

## **Medical & Dental Staff**

# **EXCEPTION REPORTING FOR DOCTORS & DENTISTS IN TRAINING**

## **POLICY (MD1)**

If you require a copy of this policy in an alternative format (for example large print, easy read) or would like any assistance in relation to the content of this policy, please contact the Diversity & Inclusion Officer on 01803 656705.

*This is a controlled document. It should not be altered in any way without the express permission of the author or their representative. On receipt of a new version, please destroy all previous versions.*

<b>Date of Issue:</b>	February 2021	<b>Next Review Date:</b>	Feb 2023
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<b>Author:</b>			
<b>Directorate:</b>	Workforce and Organisational Development		
<b>Approval Route</b>			
<b>Approved By:</b>		<b>Date Approved:</b>	
Junior Doctor Assurance Group		November 2016	
Guardian Oversight Group		November 2017	
JLNC		November 2017	
JDRC		Feb 2021	
<b>Links or overlaps with other policies:</b>			

### Amendment History

Issue	Date	Reason for Change	Authorised
1.1	Nov 17	General Review	GOG
2	Feb 2021	Changes to National T&Cs. Now incorporating MD2 Jnr Dr Additional Hrs in Exceptional Circumstances policy. Changes to para 5.1-5.3, section 7 and 8.2	JDRC

## Rapid Equality Impact Assessment

<b>Policy Title</b> (and number)		Exception Reporting		<b>Version and Date</b>	Feb 2021 v2
<b>Policy Author</b>		Guardian of Safe Working Hours			
An (e)quality impact assessment is a process designed to ensure that policies do not discriminate or disadvantage people whilst advancing equality. Consider the nature and extent of the impact, not the number of people affected.					
<b>Who may be affected by this document?</b>					
Patients/ Service Users <input type="checkbox"/>		Staff <input checked="" type="checkbox"/>		Other, please state... <input type="checkbox"/>	
<b>Could the policy treat people from protected groups less favorably than the general population?</b> <i>PLEASE NOTE: Any 'Yes' answers may trigger a full EIA and must be referred to the equality leads below</i>					
Age	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Gender Reassignment	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Sexual Orientation	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Race	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Disability	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Religion/Belief (non)	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Gender	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Pregnancy/Maternity	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	Marriage/ Civil Partnership	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Is it likely that the policy could affect particular 'Inclusion Health' groups less favorably than the general population?</b> (substance misuse; teenage mums; carers <sup>1</sup> ; travellers <sup>2</sup> ; homeless <sup>3</sup> ; convictions; social isolation <sup>4</sup> ; refugees)					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>Please provide details for each protected group where you have indicated 'Yes'.</b>					
<b>VISION AND VALUES:</b> Policies must aim to remove unintentional barriers and promote inclusion					
Is inclusive language <sup>5</sup> used throughout?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Are the services outlined in the policy fully accessible <sup>6</sup> ?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Does the policy encourage individualised and person-centered care?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
Could there be an adverse impact on an individual's independence or autonomy <sup>7</sup> ?					Yes <input type="checkbox"/> No <input type="checkbox"/> NA <input checked="" type="checkbox"/>
<b>EXTERNAL FACTORS</b>					
<b>Is the policy a result of national legislation which cannot be modified in any way?</b>					Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<b>What is the reason for writing this policy?</b> (Is it a result in a change of legislation/ national research?)					
to give clear guidance on the local framework for submitting exception reports and conducting work schedule reviews as required under the Terms & Conditions of Service for Doctors & Dentists in Training 2016.					
<b>Who was consulted when drafting this policy?</b>					
Patients/ Service Users <input type="checkbox"/>		Trade Unions <input checked="" type="checkbox"/>		Protected Groups (including Trust Equality Groups) <input type="checkbox"/>	
Staff <input type="checkbox"/>		General Public <input type="checkbox"/>		Other, please state... <input type="checkbox"/>	
<b>What were the recommendations/suggestions?</b>					
<b>Does this document require a service redesign or substantial amendments to an existing process?</b> <i>PLEASE NOTE: 'Yes' may trigger a full EIA, please refer to the equality leads below</i>					Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
<b>ACTION PLAN:</b> Please list all actions identified to address any impacts					
<b>Action</b>				<b>Person responsible</b>	<b>Completion date</b>

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## **1 Policy Statement**

- 1.1 The spirit of the contract is that of mutual respect, cooperation and understanding between the Trust (as employers) and individual doctors (as employees). The Trust is committed to supporting doctors who raise exception reports, to ensure that they are confident to raise issues when necessary and in the spirit of the contract to promote the concept of 'payment for all work done'.

## **2 Purpose**

- 2.1 The purpose of this policy is to give clear guidance on the local framework for submitting exception reports and conducting work schedule reviews as required under the Terms & Conditions of Service for Doctors & Dentists in Training 2016.

## **3 Scope**

- 3.1 This policy applies to Doctors and Dentists employed by Torbay & South Devon NHS Foundation Trust under the Terms & Conditions of Service for Doctors & Dentists in Training 2016 and Trust Grade Doctors employed on local terms and conditions.
- 3.2 The policy also applies to GP trainees during their placement with Torbay & South Devon NHS Foundation Trust.

## **4 Equality and Diversity Statement**

- 4.1 The Trust is committed to preventing discrimination, valuing diversity and achieving equality of opportunity. No person (staff, patient or public) will receive less favourable treatment on the grounds of the nine protected characteristics (as governed by the Equality Act 2010): sexual orientation; gender; age; gender re-assignment; pregnancy and maternity; disability; religion or belief; race; marriage and civil partnership. In addition to these nine, the Trust will not discriminate on the grounds of domestic circumstances, social-economic status, political affiliation or trade union membership.
- 4.2 The Trust is committed to ensuring all services, policies, projects and strategies undergo equality analysis.

## **5 Introduction**

- 5.1 Exception reporting is the mechanism used by trainee doctors to inform the Trust when their day-to-day work varies significantly and/or regularly from the agreed work schedule.
- 5.2 Exception reporting is key to the 2016 Junior Doctor contract and its 2018 review. It allows junior doctors to claim for extra hours worked. It allows junior doctors to safeguard their working hours, their rest breaks and highlight issues with their working pattern and rota. It allows junior doctors to highlight difficulties attending education, completing their Quality Improvement work or ARCP preparation. It also

allows our Trust to safeguard and train its junior doctors. It helps to identify failing rotas, understaffing and areas requiring extra support.

5.3 This document is split, broadly, into two:

- The first section describes the Trust and BMA advice for exception reporting and working hours.
- The second (Appendix 2) explains how our Trust is planning to execute the advice provided in the Junior Doctor Contract and what response a junior Doctor can expect to their exception reports.

## **6 Roles and Responsibilities**

### **6.1 Doctors & Dentists in Training are responsible for:**

- Complying with the limits set out in schedule 3 of the TCS, and that they remain safe to carry out clinical duties.
- Working with their Educational Supervisor to produce a personalised work schedule, according to the doctors learning needs and opportunities within the post.
- Working with their Educational Supervisor where changes to a work schedule are required during the placement if there are significant changes in the facilities, resources or services.
- Reporting all exceptions using the Exception reporting mechanism to inform the Trust when their day-to-day work varies significantly and/or regularly from the agreed work schedule.
- Reporting all exceptions using the Exception reporting mechanism to inform the Trust when their access to professional or educational activities is hindered (see 7.1).
- Working in partnership with the Trust to address issues raised through Exception Reports.
- Making themselves available to attend and contribute to meetings relating to Exception Reports and Work Schedule Reviews. It is an expectation that Clinical Leadership and Operational Managers make appropriate arrangements to facilitate the doctor's attendance where possible.

### **6.2 Educational Supervisors are responsible for:**

- Working with the doctor to produce a personalised work schedule, according to the doctors learning needs and opportunities within the post. To share a copy with the trainee and where appropriate with the clinical supervisor.
- Conducting an educational review with the doctor to include a discussion of the work schedule as part of the regular supervision meetings, to ensure that their workplace experience delivers the anticipated learning opportunities.

- To work with the doctor where changes to a work schedule are required during the placement if there are significant changes in the facilities, resources or services.
- Agreeing with the doctor and clinical supervisor appropriate changes to the work schedule, and to work with appropriate parties to implement the changes within a reasonable time, taking into account the remaining duration of the post/placement.
- Upon receipt of an exception report and/or work schedule review, discussing with the doctor, where appropriate, what action is necessary to address the reported variation or concern. Setting out the agreed outcome of the exception report, including any agreed actions, in an electronic response to the doctor, copying the response to the DME and guardian of safe working hours.
- Making themselves available and contributing to the Work Schedule Review appeal process.

### 6.3 The Guardian of Safe Working is responsible for:

- Acting as the champion of safe working hours for doctors in approved training programmes.
- Providing assurance to doctors and the Trust that doctors are safely rostered and enabled to work hours that are safe and in compliance with Schedules 3, 4 and 5 of the TCS.
- Receiving 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.
- Escalating 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.
- Intervention to mitigate any identified risk to doctor or patient safety in a timescale commensurate with the severity of the risk.
- Requiring a work schedule review to be undertaken, where there are regular or persistent breaches in safe working hours, which have not been addressed (refer to Section 10)
- Intervening 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
- Distributing monies, in conjunction with the Junior Doctor Forum/JDRC, received as a consequence of financial penalties to improve the training and service experience of doctors.
- Advising Payroll of details of fines apportioned to individual doctors.
- Ensuring the Trust Board and LNC receive a Guardian of Safe Working Report in line with the TCS.

**6.4 The Director of Medical Education is responsible for:**

- Providing support to Educational Supervisors College Tutors and Foundation Programme Leads on developing, making changes to and reaching agreement on Work Schedules.
- Having an overview of exception report outcomes where they relate to the need to the need to make improvements to the doctor's training experience.
- To work in partnership with and provide support to the Guardian of Safe Working as and when required.
- Being part of the Work Schedule Review process including where possible being a panel member at the final appeal stage.
- Reporting annually to the Board on all work schedule reviews relating to education and training.

**6.5 Local Negotiating Committee/Junior Doctor Forum/Junior Doctor Representative Committee are responsible for:**

- Supporting and advising their members on the process for Work Schedule Reviews and Exception Reporting.
- Working in partnership with the Guardian of Safe Working to distribute monies, received as a consequence of financial penalties to improve the training and service experience of doctors.
- Working in partnership with the Trust to address issues raised through Exception Reports.

**7 Exception Reporting Guidance**

7.1 Exception reporting is the mechanism by which trainees can guarantee compensation for all work performed and uphold agreed educational opportunities, this includes but is not limited to:

- All scheduled NHS work under this contract (e.g. any patient facing and non-patient facing activities that your team or supervisor requires you to do as part of your employment).
- Any activities required for the successful completion of Annual Review of Competency Progression (ARCP) and any additional educational or development activities explicitly set out in the agreed personalised work schedule.
- Activities that are agreed between the doctor and their employer, such as quality improvement or patient safety tasks directly serving a department or wider employing organisation, or their doctors (e.g. attending a JDF, activities related to Rota management, BMA roles, delivering teaching, or setting up training programmes).



- All professional activities that doctors are required to fulfil by their employer (e-portfolio, induction, e-learning, quality improvement and quality assurance projects, audits, mandatory training/courses).
  - It is appropriate to exception report time spent outside of working hours on any activities which have had prior agreement from your Educational Supervisor, i.e to achieve aims set in your PDP or for ARCP requirements.
- 7.2 Unless required by your employer or agreed with the educational supervisor, this does not include occasions where an individual may choose to undertake educational activities for personal development or career enhancing purposes, which are outside of contractual requirements, the agreed personalised work schedule or are not an essential activity to pass ARCP.
- 7.3 **Allocate:** the reporting of hours worked which differ from those contracted will be done in real time electronically using the Allocate exception reporting software. Each reported exception will be considered by the individual doctor's clinical or educational supervisor as appropriate.

A process flow chart on how to exception report is available at Appendix 1

Allocate Software Guidance Quick Guide for Doctors: [Reporting by Exception Quick guide for doctors](#)

Allocate Software Quick Guide for Educational Supervisors: [Reporting by Exception Guide for Educational Supervisors](#)

### 7.3 Pre-Authorisation for Additional Hours of Work

- 7.3.1 Doctors in their professional judgement may consider that it is necessary to work beyond the hours set out in their work schedule, in order to secure patient safety. It is acknowledged that doctors will endeavour to seek approval for this with their clinical manager before or during the event, but recognised that this will not always be possible and fully support that doctors should be empowered to exception report whenever pre-authorisation is not possible.
- 7.3.2 Authorisation can be provided verbally by the lead clinician on duty.
- 7.3.2 Once an exception report has been submitted it will continue to be subsequently validated by the clinical manager, and an outcome agreed within seven days, to allow for payment for the additional hours worked or TOIL agreed.

### 7.4 Payment for Exception Reports

Payment must be made for approved exception reports within a month, or within the next available payroll, of a report being approved for payment and agreed by all parties

## **7.5 Conversion of untaken Time off in Lieu (TOIL) into pay**

- 7.5.1 Where TOIL is agreed by all parties as the outcome of an exception report, there will be a four-week window from the outcome being agreed for the trainee and practice manager to discuss and allocate the TOIL to a future shift in their working pattern before the end of that placement.
- 7.5.2 Exception reports for trainees with extenuating circumstances will automatically be accepted and closed at four weeks

## **8 Financial Penalty relating to Exception Reporting**

- 8.1 The guardian of safe working hours will review all exception reports copied to them by doctors to identify whether a breach has occurred which incurs a financial penalty, as set out below.
- 8.2 Where such concerns are validated and shown to be correct in relation to:
- Breaches to the 48-hour average working week (across the reference period agreed at work scheduling)
  - Breaches to the maximum 72-hour limit in any seven days
  - Reductions from the minimum 11 hours' rest requirement between shifts to fewer than eight hours
  - The minimum non-resident on-call (NROC) overnight continuous rest of five hours between 10pm and 7am
  - The maximum 13-hour shift length
  - The minimum 11 hours rest between resident shifts
  - The minimum eight hours total rest per 24-hour NROC shift Working patterns
- 8.3 The doctor will be paid for the additional hours at the penalty rates set out in Schedule 2, of the TCS, and the guardian of safe working hours will levy a fine on the department employing the doctor for those additional hours worked, at the rates set out in Schedule 2, of these TCS.
- 8.4 The Trust would consider a concern to be validated where the doctor has raised and discussed the issue with their clinical team and it has been identified by the senior team as an issue of concern.
- 8.5 Additionally, to ensure that no further breaches occur, a work schedule review may be required as set out below.

## **9 Allocation of Fines**

- 9.1 The money raised through fines must be used to benefit the education, training and working environment of trainees. The Guardian of Safe Working together with representatives of the Junior Doctor's forum will agree how the allocation of fines is to be distributed. The process for the allocation of fines is described in Appendix 3

- 9.2 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.
- 9.3 The details of the guardian fines together with detail on how the money has been spent will be published in the Trust's annual financial reports.

## **10 Immediate Safety Concerns**

- 10.1 Where an exception report indicates concern that 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). The doctor must confirm such reports electronically to the educational supervisor (via an exception report) within 24 hours.
- 10.2 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. Should the Clinical Supervisor or Educational Supervisor not be available this role will be undertaken by the Clinical Lead on Duty. 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) 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 to the educational supervisor, describing the concern raised and requesting a work schedule review.
    - a. 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.

## **11 Work Schedule Review Process**

- 11.1 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 the TCS will apply.

- 11.2 Organisational changes may take a reasonable time to be enacted. Where this is the case, temporary alternative arrangements, including amendments to pay, may be necessary.
- 11.3 If dissatisfied with the outcome, the doctor may formally request a level 2 work review within 14 days of notification of the decision as per the TCS.
- 11.4 If dissatisfied with the outcome, the doctor may request a final stage work review within 14 days of notification of the decision. The request must set out the areas of disagreement about the work schedule, and the outcome that the doctor is seeking.

## 12 Reporting on Work Schedule Reviews

- 12.1 The guardian of safe working hours shall report no less than once per quarter to the Board on all exception reports. This report will also include data on all rota gaps on all shifts. The report will also be provided to the JLNC.

## 13 References & Resources

Terms & Conditions of Service for Doctors & Dentists in Training 2016.

For the full Junior Doctor's Handbook:

<https://www.bma.org.uk/advice/employment/contracts/juniors-contracts/juniors-handbook>

please note that if you are not a BMA member then a copy of the Junior Doctor's Handbook is available as a PDF on the Guardian of Safe Working Hours webpage:

<https://icon.torbayandsouthdevon.nhs.uk/areas/guardian/Pages/default.aspx>

For a description of the 2019 negotiations: <https://www.bma.org.uk/collective-voice/influence/key-negotiations/terms-and-conditions/junior-doctor-contract-negotiations/agreed-new-contract-deal-for-junior-doctors-in-england>

For guidance about exception reporting:

<https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract/exception-reporting>

For guidance about work scheduling:

<https://www.bma.org.uk/advice/employment/contracts/junior-doctor-contract/work-scheduling>

## 14 Contact Details

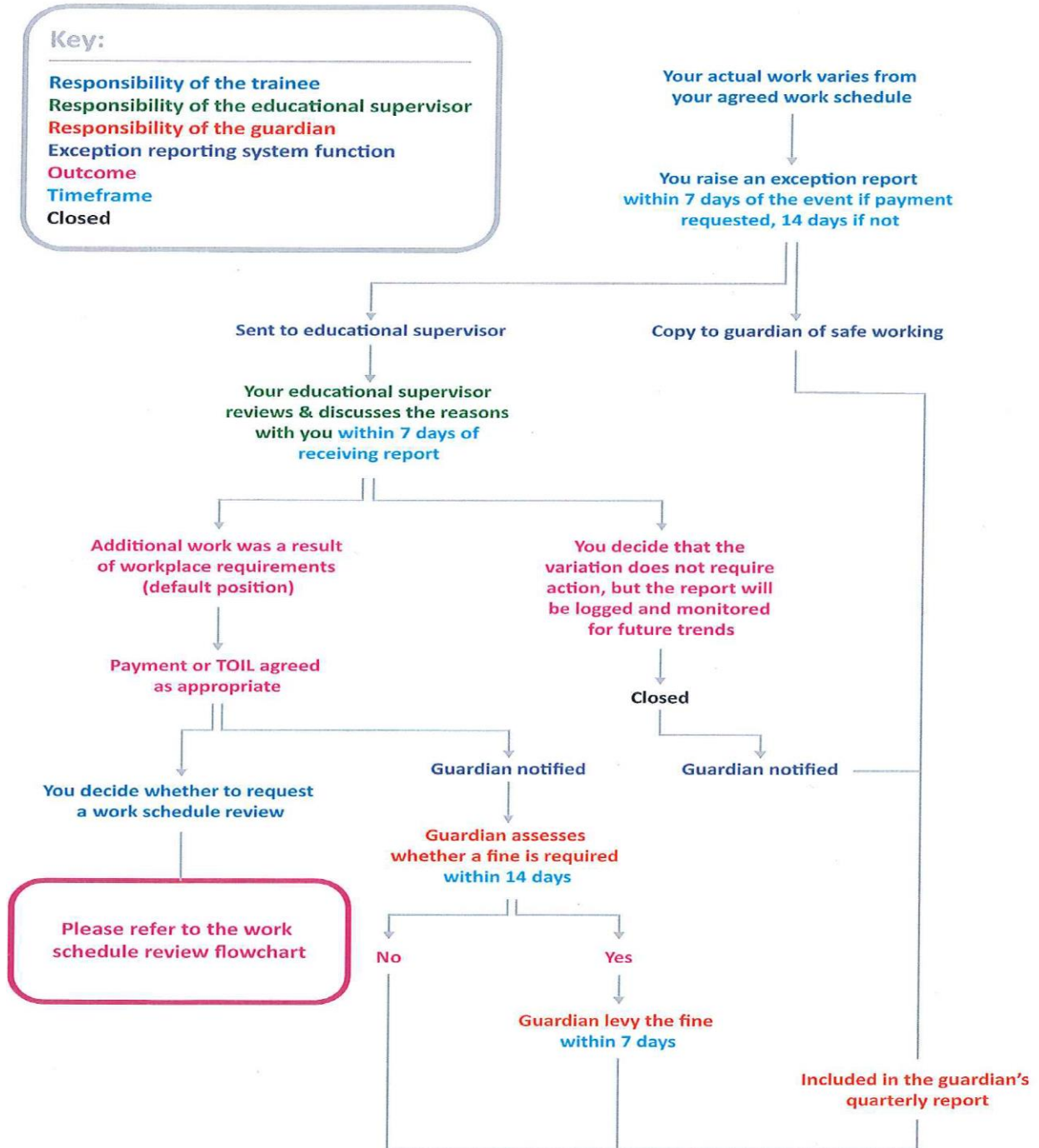
- 14.1 Any queries regarding this policy should be directed to the HR team of the Directorate of Workforce and Organisational Development.

- [sdhct.medicalhr@nhs.net](mailto:sdhct.medicalhr@nhs.net)

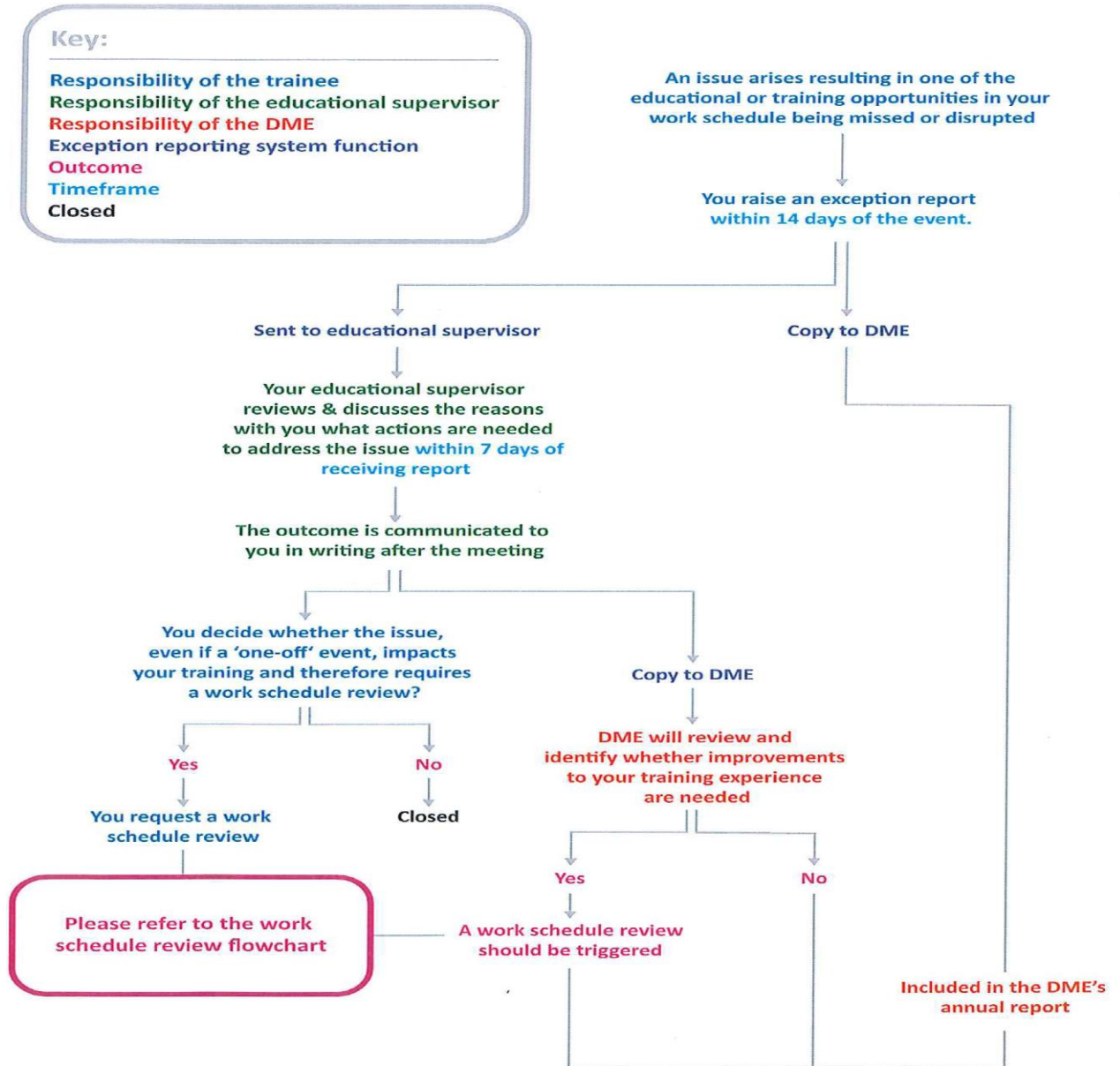
## **15 Monitoring, Audit and Review Procedures**

- 15.1 This policy will be monitored and audited on a regular basis. A full review will take place every two years by the Directorate of Workforce and Organisational Development unless legislative changes determine otherwise.

# 16 Appendix 1 – Process for Submitting Exception Reports Safe Working Issues



## 17 Appendix 1a– Process for Submitting Exception Reports Training Issues



## 18 Appendix 2 – Frequently Asked Questions

### How do I get paid for extra activity raised in exception reporting?

After completing an exception report and having it agreed with your supervisor you meet up with the rota coordinator and together fill out a form requesting payment. Getting paid currently requires extra forms, but this is under review and may alter as IT solutions improve.

### What is an immediate safety concern?

Where you are concerned that harm, or near harm, will occur to a patient because you don't have the capacity to deliver safe care

#### **AND**

you have highlighted the risk to senior staff (SHO/SPR/Consultant or the Clinical Site Managers) contemporaneously and they have been unable to fix the problem.

In these circumstances your support team and clinical supervisors have 24 hours to try to fix the problem. If actual harm arises to a patient, you are still required to complete a DATIX.

### When should I request a Work Schedule Review?

There are circumstances where you feel a professional duty to stay late to ensure patient safety. This may take the form of; stabilising acutely unwell patients, ensuring safe handover, taking blood tests, discussing patient care with relatives, making urgent referrals, checking and reviewing test results. If these issues are recurrent and unavoidable due to lack of time available, then you can request a work schedule review to address this

### How much additional time do I have to do before I put in an exception report?

It is difficult to give a definitive answer as each circumstance carries its own degree of inconvenience. We all appreciate that a medical career creates unpredictable hours but it's important that your work schedule reflects the work you are doing. If you stay **an hour** overtime it is expected that you complete an exception report. If you are regularly starting or ending work more than **30 minutes** from your work schedule then you should complete an exception report and request a work schedule review. The work schedule review should adjust your scheduled hours to reflect your activity.

### Is there a time limit on exception reporting?

Payment can only be made if the exception report is filed within 7 days from the event. You need to record activity within 14 days of the event for it to be registered.

### Is there a time limit on seeing the Clinical Supervisor?

The Terms and Conditions state one week. In practice it is difficult to complete this within one hour due to conflicting rotas and work patterns. Regardless you will have your exception report closed if you have submitted one. From 2020, if your exception report



has not been completed within 2 weeks of submission, your supervisor will receive an email requesting action. If it has not been completed within 4 weeks then the Guardian of Safe Working Hours will complete this on your behalf. Either way you will still have permission to request TOIL or payment. It is important to note that your exception reports can be completed by your clinical supervisor, your educational supervisor or the Guardian of Safe Working Hours. Each is allowed to complete remotely, i.e. without a formal meeting, if they are satisfied that you have completed the work as stated.

### **Who sees what I have written in the exception report?**

It is seen by your clinical supervisor, the Guardian of Safe Working Hours, Medical Workforce and the Director of Medical Education. It is permanently stored on an electronic record that can only be accessed by these people and yourself (and the NHS-E IT staff). There are Freedom of Information requests and some of these ask for details of Immediate Safety Concerns. Your report may be amended by the Guardian to insure anonymity before it is shared.

### **How do I find out who the persons representing me are?**

If you have concerns about your work schedule, your job or the process of exception reporting then there are plenty of avenues for discussion. Your clinical/educational supervisors are great initial points. Your Junior Doctor Representative Committee are happy to help and may have specialist roles to discuss concerns. There are BMA reps and your Director of Medical Education and the Guardian of Safe Working Hours are both happy to be emailed directly. Any of the post grad staff and Medical HR are keen to support and there is the Freedom to Speak up Guardian.

### **Can I exception report for private study and completion of audits?**

You should have adequate opportunity to complete mandatory training elements during your attachment. Additional private study is part of developing as a doctor so in general you **should not** exception report. If you cannot complete your mandatory training elements, you should flag this up at the earliest opportunity to your clinical supervisor and DME. There is potential to permit additional study, but this has to be agreed beforehand.

QIPs and audits are additional activities that may need to be performed for your accreditation and are important to the departments where you work. You should negotiate opportunities to spend time on these with your supervisor early in the posting. The department can decide with you the best way to deliver this, either in work time or as additional activity. As above, this has to be negotiated and agreed before the work is done. Once agreed with your supervisor time spent on these activities can be Exception reported if undertaken outside of your working hours.

### **Who can exception report?**

All doctors in training and locally employed Trust Doctors all of whom should have a clinical supervisor and are entitled to exception report. The payment pathway for extra activity is slightly different for those in non-training posts, but the rota coordinator will still be able to arrange payment. If you are in a non-training post and do not have a clinical supervisor you should inform the postgraduate centre.

### **Can I be negatively affected by Exception Reporting?**

This perception is without foundation. If you have any evidence that you have been negatively treated, you should report it to the Guardian of Safe Working or Freedom to Speak up Guardian. Most Consultants welcome reporting of extra activity as it is a means to secure more staff. If you have any thoughts that you are being warned off exception reporting then please talk to the Director of Medical Education, the Guardian of Safe Working Hours, the Medical Director or the Freedom to Speak up Guardian.

## **19 Appendix 3: Framework for Allocation of Exception Reporting Fines**

The money raised through financial penalties following safe working hours breaches in this Trust shall be used to benefit the education, training and working environment of trainees. The Guardian of Safe Working Hours will allocate funds in collaboration with representatives from Junior Doctors' Representative Committee.

This group will meet on a quarterly basis with the Guardian for Safe Working Hours to allocate the money raised through financial penalties.

### Application for Funding from the Guardian for Safe Working Hours' Financial Penalties Budget

To apply for funding a proposal should be made using the Funding from Financial Penalties application form Appendix 8. The proposal can be made by an individual or by a group through a lead proposer. Examples of projects which will be supported include Study Leave over and above the allocated fund, research projects and setting up educational and training events.

This proposal should include the following information:

- Names of applicant(s)
- Amount of money requested
- What this money will be used for
- Who will benefit from the project

The proposal should be sent to the Guardian of Safe Working. The proposer will be invited to attend the meeting to state the case for their application and answer any questions raised by the panel.

The application will be considered and the proposer will be advised of the decision within one week of the meeting date.

Those in receipt of funding will be expected to provide a short summary of the outcome of the project that was funded.

### Conflict of Interest

The Junior Doctors' Representatives cannot be the main proposer of the application but may be a member of a group application. That Junior Doctors' Representative member who is part of a group proposal will not participate in discussion or decision making on any of the proposals in that round of applications.

### Appeal Process

If funding is refused, the applicant may re-submit their proposal to the Junior Doctors' Representative Committee, within one month of the initial decision.

An appeal panel will re-consider the application and any additional information. The panel will consist of at least 1 member who was not involved in the initial decision making process.

#### Allocation of Funding

The Guardian for Safe Working Hours will produce quarterly reports to the Torbay and South Devon NHS Foundation Trust Board and to the Joint Local Negotiating Committee (JLNC) including details of monies raised from financial penalties and allocation of this funding.

## 20 Appendix 4 – Allocation of Funding from Exception Reporting Penalties Budget

Please complete this application form and submit it to the Chair of the Junior Doctors' Representative Committee, Torbay and South Devon NHS Foundation Trust

Examples of funding requests include support of additional study leave, research or quality improvement projects and educational or training events.

Further details can be found in the Framework for Allocation of Exception Reporting Fines on the Guardian for Safe Working Hours intranet site.

Date of Application: ..... .....
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Purpose of Application: Please describe how the funds will be used and include a timeframe for completion of the project. ..... ... ..... ... ..... ... ..... ...
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Details of Applicant (s): Name of principal proposer: ..... Job role..... E-mail address..... Names of additional applicants..... ..... ....
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...  
.....

Total Funding Requested: .....

Please state who will benefit from the project being supported (eg individual, delegates at a meeting, particular group of doctors)

.....  
.....  
.....  
.....

Signature of Principal Proposer:

Please return this form to the Chair of the Junior Doctors' Representative Committee, Torbay and South Devon NHS Foundation Trust

Review panel decision:

Application granted/not granted