**Chair’s Report 2025**

**Colin Hutchinson**

The Annual General Meeting held in October 2024 discussed the challenge posed to the long-term sustainability of DFNHS in the face of continuing reduction of our numbers due to the age profile of the membership and the fact that the majority of us have retired from clinical practice. It is with sadness that we had to report the death since the last AGM of Matthew Dunnigan and of Pam Zinkin, who had both joined as members of the NHS Consultants Association and had been energetic members of the Executive Committee. We should reflect on their contributions to the campaign for an NHS that remains true to all its founding principles.

Over the past year we have responded to the consultation supposedly informing the Ten Year Plan for the NHS, which was summarised in the January edition of the Newsletter. I am uncertain how much traction was gained, but members may find it a useful account of this association’s current views on the priorities for the coming years. We note with regret that the Government did not take the opportunity to exclude the NHS from any future trade deal by a formal declaration of the NHS as a ‘Non-economic service of general interest’ and ‘A service supplied in exercise of governmental authority’.

We have also been interested to note the Government’s acceptance of all the recommendations of the Leng Review into Medically-Associated Professionals (MAPs), although it is uncertain how vigorously or swiftly those recommendations are being implemented. We have been in correspondence with the GMC on the specific point of Recommendation 15: ‘The GMC requirements for regulation and re accreditation of physician assistants and physician assistants in anaesthesia in *Good Medical Practice* should be presented separately to reinforce and clarify the differences in roles from those of doctors.’ The GMC’s current position is that they are waiting for clarification and agreement from the four governments of the UK before they implement this, given that they are a regulator for the whole UK. It is likely that the need to emphasise the value of a broad and deep understanding of disease and health gained through medical education and training, and reflected in the medical professional ethos, will be with us for some considerable time.

In association with this, we are extremely concerned at the scandalous waste of human talent that is the result of the powerlessness of Health Education England in commissioning the capacity of postgraduate training programmes to fill the enormous deficits in primary care, hospital services and other medical disciplines.

**Last year’s decision**

At the 2024 AGM, it was agreed that we should increase our collaboration with other organisations that share our values, to maintain our relevance and profile through joint working, while recognising that many of us already do this as individuals through membership of other organisations, including MEDACT, Keep Our NHS Public, The Doctors Association of the UK, EveryDoctor, Doctors of the World, the Socialist Health Association and other bodies and we encourage that way of making best use of our shared professional experience and our energies.

In this vein, I continue as a member of the Executive Committee of KONP, which is campaigning effectively on many different fronts, bringing together the experience of local groups of activists, as well as working groups concentrating on specific areas such as primary care, mental health, data and trying to find ways of influencing government policy. I am grateful to John Puntis, the Co-chair of KONP for his regular and detailed contributions to the DFNHS Newsletter.

I am also participating in the work of the 99% Organisation. Members might recall that Mark E. Thomas, the founder of that organisation spoke to our Annual Meeting last year. They meet fortnightly as a group of diverse individuals with a wide range of expertise, who are trying to build a better understanding of the NHS and the economy in Parliament, through publishing reports and holding meetings with parliamentarians in the Palace of Westminster. I recommend *The Rational Policy Maker’s Guide to the NHS* and *The Rational Policy Makers Guide to Rebuilding the NHS* as useful starting points for discussion with your constituency MP, or journalists, or the man on the Clapham omnibus. They have made liberal use of evidence compiled by the Centre for Health and the Public Interest, particularly in publicising the adverse impact of the outsourcing of cataract surgery to the private sector.

**Need for a decision this year**

In the face of slow attrition of membership numbers, and the accompanying reduction in our income and our ability to influence the debate on the future of the NHS and the role of the medical profession in the NHS, the Executive Committee has asked me to open informal discussions with organisations with which we feel we could enter into some stronger degree of collaboration, such as formal affiliation. We would like this to be considered carefully during this AGM, so that we are clear about the wishes of the wider membership and any particular preference for which organisation would be the preferred partner.

With a membership of close to 500, and a considerable body of collective experience spanning most specialties and disciplines, we have the ability to speak with authority on many issues, but my feeling is that our voice would be even stronger and more relevant if it was reinforced by more members with daily experience of working in today’s NHS. Affiliation with organisations such as DAUK or EveryDoctor could bring together that depth of experience with an increased confidence that our arguments are relevant to the current situation – that we are not fighting yesterday’s battles.

You will be aware that we are not holding our traditional Annual Meeting this year. Despite interesting programmes of speakers, the attendance at these meetings has been disappointing for many years and it becomes increasingly embarrassing to ask speakers to devote often considerable energy into presentations to audiences of twenty, or fewer. I know quality is more important than quantity, but there are limits. Affiliation to another organisation could allow joint meetings, sharing the costs and increasing potential audiences, and increasing awareness of our association. Those of us that attended the conference in memory of Dr Jenny Vaughan, organised by DAUK during the summer, were treated to an exceptional range of speakers, covering many of the topics that are of vital interest to DFNHS members, and giving some indication of the level of interest that can be generated amongst a larger potential audience.

We have a strong impression that the DFNHS Newsletter, in its printed format, is one element of membership that is still highly valued, and I am grateful to our Communications Manager, Alan Taman for his continued efforts to source and compile interesting articles and interviews, and also to all those who have written contributions. As Alan has described in his report, there are plans for further improvements to both our printed and online publications. Affiliation could expand the potential circulation of this work and extend our reach, and potentially attract new members.

A further element of our work which we think is particularly valuable is the Peter Fisher Essay Competition, encouraging resident doctors to think more widely about the way in which healthcare is delivered and their experience of the system within which they are working. I must particularly thank our long-serving Treasurer, Peter Trewby, for his sterling work in publicising, co-ordinating and judging this competition. I am sure he will say more about this in his report. We had some excellent entries this year, with the given ‘How can medical education be improved for the benefit of the patient?’ and I congratulate the winner, Dr Ke Wei Foong, on a mature and thought-provoking essay which gave me a sense of optimism for the upcoming generation of doctors. We hope that the competition has helped increase awareness of DFNHS amongst resident doctors: unfortunately this has not been reflected in any substantial increase in new members.

I would like to make the suggestion that these three activities - the Newsletter, an annual conference, and the Peter Fisher Essay Competition - should be core to our ongoing focus as DFNHS in any future formal collaboration and that we should seek a relationship that would allow us to build on those strengths. I would also like to explore ways that affiliation could help us to rebuild a wider representation from all the four nations of the UK as they evolve in ways that are increasingly distinct.

**Fresh ideas welcomed**

The Executive Committee of DFNHS is responsible for day to day decisions on the priorities of this association and will be overseeing any negotiations with potential allies. I would like to encourage anybody who is interested in shaping and promoting the aims of DFNHS to put themselves forward to join us. I would be very happy to explain more about how the committee works and the level of commitment required, and I am sure that any of the current committee members would be similarly willing to give their views: our contact details are on the website and in the Newsletter.

Along the same lines, I feel that DFNHS would benefit from a refresh of the Chair, so I will be standing down at the AGM. I have had the privilege of heading the association for eight years and I am sure that there will be benefits from a new approach. I would encourage anyone who is interested, or who just wants to learn more about the role, to get in touch with me. I am grateful to our members for sticking with us, and to my fellow members of the Executive Committee, and Alan Taman, for their continuing advice and support over the years, and I wish DFNHS success in reshaping itself as we move into our fiftieth year.