "contagion".
- A recent publication from the OBR states that "the scale and array of risks to the UK fiscal outlook remains daunting".[26] Yet it is estimated that every

[25] https://www.thetimes.com/article/005b728f-b35c-4fc5-945f-9a09d2c0d031
[26] https://obr.uk/docs/dlm_uploads/Fiscal-risks-and-sustainability-report-July-2025.pdf

0.1 per cent pay rise across the NHS will cost an extra £125 million each year, according to the NHS Confederation.[27]

- These further pay demands emergence as NHS organisations struggle to 'balance the books'. Integrated care boards (ICBs) are required to reduce 'corporate cost growth' by 50% during Quarter 3 2025/26.[28] Since 2018/19, corporate costs have risen by 56% (£2.59 billion) across NHS organisations, including pay and pensions.[29] The NHS England Board identified 'in-year' industrial action as a "significant risk to the financial position in 2025/6".[30]

Internal BMA Politics

- The internal politics of the BMA RDC is also an important factor in determining their recent (and likely, future) approach to pay disputes. Policy Exchange has previously published analysis of the changing nature of some of the personnel (and ultimately, policy) which has driven BMA's approach in recent years.[31]
- A third of RDC members were against settling the dispute with the Government last Summer, and a greater number who advocated a 'bank and build' approach, with a view to renewing their dispute with the Government.
- We also ought also to think critically about the fact that for the BMA, the dispute can be used to air and address a wider range of campaigning issues, including opposition to the growth of medical associate professionals (MAPs), bottlenecks in postgraduate training and a wider set

[27] https://www.nhsconfed.org/news/nhs-leaders-concerned-over-potential-unbudgeted-pay-rises
[28] https://www.england.nhs.uk/long-read/working-together-in-2025-26-to-lay-the-foundations-for-reform/
[29] https://www.england.nhs.uk/long-read/working-together-in-2025-26-to-lay-the-foundations-for-reform/
[30] https://www.england.nhs.uk/long-read/financial-performance-update-6/
[31] https://policyexchange.org.uk/wp-content/uploads/2023/01/Professionalism-is-not-relevant.pdf

of issues relating to working conditions. But for the BMA this is, fundamentally, a pay dispute

Resident Doctor's Pay

The reason for the BMA RDC's dispute with the Government, relates to their demand to "restore" pay to 2008 levels in "real terms", which they calculate to be a 29% pay rise, costing the taxpayer £1.73bn.[32]

The Health Secretary notes that RD pay has risen by 28.9% over the last three years and that there is "no room for manoeuvre".[33] RD's pay is now 22% higher than nurses.[34] This is recognised by the BMA, who have stated that, "Your action clearly influenced the DDRB… along with the offer from the Government, led to the highest pay award of any public sector worker over the last two years."[35]

The average basic pay for a full-time resident doctor just out of medical school and starting the Foundation Programme (FY1) will be £38,800 this year, an increase of almost £9,500 since 2022-23.[36] This does not include additional 'non-basic' pay, including working unsociable hours.

Basic pay for a doctor commencing the 'core trainee' (CT1) grade two years after completing medical school is £52,656. The DDRB estimate average earnings per head of 'core trainees' (2-5 years post medical school) was £64,906 (in the year to December 2024).

[32] https://www.theguardian.com/society/2025/jul/11/resident-doctors-29-pay-claim-is-non-negotiable-bma-chair-says#:~:text=The%2029%25%20demand%20is%20not,that's%20why%20it%20looks%20inflexible.%E2%80%9D
[33] https://www.healthcare-management.uk/breaking-news-manoeuvre-pay-streeting-warns-bma
[34] https://www.independent.co.uk/news/health/nhs-doctors-uk-strikes-how-much-earn-resident-b2786215.html
[35] https://www.bma.org.uk/our-campaigns/resident-doctor-campaigns/pay-in-england/2024-pay-deal-for-resident-doctors-working-in-england
[36] https://www.theguardian.com/society/2025/jul/09/the-bma-wants-a-29-pay-rise-for-resident-doctors-but-how-did-it-calculate-these-figures

The DHSC states that the average full-time basic pay for a resident doctor will reach £54,300 in 2025/2026.[37]

[37] https://www.gov.uk/government/publications/nhs-pay-awards-2025-to-2026-resident-doctors/resident-doctors-pay-award-2025-to-2026-investing-in-our-medical-workforce#:~:text=Following%20this%20increase%2C%20we%20expect,resident%20doctors%20in%20the%20NHS

Table 1 – A Brief Overview of Resident Doctor Pay & Progression

Seniority	Years Post-Medical School	Description	Milestones	Average earnings per head (in the year to December 2024)	Increase in Basic Pay on Previous Twelve Months	Non- Basic Pay (of Average Earnings)
Foundation Year 1 (FY1)	0-1 year	Newly qualified doctors with provisional GMC registration. Work under close supervision.	Full GMC registration upon completion.	**£41,523**	**11.6%**	**22% (£9,100)**
Foundation Year 2 (FY2)	1-2 years	Doctors with full GMC registration. Managing more complex patients, and participating in on-call rotas. Continue to rotate through specialties to broaden experience.	Awarded Foundation Programme Certificate of Completion (FPCC), making them eligible for specialty training.	**£50,393**	**13.5%**	**24% (£12,200)**
Core Trainee (CT1-3) / Specialty Registrar (ST1-2, in some specialties)	2-5 years	Entry to specific training pathway (e.g., Core Surgical Training). Often preparing for specific Royal College exams. Increased clinical responsibility and supervision requirements of junior colleagues.	Successful completion of core training and relevant Royal College exams (e.g., MRCP for medicine, MRCS for surgery).	**£64,906**	**13.4%**	**25% (£15,700)**
Specialty Registrar (StR) / Specialty Trainee (ST3+)	5+ years (can vary significantly by specialty, typically 5-8 years from start of specialty training)	Doctors in higher specialty training, specialising in a particular field (e.g., Cardiology or General Surgery). Work with increasing independence, perform complex procedures, lead ward rounds; often have teaching or management responsibilities. The "ST" number indicates the year of training within their specialty (e.g., ST3, ST4, up to ST8 or more).	Completion of training requirements and passing final Royal College exams leads to the award of a Certificate of Completion of Training (CCT), enabling individuals to apply for Consultant posts.	**£72,698**	**12.2%**	**25% (£18,200)**

Source: All figures set out in the Review Body on Doctors' and Dentists' Remuneration Fifty Third Report – 2025, p. 68, https://www.gov.uk/government/publications/review-body-on-doctors-and-dentists-remuneration-fifty-third-report-2025

Using comparisons, the DDRB have stated that looking across levels of experience and seniority amongst RDs, earnings for most RDs are "behind some market comparators (legal, finance, pharmaceutical and analytical/data science)", but "ahead of academic and veterinary roles".[38]

What about roles of comparable responsibility across the public sector? Let us compare the average earnings per head for a 'core trainee' (£64,900), who will be between two and five years out of medical school:

Teaching	In middle of the 'leading practitioner' pay range (£50k - £76k) or equivalent to the minimum pay for a headteacher, a position it takes most teachers at least a decade to reach.[39]
Civil Service	Similar to a 'Grade 6', who will be responsible for leading "several complex work streams" and "may…be specialists in a particular area".[40]
Armed Forces	Equivalent pay to a 'Major', who will command a sub-unit typically around 120 officers and soldiers.[41]

It is worth highlighting some of the challenges with how the BMA has presented its case for 'pay restoration'. Comparisons of changes in earnings (and prices over time) are sensitive to the base year chosen. As the Nuffield Trust have noted, "you can paint a very different picture of real-terms changes to resident doctors' pay packets over time, depending on the methods you use. It's important to look at a range of baseline years to get a more complete understanding of what has happened to pay."[42]

Whilst it can be illustrative, there are also issues with making international pay comparisons. These range from (but are not limited to): the comparability of medical roles across different national settings; different workforce definitions; qualification requirements; grade hierarchies; differing employment models, such

[38] https://assets.publishing.service.gov.uk/media/682f3674b33f68eaba9539c9/DDRB_53rd_Report_2025.pdf
[39] https://nationalcareers.service.gov.uk/job-profiles/headteacher
[40] https://defrajobs.co.uk/working-here/civil-service-grades-explained/
[41] https://jobs.army.mod.uk/regular-army/what-you-get/pay-benefits/
[42] https://www.nuffieldtrust.org.uk/news-item/resident-doctor-pay-how-do-different-methods-affect-how-pay-changes-appear

as self-employment/employee status and variation in tax and social insurance contributions across countries affecting take-home pay.[43]

[43] https://assets.publishing.service.gov.uk/media/682f3674b33f68eaba9539c9/DDRB_53rd_Report_2025.pdf (p. 208)

Impact

The best guide to plausible impact from strikes over the course of July – and over the remainder of the year – is to examine the impact of previous strikes undertaken by the BMA in recent years.

Strike action between 13 March 2023 to 1 July 2024 led to appointments across acute, community and mental health settings totalling almost 1.5 million to be cancelled or deferred (1,486,258).[44] The breakdown of this impact is shown in Table 2 below.

The vast majority (72%) relate to cancelled outpatient appointments. Breaking down the impact by day and by provider, at the largest NHS trusts, as many as 1000 outpatient appointments and between 100 and 200 elective day cases were cancelled on some days of industrial action, as was the case for instance at both Imperial and the Royal Free.

The impact of strikes across 2023 was examined by NHS England, with a report dated December 2023, obtained under the Freedom of Information Act, and reported by *The Times*, revealing[45]:

- 6,500 cancer operations were cancelled – 31% of expected activity, with surgery for fast-growing cancers such as head and neck cancer, upper gastrointestinal, and lung cancers dropping by between a quarter and a third.
- Heart surgery dropped by almost 10% in 20 out of 28 cardiac centres and urgent heart operations fell by 13%.
- Delays to urgent admissions to neonatal care and delays to elective caesarean sections.

What the evidence also suggests is that NHS England and senior leadership across Trusts have become more effective over time in mitigating the impact of strikes. Fig. 3 below shows the trend over time to fewer cancellations on average each day of strikes between Spring 2023 and Summer 2024.

[44] https://www.england.nhs.uk/2024/07/nhs-publishes-data-following-junior-doctors-strike-4/
[45] https://www.thetimes.com/uk/healthcare/article/bma-files-reveal-planning-for-strikes-started-10-months-ago-rgp7jh63k

In recent days, Sir Jim Mackey, the CEO of NHS England has been clear on the intention of providers to carry out activity which has already been scheduled. He has stated: "If a diagnostic or outpatient clinic, or an elective procedure, has been booked, it should go ahead unless the BMA can present a credible argument as to why it was clinically necessary, but now is not…NHS local leaders, with our support, will decide what care is urgent and must be carried out, not the BMA."[46]

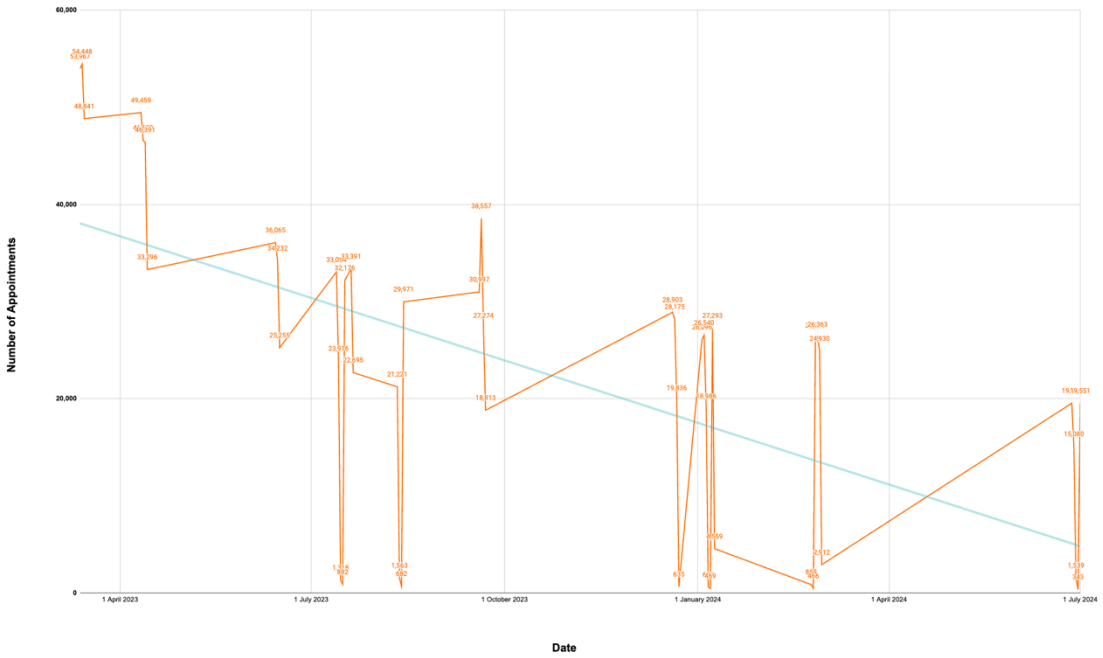
Table 2 – Outpatient Appointment Cancellations as a result of Industrial Action, 13 March 2023-1 July 2024

Region	Total [47 days]	Average Per Day	Average on July Strike Day(s) [8 days]
England	**1,065,023**	**22,660**	**20,873**
East of England	**130,043**	**2,767**	**2,326**
London	**315,905**	**6,721**	**6,202**
Midlands	**141,072**	**3,002**	**2,459**
North East & Yorkshire	**128,246**	**2,729**	**2,474**
North West	**136,407**	**2,902**	**2,755**
South East	**141,694**	**3,015**	**3,485**
South West	**71,656**	**1,525**	**1,172**

Source: Policy Exchange analysis of NHS England, Industrial Action in the NHS, https://www.england.nhs.uk/publication/preparedness-for-potential-industrial-action-in-the-nhs/#heading-3

[46] https://www.hsj.co.uk/workforce/exclusive-trusts-will-decide-what-work-gets-done-on-strike-days-not-bma/7039672.article

Figure 3 – Number of elective procedures scheduled to take place rescheduled as a result of industrial action (outpatients only)



Source: Policy Exchange analysis of NHS England, Industrial Action in the NHS, https://www.england.nhs.uk/publication/preparedness-for-potential-industrial-action-in-the-nhs/#heading-3

Table 3 – Inpatient Appointment Cancellations as a result of Industrial Action, 13 March 2023-1 July 2024

Region	Total	Average Per Day	Average on July Strike Day(s)
England	124,824	2,656	2,792
East of England	16,932	360	360
London	30,530	650	704
Midlands	17,080	363	380
North East & Yorkshire	14,600	311	286

North West	15,645	333	373
South East	17,980	383	434
South West	12,057	257	254

Source: Policy Exchange analysis of NHS England, Industrial Action in the NHS, https://www.england.nhs.uk/publication/preparedness-for-potential-industrial-action-in-the-nhs/#heading-3

Table 4 – Community Health Services Appointment Cancellations as a result of Industrial Action, 13 March 2023-1 July 2024

Region	Total	Average Per Day	Average on July Strike Day(s) [8]
England	6,309	134	178
East of England	474	10	21
London	2,830	60	75
Midlands	540	11	21
North East & Yorkshire	219	5	3
North West	324	7	16
South East	1,443	31	34
South West	479	10	9

Source: Policy Exchange analysis of NHS England, Industrial Action in the NHS, https://www.england.nhs.uk/publication/preparedness-for-potential-industrial-action-in-the-nhs/#heading-3

Table 5 – Mental Health & Learning Disability Appointments Cancelled as a result of Industrial Action, 13 March 2023-1 July 2024

Region	Total	Average Per Day	Average on July Strike Day(s)
England	23,996	511	346
East of England	409	9	6
London	5,489	117	74
Midlands	3,938	84	92
North East & Yorkshire	1,312	28	27
North West	4,532	96	82
South East	1,341	29	41
South West	6,975	148	23

Source: Policy Exchange analysis of NHS England, Industrial Action in the NHS, https://www.england.nhs.uk/publication/preparedness-for-potential-industrial-action-in-the-nhs/#heading-3

General Practice

Largely absent in commentary about the plausible impact of BMA RDC industrial action thus far has been an analysis of activity across general practice.

'GPs in training' (9,583) make up c. 25% of all GPs in England (37,833) according to the latest data from NHS England. If we assume that the same proportion of GPs in training were to withdraw their labour as we saw on average during previous rounds of strikes (as the BMA has recommended), it is plausible that the equivalent of more than 120,000 GP appointments could be impacted in late July alone.

GP registrars – who are being encouraged to withdraw their labour by the BMA in late July – perform supervised / supported consultations, of up to roughly twenty-eight hours (or seven sessions) per week. They can also perform

supervised / supported home visits, nursing home visits or community hospital duties.

In addition, they also perform administrative work that both directly and indirectly supports clinical care: reviewing investigations, writing referral letters, acting upon clinical letters, preparing reports. This list is illustrative, not exhaustive.[47]

The plausible impact is based upon the following assumptions:

- There would be impact upon three of the five days of scheduled strikes (25th, 28th & 29th July) as these are week-days, representing core hours the practice would be open.
- There are roughly 1.3m appointments per day in general practice in England, with roughly half of these delivered by a GP. (The remainder are delivered by other members of the practice team, e.g. practice nurses and physios) – therefore totalling 650,000 each day delivered by a GP.
- Of these 650,000 appointments, 162,500 *could* be delivered under supervision by 'GPs in training', meaning 40,625 could be affected if we assume a similar proportion of 'GPs in training' withdrew their labour as was the case on average in hospital settings during industrial action from 2023-2024.
- Over three days, this could impact the equivalent of 121,875 appointments. Whilst fully-qualified GPs, GP partners or other members of the practice team may 'cover' activity over the duration of strike days, there may also be reduction in the number of appointments that affected practices offer, or there will be delay to the completion of administrative work.
- We should also note that the individual appointment load of trainees is lower than fully qualified GPs, owing to these training needs and supervision requirements, making a precise forecast challenging.[48]

[47]For a description of duties, see: https://www.bma.org.uk/media/sy2lwt5f/bma-cogped-guide-to-the-training-week.pdf
[48]https://www.instituteforgovernment.org.uk/publication/performance-tracker-local/general-practice-england/introduction

Table 6 – Plausible Impacted Appointments owing to Possible Industrial Action, England, July 2025-January 2026

	Plausible Total Number / Equivalent Impacted Appointments July 2025	Plausible Impact *July 2025 - January 2026*[49]
Outpatients	104,365	466,925
Inpatients	13,960	56,456
Community	890	3,034
Mental Health	1,730	9,906
General Practice	121,875	1,584,375[50]
Total	**242,820**	**2,120,696**

Counting the Cost

There are a range of further direct *costs* borne by providers as a result from strikes that ought to be considered also including the cost of securing sufficient staffing.

Based upon Table 7 below, we see the total number of staff who were absent (on average) as a result of strike action from March 2023 to July 2024. About a quarter (24%) of all RDs were recorded as having taken part on each day of industrial action. (Assuming an average of 18,161 absent each day out of 75,000 total working across the NHS in England).

[49]This total includes the plausible total of five days industrial action in July 2025, plus 16 possible further days across the period for which the BMA RDC have a mandate, based on the frequency and character of industrial action taken between 11 August 2023-6 January 2024.
[50]This assumes 12 days, i.e. core hours covered by GP contract, excluding weekends.

Table 7 – Total number of staff absent from work as a result of Industrial Action (headcount) for the period of action 07:00-06:59, 13 March 2023-1 July 2024

Region	Total Average Staff Absence	Average Staff Absence (July Dates)
England	**18,161**	**14,048**
East of England	1841	1467
London	3415	2998
Midlands	3404	2306
North East & Yorkshire	2981	2329
North West	2603	2059
South East	2363	1646
South West	1554	1243

Source: Policy Exchange analysis of NHS England, Industrial Action in the NHS, https://www.england.nhs.uk/publication/preparedness-for-potential-industrial-action-in-the-nhs/#heading-3

According to the recent publication of a Freedom of Information request made to Bedfordshire Hospitals NHS Foundation Trust, **the total amount spent on consultant-grade doctors alone (to carry out non-contractual shifts, or to cover shifts) on seven days of strike action from 13-16 March 2023 and from 11-14 April 2023 was £907,000**, a **total of £129,571 per day**.[51]

Bedfordshire had an outpatient cancellation rate slightly higher than the national average during March and April 2023, but represents an indicative example for impact at a national level, as a fairly large Trust, with significant numbers of patients.

[51] https://www.bedfordshirehospitals.nhs.uk/documents/cost-of-strikes-and-use-of-bma-rate-cards-foi-2174/

Whilst some large teaching hospitals will have spent far more, we should note that some Trusts also spent substantially less. Sherwood Forest Hospitals Trust spent £239,052 to consultant doctors to carry out non-contractual shifts over the same period (13 March-14 April 2023).[52] FOI data shows that Essex Partnership University NHS Foundation Trust spent £61,084.50 in total covering seven days of strike action from 13th March 2023 to 14th April 2023.[53] That meant a total of just £8,726 each day.

If we saw similar levels of expenditure at Bedfordshire Hospitals NHS Foundation Trust on 'consultant cover', as was the case between March-April 2023 over the course of July, the total cost to all NHS Trusts in England would be £17.5 million for each day of strike action.

That would total £87.46 million over the course of five days of strikes in July 2025 and more than £367.46 million over the remainder of 2025 (if strikes were to occur at a similar level of disruption as between August 2023 and January 2024.)

It should be noted that this figure, based upon the estimated spending by a single Trust, does not include expenditure on locum or other temporary staffing requirements, which would increase this figure further, nor does it consider the likely higher rates of spending, including the possible use by Trusts of the current, or a renewed 'BMA rate card'.

Plausible Impact upon the Elective 'Waiting List'

It was the case before the BMA RDC announced industrial action that further reforms beyond those set out in the Government's *Plan for Change* (January 2025) would likely be required to enable the step-change in activity required to meet the Government's ambition for 18 weeks performance to reach the constitutional standard of 92% by March 2029.[54]

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[52] https://www.sfh-tr.nhs.uk/media/vikbx41x/foi-53067-cost-for-consultants-during-strike-action-march-april-2023-accompanying-document-05062023.pdf
[53] https://www.eput.nhs.uk/wp-content/uploads/2025/04/eput-foi-23-3061.pdf
[54] Under the NHS Constitution for England, patients have a right to treatment within 18 weeks. To achieve this, the NHS performance standard is that 92% of patients on the waiting list should wait no longer than 18 weeks (this allows for some patients to opt to wait longer if desired, or where delaying treatment is appropriate for clinical reasons.)

Based on the current performance trajectory (and the current overall size of the elective backlog), to return to the constitutional standard by Spring 2029, it is estimated that 4 million patient 'pathways' would need to be completed; 1 million per year for each remaining year of this Parliament.[55]

The latest published referral to treatment time (RTT) data (May 2025) shows that there are currently 7,359,457 'incomplete pathways' across England, representing over 6 million individual patients. Just 4.5m of these 'pathways' (60.9%) are within the 18-week constitutional standard.[56]

The average month-on-month increase at a national level (England-only) in the percentage of patients seen within 18 weeks (from July 2024-to May 2025) has been 0.21%. On this basis, it will take a further 155 months (to April 2038) to reach or exceed the current 92% constitutional standard.[57]

Fig. 4 below demonstrates how performance has fared against the constitutional standard over time, and projects future activity (based on the average percentage increase since the General Election in 2024).

NHS England is currently supporting Trusts to improve the percentage of patients waiting no longer than 18 weeks for treatment, and has set a target for 65% of patients to be seen within 18 weeks by March 2026.[58]

The current projection (based on percentage increase from July 2025-May 2025) suggests this target could be missed (with this projection suggesting the NHS will reach 62.3% of patients by this date.)

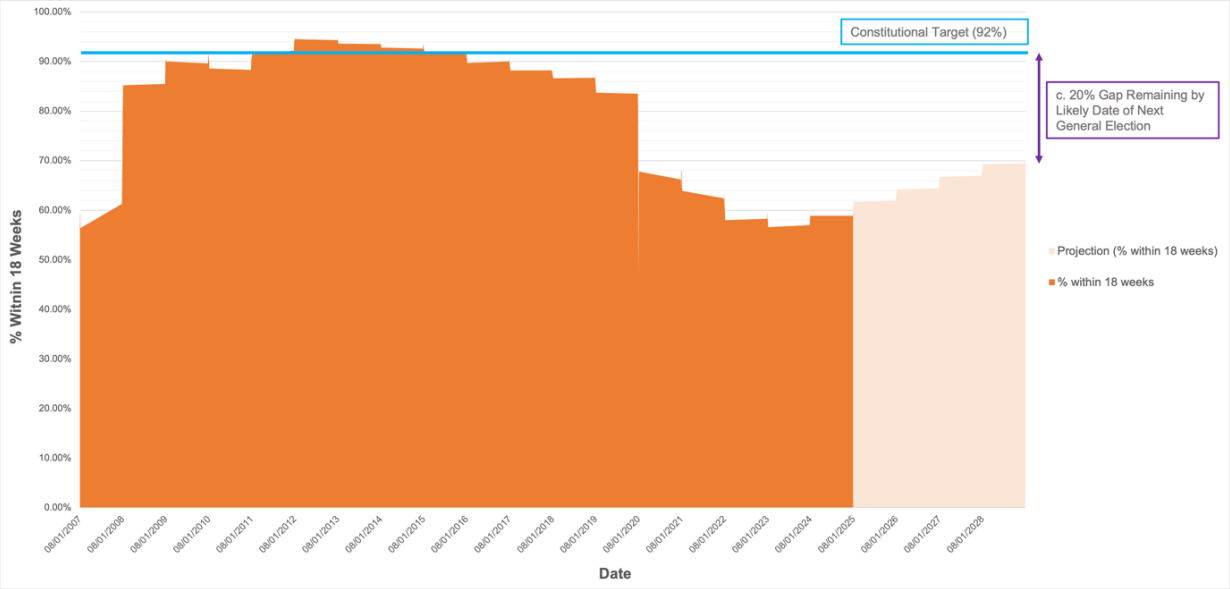
[55]This is based upon an assessment from Rob Findlay, as set out in a recent piece in the *Health Service Journal*: https://www.hsj.co.uk/quality-and-performance/elective-recovery-remains-stalled/7038671.article

[56]https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/rtt-data-2025-26/#May25

[57]A large number of caveats however apply here, including (but not limited to): the impact of measures introduced in the Plan for Change, including incentives relating to increased use of Advice & Guidance (A&G); the impact of the settlement reached for DHSC at the Spending Review.

[58]https://www.england.nhs.uk/2025/01/hundreds-of-thousands-of-patients-to-get-faster-access-to-nhs-care-as-targets-halved-under-new-guidance/#:~:text=The%20NHS%20has%20set%20out,on%20their%20performance%20this%20year.

Figure 4 – Incomplete RTT Pathways, % within 18 weeks, August 2007- August 2028 (projected), NHS England



Source: Consultant-led Referral to Treatment Waiting Times Data 2024-25, *NHS England*, link.

During May 2025, 313,121 'pathways' were completed as a result of 'admitted' or inpatient treatment. 1,187,052 were completed in other ways (non-admitted), i.e. outpatients.[59]

Based on the most recent activity levels, cancellation or disruption to an estimated 104,365 outpatient appointments and 13,960 inpatient appointments at the end of July 2025 would have the following impact on the elective waiting list:

- **Defer progress across 118,325 'pathways', reducing inpatient activity by 4.5% and outpatient activity by 8.7% across the month** (against May 2025 activity).
- Lead to a **deterioration in conditions for** those patients who are awaiting procedures.
- Likely to increase the **median waiting time** for those affected.

[59] https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2025/07/May25-RTT-SPN-Publication-PDF-425K-32711.pdf

Conclusions

It has been just over a year to the day that the Health Secretary declared the NHS "broken"; ten months since Lord Darzi concluded the NHS was in "serious trouble" following an independent investigation. The recently-published British Social Attitudes survey revealed the lowest patient satisfaction on record and there remain stubbornly long waits for care. In this context, the prospects of industrial action by resident doctor's represents a major challenge for the Government.

This briefing has provided an analysis of the context and plausible impact of scheduled industrial action from the BMA RDC at the end of July 2025 – and until the end of their mandate by January 2026.

Based upon an analysis of the impact of the most-recent strikes under the previous Government, it suggests the plausible impact of strikes could be considerable – with almost 250,000 appointments cancelled or deferred at the end of July and up to two million appointments across hospital and GP services cancelled or deferred over the course of this year, were strikes to occur with similar levels of disruption that were seen on average across 2023-24.

These projections are, of course, hypothetical. There are a range of factors which will influence the total impact of industrial action. The impact could be both more limited or far worse. There is, of course, time for the strikes to be called off entirely if the Government were to reach an agreement with the BMA.

Beyond prospective industrial action from the BMA RDC, the chance of far wider disruption must be considered. An indicative ballot of BMA SAS doctors will take place from 21 July 2025. BMA Consultants as well as the membership of the RCN are holding indicative ballots at the present time.[60] There is a chance that a considerable proportion of the unionised healthcare workforce will have a mandate for strikes by later this year.

In this context, the Government must hold firm on pay. Further pay awards, beyond those recommended by the DDRB, and that budgeted for by NHS organisations, will inevitably result in reallocations and/or cuts to services – often the very investments that would improve the clinical service and

[60] https://www.thetimes.com/article/f8f947b4-ccad-48e4-a959-4ea9e08866ed

infrastructure desired by the NHS workforce. It is, as Sir Jim Mackey put it at the most recent NHS England Board meeting on 17th July, "a zero-sum game in this regard".[61]

The extra £22.6bn 'downpayment' allocated at the Autumn Statement to DHSC has already been absorbed, principally by inflation and meeting the cost of NHS pay settlements following previous waves of industrial action.[62]

There are limits meanwhile to how far the Government will be able to pursue the 'non-pay' elements to improve resident doctor's working lives. For the BMA, these considerations will be an '*and*' in the dispute, not an '*or*'.

There will be issues funding wider commitments anyhow. Whilst the 2024 agreement with RDs included a commitment for the DHSC to reform the current system of training and rotational placements, in their most recent submission to the DDRB, the DHSC reflected that there was "no additional funding to expand hospital specialty training programmes".[63]

The Health Secretary has suggested innovating with doctors' pension arrangements as a means to boost basic pay in the near-term.[64] The Cabinet Office is understood to be exploring the possibility. This is a welcome development given the current extent of liabilities, but will certainly be resisted by the BMA – and other healthcare unions.[65]

The Government should however be clear – as is the case with pay awards and the management of industrial relations overall – reform should proceed on the basis of what is best for patient safety and for the clinical service overall.

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[61] https://www.england.nhs.uk/long-read/meeting-of-the-board-of-nhs-england-agenda-2/ (comments made at c. 10:50am)
[62] https://www.nuffieldtrust.org.uk/resource/down-payment-or-making-ends-meet-nhs-financial-pressures-in-the-run-up-to-the-spending-review
[63] https://www.gov.uk/government/publications/dhsc-evidence-for-the-ddrb-pay-round-2025-to-2026
[64] https://www.telegraph.co.uk/news/2025/07/10/streeting-opens-way-doctors-top-up-pay-pensions/
[65] https://www.nhsbsa.nhs.uk/sites/default/files/2024-08/NHS%20Pension%20Scheme%20Accounts%202023-24.pdf

Recommendations

1. **The Government should hold firm and offer no further basic pay increases to resident doctors in England in the financial year 2025/26.**

2. **The Government should accelerate plans to enable doctors to swap higher pension contributions for an uplift in basic salary.** An opt-in, Salary Exchange Mechanism should be introduced from the financial year 2026/27 to achieve this.

3. **The Government should introduce a dedicated, interest-free loan scheme called The Doctor Development Fund, to assist with postgraduate training costs.** The introduction of the new scheme should be considered with the aim of covering the additional cost of memberships and examinations in the medical profession. The scheme could be built on the Relocation and Travel Expenses Framework, already in operation from NHS England.

4. **The Government should withdraw some of its proposed reforms to trade union legislation which feature in the Employment Rights Bill, to ensure:**

    a. The maintenance of a minimum threshold of at least 50% for industrial action;

    b. The maintenance of obligations upon trade unions to give notice for industrial action;

    c. The validity of a strike mandate at six months (rather than twelve months proposed in the Bill.)

5. **The Government should reinstate the merit-based approach to placement allocation within the Foundation Programme.** Greater weighting should be given to medical school performance (Educational Performance Measure or EPM) and the Situational Judgement Test (SJT), previously used to determine a score-based ranking.

Appendix

Industrial Action staged by the (then) BMA Junior Doctor's Committee(s) (JDC) in England, Wales and Northern Ireland between March 2023 and July 2024:

Round	Start Date (7am)	End Date (approx.)	Duration	Region	Notes
1	13 March 2023	16 March 2023 (6.59am)	3 days	England	Full walkout
2	11 April 2023	15 April 2023 (6.59am)	4 days	England	Full walkout
3	14 June 2023	17 June 2023 (6.59am)	3 days	England	Full walkout
4	13 July 2023	18 July 2023 (6.59am)	5 days	England	Full walkout
5	11 August 2023	15 August 2023 (6.59am)	4 days	England	Full walkout
6	20 September 2023	21 September 2023	1 day	England	Christmas Day cover (joint with consultants)
-	21 September 2023	23 September 2023 (6.59am)	2 days	England	Full walkout
7	2 October 2023	5 October 2023	3 days	England	Christmas Day cover (joint with consultants)
8	20 December 2023	23 December 2023 (7am)	3 days	England	Full walkout

9	3 January 2024	9 January 2024 (7am)	6 days	England	Longest strike in NHS history at the time
-	15 January 2024	18 January 2024	3 days	Wales	First strike in Wales
10	24 February 2024	28 February 2024 (11.59pm)	5 days	England	Full walkout
-	22 February 2024	24 February 2024	3 days	Wales	Second strike in Wales
-	6 March 2024	7 March 2024	2 days	Northern Ireland	First strike in Northern Ireland
-	25 March 2024	29 March 2024 (7am)	4 days	Wales	Full withdrawal of labour
11	27 June 2024	2 July 2024 (7am)	5 days	England	Full walkout