

Guidance for managing exception reporting in general practice settings where there is no lead employer

This guidance aims to support both trainees and their employers to manage the exception reporting processes as part of the wider terms of the 2016 terms and conditions of service (TCS) for junior doctors, for GP specialty training placements in practice settings.

This guidance should be read in conjunction with the [TCS](#), with the [work scheduling guidance](#) (as agreed with the BMA) and with the [generic work schedule template](#).

Exception reporting

The work schedule sets out both the working hours and the intended educational opportunities available to a trainee in post. These become the basis from which trainees will report exceptions, using the available exception reporting process.

It is important to note that making an exception report is not a value judgement, and it is actively helpful for trainees to use the process to enable potential issues to be considered and promptly addressed. Employers and host practices should encourage trainees to raise exception reports wherever and whenever they feel a need to do so.

Employers / trainers should ensure that they are clear on the exception reporting process to be followed in the practice, for example an e-mail trail may suffice. Alternatively employers may want to develop a system in-house, or this could be available from third party suppliers. Employers should also ensure that trainees are aware of the name and contact details of their guardian of safe working, by including details in the work schedule issued to the GP trainee.

For more general information about exception reporting see our [guidance document](#).

Note: the TCS states that the role of the educational supervisor applies to the approved clinical supervisor in GP practice placements.

Examples

Examples of exception reports might include the following (this is not an exhaustive list):

Access to training

1. The works schedule sets out requirements for trainees to undertake out of hours shifts.
2. The trainee is unable to agree a shift with the local OOH provider, and so they submit an exception report.
3. This alerts the clinical supervisor to the issue, and facilitate a discussion.
4. The clinical supervisor may be able to approach the provider and resolve the issue directly (in which case, they do so), alternately they may judge that this is not an issue within his/her power to address, in which case the clinical supervisor alerts the training programme director / head of school, who considers whether there is a broader problem and involves the Health Education England (HEE) local office if required.
5. Once the issue has been resolved, the clinical supervisor marks the exception report as closed.
6. If the trainee is satisfied this has addressed the issue, the matter is closed. If there are outstanding issues, the trainee can escalate the matter as per the TCS, this may be via a stage one work schedule review.

Extra hours

1. The work schedule indicates that a trainee should finish work on a Thursday afternoon surgery at 6pm, but the trainee finishes work at 7pm.
2. The trainee submits an exception report highlighting the extra hour.
3. This alerts the clinical supervisor to the issue, and facilitate a discussion.
4. The supervisor and trainee meet to discuss the exception, and the reasons for it, for instance:

Possible reason (1)

- It is agreed that the trainee's surgery was accidentally overbooked and that the trainee had, rightly, stayed behind to see the extra patients.
- As this was a one-off situation with no ongoing safety concerns, the supervisor considers matters and agrees with the trainee either time off in lieu (TOIL) for the additional hour worked or an additional payment for that additional hour.*
- If the trainee is satisfied that this has addressed the issue, the matter is closed. If there are outstanding issues, the trainee can escalate the matter as per the TCS.

* Either are acceptable solutions under the terms of the contract, although in some circumstances TOIL is mandated by safety provisions to ensure the trainee receives appropriate rest, see Schedule 3 of the TCS.

Possible Reason (2)

- The supervisor and trainee agree that patients are being booked in at shorter appointment intervals than is appropriate for the trainee at their current point in training, resulting in overrunning clinics and in the trainee working longer than their rostered hours. The higher volume of administrative duties, such as dealing with patient letters or blood results, is also found to be a factor.
- As this is a recurrent situation, the supervisor considers and agrees with the trainee to grant time off in lieu for the extra hours, the supervisor then reviews the work schedule, noting that fewer patients should be assigned to the trainee's clinical sessions to ensure that the trainee is also able to complete all administrative responsibilities and finish work on time. There is no change to overall hours in the work schedule as a result of this change, and time off in lieu of the extra work has been arranged, so no changes to pay are required on this occasion.
- The supervisor and trainee agree to review things again at their next educational meeting.
- If the trainee is satisfied this has addressed the issue, the matter is closed. If there are outstanding issues, the trainee can escalate the matter as per the TCS (see guidance linked above).

Note: Should the clinical supervisor and trainee agree payment, then the host practice will need to be aware that any such payments for additional hours are not recoupable from HEE (see section below on impact on pay). TOIL may therefore be the preferred option for the practice, in which case appropriate steps will need to be taken to ensure that the time off is taken during that placement within a mutually acceptable time frame, usually within a few weeks and certainly within no more than three months of the exception. For details on the time limits within which TOIL must be granted, see the TCS.

Breaches of rest

1. The work schedule indicates that a trainee should pre-arrange with his or her manager TOIL following a night of OOH, but the manager does not arrange this and the trainee attends clinic the following morning, without having had 11 hours continuous rest between shifts.
2. The trainee submits an exception report highlighting the breach of minimum rest (safety rule breach).
3. This will alert the clinical supervisor to the issue, and facilitate a discussion.
4. The clinical supervisor will agree immediate TOIL to be taken within 24 hours and the doctor will not work more than five hours that following day
5. If the rest period is reduced to less than eight hours, the doctor will receive pay for the additional hours worked, at the penalty rate
6. If the rest period is reduced to less than eight hours, the guardian of safe working hours will levy a fine for the additional hours worked
7. The supervisor and trainee subsequently meet to discuss the exception, the reasons for it and what steps need to be taken to ensure that the situation does not arise again.
8. If the trainee is satisfied this has addressed the issue, the matter is closed. If there are outstanding issues, the trainee can escalate the matter as per the TCS.

Impact on pay

It should always be possible to ensure that trainees in practice settings are able to take their breaks and finish on time, or to take time off in lieu on the odd occasion where this is not possible. Provided that working patterns are planned in accordance with the agreed template and within contractual limits, pay for an individual trainee will be as outlined in the template work schedule, and reimbursed by HEE.

It is important that practices do not, as a result of exception reports (or following a work schedule review), vary or extend working hours beyond the limits set out in the template, without considering pay implications.

If a trainee's working pattern is changed following one or more exception reports, and the changes to the work pattern require a higher level of pay than that previously set out in the work schedule (e.g. because the trainee is now working additional hours above 40, or an increased proportion of enhanced hours, or a higher number of weekends), then the employer will have to pay the trainee the higher amount, from the effective date of the change. Similarly, if the supervisor approves a one-off payment for extra hours worked, then the practice would need to notify the payroll provider, who would make the payment to the trainee in the next payroll run.

It is important to note that HEE funding to the practice is based on pay for the agreed template work schedule, any paid additional hours worked (and paid) outside of this are the result of service pressures, not of educational or training needs. Accordingly, the additional cost associated with a changed work schedule or an approved payment for additional hours would need to be paid by the host practice and cannot be recharged back to HEE. In both cases, the employer would ask the payroll provider to make the payment accordingly, but in approving the change or the payment, the practice is also consenting to meeting the associated cost.

Similarly, in the unlikely event that a financial penalty is applied on the host by the guardian for significant breaches of rostered hours and/ or contractual safety rules, these costs would also be paid by the host practice.