St Helens and Knowsley Teaching Hospitals NHS Trust

Minutes

RDF for North West Resident Doctors
Date: Monday 16th June 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	Lead Employer HR Governance Team Leader
Rebecca Jones	Lead Employer HR Assistant Business Partner
Dr MK	GP ST3
Dr AI	GP ST1
Dr HI	GP ST3
Dr AA	CT3
Dr AD	CT2

Apologies:	
Joanne Alliston	BMA Rep

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	**Guardian of Safe Working Update**		
	Dr PA - We are receiving a trickle of exception reports throughout allocate, a lot of them being raised by public health colleagues-in-training and by those who are on non-resident on calls which have all been very helpful. Thank you to those for providing us with the relevant data as it has been very helpful. There has been a lot going on with exception reporting as the BMA and the NHS Employers have been in discussions regarding the whole process and current process is going to go through a few changes. It is likely that the educational/clinical supervisors are going to be taken out of the loop in terms of being approved for claiming extra hours or time off in lieu. Resident doctors will be given the choice of being paid for the additional hours or claiming TOIL but there's still a couple of things to be ironed out. We have been advised that guidance will be sent but we are yet to receive this guidance. The new process is due to go live on the 12th of September 2025. The BMA will host training sessions around the new process, and we expect NHS England Employers to do the same thing.	**N/A**	**N/A**

3	**AOB (Any Other Business)**		
	Dr MK – One of the issues we are experiencing and nothing is being done to rectify this is regarding out of hours shifts. We are told to attend two or three of them which are actually really helpful/give good guidance on how things work outside of practice, but there is a problem with booking the shifts locally. The only available shifts are an hour drive away and there are no shifts available to book locally. There needs to be a solution but after raising this previously nothing has changed. Dr PA – We are aware of this and it has come up before. Your trainer and TPD should be able to support with booking sessions if you need them, but you should be aware that the regulations regarding out of hours have changed and that all you have to be able to do is demonstrate competencies in unplanned care. Rather than have to actually attend out of hours sessions, so doing an emergency sugery in your own practice where patients are booking in on the day and coming down to see you for unplanned care, can be written in your portfolio and your GP trainer would be able to sign you off with that. Dr MK – We have services within the Preston and Chorley area but they advise that they don't have the trainers here. From my experience, I saw it as very helpful and would say that every GP should experience something like this before going to work there. Why can't they come up with some kind of solution like other places. Dr PA – I don't disagree, unfortunately that's something that health educational England need to organise and need to speak to the out of hours providers and in all these areas, they've done that and come up with a formula about who supervises you. It happens in lots of other areas across the country but it is a health education issue that I'm happy to bring up with health education England if you would like me to but I would suggest that you also take this to your half day release programme and bring it up with the teaching programme director and ask them to sort it out because its much their responsibility as health education England's. Dr MK – I did send them mail but did not receive an answer and I have raised it in a teaching session when all of them was there, but they advised they have no trainers so can't resolve it. Dr PA – I think they have actually crossed that Rubicon now in any senior GP is allowed to supervise you in the same was as in a training practice. You're not always supervised by a trainer, but you might be supervised by a clinical supervisor or a senior GP on the premises. We will find out who the associate director is in the area and contact them advising that they need to review it. Thank you for bringing that up Majid, does anyone else have anything they'd like to discuss? Dr AD – Within psychiatry I've been raising this since I was a CT1 and I'm in my second post of CT2, there was a cross-cover thing where if a doctor is going on planned leave/planned study leave it was expected for other doctors on similar sites/the same site but different wards to cover their wards. Half of Mersey care at the time had an on-call doctor that did this and since then, they're trying to implement this kind of informal cross cover schedule which I've spoken to the BMA about because I wasn't getting anywhere with this and as a foundation doctor in other specialities, locums are put out for 9 – 5 for expected cover by the medical workforce team. I was just wondering where it lies on this because essentially if lots of people are on leave, you could be the only doctor covering 3 – 4 wards at a time on a given day and if there is no understanding of what your meant to do for these wards. This involves high intensity units, old age psychiatry but usually one site would have 3 – 4 wards. Dr AD -The problem is arising because we have just kind of allowed the change and it's really difficult for any of us to reject ad decide that it is not safe because we will always try and push beyond. Dr PA – It does come down to what is safe and if you feel that you're in a position where you know you've got too many wards, you're covering too many patients and that you can't provide safe care or what inevitably happens in these scenarios is that there is an incident which then gets looked at and it all comes out. I think it is always best to report your concerns and you can review them as concerns before there is an incident.	**LOR to find out who the associate director is for Preston & Chorley.** **PA to contact associate director & advise them to review.**	**24/06/25**

Dr AD – We have raised this at the last three local RDF sessions, and I don't think nobody knows the legal standing on this or whether it is just an expectation for us to cover.

Dr PA – I think you need to make sure that you hit the right button and that the button is patient safety. You can report that into the RDF's, or you could put in an exception report that you didn't feel that you were able to cover the wards because you didn't have enough time to do the work. You felt that this was an immediate safety concern, and you would have to report it to your consultant on call at the time, then they would have to take note of that. This is not a scenario where we're doing an after the event thing, what we're trying to do is prevent it happening by reporting it early which is what exception reporting is all about. This was brought in for safety issues. I think you need to do an immediate safety concern or report the fact that you feel patient safety is compromised and put it in writing to your medical director and they will have to action it.

Dr- I wanted to ask if there are any specific number of patients which we need to see as ST2 or as ST3 or is there any specific time period in which we need to see a patient because this varies practise to practise. Everyone is seeing a different number of patients.

Dr PA – The junior doctor contract does not specific the intensity of your work, it specifies the number of hours that you can work and that is 40 hours per week so that is your contractual arrangement with the lead employer. After that you have what they call an educational contract which is your contract with Health Education England and your trainer in terms of what is your learning programme and your learning needs, and the length of your consultations should be decided between you and your trainer. Language barriers or all sorts of other things you might want to consider like neurodiversity. It's a fluid arrangement and it's an arrangement that's between you and your trainer, your educational supervisor or your clinical supervisor. There are no specific numbers and there is no mandate that you have to see a certain number of patients in a week or anything like that, it is an educational contract, and you negotiate it with your trainer.

Dr MK – Can I add to this, sometimes what happens is when we are in the training they ask us to do everything especially in the last 6 months, time is also squeezed and they want us to see patients at the same level as a GP would see. I am not going home until around 7/8pm, 20 minute slots should be put in for resident doctors to avoid us rushing and getting stressed.

Dr PA – There is two strands to this. If you are given more patients than you can see within 40 hours per week, then you are entitled to exception report that and I would go back to your supervisor and ask why are you finishing late every day, you need to change their rota and things need to change. But what you also have to remember is that there is a tension in the system and then tension is that most doctors GP partners work on 10 minute slots and the idea is that you are training to be a GP out in the community and that you will walk out of your surgeries and get a job. You will not get employed if you work on 20 minute sots because the pressure is on so your trainer is trying very hard to prepare you so that when you walk out of the door after you CCT with them, that you can walk into a job and that you will cope and be adequately remunerated. So there is tension and if it feels like they're pushing you to go faster, the answer is that they are but they would argue that they are doing it for your own good because that's what they're being paid to do. If you can't do it or feel you need more time to get down to things or they're doing it too quickly you need to have the conversation

conversation with them and say this isn't working. They're paid to train you to be a GP and walk out of surgery an get a job so you have to consider that they are pushing you for your own good and in your own best interest.

Dr HI – That's fine so we have to manage and be more faster. We can give some cases less time than others and can give more time to others. Is there any specific number of home visits we need to do?

	Dr PA – No home visits are a very integral part of general practice and so you are expected to go out on home visits but there is no number, some practices have very few home visits some have lots. If they want you to do home visits then it should say on your workplace schedule home visits. There should be time attached to it and you can legitimately say I can only do wo home visits in an hour because I have to drive around, I don't know the area etc. You might say that they're all in the same nursing home so I can do three which is fine but its just about having time to do it. Yes, you are expected to do them but there is no specific number of how many. Dr HI – Ok.		
4	**BMA Update**		
	Joanne Alliston sent her apologies. Dr PA - We would normally move onto the BMA report but as Joanne has sent her apologies we are unable to do so. There is stuff going on regarding streamlining the exception reporting process which is being fairly quite heavily advertised by the BMA and NHS Employers so keep your eyes out for that. It is going to change on the 12th September 2025 . Doctors in training are being balloted again about going on strike and it sounds like from what I hear from BMA reps is that there's a reasonable chance that strike action will be in place within the next few months. You will be asked to vote at some point, if you get a ballot paper please vote.		
5	**Next Meeting**		
	Monday 8th September 2025 @ 1pm via Microsoft Teams.		