Colleagues, welcome to the 16th SAS doctors conference. It’s an honour to speak here and I’m delighted to see so many friends and colleagues.

Today, our theme is ‘shaping the future together’.

Can there be a more important subject than the future? We’re going to spend the rest of our lives there.

Mahatma Gandhi said: ‘The future depends on what we do in the present.’

And yet so often, we spurn the chance to shape the direction of our lives. Why? Maybe it’s the dead weight of previous setbacks. The perpetual distractions of the present. So much to occupy us at work, so many reasons not to try. The only future we consider is falling into bed at the end of another exhausting day.

But if we do not shape our futures, someone else will shape them for us.

Is that something you want? Think about the things that matter – whether you can be the doctor you want to be and that your patients need you to be. Fighting for fairness at work. Campaigning for a better NHS. What are you going to do about it? Are you going to leave it all to chance? Or worse – are you going to leave it all to Jeremy Hunt?

Today, I want to give you a promise and a challenge. My promise is that your elected representatives are there for you. For you, your job, your future. I’m going to tell you how we’re doing this. And my challenge to you is to take every opportunity you have. You’re not the kind of people to let the future just happen to you. You’re better than that.
But first, I want to tell you about the progress we have made since the last conference.

Twelve months ago, I heard some powerful and moving words about a subject that, actually, should not have to be on our agenda.

We spoke of the bullying and harassment that we have experienced or witnessed. In a modern health service, where our contribution has never been more important, we learned of good and talented doctors who have been humiliated or exposed to unmanageable workloads.

A third of SAS doctors have experienced bullying, and more than half have not even reported it.

The issue went to the ARM, where it won strong support, and the BMA has embarked on a major initiative to understand and tackle the problem better. It’s about giving people the confidence to speak up, and the confidence that it is worth speaking up.

We spoke also of recognition. Of a situation as surreal as it is scandalous, which codes the work carried out by SAS doctors to their colleagues. A giant misattribution which makes a mockery of clinical governance.

Now I’m aware that this is the Coronation Street of bugbears, the unwelcome guest on every conference agenda, year after year. But I can tell you that we have made real progress. We have worked with NHS Digital and a new referral pathway will make it possible to code work to SAS doctors. We shall not rest until it becomes standard practice.

You asked us to make your voice heard. We will have better representation on BMA council if changes are approved by the ARM, and we’ve modernised our own committee to help us raise issues quickly and clearly. We formulated a new SASC Executive to bring us in line with other branches of practice and move forward with the times.

Here, I’d like to thank my committee, in particular the deputy chairs Ram and Farid and the devolved chairs Beth and Carole. None of this could be achieved without the support of the secretariat and I would like to acknowledge the hard work of Jane Saisho and other BMA colleagues.

We heard last year about poor appraisal rates and a very mixed experience of revalidation. In five years the appraisal rates for SAS doctors have more than trebled to almost 90 per cent. Unfortunately deferrals are still the highest in our group of doctors. We meet with the GMC and share with them the experience of SAS doctors. I’d like to thank Charlie Massey, who is here today, for the positive tone he always brings to our discussions.

These are our foundations. This is what helps us face the future and tackle uncertainty.

It is a future we can shape. We already have the blueprint to do it. Our SAS charter has the support of all UK governments and now employers are taking notice of them. One by one, these employers are doing a favour not to us but themselves. They prove themselves – at little extra cost – to be people who care about those who care for their patients.

The dominoes are falling one by one. Our charter is no longer an aspiration but a reality lived and worked by thousands of doctors. We are winning, and when we win basic rights and decent treatment for our members, everybody wins. Implementation of these charters will be monitored.

The four organisations that wrote these charters have moved further and now produced the SAS development documents. This new joint guidance sets out how trusts, hospital boards and HR can keep pace with development opportunities for SAS doctors and ensure their rightfully deserved recognition.

Ten years ago it would have seemed like a pipe dream. But through the persuasive skills and tenacity of people in this room, we won the argument.

Hold on to that, when we’re tackling the other issues that seem slow and intractable, that seem fatally mired in bureaucracy. We’re dealing with institutional cobwebs that are decades old, in a system that was set up to our disadvantage.
So when I tell you our future priorities, you know I can’t promise they’ll be signed and sealed in 12 months’ time.

But I can promise you our energy and complete commitment, based on a record of growing success.

So we continue to press for CESR to be a fair and transparent process, a hurdle no higher or lower than for doctors completing specialty training. We are working with the GMC on this. They have conducted a major review. While some changes would need primary legislation, the GMC is looking at what it can achieve now.

We are developing detailed proposals for the reopening of the associate specialist grade. It is wrong that the ladder was pulled up for thousands of SAS doctors, wrong that they were denied the chance to grow and develop in their careers.

We champion those doctors who have the skills and motivation to work autonomously. There are no contractual barriers here, no need for any change in the rules. It’s just the culture of the NHS. I say ‘just’. That culture is hard to change. But we must, we have, and we shall change it.

We have cause, I believe, for evidence-based optimism. But I assure you – I do not under-estimate the challenges that we face.

Our need to support each other will be all the greater in the year ahead. We may be invited to negotiate a new contract because it has already been stated there will be some read-across from the consultant talks. If so, we are ready. We know our red lines, and we have the resilience to defend them.

SAS doctors – I quote – ‘have slipped down the priority order’. They are the ‘most dissatisfied in respect of pay and feeling valued’. They ‘play a leading role in healthcare delivery and should therefore be appropriately remunerated and given adequate access to training and development’.

It sounds like I’m quoting from this very conference. I could be, but I’m not. I’m quoting the DDRB, who you’ll agree give no special favours to the medical profession. I remember years when we barely got a mention in a DDRB report. If even they say there’s a problem, there’s a problem.

We work in a health service which in the delusional view of politicians is ‘fully funded’ and yet which we know is facing a deficit of billions of pounds. We have a solution that is anything but a solution. STPs, or should I call them UTPs – unsustainable transformation plans. A manifesto of cuts inflicted on every corner of England.

We have a grand sweeping project called the ‘Five year Forward view’ with the aim of shifting care out of hospital settings into the community. With general practice in a difficult place currently we have to support our GP colleagues and ensure that the knowledge and expertise of SAS doctors is not overlooked by the government or the NHS.

On top of this we have Brexit. A recent BMA survey suggested that the Brexit vote may have revived some ugly and hateful attitudes that should have been thrown in the rubbish bin of history many years ago. Almost half of international doctors said they felt they were treated differently.

To hate or harangue those who help you may seem the most stupid and self-defeating attitude imaginable. It is. I can assure you that the BMA will stand up for every doctor, and ensure they are treated with dignity at work, just as they treat others with dignity and respect.

These are issues that affect the very future of the National Health Service. The government should be listening, but we saw how it listened to the legitimate concerns of junior doctors in imposing a contract, whatever the cost to morale.

These should be central issues in the election campaign, but as usual, there is more heat than light.

It’s tough out there. But do we think the future is one that we can shape and make a success of?
We encourage our patients not to give up. Why should we?

We’re SAS doctors. We do difficult things and we do them well. We have succeeded and we shall succeed again. The future is there for the taking. Let’s take it.

Next year, in five years’ time, in ten years’ time, the worst they will be able to say of us is that ‘we tried’. I think we’ll do better than that. I think they’ll say ‘we tried, and we succeeded’.

Thank you.