

Guidance on Exception Reporting for Educational and Clinical Supervisors and Leads

Exception Reporting is the mechanism used by doctors to inform the employer when their day-to-day work **varies significantly** and/or **regularly** from the agreed work schedule. Primarily these variations will be:

- Differences in the total hours of work (including opportunities for rest breaks)
- Differences in the pattern of hours worked
- Differences in the Educational opportunities and support available to the doctor and/or
- Differences in the support available to the doctor during service commitments.

Exception reports allow the Trust the opportunity to address issues as they arise, and to make timely adjustments to work schedules.

Trainees at Blackpool Teaching Hospitals will use the Allocate electronic system called eRota to raise an Exception Report about issues relating to Training and Education or Safe Working Practices. The two flow charts attached show the process that should be followed by all parties involved.



Safe working flow
chart.pdf



Training issues
flowchart.pdf

Under the 2016 Terms and Conditions (TCS), accountability for responding to Exception reports lies with the Educational Supervisor, although completing certain tasks may be formally reassigned. The ES may delegate to the Clinical Supervisor or the Trust Specialty Training Lead for the specialty. This will depend on local arrangements.

The Educational Supervisor must notify the Medical Education Team at the beginning of a trainee's rotation if they wish to delegate the exception investigation to the Clinical Supervisor or the Training Lead.

The process

All ES/CS who are responsible for dealing with exception reports will be given a username and password to access the eRota system. Instructions on how to access the system are available here:



Supervisor Account
 User Guide -Exception

Any Supervisor who is going to be on leave or absent from work and unable to manage exception reports, should notify the Guardian of Safe Working Administrator. This will enable her to ensure that the exceptions are appropriately redirected.

Exception Reports Best Practice

Exception Reports are used to indicate when doctors in training have been required to work outside of their agreed work schedule.

Taken collectively they are an important tool and mechanism to monitor the health of the services we provide to patients and how we support our doctors in training.

They do not record or report planned extra work.

- You should discuss the report with your trainee. Do not just complete it without discussion.
- You may wish to request more information from the trainee, discuss with ward staff, colleagues or rota co-ordinators to gather more information and insight before making a decision.
- Record any extra information and reasons for your decision in the response
- Provide education, support and feedback if appropriate to help avoid a recurrence.
- You must agree or disagree the report.
- If you disagree a notification is sent to the DME / GOSW
- If you agree you must confirm an outcome (TOIL or Payment or No Action)
- Record reasons for your decision and any other relevant information
- **TOIL should be the agreed outcome in the majority of cases**
- Payment is only appropriate if TOIL is difficult to take, the Doctor has signed a EWTD Opt Out and you have confirmation from your directorate.
- Support the process. Respond to reports in a professional manner and encourage your trainees to report freely.

Issues relating to Safe Working Hours

- The ES/CS will be notified automatically by email that an Exception Report has been submitted on eRota. All exceptions should be submitted within 14 days of the event (or 7 days when making a claim for additional pay)by the trainee.

Supervisors need to respond to an exception report within 7 days

- The ES/CS will need to discuss the Exception Report with the trainee to fully understand the nature of the variation and any actions already taken by the trainee. They must then agree the actions required to address the reported variation or concern.
- Before a decision is made, further information and discussion may be required from other colleagues, especially the Rota Co-ordinator, to help understand the issue and arrive at a satisfactory resolution.
- After discussion and appropriate consideration the ES/CS will need to respond to the Exception Report on eRota. If insufficient information is provided to make a reasonable decision, the supervisor can use the 'request more information option'. This will send the report back to the doctor and a narrative is required to support the request.
- When a decision is selected i.e. no further action or compensation, the doctor will be requested to agree or disagree with the decision by logging into the system when the initial outcome is completed
- If the doctor disagrees with the initial review outcome decision, the exception will then move to a level one review. The outcomes to which is slightly different i.e. Initial decision upheld. Again, the doctor will be asked to agree or disagree with the decision by logging into the system.
- If the doctor still disagrees with the outcome, this will be moved to the Guardian of Safe Working Hours for a final decision or in the case of education or training to the Director of Medical Education.
- However, if the doctor agrees to the outcome:

If they agree then they will need to confirm one of three actions either: 'Time Off in Lieu' (TOIL); ' Payment for Additional Hours'; or 'No Action'. TOIL should be the preferred option. This would be used where safe working hours are threatened by an extension of working hours. If the additional hours worked have caused a breach of rest requirements then time off in lieu must be taken within 24 hours unless the doctor self declares as fit for work and the manager agrees. Payment for additional hours must first be agreed with the division.
- When the action is TOIL or Payment for Additional Hours the trainee will forward the recommendation to the Rota Co-ordinator who will then follow the divisional process to authorise the TOIL or payment.

- A work schedule review can be requested by the Trainee, ES/CS or the GOSW if the Exception Report(s) indicate a frequent, recurring or significant problem.
- The Trainee can seek the support of the GOSW at any time if they feel uncomfortable with submitting an Exception Report or are unhappy with the process or outcome of an Exception Report.
- The GOSW will review the outcome of the exception reports to identify whether further improvements to the doctors working hours are required and/or whether a fine is required to the division.

Issues relating to Training issues

- The ES/CS will be notified automatically by email that an Exception Report has been submitted on eRota
- The ES/CS will need to discuss the Exception Report with the trainee to fully understand the nature of the variation and any actions already taken by the trainee. They will then need to agree the actions required to address the reported variation or concern.
- In the case of Educational Opportunities and the support available the ES/CS may need to liaise with the Educational lead for the department. Alternatively they may need to discuss with the Head of Department.
- After discussion and appropriate consideration the ES/CS will need to respond to the Exception Report on eRota by indicating whether they 'Agree' or they do 'Not Agree' to the exception report. They should provide a short narrative of explanation in the space provided. The process on eRota is as above and enclosed within the presentation.
- A work schedule review can be requested by the Trainee, ES/CS or the DME if the Exception Report(s) indicate a frequent, recurring or significant problem.
- The Trainee can seek the support of the DME at any time if they feel uncomfortable with submitting an Exception Report, or if they are unhappy with the process or outcome of an Exception Report.
- The DME will review the outcome of the exception reports to identify whether further improvements to the doctors working hours experience are required and/or whether a fine is required to the division.

Immediate Safety Concerns

Where an exception report indicates concern that there is an immediate and substantive risk to the safety of patients or of the doctor submitting the report, then this will be indicated within the exception report by the Trainee and should be raised to the be the head of service or the consultant on-call. Concerns of this nature must be raised urgently. The doctor must also confirm such reports electronically to the ES/CS (via an exception report) within 24 hours.

Where the clinician receiving the report considers that there are serious concerns and agrees that there is an immediate risk to patient and/or the safety of the doctor, then where appropriate the consultant on call shall 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 additionally notify the ES/CS and the GOSW within 24 hours. The ES will undertake an immediate work schedule review and will ensure appropriate (and where necessary, ongoing) remedial action is taken.

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 ES, describing the concern raised and requesting a work schedule review.

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 ES within 48 hours.

Help and Support for Supervisors

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