



Department of Health & Social Care

*From the Rt Hon Wes Streeting MP
Secretary of State for Health and Social Care*

*39 Victoria Street
London
SW1H 0EU*

2nd April 2026

Dear Jack,

Thank you for your letter dated April 1.

Having rejected the deal that we had agreed with you and your officers, I had expected the BMA Resident Doctors Committee to at least come back with a counterproposal to end these strikes, given your stated commitment to reaching a negotiated settlement. You could not agree one. If members of your committee cannot reach an agreed position among themselves, it is hard to see how the Government will be able to reach an agreement with your committee.

The Government's offer is on the table. The BMA has chosen to reject it and put the NHS through another round of unnecessary and damaging strike action. Given that our two teams have worked so closely on crafting this latest detailed proposal over the last few months, the BMA's choice is even more disappointing to me, as well as staff and patients in the NHS: opting for very disruptive industrial action timed to impact on the holiday plans many staff will have made during the Easter break.

I had thought we had collectively constructed a serious, good-faith attempt to resolve this dispute: one that reflects the limits of what is affordable, deliverable and fair to patients and taxpayers, while making material improvements to resident doctors' pay, progression, job security and collective voice. This included:

- An average pay rise of 4.9% this year, making an average of 35.2% higher than four years ago – the highest in the entire public sector
- Even higher pay rises on average for the lowest paid FY1 and FY2 doctors – at 6.2% and 7.1% respectively
- Starting pay for new graduates entering the profession standing at almost £12,000 higher than in 2022-23
- Reform of the pay structure leading to more frequent pay rises as doctors gain more key competencies and therefore contribute to improving NHS performance and productivity
- At least 4,000 and up to 4,500 additional speciality training posts over the next three years, with at least 1,000 of these beginning this year to tackle bottlenecks

- Reimbursement of mandatory Royal College exam fees – saving doctors thousands of pounds
- Substantial contract reforms to benefit locally employed doctors

Even at this 11th hour it is not too late for the BMA to accept this offer or to call off strikes and return to negotiation.

The BMA seems to be labouring under the delusion that you can reject the deal, but claim the benefits of the offer, but we have been clear with you and your officers the jeopardy involved on jobs and pay.

Jobs and training places

From the outset of our negotiations since the January, I have been clear that being able to offer 1,000 training posts this year relies on NHS providers absorbing additional financial pressures and administrative burdens involved in opening a new recruitment round in April. These simply cannot be delivered when they are concurrently managing or holding the financial risk of sustained industrial action. That is, logically, why their delivery is inextricably linked to your agreement to a deal that can avoid that industrial action.

While this is true for the 4,500 specialty posts on offer in this deal, this is especially true of the 1,000 additional training posts we hoped to introduce in the coming weeks. These posts would have gone live this month, but with strikes going ahead over the same period – it is simply not operationally or financially possible to launch these posts in April in time to recruit for this year. This is a timeline pressure you have known about throughout discussion in recent weeks. I have held this deadline back as far as is operationally achievable to get the deal over the line, hence today's deadline.

If any of your members are in doubt about our good faith, I would gently remind them that I introduced emergency legislation to prioritise UK medical graduates and doctors with significant NHS experience for specialty training places, something the BMA has repeatedly called for. Having passed Medical Training (Prioritisation) Act 2026 into law, I took the decision not to hold it over the BMA during negotiations, but to instead enact it to demonstrate my commitment to action on jobs.

Pay and nodal reform

Having previously rejected nodal point reform, I agreed to compromise and the package on offer is in response to your proposals. The level of investment in the offer is significant, targeted and sustainable. It builds on the independent DDRB recommendation and goes further by addressing structural issues through nodal point reform, which we agree is the right long-term approach to recognising responsibility and contribution as doctors progress.

We also recognise the specific concerns of medical academics and those undertaking Time Out of Programme for Research, and this is precisely why we

agreed with you that matters like these could continue to be jointly addressed once a deal is in place.

Locally Employed Doctors

We agree that there is genuine progress in this area. The offer we have worked on sets out, for the first time, a clear direction of travel on standards, progression and fairness for LEDs. Concerns about implementation and enforcement are understandable, but they cannot reasonably be a reason to reject the framework itself. As with other national agreements, detailed implementation must be worked through with a range of stakeholders, and the proposed arrangements provide a stronger basis for doing so than the status quo.

Collective bargaining and future engagement

The establishment of new industrial relations structures is intended to strengthen dialogue, not diminish it. Consultation and involvement are not empty words; they reflect the need for partnership working within a clear and workable framework. It would be irresponsible for me to create open ended negotiating arrangements that cut across established pay setting mechanisms or undermine the DDRB's role.

Next steps

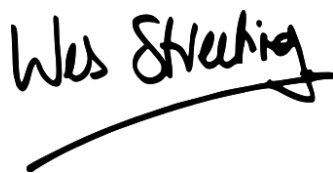
You state that these disputes end in the negotiating room. I agree.

You had the option this week to call off strike action and either accept this offer, or to make a counterproposal. I am sorry you have done neither and want to thank in advance those NHS staff who will now be having to undertake unscheduled work over the holiday period in the event you decide to push forward with strikes next week.

Since my appointment as Secretary of State, decisions I have taken have led to a 28.9% pay rise for resident doctors and the prioritisation of UK graduates for training places. The Government has been more than reasonable.

My focus, sadly, now must pivot to supporting the operational response to next week's planned action and prioritising negotiations with other parts of the NHS workforce.

Yours,

A handwritten signature in black ink that reads "Wes Streeting". The signature is written in a cursive, slightly slanted style. Below the signature is a long, horizontal, slightly curved line that serves as a flourish or underline.

RT HON WES STREETING MP