Militants with Entitlement

Reflections on the doctors' strikes

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In July 2016, Roy generously gave me 800 words to comment on the then-novel spectacle of striking junior doctors. What has since become familiar was shocking then. Doctors, particularly newly qualified ones, were not expected to behave like industrial militants.

Ten years later, the resident doctors' dispute is over. Members accepted the Government's offer at the end of June, bringing the latest round of industrial action to a close.

There are pay increases, changes to progression and a promise of up to 4,500 additional training places.

It is a settlement, although not necessarily a reconciliation.

Neither side can claim an uncomplicated victory. Doctors secured movement, but not full restoration; ministers ended the walkouts, but only after allowing a dispute about pay to expose a much deeper failure of workforce planning.

In 2016, I upset some doctors by comparing their position with that of the miners in the 1970s and 1980s. The comparison was not about working underground. It concerned a government-controlled management system using workforce decisions, productivity demands and restricted opportunities to reshape a profession while insisting that the consequences were inevitable.

The comparison looks less extravagant now. The NHS has trained increasing numbers of doctors without creating enough routes into specialty training.

Competition, insecurity and the prospect of qualified doctors unable to progress have become central grievances.

At the same time, workforce policy has encouraged the growth of physician associates and advanced practitioner roles, sometimes accompanied by elastic phrases such as "*adequate medical super*vision", and leadership of "*clinical, but not medical*" services.

> *These distinctions may be defensible on paper. In practice, they can look deliberately imprecise, allowing boundaries to move without anyone admitting that substitution is taking place.*

That is why the dispute was never only about pay. Pay became the visible proxy for status, security,

progression and professional respect. Resident doctors were told that relatively poor rewards early in their careers would be compensated by future opportunity: jam tomorrow in exchange for sacrifice today.

When the route forward narrowed, the bargain began to look fraudulent.

The wider framework is the regulatory bargain. The medical profession undertakes not to act against the public interest.

In return, the state grants it considerable authority over entry, standards, training and discipline.

However, that bargain is now divided among institutions with overlapping responsibilities and different loyalties.

The GMC regulates and sanctions.

Royal colleges promote standards and control important gateways.

Medical schools determine entry and supply. The DHSC controls money and workforce policy. NHS employers need service cover.

The BMA represents doctors but must also manage the consequences of industrial action.

During the dispute, no organisation appeared responsible for the whole picture.

Each defended its own part while the relationship between doctors and the state deteriorated.

Covid deepened the sense of betrayal.

Doctors accepted risk, exhaustion and disruption believing that their service had created a moral credit.

Like a victorious army returning home, they expected more than applause at the parade.

Instead, gratitude faded and familiar accusations returned:

doctors were privileged,
overpaid,
reluctant to work and
living on public generosity.

The strikes have ended, but the argument has not. The settlement deals with immediate pay and training pressures; it does not, by itself, restore trust or settle the boundaries between doctors and the rapidly expanding groups working alongside them.

The Government now has to implement what it has promised.

The profession must also decide whether it is defending patient safety, professional standards, traditional privilege…

… or some combination of all three.

Industrial peace has been purchased.

Whether the regulatory bargain has been repaired is another matter.