**Acronyms**

GOSW Guardian of Safe Working Hours

DME Director of medical education

DiT Doctor and/or dentist in training

TOIL Time off in lieu

**What is exception reporting?**

The contract makes stipulations regarding working hours and rest. The rules are designed to support the health and wellbeing of doctors and dentists in training, which in turn allows them to deliver high quality patient care. Tired doctors make mistakes. Unhappy doctors reduce recruitment and retention.

Whilst rosters are designed to meet these regulations, they may not reflect reality. Exception reporting is a tool utilised by DiTs to highlight a variance from their work schedule. This may be a one off or form part of a trend.

Reports fall in to two main categories:

-Hours and Rest

-Education and training

-Hours and rest are most often (90%): Late finishes, missed breaks, but also covers early starts, difference in working patterns, notifying when you think a fineable breach of safe working hours has occurred e.g. max 13 hour shift length, not getting 11 hours rest between shifts, etc

**All hours and rest reports are reviewed by the GoSWH**

-Education and training is for differences in educational opportunities or support available to the doctor including missed teaching, inadequate supervision, difficulty in completing WPBAs etc

**All education and training reports are to be reviewed by the DME**

**How do I submit an exception report?**

Most hospitals have an electronic reporting tool: DRS4, Allocate, HealthRota

Linked to Trust email therefore set up to kick in on start date when IT is activated. Keep eyes peeled for automated email containing your login details.

**What happens next?**

Elements will vary depending on how things are set up in each Trust but decision tool provides guidance on ensuring standardised final outcome.

Automated email alert goes to supervisors/ GoSWH team/ DME. Someone is charged with managing reports – locally we ask supervisors to take the lead.

Outcome options to the report: payment, TOIL, monitor breaks, fines, work schedule review, reschedule/alternate training opportunity or a combination!

The question to be answered for late finishes (vast majority of reports) is - “was there a workplace requirement?”

To the overall data: At our Trust we share anonymised data with the JDF/LNC and operational management leads for lessons learned, etc. All Guardians produce a report for the Board of Directors at least quarterly. HEE Y&H receives the reports.

**Common myths/misconceptions/caveats/challenges**

1. Online tools: Not all pre-fill your supervisor or rota details. Not all allow you to choose multiple reasons. The tools use different terminology (initial review vs closed). Once you’ve tried it out it is simple.
2. Should be submitted within 14 days of the event or 7 for payment. >14days will be used for information/improvement but contractually is outside of limits for pay/TOIL.
3. The reporting tool is not linked to the e-portfolio. However, the terms stipulate that educational supervisors should have access to all of their supervisee’s reports regardless of what they are for. It’s supposed to be so they can support you and help you to take steps to improve your educational experience.
4. You do not need to lose out on training time – request payment. The Guardian team/HR (depending on local structure) will monitor your hours to ensure this does no lead to a breach in maximum hours. At that point TOIL will be necessary.
5. Self-development time for Foundation doctors should average 2hrs/week. In reality it is paid time therefore the department needs to rearrange during rostered working hours. Something that can be done without any paperwork. As such, NHS Employer-HEE guidance states SDT is not linked to exception reporting. Individual Trusts will take different stance – we have opted to recommend reporting missed SDT to help us identify if the systems in place are working.

1. You do not need to formally discuss each and every report. Officially need to meet for reports relating to educational issues, service support, or immediate safety concerns.

However, a doctor or the actioner of a report, must be able to request a meeting to discuss any report they submit, or receive.

1. Do not avoid reporting because your supervisor is a technophobe. The GOSW team support the process. An outcome will be forthcoming.
2. Agreements exist between GP practices and other situations where you are linked to a Lead employer / regional rosters. You are still entitled to submit reports.
3. The terms included a stipulation for DME and GOSW to establish a Forum – get involved. It’s a great opportunity to meet the GOSW and key players.
4. Ongoing challenge for Guardians is engaging doctors and dentists in training and supervisors. It is important to make juniors feel safe and avoid the feeling off ‘silencing’. Answers on a postcard can help!

**Case studies**

1. Sometimes it’s a win for the individual. We have occasionally identified doctors who need extra pastoral support based on content+/- frequency of reports.
2. Sometimes things change for the current juniors

Eg: F1’s wanted to extend night shift by 15min to incorporate the actual handover duration. Exception reports submitted to support the request demonstrated those few minutes breached rules on shift length and rest between shifts. What had been the accepted norm for everyone doing nights in that department was in reality a hidden problem. In credit to the department the response was led be consultants and operational managers who enacted a change in practice within days.

1. Sometimes things take time

Eg: Repeated reports from a department led to a review. It transpired there was a fundamental shortfall in doctors available to cover the workload once out-of-hours/leave was factored in – available slots rather than gaps. The department were encouraged and supported to make a case for increased positions (Trust grade & trainee allocation).