

**GMC Statement - GMC encourages doctors in training to use exception reports**

**Thursday 9 March 2017**

'We continue to be concerned that the time doctors have for training is being adversely affected by excessive pressures on healthcare services in all four countries of the UK. [As we reported last year](#), doctors in training with heavy workloads said that they were three times more likely than their peers to leave a local teaching session to answer a clinical call. One in three trainers said that they did not have enough time to fulfil their educational roles.

'While we acknowledge that treatment in busy environments is an occupational inevitability, training time must be protected as much as possible. Good rota design that takes account of both training and service needs is vital – which is why we will be adding new questions to this year's National Training Survey to help us identify the areas where good practice exists and those where it could be improved.

'Exception reporting is a new mechanism under the 2016 terms and conditions for doctors in approved national training programmes in England that will allow doctors to report concerns with their training – such as educational opportunities that have been missed and breaches in hours worked which may compromise their safety or training. We strongly support the introduction of this new system. It is in everyone's interests that we develop detailed evidence of where problems are occurring, so that efforts to address them can be targeted.

'We strongly encourage doctors in training to make use of these reports, to highlight issues in a timely way that allows for problems to be put right as they occur. We understand some doctors in training may be reluctant to report issues that affect them, especially minor ones, because they are mindful of the current pressures on

healthcare services and concerned about the potential consequences which these reports will have for them, their educational supervisor and indeed their organisation. However organisations cannot plan their resources better in the future without a full and accurate picture. Doctors must feel able to report concerns wherever and whenever they arise. They should never be placed under pressure to feel otherwise.

'Equally we expect education providers to provide the same level of encouragement (in line with their responsibilities, as set out in our education and training standards, to ensure that there is a supportive environment for learners), to ensure that colleagues contribute to an environment supportive of exception reporting and to take prompt action to deal with any concerns that are raised. This includes: providing educational supervisors and guardians with the time and support that they need to meet the additional responsibilities that exception reporting places on them; and ensuring appropriate escalation mechanisms are in place to address concerns that the supervisor or guardian cannot address in isolation.

'Through our conversations with doctors in training we understand that, while there are some notable examples of good practice, local arrangements to support exception reporting are variable in their effectiveness. We will be having further discussions – with organisations such as NHS Employers – to ensure that these arrangements are robust and consistently delivered in all parts of the country by the end of the transitional period this summer. In the meantime we will continue to listen to doctors in training, through our [Regional Liaison Service in England](#), to understand their views on how exception reporting is working in practice.

'Once reporting arrangements are working effectively across the country we want to use the information from exception reports to enhance our monitoring of postgraduate training and our ongoing work to protect the quality of doctors' education.'

### **Further information**

The GMC sets the educational standards for all UK doctors through undergraduate and postgraduate education and training. We promote high standards and make

sure that medical education and training reflects the needs of patients, medical students and doctors in training, and the healthcare systems across the UK.

We approve postgraduate medical education and training - this includes approving training programmes, curricula and assessments. Rigorous reviews and regular monitoring activities, such as our annual survey of doctors in training, help us to deal quickly with any concerns and to make sure that doctors are receiving the supervision and experience they need to treat patients safely and well.

For more information about our responsibilities for UK medical education and training, [please visit our website](#).

Our standards for education and training – [Promoting excellence \(2016\)](#) – require education providers to do the following:

*R1.1 Organisations must demonstrate a culture that allows learners and educators to raise concerns about patient safety, and the standard of care or of education and training, openly and safely without fear of adverse consequences.*

*R2.7 Organisations must have a system for raising concerns about education and training within the organisation. They must investigate and respond when such concerns are raised, and this must involve feedback to the individuals who raised the concerns.*

*R2.10 Organisations responsible for managing and providing education and training must monitor how educational resources are allocated and used, including ensuring time in trainers' job plans.*

*R4.2 Trainers must have enough time in job plans to meet their educational responsibilities so that they can carry out their role in a way that promotes safe and effective care and a positive learning experience.*