BMA staff associate specialist and specialty doctors conference
‘Leadership and Autonomy’
Conference agenda and guidance notes
Tuesday 24 May 2016
Agenda

Morning session

WELCOME 9.30 – 9.40

1 Receive: Welcome from the Chair of Conference, Dr Rajesh Kumar.

CONFERENCE REPRESENTATIVES

2 Receive: List of representatives attending the conference (CSAS2, 2016-17).

APOLOGIES FOR ABSENCE

3 Motion by CONFERENCE AGENDA COMMITTEE That apologies for absence from representatives be received, taken as read, and entered on the Minutes.

MINUTES

4 Receive: Minutes of the last Conference held on 2 June 2015 (CSAS3, 2016-17).

5 Motion by CHAIRMAN OF CONFERENCE That the Chairman be empowered on behalf of the meeting to provisionally approve the minutes.

STANDING ORDERS

6 Receive: Standing Orders for Conference (CSAS4, 2016-17).

CONSTITUTION OF CONFERENCE

7 Receive: Report that the constitution of the Conference is as follows:
   (a) All members of the SASC UK.
   (b) 5 additional representatives nominated by each Regional Staff, Associate specialist and Specialty doctors Committee in England, and 5 additional representatives nominated by each of the WSASC, NISASC and SSASC. (Deputies to attend in the event that these national or regional representative(s) are unable to attend).
   (c) Any other doctors in the staff, associate specialist and specialty doctors group who are elected as members of the Representative Body of the BMA.
   (d) 2 clinical assistants or hospital practitioners nominated by the General Practitioners Committee and 2 doctors in the staff and associate specialists group nominated by the Medical Women’s Federation.
   (e) Any members of the conference of staff, associate specialist and specialty doctors agenda committee not included in (a) – (d) above.

DISTURBANCES DURING CONFERENCE

8 Motion by THE CHAIRMAN That this conference directs that all attendees who disturb the proceedings of the conference shall be invited to pay a voluntary fine to BMA Charities (£10 is suggested). Such disturbances may, at the discretion of the chairman, include but not be limited to:
   i) mobile telephones or paging devices (even if switched to a ‘silent’ mode)
   ii) audible alarms from other electronic equipment
   iii) late return from lunch
This policy shall stand for the duration of each conference only and be subject to annual re-adoption.
REPORT FROM THE CONFERENCE AGENDA COMMITTEE

Receive: Report that the Conference Agenda Committee (that considers the agenda and order of proceedings) consists of the Chairman of Conference (Rajesh Kumar), Deputy Chairman of Conference (U A Mohite), Chairman of SASC (A Kochhar), Deputy Chairs of SASC (F Ahmed, Ram Kumar), 6 elected members (S Winning, A Mowat (co-opted in place of Mr R Choudhry), R Nirula, R Price, Hans Mathew, R Shanbhag).

The committee recommends:

RECOMMENDATION A: That the business be taken in the order of times set out below:

9.00 – 9.30 Conference Teach In
9.30 – 9.40 Welcome
9.40 – 10.20 Keynote speaker – Ms Vijaya Nath, Director, Leadership Development, The Kings Fund
10.20 – 10.55 Leadership & Autonomy
10.55 – 11.10 Appraisal & Regulation
11.00 hrs Deadlines for:
   – Nominations for agenda committee for 2017 conference
   – Nominations for chair of conference 2017
   – Nominations for deputy chair of conference 2017
   – Nominations for four 2016 ARM seats
   – Voting for chosen motions
11.10 – 11.20 Report from the chair of SASC UK
11.20 – 12.00 Pay Terms and Conditions
12.00 – 12.20 Work Force and Innovation
12.20 – 12.30 Education and Training
12.30 – 12.40 NHS Reforms
12.40 – 13.30 LUNCH
13.30 – 14.10 Workshops
   – Autonomous Working
   – Bullying & Harassment
   – Job Planning
14.10 – 14.15 Collection for charities and ‘A’ Motions
14.15 Deadline for voting papers for:
   – Agenda committee for 2017 conference
   – Chair of conference 2017
   – Deputy chair of conference 2017
   – Four 2016 ARM seats
14.15 – 14.25 Patient Safety
14.25 – 14.40 Public Health and Healthcare Delivery
14.40 – 14.50  Equality, Inclusion and Culture
14.50 – 14.55  Report from the chair of the Strategy, Policy and Procedures Subcommittee
14.55 – 15.15  BMA Structures and representation
15.15 – 15.20  Report from the chair of the Negotiating Sub-committee
15.20 – 15.30  Chosen Motions
15.30 – 15.40  National staff and associate specialist committees
15.40 – 15.55  Northern Ireland
15.55 – 16.00  Scotland
16.00 – 16.10  Resolutions of the 2015 conference
16.10 – 16.55  Keynote speaker – Professor Terence Stephenson, Chair, GMC
16.55 – 17.00  Any Other Business, Closing remarks and vote results
17.00  Close

RECOMMENDATION B: That a ballot of members be conducted to enable them to choose up to three motions for debate. Each member may vote for up to three motions to be given priority in debate using the prescribed form only which must be signed and handed to the secretariat by 11.00am on the day of conference (CSAS5).

CHAIRMAN AND DEPUTY CHAIR
10  Appoint: Chairman and Deputy Chair of Conference, to take office at the end of the current BMA session. Nominations on the prescribed form (CSAS6 & CSAS7 – enclosed) should be handed to the secretariat by 11.00am on the day of Conference. In the event of a contest, voting papers will be issued and a vote held.

ANNUAL REPRESENTATIVES MEETING
11  Appoint: Four members to take up the remaining four Staff, Associate Specialist and Specialty Doctor group seats at the 2016 BMA Annual Representative Meeting (ARM) to be held in Belfast from 19 June to 23 June 2016. Nominations on the prescribed form (CSAS8 – enclosed) should be handed to the secretariat by 11.00am on the day of Conference. Nominees must be members of the BMA and should be available to attend. In the event of a contest, voting papers will be available.

APPOINTMENT OF AGENDA COMMITTEE
12  Appoint: Three members to serve on the Agenda Committee for conference 2016 (the Agenda Committee consists of the Chairman of Conference, Deputy Chairman of Conference, SASC Chief Officers, 3 Elected by SASC and 3 Elected by the Conference). Nominations on the prescribed form (CSAS9 – enclosed) should be handed to the Conference secretariat by 11.00am on the day of the Conference. In the event of a contest, voting papers will be available.
KEYNOTE SPEAKER  9.40–10.20

13 Receive: Keynote speaker – Ms Vijaya Nath, Director, Leadership Development, The Kings Fund

FEEDBACK – Questions and answers

Receive: Feedback and questions from SAS doctors.

LEADERSHIP AND AUTONOMY  10.20 – 10.55

14 Motion by SAS CONFERENCE AGENDA COMMITTEE That this conference notes that autonomous practice for SAS doctors has now been acknowledged by the GMC, NHSE, AoMRC and the BMA, and hence asks the BMA to:

i. press for information on how many employers have systems in place which recognise these doctors as named clinicians with admitting rights;

ii. ensure that individualised activity is coded for SAS doctors and sent to HSCIC;

iii. use its best endeavours to influence the commissioning policy of CCGs to facilitate direct referral of patients to competent SAS doctors.

14a Motion by SOUTHERN SASC That this conference notes that the BMA, the NHS Employers, the AoMRC and the GMC all promote autonomous practice for SAS Doctors within the limits of the doctors’ professional competence. Autonomous practice was outlined in the 2008 SAS Doctor’s contract and subsequently reinforced in the UK Job Planning guidance by NHS Employers in 2012. Many SAS Doctors practice autonomously and this conference calls on the BMA to press for information on how many Trusts have systems in place, which recognise these doctors as named clinicians with admitting rights, have activity coded in their names and have portals to receive direct or Choose & Book referrals.

14b Motion by SOUTH WEST RSASC That this conference calls on the BMA to use its best endeavours to influence the commissioning policy of CCGs such that they encourage and facilitate the direct referral of patients to SAS doctors who have specialty specific expertise to enable employing Trusts to appropriately recognise the autonomous practice of many SAS doctors.

14c Motion by OXFORD RSASC That this conference believes that, as autonomous practice of SAS doctors is now nationally recognised, local Trusts should send Clinical coding data to the Health and Social Care Information Centre (HSCIC) with the SAS doctor’s GMC registration number.

15 Motion by NORTH WEST RSASC That this conference asks the BMA to ensure active implementation of the SAS Charter and promotion of Autonomous Practice for senior SAS doctors through:

i. dedicated Support from member services and IROs;

ii. improved awareness through LNCs and media;

iii. targeted emails to SAS doctors and representatives.

16 Motion by NORTH THAMES RSASC That this conference believes that SAS doctors should be given the independent responsibility of lead clinician for patients in community clinics when it comes to making decisions as to whether patients should be treated in secondary or primary care.
17 Motion by SOUTH WEST RSASC That this conference wholeheartedly endorses the principles of the nationally agreed SAS Charter and calls on all Trusts to implement its provisions as a minimum. Furthermore this conference recommends that the BMA, through Trust LNCs, seek to further develop and agree local implementation arrangements that improve upon and extend the minimum recommendations of the national Charter.

17a Motion by MERSEY RSASC That this conference insists that Trusts examine and implement the principles of the SAS Charter so that working lives may be improved.

18 Motion by MERSEY RSASC That this Conference calls upon the BMA to champion fair treatment of less than whole time workers to ensure that SAS doctors who work part-time are no longer disadvantaged by the ignorance of consultant clinical managers who feel that “a minimum of 1 SPA” does not apply even though the same standards of CPD and appraisal are demanded.

19 Motion by YORKSHIRE RSASC That this conference believes that SAS doctors should be part of the appointment panels for consultant posts to recognize and to reflect on the status as senior members and team leaders.

20 Motion by NORTH THAMES SASC That this conference believes that SAS doctors should be:
   i. recognised as independent clinicians;
   ii. appointed to every CCG and NHS Trust Board to ensure effective communication between primary and secondary care.

APPRAISAL AND REGULATION 10.55 – 11.10

21 Motion by NORTHWEST RSASC That this conference asks employers to ensure that a SAS appraisal lead is employed in every workplace to monitor and:
   i. improve Appraisal rates;
   ii. promote timely revalidation of all SAS doctors with Responsible Officers.

22 Motion by OXFORD RSASC That this conference believes that individual outcome data should be made available for the SAS doctors as well as consultants in order to be correctly appraised as used for the evidence towards revalidation. This would enhance accountability, productivity and greater recognition, therefore Conference urges the BMA to support the implementation of collection of SAS Doctors individual outcome data at local level, by appropriately liaising with NHSE.

23 Motion by NORTH WEST REGIONAL COUNCIL That this meeting requests the BMA to demand a pause to the time-consuming, stressful and increasingly complex process of annual appraisals and of revalidation until:
   i. there is a critical and peer-reviewed assessment of the appraisal process to ensure it is fit for purpose, equitable nationwide and does not discriminate against doctors in portfolio or non-standard careers;
   ii. there is robust and peer-reviewed evidence that the processes are actually producing the claimed outcomes of improved patient safety and patient confidence in the profession.

24 Motion by SAS CONFERENCE AGENDA COMMITTEE That this conference believes that, the BMA should support a move to shift funding for the GMC from the medical profession to those it protects, namely the public.

24a Motion by MERSEY RSASC That this Conference believes that, following the recent statement from the Chair of GMC, Professor Terence Stephenson that the GMC is not there to protect doctors but to protect patients, the BMA should support a move to shift funding for the GMC from the medical profession to those it protects, namely the public.
REPORT FROM THE CHAIR OF SASC UK  11.10 – 11.20

PAY, TERMS AND CONDITIONS
AND JOB PLANNING  11.20 – 12.00

25  Motion by SAS CONFERENCE AGENDA COMMITTEE That this conference insist that any new SAS contract negotiations should be with BMA SAS Committee as SAS doctors are an independent recognised branch of practice.

25a  Motion by MERSEY RSASC That this conference insists upon separate contract negotiations between the government and SAS Grade staff rather than consultant and trainee contract modifications which could be imposed on SAS doctors.

26  Motion by YORKSHIRE RSASC That this conference believes that in the relentless austere financial climate in the NHS, re-establishing the AS grade is unlikely to benefit many of our SAS colleagues. This BMA/SASC policy should therefore be abandoned.

27  Motion by NORTH THAMES RSASC That this conference believes strongly that re-introduction of the Associate Specialist grade or similar should be made a priority if the SAS contract were to be renegotiated.

28  Motion by EASTERN RSASC That this conference believes that the SASC should campaign to persuade DOH to bring a Senior Specialty Doctor cadre within the Specialty Doctor contract to facilitate the recognition of these senior doctors.

29  Motion by SAS CONFERENCE AGENDA COMMITTEE This conference insists that NHS employers must mandate assimilation of all non-standard grade doctors onto the SAS contract on national TCS subject to their meeting the requisite criteria.

29a  Motion by NORTH THAMES RSASC That this conference wants to make sure that anyone who would like to change from one of the non-standard grades to the SAS contract anywhere in the country, can do so automatically in a set time if they meet the required criteria.

29b  Motion by NORTHERN RSASC That this conference believes that the NHS employers and BMA agreement to standardise hospital doctors post into Specialty Doctor and Associate Specialists should be reinforced, to replace the non-recognised trust doctors grade.

30  Motion by NORTHERN RSASC That this conference demands that the equivalent of CEA awards, both national and local, form part of any future SAS contract.

30a  Motion by SOUTHERN RSASC That this conference notes with dismay, that following the introduction of the most recent SAS Contract, there is no provision for SAS doctors to be rewarded for “going the extra mile”. It seems wrong that CEA’s are available for consultants but not SAS doctors and this lack of recognition seems to imply that SAS doctors are incapable of achieving Clinical Excellence, therefore this conference urges the introduction of Clinical Excellence Awards or an equivalent, for SAS doctors.
31 Motion by SAS CONFERENCE AGENDA COMMITTEE This conference urges the BMA to promote greater protection of agreed job plans and challenge any attempts to impose any deviation from the national TCS.

31a Motion by WEST MIDLANDS RSASC That this conference urges the BMA to promote greater protection for job plans to prevent deviation from the plan or imposition of un-agreed roles or obligations.

31b Motion by WEST MIDLAND RSASC That this conference urges the BMA to robustly challenge attempts to impose annual leave requirements on any hospital doctor.

32 Motion by WELSH SASC That this conference believes that a significant proportion of SAS doctors are working at a very senior level with the majority of their practice being independent, similar to consultants. These SAS doctors should be supported by their employers and remunerated appropriately for taking these extra responsibilities as this benefits the service and boosts their morale.

33 Motion by YORKSHIRE RSASC That this conference believes that, given that SAS doctors had their pay frozen and limited to below inflation over the last few years, it is time for SAS doctors to be offered a substantial pay rise. We urge the BMA to ask the DDRB to offer us this increase.

34 Motion by WELSH SASC That this conference believes that doctors and the public have lost confidence in Health Secretary Jeremy Hunt after his arrogant behaviour of deciding to impose the contract on junior doctors in England. Hence the conference asks for his immediate resignation.

35 Motion by NORTHWEST RSASC That this conference abhors the behaviour of the Secretary of State for Health in his treatment of Junior Doctors and asks the BMA to continue to make every attempt to seek a negotiated settlement in this fiasco.

36 Motion by NORTH THAMES RSASC That this conference will reject any renegotiation of the SAS contract if NHS employers were to change the status of weekend work or remuneration for SAS doctors.

37 Motion by SOUTHERN RSASC That this conference calls for all middle grade doctors to be given the contractual right to autonomous practice and consultant-level remuneration, as under the terms and conditions of the old Associate Specialist contract, so as to re-motivate and recognise them for valuable work that they do. This conference notes with dismay, that these doctors do not enjoy the freedom of movement to other employers that other grades do.

38 Motion by WEST MIDLAND RSASC That this conference requests that the BMA urge the Department of Health and NHS Employers to identify and recognise independent and autonomous SAS doctors and to ensure that this is reflected in their job plans.

39 Motion by NORTHWEST RSASC That this conference calls on NHS employers and the DoH to engage in discussions with relevant hospital stakeholders (trained hospitals doctors – including SAS and Consultants) to explore and craft a unified streamlined (tained doctor) contract for ALL hospital doctors instead of perpetuating a class system amongst healthcare providers.
WORKFORCE AND INNOVATION 12.00 – 12.20

40 Motion by SOUTHEREN RSASC That this conference condemns comments by the PHE, that SAS doctors “do not fit” with the rest of employee skills mix and has disestablished these SAS posts. We believe that this is discriminatory and the conference urges the BMA to:
   i. deplore such acts by any employer;
   ii. undertake all measures to safeguard the interest of SAS doctors in retaining both their jobs and SAS titles, when being unfairly targeted in the name of reorganisations.

41 Motion by OXFORD RSASC That this conference asks BMA to negotiate with home office/immigration authority for NHS staff who are under the new visa regulations to be exempt from the Immigration Health Surcharge.

42 Motion by NORTHERN IRELAND SASC That this conference calls on the government for clarity around governance, registration and lines of responsibility for physician associates and holistic workforce planning.

42a Motion by WEST MIDLAND RSASC That this Conference calls upon the BMA to lobby for standardised and regulated training for all physician assistants, to ensure that patients receive consistent and safe treatment.

43 Motion by NORTHERN IRELAND SASC That this conference calls on the Academy of Royal Colleges to ensure that their specialty advisors can differentiate between the criteria of a specialty doctor post and that of a general practitioner with special interest.

44 Motion by SOUTHERN RSASC That this conference notes with dismay that NHSE and the government seems to be dealing with the shortage of GPs by hoping and counting on a few Physician Assistants, Paramedics or Nurse Practitioners to help, whilst a lot of SAS doctors, unfortunately, are stuck in dead end jobs in secondary care. This conference calls upon the Government to redress this appalling situation and calls upon the BMA to help facilitate utilisation of the expertise of these SAS doctors, from secondary care by:
   i. recommending that a fast tracked training scheme for SAS doctors is provided;
   ii. insisting that a route for SAS jobs into general practice is opened, if fast tracked GP training is not an option.

45 Motion by WEST MIDLAND RSASC That this conference is extremely concerned about the rapid decline in the number of GP practices, leaving many patients without a local practice to support their health needs.
EDUCATION AND TRAINING 12.20 – 12.30

46 Motion by SAS CONFERENCE AGENDA COMMITTEE That this conference deeply regrets the diversion of SAS development fund for other purposes and strongly urges the Health Education England to give clear instructions to the Local Education and Training Boards so as to:
   i. ensure that this funding continues to be utilised for SAS development needs;
   ii. refrain from diversion of this funding for other purposes.

46a Motion by OXFORD RSASC That this conference deplores those LETBs who are diverting SAS development fund to other health professionals and strongly urges the HEE to instruct the LETBs to refrain from this.

47 Motion by NORTH WEST RSASC That this conference believes that the role of the local SAS Tutor should be strengthened to ensure effective use of development funding based on local need with SAS doctors managing the funds.

48 Motion by NORTH THAMES SASC That this conference is concerned about the inequity of SAS doctors taking European Specialty exams and asks for the BMA and the Royal Colleges to ensure the process is standardised and that this is endorsed by the GMC.

NHS REFORMS 12.30 – 12.40

49 Motion by NORTHWEST RSASC That this conference demands that the Secretary of State for Health:
   i. defines the model of Seven Day Services that the government seeks to implement;
   ii. ensures appropriate funding, manpower and adequate support services, to provide a total package of effective care with appropriate safeguards for the providers.

50 Motion by SAS CONFERENCE AGENDA COMMITTEE That this conference asks the BMA to ensure that SAS doctors should be given equal opportunity to share the NHS work with other senior clinicians carried out in the private and independent sector.

50a Motion by MERSEY RSASC That this conference calls upon the NHSE that SAS doctors should be given equal opportunity to share the NHS work with other senior clinicians carried out in the private sector since SAS doctors at present are excluded from such practice in the private sector.

50b Motion by MERSEY RSASC That this conference believes that NHS Trusts contracting with private companies to avoid hospitals breaching waiting times:
   i. is divisive;
   ii. has safety and governance implications;
   iii. overlooks the potential for SAS doctors to be offered the employment;
   iv. ignores the potential opportunity of SAS doctors to be paid at a fair rate for their extra time;
   v. is wasteful of the opportunity of offering a fair rate for extra work to existing NHS employees.

LUNCH 12.40 – 13.30

Workshops 13.30 – 14.10

– Autonomous Working
– Bullying & Harassment
– Job Planning
COLLECTION FOR CHARITIES AND ‘A’ MOTIONS 14.10 – 14.15

A 51 Motion by SOUTHERN RSASC That this conference applauds and approves the firm stance of the governments in Scotland, Northern Ireland and Wales not to impose the contract on junior doctors in August 2016 as declared by Health Secretary Jeremy Hunt for England.

A 52 Motion by WEST MIDLAND RSASC That this conference urges the BMA to enter discussions with NHS employers to allow associate specialists who retire and are then offered the opportunity to return, to come back on the same Associate Specialist terms and conditions of service.

A 53 Motion by MERSEY RSASC That this conference calls upon the BMA to raise the issue of equal recompense for the additional work done by SAS doctors in the NHS and stop the discriminatory treatment of these doctors.

A 54 Motion by WELSH SASC That this conference asserts that drinking alcohol and smoking cigarettes are the main factors which create lots of health problems and cost the NHS a considerable amount of money and calls for the Welsh Government to keep health education on the school curriculum in order to prevent people from taking up these habits.

A 55 Motion by NORTHERN IRELAND SASC That this conference, in the face of rising levels of childhood obesity, urges the government to implement as soon as possible the measures proposed in the Board of Science policy document “Food for thought: promoting healthy diets among children and young people” including a "sugar tax”.

A 56 Motion by NORTHERN IRELAND SASC That this conference is concerned at the lack of availability of workforce planning data in NI and calls on BMA to demand that:
   i. DHSSPS ensures that workforce planning data is routinely collected and is meaningful;
   ii. DHSSPS, in regards to workforce planning, takes account of the roles and responsibilities of the SAS workforce especially succession planning.

A 57 Motion by WEST MIDLAND RSASC That this conference calls upon the BMA to fight for all SAS doctors to be given access to full support services by their employers, including (but not limited to) secretaries, IT facilities, office facilities, assistance and support in clinics.

PATIENT SAFETY 14.15 – 14.25

58 Motion by OXFORD RSASC That this conference believes there has been a huge increase in actual harm and near miss incidents in the NHS with litigation costs in millions and therefore asks BMA to liaise with appropriate bodies to introduce Human Factors awareness training as mandatory at workplace and also to make it part of medical curriculum.

59 Motion by NORTHWEST RSASC That this conference is concerned about the continued reduction in the number of in-patient hospital beds and the enormous pressure to discharge patients too early which may lead to patient harm. We urge the BMA to ask the DoH and any other relevant authorities to halt any further reduction in bed numbers and put measures in place to avoid any premature discharges.

60 Motion by WEST MIDLAND RSASC That this conference, in light of the recent mishandling of some life threatening calls, calls on the BMA to lobby the Department of Health to urgently review the 111 service to ensure:
   i. the development of a robust system/infrastructure for better patient safety when utilising the service;
   ii. that qualified clinical practitioners deal with the calls.
Motion by OXFORD RSASC  That this conference believes that Trainee Doctors are an integral part of the medical workforce and responsible for maintaining high quality, safe patient care so must be entitled to whistle blow, as with any hospital staff, to be able to uphold patient safety without preventing their training from being compromised.

PUBLIC HEALTH AND HEALTHCARE DELIVERY  14.25 – 14.40

Motion by WELSH SASC  That this conference notes with dismay that the mental health care of adolescents and adults in England and Wales is not meeting the required standard and calls upon the UK and Welsh Governments to redress the situation by:
   i. providing an immediate cash injection to underwrite an increase in beds for mental health care;
   ii. providing funding to train enough support workers and other staff.

Motion by WELSH SASC  That this conference asserts that it has been proved that CPR in the community is helped if defibrillators are used within three to five minutes, and calls for the Governments to act to:
   i. ensure defibrillators are kept accessible in all public places;
   ii. keep CPR on the curriculum;
   iii. train more people to use AED defibrillators.

Motion by WELSH SASC  That this conference knows that there are lots of people waiting for an organ transplant in the UK. There is an opt-out system in place in Wales, but this is not the case in the rest of the UK. This Conference calls on the UK Government to follow the Welsh Government lead on this issue and introduce an opt-out system in England.

EQUALITY, INCLUSION AND CULTURE  14.40 – 14.50

Motion by SAS CONFERENCE AGENDA COMMITTEE  That this conference commends SASC UK and Welsh SASC for conducting a doctors survey and:
   i. is appalled that a worryingly high percentage of respondents have experienced bullying and harassment;
   ii. urges the BMA to work with Royal Colleges, NHS employers and professional bodies to highlight this and to insist on a zero tolerance environment with respect to bullying and harassment;
   iii. urges the BMA to promote development of support mechanisms such as resilience training and counselling for staff who are subjected to bullying and harassment;
   iv. insists that those that bully and/or harass others are dealt with appropriately.

Motion by Oxford RSASC  That this conference recognises that consequences of Bullying and Harassment have serious implications on the morale and motivation of staff. Following the recent SAS survey outcome, urges BMA to formulate a mechanism to stop this by:
   i. raising awareness and resilience training;
   ii. create environment of zero tolerance;
   iii. creating local support networks led/ trained/ supported by the BMA.

Motion by WELSH SASC  That the conference believes that bullying, harassment and victimisation of SAS doctors is at a high level, as proved by the Welsh SASC and UK SASC surveys and is concerned that many times those at a senior level seem to act with impunity and gag members of staff. We urge the BMA and all professional bodies to acknowledge this as an issue and take responsibility, raise awareness and for individuals to understand their rights and report the issues.
65c Motion by NORTH THAMES RSASC That this conference condemns the bullying and harassment that has been experienced by 35% of those 1500 doctors surveyed in the 2015 SAS work force survey, and urges the BMA to make it a priority to end this practice in the NHS and to provide a fair work environment for all grades which will promote wellness at the workplace for doctors and other professionals.

65d Motion by NORTHWEST RSASC That this conference acknowledges the results of the SAS doctors workplace survey which has reported that 35% of SAS doctor have experienced bullying and harassment with 70% of these being perpetrated by consultants. We exhort the BMA to promote a zero tolerance to bullying and harassment, create an awareness of this endemic problem faced by SAS doctors, educate all colleagues in the workplace about this malady, supports all victims to bring the perpetrators to justice and provide counselling and confidence building training.

65e Motion by SOUTHERN RSASC That this conference commends the BMA for conducting the SAS Doctors Survey 2015. In light of the results of this survey, in the four domains of SAS Doctors, personal and professional development, work pressures, bullying and harassment and the future of the grade, it calls upon the BMA to call on Royal Colleges, NHS Employers, NHS Trusts and other partners to address and ameliorate these issues.

65f Motion by MERSEY RSASC That this conference demands a fair and non-discriminatory work environment with an end to the current culture of bullying and harassment, and insists that systems be put into place that support fearless reporting and management of this problem.

65g Motion by CONFERENCE OF HONORARY SECRETARIES OF BMA DIVISIONS AND REGIONAL COUNCILS That this meeting is very concerned that doctors can be bullied by members of hospital management, and have no effective redress or means to prevent it and believes there should also be mechanisms whereby the managers themselves should be held responsible for their actions and call upon the BMA to pursue this as a top priority.

66 Motion by MERSEY RSASC That this conference demands a fairer management of complaints and disciplinary procedures, as all too often complaints against Consultants are swept under the carpet or disposed of informally whilst SAS Grade staff are subjected to formal investigation and disciplinary processes. We suggest that senior SAS doctors be trained to sit on the disciplinary hearing panel, whenever SAS doctor is subjected to such procedures.

REPORT FROM THE CHAIR OF THE STRATEGY, POLICY AND PROCEDURES SUBCOMMITTEE 14.50 – 14.55

BMA STRUCTURES AND REPRESENTATION 14.55 – 15.15

67 Motion by SOUTH WEST RSASC That this conference calls on the BMA to improve the engagement and influence of SAS doctors by increasing the current number of SAS representatives on BMA Council.

68 Motion by SCOTTISH SASC That this conference believes that the time has now come for separate England branch of practice and national committees to be formed with provision for over-arching UK committees from each of the four nations. We call upon the BMA organisation committee and finance committee to investigate the feasibility of this.
69 Motion by NORTH THAMES RJDC That this conference notes the current junior doctors contract dispute and:
   i. asks the BMA to highlight to the public the deterioration in working conditions for doctors of all grades working in the NHS in recent years;
   ii. calls for the BMA to explore all avenues of delivering industrial action taken by more than one branch of practice at the same time.

70 Motion by NORTHERN RSASC That this conference requests that a campaign is organised to promote the BMA to increase membership amongst SAS doctors and that part of this campaign would be to update the BMA data base of all SAS doctors in the UK.

71 Motion by YORKSHIRE RSASC That this conference believes that in some regions SAS doctor representation is extremely poor, and although regional SAS doctor meetings offer an evening meal or such like this is insufficient to attract representation from all local trusts. Conference believes that to counter this lack of representation the trust SAS reps need job plan recognition for their representative work and demands that the BMA ensure that representative duties for the BMA are recognised in the job plan, as we feel with this incentive SAS doctors are then more likely to fulfil their representative duties.

72 Motion by YORKSHIRE RSASC That this conference is aware that SAS doctor membership in the BMA is at or around 50% below branch of practice average. As BMA reps we often hear “the BMA does nothing for me”. This contention is often based in the experience that there is the feeling that some EAs and IROs fail to do their utmost for doctors of our branch of practice. There is a lack in the BMA of a board of appeal to which doctors could turn if they felt they not being dealt with fairly. To increase membership among our branch of practice:
   i. this house suggests that a board of appeal be formed;
   ii. that this board has a sitting membership of doctors specific to the BOP where the complaint originates.

REPORT FORM THE CHAIR OF THE NEGOTIATING SUBCOMMITTEE 15.15 – 15.20

CHOOSEN MOTIONS 15.20 – 15.30

NATIONAL STAFF AND ASSOCIATE SPECIALIST COMMITTEES 15.30 – 15.40

NORTHERN IRELAND 15.40 – 15.55

73 Motion by NORTHERN IRELAND SASC That this conferences calls on all NI HSC Trusts to ensure that the NI SAS Charter is both fully implemented within each Trust, and that the DHSSPS develops a mechanism for holding each trust to account.

74 Motion by NORTHERN IRELAND SASC That this conference demands that the DHSSPS commits to the development and support of the SAS grade and calls on the Minister for support in:
   i. providing financial support for educational and professional development;
   ii. supporting the establishment of a SAS Associate Dean and SAS leads;
   iii. maintaining and enhancing professional esteem;
   iv. ensuring that HSC Trusts are accountable for the implementation of such policies.
75 Motion by NORTHERN IRELAND SASC That this conference calls on the BMA Northern Ireland to encourage the NI Medical and Dental Training Agency (NIMDTA) to:
   i. ensure that SAS is fully supported in their strive for excellence;
   ii. support the establishment of a SAS Associate Dean and SAS Leads.

SCOTLAND 15.55 – 16.00

76 Motion by SCOTTISH SASC That this conference appreciates the intentions of the Scottish Government to enable SAS doctors to develop but is very concerned that SAS doctors are not consulted adequately and therefore calls upon the Scottish Government to consult with BMA Scotland formally, and with SAS doctors more widely, before implementing any proposed plans.

RESOLUTIONS OF THE 2015 CONFERENCE AND CONTINGENCY TIME 16.00 – 16.15

KEYNOTE SPEAKER 16.15 – 16.55

Receive: Keynote speaker – Professor Terence Stephenson, Chair, GMC

FEEDBACK – Questions and answers

Receive: Feedback and questions from SAS doctors.

ANY OTHER BUSINESS, CLOSING REMARKS AND VOTE RESULTS 16.55 – 17.00

CLOSE OF CONFERENCE 17.00
Registration

Registration will take place in the reception area at BMA House from 8.30am where you will be issued with a badge and asked to sign the attendance sheet. Please make sure that you sign the attendance sheet so that you may claim your expenses. A teach-in will also be held before the conference to explain how the day will run. We also hope to include a pre-conference session on a relevant area to allow a full debate.

Travelling expenses

How do I claim expenses?
Please see separate guidance on Concur

What expenses are paid?
All necessary travel costs will be reimbursed.
1. The most efficient or cost effective method should be used for all travel taking advantage of discounts and low fares where available.
2. Air travel is permissible if the distance travelled is over 350 land miles or where road or rail travel is geographically impossible (e.g. Northern Ireland to England).
3. If no receipt is available, please attach the ticket to your claim.
4. Claims for taxi fares and parking costs should be accompanied by a receipt.
5. First class rail travel can be claimed only if the single journey distance exceeds 50 miles.
6. Car mileage rates are 45p per mile (all engine sizes)
7. Where it is necessary to drive to BMA House in London, congestion charges and parking can be claimed. There is very limited parking in BMA House.
8. Overnight stays can only be claimed if you have to leave home before 6.30am, or arrive back at home later than 11.00pm. The accommodation allowances are as per the following:
   a) Dinner £35.00 (Maximum limit).
   b) Room with breakfast £179.00 per night (Maximum limit).
   c) Staying with friends/family £30.00 per night (maximum limit)
9. The BMA has negotiated discounted rates for certain hotels. These hotels are listed below. Members are encouraged to use these hotels in preference to others.

Note: The lunch allowance has been discontinued, but lunch will be provided at the conference.

What if I need more information?
If you have any queries about expenses it would be helpful if you contact the SASC/ BMA Conference Unit office prior to the meeting for clarification. confunit@bma.org.uk / info.sasc@bma.org.uk or call 020 7383 6605/6137

Catering arrangements

As lunch is being provided free of charge, other lunch expenses will not be paid.
Guidance for speakers

The business of the meeting is conducted in accordance with the conference standing orders which are enclosed. However, a summary of the debating procedures is also included in this document.

When you are called to speak, please come to the podium at the front of the conference hall, unless unable to do so. Please note that, given the timing of motions, you will not necessarily be invited to speak in every debate for which you submit a speaker slip. If the Chairman stands, or otherwise indicates, you must stop speaking.

As you will see from the standing orders and the attached paper, the proposer of a motion may speak for three minutes, but no other speech can exceed two minutes. On the podium are ‘traffic lights’ which indicate the amount of time you have left to speak. When the amber light comes on after the green, this means that you have one minute left, and the red light will come on when your time is up. You must stop speaking at this time, even if you have not completed your speech. Each speaker may only speak once to a motion, although the proposer has a right of reply if there were speakers against the motion.

Mobile phones, bleeps and pagers

Mobile phones, bleeps and pagers must be switched off during the conference. Anyone whose phone disturbs the conference will be invited to make a £10.00 donation to BMA Charities.

Getting the most out of the conference - debating procedures for new members

The Annual SAS Conference is an opportunity for SAS doctors who are not involved in politics on a regular basis to contribute to the political process, and influence SASC policy. For some, it serves as an introduction to medical politics and may lead on to further involvement.

New members often find the debating procedure confusing and unclear, and feel that things move too quickly for them to be able to contribute. The following guidance attempts to address these concerns in order to allow fuller participation.
Basic structure

Regional and national staff and associate specialist committees (RSASCs) send representatives to the UK Staff and Associate Specialists Committee (SASC) which meets four times a year. The SASC elects a chairperson and two deputy chairpersons with specific remits to chair the Strategy, Policy and Procedure Subcommittee and the Negotiating Subcommittee. The other members of these committees are elected at the same time. These subcommittees meet more frequently than SASC UK ensuring that policy decisions are developed into action and that the interests of SAS doctors are represented within the profession and to government.

The Annual SAS Conference comprises a much larger body of SAS doctors and in addition to SASC UK members, has delegates from the devolved nations and the English regions.

Conference makes policy, most of which becomes SASC policy and is used to guide and instruct the SASC throughout the coming year. Some motions are referred on to the BMA’s Annual Representatives Meeting and may end up becoming the policy of the BMA as a whole.

What actually happens?

– Before conference

Items for discussion are submitted as motions; these come from regional and national SASCs. They are ordered and grouped according to subject by the Conference Agenda Committee elected by the conference and SASC. The motions are allocated a time slot and those that are debated are voted upon and, if supported, become conference policy. Motions further down in each section may not be reached within the time slot.

Motions that are very similar are bracketed together. Only the top ‘starred’ item is debated. Sometimes the agenda committee will create a composite motion from such a group so that all the similar motions can be debated as one.

Motions that are already policy or are non-controversial are marked with an ‘A’ and are voted on without debate, at the end of that timed section.

The agenda committee also sorts through old policy, and recommends that some is re-adopted and some is allowed to lapse. Lapsing policy is that which it is felt has been successfully implemented, superseded by events or better covered by more recent policy.

If members feel that a motion has been placed too far down in its subsection or as a grey motion, and unlikely to be reached and debated, you can request either to nominate it to be one of the chosen motions debated in a specially timed slot, by completing the chosen motions nomination form or to alter the order of business. This latter option requires a motion which should be submitted at the very start of the day, when the order of business is being confirmed. Once conference has started debating the main business, the only other way of changing the order of business is to request that Conference suspends standing orders (see below).

– At conference

Motions are debated in the order in which they appear on the agenda, adhering closely to the timing of each section. Once the timing for a section has passed, the debate moves on to the next timed section, the remaining motions in the previous section will not have been reached therefore.

Motions that are not reached, i.e. that are not debated because there was not enough time, can be resubmitted to the UK SASC.
– How to speak
The only way to get to speak is to fill in a speaker slip and hand it in to the agenda committee desk. This should be done some time before the motion is likely to be reached; it’s a good idea to fill in the slip first and then think of what you’re actually going to say afterwards! Remember to fill in your name, the motion number, which area you are representing, whether you are proposing the motion, or are ‘for’ or ‘against’ the motion, also if you are a first time speaker, or if you have a special expertise. Please make it legible as the committee will be handling a lot of speaker slips.

If your motion is in a bracket the proposer is the person from the region of the starred motion only. Those with motions in the bracket should indicate this on the speaker slip, so that they can be called to speak on the starred motion in addition, if timing allows. If your motion is under a composite motion from the agenda committee, the proposer is from the region listed first under the composite motion within the bracket.

The chairperson determines the order of speakers, and will try to favour new and first-time speakers as well as recognised experts on a subject. They will also try to balance debate between those ‘for’ the motion and those ‘against’, so you should mark this on your slip. If a motion is amended, new speaker slips will need to be submitted to speak in favour of the amended motion.

– Process of debate
All the rules are contained within the standing orders of conference, which are adopted at the start of each conference and are both in your conference pack and available from the secretariat. Members of the agenda committee will be happy to explain details to you. If you get lost... just ask!

1) The motion is proposed, in a speech timed to last no more than three minutes, usually by a representative from the regional SASC submitting the motion. This is called ‘moving the motion’ and the proposer is referred to as the ‘mover’.

2) Anyone else who wishes can speak either for or against the motion, but for a maximum of two minutes. The time passes very quickly and there are lights above the Chairperson to help you keep an eye on the time. An amber light means one minute to go. You may speak only once to a motion. When the red light comes on you must stop speaking.

3) At the end of the debate, the proposer has a right of reply if there were speeches against the motion, but may not introduce new material during the reply. Then a vote on the motion is taken. This is by show of hands but sometimes will be counted individually, especially if the result is close. A two-thirds majority may be required if existing policy is to be overturned.

If the motion is passed (carried) it becomes conference policy and is referred to the SASC for consideration for adoption as SASC policy. If the motion is lost it does not form part of conference policy.

The end of the debate can occur in three ways:

i) There are no more people wishing to speak for or against the motion, so there is then no alternative but to take a vote.

ii) Someone shouts out from the floor ‘vote!’ This may be prompted by the Chairperson stating that they have, for example, 20 more people all wishing to speak in favour of the motion, with none against. If the Chairperson heeds a call to proceed directly to a vote, the conference must then vote on whether or not it agrees. This requires a two-thirds majority. If the suggestion to proceed to a vote is agreed, the motion is then voted on.

iii) Someone from the floor calls for a ‘move to next business’. This means that the debate is halted, no vote is taken on that motion and the next item is debated. Again, a move to next business needs a two-thirds majority vote. This procedural manoeuvre is sometimes used to avoid debate which is being seen as unhelpful.
– Amendments
It is possible to submit a proposal to amend a motion before it is debated. An amendment can be a subtle change or a complete ‘rewrite’ of a motion that may change its meaning and therefore change the chances of it being carried. An amendment is often proposed by experienced debaters who sympathise with a motion but can anticipate difficulties in implementation because of the way it is worded.

For example, the motion:

‘that this Conference calls on the Department of Health to implement the new national contract immediately’

would be usefully amended to read

‘That this conference calls on the health departments to implement the new national contract immediately’

as the Department of Health does not have responsibility for the whole of the UK.

An amendment that changes the meaning is called a ‘wrecking amendment’ e.g. adding the word ‘not’, to the above. Such amendments are not accepted by the Chairperson.

Whether a motion should be amended or not is debated before the motion itself is debated. If an amendment is acceptable to the mover (proposer) of the original motion and to the conference, the mover will propose the entire amended motion for debate.

If a proposed amendment is not acceptable to the mover of the original motion, then conference will first decide whether or not to amend the motion by debating the amendment. If the amendment is carried, the proposer of the amendment then proposes the entire amended motion. If conference decides not to amend the motion, i.e. the amendment falls, then the original motion is debated unchanged.

– Riders
A rider is an addition to a motion, which is debated after the original motion has been passed. Riders support, expand or explain a motion.

For example, the motion:

‘That this conference notes that PMETB is increasing the application fee’

could have the following rider added to it:

‘and calls for fees to be held at the current level’.

Both amendments and riders must be submitted to the secretariat by 12 noon on Tuesday 17 May 2016. They can only be taken on the day of the conference if submitted well before a motion is debated and only with the Chairperson’s agreement.

A motion taken as a reference may be referred back to SASC UK for further consideration, and may be sent to another BMA committee. It will not form part of SASC policy. A motion marked with ‘A’ is, in the opinion of the agenda committee, uncontroversial and is normally accepted as a reference without a debate.

– Grey Motions
Motions that are judged by the conference agenda committee to be low priority are usually shaded grey and are unlikely to be chosen for debate. These motions are usually either defectively worded, overtaken by other events or already BMA/SASC policy.
– Emergency motions
Emergency motions usually deal with events that have arisen after the deadline for submission of motions, or relate to a talk by an invited speaker. In order to propose an emergency motion, standing orders need to be suspended (see below).

– Priority motions
If you feel strongly about a particular motion or motions which, because of timing, may not be reached for debate then you may choose to have these debated in a separate timed section of the day. There is a ballot to select three such motions from the agenda. Motions to be considered must have 15 votes, as per standing orders. Ballot forms should be returned by the time indicated on the agenda. This will be fairly early in the proceedings, so it is recommended you have considered these prior to the conference. The three motions which receive the most forms will be debated.

– Suspending standing orders
This is a process that allows the published agenda to be deviated from, either to change the order of business or to debate an emergency motion. Though tempting, it is a step which the conference is often reluctant to take because other sections of the agenda may then not be reached.

The initial motion to suspend standing orders must be submitted to the Chairperson in writing and this proposal must be debated and voted on before the motion itself can be considered. A two-thirds majority is needed to suspend standing orders but the usual simple majority is required to carry the substantive motion.
2016 preferential hotel rates for BMA members and BMA/BMJ employees

Special discounted rates have been negotiated at six hotels located near to BMA House for use by BMA members and BMA/BMJ employees.

All rates are for double rooms, single occupancy and are guaranteed (subject to room availability), and will be provided if you quote ‘BMA’ when booking by telephone or the internet using the corporate i.d. as applicable, and on production of a valid BMA membership card or BMA staff pass if booking in person and when checking out of the hotel. *Note: All Hotels have ‘black out’ dates where rates do not apply.

If you experience any problems with your booking please liaise directly with the relevant contact at each hotel.

If you have any queries regarding these arrangements or wish to provide feedback regarding the quality and service at these hotels, please contact the BMA’s Purchasing Manager, Chris Fincham on 020 7383 6232 or email cfincham@bma.org.uk

Please note that all rates are inclusive of VAT at 20 per cent.

Ambassadors Bloomsbury – London, Euston

12 Upper Woburn, London, WC1H 0HX
Tel: 020 7693 5414 Fax: 020 7388 9930
Email: reservations@ambassadors.co.uk Web: www.ambassadors.co.uk

If you experience any problems with your booking please contact: Sharon Baker (Sales) on 020 7693 5400. A 10 percent discount in Number 12 Restaurant (applicable to food only from the a la carte menu) is available to overnight guests.

<table>
<thead>
<tr>
<th>Per room, per night with breakfast (until 31 July 2015)</th>
<th>Guest rate per room</th>
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<tbody>
<tr>
<td>Tuesday to Thursday</td>
<td>£167.00</td>
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<tr>
<td>Friday to Sunday</td>
<td>£143.00</td>
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<tr>
<td>Monday</td>
<td>£164.00</td>
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</tbody>
</table>

Supplements: 3 Course Dinner (£27.00) Deluxe Room + £25.00. Free wi-fi throughout. Add £10.00 for double occupancy.

Doubletree by Hilton Hotel London – West End

92 Southampton Row, London, WC1B 4BH
Tel: 020 7400 3800 Fax: 020 7831 9170
Email: n.hardy@dtlondonwestend.com

When booking, please use BMA Corporate ID number D227068178 if you experience any problems with your booking, please contact the above Reservations no. or call Nick Hardy (Sales) on +44(0) 207 400 1663

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<tr>
<th>Per room, per night, with breakfast Double/Twin, (until 31 July 2015) single occupancy</th>
<th>Guest rate per room</th>
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<tbody>
<tr>
<td>Monday to Friday</td>
<td>£178.00</td>
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<tr>
<td>Saturday to Sunday</td>
<td>£161.00</td>
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</tbody>
</table>

Complimentary wi-fi throughout
Ibis London – Euston, St Pancras

3 Cardington Street, London NW1 2LW
Tel: 020 7388 7777 Fax: 020 7388 0001
Email: H0921@accor.com

Make a booking: http://businesstravel.accorhotels.com Client code: AS98037 Contract no: 173051 Hotel code: 0921 If you experience any problems with your booking, please contact Rohit Mendonca (Assistant General Manager) on 020 7388 7777

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<tr>
<th>Per room, per night, with breakfast</th>
<th>Guest rate per room</th>
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<td>At all times subject to availability</td>
<td>£145.00</td>
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Please specify on your booking instructions, your preference for a walk-in shower or bath in your room.

Hilton – London, Euston

17-18 Upper Woburn Place, London, WC1H 0HT
Tel: 020 7943 4644 Fax: 020 7387 5102
Email: reservations.@hilton.com Web: www.hilton.co.uk/euston

If you experience any problems with your booking please contact: Miriam Nascakova (Sales Manager) on 07966 894132, email: miriam.nascakova@hilton.com If booking via the internet you will need to enter the BMA Corporate ID number 227068178 on the Hilton website and it will give you the BMA discounted rate.

A discount of 25 per cent on all food and drink is available on production of a valid BMA membership card or BMA staff pass. Free wi-fi, free access to Gym.

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<tr>
<th>Per room, per night with breakfast</th>
<th>Guest rate per room</th>
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<tr>
<td>Monday to Thursday</td>
<td>£189.00 (January to July)</td>
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<td></td>
<td>£195.00 (August to December)</td>
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<tr>
<td>Friday to Sunday</td>
<td>£179.00 (January to July)</td>
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<td></td>
<td>£179.00 (August to December)</td>
</tr>
<tr>
<td>Supplements: Double occupancy + £12.00</td>
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Note: This rate is applicable on a last room availability basis*. Free access to gym facilities.

Holiday Inn – London, Bloomsbury

Coram Street, London, WC1N 1HT
Tel: 0871 942 9222 Fax: 020 7713 5954
Email: reservations-bloomsbury@ihg.com Web: www.holiday-inn.com

If you experience any problems with your booking please contact: Mouncef Bencherif (Sales Manager) on +44 (0) 7808 095 742. You will need to quote the BMA Corporate ID number 954286817 and ‘British Medical Association’ at the time of booking.

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<th>Per room, per night with breakfast</th>
<th>Guest rate per room</th>
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<tbody>
<tr>
<td>At all times</td>
<td>£187.20 (Tuesday to Wednesday)</td>
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<td></td>
<td>£180.00 (Thursday to Monday)</td>
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</tbody>
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A discount of 25 per cent on all food and drink is available on production of a valid BMA membership card or BMA staff pass. wi-fi available at supplement (free to ‘elite’ members of IHG).
Pullman London St Pancras

100-110 Euston Road, London, NW1 2AJ
Tel: 020 7666 9010    Fax: 020 7666 9001
Email: HS309-SL1@accor.com    Web: http://goo.gl/kWnGe7

Make a booking: http://businesstravel.accorhotels.com
Client code: AS98037    Contract no: 173051 City, Country or Hotel Code: 5309

If you experience any problems with your booking please contact: Stephanie Wright, Corporate Sales Manager on 020 7666 9005 or 07887 427534.

Per room, per night with breakfast
(Classic Room)    Guest rate per room
At all times subject to availability    £195.00

A £10 surcharge applies for double occupancy (bed and breakfast). Free wi-fi, 24 hour access to fitness centre.