

Minutes

RDF for North West Resident Doctors

Date: Monday 10th March 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 Safeworking
Lacey O'Regan	HR Governance Team Leader
Jennifer Prosser	HR Advisor
OO	ST1
NA	ST4
IO	CT1
PS	ST3
TM	ST1

Apologies:	
Joanne Alliston	BMA Rep
Susannah Canning	Flexible Working Champion

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		
	<p>Dr PA – Not receiving an awful lot of exception reports. Majority of exception reports at the moment are from public health medics regarding their study time and non-resident on call rotas. Making progress with them.</p> <p>Receiving few enquiries regarding rota's which the majority of the time involves the resident doctor going back to their educational/clinical supervisor to resolve. Dr PA has had to speak to 1 educational supervisor in the last 3 months which is positive.</p>	N/A	N/A
3	AOB (Any other business)		
	<p>PS: GP trainees are concerned with what they are receiving as instructions regarding out of hours at the Bolton site. The resident doctors on call at the Rivington unit are being asked to leave the unit unattended after 5pm to attend to liaison patients in the Royal Bolton Hospital's ED which is a 5 – 10 minute walk away. With the withdrawal of crash teams from Bolton FT in November, the risk level to patients has objectively changed. The trust has advised they will not be revisiting the risk register. This appears to have been a concern for a number of years but as of November, there is no crash team. There is an ambulance theoretically and the Trust's argument is that they have given all the staff ILS which is expected to keep people alive until an ambulance arrives. PS has been told they have not had good survival rates for those that are on the Rivington unit in these circumstances as of recent. They have had few resource calls and Dr JS stated they have not done well on the other end of it, without indicating if it was better before. GMMH had a resident doctor die in her bed a couple of weeks back & the colleagues-in-training are concerned they could have a situation where someone has a death on their conscious. PS is in discussions with other BMA representatives and intends to pursue the risk register for this matter.</p>	<p style="text-align: center;">LOR to escalate to HR.</p> <p style="text-align: center;">HR to escalate to Medical Staffing & GoSW at Bolton.</p>	

	<p>Dr PA: Believes this has been raised before. It does sound unsatisfactory and there are units with similar scenarios i.e. one in Liverpool where there's a cold rheumatology ward where if anything goes wrong on that, they call an ambulance and move them down to Liverpool Royal Infirmary with the exact same scenario so does not believe it to be an isolated case and occurs in lots of places. Dr PA believes that it seems slightly odd that it is not considered as a risk if there has been a crash team in the past which has been removed. Recommends escalating to the board as Dr PA believes it is a generalised problem and is happy to escalate to the single Lead Employer that our resident doctors in this scenario feel compromised – their feelings at a risk of both their own mental health and well-being and that of the patients on the Rivington unit.</p> <p>PS: The resident doctors don't have official access to the EPRS from acute sites where the mental health units are based so patients are attending the emergency department, having an assessment but the resident doctors don't have access to the feedback.</p> <p>Dr PA: Advised this will be included in the escalation to the single Lead Employer.</p>	<p>LOR to escalate to HR. HR to escalate to Medical Staffing & GoSW at Bolton.</p>	
4	BMA Update		
	JA sent their apologies.	N/A	N/A
5	Next Meeting		
	Monday 16th June 2025 @ 1pm via Microsoft Teams	N/A	N/A