

Standard Operating Procedure (SOP) for Work Schedule Reviews and Exception Reporting for Doctors and Dentists in Training

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

The purpose of this procedure is to set out the process by which doctors and dentists in training may request work schedule reviews and or raise exception reports.

The purpose of a work schedule is to set out the intended learning outcomes of the doctor and dentist in training (mapped to the educational curriculum) and outline their scheduled duties and working arrangements for each placement.

The purpose of exception reports is to ensure prompt resolution and or remedial action to ensure that safe working hours for doctors and dentists in training are maintained.

2.0 Accountabilities

- 2.1 The **Director Sponsor** is accountable for the revision of this procedure which will be necessary from time to time because of changes in law or in the light of experience when applying the procedure. Any revisions will be agreed through the Trust's Local Negotiating Committee.
- 2.2 **Divisional Medical Directors, Clinical Directors and Group/Directorate Managers** are responsible for ensuring that this procedure is fairly and consistently applied within their areas of responsibility in the Trust.
- 2.3 The **Medical Staffing, Medical Resourcing and Medical Education teams** will be responsible for supporting implementation of these processes.
- 2.4 This procedure applies to all medical and dental doctors in training working at the Trust.
- 2.5 The procedure will also apply to the Clinical Tutors, the Guardian of Safe Working and Educational and Clinical Supervisors in respect of their specific roles.

3.0 Procedure/Guidelines Detail / Actions

The Trust will design and implement working arrangements for Doctors and Dentists in Training that will meet clinical service requirements while delivering appropriate training, which are safe for patients and safe for doctors and dentists.

The Medical Staffing department designs, manages and administers rota templates and maintains records of approved working arrangements for all departments within the Trust. It will also provide administrative support to the exception reporting process.

3.1 Work Schedule

A generic work schedule will be sent to each doctor and dentist in training prior to their commencement in the post which will cover:

- The number and distribution of hours for which the doctor is contracted.
- The expected service commitments.
- The intended learning outcomes.

Personalised work schedules will be agreed between the doctor or dentist and their educational and, or clinical supervisors within 4 weeks of starting in post.

The work schedules will be reviewed from time to time to ensure they meet the requirements and demands of the posts/service. In addition, a work schedule review may be requested in writing by a doctor or dentist, an educational or clinical supervisor, a manager or by the Clinical Tutor or Guardian of Safe Working.

3.2 Work Schedule Review

- 3.2.1 If a work schedule review is requested, the educational/clinical supervisor will meet or correspond with the doctor or dentist, who may take a colleague to accompany them as support if they so choose. A locally agreed actioner may also undertake the role of the educational/clinical supervisor, where considered most appropriate by specialty departments. An account will be created in Allocate system for the locally nominated actioner to facilitate this process. The meeting must be undertaken no later than 7 days after receipt of the review request unless there is an immediate risk to patient safety, and this must be responded to within 7 days.

3.2.2 The review outcome may be:

- No change required.
- Compensation or time off in lieu is required.
- Prospective changes to the schedule are required.
- Organisational changes are needed.

The outcome will be communicated in writing and that will conclude stage 1.

3.2.3 If the doctor is dissatisfied with the outcome, they may request in writing a level 2 reviews within 14 days of the outcome of stage 1. The request must set out the areas of disagreement about the work schedule and the outcome sought.

3.2.4 A level 2 meeting will take place within 21 days where possible and will consist of the doctor or dentist, their educational supervisor, a service representative and the Clinical Tutor or nominee (if training concerns) or Guardian of Safe Working (if safe working concerns). For an academic trainee this will also include the academic supervisor. The meeting is chaired by the Clinical Tutor/Guardian of Safe Working as appropriate to the concerns raised (or nominees) and the doctor may take a colleague to accompany them as support if they so choose.

3.2.5 If the doctor or dentist remains dissatisfied, a final stage work review must be requested in writing to the Director of Human Resources within 14 days of the outcome of stage 2. This will be a formal hearing in accordance with the Appeal Stage of the Trust's Grievance Policy and will conclude all aspects of the work review process and grievance process.

The request for a final stage work review must clearly state the grounds for the review and include any supplementary documentation that the doctor plans to present.

3.2.6 The appeal hearing outcome may be:

- Level 2 outcome is upheld.
- Compensation or time off in lieu is required.
- Prospective changes to the work schedule are required.
- Organisational changes.

The outcome will be communicated in writing and the decision is final.

3.2.7 All work schedule reviews relating to safe working hours will be part of the quarterly reports from the Guardian of Safe Working.

3.3 Exception Reporting

3.3.1 Where a doctor or dentist feels that their working arrangements in practice vary significantly and/or regularly from the agreed work schedule, they must raise their concerns via the Electronic Exception Reporting System (Allocate). The Guardian of Safe Working will be copied into all exception reports. The Clinical Tutor will be copied into all exception reports relating to educational issues. Exceptions may include:

- Differences in the total hours of work (including rest breaks)
- Differences in the pattern of hours worked.
- Differences in the educational opportunities and support available to the doctor.
- Differences in the support available to the doctor or dentist during service commitments.
- Education Supervisor personalised work schedule meeting has not happened within 4 weeks of doctor or dentist commencing in post.

3.3.2 It is the responsibility of the doctor or dentist to obtain prior authorisation for any work over the maximum shift lengths as set out in section 2.3.1 of the Standard Operating Procedure for the Authorisation of Additional Hours for Doctors or Dentists in Training (Working over contracted hours – [Appendix 3](#)).

3.3.3 The department must be allowed the opportunity to address issues as they arise to resolve concerns. If a doctor or dentist feels their concerns have not been addressed locally, an exception report may be appropriate to highlight the issues. An exception report can be lodged on the electronic Exception Reporting System (Allocate) which the Trust will make available to all Doctors and Dentists in Training. An exception report must be submitted electronically to the educational/clinical supervisor or locally agreed actioner for the specialty within 14 days (or 7 days where a financial penalty is claimed). The exception report must include:

- i. The name, specialty and grade of the doctor or dentist involved.
- ii. The identity of the educational/clinical supervisor.
- iii. The dates and times of exceptions.
- iv. The nature of the variance from the work schedule.
- v. An outline of the steps taken to resolve matters before escalation.

The department may locally agree for an actioner to receive and deal with all exception reports and queries relating to rota and working issues. The report will also be copied to the Clinical Tutor where it relates to training issues or the Guardian of Safe Working where it relates to safe working practices or both if a mixture.

3.3.4 Where the educational/clinical supervisor (or actioner) receives an exception report locally, they will discuss with the doctor what action is necessary to address the reported concern. The agreed outcome will be set out in an electronic response to the doctor or dentist through the Allocate system and will be copied to the Clinical Tutor or Guardian of Safe Working as appropriate.

- 3.3.5 The Clinical Tutor will review the outcome of the exception report to identify if further improvements to the doctors training experience are required. The Guardian of Safe Working will review the outcome of the exception report to identify if further improvements to the doctor's or dentist's working hours are required to ensure the limits and working hours outlined in the TCS are being met.
- 3.3.6 The Guardian of Safe Working is copied into all Exception Reports so they have oversight and can escalate matters as and when necessary. They are not expected to be involved in every issue as all issues must ideally be sorted at a local level by the doctor's or dentist's Clinical or Educational Supervisor.
- 3.3.7 However, where the exception report has not received a response within 7 days, then the Guardian of Safe Working Hours will have the authority to independently action the report.

3.4 Safety Breaches Incurring Financial Penalty

- 3.4.1 The Guardian of Safe Working will review all exception reports sent to them regarding safe working arrangements, to ascertain if there is a validated breach. Fines may be levied if working hours breach one or more of the provisions listed in Table 1.1 on Appendix 3.
- 3.4.2 The breach must be part of the Doctor or Dentists standard and/or expected working requirements. It does not apply to locum work or unauthorised additional work.
- 3.4.3 All additional work required of the Doctor or Dentist by the department for service needs, that exceeds maximum shift lengths, must be authorised.

Where the Guardian of Safe Working accepts that a documented and validated breach of the requirements listed in Table 1.1 on [Appendix 3](#) has occurred, they will authorise payment to the doctor for the additional hours of work outside of their rota hours, which will be paid at the penalty rates set out in [Appendix 3](#).

- 3.4.4 The details of fines made by the Guardian of Safe Working will be brought to the attention of the Trust Board in the Guardian of Safe Working's annual report and will also be published in the Trusts annual financial report.

3.4 Immediate Safety Concerns

It is the responsibility of all Trust employees to rectify any areas of concern posing an immediate and substantial risk to the safety of patients and Doctors or Dentists.

Where a Doctor or Dentist in training becomes aware of an immediate and substantive risk relating to their working arrangements, they must raise their concerns immediately with the clinician responsible for the service (Clinical Director or Divisional Medical Director) or the Consultant on-call. The Doctor or Dentist must both follow the Trust's incident reporting system and complete the exception report within 24 hours.

The clinician receiving the report (Clinical Director, Divisional Medical Director, or Consultant on-call) may:

- Grant the Doctor or Dentist immediate time off from their rota schedule.
- Ensure immediate support is provided to the Doctor or Dentist
- Review working arrangements.
- Notify the educational supervisor and or Guardian of Safe Working of their actions within 24 hours.

The educational supervisor must review the work schedule to ascertain if remedial or on-going action is required.

4.0 Equipment Required

No equipment is required.

5.0 Training

Exception reporting account details will be issued to all new starters upon commencement in post at the Trust.

Advice can be sought at any time from the Medical Staffing Team.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

An equality analysis has been carried out and it indicates that:

Tick	Options
✓	A. There is no impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010.

8.0 Maintenance

The Chief Medical Officer has overall responsibility for the update and maintenance of this procedure.

9.0 Communication and Training

Approved Trust and local policies and procedures can be found on the Trust intranet pages.

Exception reporting requirements will be communicated through local and Trust Junior Doctor Forums. The procedure will also be issued to all new starters as part of the pre-employment process.

10.0 Audit Process

The Medical Staffing and Medical Resourcing team, as well as the Workforce Assurance Group will be responsible for monitoring its implementation and reviewing the procedure to ensure it reflects national standards and best practice.

Criterion	Lead	Monitoring method	Frequency	Evaluation
Exception reporting practices are adhered to and recorded appropriately.	Medical Resourcing Manager / Guardian of Safe Working.	Routine	Quarterly and annual reports.	Workforce Assurance Group.

11.0 References - Legal, professional or national guidelines

The list below is not exhaustive as new legislation is always being implemented.

11.1 Exception Report Flow Chart – Safe Working Practices ([appendix 1](#))

- 11.2 Exception Report Flow Chart – Training Issues ([appendix 2](#))
- 11.3 SOP for the Authorisation of Additional Hours for Doctors in Training (Working over contracted rota hours) ([appendix 3](#))

- 11.4 HR06 Trust Grievance Policy and Conducting of Formal Hearing Guidelines.
- 11.5 OP10 Risk Management and Patient Reporting Policy.
- 11.6 Terms and Conditions of Service for NHS Doctors and Dentists in training.
- 11.7 GMC Good Medical Practice [Good medical practice - ethical guidance - GMC \(gmc-uk.org\)](#)

Part A - Document Control

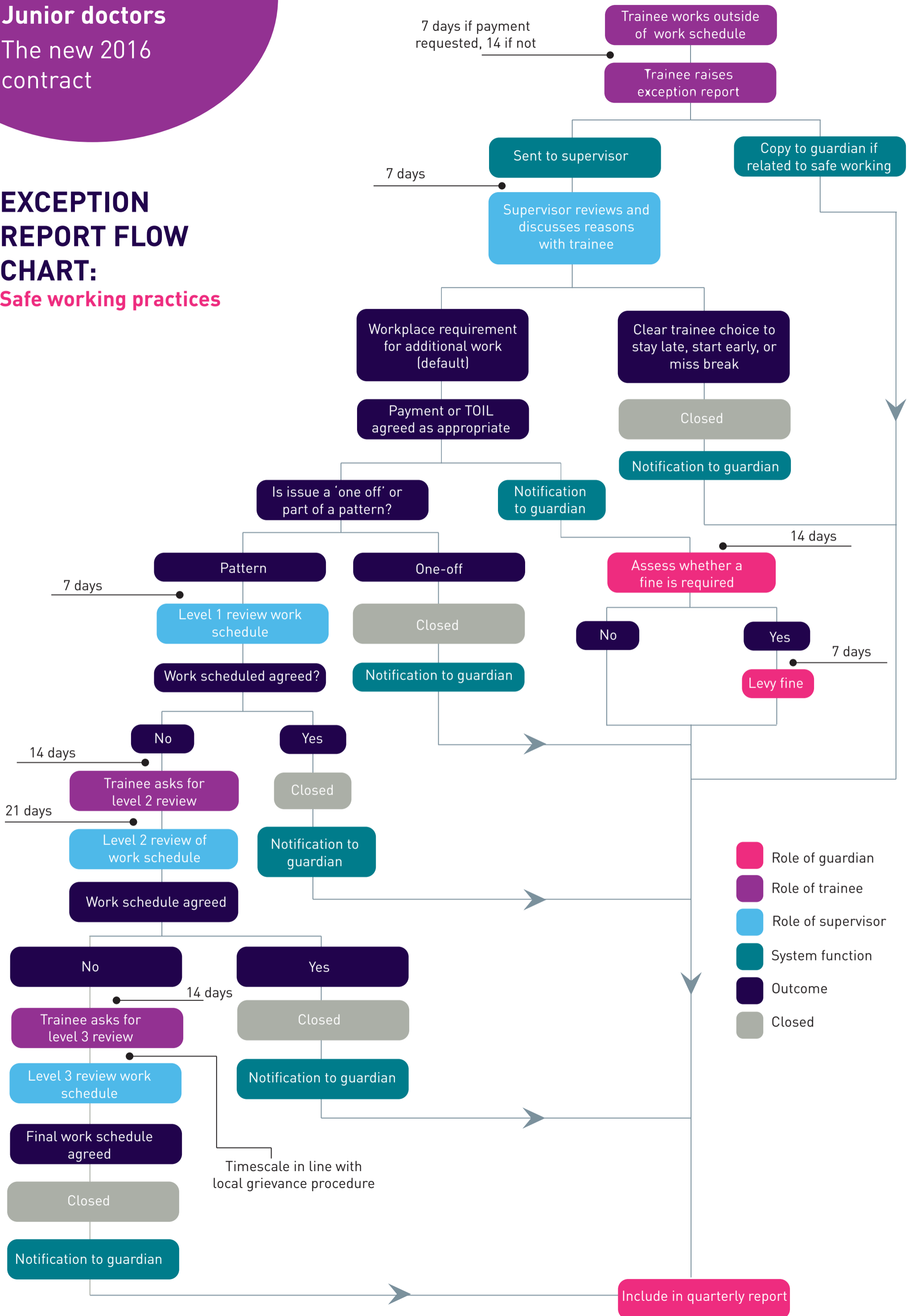
Procedure/ Guidelines number and version	Title of Procedure/ Guidelines	Status: Final		Author: Resourcing Manager - Medical For Trust-wide Procedures and Guidelines Chief Officer Sponsor: Chief Medical Officer
V4.0 June 2023	Procedure for Work Schedule Reviews and Exception Reporting for Doctors and Dentists in Training			
Version / Amendment History	Version	Date	Author	Reason
	1	September 2017	Resourcing Manager	Original Policy
	2	July 2019	Resourcing Manager	Review of Exception Reporting Procedure
	3	February 2020	Resourcing Manager	Review of Exception Reporting Procedure following revised Terms and Conditions for NHS Doctors in Training 2018
	3.1	February 2020	Resourcing Manager	Review of Exception Reporting Procedure following the Pay and Conditions Circular (M&D) 2/2019 R2.
	3.2	March 2023	Resourcing Manager	Extension
	4.0	June 2023	Resourcing Manager	Review of Exception Reporting Procedure following the Pay and Conditions Circular (M&D) 3/2022.
Intended Recipients: All staff requiring details in relation to Exception Reporting for Doctors and Dentists in Training.				
Consultation Group / Role Titles and Date: Medical Workforce Group				
Name and date of group where reviewed		Workforce Assurance Group Trust Policy Group – February 2020, Trust Policy Group – June 2023		
Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)		Trust Management Committee – June 2023		
Date of Procedure/Guidelines issue		July 2023		

Training and Dissemination: Launched via senior managers briefing, Divisional Governance and management forums, communicated through Chairs of approving committees, via the intranet and guidance provided by the Medical Staffing team.	
To be read in conjunction with: Please refer to section 9 and 11	
Initial Equality Impact Assessment: Yes Full Equality Impact assessment (as required): NA If you require this document in an alternative format e.g., larger print please contact Policy Management Officer 85887 for Trust- wide documents or your line manager or Divisional Management office for Local documents.	
Contact for Review	Head of Resourcing
Monitoring arrangements	Workforce Assurance Group
Document summary/key issues covered. The procedure covers the details relevant information that all relevant medical staff and managers require in relation to Exception Reporting.	
Key words for intranet searching purposes	Exception Reporting / Work Schedule
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)	June 2026 The procedure will be reviewed after 3 years or earlier if statutory provision.

Junior doctors

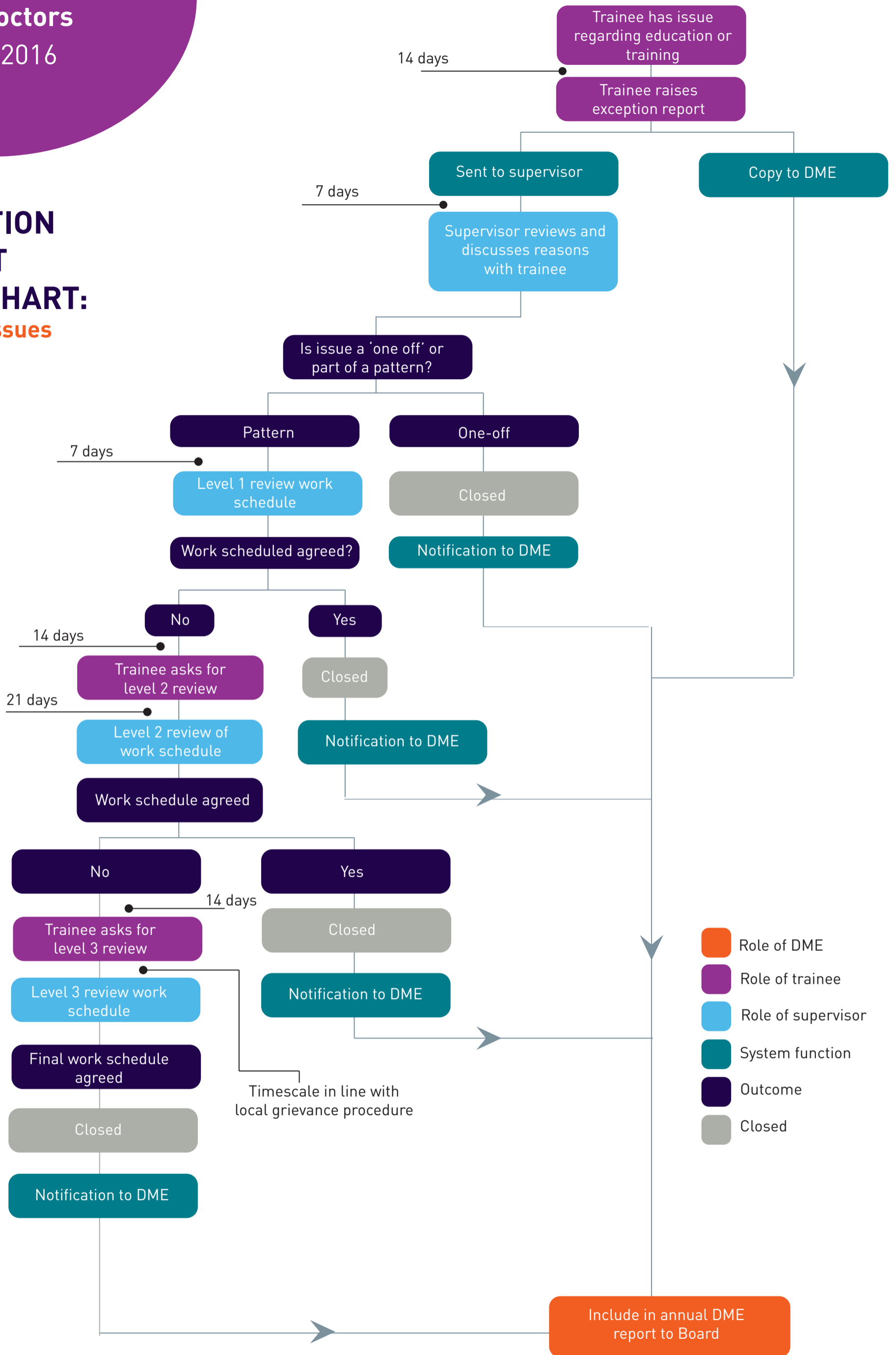
The new 2016 contract

EXCEPTION REPORT FLOW CHART: Safe working practices



Junior doctors
The new 2016 contract

EXCEPTION REPORT FLOW CHART:
Training issues



Standard Operating Procedure for Exception Reporting for Doctor's and Dentist's in Training **(Working Over contracted Rota hours)**

The purpose of this procedure is to set out the processes by which Doctors and Dentists in training may request for Time Of In Lieu or Payment resulting from exception reporting outcomes.

The purpose of the reminder letters is to ensure timely tracking and monitoring to ensure that exception reports are progressed in line with the Doctor's and Dentist's in Training 2016 Terms and Conditions.

Doctor's or dentist's in training have a professional responsibility to ensure their total hours of work, including work for any employer, complies with the contractual and regulatory limits and that time worked extra is reported.

As an employer, The Royal Wolverhampton NHS Trust has a responsibility to protect the health, safety and welfare of its employees and to safeguard others, mainly patients and members of the public, who may be exposed to risks from the way work is carried out. Safe working is paramount and the purpose of the template rotas and Work Schedules issued at the time of appointment is to clearly set out the contracted hours of work which comply with the safe limits agreed nationally.

Doctor's or dentist's in training undertaking any additional work must complete an exception report and submit this to either their educational or clinical supervisor, or **the locally agreed actioner (normally be a nominated clinician or clinical manager as denoted in the TCS.** for the junior doctor rotas in that department.

Upon receipt of the exception report, the educational or clinical supervisor, or the locally agreed actioner for the report type submitted will within 7 days of receiving the report:

- a) **firstly, action the report, or discuss the report with the doctor's or dentist's (when felt necessary by the actioner or requested by the doctor or dentist submitting the report) to agree what action is necessary to address the reported variation or concern.**
- b) **secondly, set out in an electronic response to the doctor or dentist their decision, or the agreed outcome of the report following a meeting with the doctor or dentist, including any agreed actions.**
- c) **Thirdly, copy the response to the Director of Medical Education (DME) or Guardian of safe working hours.**

Where an exception report has not received a response within the 7 days, then the Guardian of Safe Working Hours will have the authority to independently action the report.

Time Off in Lieu (TOIL) - Where work has been completed over contracted hours TOIL will be the default outcome of the exception report, the trainee and rota manager have within 4 weeks from the date of the agreement to allocate the TOIL to a future shift on their working pattern before the end of the placement. In circumstances where this has not been possible payment will be made for the over contracted hours worked. In exceptional circumstances, payment may be agreed than TOIL.

Where, for whatever reason, payment for hours worked over contracted this will be made as part of the next available payroll.

Payment – Where work has been completed over the contracted hours and payment is agreed by all parties as the outcome of the exception report, payment must be made within a month, or within the next available payroll, of the report being approved and agreed by all parties.

Exception Report Outcomes - To ensure prompt payment doctors or dentists should formally accept the exception reporting outcome as soon as is practicable. Where agreed outcomes are not formally closed on the system following discussion with the relevant supervisor these will automatically be accepted and closed at the end of the trainee's rotation.

Exception reports for trainees with extenuating circumstances will be automatically be accepted and closed at four weeks. Such circumstances may include Long term sickness, maternity leave.

Allocate can be accessed via <https://www.healthmedics.allocatehealthsuite.com> . Usernames and passwords will be provided to doctor's or dentist's in Training prior to commencing in Post. To obtain a user account and password please contact the Medical Staffing Resourcing Lead at rw-tr.MedicalStaffing@nhs.net

1. The European Working Time Directives (WTD)

The European Working Time Directive combined with the 2016 Terms and Conditions of Service for Doctors in Training set standards on safe working including maximum working hours and rest periods (Terms & Conditions of Service for NHS Doctors & Dentists in Training (England) 2016: Schedule 03) the key aspects are:

1.1. Working hours

Weekly average hours (over reference period*)	Maximum of 48
Weekly average hours if opting out of WTR (over reference period*)	Maximum of 56
Absolute limit on hours	Maximum 72 hours worked across any consecutive period of 168 hours
Maximum shift length	13 hours in ANY 24 (excluding on call shifts)
Minimum break between duties	11 hours in a 24-hour period (excluding on call shifts)
Minimum rest for night shifts up to four	46 hours
Total Rest	8 hours of total rest in 24 hours (non-resident on call)
Continuous rest	5 hours of continuous rest between 22:00 – 07:00 (non-resident on call)

*Reference period defined as being the length of the rota cycle, the length of the placement or 26 weeks, whichever is the shorter.

1.2. Maximum Shift lengths

1.2.1. Shift Patterns

In exceptional mitigating circumstances when it is apparent that a doctor or dentist may have to exceed 13 hours shift they must obtain authorisation from the on-call consultant at the time and submit the signed form in appendix 1 within seven days, outlining the reasons why this situation has arisen.

1.2.2. On call Patterns

In exceptional mitigating circumstance when it is apparent that the doctor or dentist may have to exceed 10 hours duty immediately following 24 hours on call, they must obtain authorisation from the supervising consultant at the time and submit the signed form in appendix 1 within 7 days, outlining the reasons why the situation has arisen.

2. Working Additional Hours

Prior to working additional hours a doctor or dentist must:

Explore reasonable alternatives, such as

- 2.1.1 Handing over outstanding tasks to the appropriate clinical/medical staff.
- 2.1.2 Discuss with the responsible consultant on duty the need to work over.
- 2.1.3. Authorisation is not required unless the doctor or dentist is working additional hours over the contracted maximum lengths or anticipating additional hour's payment.

2.3 Authorisation

2.3.1. Authorisation for working over the contracted hours should be obtained at the time of having to do additional work. However, this process is not always possible. So authorisation should be obtained after the event, as soon as reasonably able.

2.3.2. The exception report on 'Allocate' should be completed as soon as possible after the event. **The doctor or dentist must provide some basic documentation to facilitate handling of the issue within 14 days (or 7 days when making a claim for additional payment).** Details should include:

- contact details such as bleep, mobile and email
- name and contact details of supervisor
- date of the work
- location and department
- explanation regarding the need for extra work
- time and extra hours worked

2.4 Breach

2.4.1 Where the report indicate a breach in the Working Time Directives and Safe Working Hours and payment is requested, the doctor or dentist (above in the maximum shift lengths), should meet with their clinical supervisor or nominated consultant to discuss the exception report and reach an outcome as soon as possible but no later than 7 days from the date when exception report was submitted

Where the exception report indicates educational concerns, the doctor or dentist should meet with their educational supervisor to discuss the exception report and reach an outcome as soon as possible but no later than 14 days from the date when the exception report was submitted

The discussion must be documented on the Allocate website and the outcome agreed. The doctor or dentist should close the report after agreement of the outcome with the supervisor.

2.5 Reminder Letters

Reminder letters will be issued to ensure the process of dealing with exception reports are effective, efficient and timely as well as a robust process for escalation where there are delays. Please refer to appendices 2-4 reminder letters 1-3.

3. Compensation

Compensation is agreed between the doctor or dentist and the supervisor for the extra time worked.

3.1 Time Off In Lieu (TOIL)

- Default option if the doctor or dentist has exceeded the maximum limit of work;
- should be allocated to a future shift on the work pattern within 4 weeks of the agreement;
- can be accrued from multiple exception reports;
- must not be taken if it would bring the level of staffing below minimum staffing;
- cannot be taken if there is not enough time left before the end of that rotation. Automatic payment will be made where this is not possible.

3.2 Payment

- to the doctor or dentist shall be the basic rate, 1/40th of weekly whole-time equivalent of each additional hours worked. Average total hours that attract an enhancement, will be assessed in quarter hours, rounded up to the nearest quarter hour;
- if there has been a breach of the set standards of safe working, then the rate of pay is as set out in Attachment 1.

4. Review Process

The Standard Operating Procedure will be reviewed every three years.

Penalty Rates and Fines

Where a doctor or dentist works additional hours and are in breach of the contractual requirements (refer to section 1.1.), the additional time worked causing the breach of hour's limits and rest periods will attract a penalty rate as set out below:

- i) The below penalty rates and fines for hours worked at the basic hourly rate are effective from 24 August 2022.

Penalty rates and fines			
Nodal point	Total hourly (x4), paid figure	Hourly rate (£), paid to the doctor or dentist	Hourly fine (£), paid to the guardian of safe working hours
1	63.56	23.83	39.73
2	73.56	27.59	45.97
3	87.04	32.64	54.40
4	110.32	41.38	68.94
5	126.52	47.45	79.07

- ii) The below penalty rates and fines for hours worked at the enhanced hourly rate are effective from 24 August 2022.

Penalty rates and fines			
Nodal point	Total hourly (x4), paid figure	Hourly rate (£), paid to the doctor or dentist	Hourly fine (£), paid to the guardian of safe working hours
1	87.08	32.64	54.44
2	100.78	37.79	62.99
3	119.25	44.72	74.53
4	151.14	56.68	94.46
5	173.35	65.01	108.33

- iii) Hours which attract a 37% enhancement are as set out in Schedule 2 paragraph 16-18 of the 2016 TCS.

Penalty rates are now fixed and are based on the NHSI locum rates as set out in pay circular 3/2018.

Attachment 2

Reminder letter 1 – sent within a day before the deadline for closing exception reports submitted.

Clinical/Educational Supervisor or locally agreed actioner

Date

Dear Dr xxxx

REMINDER: Your appraisal 20XX-XX

This is to remind you that an exception report has been submitted to you on **INSERT_DATE dd/mm/yyyy** for your review and discussion with the Trainee, **INSERT TRAINEE NAME GRADE AND SPECIALTY**. In line with the Exception Report Process you must consider completing the review, discussion and reaching an outcome at the latest by **INSERT_DATE 7 days (from date exception report was submitted). 14 days where Educational concerns are raised. TOIL should be the default outcome during the discussion period.** Please ensure you log into allocated to complete with the outcome and close the exception report episode.

If you have mitigating circumstances, where there is a possibility you are unable to arrange for a meeting with the trainee, please advise the guardian of safe working, so that they can offer further support.

I have attached the Exception Report procedure and flow chart for your perusal. Should you have any queries, please do not hesitate to contact me.

Yours sincerely

Xxxx

Exception reporting team

Cc Guardian of Safe Working

Doctor submitting report

Exception Reporting Flow Chart – Safe Working

Exception Reporting Flow Chart – Education and Training

Exception Reporting Procedure

Reminder letter 2 – sent on 8th day after 1st Exception report was due.

Clinical/Educational Supervisor or locally agreed actioner

Date

Dear Dr xxxx

REMINDER: Exception Report Review Overdue – **INSERT NUMBER OF DAYS OVERDUE**

Our records indicate that you are yet to provide an outcome and close the exception report submitted by **INSERT TRAINEE DETAILS** by **INSERT INITIAL DEADLINE DATE dd/mm/yyyy**. To date we have not received confirmation that the review and discussion has been undertaken.

Please can you inform me if the review and discussion has been undertaken and if so the date and outcome.

If you have not undertaken the review and discussion please inform me of the reason for this by email.

I would remind you that in line with the 2016 Junior Doctors Terms and Conditions of Service all Educational/Clinical Supervisors or locally agreed actioner retain accountability upon receiving the exception report to review the content and then discuss it with the doctor or dentist to agree what action is necessary to address the issue. You are also required to set out the agreed outcome of the exception report, including any agreed actions, in an electronic response to the doctor or dentist and closing the episode in Allocate.

I therefore urge you to make the necessary arrangements for the review and discussion to be undertaken as a matter of urgency. If there are any practical problems in arranging for the review please contact me without delay.

If I do not receive confirmation from you that you are taking urgent steps, I reserve the authority to independently action the report.

I also enclose details of the relevant procedures and flow chart for your perusal.

Yours sincerely

Guardian of Safe Working

Cc Divisional Medical Director

Enclosed

Exception Reporting Flow Chart – Safe Working

Exception Reporting Flow Chart – Education and Training

Exception Reporting Procedure