St Helens and Knowsley Teaching Hospitals NHS Trust

Minutes

RDF for Midlands and Yorkshire & Humber Resident Doctors
Date: 8th September 2025
Venue: Via Microsoft Teams

Chaired by: Dr Peter Arthur, Guardian of Safe Working – GP, Palliative, Public Health & Sports Science

In Attendance:	
Dr Peter Arthur	Guardian of Safe Working
Lacey O'Regan	HR Governance Team Leader (Lead Employer)
Anne Potter	HR Business Partner (Lead Employer)
Victoria Miller	HR Governance Team Leader (Lead Employer)
Rachael Backhouse	BMA Industrial Relations Officer
Dr Sarah Whitehorn	GPST2 & BMA Representative East Midlands
Dr RO	GPST1
DR RS	GPST1
Dr SG	GPST1
Dr HH	GPST1
Dr NA	GPST1
Dr LE	GPST1
Dr AE	GPST1
Dr CU	GPST1
Dr A	
Dr JS	

Apologies:	

1.	**Welcome and Introductions**	Action	Deadline
	Introductions from those in attendance, minutes will be shared and made available on website.	N/A	N/A
2.	**GoSW Update**		
	DR PA will be meeting with Public Health regarding issues with on call and non-resident on call. Informed that he is still receiving informal contacts from GPs about rota compliance, he directs them to the HR Governance Team at Lead Employer who check whether the rotas are compliant. Dr PA Informed that he is still receiving a steady trickle of Exception Reports The changes to exception reporting is scheduled for 19th September however we have not yet received the guidance at present.	N/A	N/A
3.	**BMA Update**		

	RB stated that the exception reporting has been changed to 19th but no terms and conditions had yet been given. No industrial action planned as yet, currently in negotiations with the government. Dr PA advised that for GP it has not been thought through as a lot of the rules do not apply to GP. A lot of guardians are leaving the posts due to the changes being implemented.	N/A	N/A
5	**(AOB) Any Other Business**		
	Dr SW informed of an issue with new starter ST1's who were told they were not going to be paid in August as they had not finished the onboarding process, and were told just a week away from payday. They were paid a week after payday. Can Lead Employer make sure that this is completed before their start, and if not that they are informed earlier than a week before payday. LO'R informed that there is an Onboarding Team and she will pick this up with the team. RB stated that she had met with Sam Ross (Head of HR Operations) and she had stated there was an element of delays and staffing challenges and they are now looking at ways of improving the communications and looking at ways to improve the onboarding process. Dr SW raised an issue with the current DMRC placement rota and pay and what constitutes a non-resident On call. The resident doctor is expected to complete a 72 hour non-resident on call however this becomes a resident on call because need to be within half an hour of the placement however it is a 45 minute drive from Leicester. Those on placement there have said on call frequency is increasing but no pay has increased and believe it to be unfair that resident doctors are not being paid those that have historically done less. It was historically agreed to be paid GP uplift rather than on-call rate. Dr PA stated that although there are geographical difficulties it is within the contract. It was understood that as it is a rehab centre it is expected that the on-call should be less often. Dr SW agreed that it is less often however the issue can be that resources need to be requested and this can take up to two to three hours until the job can be fully closed. Dr PA will speak to Michael Gough and will discuss the move from non-resident to resident on call. Resident doctors can have this conversation with Michael Gough. He states that the issue with more frequent on calls may be that the centre has partly NHS, partly commissioned doctors, and cannot guarantee how many commissioned doctors will be allocated. Dr PA is happy for resident doctors and Dr Gough to discuss these issues with him. Dr AE stated they have been placed in Mansfield, an hour away from Nottingham and has been informed that the GP practice you start you will continue in ST3 and asked if there was any way to change placement due to transport issues Dr PA informed them to speak to school, TPD and Regional Director to request if a change is possible. Dr HH asked a question around informing placements of occupational health recommendations and adaptions and whether they should be informing each	N/A	N/A

	placement. Dr PA advised that the school should contact each placement but that also it would be sensible to suggest that they contact their placement to discuss the requirements. Dr SW raised that she had tried to contact the GP registrar forum about the variability in GP placements, in particular GP surgery placements, with the main issue being that there is variability on the implementation of contractual responsibilities on what hours are worked and what counts as educational versus clinical time. This issue appears every time there is a rotation and she wanted to know what Lead Employer were working with GP practices. Dr PA advised that the GP practices have received a lot of guidance about building a compliant rota and that we are seeing fewer issues. A rota can be compliant for one person and not compliant for the next. There should be a professional discussion between the practice and the resident doctor to agree any changes to this. There are guides from COGPED but the guide is negotiable and would encourage the resident doctor to have these conversations. Dr SW raised that resident doctors may not be able to have the conversations with a lot of people who are new to the NHS, new to the country and are not aware of their . Second part is monitoring practices or auditing placements. Dr PA stated that if you are new to NHS and the country NHS England should assign to a good and effective practice. Monitoring used to be done by trainer visits where they would visit practices and interview resident doctors and supervisors but there are so many practices that are training it has become a difficult job. The CQC monitor practices also. NHS England send questionnaires to the practices. Resident doctors have a quality questionnaire once a year and hope that the honesty from that can enable them to make targeted visits rather than all visits.		
6	**Next Meeting**		
	Monday 8th December 2025 at 4pm via Microsoft Teams	N/A	N/A