NHS Employers

Exception report reform changes

Technical specification for software suppliers

This technical specification outlines the functional requirements for an exception reporting system for eligible doctors and dentists in England. The specification reflects the updated 2016 terms and conditions of service V13, which set out the exception reporting requirements.

This technical specification is to be read in conjunction with the 2016 TCS terms and conditions of service (TCS) V13. The supporting record of amendments documentation details all the changes that have been made to the TCS in respect of exception reporting contractual provisions.

Minimum requirements are listed; the annex provides details of additional functionality that is not explicitly a requirement of the updated TCS but will assist in the design and function of updated exception report solutions.

There are some instances of duplication contained in the specification to ensure clarity of requirements.

The updated contractual terms come into effect on 4 February 2026.

All relevant resources, including background information, contractual documentation and supporting guidance to be updated are available on our website.

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Doctor/dentist reporting capabilities (DRC)

Reference	Function	Additional information
DRC_001	The doctor/dentist MUST be able to submit exception reports (ERs) for ALL specified ER categories.	Minimum ER categories are set out in the updated TCS: Sch 5 paragraph 12 All submitted exception reports should include a declaration made by the doctor/dentist to confirm that the information they have provided is honest, accurate, and complete to the best of their knowledge. TCS Sch 5 paragraph 9
DRC_002	A doctor/dentist MUST be able to submit an auditable 'test' exception report.	Test ERs should be flagged as ‘test’ and should be separately identifiable from live ERs. This report is for information only and should never have a TOIL or pay outcome. Test reports should not count towards the total number of ER submitted/received. TCS: Sch 5 paragraph 18

DRC_003	The doctor/dentist MUST be able to withdraw any exception report they submitted. Data related to withdrawn reports MUST be retained for GoSWH oversight.	TCS: Annex D paragraph 13 and 14 This will need to be supported by a function that will allow the doctor/dentist to view all exception reports (including active and closed reports)
DRC_004	The doctor/dentist MUST be able to submit relevant evidence files for relevant exception report categories.	TCS: Sch 5 paragraph 14 and Annex D paragraph 8, 9 and potentially 11
DRC_005	The doctor/dentist MUST be enabled to respond to validity challenges and evidence requests from HR/medical staffing and GoSWH.	TCS: Annex D paragraph 13, 15 specifically
DRC_006	When submitting an exception report, the doctor/dentist MUST be enabled to associate it with a specific rota/shift on a given date.	Rotas will need to be clearly identifiable to enable a link with an exception report. The rota must be live. TCS: Annex D paragraph 8 Options for this could include interoperability with rota system, specific rota name from a drop-down list, evidence upload or other methods.
DRC_007	For exception reports related to changes to hours worked or missed breaks, the doctor/dentist MUST be able to record scheduled and actual start/end times or break durations.	This is core data for calculating time differences and validating claims, especially for additional hours or missed breaks. Missed breaks contribute to the fines from the GoSWH No payment or TOIL available to the doctor/dentist for missed breaks; this is for information only and GoSWH will check for breaches and fine.

DRC_008	The doctor/dentist MUST choose their compensation choice of either payment or TOIL for specific exception reporting categories.	The exception reporting categories specified for additional hours worked compensation are: • Unscheduled Early Start, • Unscheduled Late End, • Breach of Non-Resident on Call Hours Available choices for doctors/dentists to choose from: • TOIL • Pay If the doctor/dentist chooses pay, and the employer identifies that there has been a breach of safe working hours, the employer (HR/medical staffing and GoSWH and their deputy) can change the outcome from pay to TOIL. TCS: Sch 5 paragraph 11, 24. Annex D paragraph 19. Further detail relating to exception reporting when working Non-Resident On-Call will be covered in guidance.
DRC_009	The doctor/dentist MUST be able to provide supporting evidence files for relevant exception report categories, either at initial submission or at a later stage.	This should allow the doctor/dentist to complete a draft of an exception report first and then add evidence later or vice versa. TCS: Annex D, paragraph 8.
DRC_010	For HR/medical staffing clarification stage Validity/Evidence requests from reviewers, the doctor/dentist MUST be able to respond.	TCS: Annex D paragraph 13
DRC_011	The doctor/dentist MUST be able to submit Access Issue exception reports.	The requirement is to have a function that confirms that an individual cannot log on and complete a ‘test’ ER, or a standard ER at any time.

Some form of reporting button would be helpful, with a date and timestamp to enable determination of fines if applicable.

There are two elements to this:

- “Access and completion” is an agreed ER category, which doctors/dentists can use to report access problems or are unable to complete an ER.
- A separate process is also required to support a simple way to raise an issue of access or completion, either via email or an inbuilt function in the software.

Both approaches require a date and timestamp as fines will be applied if the issues highlighted are not remedied within 7 days of being raised (rolling fines applied every 7 days until the problem is rectified).

TCS: Sch 5 paragraph 18 and 19

Doctor/dentist entitlements support (DES)

Reference	Function	Additional information
DES_001	The doctor/dentist MUST be informed that TOIL has been the determined outcome, referencing the specific exception report.	TCS: Annex D paragraph 19
DES_002	The system MUST enable the doctor/dentist to grant consent during exception report submission, allowing specific reviewer roles (such as DME) to access reports that would not normally be routed to them through the default workflow.	There are numerous references to consent throughout the updated TCS; this is a core change to the ER process.
DES_003	The system MUST support a process where an authorised actioner can trigger a request for a doctor's/dentist's consent (post-submission) to share specific report data with another role (e.g., DME).	Allows for necessary data sharing for legitimate reasons e.g., educational impact, but only with the doctor/dentist's explicit post-submission consent, maintaining data control. TCS: Annex D paragraph 17, 18, 26, 27, 28, 31 Work schedule review process TCS: Sch 5 paragraph 35-41
DES_004	The doctor/dentist MUST be able to respond to consent requests from actioners.	Doctor/dentist consent requests to be recorded: Accept Deny Access permissions need to be updated based on consent.

Report processing logic (RPL)

Reference	Function	Additional information
RPL_001	Submission window: The system will accept all exception report submissions. Incidents occurring within 28 days of occurrence will be processed as standard. Reports outside this defined timeframe can also be accepted if agreed locally but must be specifically flagged by the system for consideration of extended submission review by GoSWH.	There is a requirement for the system to count the days since event of the exception report incident. The GoSWH will need to be notified of any exception report submitted up to 28 days with the option to not accept. TCS: Sch 5 paragraph 5
RPL_002	Upon successful submission of an exception report the system MUST generate a unique Report ID for each individual report.	TCS: Annex D, each ER should have a unique identifier for the report. This is helpful to link exception reports with evidence submitted via email or with written consent that may be shared additionally via email.
RPL_003	The system MUST trigger initial notifications upon successful exception report submission.	Notifications: confirmation to the doctor/dentist, confirmation to relevant actioners (based on category of exception report).
RPL_004	The HR/medical staffing standard sign-off process allows designated actioners (e.g., HR/medical staffing) to access necessary report data (details, evidence, rota data) to make a decision.	Permissions pathways will be illustrated in supporting flowcharts. TCS: Annex D paragraph 8

RPL_005	For the HR/medical staffing standard sign-off process actioners MUST be able to record an outcome for an individual exception report	TCS: Annex D paragraph 13
RPL_006	The system MUST trigger notifications to the doctor/dentist regarding the HR/medical staffing clarification stage request for that specific exception report.	TCS: Annex D paragraph 13 c
RPL_007	The system MUST provide functions for the doctor/dentist to respond to requests in Annex D.	TCS: Annex D
RPL_008	The system MUST notify appropriate actioners (e.g., GoSWH) to access the relevant exception report content for action under specific conditions.	Conditions: escalation from 'HR/medical staffing clarification' TCS: Annex D paragraph 13-15 If HR/medical staffing need to escalate then it will go to the GoSWH and they will need to be notified that it has been escalated e.g. via email, dashboard flag – updated flowcharts to be developed to help illustrate.
RPL_009	GoSWH MUST have access to the complete report history for the individual exception report.	Report information required: submitted data, all verification actions, communications, evidence, supporting corroboration.
RPL_010	The system MUST enable GoSWH actioners to record a final decision for the individual exception report. This action requires a mandatory reason/rationale for rejection.	Final decision choices: • Verified/Approved or • Rejected To include a mandatory reason/rationale for rejection free text box.

RPL_011	The system MUST trigger notifications to the doctor/dentist and relevant parties (e.g., HR/medical staffing) based on the final GoSWH decision for the individual exception report.	To allow them to process and close the report as required. When a report is closed with no action required it would be helpful to confirm to the doctor/dentist that the closed ER has been ‘noted for information’.
RPL_012	The system MUST record all verification actions, outcomes, timestamps, and the user performing the action for each individual exception report in its verification history and the overall audit log.	Visible to the employer not the doctor/dentist.
RPL_013	The system MUST manage the secure upload and storage of evidence files linked to an exception report. This can occur at initial submission or a later stage.	
RPL_014	The system MUST manage report state transitions based on verification actions and outcomes.	This refers to logging ERs through the software system so that at any one time you know the status of the ER e.g. draft ER moving to submitted etc.

Actioner accountabilities (HR/medical staffing) (HRA)

Reference	Function	Additional information
HRA_001	HR/medical staffing actioners are responsible for reviewing exception reports for a limited range of categories only.	Those relating to additional hours only TCS: Sch 5 para 12 a, b and g. Non-resident on call (NROC) provisions detailed in Sch 2 paragraph 77.
HRA_002	HR/medical staffing actioners MUST be able to access additional hours exception reports, specifically in the verification phases.	TCS: Sch 5 para 12 a, b and g.
HRA_003	HR/medical staffing actioners MUST be able to specify an outcome, as applicable, as compensation for additional hours worked.	Minimum approval outcomes: • approve payment or • time off in-lieu (TOIL)
HRA_004	HR/medical staffing actioners MUST be able to escalate claims to the GoSWH.	

HRA_005	HR/medical staffing Actioners (as reviewers) MUST receive notifications for exception reports allocated to them for action.	e.g., new submissions in their designated categories,

Oversight accountabilities (GoSWH and deputies)

Reference	Function	Additional information
GOS_001	GoSWH and Deputies MUST have oversight access to ALL exception reports to allow identification and remediation of patterns and extreme single incidents of unsafe working hours.	TCS: Sch 5 paragraph 13, and action for Annex D para 15
GOS_002	GoSWH and Deputies MUST be able to support investigations through access to relevant reports and audit logs.	Investigations: • suspected information breach • report of detriment
GOS_003	GoSWH and Deputies MUST be able to monitor for patterns and safety concerns.	Supported by standardised report generation to allow for the patterns or trends to be identified. TCS: Sch 5 paragraph 13

GOS_004	GoSWH and Deputies MUST be able to generate contractual quarterly reports and more frequent reports as required for the employer, using the system's report generation functionality triggered.	The GoSWH's quarterly reports (including annual summary reports) will be standardised to a national template co-produced in guidance to allow central data processing.. A quarterly reporting template will be developed as part of supporting guidance materials. TCS: Sch 6 paragraph 14
GOS_005	GoSWH and Deputies MUST be able to document the imposition of contractual fines for breaches of safe working hours.	GoSWH requirement to provide reports on the number of exception reports that incurred a fine and the value of fines; to be included in GoSWH quarterly reports for the board
GOS_006	GoSWH and Deputies MUST receive notifications for exception reports/issues escalated to them.	e.g., out-of-timeframe submissions, GoSWH review stage escalations, TOIL arrangement issues, access issue deadline breaches. To include how many days since the report was submitted, flagging any above 28 days as mentioned above.
GOS_007	For access issues, if a deadline is breached the system MUST escalate to GoSWH for fines.	Timeframes: within 7 days of starting work, changing work site, employer, or any other related transition. Fines will then be payable on a recurring 7-day basis from when the doctor/dentist raising the issue until the issue is resolved.

GOS_008	GoSWH MUST have access to the complete report history for contextual review.	Grouped reports not discussed.
GOS_009	GoSWH MUST record a final decision.	Final decision options: • Verified/Approved or • Rejected with mandatory reason/rationale for rejection - free text box.

Director of Medical Education accountabilities (DME)

Reference	Function	Additional information
DME_001	Unless documented consent is provided by the doctor/dentist, the DME accesses educational exception reports ONLY.	This links back to the consent function being made available. TCS: Annex D para 17
DME_002	The DME MUST be able to take action to replace or reinstate missed educational opportunities and record outcomes.	Free text box to state the issue and to specify the action taken to resolve. TCS: Annex D para 18

DME_003	The DME (as an actioner for 'Missed Educational Opportunities' exception reports) MUST receive notifications for reports sent to them for action.	
DME_004	The DME (as an actioner) MUST be able to access the necessary report data for educational exception reports they are reviewing.	Report data includes all submitted data.

System and administrative security (SASI)

Reference	Function	Additional information
SASI_001	System administrators MUST be able to manage user accounts (create, modify, delete) and assign/manage user roles.	

Data, access, consent and auditing (DCA)

Reference	Function	Additional information
DCA_002	Identifiable educational exception report data can ONLY be accessed by DME, GoSWH, and GoSWH Deputies. Sharing with others for remediation purposes REQUIRES documented consent from the doctor/dentist.	Doctor/dentist's consent requests to be recorded: Accept Deny Access permissions must be updated based on consent.
DCA_003	The system MUST support a workflow where an authorised actioner (e.g., HR/medical staffing, GoSWH) can trigger a request for the doctor/dentist's consent (post-submission) to share specific report details (e.g., notes, entire report) with another role (e.g., DME).	Scenario to be considered - an additional hour's ER is submitted, and the reviewer thinks there is an educational element involved, so the reviewer asks the doctor/dentist for consent to share the ER with the DME. The doctor/dentist can either accept or deny the request.
DCA_004	When a post-submission consent request is triggered, the system MUST: Trigger a notification to the doctor/dentist, provide functionality for the doctor/dentist to respond (Grant Consent, Deny Consent), record the doctor/dentist's response, and update access permissions based on granted consent.	
DCA_005	Unless the doctor/dentist's documented consent is obtained, access to Identifiable Educational exception report data MUST be limited to DME, GoSWH, and GoSWH Deputies.	Preferably supported by system controls that restricts access to identifiable data where consent is not provided

DCA_006	Access to all exception report data (for safety monitoring) MUST be granted to GoSWH and GoSWH Deputies.	
DCA_007	The system MUST record when a doctor/dentist has granted consent for specific data sharing.	
DCA_008	Consent Records MUST link the doctor/dentist granting consent to specific exception reports or data fields, indicating permission for access by other users or roles.	Underlines the position that a doctor/dentist's consent is specific to that specific exception report only. Giving consent to one ER should not apply that consent to all subsequent ERs submitted.

System reporting, notifications and fines (SRNF)

Functions listed below are limited to employer roles only i.e. not functions that would be available to doctors or dentists. The functions would be welcomed by employers as they would assist them in meeting contractual requirements, whilst not being a strict contractual requirement in themselves.

We recognise that all items listed may not be feasible to all software providers or may be subject to differing development times

Reference	Function	Additional information
SRNF_001	The system MUST provide functions to retrieve aggregated data, and summary statistics for monitoring and reporting purposes.	Employers would welcome functionality that enables the analysis of ER data. Aggregated data reports will be the basic requirement to help inform employers how ER is operating in practice. Supporting guidance will set out ER reporting requirements i.e. what data is to be included in quarterly reports and what data needs to be collected and submitted nationally. Standardised data inputs, including grade of doctor/dentist, contract terms (2016 terms, locally

		employed etc) etc, to allow for consistency in reporting requirements
SRNF_002	The system MUST provide functions to retrieve data for identifying patterns, outliers, and trends, including support for analysis related to safe working hour breaches by combining exception reports and rota data.	Employers would welcome functionality to support analysis of collected data, such as an index of reports per trainee on the system, with built in thresholds to flag to the GoSWH when patterns emerge. A combination of exception report and rota data may not be feasible within all software solutions.
SRNF_003	The system MUST provide functions to trigger the generation of standard reports.	e.g., quarterly GoSWH reports for the employer. Systems will need to capture all relevant ER information required to generate a quarterly report (guidance to follow). We are seeking to avoid the need for GoSWH to manually generate reports.
SRNF_004	The system MUST provide functions to trigger fine calculations based on defined breaches	e.g., failure to action access issues within timeframes, working hours breaches etc.
SRNF_005	The system MUST provide functions to retrieve and track information about calculated and levied fines.	
SRNF_006	The system MUST provide functions to update the status of fines.	Status categories? Fine applied Other?
SRNF_007	The system MUST provide functions for all user roles to create and retrieve messages within secure communication threads linked to specific reports or tickets.	This refers to a chat/messaging system to avoid emails being generated outside of the platform

SRNF_008	The system MUST provide functions to trigger and manage system notifications for key events, workflow transitions, and reminders. To include (but not be limited to): • Notifications to the doctor/dentist following initial exception report submission and notifications to initial actioners. • Notifications to the doctor/dentist regarding HR/medical staffing clarification stage (Validity/Evidence) requests. • Notifications to the doctor/dentist and relevant parties (e.g., HR/medical staffing) of GoSWH review stage final decisions. • Notifications to designated contacts (e.g., HR/medical staffing, GoSWH) on Access Issue submission. • Reminder notifications for unactioned Access Issue tickets and escalation notifications (e.g., to GoSWH if deadlines are breached). • Notifications upon Access Issue ticket resolution or closure to the reporter. • Notification of TOIL award to the doctor/dentist. • Notification to GoSWH if awarded TOIL has not been indicated as booked/agreed by the doctor/dentist within the contractually defined timeframe following its award. • Notifications to the doctor/dentist regarding consent requests from actioners.	Notifications format unspecified, e.g., email, in-system alerts, etc

Annex – Additional functionality options

This annex provides details of additional functionality that is not explicitly a requirement of the updated TCS but will assist in the design and function of updated exception report solutions.

Doctor/dentist reporting capabilities

Reference	Function	Additional information
DRC_001a	The doctor/dentist SHOULD be able to view their own submitted exception reports.	Relevant information could include status, history, associated supporting data.
DRC_002a	For relevant exception reports, the system SHOULD automatically calculate hours difference based on submitted times.	Reduces manual calculation burden and potential for error. Provides immediate feedback/validation to the doctor/dentist.
DRC_003a	The exception reporting submission process SHOULD allow a report to be initially saved in a state that indicates further action (e.g., evidence provision) may be required from the doctor/dentist before it is fully processed by reviewers.	Provides flexibility for the doctor/dentist who may need to gather information before finalising submission, preventing loss of partially completed reports. Improves user experience.

DRC_004a	Doctor/dentists COULD have the ability to track any corroboration requests	TCS: Annex D paragraph 11

Doctor/dentist entitlements support

Reference	Function	Additional information
DES_001a	The doctor COULD be able to re-open a previously closed Access Issue ticket if they believe the issue persists or was not adequately resolved, with additional notification and open text box	If the Access Issue was not resolved, the doctor/dentist should be able to re-open them. This also allows for "Closed" tickets to truly mean "Resolved" tickets.
DES_002a	The doctor/dentist SHOULD have easy access to the organisation’s exception reporting policy documentation	Access via embedded links to relevant policy documentation held on local intranet or uploaded directly onto the platform, e.g. grievance policy and procedures, fraud policy etc.

Report processing logic

Reference	Function	Additional Information
RPL_001a	Upon successful submission, the system SHOULD set the exception report's initial status.	Status, e.g., 'Submitted'
RPL_002a	If a 'Standard Process' actioner triggers a HR/medical staffing clarification process (Validity Challenge/Evidence Request), the system SHOULD manage this specific state for the exception report.	Formalises the process when a report's validity is questioned or more evidence is needed, ensuring a structured approach. (instead of just a chat function).
RPL_003a	For HR/medical staffing clarification, the actioner SHOULD be able to record the reason for the challenge/request (mandated pre-defined categories and optional free text).	Example pre-defined categories may be "Rota Incongruence", "No Time in Timestamp", "No Location in Timestamp", "No Date in Timestamp"

Actioner accountabilities (HR/medical staffing)

Reference	Function	Additional information
HRA_001a	HR/medical staffing Actioners are responsible for ensuring that the doctor/dentist has the correct rota and shifts assigned. The system COULD receive and link this rota data from integrated rota systems to support relevant HR/medical staffing functionality and efficient exception report operation.	The doctor/dentist may need to select the correct rota, provide evidence etc; integrated rota systems are unlikely to be feasible for all software systems and for those trusts without software solutions or e-rostering in place, although this is welcomed.
HRA_002a	HR/medical staffing Actioners COULD ask a doctor/dentist to verify the accuracy of their submitted claim via system communication features.	Ideally this will be built in as a feature of the software solution, but could also be managed via email communications separate to the software solution.
HRA_003a	HR/medical staffing Actioners COULD identify breaches of safe working hours through modular communication between e-rostering and exception reporting data, or by conversion of external rota data via standardised formats (e.g., iCal).	System features to enable identification of breaches would assist in the application of fines.

Oversight accountabilities (GoSWH and deputies)

Reference	Function	Additional Information
GOS_001a	GoSWH and Deputies SHOULD be able to manage the administration of fines using the system's fines management functions.	Enhanced functions to manage the administration of fines would be welcomed
GOS_002a	GoSWH and Deputies SHOULD be able to identify breaches of safe working hours via modular communication between e-rostering and exception reporting data, or by conversion of external rota data via standardised formats (e.g., iCal).	System features to enable identification of breaches would be welcomed.

System administration and security

Reference	Function	Additional Information
SASI_001a	The system COULD provide functions for authorised administrators to retrieve and query comprehensive system audit logs, with filtering capabilities	Filtering capabilities could include by user, role, date range, action type, etc.

SASI_002a	The system COULD provide functions to retrieve lists of configured Exception Categories and their associated rules/details/reporting flags (e.g., 'test' report eligibility).

System reporting, notifications and fines

Reference	Function	Additional information
SRNF_001a	The system SHOULD provide functions for reporting on fine distribution and utilisation.	Requirements for distribution will be bespoke to each employer.