

Dr Tom Dolphin
British Medical Association
BMA House
London
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Medical Directors and CEOs of NHS Trusts

12 December 2025

Dear colleagues,

Planning ahead of industrial action

You will be aware that the British Medical Association (BMA) has notified NHS England that, following a ballot, resident doctors will be taking industrial action between 07:00 on 17th December to 06:59 on 22nd December.

Following an offer made by the Secretary of State for Health and Social Care on Monday 8th December, the BMA is currently consulting with resident doctors regarding whether the offer is sufficient to call off planned industrial action. If the survey of members decides it is not enough to call off strikes, they will go ahead as planned next week. The result of that survey will be available on Monday 15 December. The safest approach would be to assume that the industrial action will still be going ahead, and to plan accordingly.

Since industrial action was announced, we know that NHS organisations have been planning for service delivery with fewer staff. As doctors, we at the BMA wish to ensure that patients remain safe while resident doctors are taking lawful industrial action.

As clinicians and leaders, you know what is safe in your trust. As always, you should staff your emergency and cover rotas first with consultants, SAS, military, academic or other doctors who will not be taking industrial action. Where necessary, you should appropriately incentivise these doctors to take on this additional extra-contractual work. Given the recent claims and comments made by the Secretary of State regarding influenza, we trust that you will have rescheduled all less urgent activity to prioritise the safety of urgent and emergency patient care.

We acknowledge that, despite the comprehensive contingency plans being put in place, unpredictable events, major incidents, and unexpected and extreme circumstances where mitigations in place fail, may lead to a request for resident doctors to return to work for a limited period to maintain safe patient care.

This measure, known as a 'derogation', is not in place to avoid disruption caused by industrial action but to ensure that in unexpected and extreme circumstances patients will continue to receive safe care. Derogations will not be granted if planning has not occurred to incentivise

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or redeploy non-striking doctors to cover emergency work, or if non-emergency work is continuing that would release suitable staff to cover.

We want to reiterate that NHS England and the BMA both recognise it may be necessary, as an exception, for a trust to contact resident doctors directly in the event of a mass casualty event, explaining the situation and seeking their immediate return to work, while simultaneously escalating the situation to the BMA as described above.

We will keep working with NHS England to enable this system to function as intended for the occasions it is required.

Yours sincerely,



Dr Tom Dolphin
BMA Council Chair

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