

Exception Reporting TCS amendments

	Schedule / paragraph	Amendment	Date amended	Pay circular
1	<i>Abbreviations</i>	New HR – Human Resources or Medical Workforce Human Resources	04/02/2026	4/2025
2	<i>Abbreviations</i>	New LNC – Local Negotiating Committee (medical staff side)	04/02/2026	4/2025
3	<i>Definitions</i>	<p>Change: Guardian of safe working hours – a senior appointment made jointly by the employer / host organisation and junior doctors, who ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and provides assurance to the Board of the employing organisation that doctors' working hours are safe.</p> <p>Change to: A senior appointment made jointly by the employer / host organisation and doctors, who ensures that issues of compliance with safe working hours are addressed by the doctor and/or employer/host organisation, as appropriate and provides assurance to the Board of the employing organisation that doctors' working hours are safe.</p> <p>For the purposes of these terms and conditions, where reference is made to the Guardian of safe working hours, the responsibilities described may be discharged by the Guardian of safe working hours to a deputy. This deputy should be either nominated by the Guardian of safe working hours or selected in the same manner as the Guardian of safe working hours.</p>	04/02/2026	4/2025
4	<i>Schedule 2 para 73</i>	<p>Change: Because of unplanned circumstances, a doctor, in their professional judgement, may consider that there is a duty to work beyond the hours described in the work schedule, in order to secure patient safety. In such circumstances, employers will appropriately compensate the individual doctor for such hours, if the work is authorised by their clinical manager.</p>	04/02/2026	4/2025

		<p>This authorisation would be given before or during the period of extended working, or afterwards if this is not possible. When possible and practicable, doctors will use reasonable endeavours to seek approval from their clinical manager before or during the event. However, it is recognised that a doctor may not be able to gain prior authorisation due to circumstances at the time and this should not prevent the doctor from submitting an exception report as per schedule 5. Once an exception report has been submitted by the doctor, it must be validated and an outcome agreed within 7 days to allow for payment for the additional hours worked.</p> <p>Change to: Because of unplanned circumstances, a doctor, in their professional judgement, may consider that there is a duty to work beyond the hours described in the work schedule, in order to secure patient safety. In such circumstances, employers must appropriately compensate the individual doctor for such hours. In such circumstances, a doctor should submit an exception report in accordance with the processes set out in Schedule 5 and Annex D.</p>		
5	<i>Schedule 2 para 74</i>	<p>Change: Such compensation should be by additional payment (at the basic pay rate as described in paragraph 4 above, uplifted by any enhancement that may apply at the time that the unscheduled work takes place, as described in paragraphs 16-17 above), or by time off in lieu, or by a combination of the two. Where safe working hours are threatened by such an extension of working hours, time off in lieu will be the preferred option. If the additional hours of work have caused a breach of rest requirements, the time off in lieu must be taken within 24 hours unless the doctor self declares as fit for work and the manager agrees, in which case it can be accrued. Time off in lieu arising from breaches of hours but not rest can be accrued.</p> <p>Change to: Such compensation must be by the doctor's choice of payment (at the basic pay rate as described in paragraph 4 above, uplifted by any enhancement that may apply at the time that the unscheduled work takes</p>	04/02/2026	4/2025

		place, as described in paragraphs 16-17 above), or time off in lieu. If additional hours of work have caused a breach of rest requirements, time off in lieu must be taken within 24 hours unless the doctor self declares as fit for work and the manager agrees, in which case it can be accrued. Time off in lieu arising from breaches of hours but not rest can be accrued.		
6	<i>Schedule 2 para 75</i>	Remove: Where time off in lieu is agreed by the doctor and the report's actioner as the outcome of an exception report, there will be a four week window from the outcome being agreed for the doctor and rota manager to discuss and allocate time off in lieu to a future shift in their working pattern, before the end of that rotation. Where this does not occur, the time off in lieu should automatically be converted by the employer to pay after that four week period. At the end of a rotation, any untaken time off in lieu will be converted into pay.	04/02/2026	4/2025
7	<i>Schedule 2 para 76</i>	Remove: Where a manager does not authorise payment, the reason for the decision will be fed back to the doctor and copied to the guardian of safe working hours for review.	04/02/2026	4/2025
8	<i>Schedule 2 para 79, now para 77</i>	Change: These provisions also apply to additional hours of actual work over the prospective average estimate during non-resident on-call (as described in paragraph 14 above). Change to: If a doctor works above the estimated average hours during a non-resident on-call shift (as set out in Schedule 2, paragraph 14), additional hours can be exception reported. If no estimated average is provided in the work schedule, then all hours worked during that shift can be reported. The process for exception reporting up to two additional hours worked in a single occurrence described in Annex D must be made available for non-resident on-call. The Guardian of safe working hours or HR will need to determine the hours for payment; HR will then process the outcome.	04/02/2026	4/2025

9	<i>Schedule 4 Para 11</i>	<p>Change: The generic work schedule will list and identify the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement and patient safety activities, periods of formal study (other than study leave), and the number and distribution of hours for which the doctor is contracted.</p> <p>Change to: The generic work schedule will list and identify the intended learning outcomes (mapped to the educational curriculum), the scheduled duties of the doctor, time for quality improvement and patient safety activities, periods of formal study (other than study leave), the number and distribution of hours for which the doctor is contracted, and the unique name of the doctor's rota, as used within the exception reporting process used by the employer.</p>	04/02/2026	4/2025
10	<i>Schedule 4, para 29</i>	<p>Change: Where the personalised work schedule has not been agreed within four weeks after the commencement of the placement, the doctor may submit an exception report. This will be sent to the Director of Medical Education and Educational Supervisor (for trainees working in non-hospital settings, including – but not limited to – GP and Public Health trainees, this will be sent to the Head of School instead of the Director of Medical Education, as well as the Educational Supervisor).</p> <p>Change to: Where the personalised work schedule has not been agreed within four weeks after the commencement of the placement, the doctor may submit an exception report. This will be sent to the DME (for trainees working in non-hospital settings, including – but not limited to – GP and Public Health trainees, this will be sent to the Head of School instead of the DME). The DME will inform the Educational Supervisor separately.</p>	04/02/2026	4/2025

11	<i>Schedule 5, para 1</i>	<p>Change:</p> <p>The purpose of exception reports is to ensure prompt resolution and / or remedial action to ensure that safe working hours are maintained. The purpose of work schedule reviews is to ensure that a work schedule for a doctor remains fit for purpose, in circumstances where earlier discussions have failed to resolve concerns.</p> <p>Change to:</p> <p>The purpose of exception reporting is to ensure prompt resolution and / or remedial action to ensure safe working hours are maintained, secure patient safety, and safeguard the delivery of agreed educational opportunities. Doctors must not be discouraged from submitting exception reports. The purpose of work schedule reviews is to ensure that a work schedule for a doctor remains fit for purpose.</p>	04/02/2026	4/2025
12	<i>New-Schedule 5, para 5</i>	<p>Added:</p> <p>A doctor is required to submit an exception report as soon as possible, but no later than 28 calendar days after the date of occurrence, unless prevented by extenuating circumstances (e.g. doctor on parental leave or long-term sick leave) or other reasons outside their control and deemed acceptable by the Guardian of safe working hours.</p>	04/02/2026	4/2025
13	<i>New-Schedule 5, para 6</i>	<p>Added:</p> <p>All submitted exception reports should be reviewed and actioned as soon as possible but no later than 7 calendar days (10 calendar days until 4 August 2026).</p>	04/02/2026	4/2025
14	<i>New-Schedule 5, para 7</i>	<p>Added:</p> <p>The doctor should follow local processes to raise immediate safety concerns as per Schedule 5 paragraph 32-33, and should exception report within the 28 calendar days.</p>	04/02/2026	4/2025

15	<i>New-Schedule 5, para 8</i>	Added: With reference to exception reports showing that a doctor worked two or less additional hours in one occurrence, the only determination the employer will seek to reach when deciding to pay the doctor is whether or not the additional hours were indeed worked. The process for checking exception reports by HR for additional hours worked must be followed as specified in Annex D.	04/02/2026	4/2025
16	<i>New-Schedule 5, para 9</i>	Added: The doctor will confirm via self-declaration that the information they are submitting adheres to the reasons for exception reporting as set out in paragraph 12 and is accurate and to the best of the doctors' knowledge.	04/02/2026	4/2025
17	<i>New-Schedule 5, para 10</i>	Added: Alongside the process for checking exception reports outlined in Annex D, all exception reports must also go to the Guardian of safe working hours, who will monitor exception reporting data as part of their role. If the Guardian of safe working hours has any concerns over that data, including confirming the validity of the reports, the process specified in Schedule 6 paragraph 13 must be followed.	04/02/2026	4/2025
18	<i>Schedule 5, para 8</i>	Removed: Where there is no local agreement on the exception report reviewal process (as described in paragraph 6), then: a. all exception reports relating to additional hours worked should be sent to a nominated lead consultant or the consultant on-call for the shift from which the report originated. The designated consultant must have access to the local exception reporting system.	04/02/2026	4/2025

		<p>b. all other reports, not described in paragraph 7a, should be sent to the educational supervisor of the doctor raising the report.</p> <p>For doctors in non-hospital settings, the default should be for all types of exception reports to be sent to the doctor's educational supervisor, unless there is a mutual agreement between the doctor and the employer or the host organisation, for that placement, for a differing process.</p>		
19	<i>Schedule 5, para 10</i>	<p>Removed:</p> <p>The doctor will copy the exception report to the director of medical education (DME) in relation to training issues, and to the guardian of safe working hours in relation to safe working practices. In some cases, the doctor may copy the report to both.</p>	04/02/2026	4/2025
20	<i>Schedule 5, para 11</i>	<p>Removed:</p> <p>Upon receipt of an exception report, the locally agreed actioner for the report type submitted will within 7 days of receiving the report:</p> <p>a. firstly, action the report, or discuss the report with the doctor (when felt necessary by the actioner or requested by the doctor submitting the report) to agree what action is necessary to address the reported variation or concern.</p> <p>b. secondly, set out in an electronic response to the doctor their decision, or the agreed outcome of the report following a meeting with the doctor, including any agreed actions.</p> <p>c. thirdly, copy the response to the DME or guardian of safe working hours as appropriately identified in paragraph 9 above.</p>	04/02/2026	4/2025
21	<i>Para 5, now para 11</i>	<p>Change:</p> <p>Exception reports should include:</p> <p>a. the name, specialty and grade of the doctor involved</p> <p>b. the identity of the educational supervisor</p> <p>c. the dates, times and durations of exceptions</p> <p>d. the nature of the variance from the work schedule, and</p> <p>e. an outline of the steps the doctor has taken to resolve matters before escalation (if any).</p>	04/02/2026	4/2025

		<p>Change to:</p> <p>Mandatory input fields for exception reports will be limited to:</p> <ul style="list-style-type: none"> a. an identifier for the doctor, including name and/or email address (unless auto populated) b. the date of the start of the shift incurring exception c. name of rota d. category of exception e. immediate safety concern (retrospective) f. the minimum information required to calculate the hours claimed g. choice of payment or time off in lieu (if reporting additional hours worked) 		
22	<i>New-Schedule 5, para 12</i>	<p>Added:</p> <p>Exception report categories must include at a minimum:</p> <ul style="list-style-type: none"> a. an unscheduled early start b. an unscheduled late finish c. the inability to take contractual breaks d. the inadequacy of clinical support e. the inadequacy of rostered skills mix f. missed educational opportunities g. breaches of non-resident on-call patterns h. raising concerns of a suspected non-compliant rota pattern i. detriment or threat of detriment related to exception reporting j. information breach k. access and completion test l. optional free text box. 	04/02/2026	4/2025

23	<i>New-Schedule 5, para 13</i>	Added: Exception reports for more than two additional worked hours should be subject to a locally determined process, which must be agreed upon with staff Local Negotiating Committee (LNC). These should be investigated to ensure safe staffing is maintained and this process and outcome will not be subject to an information breach fine.	04/02/2026	4/2025
24	<i>New-Schedule 5, para 14</i>	Added: Where an exception report has not received a response within the time described in Annex D, paragraph 12, the Guardian of safe working hours will have the authority to independently action the report.	04/02/2026	4/2025
25	<i>New-Schedule 5, para 17</i>	Added: Access to exception reporting should be available remotely.	04/02/2026	4/2025
26	<i>New-Schedule 5 para 18</i>	Added: The employer must provide access to exception reporting for a doctor within 7 calendar days of them starting employment or work, and then subsequently whenever a doctor changes host employer, work site, or rota. The doctor must action a test exception report, which will be sent to the Guardian of safe working hours for cross-validation.	04/02/2026	4/2025
27	<i>New-Schedule 5 ,para 19</i>	Added: Doctors must be provided with a simple way (such as email or quick access link) to raise to the Guardian of safe working hours and HR after the initial seven calendar days of starting work, changing work site, changing employer, or any other related transition, if they are unable to access the exception reporting system or complete an exception report.	04/02/2026	4/2025
28	<i>New-Schedule 5, para 20</i>	Added: If all issues preventing a doctor from accessing or completing an exception report are not remedied within 7 calendar days of being raised	04/02/2026	4/2025

		by the doctor, the Guardian of safe working hours must levy a fine as outlined in Schedule 5, paragraph 27. Fines will then be payable on a recurring seven calendar day basis until resolved.		
29	<i>New-Schedule 5, para 21</i>	If approved by LNC an access and completion fine will not be levied where the delay has been caused by an event beyond the control of the employer, for example a cyber-attack.	04/02/2026	4/2025
30	<i>New-Schedule 5 Para 26</i>	Added: Penalties will apply for a proven information breach, as defined in Annex D paragraphs 33 to 36. Penalties of £500 per doctor per instance for a proven information breach, and will be applied from 4 February 2026 to 3 August 2026. Both fines will be set at £500 from 4 August 2026.	04/02/2026	4/2025
31	<i>New-Schedule 5 Para 27</i>	Added: Penalties will apply for an 'access and completion' breach, as defined in Annex D paragraphs 33 to 36. Penalties of £250 per doctor per week for an access and completion breach, will be applied from 4 February 2026 to 3 August 2026. Both fines will be set at £500 from 4 August 2026. All fines relating to 'access and completion' breaches, shall be received into a central fund administered by the Guardian of safe working hours.	04/02/2026	4/2025
32	<i>New-Schedule 5, para 28</i>	Added: Fines for access and completion or information breaches will not be paid directly to doctors.	04/02/2026	4/2025
33	<i>New-Schedule 5, para 29</i>	Added: Fines relating to safe working hours, missed breaks and information breaches shall be received into a localised fund. For example, the	04/02/2026	4/2025

		department which the affected doctor(s) work, or specific geographies for doctors working in community settings, further information regarding this shall be provided within exception reporting guidance. These localised funds shall be administered by the Guardian of safe working hours. However, the affected doctors can choose to redirect fines to the central fund referred to in paragraph 26. If any fines received into these localised funds are unspent after four months of being received, they will be transferred into the central fund.		
34	<i>Schedule 5 Para 18, now para 30</i>	<p>Change: The money raised through fines must be used to benefit the education, training and working environment of trainees. The guardian of safe working hours should devise the allocation of funds in collaboration with the employer/host organisation junior doctors' forum, or equivalent. These funds must not be used to supplement the facilities, study leave, IT provision and other resources that are defined by HEE as fundamental requirements for doctors in training and which should be provided by the employer/host organisation as standard.</p> <p>Change to: The money raised through fines must be used to benefit the education, training and working environment of trainees. Disbursement of fines will be flexible, with a focus on initiatives that enhance doctors' wellbeing. The Guardian of safe working hours should devise the allocation of funds in collaboration with the employer/host organisation and resident doctors' forum. These funds must not be used to supplement the facilities, study leave, IT provision and other resources that are defined by NHS England as fundamental requirements for doctors in training and which should be provided by the employer/host organisation as standard.</p>	04/02/2026	4/2025

35	<i>New-Schedule 5, para 32</i>	Added: Fine monies once awarded must be maintained and spent solely for the purposes in paragraph 30.	04/02/2026	4/2025
36	<i>Schedule 5, para 20, now 33</i>	Change: Where an exception report indicates concern that there is an immediate and substantive risk to the safety or patients or of the doctor making the report, this should be raised immediately (orally) by the doctor with the clinician responsible for the service in which the risk is thought to be present (typically, this would be the head of service or the consultant on-call). The doctor must confirm such reports electronically to the educational supervisor (via an exception report) within 24 hours. Change to: Where there is an immediate and substantive risk to the safety of patients or of the doctor making the report, this should be raised immediately (orally) by the doctor with the clinician responsible for the service in which the risk is thought to be present (typically, this would be the head of service or the consultant on-call).	04/02/2026	4/2025
37	<i>Schedule 5, para 34</i>	Change: The employer has a duty to respond as follows: a. Where the clinician receiving the report considers that there are serious concerns and agrees that there is an immediate risk to patient and/or doctor safety, the consultant on-call shall, where appropriate, grant the doctor immediate time off from their agreed work schedule and/or (depending on the nature of the reported variation) ensure the immediate provision of support to the doctor. The clinician shall notify the educational supervisor and the guardian of safe working hours within 24 hours. The educational supervisor will undertake an immediate work schedule review, and will ensure appropriate (and where necessary, ongoing) remedial action is taken.	04/02/2026	4/2025

		<p>b. Where the clinician receiving the report considers that there are serious but not immediate concerns, the clinician shall ask the doctor to submit an exception report to the educational supervisor, describing the concern raised and requesting a work schedule review</p> <p>c. Where the clinician receiving the report considers that the single concern raised is significant but not serious or understands that there are persistent or regular similar concerns being raised, the clinician shall ask the doctor to raise an exception report to the educational supervisor within 48 hours.</p> <p>Change to: The employer has a duty to respond as follows:</p> <ul style="list-style-type: none"> a. Where the clinician receiving the report considers that there are serious concerns and agrees that there is an immediate risk to patient and/or doctor safety, the consultant on-call shall, where appropriate, grant the doctor immediate time off from their agreed work schedule and/or (depending on the nature of the reported variation) ensure the immediate provision of support to the doctor. The clinician shall notify the Guardian of safe working hours within 24 hours of the concern. The Guardian of safe working hours will undertake an immediate work schedule review, and will ensure appropriate (and where necessary, ongoing) remedial action is taken. b. Where the clinician receiving the report considers that there are serious but not immediate concerns, the clinician shall ask the doctor to submit an exception report and for the consideration of the Guardian of safe working hours to request a work schedule review. c. Where the clinician receiving the report considers that the concern raised is significant but not serious or understands that there are persistent or regular similar concerns being raised, the clinician shall ask the doctor to raise an exception report. 		
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38	<i>Schedule 5, para 22, now 35</i>	<p>Change:</p> <p>Where a doctor, an educational supervisor, a manager, or the guardian of safe working hours has requested a work schedule review, the process set out in paragraphs 23-37 below will apply.</p> <p>Change to:</p> <p>Where a doctor, an educational supervisor, a manager, or the Guardian of safe working hours has requested a work schedule review, affected doctors must be prompted to formally grant or withhold consent to share personally identifiable information derived from their exception reports.</p>	04/02/2026	4/2025
39	<i>New-Schedule 5, para 36</i>	<p>Added:</p> <p>If affected doctors' consent to sharing personally identifiable information related to exception reports, the standard process set out in paragraphs 37-40 below will apply.</p>	04/02/2026	4/2025
40	<i>New-Schedule 5, para 37</i>	<p>Added:</p> <p>If affected doctors withhold consent to sharing personally identifiable information related to exception reports the standard process set out in paragraphs 37-40 will apply but with exception report data sharing limited to anonymised information. The affected doctors may still support the design of services and of safe working patterns if required as per Schedule 1 paragraph 6 and this can be via a nominated colleague (ideally from the same clinical department) proxy if preferred.</p>	04/02/2026	4/2025
41	<i>Schedule 5, para 23, para 38</i>	<p>Change:</p> <p>The educational supervisor shall meet or correspond with the doctor as soon as is practicable, ideally no later than seven working days after receipt of a written request for a review. Where this is in response to a serious concern that there was an immediate risk to patient and/or doctor safety as described in paragraphs 20-21 above, this must be followed up within seven working days.</p> <p>Change to:</p>	04/02/2026	4/2025

		Where consent is given, the educational supervisor shall meet or correspond with the doctor as soon as is practicable, ideally no later than seven working days after receipt of a written request for a review.		
42	<i>New-Schedule 5, para 41</i>	Added: If a doctor chooses to withhold consent to share personally identifiable information related to exception reporting in paragraph 34 and the Guardian of safe working hours identifies a systemic issue related to the doctor's work setting that can be managed without such disclosure, the Guardian of safe working hours may choose to initiate a level 2 work schedule review that ensures confidentiality of personally identifiable information related to exception reporting.	04/02/2026	4/2025
43	<i>New-Schedule 5, para 42</i>	Added: This process should be equivalent to that described in paragraphs 37-40, with the following modifications: <ul style="list-style-type: none"> a. The affected doctor can nominate another their choice of medically qualified colleague (ideally from the same clinical department) to act as their proxy to preserve their anonymity and advocate in their stead. b. The doctor may nominate an appropriate consultant or general practitioner to represent the educational opportunities of the department in place of their educational supervisor. Where the doctor is on an integrated academic training pathway, they may choose to nominate an appropriate academic senior, or to forgo academic representation 	04/02/2026	4/2025
44	<i>Schedule 5, para 38, now 54</i>	Change: Where at any point in the process of a work schedule review, either the doctor or the reviewer identifies issues or concerns that may affect more than one doctor working on a particular rota, it may be appropriate to review other schedules forming part of that rota. In this case, such reviews should be carried out jointly with all affected doctors and, where appropriate, changes may be agreed to the working pattern for all 45 affected doctors working on that rota, following the same processes as described in paragraphs 23-37 above.	04/02/2026	4/2025

		<p>Change to:</p> <p>Where at any point in the process of a work schedule review, either the doctor or the reviewer identifies issues or concerns that may affect more than one doctor working on a particular rota, it may be appropriate to review other schedules forming part of that rota. In this case, such reviews should be carried out jointly with all affected doctors and, where appropriate, changes may be agreed to the working pattern for all affected doctors working on that rota.</p>		
45	<i>Schedule 6, para 6</i>	<p>Change:</p> <p>Where a lead employer arrangement exists, the guardian role will be established in host employers, and the arrangements made clear in the memorandum of understanding between the lead and host organisations. The host guardian shall ensure information is available to the host organisation board, and the lead employer guardian must see guardian reports for all of the doctors under their employment.</p> <p>Change to:</p> <p>Where a lead employer arrangement exists in hospital settings, the Guardian of safe working hours role will be established in host employers, and the arrangements made clear in the memorandum of understanding between the lead and host organisations. The host Guardian of safe working hours shall ensure information is available to the host organisation board, and the lead employer Guardian of safe working hours must see Guardian of safe working hours reports for all of the doctors under their employment.</p>	04/02/2026	4/2025
46	<i>Schedule 6 Para 7</i>	<p>Change:</p> <p>Where lead employer arrangements exist for GP trainees, the lead employer is responsible for appointing the guardian, who must either be familiar with the issues faced by GPs working in a practice setting or have access to support and advice on such issues. Where lead employer</p>	04/02/2026	4/2025

		<p>arrangements are not in place and GP trainees are directly employed by practices, the responsibility for appointing the independent guardian rests with the employing practices. Employing practices with fewer than 10 GP trainees must either (a) jointly appoint an independent guardian with another similar employer or employers with fewer than 10 GP trainees such that an appointed guardian has responsibility for a minimum of ten trainees or (b) must enter into a contract with a neighbouring trust or foundation trust to provide the guardian function for the employer.</p> <p>Change to: Where lead employer arrangements exist in community settings, including GP trainees and public health registrars, the lead employer is responsible for appointing the Guardian of safe working hours and holds responsibility for the exception reporting process.</p>		
47	<i>New-Schedule 6, para 11</i>	<p>Added: Where an employer is unable to appoint to a Guardian of safe working hours role they must ensure that alternative arrangements are in place. These arrangements should be jointly produced with LNC and/or RDF and are intended to be interim arrangements with the aim of appointing a Guardian of safe working hours at the earliest possible opportunity.</p>	04/02/2026	4/2025
48	<i>Schedule 6, para 10, now 12</i>	<p>Change: The guardian shall:</p> <ul style="list-style-type: none"> a. act as the champion of safe working hours for doctors in approved training programmes b. provide assurance to doctors and employers that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of these terms and conditions of service c. receive copies of all exception reports in respect of safe working hours. This will allow the guardian to record and monitor compliance with the terms and conditions of service 48 	04/02/2026	4/2025

		<p>d. escalate issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level</p> <p>e. require intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk</p> <p>f. require a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed</p> <p>g. have the authority to intervene in any instance where the guardian considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily; and</p> <p>h. distribute monies received as a consequence of financial penalties to improve the training and service experience of doctors</p> <p>Change to: The Guardian of safe working hours shall:</p> <p>a. act as the champion of safe working hours for doctors in approved training programmes</p> <p>b. provide assurance to doctors and employers that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of these terms and conditions of service</p> <p>c. receive copies of all exception reports in respect of safe working hours. This will allow the Guardian of safe working hours to record and monitor compliance with the terms and conditions of service</p> <p>d. escalate issues in relation to working hours, raised in exception reports, to the relevant executive director, or equivalent, for decision and action, where these have not been addressed at departmental level</p> <p>e. require intervention to mitigate any identified risk to doctor or</p>		
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		<p>patient safety in a timescale commensurate with the severity of the risk</p> <ul style="list-style-type: none"> f. require a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed g. have the authority to intervene in any instance where the Guardian of safe working hours considers the safety of patients and/or doctors is compromised, or that issues are not being resolved satisfactorily; and h. distribute monies received as a consequence of financial penalties to improve the training and service experience of doctors. i. oversee quarterly surveys of breach of 'access and completion', 'information breach' and actual or threatened detriment regarding exception reporting. Results will be included in the Guardian of safe working hours' quarterly report. 		
49	<i>New-Schedule 6, para 13</i>	<p>Added:</p> <p>In parallel to the review process set out in Annex D for individual exception reports relating to additional hours worked, the Guardian of safe working hours will have access to all exception reports and will review and scrutinise exception reporting patterns to ensure reports are accurate, valid and adhere with the purpose of exception reporting. If during this review and scrutiny of exception reports the Guardian of safe working hours has concerns over the accuracy, validity or appropriateness of exception reports, then they should discuss these concerns with the relevant doctors in accordance with the following process.</p> <p>Contact of a doctor via this process below will not incur an information breach fine.</p>	04/02/2026	4/2025

		<ul style="list-style-type: none"> a. The Guardian of safe working hours will discuss their concerns with any doctor involved to understand patterns in the submitted exception reports and ensure that necessary measures are in place to support safe working practices for the doctor. b. If following this conversation, the Guardian of safe working hours has further concerns including, for example, about whether all hours reported were worked, the Guardian of safe working hours may ask the doctor to nominate a regulated clinical professional working at the same site or clinical context, to affirm that the claimed hours were worked. The doctor may choose to decline this request. If the nominated professional can verify the claimed hours, this process will conclude. c. If the Guardian of safe working hours has persistent concerns, or the doctor declines to nominate, the Guardian of safe working hours may make contact with a senior clinician in the department to affirm the accuracy of the reported additional hours worked. The Guardian of safe working hours should make every effort to mutually agree with the doctor an appropriate senior clinician to provide relevant information. d. If the senior clinician can verify the claimed hours, this process will conclude. e. If the senior clinician in the department is unable to verify the additional hours worked stated within the relevant exception reports, then the Guardian of safe working hours can choose to take action to escalate, following local processes and procedures. <p>In the event there are safeguarding public funds concerns relating to exception reporting, escalation should follow the usual local processes and procedures</p>		
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50	New-Schedule 6, para 14	Added: The Guardian of safe working hours' quarterly report (including annual summary reports) will be standardised to a national template jointly produced in guidance to allow central data processing.	04/02/2026	4/2025
51	Schedule 6, para 11, now 15	Change: The guardian reports to the Board of the employer (and host organisation, if appropriate), directly or through a committee of the Board, as follows: a. The Board must receive a Guardian of Safe Working Report no less than once per quarter. This report shall also be provided to the JLNC, or equivalent. It will include data on all rota gaps on all shifts. b. A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the trust chief executive. This report shall also be provided to the JLNC, or equivalent. c. Where the guardian has escalated a serious issue in line with paragraph 10(d) above and the issue remains unresolved, the guardian must submit an exceptional report to the next meeting of the Board. d. The Board is responsible for providing annual reports to external bodies as defined in these terms and conditions, including Health Education England (Local office), Care Quality Commission, General Medical Council and General Dental Council. Change to: The Guardian of safe working hours reports to the Board of the employer (and host organisation, if appropriate), directly or through a committee of the Board, as follows: a. The Board must receive a <i>Guardian of Safe Working Report</i> no less than once per quarter. It will include data on; summary of reports submitted (inclusive of their type and outcomes), safe working hour breaches, missed break breaches, information breaches, 'access and completion' breaches, all rota gaps on	04/02/2026	4/2025

		<p>all shifts, as well as detriment and perceived detriment (collected via survey) experienced by doctors in relation to exception reporting. This report must be sent directly to; the JLNC, the LNC chair, at least one nominated LNC resident doctor, and to relevant RDF representatives upon completion. All quarterly reports must be made available to all national stakeholders listed in paragraph 15d below, as well as the BMA or other recognised trade unions. In addition, all quarterly reports must be publicly accessible online within one month after the report has been created.</p> <p>b. A consolidated annual report on rota gaps and the plan for improvement to reduce these gaps shall be included in a statement in the Trust's Quality Account, which must be signed off by the trust chief executive. This report shall also be provided to the JLNC, or equivalent.</p> <p>c. Where the Guardian of safe working hours has escalated a serious issue in line with paragraph 12(d) above and the issue remains unresolved, the Guardian of safe working hours must submit an exceptional report to the next meeting of the Board.</p> <p>The Board is responsible for providing annual reports to external bodies as defined in these TCS, including NHS England (Local office), Care Quality Commission, General Medical Council and General Dental Council.</p>		
52	<i>Schedule 6 Para 12, now 16</i>	<p>Change:</p> <p>There may be circumstances where the guardian identifies that certain posts have issues that cannot be remedied locally, and require a system-wide solution. Where such issues are identified, the guardian shall inform the Board. The Board will raise the system-wide issue with partner organisations (e.g. Health Education England, NHS England, NHS Improvement) to find a solution.</p> <p>Change to:</p>	04/02/2026	4/2025

		There may be circumstances where the Guardian of safe working hours identifies that certain posts have issues that cannot be remedied locally, and require a system-wide solution. Where such issues are identified, the Guardian of safe working hours shall inform the Board, as well as the LNC. The Board will raise the system-wide issue with partner organisations (e.g. NHS England) to find a solution.		
53	<i>New- Annex D para 1</i>	Added: To maintain financial standards, there needs to be a robust sign-off process, but the perceived retrospective merits of the doctors' decision to work the additional hours should not be considered when determining whether to make payment for the additional hours.	04/02/2026	4/2025
54	<i>New- Annex D para 2</i>	Added: All exception reports must be reviewed independently of budgetary constraints.	04/02/2026	4/2025
55	<i>New- Annex D para 3</i>	Added: The process set out for this sign off stage must occur for all exception reports related to additional hours worked. Exception reports must only be subject to further review beyond this stage if not compliant with the specific conditions set out in paragraph 13 below.	04/02/2026	4/2025
56	<i>New- Annex D para 4</i>	Added: In the temporary absence of an appropriate HR actioner, their exception reporting related duties must be delegated to a nominated HR deputy, a member of the Guardian of safe working hours' support staff, or the Guardian of safe working hours.	04/02/2026	4/2025
57	<i>New- Annex D para 5</i>	Added:	04/02/2026	4/2025

		Wherever possible, HR involved in the exception reporting process should not be co-located with the clinical workforce.		
58	<i>New- Annex D para 6</i>	Added: When HR has approved an exception report for payment, they will send the necessary information to payroll. Payroll will process the payment to complete the exception report.	04/02/2026	4/2025
59	<i>New- Annex D para 7</i>	Added: This process must occur for all exception reports related to additional hours worked.	04/02/2026	4/2025
60	<i>New- Annex D para 8</i>	Added: In addition to those mandatory fields outlined in Schedule 05 paragraph 14, a submitted exception report must contain, or be associated with, the following information to evidence that work was performed: <ul style="list-style-type: none"> i. The doctor's live rota. Current rota information must be accessible to the actioner for these checks. ii. Electronic evidence of time, date and location of the occurrence (e.g. a timestamped location). 	04/02/2026	4/2025
61	<i>New- Annex D para 9</i>	Added: For Non-Resident On-Call and other off-site work, the requirement for location evidence in paragraph 8ii above does not apply. Evidence of time and date may be required as described in jointly produced guidance.	04/02/2026	4/2025
62	<i>New- Annex D para 10</i>	Added: In the absence of an available exception reporting software, employers must provide the option of an email address that can receive the evidence in paragraph 8i and 8ii above. A doctor may raise the absence of this fallback as an inability to complete, as per Schedule 5 paragraph 20.	04/02/2026	4/2025

63	<i>New- Annex D para 11</i>	Added: In the event that time and location evidencing has been facilitated by employers, but a doctor declines, or was unable to do so, they may substitute paragraph 8ii with written electronic corroboration of exception report details, by another regulated clinical professional, but this corroboration cannot be made a default requirement.	04/02/2026	4/2025
64	<i>New- Annex D para 12</i>	Added: Within 7 calendar days (10 calendar days until 4 August 2026) of receiving an exception report, HR must cross-check the information required in paragraph 8 above for accuracy, and if accurate, approve. If the information required in paragraph 8 above is inaccurate or absent, they will follow the HR clarification stage below.	04/02/2026	4/2025
65	<i>New- Annex D para 13</i>	Added: HR will contact the doctor via email, or the relevant exception reporting software for that doctor, to clarify the inaccuracies provided. Guidance will be provided to support this. <ul style="list-style-type: none"> a. In response, the doctor may then: <ul style="list-style-type: none"> i. correct the error, inaccuracy or provide the absent information and resubmit the exception report to HR ii. acknowledge the error and withdraw the exception report iii. clarify and confirm the accuracy of the information provided within the exception report b. When the doctor rectifies issues identified in an exception report, as per paragraph 13ai above, HR will review the 	04/02/2026	4/2025

		<p>exception report for payment or time-off-in-lieu as per paragraph 8.</p> <p>c. If a doctor states that their exception report is accurate (and is continuing to pursue their claim), as per paragraph 13aiii above, and HR has rejected its approval following the doctor's clarification, HR will escalate to Guardian of safe working hours review stage.</p>		
66	<i>New- Annex D para 14</i>	<p>Added:</p> <p>A doctor can choose to withdraw from the exception reporting process at any point in the process. All exception reporting data, including those which have been withdrawn, will be retained for the Guardian of safe working hours to allow them to perform their role in checking for potential safety implications, and reporting in the Guardian of safe working hours' Quarterly Report.</p>	04/02/2026	4/2025
67	<i>New- Annex D para 15</i>	<p>Added:</p> <p>The process set out for this review stage should only occur in circumstances described in paragraph 13c above.</p> <ul style="list-style-type: none"> i. HR will contact the Guardian of safe working hours to request that they review the exception report in question submitted by the doctor. ii. Following the review of the exception report, the Guardian of safe working hours may then: <ul style="list-style-type: none"> a. Instruct HR to approve the exception report if they believe the evidence is accurate. b. Discuss with HR and potentially contact the doctor (without requiring an in-person meeting) to discuss the exception report. Following this discussion, the Guardian of safe working hours will then either: 	04/02/2026	4/2025

		<p>c. Instruct HR to complete the exception report as approved as appropriate.</p> <p>d. Instruct HR to reject the exception report.</p>		
68	<i>New- Annex D para 16</i>	<p>Added:</p> <p>Reports of a solely educational nature must be sent only to the Director of Medical Education, or their deputies, and may be reviewed by the Guardian of safe working hours.</p>	04/02/2026	4/2025
69	<i>New- Annex D para 17</i>	<p>Added:</p> <p>If during the review of an exception report for additional hours worked, HR or the Guardian of safe working hours identifies an educational component to the exception report, they must obtain the doctor's explicit consent before sharing the details of the exception report with the DME.</p>	04/02/2026	4/2025
70	<i>New- Annex D para 18</i>	<p>Added:</p> <p>The DME may take action with the doctor's consent to replace or reinstate any missed educational opportunities and recommend whether further improvements to the doctor's training experience are required.</p>	04/02/2026	4/2025
71	<i>New- Annex D para 19</i>	<p>Added:</p> <p>When an exception report outcome of time off in lieu is granted, a notice will be sent to the doctor containing:</p> <ol style="list-style-type: none"> An identifier for the exception report The date of approval of award The duration of time off in lieu awarded the deadline to contact their clinical team, which is either: <ul style="list-style-type: none"> 7 calendar days (10 calendar days until 4 August 2026) or as mandated by a breach of rest requirements, as per Schedule 2 paragraph 74. 	04/02/2026	4/2025

72	<i>New- Annex D para 20</i>	Added: The doctor must contact (preferably by email) an appropriate individual to share the award within the time specified in paragraph 19. iv, to action on behalf of their clinical team.	04/02/2026	4/2025
73	<i>New- Annex D para 21</i>	Added: When a doctor shares a time off in lieu award with their clinical team within 10 calendar days of award, time off in lieu must be mutually agreed and scheduled within 7 calendar days (10 calendar days until 4 August 2026) to a future shift in the doctor's working pattern in the same placement.	04/02/2026	4/2025
74	<i>New- Annex D para 22</i>	Added: If a doctor shares a time off in lieu award more than 10 calendar days after the award, clinical teams are encouraged but not mandated to facilitate its allocation.	04/02/2026	4/2025
75	<i>New- Annex D para 23</i>	Added: Where the award is within 10 calendar days of the end of a doctor's placement or employment, time off in lieu cannot be transferred to a subsequent placement, or employer, and clinical teams are encouraged but not mandated to facilitate its allocation.	04/02/2026	4/2025
76	<i>New- Annex D para 24</i>	Added: Solely in the specific cases of paragraphs 22 and 23, when time off in lieu is not facilitated by clinical teams, these teams must notify both the doctor and HR that the award must be converted to payment. Such notification must occur within 10 days of the award being shared by a doctor, and subsequent payment should occur within the timeframes specified in Schedule 2, paragraph 78.	04/02/2026	4/2025
77	<i>New- Annex D para 25</i>	Added:	04/02/2026	4/2025

		Other than in paragraphs 22 or 23, time off in lieu resulting from exception reporting must be facilitated by clinical teams. After taking time off in lieu, doctors must record its completion. A doctor may escalate to the Guardian of safe working hours for remediation if these time limits are breached, or if agreed time off in lieu is subsequently not facilitated, to ensure that appropriate time off in lieu is granted.		
78	<i>New- Annex D para 26</i>	Added: Identifiable data (specifically identifying the individual) related to number or content of exception reports for additional hours worked may only be shared to or accessed by HR, Guardian of safe working hours, their nominated deputies and payroll. Unless the doctor has given their explicit consent.	04/02/2026	4/2025
79	<i>New- Annex D para 27</i>	Added: To protect doctors, exception reporting data must be treated as confidential and cannot be accessed, shared or requested to be shared without the doctor's explicit consent, outside the specific pathways listed in these TCS and in jointly produced guidance.	04/02/2026	4/2025
80	<i>New- Annex D para 28</i>	Added: Personally identifiable data related to exception reporting must not be shared without the doctors' specific consent, except where a senior manager or member of the board of directors is presented with an overriding public interest or has a legal obligation. In such cases, the Guardian of safe working hours must be notified of the action taken by the employer. The affected doctor should be notified of this action as soon as practically possible, and the number of such disclosures must be presented in the Guardian of safe working hour's Quarterly Report in a manner that preserves a doctors' anonymity.	04/02/2026	4/2025

81	<i>New- Annex D para 29</i>	Added: The list of individuals, in accordance with the criteria of paragraph 26 above, with direct access to a doctor's exception reporting data must be shared with a doctor via email, or the relevant exception reporting software for that doctor, at onboarding and when new individuals are granted access.	04/02/2026	4/2025
82	<i>New- Annex D para 30</i>	Added: Non-identifiable data derived from exception reports may be shared for audit and financial purposes to appropriate recipients. Financial data that could identify a doctor as having exception reported may be used for normal financial management and audit purposes but cannot include the exception report number or content. There are no restrictions on access to exception reporting data for those whose job roles are related to professional auditing.	04/02/2026	4/2025
83	<i>New- Annex D para 31</i>	Added: For educational exception reports, an individual doctor's exception reporting data can only be shared with the Director of Medical Education (or nominated deputies), and the Guardian of safe working hours. For academic trainees, the data can be shared at the doctor's discretion with a nominated academic supervisor. a. If remediation of an educational opportunity is possible, the DME may share further information as required for that purpose conditional on the individual doctor's consent.	04/02/2026	4/2025
84	<i>New- Annex D para 32</i>	Added: Any sharing of personally identifiable exception reporting data by HR, beyond what is specified in paragraphs 26 and 28 above, shall incur an information breach fine, as set out in Schedule 5, paragraph 25.	04/02/2026	4/2025
85	<i>New- Annex D para 33</i>	Added: Proven breaches of the confidentiality of exception reporting data will be	04/02/2026	4/2025

		subject to an information breach fine.		
86	<i>New- Annex D para 34</i>	Added: A doctor may report suspected information breach to the Guardian of safe working hours for investigation. If proven, the Guardian of safe working hours must levy an information breach fine per instance per doctor. A doctor reporting a suspected breach may be invited to provide additional details on the information breach and may decline.	04/02/2026	4/2025
87	<i>New- Annex D para 35</i>	Added: An instance of information breach is described as follows: <ul style="list-style-type: none"> a. If multiple doctors are affected in a single unauthorised exception reporting data disclosure, a separate penalty will be applied for each affected doctor. b. If multiple unauthorised exception reporting data disclosures occur over time related to a single doctor, a separate penalty will be applied for each individual instance. c. If information related to multiple exception reports from a single doctor is leaked to multiple individuals in a single instance, a single penalty will be applied for that instance. 	04/02/2026	4/2025
88	<i>New- Annex D para 36</i>	This Annex forms part of the 2016 TCS, and for the avoidance of doubt, any parts of it which are capable of creating legally binding contractual obligations are intended to do so. Any subsequent revisions to this Annex will require collective agreement between NHS Employers and the British Medical Association before any such changes can be reflected in these TCS.	04/02/2026	4/2025

